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INDEX

PAGE

ABBOTT, W. H., M.D., Position of Patient as an Aid for Rotation, etc. 407

Adams, M. J., M.D., Clinical Experiences with the Nowell Cancer Serum 385

Address of the Chairman of Materia Medica, by W. S. Mills, M.D. 416

A Few Case Reports, by W. S. Mills, A.B., M.D. 614

Aids to Delivery, Adventitious by J. P. Holden, M.D. 400

Allen, H. C., M.D., The American Twilight Sleep 662

American Institute of Homœopathy, by DeWitt G. Wilcox, M.D. 461

Anesthesia, Nitrous Oxide and Oxygen, by R. P. Miller, B.S., M.D. 100

Argemone Mexicana, A consideration of the, by J. A. Bornemann, Ph.G., and D. MacFarlan, M.D. 588

Arthritis Deformans, A Limited but Favorable view of One Case, by F. St.Clair Hitchcock, M.D. 419

A Short Resume of a Year's Surgical Experience Abroad, by C. W .Perkins, M.D. 607

Autotherapy, Clinical Facts and Findings in the Use of, by A. C. Shute, M.D. 602

BAILEY, CHAS LEE, M.D., A Case of Acute Toxic Polyneuritis 103

Ball, H. J., M.D., Streptococcic Throat Disease 20

Beck, M. Carl, M.D., Philosophy and Science 530

Beck, Carl, M.D. The Unity of Medicine 65

Bernstein, Ralph, M.D., Grain Itch, its Recognition and Treatment 160

Bingham, A. H., M.D., Orthopedics in General Practice ... 281

Blackwood, A. L., M.D., A Thorough Proving of Euonymus Atropurpureus 593

PAGE

Blodgett, D. H., M.D., The Press, the Public and the Medical Profession 129

BOOK REVIEWS—111, 170, 299, 362, 430, 496, 558, 624, 687, 751.

Bornemann, J. A., Ph.G. A Consideration of the Argemone Mexicana 588

Burt, C. E., M.D., Skin Manifestations of Disease in Children 98

CANCER SERUM, Clinical Experiences with the Nowell, by M. J. Adams, M.D. 385

Case, E. E., M.D., The Need and Use of a Repertory 514

Cervical and Other Tears, by Elizabeth Jarrett, M.D. 720

Clark, Lloyd H., M.D., Nasal Obstruction and its Sequelæ ... 599

Clark, Lloyd H., M.D., The Diseased Tonsil and its Sequelæ.. 257

Clausen, Bernard, M.D., The Little Things 34

Clinical Cases, by F. H. Lutze, M.D. 286

Clinical Reports, by W. H. Freeman, M.D. 348

Cobaltum, A Sketch of, by R. Del Mas, Ph.D., M.D. 32

Coleman, D. E. S., Ph. B., M.D., Verifications 578

Constipation, by Fred J. E. Sperling, M.D. 736

Constipation, The Therapeutics of, by E. H. Lutze, M.D. 92

Convallaria Majalis, by M. L. Turton, M.D. 346

Copeland, R. S., A.M., M.D. Effective Teaching in Our Colleges 583

CORRESPONDENCE 48, 298

CURRENT EVENTS—1, 15, 27, 39, 51, 63, 75, 89, 103, 117, 131, 143.

Cystoscope, The, by L. R. Kanfman, M.D. 455

Cysts, Treatment of Mammary, by L. L. Danforth, M.D. 17

DANFORTH, L. L., M.D., Treatment of Mammary Cysts 17

Danforth, L. L., M.D., Uterine Inertia 653

Digitized by Google

PAGE

Del Mas, R, Ph.D., M.D., A Sketch of Cobaltum 32
Diagnosis and Treatment, The Reflexes of, by E. S. Smith, M.D. 36
Dentition, A Few of the Most Important Remedies for Difficult, by F. H. Lutze, M.D... 730
Dowling, J. I., M.D., Treatment and Surgery. of the Accessory Nasal Sinuses for the Relief of Ocular Diseases 78

EDITORIALS—

———A Biologic Crime 683
———A Costly Bad Cold 685
———Chronic Pancreatitis 291
———City and County School Children 353
———Diet in Typhoid Fever .. 622
———Ex-Commissioner Porter. 164
———Hahnemann's Organon for Popular Reading 41
———Homœopathy and its Practitioners 426
———Hours of Sleep Necessary. 686
———Immigration 355
———In Memoriam, Dr. Jas. H. McClelland 44
———In Re Radium 105
———Medical Sectarianism 294
———Pellegra 749
———Portland, Oregon, 1915 .. 744
———Sex Hygiene 166
———Societies and Fads 167
———Some Side Lights on Osteopathy 554
———The American College of Surgeons 356
———The American Institute at Atlantic City 358
———The Cincinnati Medical News 168
———The Food Value of Bob Veal 428
———The Heart in Pneumonia. 750
———The Homœopathic College Alliance 293
———The Institute at Atlantic City 492
———The Kingdom of Man ... 238
———The Medical Society 108
———The 1915 Meeting Place of the A. I. H. 617
———The Radium Treatment of Cancer 236
———The Statistical Study of Measles 494
———Trichinosis 556
———Wood Alcohol 747

PAGE

EFFECTIVE TEACHING in our Colleges, by Royal S. Copeland, A.M., M.D. 583
Euonymous Atropurpureus, A Thorough Proving of, by A. L. Blackwood, M.D. 593
FIFIELD, H. L., M.D., Hemorrhage After Tonsil Operations.. 528
Fobes, J. H., M.D., If Homœopathic Prescribing is of Advantage, etc. 336
Freeman, W. H., M.D. Clinical Reports 348
GASTRIC ULCER, Treatment of, by Roy Upham, M.D. ... 321
Grain Itch, Its Recognition and Treatment, by Ralph Bernstein, M.D. 160
Grover, D. R., M.D., Two Cases. 158
Gradually Losing Sight, by J. L. Moffatt, B.S., M.D., O. et and A. Chir. 344
Green, Crawford R., A.B., M.D., The Prevention of Tuberculosis in Early Life 714
HAAS, C. J., D.D.S., Pyorrhea Alveolaris, Its Cause and Effect 418
Hale, Harriet W., M.D., Thlaspi Bursa Pastoris: Sabadilla ... 727
Hemorrhage After Tonsil Operations, by H. L. Fifield, M.D. . 528
Higley, H. A., M.D., The Present Status of Anti Sera and Bacterial Vaccines 577
Hitchcock, F. St.Clair, M.D., Arthritis Deformans 419
Hitchcock, F. St.Clair, M.D., Making Red Blood 550
Holden, G. P., M.D., Adventitious Aids to Delivery 400
Homœopathic Prescribing, etc., by J. H. Fobes, M.D. 336
Honan, W. F., M.D., Surgical Clinic 193
Horner, J. Richey, A.M., M.D., Helps and Hints in Handling the Psychoses 136
Hutchinson, John, M.D., The Homœopathic Treatment of Typhoid Fever 85
INDUCED PNEUMOTHORAX in the Treatment of Pulmonary Tuberculosis, by J. H. Stover, A.B., M.D. 388

Digitized by Google

PAGE

INTERNATIONAL HOMOEOPATHIC REVIEW—49, 113, 177, 241, 305, 369, 433, 497, 561, 625, 689, 753.

JARRETT, ELIZABETH, M.D., Cervical and Other Tears 720

KAUFMAN, L. R., M.D., The Cystoscope 455

LAIDLAW, G. F., M.D., The Lower Border of the Stomach with Remarks on Dilatation and Prolapse 208

Lane, Charles E, M.D., Three Freakish Cases 39

Lutze, F. H., M.D., A Few of the Most Important Remedies for Difficult Dentition 730

Lutze, F. H., M.D., Clinical Cases 286

Lutze, F. H., M.D., The Therapeutics of Constipation 92

Lloyd, Ralph I., M.D., O. of A. Chir., Typical Cerebral Lesions 705

MAC FARLAN, M.D., A Consideration of the Argemone Mexicana 588

Materia Medica be Taught, How Should, by W. W. VanDenburg, M.D. 89

McDuffie, M. W., M.D., Painless Childbirth 667

McDuffie, M. W., M.D., Tuberculosis Treatment 261

Medical Colleges and State Boards of Examiners, by Augustus C. Umbreit, Esq. 216

Mental Ills Considered from the Standpoint of Sigmund Freud's Theory of Repression, by Guy B. Stearns, M.D. 150

Medical Profession, Weak Points in the Moral Tone of the, by A. Von der Luhe, M.D. 9

Medicine, The Unity of, by Carl Beck, M.D. 65

Miller, R. P., B.S., M.D., Nitrous Oxide and Oxygen Anesthesia 100

Mills, W. S., A.B., M.D., Address of the Chairman of Materia Medica 416

Mills, W. S., A.B., M.D., A Few Case Reports 614

Mills, W. S., A.B., M.D., Some Cases at Flower Hospital ... 275

Minton, H. B., M.D., Shingles Treated by the High Frequency Current 340

PAGE

Minton, H. B., M.D., Underfeeding of Infants 449

Moffat, J. L., B.S., M.D., O. et A. Chir., Grodually Losing Sight 344

NASAL OBSTRUCTION and its Sequelæ, by Lloyd H. Clark, M.D. 599

Nephritis, Can We Cure Chronic Interstitial, by E. D. Rudderow, M.D. 212

NOTES AND COMMENTS—46, 109, 169, 240, 296, 358, 430, 495, 557, 623, 687, 751.

OCCULAR DISEASES, Treatment and Surgery of the Accessory Nasal Sinuses for the Relief of, by J. I. Dowling, M D. 78

Old Age, Premature, by E. D. Rudderow, M.D. 1

Orthopedics in General Practice, by A. H. Bingham, M.D. 281

PAINLESS CHILDBIRTH, by M. W. McDuffie, M.D. 667

Perkins, C. W., M.D., A Short Glimpse of Professor Lorenzo's Clinic in Vienna 350

Perkins, C. W., M.D., A Short Resume of a Year's Surgical Experience Abroad 607

Philosophy and Science, by M. C. Beck, M.D. 530

Polyneuritis, A Case of Acute Toxic, by Charles Lee Bailey, M.D. 103

Position of Patient, etc., by W. H. Abbott, M.D. 407

Professor Lorenzo's Clinic in Vienna, A Short Glimpse of, by C. W. Perkins, M.D. 350

Prolapsis Uteri, A Clinical Experience in the Treatment of, by W. S. Rink, M.D. 412

Psychiatry, Modern Tendencies In, by W. T. Walsh, M.D. ... 269

Psychoses, Helps and Hints in Handling the, by J. Richey Horner, A.M., M.D. 136

Psychotherapy, by J. H. Storer, A.B., M.D. 144

Pure Food, The Injurious Possibilities of, by John P. Sutherland, M.D. 641

Pyorrhea Alveolaris, Its Cause and Effect, by Charles J. Haas, D.D.S. 418

Digitized by Google

PAGE

RINK, W. S., M.D., A Clinical Experience in the Treatment of Prolapsis Uteri 412

Rudderow, E. D., M.D., Premature Old Age 1

Red Blood, Making, by F. St. Clair Hitchcock, M.D. 550

Repertory, The Need and Use of a, by E. E. Case, M.D. 514

Rudderow, E. D., Can We Cure Chronic Interstititial Nephritis 212

SCHALL, J. H., B.A., M.D., Vesical Calculi; Report of a Case 338

Sabadilla, Thlaspi Bursa Pastoris: by Harriet W. Hale, M.D. 727

Shingles Treated by the High Frequency Current, by H. B. Minton, M.D. 340

Shute, A. C., M.D., Clinical Facts and Findings in the Use of Autotherapy 602

Skin Manifestations of Disease in Children, by C. E. Burt, M.D. 98

Smith, E. S., M.D., The Reflexes in Diagnosis and Treatment .. 36

Some Cases at Flower Hospital, by Walter S. Mills, A.B., M.D. 275

Sperling, Fred J. E., M.D., Constipation 736

Stearns, Guy B., M.D., Mental Ills Considered from the Standpoint of Sigmund Freud's Theory of Repression 150

Stomach, The Lower Border of, with Remarks on Dilatation and Prolapse, by G. F. Laidlaw, M.D. 208

Storer, J. H., M.D., Induced Pneumothorax in the Treatment of Pulmonary Tuberculosis 388

Storer, John H., M.D., Psychotherapy 144

Surgical Clinic, by W. F. Honan, M.D. 193

Sutherland, John P., M.D., The Injurious Possibilities of Pure Food 641

Swift, E. P., M.D., The Vaccine Treatment of Typhoid and Pneumonia 27

THE LITTLE THINGS, by Bernard Clausen, M.D. 34

PAGE

The Press, the Public, and the Medical Profession, by D. H Blodgett, M.D. 129

Three Freakish Cases, by Charles E. Lane, M.D. 39

Throat Disease, Streptococcic: by H. J. Ball, M.D. 29

Tonsil and Its Sequelæ, The Diseased, by Lloyd H. Clark, M.D. 257

Tuberculosis. Glandular, by Alfred C. Wallin, M.D. 673

Tuberculosis, The Prevention of in Early Life, by Crawford R. Green, A.B., M.D. 714

Tuberculosis Treatment, by W. M. McDuffie, M.D. 261

Turton, M. L., M.D., Connallaria Majallis 346

Twilight Sleep, The American, by H. C. Allen, M.D. 662

Two Cases, by D. R. Grover, M.D. 158

Typhoid and Pneumonia, The Vaccine Treatment of, by E. P. Swift, M.D. 27

Typhoid Fever, The Homœopathic Treatment of, by John Hutchinson, M.D. 85

Typhoid Pneumonia, by A. Von Der Luhe, M.D. 421

Typical Cerebral Lesions, by Ralph I. Lloyd, M.D., O. of A. Chir. 705

UMBREIT, A. C., Esq., Medical Colleges and State Boards of Examiners 216

Underfeeding of Infants, by H. B. Minton, M.D. 449

Upham, Roy, M.D., Treatment of Gastric Ulcer 321

Uterine Inertia, by L. L. Danforth, M.D. 653

VACCINES, The Present Status of Anti Sera and Bacterial, by H. A. Higley, M.D. 577

Van Denburg, W. W., M.D., How Should Materia Medica Be Taught 89

Verifications, by D. E. S. Coleman, Ph.B., M.D. 578

Vesical Calculi; Report of a Case, by J. H. Schall, B.A., M.D. 338

Digitized by Google

Vomiting of Pregnancy, Pernicious, by R. J. Yeaton, M.D... 393

Von der Luhe, A., M.D., Typhoid Pneumonia 421

Von der Luhe, A., M.D., Weak Points in the Moral Tone of the Medical Profession 9

WALLIN, Alfred C., M.D., Glandular Tuberculosis 673

Walsh, W. T., M.D., Modern Tendencies in Psychiatry 269

Wilcox, DeWitt G., M.D., American Institute of Homœopathy 461

YEATON, R. J,. M.D., Pernicious Vomiting of Pregnancy.. 393

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CONTRIBUTED ARTICLES

PREMATURE OLD AGE

BY E. DOUGLAS RUDDEROW, M.D.
New York.

TO the observant physician whose experience extends over a period of fifteen or twenty years in the practice of general medicine, there must, at times, come a realization that in that time the practice of medicine itself has changed very greatly.

Our methods have been revolutionized by the bacteriologist, chemist and general scientific investigator, and with all this has come a change in the classes of cases that the internist is called upon to treat.

Tuberculosis, diphtheria, typhoid and a host of other infections have decreased in frequency of occurrence and virulence, but side by side with the diminution in the infections there has apparently occurred an increase in the frequency of those degenerative changes in the heart, arteries and kidneys, changes which are more or less inevitable in old age but which may, I think, be properly considered premature when present in persons in middle life.

These changes begin often in the kidney as a chronic interstitial nephritis, with subsequent inevitable hyper-arterial tension and atheroma, followed by cardiac dilation, and marked renal insufficiency, or perhaps the occurrence of apoplexies in various parts of the body. These changes, when considered together as an entity, form a picture which is being presented to our observation with ever increasing frequency. It may be that these conditions do not prevail more than formerly, perhaps our perfected methods of diagnosis have only made our recognition of them more sure; in any event, there are many persons exhibiting presenility and in this paper I will endeavor to set forth a few of

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my own observations, hoping thereby to stimulate a profitable discussion of this important matter.

The causes of pre-senile changes are veiled in obscurity, for no class of persons appears to be exempt; if we assume that high living and a sedentary life will produce these results, what shall we say when precisely similar pathological findings are disclosed in the body of one whose life has been one of toil and privation?

Alcohol, tobacco, tea, coffee, are all blamed and yet one of the most marked cases of arterial and renal degenerative changes that I have ever seen occurred in a woman who has never used any of these. The rich and the poor, men and women, seem alike prone to present these evidences of premature old age.

But, if the cause must remain unknown, the treatment must ever remain empirical or merely symptomatic or expectant, the unknown cause continuing to act as before in antagonism to our remedial efforts, and it is therefore of great importance that we should, if possible, go to the root of the matter and disclose the origin from which these degenerative processes arise.

What a field for the investigator. What a triumph for that man or woman who can find a specific for pre-senility; at whose magic touch the stiffened arteries, the shrunken kidneys and the weary heart itself shall cease to be incompetent, or their further degeneration prevented.

A day may come when the infant, fed from birth upon specific bacilli, may pass its life free from degenerative change, but until some such revelation is granted to the human race, we must I think, content ourselves with more or less disappointing generalities.

What, then, is the cause of arterial degeneration, contracted kidney, and senile heart?

I would answer, mal-adaptation.

Mal-adaptation of the individual to his occupation, his diet, or geographical location, or any other of a host of possible mal-adaptions such as civilization and the necessities of life are forever, forcing upon each member of the human family. Civilization itself is often hard to bear, our telephones and motor cars, our rapid and efficient means of transportation are tyrants, after all, enabling us to do a giant's task each day but at the expense sometimes of something within us to which we vaguely refer as nervous force but about which we really know nothing at all. And so modern science, while enabling the human race to vastly extend its activities and avoid many of the ancient evils by which it was formerly overcome, has another side also, and it

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seems at times that while we have learned to avoid the Scylla of excessive infantile mortality we are in danger of succumbing to the Charbdis of pre-mature old age.

TAKING THE CASE

It has been my experience that these patients do not seek medical aid because they are conscious of any premature failure of their vitality, indeed, there are many who seem to resent the idea when the matter is first brought to their attention.

They will often display the greatest concern about some comparatively trivial ailment, but are quite uninterested when the physician attributes it to a general failure of the cardiac and renal functions, with the lessened resistance and proneness to disease which such fundamental weakness entails.

Indeed, the careful diagnostician is lucky if he escapes the odium of being considered an alarmist.

While serving as a substitute some years ago, in the Vanderbilt Clinic of the College of Physicians and Surgeons, I was greatly impressed with the methods there employed when seeing a patient for the first time. The patient was thoroughly examined irrespective of what he said. Nothing was taken for granted. The man with a headache was stripped and as carefully gone over as the man with a cough, both were made to furnish urinary specimens and every means was taken which could shed any light upon the case.

And the Clinic prospered and waxed strong in the estimation of the thousands of afflicted ones who thronged its corridors. And why? Because in that clinic were disclosed many things; coughs were often cured because the treatment was addressed to the heart. Indigestions of long standing were relieved in the same way and many a case of supposed rheumatism of the lower extremities was sent home with arches under the insteps.

And so it has been my own endeavor to examine as thoroughly as possible all new patients making a record of the condition of the heart, lungs, kidneys and blood pressure, using rubber outline and diagrams for the graphic recording of the findings and filing it all away for future reference.

And it has usually been the blood pressure records that have called my attention to the underlying conditions present.

Types of Cases. These cases seem to resolve themselves into two general classes which may be called the compensated and the uncompensated.

The compensated cases often appear to be in good health,

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there are few subjective symptoms and the individual does not consider himself sick.

But upon taking the blood pressure, we find that it is at a tension of perhaps two hundred millimeters, and upon examining the heart we find the evidence of a large and strong heart with a powerful muscular element to the first sound, and an accentuated aortic second sound, the latter due, I presume, to the pressure against it as it closes.

The urinary analysis discloses a low specific gravity, with an increased total amount for the twenty-four hours, a trace of almumen and perhaps a few hyaline or other casts, the amount of indican is too high and the total solids, and urea decreased in amount. The decrease in urea is often very marked, some of my cases having an excretion of only one-tenth per cent.

Such a person would require no less than sixteen such kidneys to bring the urea output up to normal.

And at this point I wish to speak of a tendency, borrowed I think from the Germans, to belittle and consider as of no account the amount of urea which a patient excretes.

Urea being the chief organic constituent of urine and the index of nitrogeneous excretion, seems to me to occupy a place of great importance.

No one at present disputes the fact that the kidneys are essential to life, and therefore their most important excretion must be important also, indeed the quantitative estimation of the daily output of urea when considered with the other known facts about the patient, his diet, exercise, etc., forms our most reliable index to the efficiency of these organs.

The presence or absence of albumin and casts merely indicate the presence or not of an irritation or inflammation but do not tell us how the kidneys are excreting.

These compensated cases frequently present evidences of arteriosclerosis, the radials are hard and the temporal arteries tortuous. The X-ray disclosed a marked arterio-sclerosis of the posterior tibial artery in one case while we were looking for something else. But there must be many cases where the assumption that arterio-sclerosis is present must be after all but a conjecture, as many of these vessels are of course too remote from the surface to admit of our examining them minutely during life.

The factors present in these cases which I have called the compensated ones, are, therefore, a pair of kidneys, inefficient and

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probably contracted, an arterial system more or less rigid and an hypertrophied heart.

Why do not these persons become uraemic?

They may, if for any reason their equilibrium is destroyed by excesses in diet or exercise, either or both of which will throw into the circulation an excess of waste material.

Ordinarily, however, their urea excretion, low as it is, does not seriously inconvenience them and it seems to me that the skin and bowels must help out the kidneys, in these cases.

The chief danger which seems to threaten these people is arterial rupture and hemorrhage, the strong hypertrophied heart, weak and hardened arteries and contracted kidneys together with the increased blood pressure, which must, I think, be considered in itself, compensatory, form a group of conditions which greatly predispose the individual to this accident.

Such hemorrhages may of course occur almost anywhere in the body. Some of my cases have presented evidences of such bleedings in the optic tract, causing an homonomous hemianopsia, into the cerebrum followed by complete hemiplegia, into the spinal cord with more or less complete paralysis below the point of supposed rupture, into the retinae, and into the stomach.

Many of these cases, however, do not have apoplexies but gradually retrograde into the second class which I have called the uncompensated ones.

The lack of compensation may be cardiac, in which event the heart ceases to be able to meet the demands made upon it and the blood pressure falls to, say, 120 millimeters.

Now this pressure, while ample in a person of sound arteries and kidneys, is inadequate in those whose renal and arterial systems oppose a great resistance to the passage of the blood through them. Such a person, while unlikely to have a rupture of a vessel is very apt to become uraemic and dropsical, as well.

Lack of compensation, may, I believe, also occur by reason of a failure of either the skin or the bowels to adequately aid the crippled kidneys.

A prolonged period of constipation may therefore conceivably permit uraemic symptoms to appear.

Likewise a failure of the sweat glands to functionate, either from some particular cause, or from the onset of cold weather, may, I believe, bring about a similar result, and it is my belief that these cases are in greater danger during the winter months.

Some time ago, in a paper presented to the American Insti-

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tute, I called attention to the great variations of pressure to which the human body was subjected, and mentioned the fact that at the sea level the average individual sustained an atmospheric pressure of no less than thirty thousand pounds, and that a barometric variation of one inch, a very common occurrence, would increase or diminish this pressure to the extent of one thousand pounds.

While atmospheric pressure is entirely without the realm of our control, I think these facts are of interest to us and may explain in some measure the reasons for the discomfort and real danger which sudden changes in the barometer may portend to some patients.

The diagnosis in these cases is made readily enough, the urinary analysis, blood pressure findings and cardiac signs are easily obtained and interpreted.

Prognosis: This would naturally appear to be bad in view of the fact that we are dealing with bodily changes which we have been taught to consider as incurable; we have been taught that a contracted kidney, for example, cannot regain its normal form and functions, that hardened arteries do not become elastic again.

And yet we see cases in which in spite of this dismal outlook there does appear to be some sort of rejuvenation taking place May it not be that Nature which extends to many of the organs such marvelous powers of recuperation has means of rejuvenating arteries and kidneys as well?

The sceptic will deny this. I would have denied the possibility of such a thing myself a few years ago and would have concluded that where improvement did occur along certain lines then my diagnosis itself was at fault, that the patient did not have what I thought he had. But I am beginning to think otherwise, and it sometimes seems to me that the "Vis Medicatrix Naturae" will help out not only weary livers and stomachs but hard arteries and kidneys as well.

Treatment: Before endeavoring to solve a problem, we must, I think, distinctly understand what the nature of that problem really is. Given a man with high blood pressure, arterio-sclerosis and contracted kidneys, what are we to do?

In the presence of an apoplexy, our imperative duty is to reduce the blood pressure at once. I have invariably done this by administering one drop of oleum croton tiglium combined with four drops of olive oil either in the form of a capsule, if the patient could swallow, or by placing the mixture on the tongue where deglutition was impossible. This old method with which you are

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all familiar, no doubt, should not be used in cases of gastric or intestinal haemorrhage, but in apoplexies of other portions of the body it seems to me to present many advantages.

It removes from the body considerable quantities of water and at the same time completely sweeps out of the bowel any putrefactive material there present. I have seen the blood pressure fall from two hundred and ten to one hundred and forty in five minutes following the complete evacuation of the bowels by this simple proceedure. Venesection I have not employed, it takes from the patient not only water but the elements of blood itself. I can readily understand, however, that where no anaemia is present this procedure would be of use. But it does not evacuate the intestinal canal of the gas and debris—a most important matter.

But the vast majority of these cases do not come to us because they have apoplexies, but because they are suffering from the consequences of an obstructed circulation, the hardened arteries and kidneys opposing a resistance to the heart which makes high blood pressure with all its evils and dangers a practical necessity if the circulation is to continue to be carried on at all.

Now high blood pressure is easily reduced, a well directed blow on the head with an axe will reduce these patients' pressure to zero and it will stay there, too. But the man himself will be dead.

So, also, we may reduce the pressure by the use of cardiac depressents but what will happen? The pressure being inadequate, the kidneys will become inadequate also, and the patient be in danger of uraemia. Or suppose we resort to vaso-motor dilators, such as nitro-glycerine for example? The action of drugs of this class is very short, the dose must be repeated frequently and after all, what have we accomplished? We have gained a slight reduction in the pressure but we have also paralyzed the circular fibres of the blood vessels and rendered them less able to withstand a subsequent increase in pressure.

The iodides of potassium and sodium when given in large doses, possess the property of lowering blood pressure but as these drugs are excreted largely through the kidneys, it would seem that there might be harm done in this way. In one case it seemed to me that the administration of the iodide of sodium in dosage sufficient to reduce the blood pressure twenty millimeters, also induced an irritation of the kidneys as shown by an increase in the amount of albumin and casts in the urine.

Now I do not wish it to be thought that I consider all these drugs as harmful, they have their places, but I do believe that

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in addressing our treatment primarily to the blood pressure we are putting the cart before the horse. If we can, instead, relieve the obstructions in the circulation, if these rigid arteries may be rendered more elastic, if these shrunken kidneys can be made more normal, then it seems to me we are on the right track and the blood pressure wil take care of itself.

Can this be done? I wish that I could answer surely in the affirmative. This I believe, that much can be done for both arteries and kidneys by giving them physiological rest.

And to this end the diet must claim our first thought.

While I believe that these patients do well, as a rule, on a diet in which the nitrogenous elements are eliminated, or upon a purin-free diet, still there are some cases in which the complete withdrawal of all nitrogen is unwise. We have the heart to consider and if this organ becomes weak then our whole plan falls to pieces at once. Says Sir William Roberts: "Nowhere, perhaps, is it more necessary than in gout to consider the man as well as the ailment, and very often the man more than the ailment."

Substituting "pre-senility" for "gout" I believe Sir William's statement holds good here also.

Exercise. These individuals must not over-do. A slight over-exertion often produces a mild toxaemia due to the diminished power of excretion, evidenced by irritability, muscular twitching of the face, etc., a profound over-exertion may result in those greatly exaggerated nervous and muscular phenomona which constitute a uraemic convulsion.

This paper is growing too long and so in closing I will content myself with a few conclusions.

I believe that our most successful method of treatment in pre-senility is in relieving the arteries and kidneys of much of their work.

The patient must be made to understand that his condition is one the onset of which covers a period of many years, that it is progressive unless checked, and that he must, if possible, divest himself of as much care and responsibility as possible.

He must be taught the value of his diet, his bowels must be made to act freely, and he must be made to sweat.

The average person in this climate perspires but little during the winter months, the average well-to-do persons perspire but little anyway; the pre-senile man must perspire daily, winter and summer, and to that end I have these patients take a

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daily sweat bath at home. There are many little simple cabinets made for this purpose and it is extraordinary to see how the sweat glands will hypertrophy under this treatment, the patient acquire the ability to perspire freely and his kidneys are rested thereby.

That the high-frequency currents are valuable in these cases cannot be denied, they reduce pressure and induce a gentle sweating at the same time, but how they act we do not know.

I feel that this paper is fragmentary, there is so much to say on this subject.

In conclusion, then, we must treat the man, not the disease, we must at first see these patients often, daily if need be, for weeks, we must have frequent and accurate urinary analyses, with careful quantitative estimations of the urea, we must regulate and prescribe, from day to day, always with the idea in mind of taking the load from the circulation and kidneys.

And I am sure the results will be gratifying when the blood pressure can be reduced from over two hundred to one hundred and twenty, and when at the same time the urea output can be increased from one-tenth of one per cent to nearly two per cent, we may, perhaps, begin to hope that even the kidneys are not beyond all hope of repair.

WEAK POINTS IN THE MORAL TONE OF THE MEDICAL PROFESSION *

BY AUGUSTUS VON DER LUHE, M.D.
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FOR some months I have meditated over this, and I finally felt it was my duty to write down my views. Every man should possess enough moral courage to stand in the presence of those who are not in perfect sympathy with his ideas. Too many are willing to flock to the standard of the majority in order to be popular, while others, who are prompted by the finest outlines of morality, enlist under the flag of the powerful minority.

Morality can be divided into two classes. Radical, or true morality, and conventional, or what society makes it. The latter has its devotees by the thousands. The former numbers it advocates by the hundreds. The majority fears the taunts, sneers and criticisms of one another, while those in the ranks of the minority

*Read at the Hom. Medical Society, County of Kings, November, 1913.

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stand for that that is for the best to influence and govern the welfare of each individual.

One truth must be deeply impressed on the heart of each person, we are "our brother's keeper." Whatever in our living and acting in our daily life would tend to influence another to adopt and live according to his moral injury and care must be forsaken and given up.

Our life should be one of self-denial, such an one as will set an example to a weaker person that may save his moral nature. Whatever in us would lead another to do to excess must be sacrificed for our brother's good.

The twentieth century has brought forth higher ideals of morality, which are away ahead of those of the ninteenth. We are tending toward the golden age, that shall show out in their true colors the moral sphere that every noble man and loving woman can attain to. The characteristics of radical morality are justice, mercy, charity, purity, consistency and truth.

My motive does not prompt me to judge or condemn any of my hearers. Anyone upon whose ears these sentiments fall knows in his own heart how he should govern his daily professional life. No personalities are intended. True, it is like a sermon full of truth, that will receive various responses from different hearers. No one should be unwilling to listen to truth, and profit by it. It is written from the kindest and most honest motives. One who shrinks from the demand of moral courage is a coward—that no one has respect for. The least one can do is to have pity for such an one. To stand before you as a moralist, I could not do otherwise than give expression to my inmost thoughts upon this subject. Before I get through many will have to acknowledge the fact that it is too true there are weak points in the moral tone of the medical profession.

My paper will be divided into four parts. First, Drinking habits of medical men. 2d, Inveterate cigarette smoking. 3rd, A physician offering his services for less to one who has another physician. 4th, Useless surgical operations.

First.—Drinking Habits of Medical Men. This truly is the foremost weak point. Radical morality demands total abstinence. Conventional morality permits so called moderate drinking. Moderation to one is excess to another. Therefore moderation is a perfect farce. Personal liberty, a delusion that has led many a physician of the highest mind and keenest intellect to a drunkard's grave. Who would let a drunken engineer run an engine, a pilot

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of that type to direct a vessel into the harbor? Much less should a physician of that type be allowed to handle human life. All three would make wrecks of their efforts. One calls out it is not moderation but abuse. My answer is, moderation is the stepping stone to abuse or excess, then step by step to ruin.

The brightest minds of the medical profession of England, Germany, France, and our country as well, have discovered and acknowledged the truth, that alcohol is not a food to sustain or build up the body. Every year more and more of the medical men are flocking to this standard. Professor Strickland, of Cornell University Medical College, has announced through his discoveries the effect of alcohol on racial degeneration. The result of investigations has shown conclusively that alcohol may effect the offspring through either parent. He proved this by experiments on the male and female guinea pigs. This holds good in children of drinking parents. The careful and firm adherent to the symptoms or indications of the homœopathic remedies would discard all alcoholic tonics. They are useless and the stepping stones of causing the patient after he gets well to have a craving created that has led many a noble man and pure woman to ruin. Such a physician in prescribing these would show out clearly the weak point in his moral tone. Time will not permit, otherwise I could relate cases to prove this point of my argument.

Many persons think that moderation in the drink question is not allowable but commendable. In answer to this argument I will produce a few points maintained by Mr. Arell Gustafer, who was considered a few years ago to have made a more careful and exhaustive study of the liquor question than any man living. He studied more than 4,000 books and pamphlets in 8 languages and traveled extensively in the interest of temperance. From Gustafer's works these facts and opinions are taken. First, consistency condemns the modern idea. In all other questions of moral import the civilized world teaches abstinence from evil. No ones claims that gambling is right if one only gambles with moderation. No one will justify stealing, if one will only do so with moderation. No one will teach that it is right to be licentious, if we only be so with moderation.

But when we come to the drink question, the common mode of reasoning is set aside. In this the advocates of moderation insist the thing itself which fills the world with drunkenness and crime is not an evil; it is only the abuse of it, the evil is in drinking to excess; it is proper and right to drink with moderation.

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Hence moderation is proposed as the cure and conqueror of the drink evil, and societies are organized on this principle. But let us not suppose that this remedy is a new one; it is as old as the drink evil itself. From the beginning of this vice to the present day, there has always been some one to say to the drinker: "Don't take too much!" Moderation has been preached to him by somebody and urged upon him with all the argument of decency, morality, expediency, that could be brought forward.

Second, The "moderation experiment a failure." Wherever tried as a remedy for excess it has proved a sad and perfect failure.

Wine drinkers often quote this saying of Luther's: "He who does not love woman, wine and song remains a fool all his life long." To whom I would say, put along side this saying another of Luther's sayings: "Whoredom and wine and new wine will take possession of the heart." These two vices, whoredom and debauchery so take possession of a man, that he does not know what he thinks, speaks or does. Cyrus in Xenophen admirably says that wine is mixed with poison. When you compare these two sayings of Luther, the former sinks into insignificance.

Mrs. Wilbur F. Crafts in a four months tour in 9 countries in Europe during this year makes this report: "The growing number of European abstainers, especially among European doctors, both of medicine and philosophy, are devoting more efforts to exposing the harmfulness of even moderate use of the mildest and purest beer and wine than the doctors of the United States." My comment on this statement is this—this proves the weak point in the moral tone. "The abstainers of all classes are increasing. One hundred thousand added last year in Germany where the first abstainer stood alone as the target of universal gibes so recently as 1893. Europe excells us in educational temperance work generally." That would not be the case (my comment) if the medical profession as a body stood in the front ranks by their total abstinence as an example and their teachings and advice of the bad effects of drink. Preaching without practice would be a perfect failure—both going hand in hand would remove this main weak point in the moral tone. Both for abstinence and prohibition we may well raise the words of John Stuart Mill as our banner: "My liberty ends when it begins to involve the possibility of ruin to my neighbor."

Learned men have shown by many experiments that in everything that concerns self, alcohol is a handicap. When even a little

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has been taken the eyes cannot see a signal or a foe's fist as quickly; nor send a shot as straight to the target; nor can the ear hear so clearly; nor the brain remember as well; nor decide a problem as rapidly; nor can the hand set so much type; nor the feet run as well in a race; nor can the interior organs, the heart, nor the lungs, the liver and the kidneys do their vital tasks as well. If you accept this, you can see that if the captain of the Titanic had not spent his time at a wine supper that greatest of marine disasters never would have happened, notwithstanding the ice bergs threatening; nor the accident on the D. L. & W. R. R. at Corning last year—due to several milk punches taken by the engineer, so he did not see the danger signals. Also moderate drinking physicians make poor examiners.

"Alcohol is not a stimulant, science tells us today, but a narcotic; that is something that puts the user into a state of narcosis, of half sleep." Teachers of grammar schools in some sections of New York City testify to the dullness, and drowsy condition, of children when they come to afternoon sessions of school, for the parents had given them a drink of beer for dinner. Insurance tables of 50 years in Great Britian prove moderate drinking is a slow poisoning, that kills thirteen years in thirty years.

"Against the use of wines and beer, which is a fallacy, should be marshaled the great recent condemnation of moderate drinking by Emperor William and Continental University professors and by President Eliot and American scholars." W. S. Partridge in an article entitled "Victory in the next great naval war," relates the following: "Emperor William of Germany made a famous address at Fleesburg recently at the dedication of the Naval Academy and he closed his speech with these words, 'Victory in the next war will crown the colors of the nation whch consumes the least alcohol.'" Hoch der Kaiser!

Science has disproved the old theories that liquors strengthen workmen's hands and quicken scholars' minds; and nothing is left but the claim that they add joys of life. It is time that this lie of the "mockers" was driven from the field. Liquors have added more sorrow than joy, and the joy itself has been only counterfeit, usually followed by depression. Intelligent selfishness points straight to the abstinent life.

Drinkers take heed; over 2,000,000 of the best positions in the United States are closed to men who drink. In the centers of business, men who are placed in positions of trust must be bonded by bonding companies and not their friends. One of the main

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questions that a bonding company asks one to be bonded is, "Do you drink intoxicating liquors?" And they will not bond one who drinks.

The drink curse has cost the nation the direct sum of $600,000,000 and indirectly $600,000,000 more; cut off 300,000 men, sent 100,000 children into almshouses, cast at least 150,000 persons into prisons and work houses, was the cause of 2,000 suicides; and of a loss to the country of $10,000,000 through fires and violence, besides making 200,000 widows and 1,000,000 orphans. All this in one year.

I have tried to be as brief as possible. When all medical men who are conventional moralists consider these facts, meditate over them, weigh all the statements well, they must admit that the radical moralists in the medical profession, though in the minority, are a mighty power for the good and welfare to all they come in contact with, and exert an influence. Time will add later more and more, and be the means of removing this weak point from the moral tone of the profession.

Second Point.—Inveterate Cigarette Smoking. Every educated physician knows that it is the aim of each manufacturer of the various brands of cigarettes to flavor them by the addition of opium, cannabis indica, or some other drug, so as to create a taste in the smoker so he will smoke no other brand. He knows also that they cause an irritation in the mucous membrane of the different organs. He has patients with heart affection, bronchitis and a tendency to tuberculosis, that may have been due to a catarrhal diathesis, but aggravated by excessive cigarette smoking.

Notwithstanding this, he is such a slave to the habit, it does not influence him to give them up, so to be a radical moralist. When boys of minor years see possbly their fathers puffing away on a cigarette, his fingers stained, clothes saturated with the smell of his brand of cigarettes, he says to himself, "If he can do it, it will do me no harm." All the persuasion and advice of their parents fall to the ground. The medical professor is to blame to a great extent for the excessive use of them by boys under 16. All the fines imposed on dealers for selling them to boys under 16 will not diminish their use. They will get them from those over this age. The evil cannot be reformed or banished unless the profession rise up in a body, drop this habit and give talks to boys' associations on the evil effects of them.

Example is above precept—practice above speech. If the profession desires to have strong and noble men to spring from the

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rising generation, they must be at the front of this great and most essential reform. Selfishness, unwillingness to exert self-denial and, sorry to say, bound by the chains of habit, they are slaves to it. Those are the great drawbacks to such a movement. Those who are conventional moralists, it can be said, at their doors lie the ruin of many promising young men, dwarfed in intellect and body, some in insane asylums. When you consider all this, have you not love for humanity enough to desert the ranks and become radical moralists?

Third Point.—A Physician Offering His Medical Services for Less to One Who Has Another Physician. This practice is more common than one would think. Ten cent societies and lodge doctors degrade the high standing of the medical profession. It has reached such a pitch that there is no special inducement to study medicine for a young man, unless he is willing to leave the city and go into some country town where these evils do not exist. I know a certain physician who lost five good families by a physician doing this very same thing. One of these, a lady, when she met her former physician, said to him, "We have nothing against you but your charges." She had a close fisted husband, who, though a prominent and active church worker, never paid the last bill to his former family physician. The interloper went for $1.00 to the house and 50 cents at the office, while the physician he had had for years before charged $1.50 at the house and $1.00 at the office. If you desire to keep up the dignity of the profession, if a poor person cannot pay a dollar at his home and 50 cents in the office, make him a present of your services, if he is worthy. To be honorable to your fellow practitioner you have no right to serve any of his patients that call on you if you attended them for him while he was away or sick, nor one you were called into consultation with. Never comment on the treatment or criticise the means another doctor uses in treating some friend of yours, lest it shake confidence in the mind of your friend, nor express an opinion on the outcome of a case. By stealing patients from another you are as bad as a thief. Remember, speech is silver and silence is gold. Without fail the silver will tarnish in time, while gold will retain its lustre. This is a weak point in one so-called moralist, who breaks this rule of confidence in just dealing.

Fourth Point.—Unnecessary Surgical Operations. When the surgeon gets so wise, and has the audacity to declare certain glands or organs are no earthly use in the human body, that they might just as well be removed as not, also would save a lot of future

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pain and trouble, he certainly must consider himself superior in judgment and knowledge to the Creator. He accuses the Creator of gross blunders. The truth, his judgment is wrong. God never put any gland or organ into the body unless it has its functions. He never made a mistake in that respect. The useless and promiscuous operations, and mutilation of the organs of the body are to be condemned, which no conservative surgeon will perform. He has no right to remove a healthy appendix that may never become diseased, his judgment in what may occur to it in the future is not infallible.

Some of those who have had their appendix removed have suffered from persistent constipation. Many a tonsil is removed that should remain, for it has its function. If the same time was devoted to the study of Homœopathic Materia Medica, as was done by the Masters of Old, many cases of hypertrophy of the tonsils and adenoids would be cured by medicine. Also some cases of appendicitis. Many a young woman would have her ovaries, and be able to enjoy the gift of motherhood. Unless in case of cancer, you can relieve pain and are certain of possible success; you have no right to operate.

When times are dull and operations are few, a great temptation to operate a useless one is presented, especially when the stake is high. Because rent and taxes and household expenses must be met, and the automobile needs a new tire and gasoline. Be a man for all that, and resist the temptation. Noted and prominent surgeons have made some gross mistakes in their diagnosis. They are as liable as the medical man. Honest records of our hospitals will prove this assertion. It is a mighty good thing that the laity does not know the truth, otherwise they would rise in arms, and never make a donation to the hospital. If it was not for keeping out personalities, I could relate some cases.

Fellow members, you have now the four weak points in the moral armor of the medical profession. What are you going to do about it?

Be good, noble men, give your allegiance to radical morality. Be a power for good in this community!

Be just! Be upright! Be honest! Then you will be the true physician and upright surgeon.

All honor to Homœopathy!

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THE DIAGNOSIS AND TREATMENT OF MAMMARY CYSTS AND THEIR DIFFERENTIATION FROM OTHER BREAST TUMORS

BY L. L. DANFORTH, M. D.

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DURING the past two years I have had four cases of small breast tumors presented to me for diagnosis which have interested me greatly.

It is a very simple matter to diagnosticate advanced, or moderately advanced malignant tumors of the breast; the gross appearances are such that a single glance, or the most superficial examination with the hand will reveal the nature of the growth to the experienced surgeon. But it is not so in the inception of their development. Surgeons generally at the present time take the stand that all breast tumors are or may be malignant and so consider them until it is proved beyond peradventure that they are not. In most cases however, the crucial test as to their character is not applied until the tumor or a part of it has been removed and a microscopic examination made of a frozen section. A diagnosis made in this manner is not to be criticized nor dispensed with, but it is rather hard on the patient if the tumor in question happens not to be of a maligant character.

I am well aware that many physicians and surgeons advise removal of the entire breast, even when recognizing the nature of the cystic disease maintaining that retention of the gland is liable to be followed by maligant degeneration. To the lay mind every breast tumor is a malignant one. The surgeon knows that there are several varieties of tumor which are not malignant and the differentiation should be as important to him as to the patient. By the term "mammary cyst" I do not mean those rare milk cysts which result from obstruction and dilatation of the milk sinuses or ducts, the so-called galactoceles which appear suddenly during lactation increase rapidly and form soft fluctuating painless swellings. I refer to glandular cysts which originate in the smaller lactiferous ducts and in the acini from their partial or complete occlusion. Cysts of this character are prone to occur in women from 35 to 50 years of age (about the age as for true carcinoma); they are smooth in outline, somewhat elastic, though fluctuation can rarely be detected, the intense distension making them feel like solid tumors, in fact there is great similarity in the feel between these deep cysts and deep solid tumors on palpation. Cystic tumors of the kind I am describing are more frequently met

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with than is ordinarily believed. Dr. Robert Abbe states that during eight years he saw in his office practice 41 cases of mammary cysts and 56 cases of scirrhus tumors. He also states that in every instance in which the cases were referred to him they were sent by the physician believing the tumors to be malignant and in each instance the patient expected to lose her breast.*

It is interesting to note that mammary cysts may be localized in any part of the gland in the lower as well as the upper, the inner as well as the outer, with a slight predominance for the upper and outer segments, while scirrhus tumors are, I believe, always between the nipple and the axilla in the line of main lymphatic channels.

Mammary cysts are usually single, though occasionally two or three, or even four cysts are present. They are due to fibroid thickening of the galactiferous ducts with stenosis, and consequent retention of duct secretions, a pathological tendency especially prone to take place during the atrophic changes incident to the climacteric. The contents of mammary cysts vary in different cases, from one drachm to one ounce, the fluid drawn being usually opalescent, whitish and turbid. On standing this fluid deposits a considerable quantity of granular fat, a few pus cells, and many small and large round mononuclear cells, whose protopalsm has undergone fatty degeneration. The cyst wall is usually so attenuated as to be imperceptible on palpation when the cyst is emptied.

My first patient was a school teacher, unmarried, 45 years of age. She called my attention at once to a deep-seated rather hard tumor of the right breast, situated between the margin of the areola on the outer margin of the gland, slightly tender on pressure, but without other features of note.

The second patient was a single woman, 48 years of age, still menstruating regularly, although she has a small fibroid tumor of the uterus, subperitoneal on the right side. In this case the breast tumor was easily palpable, firm and slightly painful on pressure. Both patients came with minds fully made up to hear the worst.

The third patient was a married woman, aged 40, mother of one child. This woman had discovered the tumor in her breast during the absence from home of her husband. She went at once to her physician, who confirmed the woman's fears; the tumor was pronounced to be malignant. At last it was declared to be important that the growth should be removed at once, and so important was it that an operation should be done

*Consideration of Mammary Cysts in the differentiation of "Breast Tumors."—Medical Record, August 15, 1913.

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at once, the physician took it upon himself to engage a room at the hospital without waiting for the husband's return. The latter was summoned home, and found his wife heart-broken and distressed at the prospect, not so much in fear of the operation as what it implied. The husband was not willing to have the operation done without seeking other advice. The physical signs were the firm ovoid tumor, not sensitive, deeply seated, with no external signs of maligancy. On a venture I penetrated the tumor with an aspirator, such as I had done in the other two cases. I withdrew an ounce of a pale opalesaent-fluid. The tumor disappeared and the patient has been well ever since.

The fourth case was not so fortunate. A young woman 35 years of age and with no family history of maligancy was struck on the breast three years ago while petting a favorite horse. The animal swung his head and suddenly struck the woman on the the right breast. The blow was a stunnnig one, and the lady said she remarked at the time if nothing ever came of the accident she would be thankful. The incident was forgotten. A short time before presenting herself to me she noticed this swelling in the right breast. It was hard, slightly nodular, not painful, skin not dimpled or adherent, nipple not affected. The extreme hardness and superficial position were suspicious signs, nevertheless I stuck a needle into the center of the breast and got nothing but a few drops of blood. This patient was operated upon a week later, a Halstead operation, then a frozen section examined while the surgeon waited. The report was maligancy.

I mention this case merely to contrast it with the others. The physical signs were much more suspicious than in the first three cases, and yet they were not so marked as to make a diagnosis certain.

The point I wish to make is that the differential diagnosis of these cases of mammary cyst can be made easily and absolutely, while the cure can be said to be equally effective. Both delightful consummations can be attained by the use of an aspirator needle attached to a syringe holding an ounce.

My first three cases were relieved in mind and body by this simple procedure. The surprise, delight and gratitude manifested by these patients can readily be imagined. I believe it to be the duty of every surgeon to test the nature of each doubtful hard tumor by an aspirating needle thrust quickly into the center, first sterilizing the skin by a touch of dilute iodine or alcohol. This operation may lose to the surgeon some very good fees, but it will secure for him some very grateful patients.

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STREPTOCOCCIC THROAT DISEASE

BY HALSEY JAY BALL, M.D.
Health Officer, City of Cortland, New York

THE City of Cortland has a population of about 11,500, and is joined by the village of Homer, which has a population of 2,695.

In these two places there were in two weeks—from April 23 to May 7, 1913—554 cases of an infectious disease, having local manifestations in the throat and neck, and producing a general systemic disturbance.

It is the purpose of this paper to give a history of some of these cases, and from a study of these and other cases, to describe a disease which is not mentioned in any text book or practice of medicine with which the writer is familiar.

Mrs. S. Age 21. Weight about 100 pounds. Anaemic. Illness commenced on April 23rd with headache and nausea on rising in morning. Felt better after 4 P. M., and until the afternoon of the next day, when there developed sharp, darting pains in the right side of neck. This occurred while out automobiling. The pain disappeared on returning home. Later in the evening, at 10 P. M., had a severe chill with a temperature of 103°, and general aching.

April 25th temperature 101 to 103° with considerable swelling on the right side of neck. This continued during the next two days—a tentative diagnosis of mumps being made. The patient's condition remained about the same, the patient sitting up a part of the time and walking about a little; until May 1st—the seventh day of the disease—when her temperature rose to 104°. During this time she had some redness of the mucous membrane covering the tonsil and soft palate, with slight grayish exudate, which failed to show the Klebs-Loeffler bacillus.

On the 8th day of the disease, a severe chill occurred, lasting about 20 minutes, with nausea and severe headache and vomiting. Eyes quite red.

9th day, small mucous emesis and slight attack of epistaxis; also menstrating.

10th day, slight epistaxis.

12th day, complained of aching in neck and in back.

On the 13th day, developed an arthitis at the metacarpophalangeal joint of the left index finger, and complained of ringing in the right ear.

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On the 15th day, became very faint on being raised up in bed. On this day anti-streptococcic serum—10 cubic centimeters —was given in abdominal wall.

16th day, complained of lameness and pain in right shoulder.

17th day, gave 20 cubic centimeters of anti-streptococcic serum in abdominal wall.

19th day, complained of headache and pain in shoulder and left side.

20th day, quite nauseated in the morning. Gave 20 cubic centimeters of anti-streptococcic serum in morning, and 20 cubic centimeters again at night.

21st day, gave 20 cubic centimeters of anti-streptococcic serum.

On the 22d day, patient complained of a good deal of lameness and pain in left side, which she thought was due to gas. This pain continued in left side until the 26th day of the illness, when a dry cough developed, with increased dullness of the heart area, and dullness over left lung, with delirium.

On the 28th day, the plural cavity was aspirated and 8 ounces of clear fluid was removed—that drawn into the hypodermic syringe being light straw color, but the fluid drawn into the aspirating bottle, reddish brown. The aspiration was followed by a drop in temperature to 99.8°. But it again rose to 103.8° on the second day after.

On the 30th day of the illness, patient complained of cramps in the left foot.

After removing the fluid from the left pleural cavity, the area of heart dullness was still marked and increased. Also dullness and bronchial breathing over the apex and back of left lung.

I should mention the fact that previous to this, there had developed a decided systolic murmur of the pulmonary valve.

After aspirating, the dullness very gradually cleared up over the upper lobe of the left lung, but the lower lobe continued dull with bronchial breathing.

The patient gradually gained in strength. Tongue, which was originally heavily furred, became clean, and patient had some appetite, but still running a daily remittent temperature, with corresponding pulse.

The lowest temperature was in the late forenoon, and the highest temperature in the early evening.

The patient made a very slow but complete recovery, being ill about three months.

Mrs. W. Taken suddenly ill April 26th with chills and shoot-

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ing pains in an enlarged gland at the angle of the jaw; intense general aching, head, back and limbs; great restlessness; could not keep limbs still on account of the intense aching, extending into fingers and toes. Throat not sore on the inside. Temperature 102°. On the third day said throat broke and she felt better. After which she made an uneventful recovery.

Mrs. E. Illness commenced April 30th. Onset sudden, while eating dinner. Shooting pain in right side of neck—very severe and sharp, extending from neck to hand, followed in about two hours with chills, nausea and vomiting, with pain in epigastrium; followed, in a day or two, by soreness in throat and difficulty in swallowing; coughed and raised considerable thick mucous, streaked with blood. Right side of neck much swollen. Great thirst. Swallowing aggravating pain in neck. Very restless and nervous and unable to sleep.

After three or four days the left side became slightly involved.

On the sixth or seventh day—after vomiting, the patient developed a red spot in the center of the left upper eyelid. This rapidly increased in size, spreading over the entire face, closing both eyes; and a large bleb developed over each upper eyelid and on forehead and right cheek,, followed by an ulceration of both eyelids.

Cultures made from the throat showed streptococci but no Klebs-Loeffler bacillus.

Cultures from the eyelid showed the staphylococcus.

The patient's temperature ranged from 102° at the onset, to 105.6° on the 8th day, when 10 cubic centimeters of antistreptococcic serum was given, followed by a fall to 99.8°, rectal, at 8 A. M.; but returning to 105° at 8 P. M., when 40 cubic centimeters was again given, followed in morning by a decline to 100°, with an evening rise to 103.8°, when 40 more cubic centimeters was given, with a drop to 99° the following morning, when 20 more cubic centimeters were given. The streptococci serum was then discontinued for four days, when the temperature again reached 103.5°, and 20 cubic centimeters was again given, followed by a sharp decline to normal the following day, and with no increase above normal thereafter. 130 cubic centimeters of antistreptococcic serum being given in all.

The pulse range corresponded with the temperature, being from 88 to about 120.

The respiration on the 5th day was between 35 and 40, and

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reached its highest mark of 40 on the 10th day—the day after the first injection of the anti-streptococcic serum.

The restlessness and sleeplessness of the first few days was followed by drowsiness; the urine being scanty and the patient was very gassy.

The tongue was heavily furred at the onset, afterwards became dry, brownish red and cracked.

The treatment in addition to the anti-streptococcic serum mentioned, consisted in an application of a mask of ichthyol and boro glycerine 10 per cent, strychnine nitrate 1-100 every four hours. Urotropine grains V every eight hours until vesicle irritation was produced. Iodine, belladonna, ferrum-phos and apis.

On account of the difficulty in swallowing, due to oedema of the throat, the nourishment was given in liquid form.

On the 26th, 28th and 29th of April, I was called to see four cases, in the same house, all of whch were similar, having chills, headache, backache and soreness in a single swollen gland at the angle of the right lower jaw, and redness of the mucous membrane of the tonsil and its pillars.

These cases were all mild and ran a course of about two weeks, leaving the patients weak.

These cases, with others, occurring at nearly the same time, the date of onset occurring in all of them within five days, and presenting symptoms so similar, yet differing from each in some symptoms; and presenting collectively a mixture of mumps, quinsy and diphtheria, and yet lacking the characteristic symptoms of each of these diseases, led the writer to believe that he was dealing with some new disease having a common cause, and probably of an infectious nature.

I was fortunate at this time in having called to my attention a brief description of an epidemic which had occurred in Boston about two years before, which was styled "septic throat disease," and which seemed to have come from the milk of a certain dairy supplying milk to the city of Boston.

Previous to reading this article, I had made inquiry of my patients and learned that they had a common milk supply, with nothing else in common. I therefore called up a number of physicians of the city and asked them if they had seen similar cases, and what, in their judgment, was the cause; and requested them to ascertain the milk supply of their patients. The next day the physicans began reporting, and from their reports it appeared that fully 90 per cent of the people afflicted with this disease were obtaining milk from the same milkman.

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As soon as it was determined that we were having an epidemic of, what may be styled—for want of a better name—septic throat disease, and that the symptoms all pointed to streptococcic infection, a veterinarian was sent to the farm where the milk dealer procured his milk. Samples of the milk were taken from the herd and also a physical examination made by the veterinarian.

As a result of this inspection and examination, we found that there were two cows ill with mastitis or garget, and that the milk of these two cows contained streptococci, similar, if not identical, to the streptococci found in cultures taken from the mucous membrane of patients suffering from this disease.

I was again fortunate in having a newspaper article attract the attention of Dr. Heazlit, of Auburn, and through him and Dr. Benjamin White, director of the Hoagland Laboratory, Brooklyn, N. Y., got in touch with Dr. Charles E. North, a consulting sanitarian of New York City, who came to Cortland for the purpose of investigating the epidemic, especially its cause.

Dr. North made a careful study of the epidemic. He also made a microscopic examination of the sediment from the milk of each cow in the suspected dairy. Cultures from the suspected cows, and cultures from the throats of eleven patients were sent for study to the Hoagland Laboratory, where it was demonstrated that the streptococci in four of the throat cultures were identical with the streptococci in the milk from the two suspected cows.

The following table also helps to fix the cause of this epidemic:

	Cortland	Homer	Total
Population	11504	2695	14199
Milkmen	14	5	19
Daily milk supply All Dealers, qts.	4200	700	4900
Daily milk supply X, qts.	300	35	335—7
Throat Cases .... Apr. 23 to May 7	411	139	550
Throat Cases .... Using X milk..	335	98	433—78.7
Throat Cases .... Using other milk	76	41	117

X—The only milkman selling to both Cortland and Homer.

On May 4th a special meeting of the board of health of the city of Cortland was called and a resolution adopted compelling the milknam under suspicion to sterilize all utensils used in pro-

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curing, storing and delivering milk; and also to buy milk from another farm.

An ordinance was also passed requiring all physicians in the city of Cortland to report each and every case of septic throat disease; and also requiring the health officer to quarantine all cases. The order was passed May 9th, and only one new case was reported after the physicians were notified that the ordinance was passed. We are, therefore, confident that the measures adopted by the board of health were responsible for the sudden cessation of the epidemic.

The city of Cortland now has an ordinance requiring all milkmen to sterilize, daily, every utensil used in the procuring, storing and delivery of milk.

STREPTOCOCCIC THROAT DISEASE

Synonyms.—Septic Sore Throat. Epidemic Streptococcic Glandular Throat Infection.

Definition.—An acute specific infectious disease, probably contagious, characterized by sudden onset, more or less febrile action, and general aching with enlargement of a single deep cervical gland next to tonsil, accompanied or followed by more or less redness of the mucous membrane covering the tonsil and its pillars; also, the soft palate and uvula in some cases, with or without exudate. The incubation period from two to three days.

Cause.—A streptococcus of human or bovine origin, found in milk of cows having garget or mastitis.

Pathologic Anatomy.—The disease consists essentially of a septic inflammation of a deep cervical gland with congestion and infiltration of the mucous membrane, especially of the soft palate, and occasionally of the larynx.

Symptoms.—The onset is sudden, with chills, nausea, vomiting, malaise, headache, backache, pains in the limbs, lancinating pains in a deep cervical gland, a rise of temperature 101° to 104° F.; tongue heavily furred. The patient complains of pain in the neck with little or no soreness of the throat at the onset, followed, in some cases, by increasing redness of the tonsil and its pillars, soft palate and uvula, which may become markedly edematous. In some cases there is a grayish, or white, exudate on soft palate or uvula. In mild cases there may be one or two elevated pinhead pustules or festers on the arch of the soft palate or uvula. Occasionally the inflammation extends to the larynx, giving rise to partial aphonia.

Diagnosis.—While this disease simulates mumps, quinsy, ton-

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silitis and diphtheria, it may be distinguished from each by the absence of one or more pathognomonic symptoms. It lacks the stiffness and rigidity of the jaws present in both mumps and quinsy; also, the difficulty n swallowing, unless accompanied by oedema of the mucous membrane. The swelling at the angle of the jaw is lower than the swelling in mumps, and does not affect the parotid or sub-maxillary gland. It may be distinguished from follicular or lacunar tonsilitis by the absence of the furred appearance or creamy discharge from the crypts, although a good many cases present a furred appearance of a single crypt.

It is distinguished from diphtheria by the absence of the Klebs-Loeffler bacillus and by the fact that the patches are small and do not have a tendency to extension.

Vincent's Angina, due to the bacillus fusiformia, has a more extensive pseudo-membranous inffammation and ulceration of mucous membrane of throat.

Ludovici Angina, (Ludwig's Angina), is a cellulitis of the neck, following trauma, or secondary to specific fevers.

Complications.—Extension to the other side of the neck. Oedema of the throat. Extension to serous membranes, giving rise to arthritis, pericarditis, pleuritis and peritonitis, extending to the skin; causing erysipelatous inflammation of the face.

Prognosis.—The prognosis is favorable in uncomplicated cases. Of 609 tabulated cases there have been 13 deaths, due to peritonitis, pneumonia, erysipelas and acute odema of the larynx. All deaths occurred in persons over 60 years of age.

Treatment.—The various symptoms should be met with suitable remedies as they arise. Locally, iodine should be applied to the mucous membrane, and iodine and petorgen to the skin. For the fever, aconite, belladonna, ferrum-phos and iodide of mercury may be used with advantage. Phenacetine relieves the general aching and local pains. Urotropine grains V should be given every six or eight hours until bladder irritation is produced. In severe cases anti-streptococcus serum, 20 to 40 cubic centimeters, should be given every twelve hours until re-action sets in and the temperature declines to normal. Patient should be kept in bed and given a nutritious liquid diet.

As this disease is caused by a streptococci in milk, it may be prevented by the use of pasteurized milk.

Cortland, N. Y.

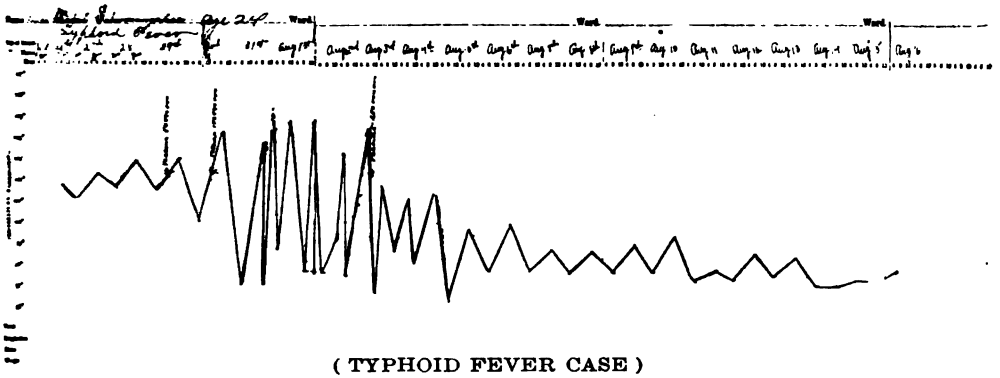
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THE VACCINE TREATMENT OF TYPHOID AND PNEUMONIA

BY EDWARD P. SWIFT, M.D.
New York.

THE successful use of Anti-typhoid Vaccine for prophylactic purposes has apparently diverted the attention of many practitioners from its employment as a means of treatment. The following case is presented as illustrative of the effects of its use in one instance as a therapeutic measure.

Miss M. A., 22 years of age, with a history of generally good health, presented herself on July 26th, 1912, with the complaint of having suffered for about a week with increasing headache, loss of appetite, malaise and general weakness, but with no symptoms



(TYPHOID FEVER CASE)

indicating the presence of any localized inflammation or organic disease.

Finding her temperature then 102 2-5 with no apparent local exciting cause for the fever, typhoid was suspected, and questioning revealed the fact that she had partaken of raw oysters some days before her illness developed, and had also drank water on the same day in a neighboring town in which a number of typhoid cases existed, and the purity of whose water supply was doubtful.

On July 27th the same symptoms were present, with morning and evening temperature of 101 4-5 and 103. Specimen of blood sent to laboratory reported negative.

July 28th, morning temperature of 102 2-5; evening, 103 3-5. Pulse 76 to 84; continuance of headache, but no abdominal symptoms except the appearance upon the surface of a number of rose-spots, which were very distinct. Monday, July 29th, morning temperature 102 1-5; evening, 103-3; pulse 78 to 84; chilliness at 2 A. M.

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Continuance of headache, with tendency to apathy in mental condition. Slight tympanitis.

A hypodermic injection of 50 million killed bacilli was given at 10 A. M. and was apparently without effect upon the patient's condition during the afternoon, but on the following morning the temperature had fallen to 100 4-5; pulse 72 with amelioration of headache and marked improvement in the general appearance of the patient.

A slight feeling of chilliness however during the forenoon was followed by an abrupt rise of temperature which at 1:30 reached 104 2-5, with pulse of 90 and increased headache. At 3 P. M. perspiration was followed by rapid reduction of fever until at 7 P. M. the temperature was 99 4-5, pulse 75 with corresponding general improvement in the patient's condition, except that the tympany had somewhat increased.

Second injection of 100 million was administered during the afternoon. At 10:45 P. M. temperature had risen again to 104 4-5, with pulse 100, and remained at about that point two or three hours, with restlessness and slight delirium, but by the next morning had dropped to 97 1-5 with pulse at 60, and a general feeling of comfort and relief on the part of the patient.

The following three days were characterized as shown on the chart, by frequent remarkable fluctuations of temperature each exacerbation being preceded by a slight feeling of chilliness, accompained by increased headache and followed by perspiration. It was noticable however that the periods of defervescence were considerably longer than those of fever, so that in each eight hours about five were mostly free from temperature. It was as if a fierce contest for mastery was being waged between the invading bacilli and the protective organisms, in which the latter were always sucessful in routing the enemy.

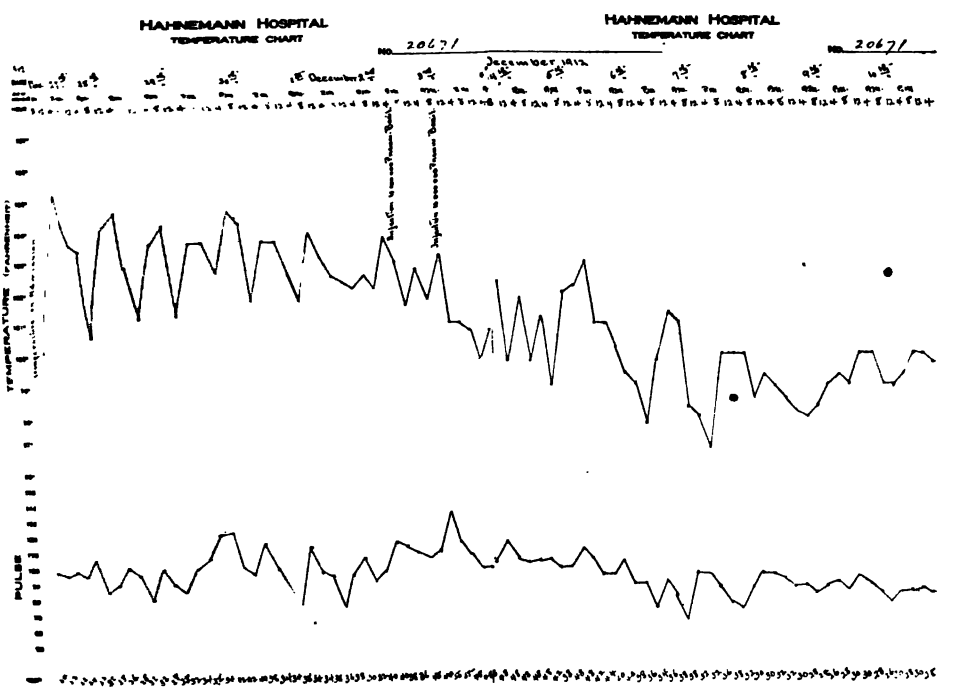
A second specimen of blood sent July 30th was reported Widal positive. The rose-spots persisted on the abdomen but tympanitis subsided and no looseness of the bowels occurred. The general appearance of the patient remained good with none of the aspects of typical typhoid. Mentally bright, but complaining more or less of the rather severe headache which was present in some degree even during the periods of defervescence.

On August 3rd, the eighth day of my observation of the case, I administered a third injection of bacterin, this time containing 250 millon bacilli, after whch the disease seemed to fade away like dew before the morning sun.

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Her convalescence was uneventful, except that on August 8th, after two days of nearly normal temperature, a moderate hemorrhage from the bowels occurred. The blood was mostly dark fluid, with one small clot of bright color, and there was never any reoccurrence.

My first use of Pneumonia Bacterin was on a woman of 50 in which the disease involved both lower lobes, with pleuritic inflammation on the right side. She had passed the sixth day without signs of crisis or any favorable symptoms, respirations were 36 to 40, pulse rate 110 to 120, temperature 102 to 104, was semi-



(DOUBLE PNEUMONIA WITH PLEURISY)

delirious and altogether an unpromising subject. An injection of 10 million was given on the afternoon of the 7th and repeated on the morning of the eighth day. At noon of the 8th day the temperature had declined to 101, but the pulse rate had increased to 140 and respirations to 50. At 12, midninght, the temperature had declined to 99-4, pulse to 105, and respirations 48. There was gradual improvement in all symptoms after that, until at the end of the second week convalescence was fully established.

CASE II. J. N., admitted to Flower Hospital Jan. 16th, 1913. Double lobar pneumonia, complicated with chronic emphysema. Expectoration bloody, temperature 102 on admission, 105-3 on

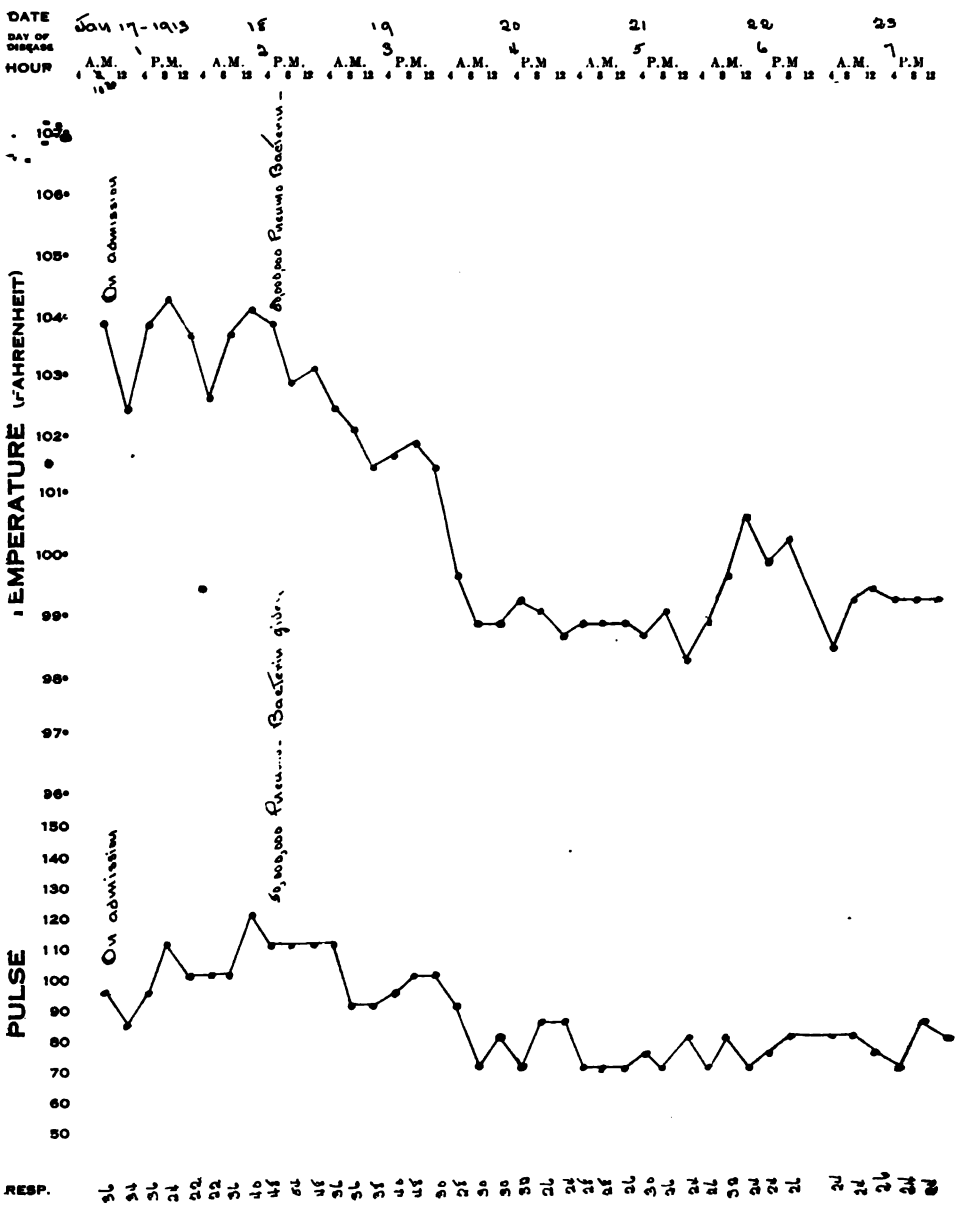
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Form 70

FLOWER HOSPITAL

TEMPERATURE CHART

No. .....



(CASE III.)

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second day, respiration 28 and labored. On third day temperature was 105-1, pulse 120, respiration 42, patient sleepless and restless and looked badly. 50 million vaccine were given at this time and the injection was immediately followed by defervescence as shown on the chart. The pulse rate was slightly increased for a few hours after the injection, but no other signs of reaction were apparent. Patient was fully convalescent on the 6th day.

CASE III. F. F., age 35, admitted to Flower Hospital Jan. 17th, 1913. Right lobar pneumonia, temperature 104, pulse 100, respiration 36, sputum bloody with pneumococci present. 50 million vaccine was administered on 2nd day with temperature at 104, pulse 115 and respiration 48. The temperature declined promptly, respirations were slightly increased for a few hours, but there were no other signs of reaction, and convalescence was established with practically normal pulse and temperature by the morning of the 4th day.

CASE IV. Admitted to Hahnemann Hospital Dec. 31st, 1912, under care of Dr. Hassler and reported here by his permission.

Mrs. E. W., age 40, temperature on admission 103, increasing the same afternoon to 104, pulse 130, respiration 30 to 40. Lobar pneumonia.

50 million bacteria were administered on the 4th day at 3:30 with temperature 102-5, pulse 110, respiration 32 to 40. Following the injection the temperature rose at midnight to 103-4 and respiration to 48, the pulse rate remaining unchanged.

There was then a rapid decline to 100-4 at 8 A. M. and 99-4 at noon of the following day, with uninterrupted convalescence.

It may, of course, be said that in all these cases the disease may have reached a turning point and that the prompt improvement in the last three reported cannot be proved to be the result of the use of vaccine, which is true, and a larger number must be studied before a positive conclusion can be reached.

The observation of these cases has, however, convinced me first, that in either typhoid fever or pneumonia the effect of the injection of the bacterial vaccine is to markedly increase the activity of the protective organism of the body without inducing an injurious or distressing reaction. Second, that the earlier in the disease the treatment is instituted the more prompt and satisfactory are the results.

170 West 88th Street

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A SKETCH OF COBALTUM

BY R. DEL MAS, PH.D., M.D.
Hugo, Minn.

COBALT is almost unknown, yet deserves to be classed among the oddities of mankind.

His mental and sexual spheres are worn through. With vivacity, rapid thoughts and desire for mental occupation, we feel he dares not look us up in the face. He believes he is a criminal and that we know it. The haughtiness of platinum is certainly not his apanage; he esteems himself very lowly, similar to laccaninum.

Weakness, with desire to lie down, evening, after dinner; general soreness, morning, trembling legs, and stitches felt here and there, one and all permeate his anatomy, and tell us of the condition of his nerves.

His pains are better from mental excitement and he is quite excitable and emotional. How can we explain his feeling of being unusually well?

Arnica says he is well when very sick, and hyoscyamus and opium do not feel their pains. The feeling of cobalt bespeaks of depravity in the sensory centers on a par with the sensation as if he could do great deeds in hell, or that of undertaking great feats of strength in cocaine.

To say the least, the nerve centers of cobalt are ill-balanced, or worn out, (neurasthenia). When he retires, he is restless, falls asleep late, lies on the left side, head over arm, wakes frequently in fright, or is disturbed by amorous dreams and copious pollutions, with partial erections, and wakes with pain in end of urethra. Naturally, his sleep is unrefreshing; withal, he is quite drowsy in the evening, reminding one of nux-vomica; but the pugnacity and the malice of the latter never reach the ground of cobalt.

Cobalt yawns after dinner and when chilly, his chills last from 11 to 12 a. m., and his fever from 12 to 2 p. m. He sweats with the fever. His foot sweat is sour, offensive, between toes smells like sole-leather.

Some have said that cobalt was important. In fact, the sexual desire lies in the mind and is not translated into erections, (Colad., Con., Lye., Graph.) There is no lasciviousness in him. (Reverse of Calad., Con., and Graph.), but pain in back and weakness of leg following emissions he has.

His back is painful always while sitting, lying or walking, with seminal emissions. Were it picric acid, we would have burning in spine durng mental exertion, motion. Merc. has also the

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delusion of being a criminal, but after emissions his spine burns.

Among circulatory disturbances, cobalt possesses a general sensation of warmth, with flushes of heat and sweat intermingled hot flushes in the legs; general itching when getting warm in bed; rising of heat, as if from the stomach; top of head seems to fly off when stepping. From peculiar sensations we pick: dream of having back part of the hair cut; sensation in stomach and abdomen as before diarrhœa; itching from liver to thigh at 3 p. m.; feeling as if spleen would drop down, better walking, worst sitting still; sharp pain in splenic region, better deep inspiration; emptiness at umbilicus (Fl-ac), nose filled with dry scales with itching of left nostril; sensation of something sticking in throat, causing him to hawk. General relief after raising mucus from throat.

Appetite lost for supper; sourness, better 11 p. m.; sour eructations, watery, sour taste; sour, acrid diarrhœa, spurting, urging to stool while walking, better standing still. Pain in left hypochondrium with sour eructions. Stool large, passed twice a day. Flatulence, nausea with pain in forehead. Salivation. Peeling of lips, with soreness and easy bleeding. Imagines smells sickly odors (Nux-v.), lids smart as soon as he opens the eyes, lachrymation in open air, with water from nose. Teeth that are hollow, pain, and feel too long, better inhaling cold air. Tongue coated white. Taste insipid (Merc.), with acrid, sour uprisings. Bad taste in morning, with belching of wind. Taste sweetish with expectoration of white, lumpy mass.

Coryza, with pricking in roof of mouth extending to left ear, lachrymation in cold air, thin nasal discharge and sneezing.

Useful in intermittents, with the fever and the spleen characteristics already given above.

Skin symptoms of importance: Brown, yellow-brown spots on abdomen (Lyc); sore vesicles on right side of neck, itching of left side of nose; general itching when getting warm in bed. (Merc.)

Urination frequent, better after coffee (Ign.). Urine pale, scanty, of pungent smell, burning the urethra, with a fatty cuticle on the surface and leaving a yellow, or a brick dust sediment (red flocculent powdery). Gonorrhœl or gleety discharge of greenish or yellow color, having become chronic, with impotence, when associated with the mental and the spinal symptoms already mentioned.

Pain in right testicle, worst after micturition at 10 a. m. Weak knees from exercise (Equis).

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Aggravation: After emissions; while sitting; from emotional excitement.

Amelioration: Raising throat mucous.

THE LITTLE THINGS

BY BERNARD CLAUSEN, M.D.
Binghamton, N. Y.

MY TOPIC is vague. It may mean the little things that come into this world and bring sunshine into the home, that prattle and goo, and that, alas, too soon, are too big to be remembered as the little things. It may mean the collection of your accounts, especially in the hands of the legal fraternity, when that which was once a big thing becomes but a little thing, for the shrinkage in these things is almost indescribable.

It may mean the little bacillus which eventually becomes the possessor of the diseased bodies, or even brains, and which though only seen microscopically, create such havoc and cause so much damage and despair.

No; my topic is broader than that. It ought to interest every man and woman here who uses drugs homœopathically. Methinks I hear someone say (inaudibly) "High Potency Paper, guess I'll 23." No, but wait, not that. Or perhaps your mind brings you back to the day when you heard of (I speak guardedly) of the infinitesimal dose and the high drug power. No, not that, but just the little things in practice, especially in your use of the Homœopathic Materia Medica, which have fastened themselves indelibly on your mind and have helped you so many times in the selection of the proper remedy, which has been such a boon to your patient and a boom to you.

You remember that when some one came to you with that 5 o'clock aggravation and that sleepy condition, you did not think of white haw, black haw or green haw; no, you thought of the sting of the honey bee, didn't you? And apis it was, and apis did the trick.

Or when she came to you and told of that lump in her throat, not just that once, when you were on your knees in the front parlor, and her father was listening at the top of the stairs. No but that lump that she swallowed and up it would come again, and then she'd tell you she was disgusted with herself, not you. You didn't think of a big dose of calomel to send the lump clear through, no, you thought of that fragrant (I speak it guardedly) drug, known to the Germans as tenfelsdreck, but more familiar

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to us as assafœtida. It was that little lump symptom that made you smell it.

And then when you saw her eyes were red, as though from constant weeping and yet she had nothing to cry for, and her nose was red as though from constant tippling, and you knew she was a W. C. T. U. member, and she blubbered in slovenly, thick speech, you didn't think of the poison ivy, its leaf or its root; no you thought of that great household commodity, yea, that which even beats the clove, or the cassia, when out late at night with the boys, and the old onion was your choice, and you gave her alium cepa, until she could see almost two pas. Those little things of the red eye and the red nose, and thick speech drove you to use the Bermuda product.

It's only a little thing to say "When I move it hurts me so," but just that little thing rings in the changes on the white bryony, or as you and I know in proper terms, bryonia alba. Of course, one or two other little things suggest themselves to you in this connection, such as redness and swelling, but the biggest thing is that pain, made worse by motion. If you had it you wouldn't call it a little thing.

But don't let us forget to speak of the deadly nightshade, not night shirt. As soon as you hear someone say: "Oh, I am so nervous and my face gets terribly flushed and I get so hot," you run immediately for your belladonna bottle. Yes, that active hyperaemic nervousness, so different from the girl whose nervousness is passion and accompanied with depression and grief, for that little thing is your cue for the St. Ignatius bean.

And when you hear folks cough, it will not take long for that little thing to suggest to you whether you would use rumex, for that tickles, or phosphorus for that hurts or ipecac for that makes you feel like a ship on the ocean; or sticta for that's a dry cough, some call it a prohibition or no-license cough, or spongia, when you think of the old Mother Goose rhyme,—

"Hark, Hark; the dogs do bark.
The beggars are come to town."

Or of drosera when the youngsters whooper up, not like you and I used to do at presidential campaigns. All these little things point the needle of the compass to the relieving north.

But, Oh, my! Did you ever have that awful ache all through your body that made you so good natured and so happy (?). It was just that little thing that said, "boneset." You and I call it eupatorium perfoliatum. Our mothers use it, our grandmothers used it, and they made us sweat for it, too.

I could go on for hours telling of the little things as they

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have come to my mind and experience. You have had others, were they worth anything? Then let's have them. Why there's cactus, did you ever feel its vice-like grip, and pulsatilla, you know that dark haired, sweet faced, vivacious, winning, precocious, bellowing girl. She'd cry f you looked at her and she'd cry if you didn't, and windy carbo veg and bracing china, and dizzy gelsemium and daffy cannabis sat and tettery bovista, and rash mezereum, always wet, never dry, and shaky salt, not salt shaker, but natrum mur. as we learned men call it. But I must stop for if I didn't you'd call to mind the little things of hyoscyamus for too much talking, and soon 'twould be a transfer to the State Hospital.

THE REFLEXES IN DIAGNOSIS AND TREATMENT*

BY EDWARD S. SMITH, M.D.
Bridgeport, Conn.

THE subject which I bring to your attention at this time is one which has been dealt with of late by medical writers whose ability and scientific methods are beyond question. Most of us in our diagnostic studies have evoked some reflexes as aids in the solution of the problem before us. But a pushing of these methods has characterized the work of certain clinicians, among whom may be mentioned Dr. Albert Abrams, who has carefully analyzed and tabulated the results of his labors in this department of practice.

It is doubtless true that some of the cures effected by osteopaths and chiropractors are due to the exciting or inhibition of certain reflexes of the rationale of the method employed. Osteopathy has been described as being concerned with abnormalities and their correction. "Its nosology is a lesion, its symptomatology a subluxation." But candid observers admit that in the majority of cases no sub-luxation is found.

The chiropractor assumes that there is a pinching of the nerves passing through the intervertebral formina, which condition is relieved by treatment. The method of treatment differs from those used by the osteopaths.

The development of our present knowledge of the reflexes in diagnosis and treatment is in a large degree due to the studies of Dr. Abrams, who has pursued this elusive subject for many years and has presented the profession with a systematic method of perfecting diagnosis, and also of successful treatment, of some conditions. To this method he has given the name of spondylotherapy,

*Read at the meeting of the Conn. Homo. Medical Society.

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which he acknowledges to have been an unfortunate choice, as it limits the real field of operation in failing to describe some of its most important features. Others have suggested the terms reflexology or reflexotherapy as better describing this method. Abrams says that "Spondylotherapy concerns itself only with the excitation of the functional centers of the spinal cord by methods which may be demonstrated with the same certainty on the living subject as is done by the vivisectional experimentalist." He asserts that it is not "a fad or exclusive system," and adds that "all of his clinico-physiological investigations have been rigidly controlled and are free from the inaccuracies of enthusiasm." He also claims that he "devoted many years to the study of the reflexes before he permitted himself to publish a single therapeutic observation."

There are various means by which the reflexes may be excited or inhibited, e. g., the plexor and pleximeter, which are used in rapid or slow concussion; the radicular presser, freezing, to cause anaesthesia, etc.

To quote from Abrams' latest work: "In the spinal cord there are centers for the contraction and dilatation of the viscera. In the norm these centers are in physiologic antogonism. When neither reflex predominates a reflex equilibrium is established. The moment one reflex gains the ascendancy over its antagonist, they become disequilibriated. Each segment of the cord is connected with fibres from the brain which subserve the function of reflex inhibition. * * * If the inhibitory fibres are irritated, the reflexes are impaired, owing to stimulation of inhibition, and if destroyed, the reflexes are accentuated." For example, when the 9th, 10th, 11th and 12th dorsal vertebrae are concussed, the area of heart dulness is increased, showing dilatation of the heart. If, now, we concuss the 7th cervical, the area of dulness is diminished, showing contraction of the heart.

The aorta may be dilated and contracted in the same manner.

Pressure between the 3rd and 4th dorsal vertebrae increases exophthalmos. Pressure at the 7th cervical tones the vagus and causes the eyes to recede.

Concussion of the 9th dorsal spine will dilate the gall bladder, and concussion of the 4th to 6th cervical will contract it.

The utility of these methods in perfecting a diagnosis will be apparent without further explanation.

By concussion of the 5th dorsal the pylorus will be dilated and the stomach contents emptied into the intestine. Gastralgia may sometimes be relieved in this way. In this manner, with the

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aid of a tube, duodenal contents may be obtained for examination.

Pressure over the 11th dorsal spine will cause relaxation of the sigmoid, and enable us to pass a tube through the entire length of the colon.

To illustrate the vertebral tenderness found in visceral disease, it has been noted that in gall stones the point of tenderness is to the right of the 12th dorsal vertebra. In gastric disease tenderness may be observed from the 4th to the 10th dorsal, and in pelvic disease from the 4th to the 5th lumbar. The liver may be enlarged by concussion of the 11th dorsal, and contracted by concussion of the 3rd lumbar.

It was the failure of every means employed to control a furious case of intercostal neuralgia, and the success attending the use of Abrams' method of freezing, that led me to give further attention to this subject. The case was that of remittent fever in a man of sixty-seven. The symptoms were early controlled by our usual remedies, so that by the 10th day the temperature was normal. Then, owing to activities that were not sanctioned by his physician, there was a relapse, which was more severe and much less amenable to treatment than the original attack. In the course of this relapse a severe intercostal neuralgia developed which resisted all remedies, and was only controlled by hypodermic injections of morphine. The demands for relief of pain were so insistent that I feared the patient might become addicted to morphine. It was at this juncture that I determined to resort to the freezing method of Abrams.

The site of the most severe pain was to the left of the spine from the 4th to the 6th dorsal vertebrae. This area was frozen by means of ethyl-chloride, the result being immediate relief from pain. After the effect of the freezing had passed there was a return of the pain at points adjacent to the original site. These were treated in the same manner with the same result, excepting that after the third or fourth freezing there was no return of the pain.

In subsequent cases of neuralgia I have not employed ethyl-chloride solely owing to its cost, but have followed the custom of Abrams in beginning with the ethyl-chloride and then substituting the ether spray. The rationale of this method is explained by Abrams as follows: "The local application of cold probably acts as a shock, thereby diminishing the conductivity of the nerves and annulling the functions of the centers of the cord. The sensory nerves are paralyzed, with loss of sensibility."

In cases of acute coryza I have concussed the 7th cervical

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spine in conjunction with the use of medicines, the results being more rapid and satisfactory than when medicines alone are prescribed.

A lady of 34 years who wore prisms for muscular asthenopia was found to have several tender points in the cervical region. These were concussed and vibrated and soon she developed diplopia. She was sent to her oculist for another prescription, and a slight change was made without affecting the double vision. Then the glasses were discarded, with the result that the diplopia was relieved and vision was good. She has not resumed the use of glasses, though several months have passed since the treatment. Severe headaches from which she had suffered were also relieved, and there have been very few returns of this symptom.

A lady of 55 suffered from severe headaches and great physical depression. The uterus was retro-verted, and there were points of tenderness in the cervical, dorsal, lumbar and sacral regions. She was treated by tampons, and later a pessary was introduced. The tender points in the spine were treated by concussion and vibration till very little tenderness remained. The result is almost complete relief of the headaches, and a marked increase in vigor and strength, so that she says she can hardly believe that she is the same woman. In some respects she is not the same.

Other cases could be cited as proof of the value of correction of spinal defects in acute and chronic diseases, and also the employment of spondylotherapy in diagnosis, but it does not seem best to further prolong this recital.

951 Park Ave., Bridgeport, Conn.

THREE FREAKISH CASES

BY CHARLES E. LANE, M.D.
Poughkeepsie, N. Y.

SOME time ago, I was called to see Mrs. A. para 3, and when I arrived I found the patient in constant pain.

Examination revealed the uterus firmly contracted, face presentation, right mente post, and forehead wedged against the pubic bone.

The pains were so constant that the head could not be pushed up to change the presentation, so I applied forceps and rotated the head, bringing the chin, R. M. A. under the pubic arch, making an easy delivery, without injury to either mother or child.

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Another case I will cite that seemed more or less unusual.

Mrs. B. para 2, had fallen down stairs with a wash tub, at three months, with apparently no bad effects at the time.

At eight months, however, normal labor began, and she delivered a small, cyanosed and anemic child, which only lived two days.

Soon after delivery of the baby, a peculiar mass presented which on examination proved to be a dead foetus, of three months development.

Both the living child and the dead foetus were attached to one placenta.

The mother was anemic for some time, but made a good recovery.

Another case, somewhat out of the ordinary, came under my care and observation in this way.

Two of my "old school" friends requested me to see Mrs. C. para 4, as she had been in labor four days, and was almost exhausted.

I found her in apartments over a stable, with all the characteristic odor, and very humble surroundings.

After hearing the history of the case from my friends, I made what preparations for cleanliness and asepsis that were possible under the circumstances, and boiled my instruments.

When I examined the patient, I found an arm presenting, from which the integument had been forcibly removed by the attempts of my friends to accomplish delivery by making traction on this member.

The uterus was firmly contracted so I had Dr. R. administer chloroform.

I now attempted to reach a leg of the foetus, but before I accomplished this the muscles in my arm became exhausted, so that I could not, on account of the firmly contracted uterus.

Realizing my condition, I requested Dr. M. to push on my elbow, and in this manner reached a leg and pulled it through the os uteri., then the other leg, and version was accomplished. After the body was delivered, it was necessary to deliver the head with forceps.

The child, however, was delivered without the protruding arm returning into the uterus. Needless to say, the child was "defunct."

The mother made a splendid recovery and in about a year's time had a perfectly normal labor.

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North American Journal of Homœopathy

Editors

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EDITORIAL

HAHNEMANN'S ORGANON FOR POPULAR READING

THE issue of a translation of the Organon of the Rational Art of Healing, by Hahnemann, as one of the volumes of the well-known Everyman's Library, at the popular price of thirty-five cents, is worthy of more than a criticism in the Book Reviews of the NORTH AMERICAN JOURNAL OF HOMOEOPATHY.

As is very well known, some five years or so ago J. M. Dent and Sons, of London, and E. P. Dutton and Company, of New York, began the publication of a collection of the world's best books in uniform size and at a very moderate cost. At the present time nearly seven hundred volumes have been issued. The list includes books on travel, science, fiction, theology, physiology, history, biography, in short, covers the vast field of the world's activities in nearly all lines of endeavor that the educated man should know; it includes English translations of a number of masterly books written in other languages. It is as one of the great epoch making books that a translation of Hahnemann's Organon has just been added to the collection.

The present edition of the Organon is a new translation of the first German edition issued by Hahnemann in 1810, made by Dr. C. E. Wheeler, of Londan, editor of the Homœopathic World, one of the best of present day contributors to homœopathic literature. In his preface Dr. Wheeler says:

"The original suggestion that Hahnemann's Organon was

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worthy of a place in Everyman's Library came from the late Mr. James Speirs, and was supported by the British Homœopathic Association, of whose council Mr. Speirs was a member. Mr. J. M. Dent looked favorably on the proposal, but was naturally anxious to make clear that the Organon is put forward here as a piece of history rather than as a contribution to polemics. For this reason the original edition of 1810 was selected for presentation, as it both constitutes a landmark in medical history and is less controversial than the later writings."

Dr. Wheeler has made what he calls a free translation, and a very readable one. He has put in explanatory notes here and there for the benefit of the non-professional reader. He has also written an introduction that gives one an idea of the kind of man Hahnemann was, and of the effect that his work had on the development of medicine. There is also a bibliography of Hahnemann's writings.

It should be noted that the bibliography makes no mention of an English edition of the Organon by Samuel Stratten, of Dublin, issued in 1833. From this the first American edition, edited by Constantine Hering and Charles F. Mattock, was issued in 1836.

In his introduction Dr. Wheeler says: "As an historical work the Organon may be offered to every man as a book of great interest, a book whose effects, negative and positive, have reached many to whom its contents have been unknown and to whom the name of its author has been only a synonym for crazy theorizing and unprofitable speculation." He then goes on to show that the Organon was not the result of hasty theorizing on the part of its author, but that before the first edition appeared in 1810, "twenty years of arduous experiment and close observation had passed since the first gleam of a possible law flashed on Hahnemann's mind," the mind of a physician who had already made his mark and of a chemist of the first rank, but withal, a mind so dissatisfied with the chaotic condition of "the art of healing" prior to that time that he could no longer bring himself to actively engage in it. The general editor and publishers of Everyman's Library were therefore justified in including a translation of such "pro-

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found historical interest and value," an interest and a value altogether apart from the correctness or otherwise of Hahnemann's views.

Dr. Wheeler points out that in this edition of the Organon "insistence is only laid upon the law of treating likes with likes. That is now, as then, the central law of homœopathy to which the small dosage of remedies and the theroies of chronic diseases are accessory but not essential."

The latter part of Dr. Wheeler's introduction deals with homœopathy in the light of the accessions to medical knowledge from Hahnemann's time to the present, a review which the prevalent vaccine and radio-therapies cited should challenge further inquiry into Hahnemann't method of prescribing drugs in curable diseases.

It may seem as if more space is here being given to Dr. Wheeler's introduction than to the body of the book. Of the latter, however, little need be said in the pages of the NORTH AMERICAN JOURNAL OF HOMOEOPATHY except to say that it will hurt no professed homœopath to re-read this masterpiece, indeed, it will increase his admiration for the author, and what is of far more importance, it can hardly fail to strengthen within him his conception of the value of Hahnemann's discovery and his determination to put it more and more to the test of experience for the sake of his patients, himself, and his contemporaries and posterity.

To the present edition of the Organon Dr. Wheeler has added four other of Hahnemann's papers translated by the late Dr. Robert Dudgeon. They are: Protection Against Infection in Epidemic Diseases; Plans for Eradicating a Malignant Fever; Suggestions for the Prevention of Epidemics in General, Especially in Towns; Aesculapius in the Balance.

Dr. Wheeler selected these four because they show the keen insight of Hahnemann, and because of their historical and sociological value as illustrating conditions as existing at the time they were written. While the work of Pasteur and his successors in laboratory research may be said to have revolutionized the science of sanitation, it is still true to say that if all the recommendations laid down by Hahnemann for the prevention of the

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spread of communicable diseases were rigidly carried ont at the present day, we should be better off than we now are with our present somewhat lax method of putting into practice the procedures corollary to our modern knowledge of the modes of transmission of disease. We pay tribute to the astuteness of the translator in including these essays with the Organon; one might almost wish that they preceded the Organon in the make-up, for a reading of them first would surely serve to disarm some of whatever prejudice occupied the mind of the person taking up the reading of the Organon; the natural reasoning would be that a man who was 100 years ago so nearly "up-to-date" on the control of preventable diseases, would a priori, be entitled to an unprejudiced examination of any theories or claims he cared to present.

The publication of the Organon in this manner offers an almost unparalleled opportunity to all who are interested in the "propagandism" of homœopathy. It would be a good thing if every homœopathic physician would purchase three or four copies of this edition (as stated, the price is only thirty-five cents) and loan them to medical friends and to intelligent laymen.

IN MEMORIAM

A MASTER has fallen in Israel. Homœopathy has lost one of its foremost exponents; Pittsburg mourns the loss of a distinguished son. Dr. James H. McClelland died at his home on Friday, November 14th, in the same city in which he was born on May 20th, 1845. His father emigrated from Ireland in 1816.

Dr. McClelland graduated from Hahnemann Medical College in Philadelphia in 1867, and at once started in practice in his home city, entering upon a career of great activity and prominence not only in the homœopathic circle which immediately surrounded him, but in the larger circles of State, national, and even world-wide homœopathy. That magnificent institution, the Pittsburg Homœopathic Medical and Surgical Hospital is, to all intents and purposes, a monument to his professional attainments, his executive ability and his strong and persuasive personality.

In Pittsburg he was for many years past easily the leader in everything affecting the interests of homœopathy. He was an ex-

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president of the Homœopathic Society of the Commonwealth of Pennsylvania and many years of active service in the cause made him worthy to be considered as the "Grand Old Man" of Pennsylvania's homœopathy. He was a senior member of the American Institute of Homœopathy, and it is hardly too much to say that for some years past he was its foremost and most distinguished member. He was president of the national body in 1893-94, and when the form of government of its affairs was changed to include a body of trustees, James H. McClelland naturally found a place on the governing board. His service and his honor spread beyond the confines of this country. He was an honorary president of the Paris International Homœopathic Congress, 1900, and of the London Homœopathic Congress of 1911 and president of the International Homœopathic Congress held in Atlantic City in 1906. He was also given honorary membership in a number of foreign homœopathic organizations.

Dr. McClelland's name will always be associated in the minds of those who knew him, in connection with the Hahnemann Monument at Washington in the erection and maintenance of which he was keenly interested; indeed, he was one of the most active workers in the endeavor to rear in the Capitol City a monument which should be at once a credit to the man in whose memory it was erected and to American Homœopathy.

In his practice Dr. McClelland leaned toward surgery, but he never forgot or belittled the value of the homœopathic remedy. He was also interested in public health, and by three successive Governors was appointed a member of the Pennsylvania State Board of Health, becoming its president for a time. Of his contributions to medical literature, his membership in scientific societies and social organizations, a long list could be made, more fitting an obituary notice than an editorial. They all attest to the breadth of his education, the depth of his insight and the width of his sympathies.

His professional associates in Pittsburg must feel his death keenly. Only a year ago they lost his brother, and more recently were called to pay the last honors to another co-worker, Dr. Z. T. Miller, who also had made a name for himself in local, state and national homœopathy.

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NOTES AND COMMENTS

American Institute of Homoeopathy

A brief report from Cleveland says that at a meeting of the Trustees of the A. I. H. held in that city on December 6th, Dr. Sarah M. Hobson, of Chicago, was appointed editor of the Journal of the A. I. H. and Secretary of the Institute for the unexpired term of Dr. J. Richey Horner, whose resignation of these offices had been in the hands of the Trustees for some time. This is certainly an innovation. Dr. Hobson has done some editorial work in connection with the Clinique, and has, we understand, been interested for some time in organization affairs in Illinois. THE NORTH AMERICAN wishes her success. The November issue of the Institute Journal did not reach the office of the NORTH AMERICAN until early in December. Dr. Hobson will have to get busy with the printer.

Certain details relating to the annual meeting of the Institute were settled by the Trustees at their Cleveland meeting. The date was fixed as "the week of June 29th, 1914." This is Monday and presumably the meeting will be carried forward until Friday, July 3rd, or Saturday, the Glorious Fourth, if the hotels do not turn us out to make room for the usual holiday crowds. The sessions of the Institute and its subsidiary societies are scheduled to be held in the Hotel Chalfonte, but it is said that no hotel will be officially designated as "headquarters." What's in a name, though? If the meetings are held in the Chalfonte and the registration desk and treasurer's office are also there, the Chalfonte will be the headquarters.

The last time the Institute met at Atlantic City, most of the sessions were held on one of the piers and it was almost impossible to hear what was going on on account of the swash of the water against the pier supports. The rooms of the Chalfonte will be quiet enough; it is to be hoped they will be large enough to hold the audiences.

The Council on Medical Education of the A. I. H. met in Cleveland at the same time as the Trustees. The report received by the NORTH AMERICAN would indicate that all there was to show in the way of activity was "a pamphlet, giving the data of all the homœopathic medical colleges fully brought up to date, prepared for distribution to all the members of examining boards throughout the United States, so that there may be no necessity to call on the A. M. A. or its Council to give information as to our colleges when graduates come before them for licensing in any State."

New York Times on The Organon

The N. Y. Times Book Review of December 14th speaks of the Everyman's Library in general and of the Organon in particular as follows:

"One amazing thing about this series is the way in which a

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book, at first uninviting, gradually wins its reader's affection. Take, for instance, a book already mentioned, Hahnemann's "The Organon." That venerable creature, the "general reader," is not irrisistibly drawn by this book. But let him (on some rainy day, perhaps, when he is bored with the revolution—and—water which fills most of the magazines of the day) take up "The Organon," turn its pages idly, and read a little here and there. Before long he will be lost to the world, taking with keen appreciation the splendid English of the translations which Dr. Wheeler and Dr. Dudgeon have made of Samuel Hahnemann's epoch-making work. He is, he finds, in the presence of a remarkable mind, reading the strongly expressed convictions of a great man. Perhaps he is not converted to homoeopathy; at any rate, he has had an intellectual adventure."

Proposed Legislation That Threatens Homeopathy

At a recent meeting of the Homœpathic Medical Society of the County of Kings (Brooklyn), a set of resolutions passed by the National Retail Druggists Association was brought to its attention. The resolution read:

"Resolved: That the National Retail Druggists Association recommed and assist in the enactment of such legislation in the various States as will confine the practice of pharmacy to pharmacists, and make the quality and kind of medicines sold or dispensed subject to the inspection and regulation of the same proper State authorities.

"Resolved: That the legal department of the National Retail Druggists Association be instructed to prepare a model pharmacy bill for the guidance of State legislative committees.

"Resolved: That we endorse the contention of President Merritt that physicians who choose to be their own pharmacists shall furnish their patients with prescriptions for all remedies applied, just as they would if the prescriptions were to be dispensed by licensed pharmacists. And that in case of fatal termination where physicians have dispensed their own medicines, the local health officer and not the dispensing physician shall certify the cause of death, and that this question be referred to the executive committee with power to act."

It was stated at the Kings County meeting that Maine had already passed such a law. Evidently this is a real menace to the Homœopathic profession, and a matter that should be brought before all societies of the homœopathic school.

The Kings County entered a protest against the stand of the pharmacists, and directed that copies be sent to the proper authorities of the Senate of New York.

Vulvovaginitis in Young Children

At a recent meeting of the New York Academy of Medicine, the subject of vulvovaginitis in young children was discussed. The disease was said to be prevalent in institutions and among the poor. Contagion seemed to come from unclean toilets, or from sleeping with grown women who had vaginal discharges. In

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many cases the origin of the trouble could not be discovered.

Dr. N. Barnett of Mount Sinai Hospital said the cases were so numerous and so tedious that he had been placed in charge of a special clinic for their care. Of twenty-six cases, two had arthritis, one had general peritonitis, two had pelvic peritonitis one had painful heel. Local treatment and antitoxine treatment had been used. Vaccine apparently had no effect.

Dr Keeley, Dr. Koplik, Dr. Chapin, Dr. Martha Wollstein had all seen many cases at the institutions with which they were connected. Dr. H. B. Wilcox of Bellevue, Dr. Fischer of Willard Parker and Dr. Hamilton of the Vanderbilt clinic, had each of them seen hundreds of cases. All were practically unanimous in the belief that vaccines had no effect. Each had his favorite local treatment consisting of douches of some sort for cleaning the parts and killing the germ.

School Hygiene in the Argentine Republic

In the Argentine Republic over 500,000 pupils in primary schools and over 30,000 receiving secondary instruction are today benefitting from the direct application of school hygiene, according to the official delegates of the government of that republic to the recent International Congress on School Hygiene. These Spainsh-speaking gentlemen had some difficulty in making themselves understood by an audience almost exclusively American. Fancy the following synopsis being read by a Spanish-American with a very limited ability to speak English:

"The centers and organs which in Argentine are realizing the program of modern school hygiene tend to be completed by integrating each other, to improve by uniting each other, in a strong organism of action, sanitary as well as pedagogical and administrative. This process of formation, to which converge directions applicable to hygiene, of the Physiopsycology, of Biology, is being fulfilled, thanks to the ample assimilation of the success obtained in all branches, without distinction of origin, come from wheresoever they should."

CORRESPONDENCE

DEAR NORTH AMERICAN: The undersigned is engaged in writing and publishing a most complete and extensive biography of the founder of Homœopathy, Samuel Hahnemann. The work has advanced so far that the publication can be assured within one year.

In order to be sure of not missing anything of value, all owners of original letters or other documents, pictures, medals, etc., of Hahnemann or his immediate disciples are requested to send them to the undersigned (which should be sent by registered post). After taking copies or photographs they will be returned immediately in perfect condition, also by registered post.

Full acknowledgement will be made in the work for all loans. The material I have already collected is far more complete than anything before attempted, including hundreds of original letters and legal documents of Hahnemann.

DR. RICHARD HAEHL.

Stuttgart, Germany, Helfferich Str. 10.

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INTERNATIONAL HOMŒOPATHIC REVIEW

TOBACCO

(From The Clinique)

S. H. AURAND, M. D.
Chicago, Ill.

Tobacco is probably native to South America. It was grown and used by the Indians of North America when Columbus discovered the western continent. China has laid claim to the honor if its soil having been the first to produce this weed, but America undoubtedly has superior claim, and therefore must accept the greater responsibility.

Botany and Pharmacology. Tabacum is an annual plant, which grows erect and to the height of five or six feet. It has numerous large, hairy, alternate, sessile leaves. The flowers are gemopetalous, pink in color, and appear in loose terminal panicles. It has a large fibrous root and the whole plant has a heavy odor and a nauseous, acrid bitter taste. It belongs to the natural order solanaceae and the night-shade family. It is extensively cultivated in nearly all of the warm countries in both hemispheres. A superior quality is raised in Virginia and the Island of Cuba, from whence we get the Virginia and Havana leaves which are preferred for making the tincture and the better grades of cigars.

The name nicotiana was given in honor of Jean Nicot, French Ambassador at Lisbon, who, arriving from Florida in 1560, brought the plant to France. Tabacum is the Latin word for tobacco, and tobacco is the native name of the pipe used by the American Indians for smoking. The credit and blame for introducing tobacco into England fell with considerable weight upon the head of Sir Walter Raleigh. The United Kingdom put up a strong fight against the use of the poisonous weed, and today it has a law against the use of tobacco by the youth of sixteen years and under.

Tobacco leaves, when submitted to chemical analysis, yield nicotine, gluten, gum, malic and citric acids. There is also a large amount of inorganic substance. The dry leaves, when burned, yield about 20 per cent. to 25 per cent. of ash, which contains potash, lime and silica. Tobacco leaves contain from 2 per cent. to 6 per cent. of nicotine, according to their quality. Nicotine is the most characteristic constituent of tobacco, and contains a much larger proportion of nitrogen than most of the other organic alkalies. In its action upon the animal system it is one of the most virulent poisons known, second only to prussic acid. One-twentieth of a drop will completely paralyze a frog. One drop is sufficient to destroy the life of a dog. And in poisonous doses it is said to destroy the life of a man in from two to five minutes. It is very soluble and volatile and this accounts for the fact that about 4 per cent. of nicotine is conveyed to the ab-

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sorbent mucous membranes in the smoke of a cigar. The smoke also contains ammonia and carbonic acid. It is the ammonia that gives the smoke an alkaline reaction, and that bites the tongue and causes dryness of the mouth and throat after much smoking. The blue color of the smoke is due to the free carbon. The sleepiness, headache and lassitude which follows the prolonged inhalation of tobacco fumes are due largely to the carbonic acid. In confirmed and inveterate smokers the carbon settles upon the mucous membranes of the throat and bronchial tubes, producing a secretion and expectoration of a coaly appearance.

The smoke also yields a product known as oil of tobacco, or empyreumatic oil. This is very poisonous, a drop of which injected into the rectum of a cat caused death in a very few minutes. This poisonous oil, which has sometimes been used to produce abortion, accumulates in the stub of the cigar, in the cigarholder, and in the pendent portion or stem of the pipe. It is composed of nicotine, a volatile oil and a bitter resinous extract. The peculiar smell of stale tobacco smoke on the smoker's breath and clothing is produced by this empyreumatic oil. I imagine that if a beginner would swallow all of the smoke of one cigar it would be quite sufficient to destroy life.

Nicotine is said to have the remarkable property of resisting decomposition amid the decaying tissues of the body. Orfila found it in animals, destroyed by it, three months after death.

The tincture of tabacum is made from the Virginia or Havana leaves, and may be obtained in 10 per cent. or 25 per cent. strength. Tabacum should not be used in poultice of ointment, or prescribed in material doses as it is a treacherous and dangerous drug.

Pathogenetic Action.—Tobacco is an acro-narcotic poison, and acts very positively on those who are not accustomed to its use. It produces a sickly giddiness, deathly nausea, depressed circulation, slow respiration, nervous heart, clammy skin, and a desire to move the bowels and empty the bladder. It seems to have special affinity for the digestive organs, the heart and circulation, the nervous system, the eyes and the sexual organs.

First, the digestive organs.—It produces an abundant salivation, with a burning sensation in the tongue, fauces, oesophagus and stomach. If continued it will produce a chronic congestion, with a catarrhal appearance of the mouth, throat and fauces. The veins become injected, the buccal epithelium exfoliates, and in some cases epithelioma developes. Great depression, with flatulent nausea and vomiting, are early symptoms. This is frequently followed by gastritis, gastrodynia, and dyspepsia. In the intestinal canal the secretions are greatly increased and tetanic contractions produced. This irritation of the intestinal mucosa and the tetanic disturbance of the ganglionic nerves may be carried to a point of hypercatharsis, with bloody stools, patches of echymosis and erosion, and even paralysis of the sphincter ani and vesicae. The desire to urinate and the flow of urine are markedly increased. The liver, spleen and kidneys show signs of hyperaemia.

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Second, the heart and circulation.—At first the respiration and circulation are depressed, the system relaxes, the blood pressure and temperature are lowered, and the surface becomes cold and covered with perspiration. The depressed respiration undoubtedly has much to do with the blood becoming dark and more fluid. The lack of oxygen and the excess of carbonic acid renders the blood less vital and less nourishing, and endangers the whole circulatory system to paralysis, which would follow if a large dose was administered. Asphyxia and paralysis seem to be the determining factors in the destruction of life. Nicotine seems to have very little direct action upon the cardiac muscles, unless it is to actually stimulate it. But the fact that the arterial tension and pulse rate eventually increase and the heart's action becomes unsteady and intermittent, and we have what is known as the "tobacco heart," is evidence that sooner or later the heart muscle is greatly impaired, and may be paraylzed.

Third, the nervous system and muscles.—While nicotine, in small doses, produces a general relaxation and a state of restful ease and contentment, it seems to have no direct action upon the voluntary muscles. According to Vulpian and Krocker, it first stimulates, or irritates, the spinal cord. In doses sufficiently strong, this is soon followed by trembling muscular twitching convulsions and finally paralysis. If lethal doses are administered, nicotine will destroy life in from one to five minutes; a staring gaze and a deep respiration seem to end it all.

The efferent nerves seem to be most affected, but the peripheral nerves are also markedly involved as is shown by the trembling of the muscles, the copious action of the suderiferous glands, the low superficial temperature and the vasomoter paralysis. The inhibitory nerves are very much impaired, which is shown by the unsteady and intermittent heart. The pneumogastrics are greatly weakened, and finally paralyzed, which is demonstrated by the slow and labored breathing and the ultimate asphyxiation.

Young men who indulge in much smoking have a listless, dull feeling, impaired digestion, insomnia, cardiac palpitation, tendency to faint suddenly, faucial and laryngeal catarrh, lowered sexual power, disturbed vision, neurasthenia, and they cannot measure up, either mentally or physically, with those who do not smoke.

Fourth, the eyes.—Tobaccco produces myosis in a marked and stubborn degree. It also produces a gradual and increasing amaurosis from atrophy of the retina. Hutchinson proved that out of 37 cases of failing vision, from white atrophy of the optic nerve, 31 occurred in immoderate smokers. I know a young man who lives in Chicaga, a cigar maker, who developed amblyopia to such a degree that he was compelled to discontinue his occupation. The eye difficulties which tobacco produces, such as myosis, amaurosis, atrophy of the optic nerve and paralysis of the peripheral

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sympathetics, are long lasting, and not amenable to treatment until the patient discontinues the use of tobacco.

Fifth, the sexual organs.—Tabacum greatly lessens the venereal appetite, and decreases in a marked degree the sexual power. The organ becomes relaxed and shrivels in proportion to the amount of tobacco used and the lack of normal excitement, and the individual loses valor and courage and the normal inspiration to seek the association of the opposite sex. Nearly all investigators agree that tobacco is a sexual sedative and relaxant. If this be true I will leave it to your judgement and logical reason as to what part tobacco may play in reducing the normal plane of gallant manhood. Does tobacco reduce the judicial, statesmanship, and executive ability of man? Does it figure at all in the divorce question? Does it have anything to do with producing the contentment and satisfaction of bachelorhood? Has it played any part in the present suffrage movement? Is tobacco in any way responsible for individual, industrial or national degeneracy? Would you recommend the use of it to your boy? If not, why not? Would you marry a lady who smokes? If not, why not? Is the use of tobacco simply a pleasant habit, which is attended with neither good nor bad results?

Dr. Tidswell, of England, tabulated between thirty and forty cases of married men, taken from various trades and professions, who were tobacco users; and an equal number who were non-tobacco users. The tobacco users produced children, but the excess were girls, while the non-tobacco users had an excess of boys. He argues from this that the tobacco users lacked in power of sex impress. He also stated that a much greater percentage of puerperal difficulties, such as fever, breast abcess, etc., prevailed among the wives of those who used tobacco, and that the offspring were not as healthy.

Therapeutic Application. Tabacum would be one of our most potent homoepathic remedies were it not so universally and immoderately used. It has a most definite action, and strongly proves the homoepathic principle of therapeutics. Nearly all investigators, from all schools of practice, agree that tobacco will produce and cure catarrhal conditions of the mucous membranes. Chewing tobacco has often been recommended for the cure of catarrh. It will produce and cure indigestion. Moderate smoking has many times cured bad cases of indigestion. It will produce and cure cholerac conditions. It will produce and cure brain irritation, unsteady heart, and weak or depressed circulation. It will produce and allay nervous irritation. Because it allays nervous irritation is the secret of its much use. It will cause and relieve amaurosis. It will cause and greatly relieve sexual incompetence. The great relief that tobacco brings to the suffering ills of humanity is the strong argument in favor of its moderate use. Tobacco, in my opinion, should be prescribed only in accordance with the homeopathic principle, and never below the third decimal potency. Smoking should only be indulged in according

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with its therapeutic indications, and the quantity and frequency should be strictly limited, and entirely discontinued, as other remedies are, when the cure is effected.

Tobacco is a splendid antiseptic, and will cure many cases of pyorrhea if properly used. My prescription is, smoke one-half a mild cigar once a day; continue not more than a period of six weeks. Repeat if necessary in due time. No more than half of any cigar should be used; the latter half accumulates nicotine and empyreumatic oil, and is therefore highly poisonous. The above prescription may also be highly recommended in cases of indigestion, insomnia and neurasthenia.

Tabacum is a splendid remedy for non-tobacco users in all diseases beginning with cerebral irritation and followed by nausea, gastric irritation and flatulence, feeble, irregular heart, dizzy faintness and clammy skin. Asthma may be relieved by a few whiffs of tobacco smoke in those who are not accustomed to its use. Seasickness and vomiting of pregnancy may be relieved by the medium or higher potencies. If in tobacco or coffee users you find chronic conditions which do not yield to the indicated therapeutic measures, have the patients discontinue the nicotine and caffeine and you will many times surprise them as well as yourself at the rapid curative action of the indicated remedy.

In cases of acute indigestion caused by tobacco smoking, which are frequently met, nux vomica is a splendid remedy. If collapse symptoms are present, strychnia should be administered hypodermatically. Camphor is also a good remedy, and a physiological antidote. Heat or mustard should be applied to the surface.

Conclusions. 1. I believe it is the duty of the medical profession to thoroughly investigate the effects of the popular use of tobacco, and to lend its great influence toward its regulation so that evil results may be avoided.

2. I believe that such investigators as H. C. Wood, Vulpian, Krocker, Orfila, Rosenthal, Shoemaker, Tidswell, Burt, Hughes and Charles Mohr are right in their conclusions as to the narcotic poisonous effects of tobacco on the human system.

3. I believe that immoderate smoking is the direct cause of many of the fatal cases of acute indigestion which are so frequently reported.

4. I believe that tobacco plays a large part in the role of etioligical factors of arterio-sclerosis, weak heart, apoplexy and interstitial nephritis.

5. I believe that tobacco is responsible in a large degree for many of the eye difficulties which are inherited, and which necessitate the wearing of glasses by the young.

6. I believe that the immoderate use of tobacco is gradually reducing the strong natural executive power of sturdy statesmanship in man until it is reaching the level, and in many instances it is inferior to that of the finer and fairer sex; and that the clean sanitary habits of the more delicate and beautiful part

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of the human creation are increasing her executive and statesmanship powers until she is, with increasing success, coping with man upon every hand. This, in accordance with the law of the survival of the fittest, changes the entire industrial relationship between man and woman. She seeks his job, and implores him to rock the cradle, a duty which she seems to think he is still capable of performing while enjoying his post-prandial cigar.

7. I believe that professional men of affairs who openly use tobacco are exercising a most pernicious influence over the youth of our land, and are responsible in a large degree for the "smokers" held by the fraternity boys in our colleges. These men are making it practically impossible to save the boys from the noxious habit of using tobacco. The boys of high ideals are sure to imitate the example set by men of affairs.

8. I believe that the time has arrived when the tobacco question must be more scientifically solved; and that the burden of this solution rests heavily upon medical men and medical organizations. They should place their stamp of approval on one of three propositions, and their stamp of disapproval on the other two:

First: That the use of tobacco is a benefit, and therefore a blessing to humanity.

Second: That the use of tobacco is an evil, and therefore a curse to humanity.

Third: That the use of tobacco is neither good nor bad, but a pleasant pastime, occupying a neutral field which, at the discretion of the individual, may or may not be explored without harm or danger.

HOW TO STUDY THE MATERIA MEDICA AS ILLUSTRATED BY NUX VOMICA.*

(From The Clinique)

A. C. COWPERTHWAITE, M. D

I assume that the purpose of this paper is to illustrate how materia medica should be studied by the practitioner who already has obtained a fair knowledge of it, but who desires to supplant the knowledge already obtained by a more thorough and profound study While it is true that the same principles should apply to the beginner, yet as a matter of fact it does not to the extent that it should. In the old days when a college only had one professor of materia medica, and he lectured several times a week to the combined classes, repeating his work each year, it was an impossibility for a student to obtain more than a superficial knowledge of drug pathogenesis. At the present day with a four years' graded course and a long list of materia medica instructors, it would seem that the opportunities for the sudent to obtain a thorough knowledge of the subject were very nearly perfect. However, it seems to the writer that in many colleges, and to some extent in all colleges, the course in materia medica

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is not systematically graded as are other subjects. That is, the student is taught symptoms before he knows what those symptoms imply or why they exist, to him they are only an unmeaning and unintelligible mass. When I was a student, I was taught that symptomatology alone constituted the homeopathic materia medica. I never heard of anything else. When I became a teacher I soon realized that symptomatology was only the superstructure of materia medica, and that I was building this superstructure without practically any foundation for it to rest upon. At the same time I found that some others were so busy putting in the foundation that they never reached the superstructure, and their efforts were nearly wasted so far as homeopathic materia medica was concerned. I therefore believe that the student of materia medica, whether he be a practitioner or not, should begin at the very bottom and build upwards until he reaches symptomatology and its indissoluble companion therapeutics. Assuming that the student already possesses a knowledge of the botany and chemistry of drugs and of pharmacology, which unfortunately many do not, he should first take up the toxicology of the drug he is to study.

Nux vomica is rich in its toxicological effects both lethal and pathogenic. In large doses it produces tremors and spasmodic twitchings of the voluntary muscles, rigidity, sensation of electric shocks and formication, soon followed by tonic convulsions in which the body is bent backward, arched and rigid as in opisthotonos. Finally there is an entire cessation of muscular movement, paralysis, cyanosis, and death. During the spasm the respiratory muscles are contracted rendering the breathing laborious, even to asphyxia, and there are spasmodic constrictions of the face, jaws, throat, esophagus and of the intestinal and urinary tracts. Throughout all of this the mind remains clear, though apparently little pain is experienced. Sometimes these paroxysms cease, but are suddenly renewed by external impression, as light, sound, touch or even the variation in temperature. Death finally results from exhaustion or asphyxia. In smaller doses more or less of the same symptoms are caused though in a milder degree and these are followed by great physical and moral weakness even to complete spinal and cerebral exhaustion.

Having obtained this knowledge of the poisonous effects of the drug, the student should next study the pathogenetic effects as recorded in provings. This subject is almost inexhaustible and cannot be followed in detail in a brief paper. However this study supplementing that of the toxicological effects of the drug permits an intelligent analysis of the drugs action such as otherwise would not be obtained. From this analysis we find that nux vomica acts directly upon the craniospinal axis, including the motor and sensory centers at the base of the brain, the cerebrum proper never being affected. The chief action seems to be exerted upon that portion of the spinal tract which presides over reflex functions, the reflex ganglions. The condition set up is one of excessive irritation and excitability, producing the con-

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vulsions and the subsequent total relaxation or paralysis. Following this and also as resulting from the pathogenetic effects in provings and in cases of slow poisoning, following the long continued use of physiological doses, we find that nux produces dyspepsia and constipation to a very marked degree and other conditions due largely to its effects upon reflex functions. Here really begins the study of its symptomatology notwithstanding the first twitch of a muscle in cases of nux poisoning and all the subsequent manifestations are symptoms and are of the utmost importance, yet not of equal importance to the long train of functional symptoms that become manifest later on and which become the basis for the administration of the drug by the homeopathic physician in most cases.

1. Vegetative System:—Motor factor. Dilatation and contraction of the iris; spasm of the stomach and intestines. These give rise to a train of symptoms closely resembling cardialgia.

2. Cerebral System:—The character of the phenomena induced by nux are the reflex of those induced in the spinal vegetative systems. Those functions which are directly cerebral (i. e. sensorial functions) are but slightly affected. Sensibility to mental and sensorial impressions is greatly increased. This condition is soon followed by one of apathy, in which however consciousness is preserved. However, the organs of special sense are strongly influenced. Vision, smell, taste and hearing become active and highly sensitive, but the power of discriminative perception is diminished, vision being impared, and the effects of sound described as deafening.

3. The pains and sensations excited are such as usually accompany spasms, cramps, pains, jerkings, electric-like-shocks. A feeling of exhaustion; a sensation as if beaten, is very constantly observed.

The phenomena of vegetative life in general:

1 Vascular System:—Increased activity, soon followed by exhaustion. Hence nux rather retards than accelerates the circulation, thus causing congestion. The general effects of nux in this respect resemble those of cocculus and ignatia. The frequently observed phenomena of external cold with internal heat (and vice versa) is important as showing the state of partial excitation and partial torpidity. Nux is not in itself inflammatory like belladonna. However if the drug be given when there is a tendency to inflammation, as where blood has been recently effused, this process may set up around the clot. There is however a decided termination of blood towards the cord, so that the vessels become dilated and even ruptured causing effusion here and there, and after death in poisonings, softening has been found.

Fever:—Violent chill, external heat with internal cold, and vice versa. The thirst is slight or there is great thirst at the period of the greatest coldness. This shows that the coldness is a consequence of the alteration of nervous functions, and not

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directly due to vascular excitement. This is also shown by the fact that drinking rather aggravates than relieves the thirst.

2 Gastro-intestinal phenomena:—These depend on an alteration in the mode of action of the nerves. The gastric secretion is modified and a long train of gastric symptoms are developed. Provings give us vivid pictures of dyspepsia and gastralgia. The secretions of the stomach and intestines, especially of the latter, are diminished in quantity and altered in quality, the first aiding in producing constipation, and the latter producing irritation and tenesmus. We therefore find constipation present in a very marked degree, and it is generally accompanid by an ineffectual urging to stool. It does not rise from atony of the bowels as an alumina or opium, but rather from an inharmonious peristalsis and is not due to any local trouble in the rectum, but to a general derangement of the digestive system, interfering with the portal circulation.

3. Hepatic System:—On this system nux has a powerful action. Its effects are rather dynamic than organic. The secretion of bile is markedly increased.

4. Generative System:—Erethism manifested by pollutions and too rapid emissions, or again as the result of over-excitement, by loss of erectile power. It certainly excites more energetic venereal desires in both sexes. For the same reasons, in women we find menstruation too early and too copious.

I have thus briefly and imperfectly given what I consider to be the foundation study of materia medica as illustrated by nux vomica. We have already obtained some knowledge of the symptomatology of the drug and if we have been observant we have conceived some idea of its homeopathic application in a number of diseased conditions. We are now prepared to more extensively add to our knowledge of its symptomatology and to analyze the relations which these symptoms hold to each other, and make practical deductions therefrom in its clinical application. This however cannot be accomplished simply by memorizing symptoms as they are given to us, separated under their various rubrics. We should study the provers' books and see how these symptoms occur, the order of their apearance and their connections with or relations to each other. In this way only can we get the picture of any disease, and in this way only can we properly obtain the totality of the symptoms. One can be a walking encyclopedia of symptomatology and yet have no definite conception of drug pathogenesy or of drug therapy. While strictly speaking pathological prescribing is a very common and a very unfortunate error, nevertheless, certain drugs present such vivid pictures of certain diseased conditions, both pathological and functional, that they become an essential part of their symptomatology, and cannot be overlooked. Homeopathy does not treat diseases by name. It treats the patient, but this is not saying that a pathological state is not a part of the patient and that it does not have a place in symptomatology, just as much as subjective symptom. That there is a tendency to abuse

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the use of pathological indications does not alter the fact of their usefulness when they become a part of the drug picture.

Having secured a knowledge of symptomatology in this manner it is now time to memorize as far as possible the most important symptoms, not always isolated but as grouped together to form a characteristic symptom. An isolated symptom may be characteristic and may prove a valuable key-note, but more often two or more symptoms must be united in order to make a true characteristic. A characteristic symptom is a symptom which is very prominent in one drug, and which occurs in no other. Thus, "constipation" is not characteristic of nux vomica for the reason that it occurs in many drugs, but if we add to "constipation" "frequent and ineffectual desire for stool and sensation of constriction of the rectum," we have a symptom that is characteristic only of nux vomica.

I am old fashioned enough to believe that no other method of memorizing symptoms is equal to the card system introduced by Dr. Hering. After a profound study of materia medica along the lines I have indicated, it at once becomes a pleasure and a recreation to play materia medica cards, and in no other way can the important symptoms be so thoroughly implanted n the mind. But I maintain that any method of memorizing symptoms should never be resorted to until the student has the fundamental knowledge necessary to understand those symptoms and their relation to each other, and to diseased conditions. It was my purpose in this paper to go more extensively into a study of the symptomatology and therapeutic indications of nux vomica, but my time is already exhausted.

Nux vomica has not so many symptoms or so wide a range of action as mercury and possibly other drugs. Nevertheless it is more often prescribed than any other drug in the materia medica, owing to the fact that its pathogenesis covers such ailments, both acute and chronic, such as are very commonly met with in practice. This is largely due to the fact that nux vomica is more often indicated for digestion, and the various consequences arising from errors in diet and digestive habits than any other remedy, and is therefore often required for certain persons who are so engrossed in business that they pay little attention to their physical requirements.

Nux acts more profoundly on patients of an ardent temperament. They are disposed to be angry and irritable, irascible; even if despondent they are cross and impatient. More often the nux patient is a man (for a woman ignatia). He is more apt to have a yellowish or sallow complexion with florid cheeks. He is dyspeptic because his habits are sedentary. He devotes himself to severe mental labor. He is a high liver, fond of rich foods, coffee and liquors. He is worse in the morning on waking. Feels tired and unrested. He has a bad taste in the mouth, headache and dizziness. He is constipated with frequent ineffectual desire. He has hemorrhoids. His symptoms are all worse after each debauchery.

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Finally, however, let me say that in all drugs we should pay close attention to the modalities, and in nux the morning aggravation is of marked importance. The application of homeopathic materia medica disease constitutes therapeutics. Therapeutics is the adoption of the drug to the disease according to the law of similars. Having acquired a knowledge of the materia medica it only remains to apply those principles which underly the successful administration of the homeopathic remedy. If while studying our materia medica we have also studied the Organon, which is to be regretted many have not, these principles are clearly defined. The law of cure is paramount, but there are other essential features upon which its successful application depends. These are: prescribing for the totality of the symptoms; prescribing the single remedy; prescribing the smallest dose necessary to effect a cure in short, the law of cure, the totality of the symptoms, the single remedy, the minimum dose.

ARSENICUM*

(From The Clinique)

L. F. INGERSOLL, M.D.

Chicago, Ill.

If this drug does not take first place in the armamentarium of the general prescriber, it should not be classed as second. It is clearly the equal of the best . Its range comprehends every vital organ and tissue of the body, and every morbid and pathological condition to which the human flesh is heir. If it may be said to possess a field of special affinity, it would be the alimentary canal throughout its range, and its associated organs—notably the liver. Oft times, it may be the first and the last remedy indicated in a case running a long and tedious course. In acute conditions on every hand and so-called seasoned affections, it will be so frequently indicated as to be indispensable. There are more spring and fall colds, with their accompanying coryza, calling for arsenicum than any other drug, notwithstanding the large field enjoyed by aconite, camphor, cepa, and a number of others. Associated with these are head symptoms peculiarly characteristic of the drug. Dizziness, stupidity, heaviness, with buzzing, humming and pain (which leaves when the patient goes into the open air); intensified by irritating noises and light. There is exquisite sensitiveness of scalp. In eczematous conditions where this drug is indicated, the eruptions will be pustular and there will be vesicles which break down and form pus.

The mental condition is characterized by great restlessness. anxiety, fear, dread of death, and imaginary evils from which there seems to be no escape. These symptoms, like all his others, are more in evidence in the early morning.

If in an acute condition, the patient has no eye symptoms,

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you had best think of another remedy. Nash says, "Arsenicum is one of the burning remedies." The lids burn, and there is a feeling as if there were sand on the conjunctival surfaces. Lachrymation; itching; looks and feels raw. There is edema, with an excoriating discharge which is relieved by hot aplications. Associated with the eye is the patient's nose, which is just as hot, but paradovilly this burning and excoriation are better in the open air.

In the mouth there is grinding of the teeth which like those of the mercury patient seem to be too long; they are loose, sensitive; gums are swollen; bleed easily and are sensitive to the touch. The thirst is violent and the mouth is dry; there is no relief from water taken and it cannot be retained (Phos.). There is a burning thirst without desire for water in the arsenic patient. The throat is inflamed; swollen; burning dry; with a scraping sensation; swallowing peculiarly difficult and a sense of constriction, and relief is experienced by patient swallowing hot liquids, tea, coffee, and water.

In the stomach there is persistent nausea and water-brash, which has no equal in any other drug. In place of appetite, the patient has a loathing of food. The arsenicum patient is seldom hungry. The thirst is peculiar; small draughts of cold water which cannot be retained. The ingestion of food or drink increases the nausea and vomiting, although the patient is unable to abstain from cold drinks. This condition is associated with cramps and a sense of heaviness in the epigastric region. In the rectum there is burning and tenesmus and excoriation, with weakness and great prostration after stool. There is vomiting with the diarrhea. Diarrhea excited by cold substances in the stomach. The abdomen is sensitive, painful, burning, distended and relief from stool is pronounced. The pains about the umbilicus, like those of colocynth- cause the patient to bend double, with this difference—the colocynth patient wants to press against some hard substance; the region of the liver is exquisitely sensitive—can bear no pressure.

The heart of ars. is weak because everything about the patient is weak, if for no other reason, and is aggravated by bowel movements. It seems as if the heart would run away with itself.

Respiratory: A peculiar sense of weakness in the chest, ascending stairs distresses the patient; increased by damp, heavy weather; oppression and cotriction; burning; cough easily excited; aggravated by drinking; asthma; dyspnea; and the cough stimulated by changes from warm to cold air.

The male organs present few special symptoms. There is liable to be edema of the rectum. The urine may be scanty and involuntary, with burning similiar to that of can. ind., sativa and others.

The female organs may have an offensive leucorrhea, profuse, yellowish in color and excoriating like other arsenical discharges.

Recently my attention has been called to two classical prescriptions at Hahnemann College in the service of Drs. Halbert

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and Gordon, given in the April number of "The Clinque." The first by Dr. Halbert:

Chlorosis. "The case presented here is that of a young girl, 18 years of age, who suffered from severe exhaustion and troublesome palpitation of the heart from the slightest exertion. Her pallor was most pronounced, and when we sent her to bed in the hospital she looked very much like one afflicted with pernicious anemia.

"The blood count, however, dispelled this fear for the red cells were 4, 260,000 in number, though the hemogobin was reduced to fifty per cent. Other features of the blood examination were quite normal. The diagnosis, of course, was chlorosis, and the attendant symptoms were in keeping with this disease; amenorrhea, anorexia, constipation, impaired mental capacity, depression and the marked hemic murmur and the venous bruit in the neck which usually attended this disease were present.

"The patient was given absolute rest in bed and a diet with an abundance of proteid food. Iron, grain one, four times daily and Fowler's solution of arsenic min. five, well diluted in water after meals were prescribed. In the course of a few weeks she was greatly improved and in two months she was discharged from the hospital. She has reported at my Monday clinic regularly and so far as the chlorosis is concerned she is absolutely well. The treatment employed I believe to be a standard for the consideration of similar cases. As soon as hemoglobin becomes normal and the red cells reach the required number such cases are cured; iron in some form is sufficient for the former, and the latter is usually attained by Fowler's solution of arsenic. The intercurrent symptoms were attended to by indicated remedies.

"One particularly interesting feature in this case was the ultimate development of Graves' disease; this was evidently latent at the time and the blood starvation permitted its development. I have had similiar experience in other cases which simply demonstrates that any lowering of the blood count or depletion of the hemoglobin in girls at this age is conducive to Graves' disease. This patient has a marked enlargement of the thyroid, some exophthalmos, tachycardia and other nervous disturbances. The cure of the chlorosis will help the cure of the last affliction which, under proper treatment will not last long.

With regard to what other medicines were given in this case it is not the province of this paper to discuss. Certainly, the arsenic was indicated and while the contention might be raised that Fowler's solution was hardly homœopathic in dosage, certainly the drug was called for, and I am not here to quarrel upon the question of potency.

The following is Dr. Gordon's report:

Case 1. "Mrs. M.——, age 54. First presented herself March 10, 1911. Complains of burning in stomach of four years' duration, very severe pain, almost unendurable in epigastric

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region; cannot sleep nights on account of it, great emaciation, vomits almost everything she eats, and every few days has unusually severe attacks of emesis when large amounts are vomited; very thirsty but drinks little at a time and this is soon vomited; bowels constipated.

"Examination discloses a large palpable mass in epigastrium. Diagnosis, cancer of the stomach.

"This she informs me is the same diagnosis given her at four leading hospitals in Chicago. They also informed her that her case was hopeless, not even advising an operation.

"Arsenicum album 6x, two tablets every three hours, was prescribed for her and she was put on an exclusive milk diet.

"She returned to the clinic every week at first, later every two or three weeks, and steady, slow improvement in her case was noted untilJuly 29, when she was so much better she thought it unnecessary to continue the treatment and ceased coming. She also discontinued the prescribed diet. In spite of this unwise conduct on her part, she got along fairly well until September 29 when a complete return of all the symptoms was noted and she came back to the clinic for relief.

"Examination at that time showed the tumor to be very much reduced in size, but still easily palpable. She has been very faithful in following up the treatment since then, and now I take great pleasure in presenting her for examination.

"There is no palpable tumor to be found now, and the other symptoms complained of are conspicuous by their absence. She is allowed a light, carefully selected diet; is gaining in flesh and is exceedingly comfortable and happy. Three weeks ago we thought she was so well we could change to sac. lac., and accordingly it was prescribed. After one week, however, the pains reappearing, we were obliged to return to the arsenicum alb. 6x, which she is now taking."

The picture of the remedy was as clear in the case cited by Dr. Gordon and the results all that could have been hoped for and more than one hardly dare expect.

The first case cited is especially interesting in its illustration of the wide range exercised by this remedy, doing its homœopathic work in the crude form, and that it cannot be thrown off the track by associated or intercurrent remedies.

In the second, that when indicated, it is potent in face of the failure of the much vaunted surgeon's knife. In this connection permit me to call your attention to the analysis of this drug in Cowperthwaite's first edition. What that master of medicine wrote in this connection is no less true today than when he gave expression to it thirty-three years ago.

Briefly to recapitulate: Headache relieved by cold applications while all other conditions. including burning in eyes and nose, and excoriating coryza are relieved by heat. Pain in the throat relieved by hot drinks, food, etc.

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All discharges, including vaginal, excoriating. Teeth too long and sensitive, with spongy, bleeding gums. Peculiar thirst.

Burning in the stomach with loss of appetite and nausea.

Cardiac weakness with anxiety. "Great restlessness, profound exhaustion, peculiar thirst, rapid emaciation; aggravation after midnight and amelioration from warmth." These symptoms, when presented, make the picture complete.

CAUSTIC EFFECT OF A 2 PER CENT SOLUTION OF NITRATE OF SILVER.

In view of the wide use of Crede's solution for the prophylaxis of opthalmia neonatorum the following report by Dr. J. H. Claiborne, printed in the MEDICAL TIMES, is of special interest:

On April 14, 1913, a youth of 18 consulted me on account of an acute catarrhal infection in both eyes. That of the right was more pronounced than that of the left In the inner corner of the right eye lay a small piece of yellowish matter. He confessed to a retrogressive gonorrhea.

In pursuance of the treatment, which I have already published in The Medical Times, of acute infection in gonorrheal conjunctivitis, I determined to use a 2 per cent. solution of nitrate of silver at once in both eyes, without the delay occasioned by the examination of the secretion —assuming that the infection was gonorrheal—and having sound reason to believe if it were not, the treatment, while a trifle severe, would completely destroy the infection, whatever it might be.

To that end I placed the patient in my operating chair with his head nearly horizontal and allowed two drops of the same solution of nitrate of silver, which I had previously used in the two cases of gonorrheal conjunctivitis, to roll over the conjunctival surface of the upper and lower lids. No sooner had the silver touched it than the patient gave a start indicating great pain. The eyeball flushed and became fiery red, the conjunctiva of the lids became at first intensely red and then white, as if covered by a membrane. At the same time the lower half of the cornea commenced to get cloudy and a copious flow of tears occurred. I wiped away as much of the solution as I could with a piece of gauze, and called for a strong solution of sodium chloride, which was made rapidly and handed me by my assistant. This was poured freely over the conjunctiva and cornea, and immediately the patient experienced almost as much pain as on the application of the nitrate of silver. In addition, the lids swelled still more, the white lining became thicker, and the lower half of the cornea became so opaque that the pupil was seen with difficulty. The upper half of the cornea remained clear and appeared not to have been touched by the nitrate of silver. While I expected to see the chemical change caused by the formation of chloride of silver, I did not anticipate such great pain, such increase of thickness in the lid, such exudation or such rapid and intense clouding of the cornea. To say that I was alarmed would be to express it mildly. I did not use it in the left eye. I kept the patient in my office for three hours, during which time he had considerable pain, but not as severe as at first. From time to time I sprayed his eye, with both lids everted, with a weak solution of cocain and thymoformol, with the result that before he left for his home I had been able to remove to a considerable degree the whitish scum that had formed on the conjunctiva of the lids. In the meantime the epithelium had been peeling off the cornea, and a sharply defined crescentic edge marked the upper limit of the denuded surface.

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I treated the other eye by simply spraying it with the same solution of cocain and thymo-formol and ordered antiseptic treatment at home. That eye recovered without any untoward result, and I should judge from this that the infection in each eye was probably not due to the gonococcus, or was that mild form which comes from infection from retrogressive gonorrhea; whether of the urethra or the eye.

The right eye improved slowly under the treatment outlined, together with the constant use of atropin, but at the end of a month the conjunctiva was still quite red. Although the corneal epithelium had become restored, there was a more or less crescentic white line, apparently of infiltration, about 7 mm. in length, across the center of the cornea. On May 15, 1913, the patient had 23-30 vision with that eye and 23-20 in the left. Time will determine whether the infiltration will disappear.

The solution of nitrate of silver used was previously employed in the four eyes saved from acute gonorrheal infection, as published in a former issue of The Medical Times. The nitrate had stood upon my shelf simply with the dropper in the mouth of the bottle for a number of months. From approximately an ounce it had evaporated to a drachm, and there was a slight dark sediment at the bottom. I had this solution sent to Larimore & Company, chemists, of this city, who reported to me that it was found to be 1.95 per cent. solution of nitrate of silver. As the same solution had been used upon the other eyes heretofore described, it must be concluded that the time it had remained standing, together with evaporation, had produced some chemical change that increased its caustic action, or that the patient had an idiosyncrasy against nitrate of silver.

Singularly enough, after preparing this I saw in the April number of Ophthalmology a translation by Wurdeman from the Japanese, in which Professor Komoto referred to four cases in Korea where a 2 per cent. solution of nitrate of silver had been used by midwives for "eye inflammation," with the production of corneal leucoma. For my part I have read of hemorrhage in the new-born following an installation of 2 per cent. of nitrate of silver, but I have never known any such effect as the one I have described. I would certainly not be willing to apply this identical solution to anyone else's eyes.

Owing to the fact that the chemist used all the remaining solution in his investigation, I was unable to make control experiments upon lower animals. Therefore the question involved cannot at this moment be answered. It will be interesting to know if anyone else has seen such a result from the use of 2 per cent. solution silver nitrate.

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THE UNITY OF MEDICINE

BY CARL BECK, M. D.
New York City

THE ONLY certain event in life is Death. Sooner or later a sickness befalls everyone which no vigor of constitution can withstand and no physician's skill can cure. All other illnesses spare life, and are led to a favorable issue by natural powers of resistance, or by art, or by both of these united. Thus we perceive there is one direction in which nature opposes an impassable barrier to human power; that there is one hour in which knowledge, experience, and devotion are all in vain. But we cannot tell at what period of life the supreme summons shall arrive. At every other moment than this single one the sick man's fate is in the physician's hands. On his prudence and skill it depends whether the sufferer shall survive or perish, whether he shall rise from his couch with a shattered constitution, or whether he shall return to active life with fresh vigor, a sound and happy man. What momentous events depend upon the physician's skill! What glory if he can guide aright; what sham if he directs them wrong!

It is no easy task to control the issue of life, to arrest disease in its threatening career, or to invigorate the wasted economy. Is this living mechanism, and are the powers that move it, so simple that we can easily determine what portion is at fault, and how it can be restored to soundness, or can we measure how wide a departure from health must be fatal to life, or even constitutes disease? One single drop of a liquid may suffice to arrest the heart in full career, and so suddenly cut short the silver cord of life that the eyes stand fixed and glistening, as if staring wildly from the dead

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countenance. A sudden turn of the head, or an unusual strain upon the muscles of the heart, may extinguish life as a taper that the wind puffs out. Or, on the other hand, one limb after another may be wrenched from the body, an iron-bar pass thru the head, a weight transfix the chest—organs may be robbed of their activities, the heart and its great vessels become a mass of disease, the digestive organs may be the seat of vast organic changes, or even, one-half of the body may be cut off from all conscious intercourse with the rest, and yet life survive these shocks and injuries.

Is it likely then, that an organism which in different individuals and under different circumstances, is endowed with such singular and diverse powers and capabilities—which perishes before the insect of an hour, or which resists destruction more tenaciously than that of any other animal—is it likely that the means of guiding its powers so that they shall promote the return of health to the sick, or of developing them so that they shall reach the highest point of endurance and strength—is it likely, I repeat, that this can be done by those who neither know its structure, its mode of development, its manner of support, or its relations to external agents, their salutary or morbific influences upon it? Assuredly not.

But these facts constitute the science of medicine, and a knowledge of them is essential to the physician. Do we not all recognize as the ground work of the art of medicine, a correct diagnosis of disease? In this department of medicine there is evidence on every side that knowledge has been progressive. The wise men of ancient times confounded affections which the physician can now readily distinguish, and the latter, having the experience of all antiquity to guide him, as well as all the light of modern science, must of necessity be more competent to treat disease than he who possessed only a portion of the former knowledge. Between the medical knowledge of the Hippocratic times and of our own there is all the difference that there is between the sapling and the oak-tree, between the brook and the river, between the morning dawn and noonday. But it is a difference of degree and not of kind. Man is the same being, sustained by the same powers, liable to the same injuries and diseases, and soothed or cured by the same remedies. What was then true in medicine is still true; but vastly more is now true than was ever dreamed of in those days of great thoughts and small experience. The infant science has grown to manhood with all its stalwart vigor and its ample form. The sapling has become the oak. As time advanced it put forth new shoots, until what were once mere twigs have spread into vast

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branches, under whose shadow the nations find relief from pain, and a refuge from the destroyer. And let it be observed that medicine, like the tree, is one. Its several parts, tho various in form and purpose, are all essentially connected portions of an organic whole. As one cannot support the branches without the trunk, nor make the trunk useful except as a means of supporting the branches, nor yet lop off any of these latter without impairing the symmetry and unity of the whole, so Medicine is despoiled of its beauty and hindered in its usefulness when all of its departments are not cultivated with equal assiduity and completeness. This idea of the Unity of Medicine, it is of the last importance that every one should possess who desires to find solid advantage as well as pleasure in its cultivation.

What does Medicine embrace? The study of man, his diseases, and their cure. Already one catches a glimpse of the natural bond which unites the various departments of our science, you begin to suspect its vast extent. The study of Man? He has been called the microcosm, "the little world," as representing in himself the universe. He is material, for he has a body; he is vital, for he has life; and he is spiritual, if it pleases you; and all mysteriously united in himself. The body is organized; that is its most evident quality; it is a mechanism, and it is curious to remark that a knowledge of this mechanism which would appear to lie at the very foundation, and form the very cornerstone of medical science, was really one of the last of its departments to be cultivated. For nearly 2000 years the structure of the human body was only inferred from that of the lower animals; the arrangement of the machine whose preservation and repair are the sole objects of medicine was really unknown. It is true that, 300 years before the Christian era, Herophilus of Alexandria is said to have practised human dissections, and even upon the living bodies of criminals given to him. A portion of the brain, torcular Herophili, still preserves his name. But in this respect he stands almost alone. Neither the pagan nor the Christian world could overcome the prejudice, which seemed innate, against the mutilation of the dead; and that for a time nearly as long as that of the whole Christian era, Medicine was deprived of the light derivable from the study of anatomy. It was not until A. D. 1308 that the Supreme Council of Venice permitted the medical college of that city to perform a human dissection once in every year. About the same time, A. D. 1314, Mondino of Bologna published a very good description of the viscera of the trunk and various other parts, yet, strange to say, he apologizes for omitting a description of the internal ear

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by saying that the petrous bone cannot be well separated from its connections without boiling, an operation which he held to be sinful, and so rejected. In spite of these attempts to acquire knowledge of the human structure, it was not until two centuries later that the foundations of modern medicine began to be laid by Vesalius, (born in Brussels A. D. 1514); and it is only since 1628, when the immortal discovery of Harvey first was published, that they have been really in a condition to bear any scientific structure at all. Thus the department of medicine which is the most essential of all, was one of the very last to be improved. There can be little doubt that if anatomy had been cultivated in ancient times, as it is at the present day, medicine would now have been many centuries in advance of its actual position. The nature of diseases, their causes and their remedies, would all have been better known and a higher point of civilization would have been attained. Vast and enduring was the mischief which an irrational prejndice had inflicted.

From the time of Harvey, anatomy was cultivated with diligence and zeal. The grosser parts were all faithfully described, but soon afterwards the use of the microscope by Malpighi, Leeuwenhoek, and others, revealed wonders of structure unsuspected before. So late as 1801, the elementary tissues were recognized and described by Bichat, and it was only 1838 that Schwann announced the surprising discovery that all animal organisms originally possess a perfectly identical cellular composition and that elementary cells form the basis of all the higher structures. Thus, rising from one discovery to another, anatomists appear to have reached the ultimate element of organization in the cell; and while advancing upon their brilliant course, they have illustrated and shed more and more light upon the mechanism of those vital actions by which life is sustained, or by which, when they are perverted, life is destroyed.

But this body, this mechanism, whose parts are so curiously diffused and interlaced that almost every portion appears to be an epitome of the whole—is the seat of life, a force by which the mechanism is put in motion, by which it grows, and undergoes repair, and sustains innumerable relations to surrounding objects. The study of the phenomena presented in these various conditions, and of the laws which govern them, constitutes the science of physiology. Physiology is the child of anatomy; its existence is hardly possible without this latter. The physiology of the ancients was a tissue of conjectures possessing hardly any basis of fact, and this department of medicine rested upon no scientific foundation

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whatever, until the discovery of Harvey, and that of the lymph which followed hard upon it. To a knowledge of the circulation was rapidly added all that simple mechanical methods of investigation could reveal. The admirable correspondence of structure and function was demonstrated. The process of nutrition was traced from the food in the stomach, through its transformations in the blood, and into the very tissues that it builded up. The germ of the new being was studied in all its wonderful phases, from the moments of conception, during its uterine existence, and development, until it comes forth to the light of day as a social entity. The nervous system, that mysterious structure, which seems to be more closely allied with life than the rest of the organism, thru which we have consciousness of existence, and hold relations with the external world, was forced to yield a knowledge of its multiform functions in controlling and regulating all the actions of the economy.

But now, when simple inspection and even the magic glass of the microscopist had nearly exhausted the harvest field, leaving but scanty grains for recent investigators to glean, when the organs had, as it were, been seen at work, and their actions, reactions, and productions fully studied, there was still a barrier that appeared to stop all further progress, a veil that seemed to mock the inquisitive gaze. The question which, with another meaning, has distracted Christendom, in a mere material sense puzzled the philosopher's brain. How is it possible that bread shall be made flesh? The hand of Chemistry has thrown the barrier; it has drawn aside the curtain, and disclosed a spectacle so vast, magnificent and beautiful, that the mental eye is blinded in beholding it. The science of organic chemistry has been created by the researches of Berzelius, and Mulder, and Liebig. It has thrown a flood of light upon the dark places of physiology. Its reagents have penetrated deeper than the eye, deeper than the microscope; it seems to have reached the very lowest material elements of organic life; prepared a foundation upon which pathology has built a symmetrical and imperishable edifice.

But as physiology is only an anatomy of the living being, so organic chemistry is only a minute physiology; and thus anatomy, physiology and chemistry are in reality but one; they are subdivisions of the same science. To these might properly be added the study of the spiritual part of man, which is closely allied with and so profoundly influences the body. This department of knowledge has teemed with speculation; for the data of mental philosophy are not substantial, and therefore must be difficult to define. But

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just in proportion to our increased acquaintance with mental operations and the means of directing them at will, must be our success in curing that fell disease compared with which all other pain is trivial, and man's last enemy a friend.

In the thoughts expressed, the writer has sought to present the subject of our study as philosophers, and of our care as physicians, and here our brief survey of one great department of medical science closes, the department that relates to healthy man. We have him as a mechanism, examined the recondite processes by which he lives and moves, and we have glanced at his spiritual self.

And when we contemplate man's wondrous constitution, we can with difficulty repress the question, why then is not man immortal? Doubtless this feeling has been entertained in all ages, for we see it expressed in Grecian fable, in the fountain of Jouvence, and in the eager search after the elixir. From the beauty and the glory of creation we must turn to behold its ruins and its shame; to behold discord for harmony; decay for growth; death for life; to see the noble figure of man exchanged for one in which celestial fire is quenched by earthly mists; instead of a form radiant with beauty and strength, to behold one whose boasted powers wither before the moth. You will remember with what fearful images the poet fills the vision:

"Immediately a place
Before his eyes appeared, sad, noisome, dark;
A lazarhouse it seemed; wherein were laid
Numbers of all diseased; all maladies
Of ghastly spasm, or racking tortures, qualms
Of heart-sick agony, all feverous kinds,
Convulsions, epilepsies, fierce catarrhs,
Intestine stone and ulcer, colic pains,
Demoniac phrensy, moping melancholy,
And moonstruck madness, pining atrophy,
Marasmus, and wide wasting pestilence,
Dropsies and asthmas, and joint-racking rheums.
Dire was the tossing, deep the groans; Despair
Tended the sick, busiest from couch to couch;
And over them triumphant Death his dart
Shook, but delay'd to strike, though oft invoked
With vows, as their chief good and final hope."
Paradise Lost, Book 1, 477.

Yet man is still capable of great achievements, his intelligence furnishes him with the means of avoiding destruction and danger, of supplying his wants, of soothing his pains, of curing his diseases. Even in the rudest form of society, the physician reigns supreme. Before him the swarthy chieftain, whom no earthly peril can affright, confesses tremblingly the mysterious and invisible power. In the infancy of historic nations, of Jews as well as Pagans, the same origin was ascribed to medecine, as if in recognition of the

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doctrine that disease is the inevitable consequence, and the punishment of sin.

Let us glance at its progress thru the past.

For a long time all knowledge of disease was derived from the mere observation of symptoms; their occurrence in a fixed succession and in certain groups so as to suggest the idea of separate diseases, although not wholly unnoticed, was nevertheless not recognized fully by Hippocrates, nor indeed, very clearly by any of his successors until more recently. On the other hand, the importance of individual symptoms and groups of symptems, in relation to prognosis, was more fully appreciated, more so, it is probable, than at the present day, when our superior skill in diagnosis, and our more efficient treatment have reduced the uncertainties of result within much narrower limits than formerly. The first writer whose descriptions contain an account of separate diseases which approaches completness, was Aretaeus of Cappadocia, who lived about the middle of the first, or according to others, of the second century of the Christian era. A German writer styles him the most brilliant of all the stars which adorned the bright firmament of the early Roman Empire. But even subsequent to the time of Aretaeus, the idea of disease and, therefore, its description, extended no further than the grouping of symptoms. Whatever was more than this consisted of hypothetical accounts of the combinations into which various morbid humors were supposed to enter. Nor, during the fourteen centuries that elapsed between the commencement of the Christian era and the cultivation of human anatomy as previously described, can there be said to have been any real additions to the knowledge of disease. But with anatomical research, the discovery of the circulation of the blood, and the recognition of pathological lesions as the representatives of nearly all diseases, the knowledge of the course and distinctive features of these latter became rapidly perfected.

Space would fail me were I to attempt even an enumeration of the discoveries and improvements which have illustrated the annals of practical medicine from the time of Harvey to the present day; suffice it to say that they nearly all originated in the mutual support and illustration lent to one another by anatomy, physiology and pathology. The study of symptoms acquired an interest previously unknown when these phenomena were seen to be the expressive language of suffering and diseased organs. In descriptions of disease they were now arranged with reference to the organs which produced them, and this, as in all other cases of

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natural classification, led to a more minute and comprehensive study of the symptoms themselves. Whoever will compare with one another the descriptions furnished by Ballonius and Fernel in the sixteenth century, by Sylvius, Baglivi, Mead, and Sydenham in the seventeenth, and by Boerhaave, Hoffman, Haller, Whytt, Cullen and Rush in the eighteenth century, must be struck by the steady development of knowledge respecting the causes, symptoms, distinctions, tendencies, and terminations of diseases.

Let me allude to a few of the advances which have been made in this department during the 19th century. There is the immortal discovery of Laennec, which has rendered the living body, as it were, transparent, so that the play of the internal organs, their hindrances to action, and their decay, have been rendered evident to the senses, as in certain ingenious hives of glass we may watch the busy bee at her dainty and incessant work. There is the application of physical and chemical methods to the analysis of the tissues and of the secretions and excretions, and especially of the blood and urine, methods which have illustrated an apartment of knowledge that was hitherto penetrated only by a feeble and uncertain light. There is the whole class of cutaneous diseases once involved in dire confusion, but now rendered intelligible. There, too, is the great family of fevers, diseases which have been separated from inflammatory affections, with which in most cases they previously were confounded. And what shall I say of individual diseases? In the whole catalog there is not one of them whose natural history has not been written anew, whose distinctive features have not been imperishably daguerreotyped by the light of modern science. Yet although so much has been accomplished, and still more remains to be achieved; for every year new forms are revealed by a stricter observation of symptoms or chemical and pathological researches, until the mind recoils at the thought of how much greater than was suspected, is man's heritage of knowledge.

Then, for the first time, it was clearly perceived that the body is a living mechanism, and that its diseases are derangements of its parts which must be known before a just idea can be acquired. This principle, drawn from observation and not from speculation, constitutes the germ of modern pathological science. Out of it springs the fundamental fact defended, indeed, originally by the Cnidian in opposition to the Hippocratic school, that diseases are real physical entities, each one differing from every other, and insusceptible of being converted into any other, just as in an artificial mechanism every wheel, lever, weight, and spring has its

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peculiar office, and is subject to special derangements which produce effects (symptoms) different from those of every other portion of the machine. A disease of the lungs is one thing, and a disease of the liver another, still more, several or even many diseases may effect the lung or the liver, and each, from first to last, present phenomena, peculiar to itself. Building upon such ascertained facts, as upon a secure foundation pathologists learned to scrutinize more and more closely the symptoms of diseases, and compare them with internal lesions found after death, or those observed during life in parts accessible to sight. Thus it was discovered, not only that every organ has peculiar modes of being diseased, but also that every tissue, and the blood itself, has equally its own susceptibilities, its own pathological changes, and its own symptoms. To this point, if not still further, the brilliant discoveries of Bichat and the investigations of Andral and others have conducted the present generation of pathologists. But these results could never be attained without the aid of morbid anatomy. Symptoms constitute but one half, and that the less important half of disease. In external affections this truth is self evident. If we see that a wound is healing, a fracture uniting, we think comparatively little of the pain or fever which accompanies these processes. But when internal parts are affected we attach a higher importance to mere symptoms, while their source is out of sight we are obliged to measure its importance by their gravity. If, however, we are enabled by physical methods to determine the character, extent, and stage of the lesion, we transfer the case into the same category that external diseases belong to, and can estimate far better than without their aid the opportunities for cure

From ancient times prejudice had stood in the way of all successful inquiry into the connection between diseases and the structural changes with which they are associated, and, like all popular sentiments, it was too deeply rooted to be speedily removed. Towards the close of the fifteenth century lived Antonio Beniveni, the Florentine, who may be regarded as having laid the foundations of the science of morbid anatomy, for in a posthumous work "On some of the hidden and wonderful causes of diseases and their cure," he records the results of numerous dissections of the bodies of his own patients. Fifty years later an ardent cultivator of this science appeared in Marcellus Donatus of Mantua. Allow me to quote a passage from his writings, in order to show you how clear and elevated a view he possessed of the value of pathological dissection. "Let those," he says, "who would interdict the ex-

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amination of dead bodies be convinced of their error. When the nature of a disease is obscure and they refuse to permit a post-mortem examination of the patient's remains, which presently must become food for worms, they render no service to the lifeless clay, but, on the contrary, are guilty of a serious wrong against their fellowmen, for they prevent physicians from gaining information which would be of great value to other persons affected with a similar disease Those squeamish physicians, too, are quite as much to blame, who, from indolence or from a too dainty sense of smell, neglect dissections, rather preferring to remain in the darkness of ignorance, than to be at the trouble of searching for truth. They ought to remember that such conduct renders them guilty towards God, themselves, and their fellowmen." This language, kind readers, was spoken over three hundred years ago.

The brilliant results of cultivating morbid anatomy soon attached to it a number of eminent men in the seventeenth century. Such were Schenck, of Graefenberg (1602), Plater (1614), Silvius (1641), Tulpius (1614), Wepfer (1658), Willis (1664), and Bartholini (1664), whose treatise on this subject as well as upon normal anatomy, the labor of twenty years, was destroyed by fire; and finally, Bonetus (1679), whose Sepulchretum contains all that had been previously known, as well as much that was novel concerning morbid anatomy. This author considers in succession the diseases of the head, chest, abdomen, etc. Almost another century elapsed before the great work of Morgagni appeared (1761). In it, as in preceding ones, pathological conditions of the body were considered only in connection with the particular diseases in which they occurred. No attempt was yet made to generalize the results of observation, to group together similar alterations of structure, and thus to form a science of morbid anatomy. This was at first attempted by Baillie, of London (1793). Thus, although he described in succession the lesions peculiar to the heart, the lungs, the stomach, etc., he also gave an account, under each of these heads, of the several kinds of lesions, of inflammation, of tubercle, of ossification, of hypertrophy, atrophy, etc. The general anatomy of Bichat tended to perfect this arrangement, and thenceforth, the lesions peculiar to each tissue were studied in their modes of development and terminations, and shown to be as much under control of fixed laws as the original and normal growth of these same tissues.

Among the pathological anatomists who, since the time of Baillie, have contributed to perfect their science, the more con-

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spicuous may be named: In England: Bell, Cooper Abercrombie, Bright, Hodgkin, Hope, Carswell, Craigie, Paget.

In France: Bichat, Cruveilhier, Lobstein, Louis, Rayer, Andral, Nelaton, Dance, Durand-Fardel

In Germany: Meckel, Otto, Blumenbach, Albers, Vogel, Haase, Rokitansky, Gluge, Engel.

Thus it was that morbid anatomy by degrees assumed a scientific form, and diseases, so far as they affect structure, were seen to receive their characteristic features from the nature of the tissue they chiefly involve. As in normal anatomy the microscope and chemical reagents were employed to conduct investigations which the unassisted vision was incompetent to complete, so the same methods were appealed to with equal success in bringing to light the hidden processes of disease. They demonstrated that morbid changes of structure are merely abnormal forms of nutrition, that the primary molecules or cells are the real seat of these changes, and, further, that the blood itself, in its chemical or physical organization, is most frequently either the starting point of disease, or the field upon which the principal changes of disease takes place Pathological anatomy has followed normal anatomy year by year, and step by step, as closely as the shadow follows the substance. The grosser objects in each were succeeded by others which had been invisible until revealed by the lens and the chemist's skill; and, finally, as the physiologist had traced the stream of life from its more evident manifestations in the organs up to those microscopic and mysterious cells whence it primarily springs, so the physio-pathologist has followed with equal zeal and success the ravages of disease from the outward unsightly lesion to its prime sources in molecular derangement.

At this point physiology and pathology both must pause; hand in hand they trod the rocky paths of science, enlightening, encouraging, and supporting one another they have penetrated the secrets of that divine mechanism which was a mystery to ancient philosophers, and at last, having apparently explored all its recesses and explained all its phenomena, they find that the pathway of science suddenly terminates. An adamantine wall bars their progress, and upon it is inscribed in fiery letters, Life. Yes, that inscrutable and subtle essence, so curiously wedded to the organism, is the source of its activity, the power which evokes all the phenomena of health and disease. Bound, on the one hand, to matter, controlling its forms and functions, on the other, it is affected by material as well as immaterial agencies, and by either may be oppressed or strengthened, bowed in melancholy or exalted

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to a vision of celestial bliss. Between the phenomena of matter which our senses and our reason investigate, and life, the immaterial cause of these phenomena, there would seem to be fixed a gulf impassable to man. "A gulf impassable," I say; but even here the work of Jacques Loeb and President Schaefer's address throw the gauntlet of defiance, and who knows, but impeach the word "impassable."

In the survey which has thus far been taken of medicine, its unity of character cannot be misapprehended; it is, indeed, seen to be nothing but a study of the human mechanism in health and in disease. living and dead. But man is placed in the midst of a material universe, where he is incessantly acting upon surrounding objections, and being subjected to their influences. Many of these influences are salutary and, indeed, essential to his existence; many are hostile to his health and even life. This simple statement points to two grand divisions of medical study, etiology. and hygiene. Etiology, the science of morbific causes, which inquires into all those relations of man with material agents, internal as well as external, which are adapted to produce disease; and hygiene, the science of health, including the conditions of its preservation and improvment. In a complete and a systematic course of medical study these subjects always hold a prominent place, and are unsurpassed by any others in utility and interest. In spite of hygienic rules, or owing to their neglect, it is certain, diseases abound. They beset the path of life from its commencement to its close, attacking the germ in the womb, blasting the blossoming hopes of childhood, prostrating man in his pride of power, and cutting down the hoary head upon the verge of the grave. No wonder that it should have been one of the earliest of human efforts to find the means of mitigating the pains of sickness, and of averting death. There is, indeed, an instinct, which man shares with the brute creation, leading him to make use of various objects around him for the relief of pain; and, doubtless, his observation of the lower animals has prompted him in the choice of certain remedies for disease. Casual experience, too, of the qualities of plants and their products, of waters, and of the substances, employed by him as food, led him to a further knowledge still, until he learned what would quench his feverish thirst, cool his burning skin, relieve the stomach of its oppressive load, evacuate the bowels, excite perspiration, or allay pain. Thus by repeated experiment and observation, the catalog of remedies extended until many were found appropriate to each of the objects which seemed necessary in the treatment of disease The symptoms of disease, on the one hand,

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and the application of remedies suggested by them on the other, for a long time contributed the whole art of medicine. There was no knowledge of anatomy, physiology, or pathology: nor, within certain limits was any needed, any more than an acquaintance with those sciences is necessary to constitute an excellent cook. Therapeutics and the art of cookery (which is a branch of dietetics) followed precisely the same mode of development: the one sought the quickest, safest, and most agreeable plan of curing disease, and the other the most certain means of at once gratifying the palate and preserving the health. External remedies naturally were used before internal ones: indeed the earliest accounts of the treatment of disease refer to the former alone. But from the time of Orpheus (B. C. 1500) to that of Dioscorides and Pliny, in the first century of the Christian era, the materia medica had become greatly enriched, and the curative effects of a large number of medicines were accurately described. Until the fifteenth century very slight additions were made to this department, but about that time the alchemists, in their search for gold and for the elixir of life, laid the foundations of chemical science, and produced the preparations of mercury and of antimony. Two centuries later (1638) the precious cinchona, and ipecacuanha (1658), were added to the treasures of our art; and two centuries later still, modern chemistry began to separate the active from the inert elements of drugs, and offer the physician more certain weapons against disease.

In the whole of their career, therapeutics advanced quite independently of pathology, to which, indeed, they have only an indirect relation, one created by the art of man. On the one hand, pathology was being perfected by the gradual separation from one another of diseases previously confounded, and the discovery of elementary morbid conditions, and on the other, a gradual improvement took place in the knowledge of the inherent powers of medicinal substances, and of their curative relations to diseases. There is no natural or essential connection whatever between disease and its remedies; the one belongs to man, the other to external nature; and human intelligence, prompted by instinct, was required to place the two in a reciprocal relation to one another. They were brought into contact by the necessities of suffering humanity, and they were linked together by a scientific bond only when the mode of action of the one upon the other became a subject of investigation. This subject, including both their natural actions and their operation in curing diseases, involves both physiological and pathological relations. It is, in a word, the study of phy-

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siology under certain assumed conditions, and it may therefore justly claim to be a department of medical science.

I have, in my previous remarks, endeavored to illustrate the Unity of Medicine by an historical sketch of its branches which embrace the normal and abnormal conditions of the structure and functions of Man. If the estimate of medicine which the writer has attempted to give and its spirit, are permitted to sway us, the energies of the intellect are warmed by the heart, wisdom is consecrated to humanity, and as we rise in knowledge we increase in power to diminish suffering, insuring happiness to ourselves, and dispensing it, bountifully to those who shall become living monuments to attest and to proclaim.

TREATMENT AND SURGERY OF THE ACCESSORY NASAL SINUSES FOR THE RELIEF OF OCULAR DISEASES*

BY J. IVIMEY DOWLING, M.D.
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THAT DISEASES of the eyes are definitely influenced by the nose and accessory sinuses is now accepted as a fact by a large body of progressive men, mooted by a lesser number and ignored by a minority satisfied in the conservatism that declares an impotence to create and a natural torpor that a Venus would not excite nor a Bacchus illuminate.

I take it that this Society is largely represented by the first class and to a large degree by the second division, to which there is attached no disgrace; but I believe that it is safe to state that none of you can be placed in the third section for your very presence here tonight bespeaks virility, power to create, assimilate and practice. I do not desire to test your creative faculties tonight but I do ask your careful attention and consideration of what I am about to say so that you may truly assimilate the gist of my remarks in order that you may later put into practice virtues that grace the facts herein about to be stated.

Recurrent and chronic diseases might be termed the opprobrium of the oculists. That the disgrace has long existed is no reason why it should forever continue. One of the earliest to assert a clinical relationship between ocular diseases and those of the nose is Dr. H. Manning Fish, formerly of New Orleans, and now of Chicago. MacWhinnie of Seattle has demonstrated the

* Read before the Kings County Hom. Medical Society.

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clinical value of the comma shaped scotoma in fundus diseases as suggesting the sphenoid sinuses as the primary cause. Surgery directed to providing drainage of those sinuses permits the cure of the ocular disease. Holmes of Cincinnati has provided other clinical proof of the inter-relationship of ocular and sinus diseases. Onodi, A. Logan Turner and others have submitted valuable anatomical studies in proof of the relationship of posterior ethmoid and sphenoid sinus diseases to diseases of the optic nerves. Grunwald has submitted extensive clinical reports demonstrating the truth that the nose and accessory sinuses have much to do in the causation of ocular inflammations. In the fact of all this ever increasing evidence it behooves every physician to have knowledge of the truth that many ocular diseases are primarily the result of faults to be discovered in the nose or accessory sinuses.

A mere acceptance of the statement is not scientific and so I wish to refresh your minds concerning the anatomical relationship existing between these parts. As you know, the eye is a spherical body resting upon a bed of fat which is surrounded by the bony parts which make up the orbit. Adjacent to the median side of the orbits are to be found the ethmoid cells, beneath the orbits are the large cavities within the cheek and designated the maxillary sinuses or antra of Highmore, and above the orbits are the variously sized cavities known as the frontal sinuses, and toward the orbital apices and to the median side are to be found the sphenoid sinuses. The nose may well be termed the central sewer of all these sinuses for they all drain into the nasal cavities and anything that occludes the nose will obstruct the drainage of the sinuses and ethmoid cells. As for the nose it is made up of two principal parts which may be termed the right and the left nose and these in turn are irregularly shaped and subdivided by the scroll like bodies known as turbinated bodies which are three for each side, an inferior, middle and superior. Clinically the inferior and middle turbinated bodies are of chief importance. Furthermore, the nose is divided into three sections, viz; the inferior meatus which lies beneath the scroll lines of the inferior turbinated body, second the middle meatus which lies between the scroll line of the middle turbinated body and above the inferior turbinated body, and third the superior meatus which lies above the scroll line of the middle turbinated body, this latter part is also known as the nasal attic. These several divisions are of clinical value because they serve to locate the various drainage ostia of the several sinuses and ethmoid cells. For instance, the antra of Highmore or maxillary sinuses drain into the middle

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meati by means of ostia located above the middle points of the inferior turbinated bodies. The final drainage of the frontal sinuses and anterior ethmoid cells are by means of common passages opening into the middle meati and located beneath the anterior extremeties of the middle turbinated bodies. The posterior ethmoid cells and sphemoid sinuses empty by common drains into the superior meati above the posterior extremities of the middle turbinated bodies. Finally the lachrymal canals drain beneath and open under the anterior ends of the inferior turbinated bodies. The right and left nose are separated by a septum of bone and cartilage. The bony frame of the nasal interior is covered with erectile tissue over which is spread a delicate mucous membrane which is reflected to the several cells and sinuses and by means of the lachrymal canals is continuous with the conjunctival sacs. Furthermore this same membrane covers the pharynx and is reflected by way of the eustachian tube to the middle ears and mastoid cells.

The vascular and nervous relationship between the eyes and nose is briefly described by quotations from Friedrich and Deaver which appeared in an article by the writer entitled "The Relation of the Anterior Ethmoid Region to Diseases of the Eye," published in the Journal of Ophthalmology, for April 1911.

The description is as follows:

"Arterial anastomosis between the nose and the eye is effected by means of the ethmoid arteries, by branches of the ophthalmic, and by a collateral trunk along the lachrymonasal duct, which joins the angular, the ophthalmic and a branch of the infra-orbital artery—(Zuckerkandl) In the same way a communication is established by means of a network of veins between the lachrymal plexus and the veins of the nose, the orbit, and the face; besides, there are larger venous trunks running from the nose to the cranial and orbital cavities—the ethmoid veins."

The lymphatic communication between the nose and the eyes is still sub judice, but it is believed to be intimate and clinically may well be considered as an important factor as a causal agent between diseases of the nose and eyes.

The nerve relationship between the nose and the eyes is succinctly described by Deaver in the following words:

"The nasal nerve is a branch of the ophthalmic division of the fifth nerve It gains access to the orbit through the sphenoid fissure and passes between the two heads of the external rectus muscle and between the divisions of the oculomotor nerve. It then crosses to the inner wall of the orbit, passing over the optic nerve and immediately under the superior rectus muscle, taking

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a position between the superior oblique muscle and the internal rectus muscle. After giving off the infratrochlear branch, it leaves the orbit through the anterior ethmoid foramen. It then takes the following course: Having passed through the anterior ethmoid foramen, it again becomes an occupant of the cranial cavity, lying between the dura mater and the cribriform of the ethmoid bone. Here it leaves the cranial cavity through the ethmoid fissure, or nasal slit at the side of the cristi galli, and becomes an occupant of the nasal fossa. It has thus traversed in succession the cranial cavity, the orbit, the cranial cavity again, and finally the nasal cavity. It then gives off an internal and an external branch, and continues as the anterior or terminal branch.

"The internal or septal branch supplies the anterior part of the septum.

"The external branch supplies the anterior portion of the middle and inferior turbinated bodies and the mucous membrane of the outer nasal wall.

"The anterior or terminal branch runs downward in the groove on the outer surface of the nasal bone, passes between the lower edge of the nasal bone and the superior lateral nasal cartilage, and supplies the sides and tip of the nose.

"The branches of the nasal nerve in the orbit are four in number; the long root to the lenticular ganglion, the two long ciliary nerves, and the infra-trochlear nerve.

"The branch to the lenticular ganglion, known as the long, upper, or sensory root of that ganglion, arises from the two nasal nerves as it passes between the two heads of the external rectus muscle. It is very slender, and measures about one-half inch in length It passes along the outer edge of the optic nerve and enters the posterior superior angle of the lenticular ganglion.

"The long ciliary nerves are usually two in number. They arise from the nasal nerve as it crosses the optic nerve, and run along the inner side of the optic nerve to enter the eyeball by piercing the sclera. One of these nerves usually unites with one of the short ciliary nerves.

"The infra-trochlear nerve arises from the nasal nerve just before that nerve enters the anterior ethmoid foramen. It traverses the inner orbital wall below the superior oblique muscle and its pulley. It forms a loop of communication with the supra-trochlear nerve, at times behind, but usually in front of the pulley of the superior oblique muscle. It supplies the region around the inner canthus of the eyelids, including the lachrymal sac and the lachrymal caruncle."

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The class of cases in which nasal treatment and surgery is indicated embraces affections of both the intra—and extra-ocular parts, and optic nerves, and

Treatment of the nasal complications may necessitate mere cleansing with alkaline spray or normal saline solution or the use of the author's method of nasal tampons saturated in argyrol solution forty grains to the ounce.

On pages 830-831, Vol. 2, of Hare's "Modern Treatment," published in 1911, Thorington refers to the author's method as follows:

"The sinuses must be treated if necessary. The treatment by "nasal tamponades" as suggested by Dr. J. I. Dowling and Chas. E. Terry (saturating a well wrapped pledget of absorbent cotton, and soaking it in a solution of argyrol, 40 grains to the ounce and packing this well up the nares of the affected side and leaving it there for ten or twenty minutes, repeating this two or three times a day) is a most valuable and highly extolled treatment for sinusitis. Its beneficial action on all kinds of intra-ocular inflammations, choroiditis, cyclitis, etc., certainly merits the consideration of all ophthalmologists."

The intra-nasal surgery that proves useful in promoting the cure of complicating ocular diseases is governed entirely by the factors necessary to secure sufficient ventilation of the accessory nasal sinuses and which will provide a constant and free drainage of the same, in this way preventing excessive turgescence of the erectile tissues and irritation of the sensory nerves. This is a point which I wish to emphasize, for I do not recollect that any other writer has pointedly declared this as the axiom which should govern all operative measures upon the nose. It is the failure to secure this ideal that results in the varied measures of success obtained by different men.

Accepting this as true, then the natural corollaries may be stated thus:

1. Treatment by sprays, douches or the author's method of nasal tamponade is primarily indicated in conditions resulting from acute infections accompanied with occlusion of the various ostia through mere temporary turgescence; or chronic affections in which the sinus drainage is interfered with because of hypertrophic states, and also as preliminary to operative interference.

2. Surgery is indicated in such conditions as result from fractures or deflections of the septum, spurs and true hypertrophy of the turbinated bodies with resultant occlusion to the drainage of the sinuses.

The occular symptoms and referred pains that suggest nasal

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or sinus complications are positive and from my personal experience I have arrived at the following conclusions:

Disease of maxillary antra is suggested by congestions and actual inflammations of the conjunctival sacs and corneae accompanied by dental neuralgias or dull spasmodic pains in the eyeballs. I have observed persistent corneal ulcerations following the breaking down of abcesses heal within twenty-four hours after affording drainage to maxillary empyema.

The frontal sinuses and anterior ethmoid cells induce somewhat similar symptoms for it is hardy possible to have an anterior ethmoiditis without complicating frontal sinus congestions or empyemas because diseases of the former occlude drainage of the latter. The symptoms that are suggestive are ptosis, congestions of the conjunctivae, sixth nerve disturbances, dull pains over and about the eyeballs, or the sharp excruciating pains of glaucoma. The dilated pupil of glaucoma and the contracted pupil of iritis are frequently observed in this class of cases. A sluggish pupil should always excite suspicion and direct attention to these parts, and contrary to the experience of some I have frequently observed retinal congestions or actual diseased states present when these parts are affected; photophobia is a rather constant symptom suggesting complications to be found in the frontal sinuses or anterior ethmoid cells. Finally conditions of erratic refractive states should always suggest involvement of the parts. These cases give a history of frequent change of glasses without satisfactory results. That symptom alone warrants investigation of the nose for often the very glasses that are then in use without benefit or comfort will be everything that is desirable after a brief course of nasal treatment or after resorting to appropriate surgery. In addition many cases that have been dependent upon glasses will be relieved from their use after successful intra-nasal treatment or sinus surgery.

The posterior ethmoid cells and sphenoid sinuses are often the cause of retro-bulbar neuritis and optic nerve atrophy. These conditions are suggested by dilated pupils, gradual diminution of visual acuity or somewhat sudden amblyopia or central scotomata.

The opthalmoscope will aid in this diagnosis but I merely wish to emphasize the symptoms that may prove helpful to men in general practice and so pass over that means of diagnosis with a mere mention.

Headache and facial neuralgia are important symptoms suggestive of sinus disease.

Maxillary sinus disease is suggested in facial neuralgias and

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tic-douloureaux. Many persons have lost all the upper teeth without relief to these conditions when proper operative measures directed to the ventilation and drainage of the maxillary sinuses would have cured the conditions. The pains of maxillary sinus disease are prone to aggravation at night after having been in bed for a period, they are also aggravated by cold and relieved by warmth.

Frontal sinus pains are referred to the suparorbital region, and generally are described as a dull ache, which is apt to come on shortly after rising in the morning and disappear after an hour or so of activity. The reason for this is that when the patient is recumbent the excess of mucus or pus collects in the sinuses which are incapable of draining, while in the erect position the fluids pour down through the infundibulum, but since the quantity of fluid is too great to discharge at once pain persists until the cavities are fully drained.

Ethmoid pain is described typically as the dull ache or stuffy feeling over the bridge of the nose, or by some patients as pains between the eyes.

Sphenoid pains are referred to the vertex and occiput and are relieved by bending the head forward. A somewhat rarer sensation is described by some patients in which on throwing the head forward suddenly there is a feeling as if the brain itself fell forward. This particular symptom I have found particularly associated with the sphenoidal smpyemas.

All these associated states of ill health may be increased in their severity by syphillis, gastro-intesinal or hepatic affections, and pelvic disorders.

In the presence of such added complications appropriate treatment of the more distant parts will afford relief and hasten the cure of the more local conditions.

My purpose, however, is to emphasize the importance of dealing directly with the special local disturbances. Mechanical methods such as my method of nasal tamponades and special surgery are of such value as to render unnecessary any excuse for neglecting to refer to drug therapy which has an important field and which no physician will neglect.

The nasal tampon method of treatment is useful in all the conditions referred to in the body of this paper and because of its particular merit I am warranted in repeating a brief description. Tampons of suitable size and length are first saturated in argyrol (40 grains to the ounce) then placed well up the nose between the middle turbinated bodies and septum. Drainage is thereby established and relief of symptoms ensues. This method is

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applicable by anyone capable of employing a head mirror and a nasal speculum.

The tamponades should be made sufficiently large to be snug but not so sizable as to occasion pain in their placing. They should remain in situ from ten minutes to half an hour and very occasionally an hour.

The frequency of treatment is governed by the effect obtained and varies from every day to once in two weeks as improvement is secured. The first treatment is frequently without marked results, and in such cases they should be repeated daily until benefit is noted, when the interval should be lengthened. Oftentimes the first improvement is purely subjective, or an aggravation of all symptoms may first ensue. If persisted in the effects sought will finally be obtained.

Intra-nasal and sinus surgery is a matter for the specialist to determine and a choice of methods may be safely left to the man chosen for the purpose.

THE HOMOEOPATHIC TREATMENT OF TYPHOID FEVER

BY JOHN HUTCHINSON, M. D.,

New York, N. Y.

IN TYPHOID FEVER alone the success of the homœopathic remedy is enough to establish its fundamental worth. Its worth to-day is unique. It is unsurpassed. The symptoms of a patient of any age and in any stage of the malady reflect the proving of some proven remedy, and that remedy is not necessarily confined to the hundred or less that are oftenest employed in enteric fever; for, as we all know by experience, the indicated remedy may be any one, other than these, out of our extensive pharmacopoeia, provided only the likeness exist.

Undoubtedly many cases seen early are cured in their incipiency, even before diagnosis is possible. Admitting that this cannot be proved, for some of our laboratory tests are tardy in their recognition, certain it is that typhoid, unlike appendicitis, is less frequently reported than formerly, and many of the cases that develop show a lower degree of severity than formerly.

The typhoid mortality under genuine homœopathy is very small compared with other medical regimen. Statistics have al-

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*Read before the Seventy-third Semi-annual Meeting of the Massachusetts Homoeopathic Medical Society, October 8, 1913.

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ways shown this, and wherever collected at present they continue to show it. There is perhaps no derangement that exhibits in its response more eloquently the difference in a prescription for the patient and one for his malady or the hypotheses concerning it. This may be because with all the theories of physiological and pathological processes against it, Homoeopathy does not fix a basis of explanation as to how a given function persists. Clinical and biological relationships, now so much exploited, throw no clear light for therapy to offset the insistence of exact symptomatology. And of late we hear from quarters least expected that close observation of the general clinical symptoms obviates an estimation of the opsonic index.

Speculation is diverted from the pathology of Peyer's patches and their hospitality to the bacillus of Eberth when we reflect that here, just as disturbed function will alter structure, along with the invasion of other forms of life, so physiological behavior by wire from the central station restores and conserves structure. And typhoid is now pronounced "An acute bacteræmia plus toxaema, often fulminating in character, and not a localised infection; hence brilliant results from the vaccine treatment for the cure of this disease are scarcely to be expected." It is also true that "There is an unfortunate lack of agreement as to the proper dose in prophylatic treatment, the variation being from five (5) to 50 million, according to Wright; from 25 to 50 million according to Anders; from 300 to 400 million according to Leishman"—to say nothing of the controversies over comparative merits of living and dead bacilli. Can we wonder that one of our good American Presidents, when confronted with some glowing statistics from the army expressed himself as being astounded at their excellence, which, as he said, he could not have believed at all, only that evidence came through the War office, and must be, therefore, further evidence of the tremendous strides constantly being made by medical science.

It is important to recognize what is being offered as best for the control of any disease. Homoeopathy declares for its own only so long as it possesses the means for superior therapy. We accept the diagnostic position of medicine, we admit disease entity. They are good enough as far as they go, but it is not going far enough. Homoeopathy is definitely concerned with the sick man. His own peculiar case is to be met. Theories and bacterial cultures and hypodermic needles do not meet it. They do not reach its need. The suitable prescription is not based on the diagnosis per se, and there is much more in the patient that has

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de facto bearing on cure than is expressed in the bacterial content of his disease. For this reason our therapy takes account of patients instead of diseases. It is the patient and his peculiar state that decides the remedy

It is not every one of us that can take the cheerful view of the writer who declares—"Hypodermic injections are greatly preferable to drug administration by mouth, for they impress the patient very strongly with the idea that we are doing something for him, and this impression is materially strengthened by the bill he gets on the first of the month."

I think you will agree with me that the aspect and consequences of hypodermatic practice are far more reprehensible than even this quotation suggests.

I think we all recognize that in prescribing it is important, yes, supremely important, to observe a serious case closely from hour to hour, and until its symptomatology is plainly discovered, until it is fully grasped. The similar remedy cannot be selected without a knowledge of the peculiar features of the disease and their peculiar effect on the patient. A remedy indicated by the law of cure, even if of lower dynamic force than the simillimum, is possibly as useful in typhoid as in any other illness where the similar remedy leads, but there is great need always to guard against the unnecessary strain of a remedy that is not indicated. If Homoeopathy maintains its own by reason of any one fact more than another it is in its care not to impose unwarranted drug influence on the system.

In respect to the correct application of the similar remedy it may and should be said that the benefits are not in the future more than in the present. We have not repeatedly to herald the announcement that we are on the verge of a great discovery soon to emancipate and revolutionize medicine. Hahnemann made the discovery long ago. It was investigated and confirmed as an exact fact over a period of decades. It is proved again and again every day of our lives. The truth of the homœopathic prescription is established: its appropriateness is in every sense admirable.

The monstrous absurdity of cold bathing to reduce the fever of typhoid has no relation to the rationale of the homæopathic remedy. What state of mind could lead the prescriber to suppose that fever is the thing to be suppressed? Where the cold bath has been forced upon patients the mortality has been marked, and it is reported that the mental powers have failed immediately. Good nursing need not include these radical measures that subvert Homoeopathy to foreign influences.

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The diet in typhoid must be considered by the therapist, to whom it may appeal as a question of individualization. It may be well determined by the whole examination of the patient, including his appetite and preferences as well as digestive tolerance. The free-diet and milk-diet advocates present good arguments, but the statistics disprove both. It would seem that an exclusive diet of either milk or water or solid food for all cases would be a huge blunder. Strict limitation to any one article of diet appears to be either rational or necessary. Here as elsewhere "intelligent study of hunger sensations may lead to better knowledge of digestive conditions." It is foolish to repudiate the existence of certain guides. Let us accept phenomena, and respect the prayers of the organism. It is marvelously equipped with all means of expression, and we have only to learn its language Why not pay honest heed to the call of the system instead of instituting arbitrary theories as to the demands of its disease?

The physician must constantly specialize. The spirit of Homoeopathy is one of specialization, ending in scientific cure. The fact that our patient has typhoid is not so much a part of the specialty as that his remitting type of fever is accompanied by a certain languor at a certain time, or that his thirst is of a peculiar character, or that he is intolerant of certain things, or that his sleep is marked by periods of strange restlessness, or that his delirium is of a certain type with certain concomitants. These with possibly numerous other features of his case, more or less prominent, point to the study of particular remedies.

For this reason we do not begin our work in the laboratory with mice in order to transfer the result directly to our human patient. All our knowledge of what constitutes cure forbids this as preposterous. For our knowledge of curative treatment begins with the human patient The information derived from experimentation on lower animals stops far short of cure.

It has been the privilege of many of us, in one sense, and our misfortune in another, to witness the treatment of physiological therapy, so-called, of vaccine therapy, and of numerous other methods indorsed by the laboratory. I can affirm that never have I been permitted to discern the benefit hoped for and promised as sure by the pathologist. Should we expect to mold at will any part of that bioplasm which is already under higher and essentially vital control?

The origin of typhoid infection being so often in doubt, our sporadic cases present large problems. The early typhoid state may be easily recognized, notwithstanding the Widal test be nega-

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tive, and it is in the early stages that possible cure is to be anticipated. We have all been surprised when, under the most suspicious circumstances, a patient has escaped the isolation already provided for him by our forethought, and at a second conference has evidenced an unblushing disregard for our diagnosis. In my humble opinion this is not always due to a lapse of the prompt diagnostician—(if, indeed, the doctor can be that as well as "symptom-hunter") but an entirely favorable result from the action of the prescribed remedy.

One such case comes to mind, and it may illustrate what I mean. The patient presented himself with a history of some days of malaise. This was marked, and it was significant, because he was usually buoyantly active. He had light-headedness, general muscular weakness, abdominal discomfort, some fever, and was mentally apprehensive. His hands perspired on their palmar surface at times. He received aconite 200., which had to be repeated, and he recovered perfectly in a few days.

Now, we were taught that aconite is not a typhoid remedy. And so it is not. I know of no typhoid remedies. But aconite was the remedy for this patient whether he had typhoid or not.

As to the repetition of the remedy, the selection of a different one, of withholding medication while remedial action is progressing, all of which considerations are vitally important, we can be absolutely sure of our ground when we follow the Organon. Nowhere else are these principles so definitely and practically set forth. They are indispensable to the successful prescriber.

My further conclusion is that it is not well to exclude a so-called "sthenic" remedy from possible typhoid cases, nor any other remedy in the whole Materia Medica, whether belonging to the sthenic or asthenic classifications, when the well-taken symptomatology calls for it.

441 Park Avenue.

HOW SHOULD MATERIA MEDICA BE TAUGHT.

BY W. W. VAN DENBURG, A.M., M.D.
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IN THE March number of this Journal, was given the promise of a paper on "how to find the remedy you want to use," and how to learn by the best method to do it. The redeeming of that promise is not easy, nor will experts in materia medica all hold the same identical opinions.

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Nevertheless there will be many points on which all will agree.

First: That you can not pour into tired ears, and on only partially receptive minds from a written lecture, or from a carefully prepared extempore lecture very much materia medica in one hour, and expect useful results.

By this is not meant that the quality or the quantity will not be both good and sufficient. But with the best intention on the part of the student and the teacher the task is like trying to pour a pint of fluid into an ounce bottle. The method is a psychological failure. Notwithstanding notes taken and notes studied afterwards, when brought face to face with a case of sickness in which the student is required there and then to prescribe a remedy, or remedies, what will he have at hand from his hour's lecture?

Most of those who have gone through the mill and know by experience will tell you, "mighty little.' 'A spirit of helplessness will sieze the young practitioner, and out of the fog of scores of lectures will come the experience he has had in a clinic of some case that looked like this, and the recollection of the drug prescribed will come to mind.

He will be fortunate indeed if that is the actual outcome.

Why is this so? Because an ounce bottle can by no manner of means be made to hold a pint.

Every lecture on materia medica if cast on the customary lines, contains from ten to a hundred times more than the lecturer himself could carry away, if he were listening instead of speaking.

What is the use of all this waste of time and energy? This formal teaching and formal hearing when so little comes out of it?

Let thou who advocate it and practice it say.

The cry goes forth again and again from the homœopathic camp, that we are making few good homoeopathic prescribers. Whose fault is it? Certainly not the students. He comes willing to learn what is given him. But when he is asked to controvene all the laws of psychology, how can he be expected to become what he is strenuously prevented from being, an actual prescriber?

Every lesson given at a lecture on Materia Medica after the first year should be a clinical lesson.

It should be supplemented with a free use of all the best books. These should be free of cost to the student, or at only nominal charge, and should be as much a part of the college equip-

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ment as the furnishing of microscopes, or the apparatus of the chemical laboratory.

The supply should be liberal, one to each student, and the range should be unstinted.

It is no small thing to learn how to use a book, or a given book, to the best advantage; and familiarity with its use is as needful as familiarity with the instruments of the chemical labratory.

We have learned the futility of the old method of seeing the lecturer demonstrate before the class the technique of the tests the student is called upon to learn. He now has the sense of touch, the method of muscular procedure, the acute interest that comes from performing an act itself instead of watching some one else demonstrate it, all of which serve to fix clearly and forcibly the matter in hand.

This is the psychological method of learning, in which we call to aid all the senses in fixing in memory any occurrence, by making personal interest, personal activity, and personal responsibility each play a part in fixing attention and enlarging the association of ideas.

By such a method one cannot help remembering; it comes naturally.

The blame of the present method of teaching rests upon no one in particular, and least of all upon those who use it.

It is a remnant of the remote past when books were scarce and beyond the reach of most men.

If we were strenuous in our search we might trace it back to Greece and the academic schools.

But changed conditions call for new methods. For milleniums the lecture method has been in vogue, yet that is no reason for continuing it any longer. It is high time to call a change.

Three years of active prescribing under an expert, coupled with the daily use of the text books, would turn out a different class of men from that annually sent forth from our medical schools.

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THE THERAPEUTICS OF CONSTIPATION*

BY E. H. LUTZE, M.D.

Brooklyn, N. Y.

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

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

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

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

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

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

After stool: Colic at the umbilicus, tearing at the anus, reddish, painful and burning haemorrhoids, prolapsus ani and recti, contraction of rectum, itching and excoriated feeling, nau-

*Read before the Hom. Med. Soc. of the County of Kings, Nov. 1913.

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sea and vomiting. The stool is often in two colors, the first part dark, the last part light.

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

Alumina: Frequent ineffectual desire for stool, even a soft stool requiring much straining. No ability to pass a stool, until there is a large accumulation. Pressure, cutting pains and haemorrhage from the bowels; voiding of urine while straining at stool. After stool: Long lasting pains in rectum and stomach, burning, smarting and shooting at anus, dryness of rectum, the stool is often in balls.

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

Bryonia: Stool dark, hard and dry; baked or burned looking. No desire for stool and it is passed only with much straining, headache from pressing at stool. After stool: Pain in abdomen relieved by rest, sitting or lying; and by drinking cold water. The patient is irritable, easily angered. Faintness and nausea on rising from a recumbent position relieved by rest, cold air and cold drinks, the alimentary canal is dry from mouth to anus, the lips even are dry and peeling. Hence the desire to drink much at a time though not often, rarely there is no thirst. Worse in summer; in hot weather, the stools are usually large as well as hard and the dryness of the intestinal mucus membrane is largely the cause of the constipation. For the constipation I have found the lower potencies, the 30th to act quicker, for the diarrhoea of bryonia the highest potencies are the best.

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

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

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

Kali carb: Stool large, hard, dry and difficult; ineffectual desire, distress and anguish long before stool. Discharge of white mucus. During stool: Rectum feels too weak to expell the stool, protruding haemorrhoids, burning, pricking and stabbing, worse from coughing, relieved by hard pressure. After stool: Itching, cutting and tearing in anus, pain in lumbar region as if broken, night sweats.

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

Mercurius vivus: Hard tenacious knotty masses, small like sheepsdung, pale, white with mucus or streaked with blood, or like a narrow ribbon. During stool: Great straining with scanty stools, evacuation only after great effort, pain in the anus. After stool: Long continued urging, a not done feeling, lasting a long time. Bleeding and ulcerating haemorrhoids, painful, not allowing the patient to stand, sit or even lie down with any comfort. Offensive taste and odor of breath, Tongue large flabby showing the imprints of the teeth. Face and conjunctiva yellow, Constipation following after diarrhoea. Chill during or after stool. Salivation; sweat without relief.

Natrum mur: Affects the entire alimentary canal, which is

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dry like under bryonia. Stools large, hard and crumbling, irregular or alternating with diarrhoea. Before stool: Frequent ineffectual urging, or no desire from inactivity of the rectum, burning in the rectum. During stool: Contraction, pulsation and lancinating pain in the rectum. Pain in the head while pressing at stool. Tenesmus and haemorrhage from the rectum (China, Hammamelis. Kali carb., Lachesis). After stool: Burning, smarting and ripping up sensation in the anus, and in rectum, fissures with bleeding and smarting and burning pains. Haemorrhoids, sore and burning, Prolapsus ani. Thirst for much water to drink and often. Pain across the lower pelvis and bladder, relieved by bending forward when sitting. Worse from motion. Weakness and emaciation. Inactivity of the rectum 'Alumina, Antimonium, Arnica, China, Ignatia, Kali carb., Nux vomica). No desire for stool for days and weeks, Chronic constipation. The constipation of natrum mur. is similar in many respects to that of lycopodium.

Nux vomica: Hard, difficult stool, insufficient, often streaked with blood, dark brown, hard, knotty stools. Before stool: Constant ineffectual urging. Painful sensation as if the rectum were firmly closed or narrowed, Pain in the head from pressing at stool. After stool: Relief; qualmishness, in the stomach, and in abdomen with pressure upward, to diaphragm and throat, from accumulation of gas causing dyspnoea; discharge of flatus gives slight relief. Alternating constipation with diarrhoea. Hemorrhoids painful and bleeding Constipation of pregnant women and children, without any other marked symptoms. Constipation due to the abuse of coffee, peristaltic movements of the intestines diminished or reversed. Chronic constipation, all cathartics fail to produce an evacuation. Anacardium is in some of its symptoms similar to nux vomica.

Phosphorus: Stools dry and hard, tough, slender long, like a dogs. Very difficult. Sticking in anus, pricking in rectum between the evacuations; blood with the stool, violent tenesmus for some time after the stool; (Nitric acid., Merc. cor,) Haemorrhage from the anus or rectum; headache while pressing at stool; Darting pains from coccyx up the spine to the vertex, the head being drawn back by it; cutting in anus and abdomen. Violent pains at anus with movement of flatus in abdomen and a constant but unsuccessful desire for stool. Heat of the hands and anxiety relieved by warmth. Tearing in rectum and soreness after stool; rectum feels as though it was obstructed by something during the passage of the stool. The stool not being hard, or the rectum feels contracted. An acrid sore pain is felt in the

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rectum, continuing for some hours and extending up into the abdomen. Sore pain in the haemorrhoids for several days and when sitting or lying, with violent pressure and stitches on rising.

Pulsatilla: Stool large and hard; difficult though soft. Alternation of hard and soft stools, of constipation and diarrhoea. Before stool: Ineffectual desire (during menses). During stool: Pain in the head while pressing at stool. Difficult expulsion with painful urging and headache. Inactivity in the intestines. Bitter taste and excess of mucus in the mouth. Nausea and sour eructations. Tendency to catarrh, aggravated from fatty food, pork, cake. rancid butter, ice cream or from intermittent fever suppressed by quinine.

Sepia: Stools hard, knotty, insufficient, scanty, like sheep-dung, difficult, covered with mucus. Retarded with discharge of blood; Before stool: Frequent ineffectual desire, or only an emission of flatus with mucus. During stool: Pain in rectum extending to the perineum and vagina, shooting tearing in rectum and anus. Great straining before the stool, covered with blood and mucus is discharged. After the stool: Sensation of a weight in the anus burning in rectum and anus, haemorrhoids. Tingling in rectum with itching in anus, oozing of moisture from anus. Constipation in pregnant women and in children, when manual assistance has to be rendered. Chronic, obstinate constipation, after nux and sulphur have failed to cure. Easy and profuse perspiration; yellow saddle over the bridge of the nose.

Silica: Large, hard, light colored masses; difficult expulsion even of a soft stool. Before stool: Feces remain a long time in the rectum, as if it had lost the power of expulsion, with sensation of soreness. Obstruction of the bowels from inactivity of the rectum with pain and ineffectual desire. During stool: Prolonged effort, which renders the muscles of the abdomen sore, but when partly expelled, the stool slips back into the rectum. Protruding haemorrhoids which become incarcerated. Gastralgia with hiccough and glairy vomiting. Flatulence, eructations, drowsiness, languor cold extremities, loss of appetite, slow and painful digestion, often a canine hunger, which cannot be satisfied Stitches and shooting pains in the anus. Constipation before and after the menses. Face pale earthy, copious sweat about the head, abdomen large and hard, (Calcarea carb.,) Aversion to warm food. Loss of expulsive force with a large but soft stool.

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

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diarrhoea. Before stool: Frequent desire with ineffectual urging, the effort at stool is so painful, that patient dreads to attempt it. Prolapse of the rectum. During stool: Straining and bloody discharge. After stool. Prolapse of the rectum. Lancinating pains from the rectum upward. Burning, sore, stinging, itching, pulsating pain in anus. Standing still for any length of time is unendurable, frequent hot flushes, burning on the top of the head and in the soles of the feet. Hungry at 11 a. m. Abdomen bloated with incacerated flatulence, pains throughout the abdomen with sentitiveness to touch. Chronic constipation with hemorrhoids. Constipation of pregnant women and of newborn children.

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

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

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

The symptom of aloes. Urging for stool, but only hot flatus escapes with relief, (also: Spigelia, Ruta, Capsicum, Colchium, Magnesium carb. Mezereum, Natrum arsenicosum,) has led me not only to cure diarrhoea, but also constipation, chronic ulcer of the leg, to reduce an enlarged prostate and clear up foggy vision. Have cured with it a diarrhoea of 20 years standing.

Mr. S. aet. 60 years, has suffered for thirty years with constipation and hemorrhoids, had been treated a good deal and had

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several operations on the piles, with only temporary relief. He came to me in December 1909, saying he had no symptoms, but he knew he was not as he ought to be and wished to be cured. I told him it would take a long time to cure him, if he had no symptoms. He said he would give me two years, did not expect to get well any sooner, since he had been sick so long. Under remedies: Nux vomica, calcarea carb., sulphur and others, he improved somewhat during the winter, but the constipation and the hemorrhoids remained practically the same. In April, 1910, he contracted a cold, with these symptoms. Severe cough, worse out of doors, better in the house, worse lying on side and shooting, cutting pains in the hemorrhoids with each cough, better from hard pressure direct on the hemorrhoids. He received six powders of kali carb. 200, to take one at bedtime, and recovered completely in a few days. I saw him two weeks later, when he told me, he had never been troubled with anything since; had remained perfectly well.

SKIN MANIFESTATIONS OF DISEASE IN CHILDREN

BY CLARENCE E. BURT, M.D.
New Bedford, Mass.

INSPECTION is an important keynote in the examination of any child, sick or well, because it teaches us so many things that might be otherwise overlooked, especially in dealing with a patient unable to describe symptoms. All sick children should therefore be stripped and the condition of their skin observed by the physician.

In noting the color of the skin either of two conditions are prominent, pallor or cyanosis. First let us consider pallor. A pale face, may or may not indicate a true anemia, and a high color may exist with a low hemaeglobin percentage. Here more stress should be placed upon the condition of the mucous membrane. In different types of anemia the color varies as in chlorosis or simple anemia it is greenish yellow or almost waxy white, in pernicious anemia it is lemon yellow, and in secondary anemia it has a peculiar earthy tint. In leukocythemia it has a muddy appearance.

In acute nephritis the skin is white and if oedema is present it produces the characteristic pasty pallor. We see the pallor early in parenchymatous nephritis while in the late stages it has

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a brownish hue. Early in interstitial nephritis we find a rudy appearance indicating to the casual observer health, but this in the late stages becomes the peculiar fawn color. Also in cardiac disease especially aortic regurgitation we are often deceived as there is rarely any marked true anemia.

Cyanosis either general or local suggests a number of underlying causes whether dyspnea is associated with it or not. It indicates obstructed venons return, deficient exidation or somediseased condition of the heart or lungs as asthma, emphysema, presence of some foreign body, croup, diphtheria, bronchitis, pneumonia or pleurisy. Spasm of the diaphragm may produce marked cyanosis. Congenital heart disease is a most important cause. Certain drugs may account for an otherwise unexplained cyanosis.

Jaundice is only a symptom and may be due to a number of different causes. Obstructive causes are stricture or obliteration of the ducts, inflammation of the ducts as in catarrhal jaundice, foreign bodies in the ducts as roundworms, and pressure on the ducts from an enlarged gland or tumour. The toxic forms are sometimes seen in scarlet fever, malaria, Weil's disease and other infectious diseases. In cases of jaundice the color of the skin may vary from a dim or brilliant yellow to a deep green or bronze. Icterus neonatorum in mild cases occurs during the first 24 or 48 hours, and lasts for a week or two. It is benign and unimportant. The grave form is due to sepsis usually from the umbilicus, syphilis of liver or congenital absence of ducts and is often associated with hemorrhage from the navel and is a fatal disease.

Hyperidrosis of the hands or feet may indicate idosyncrasy, debility, neurasthenia and sexual neurosis. Unilateral sweating especially of the head or face occurs in pressure involvement of the sympathetic. Sweating of the head is a frequent symptom of rickets. General sweating occurs at the crisis in certain acute diseases severe pain, collapse and phthisis. Anidrosis or dry skin is often associated with these diseases which cause a profuse discharge of fluid by the bowels or kidneys as in diabetes.

Oedema may be either local or general. In the first instance it is confined to the actual connective tissues while the latter is called anasarca which is a combination of oedema and dropsy. It is easily recognized by its swelling which receives and retains indentations from pressure of the examiner's finger or constriction due to clothing. General oedema is limited to practically Bright's disease or a failing heart. In heart disease the oedema generally commences in the feet and extends upwards. In Bright's Disease it appears first in the face and eyes and extends downwards. In

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children with Bright's disease we get the so-called marble oedema of the legs due to the blue superficial venules, contrasting with the dead white of the skin. Local oedema may occur over all purulent exudates or suppurative inflammations as empyema, mastoiditis, etc.

Subcutaneous hemorrhages may be the result of an ordinary bruise or may occur in the connection with acute infections or chronic diseases associated with cachexia. When it accompanies an acute infection it indicates an exceptionally severe type of the disease. Such is seen in typhoid fever, whooping cough and measles. Of the chronic diseases it is seen most frequently in cases of scurvy, pernicious anaemia and leukaemia as well as being a complication in many other diseases.

How often we meet with the exclamation, "My child is peeling. What is the cause?" The chief diseases which desquamanate are scarlet fever, measles, small pox, erysipelas and dermatitis. Each disease has its peculiar flake scale or crust.

Scars should be studied as to their history. I shall merely mention a few causes:—small pox, zoster, syphilis, bedsores of typhoid, bullet and stab wounds, tuberculosis, surgical operations etc. Calluses usually indicate work or wear. Nodules may be seen in connection with rheumatism. Tumours inflammatory or not must be distinguished as to cause and location. Parasites especially crabs, lice and worms all have their characteristic lesion as well as an individuality. I shall leave the true diseases of the skin itself to the dermatologist.

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NITROUS OXIDE AND OXYGEN ANESTHESIA

BY R. P. MILLER, B.S., M.D.
Albia, Iowa

THERE is no subject of any greater importance to the surgeon than that of anesthesia. The great advancement we have had in this wonderfully facinating field has been made possible through the agency of chloroform and ether anesthesia and with due respect to these our old friends I beg a moment's consideration

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of our new found hope. I wish to say in the beginning that we have not found the ideal anesthetic toward which we are striving but I do believe we have in nitrous oxide and oxygen the safest and best anesthetic known today.

Despite the marvellous results we have heretofore attained through the instrumentality of chloroform and ether it is a fact to be noted that often disappointing post operative results are due to the far reaching effects of the anesthetic. The remote mortality of surgical cases can I think very offen be traced to the after effects of chloroform or ether rather than the operation. These are reasons why we welcome the advent of anything that will promise better results.

It is not an unusual thing to have a case survive the immediate effects of the operating room and the anesthetic and both the surgeon and anesthetist congratulate themselves that they have contributed nothing to lessen the chances for recovery, when lo, a week, ten days, or three weeks have passed with a fatal termination at the end. Such results in many cases can be attributed to the evil effects of the anesthetic.

The technic of the administration of nitrous oxide and oxygen has been perfected to such an extent in the last two or three years by such men as Drs. Crile, Andrews, Teter, Gatch, Cunningham and others, that it is now a safe and practical anesthetic for all surgical work.

The dentists all over the country for twenty years have been using nitrous oxide thousands of times in their offices for short anesthesia without the oxygen with perfect results. The combined use of nitrous oxide and oxygen on a graduated percentage bases with a modern apparatus, such as the monovalve manufactured by the Ohio Chemical and Manufacturing Co., of Cleveland, has widened its usefullness until there is hardly a surgical case that can not be more easily and safely conducted under its administration than any other anesthetic.

Among the many advantages of nitrous oxide and oxygen the one of first importance is its safety. Dr. Crile says that it has no contraindications. Its immediate and delayed mortality is almost nil. Dr. Thomas of Philadelphia has a record of 271,940 anesthetics with only one death. In the hands of one especially instructed in the technic of administration with a modern outfit one need have no fears as to the safety of the anesthetic in any patient. The anesthetic will add nothing to the surgical risk.

Another important advantage is the ease of its administration and the rapidity of its action. Withing a minute and a half or

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two minutes the patient is asleep without any unpleasant symptoms at all, no choking, no vomiting, no fear and only occasionally a very little excitement. It can be taken after a hearty meal without any bad effects. There is no respiratory irritation and consequently no past operative pneumonia.

No irritation of the genito-urinary tract, therefore no kidney lesions are contraindications. A very helpful advantage is the blocking of the damaging nerve impulses to the brain cells thereby conserving the nerve waste and preventing shock as is shown by the exhaustive laboratory studies of Dr. Crile and his associates. Dr. Crile says that under nitrous oxide a patient will endure approximately four times the amount of operative trauma as under ether. The patients always come out from under the anesthetic quickly and it is a pleasure to have the patient wake up on the operating table, after they have been asleep three hours, before you can finish the dressing and begin to talk about the operation without any nausea and the mind clear. No post operative burns in these cases. It is a fact shown by laboratory experiments that ether causes a degeneration of the leucocytes of the blood, thus breaking down the natural defenses of the body against infection and impairing the repairative processes.

This, nitrous oxide and oxygen does not do, but leaves the body in as good state of protection as it was before. Any one of these advantages might be the turning point in any case from a fatal termination to that of recovery. It might save them from the last straw that breaks the camel's back; either, shock, degeneration, nausea, blood changes, pneumonia, or genito-urinary irritation.

The only disadvantage to this anesthetic worth while to mention is, owing to its quick action, it requires an experienced anesthetist to handle it well. The patient will become cyanotic very quickly and it requires prompt action on the part of the anesthetist and experience enough to know to keep them within safe limits. The cyanosis however under nitrous oxide is not as grave a condition as under any other anesthetic. It is due to sub-oxidation of the blood and is not due to cardiac depression. The cyanosis can be quickly overcome by a few breaths of oxygen.

The other disadvantages that might be mentioned is the cost and the complication of the apparatus to give it. But what of the cost when human life is in the balance. By experience in administering, by rebreathing the gases, and by attention to the pressure of the gas and other details the cost can be very materially lessened.

As to technic of administrating I have little to say. At the

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Albia Hospital we prepare our patients in like manner as for any other anesthetic, for surgical reasons only. In two or three hours after operating we give them water and follow this with liquid nourishment in about one hour. We very rarely have any nausea and then it does not amount to any thing. One half hour before operating we give a hypodermic of morphine. We have a gas warmer and ether attachment. In long operations it is advisable to warm the gas. We very seldom have occasion to add ether to the gas but get sufficent relaxation to do laparotomies and rectal operations, those cases in which you would expect most difficulty.

The first case anesthetized by this method and the case that was really the occasion for installing the outfit was a case of extensive resection of the cheek and neck for cancer in man sixty six year old, a dangerous risk both surgically and anesthetically, in which we maintained anesthesia for three hours, administered by our nurse who had never given gas before and our first experience in operating under gas. The only help we had was the agent that sold the machine who had never given the gas but understood the mechanism of the machine. The patient wakened on the table in two minutes after the anesthetic and wanted to talk about the operation, he never experienced the least nausea or any other disagreeable symptoms from the anesthetic and made a splendid convalescences. I can not advise however that you handle this anesthethic in such a careless manner.

A CASE OF ACUTE TOXIC POLYNEURITIS.*

BY CHARLES LEE BAILEY, M. D.
Albany, New York.

LAST DECEMBER I was called to see Mr. T. H., age 29, a teamster by occupation, who also at times did painting. I was called late at night, and the patient exhibited total paralysis of both legs, and a muscular weakness of the hands and forearms. This paralytic condition was of about three weeks duration.

Late in September 1912, Mr. T. H. assisted his brother to paint a yacht. It took them four days to complete the job. At the time Mr. T. H. was in perfect condition, and was following his usual occupation of teamster.

About December 1st while the patient was on the seat of his wagon, he noticed a peculiar numbness and tingling in the calf

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of his left leg. He got up off the seat and walked about thinking that the numbness would pass off, but it did not. The next morning on arising, he discovered not only a numbness in the left leg, but also in the right, and walking produced severe pain and a sensation of tightness. It became gradually worse, and in three days he had total paralysis of the muscles of the leg.

He had been ill a few weeks before I saw him, and on my second visit I made a very careful examination of him, and found that the muscles of the legs were wasted. There was a marked foot-drop in both feet. There was a slight wrist-drop in the left wrist, and extreme muscular weakness and nerve hyperasthesia; touch and pain sensation were greatly delayed. The tendon responses were absent in the legs, and there was some dropping of temperature and tactile sensation over arms and legs.

There was almost complete loss of motion of ankle joints, and the extensors of the knee joints were partly weak. The hip joint movements were fairly good. All of the muscles of the hand were weak and movements of the hip joints were restricted while the shoulder movements were good.

There was complete reaction of degeneration in the lower leg muscles and partial degeneration of the lower arm movements. There was no inordination or mental condition, and the patient was unaffected. His memory was excellent both for recent and for late events, and he could recall dates of events which happened years ago with perfect accuracy.

The patient is a total abstainer as regards alcohol and tobacco.

There does not seem to be any other explanation than plumbism for the usual or unusual cause of peripheral neuritis. The remarkable escape of intellect and memory from any involvment certainly makes one more certain of the correctness of the diagnosis.

My treatment of this patient was strychnia hypodermically, 1-30 grain three times a day, and massage of the muscles. On the foot-drop I used splints, and at the present writing following out and intending to follow out this plan of treatment, my patient is improving and hopes soon to be able to take up his usual employment.

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North American Journal of Homœopathy

Editors

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EDITORIAL

IN RE RADIUM

THE remarkable interest aroused by publications in the public press of the wonders of radium has caused a revival of activity in medical circles to know more about this peculiar metal and its compounds.

The North American has from time to time published original articles by the writer on radium (A new method for the Therapeutic Application of Radium, December, 1905. Radium Therapy, December, 1906. Radium Therapy with Special Reference to Gynecological Applications, May, 1908. The Proving of Radium Bromid, September, 1910) so that the observant reader should be informed of some of the claims made for radium as a therapeutic agent.

On the continent of Europe, aside from the reports of its value in cancer, many articles have been written extolling radium in rheumatism, arthritis and gout, some of which border on the incredible. Special rooms or emanatoria are now found in many clinics and watering places where the patient sits in a room and simply breathes the emanations given off by a small quantity of radium salts, the output of which is measured in Mache units—a minute electroscope measurement. Or a small amount of radium is placed in a glass vessel so that its emanations are permitted to escape into and penetrate a jar of water which the patient drinks at definite periods. Shades of Hahnemann! The critics of the use of homœopathic dilutions or potencies must feel rather embarrassed to read of the many ultra-scientific clinics employing such imponderable

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therapeutic measures. Think of simply sitting in a room and "breathing" the remedy which is reported to be effacious in such stubborn lesions as gout and polyarthritis!

Another fly in the ointment consists in the fact that the proving of radium upon the healthy discloses that with only a few proven, 135 symptoms referable to gout and rheumatism were developed thus demonstrating that many gouty and rheumatism attacks will find their similimum in radium. In its external application the present agitation is concerning its value in cancerous conditions. Here also interesting studies have been made. All experienced observers have noted that short exposures of radium rays stimulate tissue growth, while massive, prolonged dosage inhibits same.

The dual action of radium rays has been observed upon seeds, amoeba, spermatazoa and many living tissues and admits of no question. Can any deductions be drawn from this established observation?

To give a weak exposure of radium in local malignant conditions produces positive harm and the dosage and strength of radium must therefore always be known definitely before applying same for inhibitive purposes in maligant neoplasms. Repetition of the dose is fully as important, for a renewed exposure when not required will produce necrosis and break down scar tissue upon which the cure by radium is based.

A sufficiently large dose of radium destroys the neuclei and protoplasm of cells and inflammatory reaction is induced. This is followed by fibrosis if the condition is left undisturbed by further attacks. The reader is referred to a recent publication (December 13, 1913, Medical Record) for pathological studies bearing upon these points. The sensational press reports of the work of Kelly and Abbe, while beneficial to the development of radium therapy will lead to much disappointment and distress, for contrary to the heralded reports, radium is by no means a specific for cancer.

As far as at present determined it acts locally only and can therefore cure such lesions which can be reached either by local raying or by the burying of tubes or disks into tissues after surgical intervention.

Cancer cells distant from the heavy radium discharge are not

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amenable to its inhibitive action and will continue to flourish, and it will be readily seen that many cases must perforce fail of improvement with these limitations. Surgical assistance will in many instances make the application of radium possible where simple local treatment will prove abortive.

Upon local conditions such as keloids, warts, moles, fibroids, leucoplakia, naevi of all kinds, glandular enlargements, lupus and epithelioma, specific claims for a positive cure by radium rays can be made and maintained by proof of many years of non-recurrence and it is in these lesions that radium will continue to achieve new laurels.

Time alone will tell of its exact limitations in deep seated neoplasms, the conquest of which still presents many difficulties.

Mesotherium, a by product of the Welsbach mantle, emits similar rays to radium and is being utilized abroad in place of radium in many cities. It is cheaper in cost than the radium but its life is only a little over seven years, while radium will act for centuries without much diminution of bulk.

The new X-ray tube invented by Mr. Coolidge of Schenectady, N. Y., in which the cathode spiral is heated to incandescence and in a vastly improved vacuum "stews" out the negative electros in immensely increased numbers, presents another force which will soon be tested for its inhibitive action upon tissue proliferation. This tube produces a ray of intense and unvarying penetration and if filtered to secure "hard" rays only, promises to be of great service in Roentgen therapy. In considering these vibrations of Xrays and radium, the most optimistic bodings for the future can be indulged in.

When one considers that but little over a century has passed since Galvani's discovery of the twitching of the frog's leg and that slowly but surely the wonders of electricity have been evolved for the benefit of mankind—it is but reasonable to assume that when the secret of radium activity is disclosed, untold forces will be measured for the service and comfort of humankind. It has been estimated that one gramme of radium has sufficient power inherent in its atoms to develop 86,000 million horse-power—a force too large for comprehension. Who will unlock this secret of nature?

W. H. DIEFFENBACH, M.D.

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THE MEDICAL SOCIETY

WISE indeed is that man who regularly attends his medical society. We have heard this or similar statements so often that we are rarely attentive to any rehash of the arguments put forth to prove the thesis. At a recent dinner of the District of Columbia Homœopathic Society, Dr. H. H. Hawxhurst of Washington marshalled the facts and stated the matter in so convincing a way that we quote his remarks:

"Serious thought could be given to the educational value of the medical society, which some one has aptly called the doctors' clearing house of knowledge. Plato has said that education is a life long business and of no profession is that so true as of ours today. We must be continually educating ourselves to keep our place in the ever widening field of medical thought. All over the world patient investigators are at work in their laboratories, or in richly endowed institutions for research, upon old and new problems of medicine. These results are published for verification or acceptance and each one of us should at least have knowledge of these things. But how is it possible to know all the truth from ourselves alone? Here the association with brother practitioners helps by a division of labor, and we gain in a society meeting, facts which it would take us days to gather otherwise. The ideal medical society then is a co-operative medical school in which every member is on the faculty and actively teaching.

"How very easy practice would be if medicine were not the most uncertain of arts. The law of variability which figures so largely in life everywhere is not absent from disease. Typical cases are not so very common. The picture presented in any given case may be totally unlike that in any other. For this reason we are constantly solving new problems in our daily work and if these experiences of practice are brought to the medical society some one is made wiser and readier by our help.

"'The medical society keeps a man't mind open to reception and saves him from that habit of mind in which opinion and not full knowledge satisfies him.' It will check that intellectual laziness which comes upon so many of us after a few years by emulation of the mental energy of others. 'Routine is the worst habit we can fall into and a live medical society will prevent that form of premature senility.'"

On the way from the recent gathering of the New York County Society, a prominent member of the profession said to the writer: "Drs. ————and————should 'speak in meeting' more frequently than they do. They are able, thinking, scientific, successful practitioners; they are men of large experience. What a fund of useful knowledge they must possess! They absorb all the benefits of these meetings, but give nothing in return. It

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isn't that they are selfish, but they are unconscious of the wealth of professional information they possess that all the rest of us are eager to share."

Read and ponder, O! Silent Ones! You may feel that the gift of tongues is denied you, but your faltering speech will be unnoticed because of our greater interest in the wise and fruitful thoughts you present.

NOTES AND COMMENTS

Occupation Poisoning as a Guide to Homoeopathic Therapeutics.

In his inaugural address to the Homœopathic Medical Society of the County of New York, Dr. Walter Gray Crump, who has just taken the presidential chair, suggested that poisonings arising in the industries afford new fields for the homœopathic practitioner. For instance, certain girls presented themselves at Johns Hopkins some time back, suffering from splenic leukemia; it was found that they worked in canning factories and handled benzol. Post-mortems showed conditions similar to those found in Hodgkins disease, and the evident election of benzol for the organs involved in this malady, led to its use by certain French physicians and later in this country, and at the last Clinical Congress of Surgeons held in Chicago, cases under benzol treatment were shown to the visiting surgeons. This is applied homœopathy. Dr. Crump also cited the eruption of the nape of the neck always noticed among the workers in the carbide factories at Niagara Falls.

Wild Oats.

The mention of wild oats naturally brings up the picture of gilded youth having its fling, but Dr. A. C. Peterson, of San Francisco, reports a case of wild oats that is quite unique. A child was brought to him, having a slight abrasion of the cornea and conjunctival congestion, with a profusion of muco-pus in the cul-de-sac of the lower lid. Dr. Peterson discovered and removed a wild oat grain with a sprout over an eighth of an inch long. About six weeks before, while playing in a vacant lot, the child complained of something having blown into the eye. There was some irritation for a day or two, but as the shell of the grain became thoroughly moistened, this passed away. Three days before the child came to the clinic at the Hahnemann Hospital, an attempted examination had been made, and this caused the condition found by Dr. Peterson.

In Strange Company.

That the A. M. A. is not an elysium of peace and happiness, most of us know, but that one of its members should seek a hom-

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œopathic journal in which to wash his dirty linen is passing strange. An article by G. Frank Lydston, M.D., of Chicago, on "Politicians run the A. M. A." is queer reading in the columns of the Medical Advance, where it is the ham between such slices of bread as a reprint from the North American, "The Law of Cure," by Dr Read, of Halifax, N. S., and a report of "Clinical Cases from a Far-off Country," by Dr. H. L. Deck, of Sydney, N. S. W. In such surroundings Dr. Lydston must have felt himself as much a foreigner as Read and Deck.

In connection with Dr. Lydston's energetic campaign against the oligarchy in control of the A. M. A., it is of interest to note that it was officially stated that more than half of the nearly 70,000 subscribers to the Journal of the A. M. A. were not members of the organization . As the price of the Journal includes membership in the A. M. A. for those who desire it, it looks as if there is potential enough in those who hold aloof from the association to take away the control which for some time past has been concentrated in a comparatively small group of members.

Department of Agriculture Advises That Milk Be Pasteurized At Low Temperatures

In order to determine the best way of pasteurizing milk so as to kill the disease germs and yet not give the milk a cooked flavor or lesson its nutritive value, the department of agriculture, through its Dairy Division, has been conducting a series of experiments, treating milk at different temperatures and for different lengths of time. According to the report on these experiments in Bulletin 166 of the Bureau of Animal Industry, when milk is pasteurized at 145 degrees F. for thirty minutes the chemical changes are so slight that it is unlikely that the protein (muscle building element) or the phosphates of lime and magnesia are rendered less digestible than they are in raw milk.

Moreover, from a bacteriological standpoint, pasteurizing at low temperatures is found to be more satisfactory than pasteurizing at high temperatures. According to Bulletins 126 and 161, where low temperatures are used the majority of bacteria that survive are lactic acid organisms which play an important part in the normal souring of milk. When milk is efficiently pasteurized at high temperatures, the bacteria which survive are largely of the putrefactive kinds, and milk so treated if kept for any length of time has a tendency to rot instead of sour. From the standpoint of economy, the technologist of the Dairy Division finds that pasteurizing at low temperatures calls for less heat. It is found that it takes about 23 1-2 per cent less heat to raise milk to the temperaure of 145 degrees than to a temperature of 165 degrees. A similar gain is a saving of the ice needed, because it will require 23 1-2 per cent. more refrigeration to cool milk to the shipping point when it is pasteurized at the higher temperature. The department, therefore, recommends that "When market milk is pasteurized it should be heated to about 145 degrees Fahr and held at that temperature for thirty minutes.

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BOOK REVIEWS

Progressive Medicine.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences, edited by Hobart Armory Hare, M.D., and Leighbon F. Appleman, M.D., Vol. XV. No. 4 Lea & Febiger, publishers, Philadelphia and New York. $6.00 per annum.

The contributors to this volume of Progressive Medicine are Drs. Joseph C. Bloodgood, Charles W. Bonney, John Rose Bradford, Edward H. Goodman and H. R. M. Landis, and the departments of medical and surgical practice reviewed are diseases of the digestive tract and allied organs, diseases of the kidneys, genito-urinary diseases, surgery of the extremities, shock, anesthesia, infections, fractures and dislocations, and tumors and a practical therapeutic referendum.

Modern Medicine. Its Theory and Practice.—In original Contributions by American and Forein Authors. Edited by Sir William Osler Bart., M.D., F. R. S., Regius Professor of Medicine in Oxford University, England; Honorary Professor in Johns Hopkins University, Baltimore; formerly Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal; and Thomas McCrae, M.D., Professor of Medcine in the Jefferson Medical College, Philadelphia; Fellow of the Royal College of Physicians, London; formerly Associate Professor of Medicine in Johns Hopkins University, Baltimore. In five octavo volumes of about 1000 pages each, illustrated. Volume I, Bacterial Diseases, Diseases of Doubtful or Unknown Etiology, Non-Bacterial Fungus Infections, the Mycoses. Just ready. Price per volume, cloth, $5.00, net; half morocco, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York.

The first volume of the new edition of Osler's Modern Medicine has just made its appearance. The reduction in the price of the complete work, now in five volumes, will make it appeal still more strongly to all practitioners of medicine. Comparison with the first volume of the previous edition shows that the text has been set in much larger and clearer type, the size of the page has been increased, and there are nearly two hundred pages more than in the original first volume. New or practically new sections will be found on Pellegra, Beriberi, Trypanosmiasis, Malta Fever and on Electrical Diagnosis in Cardiac Diseases. Condensation has been principally in the etiological and pathological portions, and throughout the work increased stress has been laid on diagnosis and treatment. The treatment advocated is not that which the homœopathic practitioner has learned to pin his faith to. "Expectant" treatment has come to be associated with the name of Osler, and the contributors to this volume do not evince much faith in the power of drugs to control disease. In pneumonia it is said that "it matters little whither we turn for our statistics, we are apt to find a mortality ranging from 20 to 25 per cent, taking any large series of cases as they come." The public health aspect of the diseases dealt with in this volume is very well handled. The fol-

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lowing is vigorous but not too strong (speaking of typhoid fever): "It is more important tc the community that there is no danger of infection to others than that a given patient should be brought safely through an attack." Osler's "Modern Medicine" is a valuable compendium of the first order.

The Organon of the Rational Art of Healing. By Samuel Hahnemann. Translated by C. E. Wheeler, M.D. Everyman's Library Edition. Price 35 cents, cloth bound. New York, E. P. Dulton & Co., 681 Fifth Avenue.

Hitherto Hahnemann's Organon has been considered a text book for the student and practitioner of homœopathy. Its inclusion in Everyman's Library stamps it as a piece of general literature of scientific nature. That so good an edition as here presented can be had for so small a price is a boon to those interested in Hahnemann and his teachings. Dr. Wheeler has made an easily read translation of the first edition of the original, selecting this as being the least polemic and therefore most suitable for inclusion in a general library. He furnishes an admirable introduction, and there are also included with the Organon three of Hahnemann's Lesser Writings (Dudgeon's translation), Protection Against Infection in Epidemic Diseases, Suggestions Against Preventing Epidemics in General, and Aesculapius in the Balance. Every student of homœopathy should have a copy of this little book.

Old Age Deferred—The Cause of Old Age and Its Postponement by Hygiene and Therapeutic Measures. By Arnold Lorand, M.D., Carlsbad, Austria. Fourth edition, translated with additions by the author from the Third German Edition. Cloth, 480 pages. Philadelphia, F. A. Davis Company, publishers, 1913. Price $2.50 net.

This book has already passed through a number of editions and reprintings, and this is not to be wondered at considering its subject matter, for all but the few cling tenaciously to life and have a theoretical interest in any measures that will prolong the same. The author has no elixir vitæ to offer; he puts forth the hypothesis that vitality depends upon the integrity of the ductless glands and then examines into the causes of their deterioration and the means to avoid the same. The suggestions he has to offer are largely of a hygienic nature—the hygiene of the liver, the intestines, kidneys, and skin; rational clothing, bathing, exercise, sunlight, open air life, artificial heat, food, alcohol and other stimulants, sleep, the sexual life, hygiene of the mind, the use of animal extracts. The author treats his subject with a particularity characteristic of the European writer. It is a book well worth reading and can be recommended to the intelligent layman as well as to the physician.

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INTERNATIONAL HOMŒOPATHIC REVIEW

TWO CLINICS AND TWO QUESTIONS.

BY ALICE G. ANDERSON, M.D.,

Los Angeles, Cal.

(Pacific Coast Journal)

I make no excuse for this paper, but a little explanation. There are no new things said and the old ones not especially well said but after years of comparative isolation I am telling some of the impressions made under circumstances which seemed like a little play to me,—whether comedy, farce or tragedy depends, as does all else in life, upon the point of view. To a good Homœopath, perhaps, all elements combine: The farcial attempt of certain of the old school to prescribe medicine in which they do not believe; the comedy of their bombastic denial of everything not regular; the tragedy is the patient's own.

The life of a busy doctor who meets all sorts of cases, with no succor nigh except that which he can bring from his own training and experience, and the usual armamentarium of the average physician; none, perhaps, of his own faith within fifty miles, with no *special* to rush help to his rescue whether he is facing pneumonia, placenta previa or a dislocated thumb that won't reduce; when the outcome, be it good or bad, depends solely upon the doctor's independent action; when he is obliged to attend to all sides of the patient at once, with possibly a whole frightened or belligerent neighborhood besides, he learns to be quick in action and thought, to stand squarely on his own judgment, to be master of the situation and himself, to be in command of servicable expedients to be used at a moment's notice, to attain the desired end in the easiest, shortest and surest manner. Possibly, I say,—he learns to be and do this, and more, or else he does not,—and loses out. The physician who meets his work conscientiously and successfully, learns *to be* and should *feel* self-confident; rather, he should feel confidence in the weapons with which he is fighting and in the hand that wields them; he has proven their worth, for they have made good,—with now and then a failure, which he deplores. It is when these failures come, that he questions his equipment; questions if there are more things in Heaven and on earth than those of which he knews?

Eighteen hours a day,—or a possible twenty-five on demand, through summer sun and winter snow; over country roads of mud or ice, give little time or inclination to burn midnight oil over theories. He acts, rather than studies. The present de-

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mand of his sick is of vastly more importance than theorizing. So it happens that much of the new scientific work is neglected. He snatches from his Journal that there are big things doing in the laboratories; men with big brains are chasing little bugs, and vice versa. Late researches are upsetting all our preconceived ideas of the origin of disease; a new pathology is being made, of which we know more when the patient is dead and we can section him, than we are able to know at the bedside where it would do us and him more good. Some of us have been so busy getting the *symptoms* of these conditions that we have not been able to marshall in decent array, much less shake hands with and call by name these new myriads of destroyers.

After half a professional lifetime, there came a lull to one of these busy doctors,—a vacation where there was an opportunity to see and work without responsibility. She held serious conversation with herself,—she wanted not to do good work, but the BEST work; to be fully equipped, if other equipment was necessary. She was rusty, and knew it. She also made confession to herself, but to no one else, that she was somewhat in the position of the traditional Biddy, with homœopathy in Pat's place: She would fight for *it* to outsiders, but fought *with* it considerably at home. Sure, she might be to blame if it failed her, but it is a woman's pleasure to put blame elsewhere than at home. She wondered if we were not careless pathologists, and if there were not quicker and easier means of relief than our little doses? At any rate, she had to know for herself and, accordingly, entered an old school post graduate of good repute.

This brings me to Clinic No. 1, my first and best remembered. Case 1. Dark skinned, black haired male of 40; plain statement of sour stomach. Everything he ate was bitter and sour. Intense thirst; drank quantities of water, yet stools were black and hard. He couldn't see why. Frontal headache; couldn't work; motion made it so much worse. Not many symptoms were given, to be sure, for none were asked for or considered necessary. Involuntarily harkening back to the time I competed for the Hawkes' prize, and didn't get it, I did my best, and mentally said bryonia.

No prescription.

But this is what happened there: An Ewald test breakfast was given. An hour later syphoned out with stomach pump; the specimen sent to the laboratory and the usual chemical test applied with the result that of finding an acid condition of this man's stomach contents. No prescription given.

Case No. 2. Tall, stoop shouldered, emaciated young man, who told us he had heart burn; drank lots of water to cool it, then often vomited; too weak and prostrated to work; could not eat enough or keep it down; *especially* could not drink enough and keep it down to get strength. Another Ewald given, only differing in the manner of obtaining sample. A nice new little aluminum bucket, with string attachment,—a la the Old Oaken without the windlass and sweep—brought up the contents and *its* advantage over the old way discussed. Usual test applied,

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and another case of too much acid discovered. No prescription.

Following this we had a discussion on the chemical theory of the opening and closing of the pyloric orifice, through the acid and alkaline, reaction of stomach contents, which was interesting to the class.

Case No. 3. Big, burly, irritable fellow; nervo bilious type; sour stomach; bitter tastes; coated tongue. Wanted something to help him right then and there for he had exhausted the drug store. Mad about the whole thing, especially having to swallow the pump. No prescription, except mine of nux.

Case No. 4. Fat, fair, flabby, slovenly woman, with distended stomach and cold feet. Just looked calc. carb., all over but hard to tell without asking questions. No prescription.

Case No. 5. Sallow, cachetic, emaciated man, coffee ground vomiting; intense pain at pyloris of long standing, with well defined tumor. I did not prescribe for him, he wouldn't need a prescription very long, and they lowered the bucket with fear of perforation. A pathological specimen revealed Bas Opler bacterium, to cinch a diagnosis already obvious.

There were others,—altogether a splendid clinic. When the doctor was about to retire, one of the men asked what he would prescribe for all these people, and he stepped to the board and wrote his favorite; Sodium Bicarbonate, Rochelle Salts and Aqua Distillata Q. S., laying stress on the flavoring and coloring matter as a matter of disguise. Printed prescription of this and other favorites for sale in room below at 10 cents per. But 40 men copied this with as much interest as if they did not know that soda would neutralize an acid. One woman did not copy it, as she had obtained that particular chemical reaction too many times in her own kitchen to be interested. Then, she needed time to recover from shock and disappointment,—that she had traveled over half a continent to receive this knowledge at the feet of the Solons within whose gates she had hoped to find much new and efficient equipment!

Baby clinic 17—vary in two stools. Calomel to clear the decks for action. After which there was no action taken—nature did or did not respond—but they were left to nature with no assistance if they survived the calomel.

Then came the question pressed more closely by each succeeding day: Has the old school been so engrossed with the paraphernalia of correctly and minutely diagnosing obvious conditions, that they have lost sight of the prime motive of the doctor, that of curing that condition? Have the microscope and chemical experiment so engrossed their attention, that clinical work is becoming an unnecessary part of the doctor's education? Have they been so busy watching the theoretical cause of disease, that their medical knowledge has remained at the sulphur and molasses, and soda can days of our grand-

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mothers? I see in a recent A. M. J. that Dr. Bemis of Chicago refutes the charge of a noted pathologist that the clinician has been lying on his oar while the pathologist has been earning brilliant results. Dr. Bemis' claim being that we are now able to diagnose diffuse pelvic peritonitis and operate successfully.

Yet through their pathology, they begin to see the glimmering of a great light,—even the one Hahnemann saw. A good pathologist asked me, not long since, "How is it possible your infinitely small doses of anything cures?" Well, just as your 50-thousandth millimeter of macerated tubercule cures, or tends to cure, tuberculosis." "It's the sure Hahnemann law, but we are broad enough not to set the limit at Bacterium alone." "Well, granting that law to be true, which is probable, why did he (Hahnemann) not go on and verify it in the laboratories?" "Because he verified it clinically, which was more important, and because it would be just as logical to ask of Columbus, when he discovered America, that he should cross the continent in a Pullman and discover California, while he was on the way. The world does not move by bounds, but by progression." And every person however great leaves something for the next one to solve.

A few days after this first clinic, by some chance, three people from the Great Unwashed Eastside, who were similarly affected, appeared simultaneously. Each had large fungoid growths, probably maligant, about the teeth. Two of these were treated as mere exhibits; the third deserved special mention as having been rescued from a Homœopathic Clinic, where she had been treated internally and externally with thuja, with some degree of betterment,—how much would be hard to know from so unpromising a patient. The Professor in charge was big, and young and arrogant. He asked profanely: "What is thuja?" "never heard of it; anybody here who knows?" One good fellow who had an Eclectic friend, said he had been enthusiastic over its results in certain syphilitic conditions. "Ask our Homœopathic friend, she knows." Well, I did, and cited my most recent case, where there were twenty or more moist, gray, pedunculated growths, sore and bleeding to the touch, on the vulva. Thuja 30x for a month or so, with now and then tincture locally, had caused them to disappear. I could have mentioned many others: Moist, warty excresences in anus of child,—large crop of them,—disappeared in two months without local application: Thuja 200th; Little brown, skinny warts on neck of women of 40, disappeared rapidly; Thuja 30th: tincture locally. Young woman of 25, muddy dirty skin,—low mentality and no obtainable history,—after first confinement developed a crop of gray, sacklike nodules on surface of trunk and neck, with a few on limbs, looking disgustingly like a toad's back. They followed particularly, the lymphatic glands, which were enlarged. Three months' treatment with thuja 30th and 200th had nearly accomplished the work when she drifted out of my hands. But the first case cited was as a red rag, and the

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Professor charged! "Did anybody that was SANE believe such nonsense?" "Was it possible to believe that the Arbor Vitae, (if that was Thuja), could cure anything?" "Did I believe my own statements?" Meekly, as became a Homœopath and a woman, I said they got well, and that was good enough for both patient and doctor. Then came this statement: "Gentlemen, there are only four known curative remedies in the realm of medicine today: Kali Iodide, Mercury and Quinine." The fourth, he left for us to choose, I suppose, and I thought it would be interesting to know what one a Homœopath would choose out of a couple of hundred or so that he might, on occasion need.

Recently I asked an old school physician of wide experience, cultured, up-to-date and honest;—he must be all this, for he is a former President of the A. M. A.—if that statement in regard to the curative medicines was held by their school in general? He said he thought so. There were, of course, Kali Iod. for Syphilis, Quinine for Malaria, and Mercury for palliatives common to all schools,—as Gels., Bell., etc., but the Liver would cover the specifics. "Then, Doctor, you must hold," I said, "that all other diseases are incurable? or is it that you hold to the Hahnemann idea that all disease is the result of psora, and that these are the psora of Hahnemann?" I thought this good logic and he said "No, no, no, I wouldn't mean that." So I just asked him to supply me with the 4th of the series, and he did: MORPHINE! I exclaimed: "Oh, Doctor, you don't think it ever cured anything!" "Well, it gives the patient a rest, so Nature can assert herself." This man is not in his dotage, either.

And here comes the second question: Does the old school believe in medicine at all? Do they ever put unqualified faith, even in the action of the quartette of their choice?

Following the clinics closely, I discovered one thing, at least, about myself,—I was a coward. I remembered the battles I had fought and had seen others fight to a winning finish with the little weapons, and I was afraid to go out where the waves rolled high and there were lives to save, with only four remedies with which to work. I had started in quest of increased armamentarium, and had found no sure foundation, no tangible thing to make my own! Only a handful of doubtful expedients, with no law to govern their use,—a situation in which the foolish virgins were wise in comparison.

I think there could be a specific for a backsliding Homœopath, provided he has a logical mind, and gray matter enough to do his own thinking without letting his brain wobble, and it would be found in a few old school medical clinics. There are other clinics where we meet on common ground, but that is another story.

If we are rusty and discouraged, let us polish and brighten and build deeper and stronger our own good foundation, but be assured that a replating of pewter upon our golden shield will not add to its lustre or make it more effective.

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SCILLA

By Horace Holmes, M.D., Sheridan, Wyoming.—Scilla maritima, or squills, is the common squills of household and old school practice. It is a sea onion found about the Mediterranean. There are two varieties, the white and the red, the latter of which is used in the preparation of our homœopathic remedy. We use it in the form of a tincture.

Scilla was proved by Hahnemann and his associates and but little has been added to its literature by either Allen or Hering in their complete works. The latter author starts his article in Guiding Symptoms with: "Great Anxiety of mind, with fear of death," so identical with aconite and arsenicum. This symptom, like so many others in our materia medica, may be misleading, as both anxiety and the fear of death may not be present at the same time. As anxiety was a prominent symptom, and fear of death was observed, Stapf put the two together. We may meet with anxiety under this remedy but not necessarily fear of death. The patient is irritable, angry about trifles as in chamomilla, with aversion to mental or physical labor, which might make sea onions a good diet for Coxy's army.

The headache of scilla reminds us of bryonia. There is headache in the morning on waking, pulsation on raising the head. The child rubs its face and eyes a great deal, which is similar to cina. Cina rubs and picks at the nose, while in scilla it is the face and eyes, as if to relieve the itching.

In the eyes there is a sensation as if swimming in cold water, or sensation of cold water in the eyes when in cold wind. Remedies having a somewhat similar symptom are: Lachesis has "cold tears." "Cold feeling in eyes" is found under berberis and medorrhinum while thuja has "sensation as if cold air was blowing out through the eyes." "Eyes seem cold," euphrasia. "Coldness in eyes," alumina, conium, lycopodium and platina. The upper eyelids may be swollen in scilla as in kali carb. Elaps has the symptom, "Bloated around the eyes in the morning."

Scilla has an exciting action on the mucous membranes as shown by the symptoms of the whole respiratory tract and the urinary system. There is sneezing, coughing and watery eyes so characteristic of allium cepa, euphrasia and pulsatilla, and in measles. There is an acrid, fluent coryza, worse in the morning. Hering characterizes it as "A regular snizzle," if anyone knows what that means. "Snizzle" is a new word to me, and is probably a misprint for sniffle. This symptom reminds us of one of the other onions, allium cepa. The nostrils are painful as if sore, with violent coryza, as in allium cepa, arsenicum, arsenicum iodatus, arum, mercurius cor., etc.

Food tastes bitter, especially bread. Asarum has "bread tastes bitter."

There is great irritation, burning and dryness in the throat, like arsenicum and capsicum. There is an irritation to cough, in upper part of trachea. There is nausea during morning cough,

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and nausea in back part of throat. This is probably sympathetic, caused by the irritation and fullness in throat.

Among the stomach symptoms we have "pressure like a stone," characteristic of arsenicum, calcarea carb., graphites, nux vomica and pulsatilla.

Stools involuntary when coughing, sneezing or passing urine. Phosphorus has involuntary stool when coughing, and this symptom I have repeatedly verified. Sulphur has voluntary stool when sneezing. Involuntary stool while urinating is covered by ailanthus, aloes, muriatic acid, scilla, sulphur and veratrum alb. Scilla is the only remedy having all three conditions causing involuntary stools. This symptom, together with the throat symptoms, shows scilla's relaxing effect on the orifices of the body.

The urinary symptoms point to the use of this remedy in certain dropscial affections, cystitis, enuresis and diabetes. There is sanguinolent urine with a red deposit, as in terebinth, with tenesmus after micturition, as in Cantharis. The frequent calls to urinate at night, passing large quantities of pale urine, recalls Phosphoric acid. There is violent urging to urinate wth large quantities of pale urine, which suggests the remedy for diabetes.

In its action on the kidneys, Hahnemann brings forth an illustration of the primary and secondary action of scilla which applies to many other remedies—notable apocynum can.—and which should be borne in mind by the superficial homœopath. Scilla in large doses causes a profuse secretion of urine and was used by the Egyptians in dropsy and with great rejoicing when this large discharge of urine was produced. But the secondary action, which is a scanty secretion, soon follows, and the disease is really made worse by the remedy. We homœopaths, as well as all other physicians, should realize that a prompt, active diuretic is a bad remedy to give in dropsy due to insufficient urination, for while the primary action seems to produce the desired results and to indicate intelligent practice, the secondary action, which is opposite and sure to follow, leaves our patient worse than before. This recalls Hahnemann's early observation, while he was an old school physician, that many of his patients would have done better had he left them alone.

It is mainly in the respiratory tract that we find the useful sphere of scilla. It covers bronchitis, pneumonia, whooping cough and asthma. There is wheezing, rattling and dyspnœa. The patient must sit up. There is shortness of breath on exertion and ascending, as in arsenicum and calcarea carb. There is dyspnœa so great that the patient cannot drink for want of breath. Kali nitrate has the same symptom. The child grasps the cup greedily, but can only drink a sip at a time for want of breath.

The cough is terrific, and its fierceness, persistency and staying qualities are equalled by few remedies. We find the peculiar symptom: "Spurting of urine when coughing." This is found under but few remedies, notably alumina, causticum, conium, natrum muriaticum, pulsatilla and veratrum album. The cough is dry at night and loose in the morning. It is more fatiguing when

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loose than dry, but is tedious at any time. The cough is worse from cold drinks, from exertion and from change from warm to cold air. Silicea has cough worse from cold drinks, while cough worse from change from warm to cold air calls for principally carbo veg., phosphorus, rumex, scilla and veratrum album.

Scilla is indicated in the cough of measles and also by the skin symptoms of that disease.

Every fit of coughing winds up with sneezing and involuntary urination. I have several times verified this symptom. The sputum is white or reddish mucus. It may be sweetish and offensive, as in calcarea carb. and stannum. It may be in small round balls, very difficult to expectorate. Drinking cold water brings on the cough. Lycopodium has cough aggravated by drinking cold water, silicea cough excited by cold drinks, while causticum has cough relieved by drinking cold water.

The chest and lung symptoms are most similar to bryonia. There are stitches in the chest, stitches under the last ribs, stitches on inspiration, stitches under scapula, and severe stitches under sternum—so severe as to make it dificult to draw a breath. Bryonia and kali carb. are probably the nearest related to scilla in stitches in the chest. There is profuse secretion of tenacious white mucus, expectorated only after severe coughing. Hering gives the indication, once very valuable but now obsolete: "Especially suitable in pneumonia and pleurisy after blood letting."

One must not forget that the arguments regarding the action of scilla in dropsical affections, when given in appreciable doses, apply also to lung and bronchial troubles. Large doses of squills increase the mucous secretion and thereby make expectoration easier. This is the primary action. But the secondary, opposite action follows and if the trouble is long-lasting, or with a chronic tendency, the mucus becomes tougher and the cough dryer.

There is convulsive twitching in the limbs, both in arms and legs, worse mornings and from motion. There are cold hands and feet and cold foot sweat. Rheumatic pains which are worse during motion. The limb symptoms remind us of bryonia and calcarea carb. "Icy cold hands and feet, with warmth of the rest of the body," is a symptom found in such words only under scilla and menyanthes. Icy cold feet calls principally for cedron, elaps., phosphorus, scilla, silicea and veratrum album. Sweat only on toes, scilla. Sweat under toes, taraxacum.

In fever there is aversion to being uncovered. When he uncovers during fever he suffers from chilliness and pains, as in nux vomica.

Scilla is not only compatible after bryonia, but it is a very close analogue of that remedy. It has its opposite symptoms in cough, as bryonia is worse in change from cold to warm air, while scilla is worse in change from warm to cold air. In the furious, exhausting cough we would compare it with corallium, cuprum and stannum.—(*Homœopathic Recorder*).

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EYE REMEDIES.

Platina.—Objects look smaller than they are. Eyes feel cold. Twitching of lids. Cramplike pain in orbits.

Ranunculus Bulbosus.—Day-blindness (hemeralopia, miscalled nyctalopia;) moist before eyes; pressure and smarting in eyes, as from smoke. Pain over right eye; better, standing and walking. Vesicles on cornea with intense pain, photophobia and lacrimation. Corneal herpes.

Saponaria.—Hot stitches deep in eyeball. Ciliary neuralgia; worse, left side. Photophobia. Increased intraocular pressure. Exophthalos, worse reading or writing.

Sarracenia Purpurea.—Photophobia. Eyes feel swollen and sore. Pain in orbits. Black objects move with the eye.

Salanum Nigrum.—Pain over both eyes. Alternate dilatation and contraction of pupils; weak sight; floating spots.

Tabacum.—Dim sight, sees as through a veil; strabismus, muscae volitantes. "Amaurosis."

Theridion.—Luminous vibrations before eyes; sensitive to light. Pressure behind eyeballs. Throbbing over left eye.

MATERIA MEDICA NOTES.

Ailanthus glandulosa:—Violent sore throat, diphtheritic in character; tonsils and fauces drak or purplish in color (lachesis), and in true diphtheria covered with a dark, leathery membrane; the tonsils are studded with angry looking ulcers which exude a scanty but very fetid and grumous discharge. Extreme swelling, both internal and external; swallowing quite impossible on account of the pain. The nose is stopped up and there is a copious, thin and ichorous discharge. The temperature is high; eyes suffused and dilated; face and body red, even livid in color; tongue dry and brown and the teeth are covered with sordes. Mentally the patient is confused and dull, and in extreme cases there is delirium, stupor, even insensibility.

This remedy is particularly indicated in scarlet fever and other eruptive diseases when they run a low or typhoid course. Adynamia characterizes all its conditions.

Baptisia is not unlike ailanthus in its general expression. The mental torpor, muttering delirium, besotted countenance and the appearance of the throat are conditions quite alike unto the two remedies. That which will aid in distinguishing between them is the painfulness of ailanthus and the painlessness of baptisia.

Ammonium carbonicum is still another remedy that has many symptoms and conditions similar to ailanthus. In scarlet fever, especially when characterized by severe involvement of the throat, are they similar in their action. The throat under ammonium carb, is also swollen both internally and externally, the tonsils are dark red, even purplish, and there is a marked tendency to gangrenous ulceration, interse engorgement of the lymphatic glands, and the nasal cavities viclently inflamed with severe obstruction to breathing and profuse acrid and watery coryza. The alæ and

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upper lip are excoriated. When with these symptoms there is associated scarlet fever, measles or some other exanthematous disease the eruption will be dark red, even livid. In this much the two remedies are strikingly similar; and since these, with the usual symptoms common to all acute diseases, as rise in temperature, etc., are often about all that are exhibited, differentiation is difficult indeed. The difference between the two remedies temperamentally, however, is marked, and this will greatly aid.

Alanthus has a bilious vital motive temperament, that is, the person is dark and has a vital motive development above the average, while ammonium carb. has a sanguine vital bordering on the lymphatic and phlegmatic. Dark and livid appearance and eruptions characterize both remedies, but under ailanthus this is due to the natural dark color of the brunette, whereas under ammonium carb. it is due to suboxygenation. Weakness is also a very prominent condition under both, but that which marks the ammonium carb. weakness is a tendency to sinking spells and fainting, and this is entirely absent under ailanthus.

Speaking of dark or purplish tonsils brings lachesis to mind. All the inflammatory processes of this remedy are characterized by this color. That which distinguishes this remedy from the others in tonsillitis is the special involvement of the left side, extreme sensitiveness of the external throat to touch, after sleep and from hot drinks. When the right side is involved it will be found to have followed the left by possibly a day or more and the symptoms will seldom be as severe as those on the left. Sleeps into amelioration is a modality so characteristic that there is no excuse for ever overlooking it. This may sometimes confuse the remedy with mercurius biniodide in that it means better at night; but if we will keep in mind the fact that the lachesis patient feels better after he has been awake for a time, the color of the tonsils and fauces, the sensitiveness to external touch, there will be no need to make a mistake.

Ambrosia.—Given in the tincture, ten drops in a little water during or after an attack of epistaxis, has been followed by complete removal of the difficulty. Ferr. phos., arnica, and carbo veg. had been given.

Belladonna (3x followed by sulphur 200th).—Has given most satisfactory results in a case of glaucoma of apparently rheumatic origin, which ruhs tox. had seemed to greatly benefit in its acute manifestations.

Bismuth-Iodine Paste in Discharging Sinuses. After unfavorable results with Beck's bismuth paste, and other methods usually employed, in cases of discharging sinus following operation for carcinoma of the breast, Dr. L. D. Green (*Cal. State Jour. of Med.*, Dec.) incorporated in the paste tincture of iodine, with the result that the sinus closed in ten days after three injections. He has since used it in a number of other cases with equally good results.

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Bismuth subnitrate	30.0
Vaseline	60.0
White wax	5.0
Paraffin	5.0
Tincture of iodine	2.0

The iodine should be added after the other ingredients have been thoroly mixed and the paste well stirred whenever used.

As there is a possibility of absorbing too much iodine where the amount of paste used is large, the proportion of iodine may be reduced accordingly in such cases.—*Critic and Guide.*

PARTIAL INVOLUNTARY PROVING OF VESPA

BY H. A. CAMERON, M.D.,
Waterbury, Conn.

(The Medical Advance)

Adolph H., aged 17 years. Came for treatment September 17, 1912, for the effects of a wasp bite.

Three days before he was stung on the heel by a "yellow jacket." In fifteen minutes he broke out with an eruption resembling urticaria, which began around the neck, but soon appeared all over the body. The hands and face were uniformly red, not blotched, like the body; around the waist where his belt pressed, the eruption was continuous, like a belt.

Itching of the skin accompanied the eruption, especially on the head. Perspiration came out on the parts lain on, and the itching was worse wherever the perspiration appeared. While he lay on his back the back perspired, and there the itching was worst; while lying on the side the perspiration and itching were more noticeable on the side. So uncomfortable was he from the itching and perspiration that he stripped off all clothing, and felt relieved somewhat by uncovering. There was no apparent desquamation.

After the eruption he became dizzy and staggered, falling to the left. The dizziness was relieved by lying on his back, and worse while lying on either side. If he stood up, things became blurred and black, and there was complete loss of vision for the time being.

Nausea and vomiting were the next symptoms. He vomited the stomach contents, and this was followed by empty retching, which continued until he was relieved by taking some whisky. He was thirsty until he vomited, but he had no more thirst after vomiting. After the vomiting he noticed creeping chills, which extended from the feet upward to the body. He became hungry after emptying the stomach by vomiting, and attempted to eat, but the sight of the food caused aversion, and he did not eat. Cramping pains in the bowels came on, and continued all the following night.

The axillary glands were swollen next day, accompanied by soreness of the upper arms to the elbow, and weakness of the arms.

(Patient's brother was bitten on the lip a year ago, and he was sick for a week in consequence. He also was dizzy and vomited, and an axillary abscess developed.)

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EPIPHEGUS VIRGINIANA

BY RALPH MORDEN

(The Medical Advance)

Generalities: General languor.

Nervous, with much nausea; general nervous, uneasy state.

Sense of stimulation, which later became a true sense of nervousness, amounting to an inability to concentrate the mind upon anything without considerable effort, and with a desire to get out of doors.

Mind: Could not form the letters he wished; headache.

Nervousnesss and confusion; agg. by closing eyes.

Found himself using wrong words; headache.

Could not concentrate the mind easily on any single subject; confused.

Sensorium: Dizziness.

Head: Decided pain in right and (slighter) in left temple, lasting until he went to bed; lasting three hours, and leaving a dull, heavy aching behind.

Pain in left temple (slight), with constriction felt in whole head.

Sense of fullness in fore part of head, with tightness of scalp.

Marked pain in both temples, as if from pressure of finger ends in temporal fossæ; worse on left side, and lasting until evening.

Pressing in temples from within outward; worse on left side.

Piercing pain in right temple occasionally.

Headache in right temple, with full feeling in fore part of head.

Headache in left temple during night, especially on sitting up in bed.

Dull frontal headache.

Uneasy feeling or sensation, as if something were wrong in fore part of head, especially in the morning after a headache.

A sharp boring at the base of the nose and through the right side of the forehead.

Severe pain in middle of forehead; coming suddenly and lasting only a few moments; becoming severe in right temple; agg. by walking in open air.

Severe headache in front part of head; worse in right temple, involving the whole head; particularly hard in forehead and left side.

Severe continous pain in right temple; some nausea and general languor.

General headache, particularly a heavy pain of both eyes, with marked pain in both ears and a shooting down in front of them.

Constant pressive pain (worse on right side), with every now and then a shoot; always from forehead backward.

Sharp pains passing from forehead backwards.

Slight pressing pain in right parietal region, as if a hand

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were pressing down, finally involving the whole right side of the head, being worst above right eye and extending backward into head; also a particularly painful spot low down in occiput.

Pains generally began on the right side (sometimes on left), and then were followed by a general headache.

Clinical: Headache from nerve-tire caused by mental or physical exhaustion, preceded by hunger (Bry., Nux-v., Psor.).

Agg. by vomiting or rising from a supine position.

Amel. after a good sleep; headache from asthenopia.

Scalp: Felt tight; headache.

Eyes: Felt like shutting eyes. When doing so head was full and in a whirl inside.

Could not read because words seemed blurred, and when he went to write could not form letters he wished; headache.

Eyes smarting; headache.

Ears: Pain felt in and in front of both, with marked singing in ears and dizziness.

Face: Occasional severe twinges; shooting just beneath the right eye. It seemed to involve the supra-orbital nerve, with pain and tenderness upon pressure; headache.

Mouth: Viscid saliva; and constant desire to spit; headache.

A peculiar, sticky, viscid taste in mouth.

Tongue coated yellowish, with a sense of gastric discomfort.

Bitter taste.

Stomach: Some nausea; at once.

Distinct nauseated feeling after every dose, followed in a few minutes by a sense of stimulation. This in turn gradually grew into a general nervous, uneasy state.

Drowsiness after meals.

Abdomen: Severe crampy pains in abdomen, followed by a yellowish diarrhœic movement containing a large quantity of bile, with a good deal of tenesmus—after headache.

Sharp, shooting pains in abdomen; increased by inspiration and motion; worse about 3 A. M.

Female Sexual Organs. Clinical: Menses dark, offensive; intermittent flow, more profuse at night; headaches preceded or follows menses.

Stool: Difficulty in passing a soft stool.

Very frequent loose stools.

Yellowish diarhœic stools, with a large quantity of bile.

Stools loose, urgent, involuntary.

Chest: Palpitation of the heart at night.

Respiratory Organs: (Used by the aborigines for asthma.) A feeling of weight over the sternum.

Extremities: General numbness of the right side; more pronounced in the arm.

Pain in left shoulder and knee; headache.

Compare: Iris-v., Melil., Sang.

Extremeties: General numbulos of right side; more pronounced in arm. Pain in left shoulder and knee. Headache.

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REMEDIES FOR COUGHS

Belladonna.—A dry cough, spasmodic cough with dryness, rawness and scraping in the larynx. Every now and then you get attacks of suffication with the paroxysms of cough. The only time you find anything like moisture with the belladonna cough is when a person suffering from chronic catarrh contracts a cold. Then the mucus is seen and felt in shreds.

Spongia.—A dry suffocating cough with soreness and burning in the chest. The patient is very hoarse. There is a sense of constriction of the larynx which makes the respiration difficult. The difficult respiration often accompanies the dry metallic cough and there is a feeling as if the breath passed through some porous substance. The dry cough and constriction are both relieved by eating and drinking.

Rumex.—An incessant dry, spasmodic cough, worse by breathing cold air, by lying down, at night. The irritation causing the cough is from mucus which produces a tickling behind the sternum. The time of day is from 10:00 to 12:00 p. m. There is relief from covering the head and breathing under the bed clothes.

Sticta.—A nervous, dry, incessant, hacking cough, sometimes in spasms like whooping cough. Usually a remedy for nervous, reflex cough and whooping cough, but occasionally the incessant irritating cough of measles. Although nothing seems to ameliorate the cough of sticta, it is decidedly worse towards evening, or when the patient is tired.

Causticum.—A hollow, dry, hoarse cough with soreness and rawness down from the trachea. The causticum cough is the opposite of rumex in that it is worse when covered up warm in bed. It is relieved by sips of cold water. The feeling as if there were mucus in the larynx which the patient cannot get under and raise is very marked in causticum. With the cough the patient involuntarily voids urine.

Bryonia.—A dry, hacking cough from irritation in the upper part of the trachea. Every time the patient coughs there is a feeling as if the head and chest would burst. The bryonia cough is sometimes called a "stomach cough," because it is aggravated by eating and drinking. With the cough there is a sharp sticking pain beneath the sternum, in fact, all through the chest. After a few hours the cough may become just a little moist and you have a small amount of mucus streaked with blood, expectorated. The marked aggravation of this cough is from coming from a cold into a warm room.

Phosphorus.—A dry, rough, hoarse cough, with tightness or oppression of the chest and spurting of urine during the cough. Phosphorus has two marked aggravations, 1st, talking, laughing, and singing; 2nd, going from warm into cold air. There is a good deal of burning in the larynx also beneath the sternum. Notwithstanding the dryness of the cough and burning you may have mucus, frothy, bloody, purulent mucous expectoration. With the cough of bronchitis and pneumonia the phosphorus patient cannot lie on the left side without attacks of suffocation.

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Ipecacuanha.—A constant, rough shaking, ineffectual cough. Ineffectual in the sense that mucus of which there is a large amount in the bronchial tree cannot be dislodged by coughing. The cough causes much nausea, "gagging" and sometimes vomiting. With the different conditions in which you find ipecacuanha cough you have a wheezing, whistling, in the chest.

Hepar Sulph.—Hepar seems to have a dual cough as well as a dual action for suppuration. It is useful for a dry and for a moist cough. The dry cough is usually worse in the evening, the moist loose in the morning. The keynote to either variety is "cold" and "cold air." If a draft of air strikes the patient or if any part of the body becomes cold the mucus of the loose cough seems to tighten and the paroxysm of the cough becomes more violent and prolonged. "Cold" and cold air" also aggravate the dry cough. The hepar patient always sweats when coughing.

Tartar Emetic.—Coughing and gasping in alternation, a loose cough with little expectoration, much rattling of mucus in trachea. The cough compels the patient to sit up in order to breathe. The face is pale, cool, and moist. The pulse is rapid, weak and trembling. Great rattling of mucus in the chest is the keynote to the remedy.

With the belladonna, spongia, sticta and causticum I habitually use cold water compresses as follows: Dip a piece of linen in water at temperature of 60 or 65 and wrap around the neck. Over this put a flannel cloth to protect the clothing. Change as often as it becomes dry.—*Pacific Coast Journal of Homoeopathy.*

REPORT OF A CASE OF BELLADONNA POISONING IN A CHILD SEVEN YEARS OF AGE

(ROBERT E. COUGHLIN, M.D.)

Because of the rare occurrence of this form of poisoning, as the writer believes, the following case is reported.

Case, F. S., aged seven years. Family history: Father died of tuberculosis at the age of twenty-five years. Mother alive and well, though there was a tuberculous taint in her family. Her mother died at the age of fifty-four years from acute pneumonia, which complicated a chronic tuberculosis condition. Her father died of tuberculosis at the age of forty-two years.

The child, F. S., is a healthy, robust appearing boy, but has always had the wetting of the bed habit. For this condition the tincture of belladonna was prescribed by a physician, who was a friend of the family, in ten drop doses three times a day. This treatment was continued for about one week's time when patient's mother noticed that he was becoming drowsy. She continued with the medicine, however, till the next morning when the boy arose from his bed much earlier than usual, complaining of a sick stomach. There was no vomiting, however. He said he arose early because some one hal called him, although this was not so. Immediately upon entering the kitchen he proceeded to remove

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all bottles from the shelf. Next he said, "O look at the mice." After this he said he saw rabbits, goats, and baskets of candy eggs. Among all these things was a fountain pen which he repeatedly tried to pick up from the floor. On looking out of the window he saw the fences all decorated with red, white and blue for the parade which he was positive was to occur on that day, although in reality no parade was to occur. Apparently no one could make him believe otherwise. Next he saw six soldiers climbing up a tree without holding on to the branches. At all this he laughed with the greatest glee. Next he saw stars on the parlor carpet. When his relative came into the room he immediately proceeded to pick up one of the stars for her. He ate his breakfast as usual, but persisted in asserting that the table was filled with crullers, which of course was not so as there were no crullers in the house anywhere on this particular occasion. He also thought he saw a watch surrounded by pieces of fancy paper all over the floor. Next he saw a pool of water over which he jumped and said: "There, I'm over." Later he compelled his mother whom he believed to be his teacher, to take him out to see the parade, which he to all intents and purposes enjoyed for fully an hour's time. His mother becoming tired of standing on the street so long, had to almost drag him away from the curbstone. He demurred, however to such an extent that she had to go back with him again till he believed the parade was over, after which he willingly returned with her. On the way she was compelled by his entreaties to buy a flag for him. This he carried and waved all the way home, though his flag was only one to be seen on the streets that day. When they arrived home he immediately began to entertain his friends who were present with an imaginary cigar, which he thought he was able to make appear and disappear at will. During all this time he leaned forward in walking and seemed to be walking on his toes in a stealthy sort of a manner. His pupils were very much dilated and he was apparently looking into space. His face was very red, while in his normal condition he is what might be called a pale child.

The treatment was a good dose of castor oil. Full recovery occurred in twelve hours' time, when he was put to bed, and awoke the next morning perfectly well again, attending school on the following day, as usual.

For two nights previous to the poisoning there was no enuresis, nor did he wet the bed on the following night, but on the second night succeeding the poisoning the incontinence was resumed, and has been continued ever since to a far greater extent than at any time before, presumably making up for lost time.—(*New York Medical Journal*).

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CONTRIBUTED ARTICLES

THE PRESS, THE PUBLIC AND THE MEDICAL PROFESSION*

BY S. H. BLODGETT, M.D.

Boston, Mass.

SINCE your by-laws say that the retiring president shall preach to you at the annual meeting, you must not blame me for inflicting this sermon upon you. Since every sermon must begin with a text, I shall use for mine a half-page article that was printed in some of the popular Sunday papers about a year and a half ago. "A Cure for Diabetes and Nephritis" was the title, printed in display type running across the entire page.

This article described in the most glowing colors a new medicine by which both diabetes and nephritis could be so easily cured that neither of these diseases ought to have any more terrors for the average person.

Within the next week following this publication I received at least four or five copies of the article, sent to me by patients asking if there were any truth in its statements and whether I had ever tried the medicine described. And since that time hardly a week has passed without my receiving either a clipping referring to that article or some question regarding it.

Now, as it is my business to try to keep ahead of, or at least abreast of, the latest knowledge concerning these diseases, I at once wrote inquiries to the physicians whose names were mentioned in the article. To make a long story short, I found that the statements of this half-page item were based on a report of three or four cases, the treatment of which had been carried on in

*Read before the Massachusetts Homoeopathic Medical Society.

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the most unscientific manner, since any action of the medicine independent of the diet had not been considered at all.

Nor was there, in the report of the cases, anything to justify the claim that the medicine by itself had caused any change in the symptoms—although, on the other hand, there was no absolute proof that the medicine had not caused the change which had taken place in the symptoms—except that it is a fact that for years many physicians had been getting, by diet alone, the same results as were attained by the author of the piece when he used the regulation diet plus his medicine. In the newspaper the whole point was that a new medicine had been discovered which (nothing was said about diet) would cure diabetes and nephritis.

In order to determine positively whether the medicine was really of benefit or not, I took eight cases of so-called diabetes of various forms and put them each on a constant diet. After finding what change the diet made, I added the medicine. It was claimed that the medicine would bring about a decided change for the better within ten days; but my experience did not show this. I continued some of the cases on the medicine for four months, and, at no time, was there the slightest change in the symptoms that could be even remotely attributed to the medicine. This entire experiment was reported in one of the medical journals. I then sent a popular resume of the experiment to one of the daily papers that had published the article in question. The paper returned the article to me with a courteous note saying that so much time had elapsed that they feared "the subject would not be of popular interest."

A great many years ago Dr. Bright made some wonderful discoveries in relation to kidney diseases. His discoveries were published in the medical journals of his time; but not until several years after his death did they become generally known and accepted by the medical profession. And this brings me to one point that I wish to make. Only three months after this so-called cure for diabetes had been announced in a newspaper, a large percentage of the medical profession knew about it—having had it forcibly called to their attention by their patients—while twenty years after Dr. Bright's real discovery had been published in the medical journals the average physician was still in ignorance of it.

We can draw a number of lessons from this cure I have been telling about, as well as from the way popular periodicals usually treat medical subjects. There is no quicker way of

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spreading news of any sort throughout the country than by using the public press, but the average physician has found that the public press is apt to be so incorrect in its statements regarding medical matters that, ninety-nine times out of a hundred, he pays no attention to the statements made by it concerning medical subjects. On the other hand, ninety-nine out of a hundred laymen swallow everything about medical subjects that is published, even in the most sensational journals; and they naturally talk to their attending physicians about what they read there in regard to disease and medicine.

It is unfortunate that the public press is so unreliable in its medical teachings for, if properly conducted, it could be of great use in this direction, first to the general public and second to the medical profession.

It is the purpose of my talk this evening to offer a few suggestions as to a means by which scientific facts may be brought to the attention of the physicians and the public quickly, yet in reliable form. I hope the few suggestions I shall make along this line may stimulate others to carry on the work until we have a condition where popular magazines and newspapers will be of the maximum assistance to the physicians and the public alike.

Taking Dr. Bright's work again for a basis, let us suppose that one of the enterprising popular journals or daily papers had heard of his work, which had been published in a medical magazine, or, to be still more radical, suppose Dr. Bright had even gone so far as to write to some periodical such as is now represented by the Saturday Evening Post or McClure's Magazine, or suppose he had written to one of the large daily papers telling what his experiments had shown. And suppose the editor of the publication had sent some well-known physician as its representative to watch Dr. Bright's work and experiments, and after this, had published the results.

Then the public would have learned quickly and accurately that a great step had been taken in the diagnosis and treatment of kidney diseases. Those suffering from such trouble would have required their attending physicians to acquaint themselves with the latest methods of treatment or lose their patronage; and under such circumstances the average physician would have been compelled to learn at once of Dr. Bright's teachings; and he would have become familiar with them far sooner if they had been published by the public press instead of having been announced in the usual way through the medical press only.

If such suppositious methods were real methods, I think the

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cause of medical science would be furthered and the general public would be saved much unnecessary suffering in health and pocket book. If such methods had been used earlier in our latest "cure for tuberculosis," for instance, should we now be seeing death notices of so many people, who, encouraged by ignorant and "yellow" journals, gave their money and their lives for a "cure?"

The matter of cost to the publication in investigating thus before printing would be very slight compared with the sums often expended when there is some news of general interest to be secured; and no reputable paper would object to it.

Some news of general interest—In using this expression I had in mind the news of politics, the news of society, or the news of foreign affairs—even the news of crime often comes under this head. Medical reports are not often considered "news of general interest." Yet why should they not be so considered? Is there any more important, any more necessary question before the minds of men and women today than the question how to preserve health? Is not the consideration of this question important for the well-being of society, in general, of which each individual is, after all, only a representative?

To be sure, there are people who are so continually well that they do not think about the state of their health at all. They are even a little scornful of doctors with their bill and prescriptions. "For heaven's sake," they tell a complaining friend, "don't go and read about that disease. If you do, you'll be sure to imagine you've got it, and begin taking medicine for it. If you want to keep well, keep busy and forget yourself." The people who talk thus are not all Christian Scientists, either. In large measure, of course, they are right; morbid brooding over physical ailments and morbid reading of medical literature in search of diagnosed symptoms will do more harm than good; and idleness may breed disease. But there is this to be said: Nobody, not even the busiest and most self-forgetful of men, ever went through the battle of life without receiving a single bodily injury. No one's health can remain always perfect; and even the perfectly well man usually has some relative or friend whose poor health worries him.

We all know what usually happens when one of the "always well" people falls ill. His amazement, his horror at this new experience of being sick are so great that they amount almost to terror; and he makes ten times more fuss over a sudden pain than a person would who was used to daily pain. The unaccustomed sufferer doesn't scoff at medicine and doctors after he

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has got sick himself (unless he is one of the afore-mentioned Christian Scientists). He hunts up all the remedies he can, and reads all the news he can find about his particular disease. In fact, the question how to preserve health becomes of great personal interest to him.

This is not entirely a selfish question either—far from it. The sickness of one member of a family or community is often, I might say usually, the cause of the sickness or mental suffering of other members of that family or community. And it is every one's duty to safeguard the public health, physical and mental. It is the duty of every private citizen to do this in so far as he is able. It is especially the duty of every public servant.

Now of all public servants, what one has more power for good or evil, what one can more quickly exert an influence than the public press? We rely upon the public press to tell us the latest news of what is going on in the world. From experience we have learned that we cannot trust its reports absolutely, although they may try to tell the truth. But, with a few allowances in regard to details, we depend upon the popular newspapers and magazines for our knowledge of social, political and financial affairs. Unfortunately we are unable to depend upon it even approximately for news of medical matters.

When a city editor of one of our great dailies learns that a murder has been committed in a suburb of that city he at once sends a reporter to the scene of the crime, with instructions to find out all he can about it and send in his story immediately, so that his paper may be the first to publish an account of the happening. The reporter who is given this important assignment is never a so-called "cub-reporter." He is usually one who is "up in" the annals of crime, has had considerable experience in writing up such matters, and can be trusted to accurately and quickly find out all there is to find out about the affair. In fact, he is generally an expert reporter of crime.

Suppose this same city editor learns that a man out in the suburbs has found a cure for diabetes. What is probably his manner of procedure? Of one thing we can be very sure; he does not send to him a reporter with orders to "rush the story." The account of a preventive of death is so much less interesting or important than the account of an actual violent death.

Perhaps the editor may not send anyone to interview the medical discoverer; he may simply send him a written request for the details of his discovery. And, if there happens to be room enough in the next Sunday edition, this discoverer's account may appear in its columns, without the editor's having taken the

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trouble to find out anything as to the truth or falsity of the statements.

Perhaps he may think it worth while to send a man to interview the discoverer. But if he does he will not select one of his star reporters, or even a man who knows anything in relation to medicine, to do it. He will be more likely to send a novice to manage "so easy an assignment."

One reason why editors treat medical discoveries in this unconcerned fashion is that so many of the wonderful cures and medical discoveries which have been advertised have proved to be fakes that they themselves have become doubters in regard to such matters. It rarely happens that any reputable physician, who has found a cure for a serious malady, takes pains to hunt up the editors or publishers of popular magazines or newspapers to tell them of what he has found. He usually proclaims this news to the members of his medical societies or writes it for the colums of the medical journals. In this way, his discovery becomes known to some of the medical profession; but it is often many months, even years sometimes, before the discovery is widely known even to the profession; for not all physicians have time to attend all medical meetings or to read everything that is printed in the medical journals. As for the public, a much longer time elapses before they learn the news, since they must wait for the physicians to first learn about it and then tell it to them.

Thus the blame for false medical reports is not entirely with the newspapers; physicians, unconsciously perhaps, contribute toward such reports. There is a general feeling among the doctors that it is "unprofessional" to give to newspapers information regarding their work, as well as "unprofessional" to gain medical information from the newspapers. And it is just this narrow-minded, strict observance of so-called professional etiquette that helps to prevent the medical education of the public.

All newspaper men know how difficult it is to make a doctor "talk for publication." I may safely say that there is not a paper in the country which would knowingly print a false statement about a new medical discovery. But they cannot get the facts unless the doctors will give them over. Ninety-nine in a hundred papers in this country want to print news correctly. When there is a startling bit of news it is the duty of the papers to print an account of it at once—this the public demands. Sometimes, owing to the reticence of professional men and other obstacles, there is no time to verify all the statements. But as soon as mis-statements are discovered most newspapers are eager to correct them.

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We, as specialists on health questions, must recognize the fact that the public demands enlightenment along these lines, and we must recognize that widely disseminated knowledge of this kind will be of incalculable benefit to humanity. The public press is trying to do its duty in this matter; and we have got to aid the public press in every way possible to supply the necessary information in correct and reliable form. If we do not, we must hold ourselves equally culpable with the author of the fake diabetes cure, and the author of the "sure cure for tuberculosis," etc.

Medical men are again at fault in refusing to seriously consider a piece of medical news just because it is printed by the public press. Any sensible physician must admit it is his duty, and should be his desire, to obtain all the medical information possible, whether he gets it through professional experience and professional literature or through every day observation and popular literature. Surely professional etiquette should be held subordinate to professional efficiency. I think that every physician should consider it his duty to aid in every way the reputable press along proper medical lines. Looking back several years, it seems to me now that, if I had not refused to give to one of our daily papers the results of our studies in relation to the vomiting of pregnancy, much suffering and many lives might have been saved. Here we have the story moving in a circle. The editors of popular magazines and papers do not take seriously the announcement of cures, because they have found that reputable doctors do not make their discoveries known through this means; and reputable doctors do not use this means because the editors of these same newspapers and magazines have accepted so many unauthorized and incorrect medical reports that they are afraid of being classed with the "fake" discoverers.

One of our Boston papers has recently taken what I consider a most important step in the right direction. It has published articles concerning the prevailing aspect of medical questions that should be more fully understood by the general public. And these articles have been carefully prepared and the truth of their statements established before publication.

A paper on the care of the pregnant woman was ideal for popular medical instruction. And if our theatres are to educate the people by vice plays, surely there can be no objection to our newspapers teaching how to care for pregnant women.

I do not wish to advocate the policy of having the public press instruct the people in relation to the use of drugs; that would be fraught with the greatest danger. But I would have it instruct

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along the lines of preventive measures. I would also have the public instructed in this way in the matter of new discoveries—but only after such have been properly investigated. Much good can also be done by the publication of articles on proved medical subjects that ought to be matters of general knowledge. I think this would be much better than the exploiting of knowledge of this sort on the stage and in the erotic story magazines. But it does always more harm than good for a paper to print the story of a "cure" without first making proper investigation of the subject through some competent physician.

The ideal state of affairs would be where the editors and physicians, having both proved themselves reliable and conscientious investigators, do their best to help each other, and then, together, to help humanity. To bring about this ideal situation, we physicians must sometimes forget our "professional dignity" long enough to not only offer our aid to the public press, but also to seek its aid in our crusade against sickness and suffering.

HELPS AND HINTS IN HANDLING THE PSYCHOSES*

By J. RICHEY HORNER, A.M., M.D.

Cleveland, Ohio.

THE TITLE of this paper was given the secretary upon the spur of the moment. It was not the result of careful deliberation, else I very much doubt if it would have appeared in the open. It does not seem exactly the right thing for me to appear before a body of women and men such as I see before me and pose as competent to instruct and direct.

In this enlightened twentieth century, becoming more and more enlightened as each year glides into the background, no one person can expect to keep fully up in the details of every branch of trade or every development of his or her profession. Hence comes the necessity for some giving special thought and active work along particular lines or a particular line, and the specialist has arisen. It follows as a matter of course that having once determined upon this plan and consistently followed it, this specially educated one must be in position to give hints which will help those who have been so fortunate as to be content with the life of a general practitioner.

It was an interesting paragraph which I saw quoted from the address of Dr. Abraham Jacobi, New York City, last year's

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President of the American Medical Association, delivered before the New Hampshire State Medical Society. His subject was "Significance of the General Practitioner" and here is what he said:

"What I want you to continue, is to admire the specialist by all means; what I want you to learn, is to revere and adore the general practitioner. There are a few left of the species called the family physician. Mind what I say: In twenty-five years he will recover the place of honor which was his fifty years ago. It will be he who alongside of and on account of his other work will again build characters and souls, which some of you have said is the only office left for the physician. But I say to you that that theory and that demand are realized only by preparing characters and souls upon the foundation of healthy bodies and sound limbs. He will then be a doctor who will not mount on a bank as was customary for mountebanks in the past centuries; but he will again be the general advisor having learned from the laboratory man and the specialists who are the modern handmaids of practical medicine, knowing the history of his trusting friends and taking an interest in their wholeness and their wholesomeness, the chum of the old people, the intimate of confiding girlhood, the uncle and oracle of the kids."

To be a specialist really means that a special branch of medicine or for that matter of any other profession, is made the subject of special investigation and work and that the results so obtained are rounded up in such shape as to be readily presented to the larger body without this body having to go through all the routine which has been followed in order to assemble knowledge in a concrete form. In this attitude then I beg to submit whatever I may have to say along the particular lines indicated by the title of this paper.

Might I make a particular point of the fact, and it certainly is a fact, that our responsiblility to our patient does not cease when we treat the physical conditions which may happen to be associated with mental changes. Probably nowhere in medicine is the materialistic tendency to be noted more than in the treatment of the neuroses. Yet it goes without saying that we are not dealing with the material, that we are dealing with that which can be neither seen nor heard. We are dealing with mental processes.

In the last analysis it must be conceded to be a fact that a large proportion of the neuroses are due to a disordered or perverted mental process. Hence it follows that a knowledge not only of the abnormal but of the normal mental processes is vital. It is just as much so as is a knowledge of the normal and the

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abnormal lung necessary to the one who is treating pneumonia.

It is of vital importance that mental disease shall be recognized early, even that the tendency to do and say things unusual and perhaps not entirely rational shall be noted. Cases coming under treatment during the first year of the disease yield much more readily to treatment than when they are permitted to lag along with but indifferent attention. This is important enough to be made the subject of more enlarged attention but time forbids.

Just as important, perhaps more so, is it that not only shall a diagnosis of the disease be made but that the underlying cause which is responsible for its development shall be determined. It will not be possible for me in this short paper to give even a hint of all the things, intangible or material, which might figure in a causative way.

Of course you will take up heredity but I want to caution you not to lay too great stress upon this factor. It has been the fashion for generations to blame heredity for about everything evil which has come upon the human race but science has been making a consistent and as it happens a winning fight against this. Heredity may cover a multitude of sins and it does but the time has come when one has to shoulder at least some of the responsibility for his condition. One cannot continue to go on and blame everything upon the parents and the grandparents.

This study of heredity has been effective in establishing a new science, the Applied Science of Eugenics. As we are not entering upon a study of this important and interesting subject, I merely want to turn your minds in the direction of an investigation of some of its very interesting propositions. Just this much, however, and that is that the exact role played by heredity as a biological factor may soon be known, just as soon as the wheat may be separated from the chaff.

In this search after cause for effect, let me recommend to your careful consideration the recently advocated methods of psychoanalysis. It has not been long since inquiry into mental processes as they appear in the sick was suggested, and there have been only a few who have consistently followed out any definite line of investigation but these few have demonstrated beyond cavil that much has been lost in the past by the ignorance on the part of both physician and patient of the part played by mental processes in developing and prolonging abnormal conditions of the general system. Apply the doctrine of cause and effect to the mind. Analyze the mental processes as to causative

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factors. In the majority of neurasthenic cases—so called—the mental factor is of far more importance in causation and development than over-work or over-strain. The material force is the minor factor and not the major. The saying, "A disease is one thing and what the patient thinks of it is another," might be well paraphrased to read, "What the patient thinks not infrequently constitutes the disease." A neurosis is often merely the habit of wrong thinking.

Along with the recognition of ignorance comes the idea of enlightenment of your patient. While suggestive therapeutics is for the most part based upon the statement, "You can do better if you try," we may say that the distinctive slogan of this new method is, "You can do better if you know." It is certainly a fact that the secret of the occurrence of many of the neuroses, the morbid fears, irresistible impulses to thoughts and actions, distressing doubts, nameless apprehensions and the envy, suspicions, selfishness and temptations to cruelty and prejudice which follow, lies in ignorance of one's self.

The best and most radical treatment of this ignorance is its prompt removal and replacement with knowledge, which must be based upon a willingness and ability to see things as they really are. There are two words in that sentence to which I want to call your particular attention, namely, replacement and willingness.

How many times in the practice of the average physician does he encounter cases for which the only advice he has is "Forget it?" Think about your own experience. Now if instead of that you had gone to work consistently to give that patient advice not to forget it, which is an impossibility for quite the majority of them, but to replace it, you would have stood some chance of accomplishing something. Teach him about himself. Explain the true interpretation of his condition, the true meaning of his symptoms. Get his mind right as to the real meaning of his abnormal state. Oftentimes, in fact the larger number of times, these will be far less serious than those his false interpretation has figured.

Let me cite a case which will illustrate what I mean by replacing certain mental conditions with others.

Mrs. S. is a woman, middle aged, of rather more than ordinary good sense and mental equilibrium. A visit to her dentist for the extraction of a tooth resulted rather disastrously. There was more than the usual amount of hemorrhage, unexpected pain, and a generally distressing time. She came home a complete

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wreck, as she puts it. She could not get the scene out of her mind. She lived over again and again the trying experiences of that hour. She developed a dread of being alone and finally left her own apartments and went to her mother's. She could not be induced to return, even to sleep there, much less to do her ordinary household work. When I saw her she was in bed and had been for a number of weeks. She had tried various means for cure. Her family physician told her to forget it. So did her well-meaning friends, but she had failed.

I fully agreed with her that she could not forget it but at once put before her the idea of replacing these thoughts gradually with others. I assumed her perfect willingness to cooperate with me in trying for a cure and was not mistaken in this. I began with a plan of a gradual resumption of her former daily life, being careful to keep full control over her activities and allowing her to do just what I ordered. Enlarging her activities a little every few days, I began with having her sit up for an hour; then had her make her bed each morning; then had her attend to the rooms of her son and husband, which were in the same house; then had her take care of her parlor, each day after the duties prescribed for that day being finished, having her return to her mother's apartments and remain for the night. After several weeks of this treatment, she caught the plan herself and the cure was complete. In another month she was living her normal life. Six months later, when her mother died suddenly following apoplexy, she was enabled to go through with all the trying experiences which ensued with the mental strength which might have been expected from her without any relapse into her former condition of mental shock and distress.

She had been fully restored to her normal mental condition merely by this method of replacing mental distress with a normal mental attitude toward life. She never in the world could have obeyed the injunction to forget but she did replace her morbid thoughts with thoughts concerning her natural life. I have followed this method in a number of cases with uniform success and the most happy results.

The other word, willingness, means just what the word says. I have more recently come to the conclusion that there are people ailing who do not want to get well. I am sure I could put my finger on a number of these who are constantly going the rounds for treatment, who, when it comes down to the last analysis, must certainly belong to the class of the unwilling. They take a melancholy pleasure in dwelling upon their ailments, fancied

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or real, and the moment anything is proposed for their benefit are profuse with reasons why their particular condition can never be met with such treatment. If it is tried it must be with this almost insurmountable obstacle impeding progress.

It is astonishing how very few are found who are honest with themselves. They think of themselves from the standpoint of that which pleases them and are constantly repressing the happenings of their lives which do not please them. This means mental strain. It means a constant effort to keep this or that fact from rising to daylight. Finally it means one of two things, a mental break-down or completely forgetting the facts involved. With the first, it is not so hard to cope, but where there is an underlying cause buried so deep that its existence is forgotten, the only way to bring it to the surface is through the tedious methods of analysis. The operator delves into the innermost recesses of the mind until he is finally rewarded by bringing to light an act or a happening which had long lain quiet and forgotten and which may be the key to the whole disordered condition. Timely and careful explanation and counsel pave the way for relief of the mind, and the cure follows.

The studies of Dubois, Breuer, Freud, Jung and Pierre Janet abroad and of Putnam, Sidis, Prince and others in this country have resulted in methods which have been wonderfully successful in the treatment of a class of cases which have almost always baffled the most careful and painstaking attention heretofore. The "Association Tests" have sometimes responded wonderfully and in almost all trials have yielded satisfying results.

Closely allied with psychoanalysis is dream analysis. A dream always means something. Behind the incongruous setting is always a hidden form. If you should enter a dining room and on a table lately occupied see a plate here, a sugar bowl there, a salt cellar near, with a knife between, a spoon across at one point and a fork at another, you might see no sense in it. As a matter of fact the late diner had been telling of his travels in which figured a castle (the sugar bowl), an inn (the salt cellar), a lake (the plate), and the railroads leading thereto or therefrom (the knife and fork and spoon). Now you can see that there is some sense in what you find. It's all clear. If you could get under the dream and analyze it you would find a hidden meaning, a hidden reason for the apparently incongruous setting. This, found, might be the key which would unlock the mystery of the disturbed health.

Similar analyses are being made of the vagaries of the in-

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sane. In a former paper I have called attention to the fact that this newer school of psychology "claims to be able to demonstrate that the thoughts and actions of the insane mind are not the meaningless and inscrutable medley they are thought generally to be, but the result of definite causes and effects just as are those of the sane mind, and merely require an analysis to bring out the correlated facts." The insane person follows out what is to him a perfectly logical course in life. Upon a faulty premise he has created for himself a clearly defined line of thought and action. The thing that is wrong is this premise. Analysis leads us to that premise and sometimes a correction of it clears away the insanity. In the same way we analyze the dream and find the reason for its happening.

There is a very remarkable analogy between a dream and insanity. It has been said that a dream is short insanity, insanity a long dream. What do we have in a dream? We have visual and auditory hallucinations, tendency to reproduction of old experiences, imaginary fulfillment of wishes and desires, chaotic flights of ideas, incoherence, disorientation, weakness of judgment, division of personality. That is really a fairly good description of a case of manic-depressive insanity and yet it follows a dream state very closely.

Briefly to close what I have to say in regard to mental conditions themselves, I want to add a thought or two.

A man by his vocation makes his living, and occupies a greater part of his time. In his avocation he makes his health and occupies a small part of his time. The thought here is that in order to get the best results from the health-building effort the avocation should be diametrically opposed to the vocation. A little thought will enable you to work this out.

Don't forget that cures cost money. It is often cheaper to allow a patient to remain sick than to make any attempt to effect a cure. I do not want to tie this statement to mental disease alone. It is so in all cases but it often seems that money is more ready for physical than for mental cases.

Cures are never or seldom made in a day. It is a grave mistake to make a definite promise as to the time when your mental patient is going to be well again. A failure to deliver according to promise often brings disastrous results in its wake, to doctor, patient and friends.

Never forget that the bromides, chloral, morphine, opium and the like are dangerous weapons with which to fight disease. Use them if you must, but with the certainty that you will have to

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pay a penalty in some form or other. An indiscriminate use is criminal. They are expedients for dernier resort only.

Cultivate a spirit of true altruism in your community, especially in the line of the prevention of mental failures. Try to have the mental strain of the school children lessened. Mental over-work in the child is not the actual cause of dementia precox but certainly such over-work in the young does awaken to activity deleterious forces which might lie dormant in the individual if he were handled rightly, physically and mentally.

To recapitulate the points made.—

We are dealing with mental processes, and these are abnormal.

A knowledge of normal mental action is necessary.

Early diagnosis is essential to prompt treatment.

Search out the cause.

Use psychoanalysis in search for the cause.

Study the dreams of your patient.

Teach your patient his condition, its causes and effects.

Replace his morbid thoughts with a normal mental action as much as is possible.

Gain the cooperation of your patient. This is very important.

Make the "play-time" of your patient mean something. Have his activities at this time vary from his usual life.

Provide as liberally as possible for the expense of treatment.

Insist on plenty of time as an element insuring a cure.

Use drug treatment just as little as possible.

Aim to prevent the development of mental disease.

I would be deficient in courtesy were I to neglect to acknowledge the interest and instruction had from the writings of Professor Putnam of Harvard Medical School. He, with his associates, Drs. Taylor, Knapp, Ayer and Waterman have made the department of neurology of this great school famous the world over. Prof. Putnam, whose service with Harvard has covered an even half-century, was a pioneer in the development of the study of neurology and has kept just a little ahead of its general progress during this long period. He retired to his justly earned eminence of Harvard Professor Emeritus a little over a year ago.

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PSYCHOTHERAPY*

By JOHN HUDSON STORER, A.B., M.D.,

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PSYCHOTHERAPEUTICS, or mental healing, or the mental treatment of functional nervous disorders, is a subject which sooner or later physicians must recognize and take into consideration. Traces of psychotherapy are to be found almost as far back as history extends, and it is today being practised very extensively under different names and by different cults. By psychotherapy we do not mean faith cure, hypnotism, magic, christian science or any cult or particular sort of mental healing with which the world has been drugged; but it includes any legitimate way of curing the sick by mental, moral or spiritual methods, which we can use and not be ashamed of and which contains no elements of fraud. This result may be accomplished by "suggestion" and "auto-suggestion." There is a decided difference between these two terms.

By suggestion we mean accomplishing something for somebody by the power or influence of one mind over another; by his believing that something is being done for him; and, as Dr. Cabot says, "Getting an idea into a person's mind by the back door, so that he is not conscious of its entry and does not know how it got there."

I believe that the secret of the success of our extreme high-potency friends in curing diseases, although unknown to themselves, lies really in the power of suggestion. How many down in their hearts believe that one dose of the one hundred thousandth potency given once a week, or a smell from Hahnemann's medicine bottle, ever brought about a change in the metabolism of the brain or body of anyone or cured any functional or organic disease? You often give a placebo and get results. Why? Because the patient expects you to prescribe for him and you have to do it. You ask the patient a number of questions, go over every symptom very carefully, take considerable time and make him believe you are giving extreme care and thought to his case, and then you prepare your prescription with pains-taking precision and give him explicit directions as to how it should be taken. By this time your patient's mind is in a most impressionable and receptive condition. You have convinced him that you are giving him a medicine that will surely cure him, and his faith in you has practically effected a cure.

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*Address of the retiring President read at the meeting of the Homœopathic Medical Society of the County of New York, January 8, 1914.

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I have in mind the case of a lady who had periodical headaches lasting two or three days at a time. She felt one of these coming on and called me. I explained her case and impressed her with the fact that I had a new remedy which was a positive cure for just such headaches. After considerable explanation and careful preparation of the bread pill, I instructed her to take one on the platform of the Elevated Railroad at 135th Street, and told her that when she reached her destination at 18th Street her headache would be gone. The next day she returned for a quantity of those pills, saying that they worked exactly as I told her they would and she considered them nothing short of marvelous. This was simply suggestion, or, in other words, the influence of one mind over another. I believe this sort of thing is dishonest and should not be practised, but the high-potency doctor escapes this conscience-stricken state of mind through believing that what he prescribes will and does actually accomplish a cure. But it is really suggestion, because one mind works on another mind, not only by mental effect but by material though inert substance.

Another case of suggestion is that of the village blacksmith whose red flannel undershirt keeps him from taking cold and having rheumatism. As far as the shirt is concerned, white is just as good as red; yet if the blacksmith put on a white flannel shirt of the same quality and thickness, he would without doubt be in bed with rheumatism in less than a week, believing that there is efficiency in the color red.

By auto-suggestion or self-suggestion we mean the power of one mind over another to make that other mind do something for itself; or, in other words, "thought displacement." By that is meant, removing one thought or train of thoughts and replacing it with another of an entirely different character. Much of our sickness is due not so much to functional disorders of the body as to functional disorders of the brain; or, in other words, we are often sick because we think we are. How many times has a patient come to you actually sick with a pain in the left side of the chest and morally certain that he has heart disease, and how quickly has he recovered when, after a careful examination, you assure him that his heart is perfectly sound. While, if that same pain had been in his head or his heel, he would never have thought of being sick or going to a doctor.

Cabot says, "When one has a pain or any kind of suffering, there are always two elements in that suffering: the thing itself and what one thinks of it." For, while it often happens that the pain is bad, many times what one thinks of it makes it worse.

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I believe we frequently make mistakes by telling our patients not to think. We want them to think, but we do not want them to worry, which is an entirely different state of mind. For instance, insomnia. We want them to think that lying awake nights will not hurt them, but we do not want them to worry for fear they will die or go crazy if they do not sleep. I recall the case of a patient coming to me recently in a highly excited state of mind, although in good physical condition; who wanted to know how long he could live without sleep. He said he was almost crazy and he knew he could not live long because he had not had a night's sleep for some time. This was a good case for auto-suggestion. I talked with him at length and assured him the reason he did not sleep was because his system did not require it, and that many people do not sleep much; that Thomas A. Edison says he never takes over four hours sleep a night and no one needs more than that. I told my patient that no one ever went crazy and no one ever died from insomnia; that to lie awake and worry when he had a nice, comfortable bed to lie in was most ungrateful; and that, when his body needed sleep, nature would come to the rescue and give it to him, and for him to go home and stop worrying. His whole bearing changed and he became cheerful. He left my office laughing and joking and that night slept like a baby. In other words, his mental worry was changed to mental calm.

These and many similar conditions the busy physician can and should take care of, but there is a class of chronic cases called neurasthenics, or those suffering from neurasthenia, that he cannot or will not spend the necessary time to deal properly with or to accomplish a cure of; and there is and always will be a certain class of people who want to follow some sort of mysterious doctrine or new theory for both their souls' and their bodies' welfare. It is such cases and such people who eagerly adopt New Thought, for instance, and Christian Science. New Thought belief claims over one million followers and Christian Science three million, while other similar cults a million or more. Looking further, we see that there are five or six million adults, and when we add the children we find that there are ten million or more people in the United States who should be our patients, but are not, chiefly because we either do not give them sufficient time or the kind of treatment they require or do not send them to those who can. These cults are too strong, and apparently accomplish too many cures, for us to ignore them any longer, and the question that confronts us is, What are we going to do about it? There are two aspects to this situation, two duties which we have to perform. In the first

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place, those ten million followers of Christian Science and other cults mean just ten million less patients for the regular practitioners of medicine, and we must, for our own good, endeavor to get them back or at least to prevent new converts. Secondly, we must take a broader and more unselfish view, and, for their own sakes, try to reclaim those ten million souls to the right way of living, morally, physically and spiritually. We must also bear in mind that most of the cults, dogmas or doctrines to which they adhere are in reality medical, but clothed with a spiritual mantle, and that being the case we must co-operate with the Church in bringing the spiritual element into our work.

Now, the basis for the practice of Christian Science, New Thought treatment and various similar beliefs, is treatment by hypnosis and suggestion; and the basis of treatment by hypnosis and suggestion is the acquaintance of one's patients by personal conversation. Through personal conversation we instill in them a desire for analysis of their own mental condition, thus switching them from fear of the physical to the creation of an interest in their mental condition. Physical diseases create and are aggravated by mental fear and unrest; hence, by removing the latter, we obtain a salutary effect on the former. Fear, moreover, creates a desire for suggestion and a general mental dependence upon others; and this condition opens the door to the physician or to the healer, allowing him to educate his patients to practice mental synthesis, to give them confidence in themselves and enable them to fight against imaginary mental foes, to be their own masters, and hence to banish the stalking pathological wild beast roaming about in their mentality and causing reflex diseases in their physical anatomy.

Obviously, whereas pathological conditions can scarcely be changed by these means, yet neurotic conditions which exist alone may be cured, for disease without physical foundation has no reason for existence, and where neurotic conditions exist in conjunction with pathological conditions, the cure of the former does doubtless have a beneficial effect on the latter. Nervousness and so-called nervous diseases, which consist of neurasthenia, hysteria and the lighter forms of hypochondria, are purely functional conditions and consequently usually psychic; and psychic diseases require psychic treatment. Hence the cures effected by Christian Science, New Thought treatment, etc.

The great and chief underlying doctrine of Christian Science is, however, that people are sick because they think they are, irrespective of their ailments, whether organic or functional. Christian Scientists absolutely ignore diagnosis and absolutely

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oppose not only physicians but the Christian Church; and those are the two great reasons why we cannot unite with them or aid them or be aided by them. I do not wish to be understood as believing that Christian Science accomplishes no good; on the contrary I believe it does; but I want the good it does to be done through legitimate channels, with the bad part eliminated.

But just how are we going to combat this condition, and with what weapons shall we exterminate this growing false doctrine? And how shall we treat that great number of patients who require more time and attention, and, perhaps, a different kind of treatment from that which we can or are expected to give, and at the same time keep in touch with them so that when organic diseases arise we shall have them as patients?

In my opinion, psychotherapy is the only alternative and the only means that the legitimate physican can advise with dignity and for his own protection, because no true psychotherapist claims that organic diseases can be cured by suggestion or autosuggestion alone, unaided by a physician's diagnosis or a physician's or surgeon's remedies, for in these cases psychotherapy can only play a part in the patient's recovery, by removing fear and worry, especially in cases where hypnotics might be harmful.

In Europe psychotherapeutics are wholly in the hands of physicians, but in America we have not hesitated to associate the man of science with the man of religion--doctor and minister—in a most favorable form of co-operation for the good of the sick and the suffering. At present physicians are but amateurs in the art of mental healing, the clergy alone have given it serious study, as for instance, the Emanuel movement according to the method of Dr. Worcester of Boston. Shall this condition continue or shall the teaching of scientific mental healing be added to our college curriculum? American universities and medical schools are far behind those of the rest of the world in their provisions for instruction in this subject. In Italy and Germany especially, every university has its psychiatric clinic in which its professor of psychiatry teaches students how to recognize and treat mental phenomena which deviate from the normal.

It cannot be too firmly kept in mind that no one is really competent to practice psychotherapy unless he is thoroughly acquainted with the laws of suggestion and dissociation as revealed by the psychopathologists and has undergone a careful training in methods of psychical diagnosis. Otherwise he can proceed only in a bungling, haphazard way, and with the best in-

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tentions in the world is certain to make serious mistakes.

Moreover, beyond and above all this, psychotherapy has emphasized and brought to the attention of the scientific world a truth that has been more or less neglected, especially by physicians and other men of science, namely: that man is something more than a mere collection of molecules and atoms; something more than a mere machine. He is all of this, of course, but in addition possesses a higher nature, however we may define it, which we call spiritual. The laws governing this side of his nature are not nearly so well known as those controlling his material being. But, notwithstanding the evidences of its existence are too many and too manifest to allow any thinking man to ignore it entirely. Man is a complex being. He is neither mere matter nor pure spirit, but a combination of both. Any system of therapeutics that attempts to treat him as wholly one or the other is certain, in many cases, to fail of the highest results. This mistake is made by many physicians on the one hand and by many faith curists and mind healers on the other. To be sure, there are doubtless instances where the ailment is so predominantly physical that mere material means alone effect a cure; as there are others so evidently mental that spiritual means alone are effective. But there are also many cases, perhaps the great majority, on the border land—ailments partly physical and partly mental—and to treat these effectively both sides of man's nature must be ministered to.

It is in just such cases that psychotherapy is of inestimable value. With no animus against the man of science, but rather a cordial desire to welcome and co-operate with him, psychotherapists stand firmly for whatever element of truth there may be in Christian Science or any other of these cults, and at the same time endeavor to hold the two views in proper balance, to do justice to both parties. Better still, to cause to cease the present destructive and unseemly strife and make both work together for the amelioration of the ills that flesh is heir to and the upbuilding and improvement of the whole man, body, mind and spirit.

30 Edgecombe Avenue.

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MENTAL ILLS CONSIDERED FROM THE STANDPOINT OF SIGMUND FREUD'S THEORY OF REPRESSION

BY GUY B. STEARNS, M.D.
New York City.

IN THE field of Psychiatrics no man has made so profound an impression in recent years as has Sigmund Freud. He has done this by introducing into the science an entirely new and comprehensive conception of the mechanism of certain types of mental disequilibrium.

In order to understand his theroies we must start first with some conception of what mind is, its qualities and attributes, and the laws that govern its actions.

To express in words a conception of mind is difficult, as a definition has to be evolved by directing the mental process inward on itself. Like all forces in nature, the ultimate properties of mind are not revealed to us, and it can only be defined in terms which represent some of its manifestations. Perhaps it can best be described as that which thinks, remembers, reasons, wills.

Its inherent qualities, and the laws which govern it can be studied by observing the phonomena resulting from its action under varied conditions.

One of the most important qualities of mind is its power of logic: i. e., its ability to reason correctly from any premise to a certain conclusion.

It has not, however, the inherent quality of reason, as reason is an attribute of consciousness, and does not appear until after consciousness is awakened.

This distinction between logic and reason must be kept clearly in mind if we are to understand Freud's theory.

Further to elucidate this we will for a moment study mind from the standpoint of its manifestations in the conscious and the subconscious.

When we are conscious we can observe facts, and direct our thoughts in relation to those facts; can select the premises from which we reason, and can will our acts in accord with our reason.

When, however, consciousness is surrendered or suspended as in the hypnotic state, and one's mind is active only in the subconscious realm, any thought presented to the mind is accepted; and the individual acts logically in accord with that thought, be it ever so unreasonable. Thus, when a person is hypnotized, and is told he is an orator or a washerwoman, he accepts the

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statement and acts the part in a logical manner according to his conception of the character.

In our every-day life we are actuated both by thoughts which are in the conscious realm and by those in the subconscious; and no act is ever performed, however unreasonable or insane, which is not a logical result of the conscious or subconscious thoughts in the mind of the one who originates it. This fact must be the fundamental, basic principle underlying any successful method of treatment of the mentally unbalanced. The inevitably logical attribute of mind.

With this as a starting point, the question arises how are we to get in touch with the subsconcious or hidden thoughts, or mental viewpoint of the individual whose acts are irrational, and, after getting at them, how change them to the normal?

And what is the nature of the cause which originates such thoughts?

From what has been said, it will be seen that the most rational acts are those which result from thoughts which pass through the consciousness, and are censored by the reason; while irrational acts are those originating from thoughts which in some manner elude that censorship.

In order fully to comprehend the subject, it is well at this point to consider the development of the mental attributes from infancy to adult life.

For a time after birth, an infant's activities are very primitive, and are divided between the vegetative functions of nursing and sleeping on the one hand, and on the other giving evidence of its waking consciousness by cries and movements of its limbs.

After a time it begins to adjust itself to its physical surroundings, which it does in the same way as any other animal. A kitten will smell a burning match once, but never again. An infant soon learns by experience to avoid things which cause physical pain. After a time, however, a new set of impulses develop, and a new kind of adjustment has to take place, the relationship between which shapes the whole future life of the individual. And it is during this early period of child life, and through to late adolescence that the potential elements of later mental disorders are born.

As the ego of the child emerges into the unconsciousness many desires and impulses develop around it. Civilized life is full of conventions and ideals which are the composite educational results of the struggle upward of the human race. These invisible, intangible, unyielding, but powerful psychic influences come in conflict with the primitive emotions of the child, and

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mould them more or less completely to the requirements of adult life.

At this point the elements entering into the psychic development of the child are its hereditary tendencies in the direction of adaptability; qualities of perception; emotional and other tendencies; and its immediate surroundings as regards family, companions, educational and other influences.

If we take on the one hand an individual with all the inherent elements of love, hate, envy, generosity, fear, vanity, and all other qualities and impulses, but endowed with no knowledge of, or inclination for restraint; and on the other, an individual who has so trained all these qualities and impulses that he fulfils in the highest degree his individual and civic possibilities, between these two will be found a place for every living being.

The term "sublimate" is used to designate the mechanism of the change from the first individual to the second. And every individual represents a more or less complete sublimation. Every thought and act of the adult but represent in a changed form some primitive instinct in the infant.

An incomplete or abortive sublimation of primitive impulses results in some form of deviation from the accepted mental norm. And the problem of the one who undertakes to cure the mentally ill is to trace the abnormal expression back through its devious course to its original representation in primitive, infantile impulse, and then by educational measures to teach the patient how to project his impulses in a normal direction.

This process is known as psychoanalysis.

We now come to a study of the mechanism of the process which transforms an innocent, infantile impulse into an abnormal adult mental manifestation.

In the struggle for adjustment of primitive emotions to the higher purposes of life, obstacles are met with in environment, or the impulse rebels against the discipline necessary for its transformation; and in the resulting psychic struggle emotional traumas occur. These traumatic experiences are always of a painful character, and of such an intimate nature that they are not only not admitted openly, but are dismissed as quickly as possible from the consciousness. Or, if they are remembered for a time, they are brooded over in secret as something to be repressed or forgotten. In either event they are not subjugated by the reason and the will, but are repressed into the subconscious mind as memories associated with the idea of secrecy and oblivion. The mind deceives itself, thinking that it has dismissed the memory for good. The subconsciousness is the storehouse for all memo-

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ries, and for innumerable impressions which do not enter the consciousness at all. The habit of repression having established itself, these disagreeable and painful emotional experiences do not necessarily emerge into the consciousness, but are automatically repressed.

As stated before, mind is absolutely logical, and when acting in the subconscious accepts literally whatever thought is given it. Ordinary memories may rest undisturbed for years, and under the influence of proper association be recalled in the form of mental imagery of the original occurrence. But the memories mentioned above are accepted into the subconscious literally as secrets, though they retain all the potential activity of the original emotional disturbance.

No memory ever dies, and an individual whose impulses develop contrary to their normal purpose is storing, through repression of painful memories psychic forces which have no relation to his reason, and which he has no knowledge how to control. For the repressed memories must give expression to themselves when they are stirred, but since the subconscious has accepted them under restricted conditions, they are under strict censorship, and cannot emerge into the consciousness at all in their original form.

Instead they seek some other method of expression, equal in intensity to their emotional potentiality, but in a form so masked that their original nature can not be detected These symbolic expressions may assume various types such as hysteria, psychasthenia, obsessions, or even a complete surrender of all other mental functions to this overflow from the storehouse of repressed memories of emotional traumas.

Every manifestation, whatever its character, is but an attempt at adjustment of these memories, and represents a curative effort. This fact must be kept in mind, or all attempts at cure will prove abortive; for if the physician expends his energies in trying to remove a condition such as an obsession, as something primarily to be gotten rid of, all his arguments will but serve to strengthen the hold of the obsession on the patient's mind.

The term "mental catharsis" has been used by some to designate the method of freeing the mind of its impediments, but this is an extremely bad term as it symbolizes a merely palliative treatment for a physical condition.

If the physician spends his time allowing the patient to free his mind of troubles as they appear to him, he will never get any nearer the real trouble than the patient himself, however much temporary comfort his sympathetic ear may give; for the stored

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up thoughts are always trying to justify their method of expression. It requires the utmost care and patience on the part of the investigator to trace an obsession back to the thought which emanates from a hidden memory which has rested for years in the subconscious, and from this memory bring to the patient's consciousness and reason, the potential emotions and desires which originally entered the mind before the thought became a memory; for the subconscious has prepared an ample defense against any direct attack, and must in some manner be thrown off its guard before it will give up its secret.

Many searching interviews have to be given concerning the first manifestations of trouble, and it will always be found that the condition has progressed from one step to another, through a series of emotional disturbances, and each more recent condition must be analyzed, and taken care of before the previous one can be reached.

To illustrate the practical application of these principles by reporting an analysis of a complicated case would take much time, and is beyond the scope of this paper.

Many such analyses have been reported, and any one interested in the subject is referred to a pamphlet entitled, "Selected Papers on Hysteria and Other Psychoneuroses," by Sigmund Freud, translated into English by A. A. Brill. A short and simple case will serve for illustration here.

Thomas A., aet 10, was brought to me with the following history: Two weeks ago he was frightened by some larger boys in his school, who kicked him, and otherwise maltreated him; and said they were going to take him to the old park-keeper and have him arrested.

He "fainted," and some older person took him home. Next day he went to school, and "fainted" again. Since then, if he gets into any crowd, he gets "almost faint." He is nervous, and can't keep still; falls asleep late and wakes early. He is small for his age, delicate in appearance, though not unduly shy. He is musical, and can play any piece of music he hears, often makes up little compositions himself; prefers reading a book to playing with other boys; is very bright in school, and can easily lead his classes, but is careless and irresponsible, though lovable and full of mischief. If he goes on an errand for his mother, he is as likely as not to forget what he went for, not through lack of memory, but because he is dreaming and careless. Makes up little romances, and often tells of things he sees which are only ideas which he visualizes.

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He always wets the bed at night, and no kind of discipline has had any influence over this habit.

His tonsils are slightly enlarged, and his nostrils are small and he has a long though free foreskin.

When doing gymnasium work in school (which he does not care for) he always has pain in his left side.

He was prescribed for on his constitutional symptoms, but no analysis was attempted at this time. Three weeks later his mother reported no improvement in his nervous condition. On the contrary, some older boys had "pummeled" him again, and he had had another nervous spell and couldn't use his legs, and his chin had quivered, and he has felt cold ever since. He feels tired all the time, and wants to sit around and read.

Here we have a neurotic in the making. Starting with his recent experiences, I questioned him as to why he "fainted," and lost the use of his legs. He did not know. Was he unconscious? At first he said yes, but on further questioning he said no. Gradually, after much questioning, he admitted that he knew when he "fainted," but had to do it so the older boys would leave him alone.

Applying our analysis, Tommy was not bringing his emotions into relaxation with his surroundings, but was allowing them to expand into a little world of his own through his reading, his romancing and his music.

When these emotions came in conflict with the rougher instincts of his hardier playmates, they could not find adequate expression in justified reprisal, since they had not been sublimated in that direction, and there was an immediate repression; subsequently, the repressed emotions sought expression in his nervous symptoms.

After getting the facts of the case in their true relation into his consciousness so he would talk about them freely (which he did without shame), the next step was to show him how to direct his emotions normally. He said the boys "picked on" him, and they were too large for him to fight, and he didn't like to fight any way.

Abstract philosophy is not of much use to a ten year old boy, but principles are quickly grasped through examples.

I asked him if his brother, two years younger than himself, was "picked upon" by the others, and he said no; but he couldn't tell why; then I asked him whom of all men he admired most, and he said Teddy Roosevelt. Did he think Roosevelt would ever be picked upon by anyone?" No, he would fight. "But," I said,

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"Roosevelt wouldn't have to fight for no boy would think of imposing on him."

At this point a light broke in on Tommy's mind, and he said he could see how Teddy would prevent it by just being Teddy.

This was the starting point of Tommy's cure. His nervous symptoms disappeared in a short time, and gradually he overcame the habit of wetting the bed. He developed the desire to play with his schoolmates and in a few months his teachers report a complete transformation.

Where the repressions have remained hidden for years in adults they are much more difficult of dislodgement, and resource has to be taken to much more subtle lines of procedure, for the longer abnormal impulses are indulged in, the more they tend to become fixed.

In a non-pathological way, these fixed expressions of what lie in the subconscious are represented in the characteristics and peculiarities of every normal individual.

The pompous man's bluff and bluster are the outward expression of a hidden consciousness of weakness. The old man, whose normal ambitions have been unfulfilled, accomplishes his unsatisfied desires in his old age by boasting of his youth. With nearly every one when relating an incident which does not show him master of the situation, the narrator's dignity is saved in the telling.

The person who is unduly suspicious of others is one whose own motives deserve scrutiny, or it is the attitude of mind of one on the defensive. There is no truer saying than "one judges everybody by himself."

When in a psycho-neurotic case one is attempting to obtain a clue to the disturbing memories in the subconscious, a direct source of information is found in the dreams of the patient. Dreams are composed of two elements. One is derived from the events or thoughts of the previous day, which give the dream its form. This is known as its manifest content. The other element consists of some impulse which lies hidden in the subconscious, and is known as the latent content. In dream analysis, the term impulse must be replaced by one which represents more definitely its meaning. An impulse, being but a desire for expression, can be represented by the term "wish."

The manifest content is usually traced by its resemblance in some way to something which one has read or experienced within the previous day or two. The latent content is not so easily interpreted, for the dream consciousness has a way of disguising the wish before its appearance in the dream.

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As has already been shown, when the subconscious has received a repressed emotional impulse, the only language it has for expressing it is that of symbolism. The latent content of dreams consists of these impulses, always expressed in some symbolic form; and the more completely they have been submerged, the more ingeniously are they hidden in the symbol. For the whole purpose of the subconscious is so to disguise them that they can not be detected. These wishes are always expressed in the dreams as being fulfilled. The fact has been stated in the following formula:

A dream expresses the accomplishment of an unfulfilled wish. To challenge this, a lady related a dream she frequently had.

I go out walking with my two children, at two and four. We come to a street corner, and the children stop, but I continue, and leave them there. After going on a few blocks I decide to turn back and find them, but they are gone, and I am suffering great mental distress when I awake.

The lady was devoted to her children, and could not conceive of herself wishing to lose them. When asked if she had not at times chafed under the restraint necessitated by her devotion to her children, she said yes. She had often said she wished them grown up and married so she could travel about and enjoy herself. The wish that her children were not, never really entered her consciousness, but was repressed automatically into the subconscious. Her conscious thought was so filled with the love for her children that the other could only partially express itself in the joking remark that she wished they were grown up and married.

In her dream, however, the thought could find expression. The wish to be traveling about and enjoying herself was symbolized by the walk. The wish that she did not have her children to bother her was expressed in their stopping and her going on and leaving them. But the love for her children was stronger than the other wishes, and she went back to find them.

The dream was repeated constantly because the factors entering into the latent content were constantly acting.

In the psychoneuroses not all dreams are important, but those which are frequently repeated, or those that are very vivid, or make a deep impression, will contain in some form the important latent impulses dominating the patient.

In complicated cases it is very difficult to get at the hidden cause of the disturbance without making use of this source of information.

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In the casual relations of life, the hysteric, the neurasthenic and the sufferer from obsessions are looked upon as individuals who could by an effort of the will overcome their vagaries.

This conception, instead of helping to overcome the manifestations, but serves to intensify and perpetuate them, for neither the cause nor the cure originates in the will.

The act of repression, which ultimates in some fixed form of abnormal expression, is always automatic and outside the realm of reason, or the influence of will.

It is only when the potential elements of the abnormalities are brought to the understanding of the sufferer that his reason and his will can adjust his psychic activities into normal relation to his surroundings.

Obsessions are logical expressions of emotion common to every one. They are "obsessions" only because their emotional foundation has been displaced, and these emotions can manifest themselves only in the direction of their dislocation.

Inasmuch as any of our instincts impel us in a direction contrary to the practical individual or communistic ethical requirements of home and life, to that extent we all suffer from psychic dislocation and impairment of efficiency.

TWO CASES.

By D. R. GROVER, M.D.
Chicago, Ill.

I READ with much interest Dr. G. Miller Neatby's article, "Gleanings in the Field of Homœopathy," in which he refers to mental suggestion as a possible help to the remedy in certain cases.

I wish to submit two, out of many cases coming under my personal observation where suggestion could have nothing to do with the action of the indicated medicine.

Case No. 1. Mr. B, 32 years old, a clerk in dry goods store. His wife called me on the phone one evening, saying, "come at once, Mr. B. is very sick." I found him in bed with "a very hard cold." His face was flushed, severe headache, chilly all afternoon, could not move in bed without chilling, pulse full, bounding 96 per minute, temperature 103.5, pain in loins extending down the limbs, restless, anxious, irrational. In getting a brief history of the case he said "my father has always given us children large doses of quinine, it is his remedy for every ill." I also discovered

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that the patient was quite deaf, so much so that I had to converse with him in a loud tone of voice to make him understand me.

Now I passed over the belladonna, the aconite, possibly the natrum mur, that might have been thought of, and gave him china sulph-5m, five powders, one every hour, dry on the tongue. I returned next morning about 8:30 o'clock to find my patient sitting up in bed reading the morning paper. The tray and dishes at the side of the bed showed that he had just finished a breakfast of eggs, toast and coffee.

Bad symptoms had all subsided, pulse normal as to volume and frequency, headache gone, in fact his only complaint was that "his wife would not let him get up and go to the store."

He looked me straight in the face knowing I was a homœopath, and said: "Doctor what was that medicine you gave me last nightnight?" I said, "Why do you ask that? Hasn't it done its work all right?" He said, "Yes, it has surely done wonders for me, and I know what it was, it was quinine." I said, "Why do you say that, could you taste quinine?" "No," said he, "I could not taste it, but I could feel it. And," he continued, "when I woke up this morning I could hear my watch ticking on the dresser there, (about four feet from his pillow), and that is something I have not done before for seven years."

Case No. 2. Mrs. C, 46 years old, thin in flesh—quick nervous irritable temperment.

I saw her about 4 p. m., she also had "taken cold." There was no disturbance of pulse nor temperature. The one guiding symptom and the only one of which she complained was a deep-harsh croupy sub-sternal cough which had kept her awake for the past three nights. I sat by her chair long enough to hear and witness two occasions of the cough and then gave her spongia, two-hundredth potency; 5 powders to be taken one hour apart.

I called at 10 a. m. next day and found her going about the house feeling cheerful and looking rested and refreshed, yes she "was much better, in fact, the cough was nearly gone," in fact, she had slept well after midnight for which she was "so thankful," but "what in the world was that medicine you gave me?" "Why do you ask," I said. "Isn't it all right?" "Yes," she replied, "but it made me feel just like a sponge."

Neither of these persons had the slightest means of knowing what they had taken.

2356 Jackson Street.

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GRAIN ITCH ITS RECOGNITION AND TREATMENT

By RALPH BERNSTEIN, M.D.,

Clinical Professor of Dermatology, Hahnemann Medical College and Hospital, Philadelphia; Consulting Dermatologist to various Hospitals, Institutions, Etc.

Philadelphia, Pa.

GRAIN Itch, known also as straw itch, which in reality is Acarodermatitis Urticaroides, is practically a modern dermatologic affection.

This type of itch is due to a small mite known as "Pediculoides Ventricosus" which has its habitat in grain.

The lesions are acutely inflammatory, urticarial-like in type, being usually surmounted by one or more minute vesicles. This is the characteristic lesion of the disease.

The sites of predilection are the chest, abdomen and back, although any portion of the body may be affected.

The patient usually gives the history of sleeping upon a new straw mattress.

The lesions may become pustular, and secondarily impetiginous.

The itching is intense, violent and constant.

The pediculoides ventricosus lives quite superficially upon the skin; it does not dig down to form burrows as the acarus scabeii is wont to do in scabies or the common ordinary itch.

There may, however, be erythemato-urticarial or papulourticarial lesions with vesicles interspersed here and there which are quite minute.

The lesions vary from a small pea to a dime in size, and may be either oval, rounded or irregular in shape. Frequently the vesicular element is absent; the intense itching having caused the patient to remove them by profuse scratching. In their stead hemorrhagic points will frequently be found.

It is peculiar that the hands and the feet are usually not affected with grain itch. The face may, however, occasionally show scattered lesions, which is not the case in scabies except perhaps in nursing infants.

The disease may last for a month or two when untreated, the itching being intolerable.

Workers in the grain fields and granaries and packers of china are prone to the disease. The acarus, however, does not make much of an impression upon the aforesaid group because, being quite superficial, it is readily washed off from the arms as is the custom of these workers at the end of their day's toil.

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From the standpoint of differential diagnosis, grain itch must not be mistaken for urticaria. The lesions in urticaria are transitory, coming and going. Their duration is short, lasting perhaps a few days to a week. The itching of urticaria is not so violent. The face, hands and feet may as well be affected, which is not so of grain itch. Ordinary urticarial lesions do not have the coassociated vesiculation. It is very important to diagnosticate grain itch from urticaria because, being parasitic in nature, the local treatment would be decidedly opposite.

Scabies may be differentiated from grain itch on the fact of the acarus scabeii having certain sites of predilection, namely, in between the fingers, flexures of the wrists and elbows, anterior axillary folds, the breasts in the female and the penis in the male. The grain itch mite is not to be seen in between the fingers; the hands usually being free from involvement. The itching in scabies is only worse at night, whereas in grain itch it is constant, although rare cases may only be worse at night. The lesions in scabies are decided papular with coassociated burrows, which are absent in grain itch.

The differential diagnosis from scabies is not of such paramount importance because scabies and grain itch both being parasitic demand the same type of local treatment.

The local treatment of grain itch consists of frequent hot baths with the use of hand-brush and soap, which very often brings about a cure because the parasite lives quite superficially upon the skin.

A ten per cent. precipitated sulphur ointment in lard as a base thoroughly rubbed in at bedtime in the more severe cases usually effects a cure within a very short time.

The underclothing and the bed linen should be boiled. If the source of infection is a straw mattress, it should be fumigated with formaldehyde or destroyed.

If itching persists after apparent disappearance of the lesions, due to secondary dermatitis, a mild, soothing lotion or ointment may be employed.

To increase the vulnerability and resistance of the skin and assist the action of the local remedies, compare the following:

Antimonium Crudum 1x 12x

Lesions—Papular, erythematous, vesicular. Lesions have a tendency to crust formation of a yellowish-brown color. May follow excessive sweating.

Location—Shoulders, chest, abdomen and extremities.

Sensations—Intense itching, burning, stinging, stitching and pain.

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Worse—Afternoon and night, in the sun, from touch, sour food, wet and in drunkards.

Better—Open air and from rest.

Associated Conditions—The patient suffers from some gastric trouble and has a very white-coated tongue.

Apis Mellifica 3x, 12x 30x

Lesions—Erythematous and erythemato-vesicular, pustular. The lesions are in the acute stage and are a local oedematous type, their color being pale red.

Locations—Face and body generally, hands and extremities.

Sensations—Intense itching, burning, stinging, smarting and pricking.

Worse—From heat, touch, pressure, in later afternoon and sleep.

Better—Open air, cold bathing, and when uncovered.

Associated Conditions—Renal trouble, weakness, stupidness, coassociated feverishness with absence of thirst.

Arsenicum 3x, 12x

Lesions—Small papular lesions with coassociated fine bran-like desquamation. The associated lesions may be pustular or vesicular in type. Tendency to crust formation.

Locations—Face, back, abdomen, genitals and arms.

Sensations—Intense burning, itching, creeping, prickling and soreness.

Worse—After midnight (1 to 3 a. m.). In the evening, cold, open air.

Better—Warmth and warm applications.

Associated Conditions—Marked thirst, drinking but little at a time; skin dry, great anxiety, nervousness, physical depression and anaemic states.

Rhus Toxicodendron 6x, 12x, 30x

Lesions—Vesicular, erythematous, papular, pustular and squamous, with a tendency to pustulation and crust formation of a thick character, having a putrid and excoriating exudate. The lesions are usually surrounded by a red areola. The eruption may be dry or moist according to the type of lesion predominating. There is some infiltration of the skin. The vesicles are small sized, pin point to pin head.

Locations—Inner sides of the thighs, genitals, chest, abdomen, back, or any part of the body. The hairy parts are often affected.

Sensations—Itching, burning, smarting, stinging, stitching, tingling and tension.

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Worse—Morning and night, after bathing in warm water, after scratching.

Better—Temporarily from cold applications, pressure and motion.

Associated Conditions—May have restlessness, rheumatic affections, glandular enlargements, debilitated states. The condition runs an acute course.

FUCUS VESICULOSUS

This is a remedy known to Homœopathy, but unproven and mainly used empirically. The following paragraph from the Medical Press, which contains practically all the uses of the drug with which we are familiar, may encourage some experimenters towords a proving.

"As one of the acknowledged sources of Iodine the production of 'kelp,' or burned seaweed, is an industry of no mean importance, more particularly in North-Western Europe. The medicinal virtues of the different varieties of seaweed are not yet, perhaps, sufficiently definite to enable them to find a permanent place in the Materia Medica, it we except the Fucus vesiculosus, or common bladder wrack, two extracts of which have become non-officially pharmacopœial. These preparations are rich in Iodine, Bromine and Chlorine salts, hence they have been recommended for administration in cases of scrofula and glandular enlargements. Owing to the property of the sea wrack of causing the absorption of adipose tissue, it has entered into the composition of 'anti-fat' remedies. The late Sir James Murray, of Dublin, was wont to recommend 'stoke,' a variety of edible seaweed, as beneficial in rheumatic affections, while 'curra-geen,' obtained from Waterford, is, we believe, still used as a substitute for isinglass in jellies in some parts of Ireland. Green and purple 'laver' have enjoyed a reputation in the British Isles as succulent vegetables for some years past. There would appear, therefore, to be a distinct, if somewhat limited, use for these marine delicacies in the treatment of disease, and it is possible that further pharmacological research in this direction will not be unfruitful."

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North American Journal of Homœopathy

Editors

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EDITORIAL

EX-COMMISSIONER PORTER

AFTER nine years of service as Commissioner of Health of the State of New York, Dr. Eugene H. Porter relinquished that office in January last. Every homœopathic physician has an interest in the record established by him while in office, for whatever he did in a measure reflected credit or discredit upon all his fellow members in the homœopathic school. Some appreciation of his labors at Albany would, therefore, be appropriate in the oldest homœopathic journal in America were it not for the fact that its editorial staff was so closely associated with his administration.

Moreover, it is always well to see ourselves as others see us, and the estimation of Dr. Porter's efficiency as a public health administrator among the leaders of the dominant wing of the medical profession may, in this instance, be fairly accepted as an index of its true character.

It is well known that during his tenure of office Syracuse University conferred upon Dr. Porter the honorary degree of Doctor of Public Health, and throughout the nine years spent at the Capitol in Albany, he was frequently invited to address county and sectional societies of the old school. A further tribute to him was paid by *American Medicine,* which, in its January issue, had the following editorial:

> "A special word concerning Dr. Porter's services would seem to be called for, as he is about to turn over the office of Health Commissioner to his successor. Appointed by Govern-

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or Higgins, Dr. Porter's scientific and administrative abilities have been so marked that Governors Hughes, Dix and Sulzer were glad to retain him year after year. When Governor Sulzer came into office we seized the occasion to point out the splendid work Dr. Porter had been doing and the benefits that had accrued to the State. Dr. Porter has been not only a faithful public servant, but a very able one. His tenure of office extending over the administration of four governors, has been marked by notable progress and accomplishment. Without the slightest exaggeration it can be stated that under Dr. Porter's direction the health department of the Empire State has attained a degree of efficiency that has been equalled by few other States in the Union and surpassed by none.

"As Dr. Porter passes out of office once more again is emphasized the grave fault of our official system in the United States that many European countries have had the wisdom to avoid. In these foreign states and cities the training, experience and efficiency of certain officials, such as health officers, are considered public assets. The longer an official, who is efficient, holds office, the more useful he is considered. Under no consideration would the people countenance dismissal of a good and capable official who has become thoroughly trained in the duties of his office, and tolerate his being supplanted by, perhaps, a totally untrained man, for no other reason than to honor some prominent citizen, give some one else "his turn in the office," or discharge a political obligation. Such a course would be looked on by the people as a flagrant betrayal of their interests—and they would be pretty nearly right. The desire of the founders of our national, state and municipal governments to avoid the development of classes was responsible undoubtedly for our system of rotation of office. Possibly there is much too commend such methods. But there is a great deal to be said on the other side when we come to consider officials whose value in the public service depends on special aptitude, long training and the acquisition of special experience. Since this training and experience are obtained usually at public expense, this fact alone, to say nothing of the practical advantages, would make the retention of such officials simply thrifty common sense.

"All of which brings us to the conclusion that if the State lets Dr. Porter retire to private life and fails to make some arrangement whereby his knowledge, training and experience can be utilized for the public welfare, it will be a sad reflection on the judgment as well as genuine interest in the health of the people of those at the helm. There are not so many men with the information gained from eight years' successful administration of the health department of a State like New York, that we can afford to lose their services, even if we retain them in only an advisory capacity."

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SEX HYSTERIA

BY SEX Hysteria is not meant Freud's theory that hysteria as a disease always has a sexual basis. Sex hysteria as here used means the constantly increasing attention given to matters of sex in the newspapers, in the magazines, in plays and moving pictures, in novels, in polite conversation.

Eugenics is in the foreground now as a pseudo scientific subject of essays and conversation. The human race is to be improved and made perfect by permitting the union of none but the fit. Is the mind or the body to be the supreme test? A breeder of animals breeds for a special purpose. Race horses are bred from race horses; draught horses from draught horses. Are we to have human breeding places where intellectual men and women are to unite and create intellect? Where athletic men and women are to unite to create physique? Evidently the individual is to have no voice in the matter. Is the State to seize and train the products of conception?

Take the mis-named societies for "moral prophylaxis." Typhoid prophylaxis is prevention of typhoid. Why should we wish to prevent morals? If these societies are to be of use, why are the words gonorrhea and syphilis taboo? Why should a great daily newspaper speak of a new remedy "for the lesser of the two diseases so harmful to human offspring?" Which is the lesser? What does the paper mean?

And the teacher of sex knowledge? Who is to do it? How is it to be done? Take Freud's theory, that reduced to a few words means that all pleasurable sensations from the cradle to the grave are sex sensations; that all unpleasant sensations have a basis in sexual errors or suppressions.

Take the tango and the turkey trot and the other dancing crazes denounced as immoral by so many.

All of these things, eugenics, moral prophylaxis, sex knowledge Freud's theory, dancing, all have put questions of sex in the forefront of the social fads of the day. Consciously or unconsciously all who read the newspapers, magazines and novel literature are thinking of sex. Is the world to return to phallic worship? Is that to be the new religion? Quien sabe?

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SOCIETIES AND FADS

HUMAN endeavor, to accomplish anything, needs to unite those interested and to organize them into societies for mutual assistance. Many such societies are of value. Many are not, or at least it would seem as though many were superfluous. Take any field of usefulness and look at the multiplicity of societies with almost identical aims. Especially is this true of societies for social uplift, whether for safeguarding morals, for eradicating some particular disease, for charity, or for some other special purpose. Such organizations are multiplying in numbers every day.

Balzac, writing nearly a century ago, in speaking of France after the fall of Napoleon, says:

"We inherit today the saturnalias of the Revolution transferred to the domain, apparently peaceful, of the mind, of industry, of politics; it now seems that reputations won by toil, by services rendered, by talent, are privileges granted at the expense of the masses. Agrarian law will soon spread to the field of glory. Never, in any age, have men demanded the affixing of their names on the nation's posters for reasons more puerile. Distinction is sought at any price, by ridicule, by an affectation of interest in the cause of Poland, in penitentiaries, in the future of liberated galley slaves, in all the little scoundrels above and below twelve years, and in every other social misery. These diverse manias create fictitious dignities, presidents, vice-presidents, and secretaries of societies, the number of which is greater than that of the social questions they seek to solve. Society on its great scale has been demolished to make a million of little ones in the image of the defunct. These parasitic organizations reveal decomposition; are they not the swarming of maggots in the dead body? All these societies are the daughters of one mother, Vanity."

It would almost seem as though Balzac, gifted with prophecy, was writing of our own times.

Just at present social uplift is the fad. It has many ramifications, some of which are good, some of which are peculiar, some of which are useless. In the business world the tendency

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is toward consolidation. In the fad world the tendency is toward subdivision. Would it not be better for the fad world to change its trend?

THE CINCINNATI MEDICAL NEWS

HE IS a courageous man in these days of the high cost of living and printing and diminished professional incomes who ventures into the field of medical journalism, particularly if the essay is in the nature of a weekly appealing to the general practitioner. That is what Dr. A. G. Kreidler, of Cincinnati, has done, the first number of The Medical News—since called the Cincinnati Medical News—appearing on January 1 of this year.

Dr. Kreidler was formerly on the staff of Concinnati's other medical weekly, the Lancet Clinic, and now that the control of that journal is becoming more and more associated with the medical societies and institutions of the city and that section of the medical fraternity that runs the same, he feels the need of an organ through which the younger and independent element in the profession can express itself. The reader is certainly left in no doubt as to its independent platform.

The homœopathic editor naturally looks for evidence of the bias of the new publication toward or against homœopathy and the following editorial paragraph in the second number of the News tells the story for itself:

"Uphold Your School Affiliations"

"It is a pleasure to chronicle the renewed activity of the followers of Hahnemann. While the editor of the *Medical News* is an exponent of the old school, he is devoting its pages to furthering the best interests of every school of medicine. In this day and generation to do otherwise would be to stultify the name of medicine. Besides, after all, what a trifle separates the followers of the different systems! Merely a few formulæ in materia medica and therapeutics. Both our homœopathic and eclectic brethren should have the strength of their convictions in regard to the application of remedies. They should hasten to explain their position whenever a fair hearing can be secured; for while there is less prejudice and bigotry than formerly, there is still present a vast amount of ignorance. The late William Colby Cooper was never afraid to express his opinions and he won the respect of his confreres of whatever school. We are still aiming to secure the

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greatest good for our patients; and if we differ a trifle among ourselves as to the best method to be pursued, the sum total of human happiness isn't diminished to any appreciable extent. Hence, let every physician stand by his convictions, and yet have an open mind. That should be the slogan of the cultivated man regardless of school affiliations"

Dr. Kreidler has an uphill path before him in making the *Cincinnati Medical News* pay its way. There is no doubt of his ability to furnish reading matter fully worth the $2.00 per annum subscription: the question is will enough of the independent element in that geographical section of the profession that is tributary to him pay the $2.00 to enable him to meet the expenses of publication.

The NORTH AMERICAN JOURNAL OF HOMOEOPATHY welcomes the *Cincinnati Medical News* into the field of journalism and wishes it prosperity and long life.

NOTES AND COMMENTS

Acute Mercury Poisoning

The following case of acute mercury poisoning was reported in the *New York Medical Journal*, July 26, 1913, by Dr. J. M. Lobsenz, of New York. It is of interest to the homœopathic student as a crude proving.

Case. Female, aged twenty-two years. Robust and in good health, swallowed three white bichloride tablets of seven and three-tenths grains each. About ten minutes afterward the stomach was emptied by tube, and repeatedly washed, with egg and milk, for one half hour. No signs of collapse. Patient complained of metallic taste in mouth; burning sensation in mouth, throat, and stomach. Constant vomiting. Twelve hours after taking tablets tongue and gums were deep blue, breath fetid. Tissues between the toes were discolored blue, as were also the finger tips. No urination for the first day; last urination the night before, at 11 o'clock. Temperature, pulse, and respiration normal. First show of blood in stool, fifteen hours after poisoning.

On second day, condition the same, with addition of coarse tremor of tongue and fingers; continuous pain and tenesmus. Two small bowel movements, with no show of blood; no urination.

Symptoms on third day more aggravated. During the entire twenty-four hours she had twenty-seven bowel movements, all containing blood, mucus, and greenish fluid. About one-half these movements were blood only, varying in quantity from one ounce to five ounces. Vomitus, blue fluid. Very restless. During night she had desire to void, was catheterized, and bladder found empty. No urination. From the fourth day on symptoms gradually diminished in severity. Pain, tenesmus, and bowel action decreased. Vomit-

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ing continuous. Deep ulceration of palate between uvula and left fauces. Liver, tender, enlarged, and palpable two fingers below costal margin. Abdomen very tender; no tenderness over kidneys. Voided about ten drops of blue tinged urine, containing no occult blood, at 5 p. m. on fourth day; this being the first kidney action in ninety hours, almost four days. No urination again for thirty-four hours, when an ounce and a half was passed. On sixth day blood ceased to appear in stools. Eight ounces of urine passed during the twenty-four hours. Urine examination on seventh day showed total quantity, fifty ounces; acid, specific gravity, 1.008; albumin, a small quantity, a few casts; no sugar. Improvement marked, vomiting decreased, but still bluish fluid. Marked erythematous blotches appeared on eighth day over arms and legs, the trunk remaining clear. Urticarial wheals easily produced on body.

General improvement continued for the next week. Urine averaged sixty-five ounces daily, with small quantity of albumin and no sugar, till the fifteenth day, when 1.5 per cent. of sugar was found. Sugar continued to appear daily in smaller quantities for nine days, when it ceased entirely.

Patient discharged on twenty-fourth day as cured. During the whole period of sickness there were no signs of uremia and no indications of esophageal stricture.

The treatment followed was symptomatic, consisting of hot packs, wet cupping over kidneys, saline instillation per rectum, pilocarpine in one quarter grain doses, bismuth subnitrate, and occasional tincture of opium, Vichy, and milk. After kidney action was established potassium citrate was given, in ten grain doses, four times daily.

It is worthy of note that hepar sulph. is the homœopathic antidote to mercury poisoning. This was given with gratifying results to at least one patient in the Flower Hospital during August.

BOOK REVIEWS

Saunders' Question Compends. Essentials of Bacteriology. By M. V. Ball, M.D., formerly Instructor in Bacteriology at the Philadelphia Polyclinic. Seventh Edition, revised. Assisted by Paul G. Weston, M.D., Pathologist State Hospital for Insane at Warren, Pa., 12mo of 321 pages, with 118 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.00 net.

While forming one of the series of Question Compends issued by the Saunders Company, the text of this book is not arranged in question and answer. The first edition of this book appeared in 1891; for this seventh edition many chapters have been entirely rewritten, and all have been revised. Dr. Weston has contributed those relating to immunity and infection, and the article on the Wasserman reaction. The author has aimed to include all the newest facts of bacteriology.

Dorland's American Illustrated Medical Dictionary. A new and complete dictionary of terms used in Medicine, Surgery, Dentistry,

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Pharmacy, Chemistry, Veterinary, Science, Nursing, Biology, and kindred branches; with new and elaborate tables. Seventh Revised Edition. Edited by W. A. Newman Dorland, M.D. Large octavo of 1107 pages, with 331 illustrations, 119 in colors. Containing over 5,000 more terms than the previous edition. Philadelphia and London: W. B. Saunders Company, 1913. Flexible Leather, $4.50 net; thumb indexed, $5.00 net.

The fact that 5000 more words or terms are defined in this edition than occurred in the 1911 edition illustrates the striking rate at which additions are made to medical nomenclature, and the need for up-to date dictionaries to record them. The custom of naming operations, diseases, reactions, tests, etc., after individuals accounts for much of this increase, and then within the past two years there has been much new material or serology and pathologie chemistry. This edition has been prepared for by a complete and careful revision of the text and the result is a very complete, handy, and necessary volume.

The Medical and Sanitary Inspection of Schools. By S. W. Newmayer, A.B., M.D., in charge of the Division of Child Hygiene, Bureau of Health, Philadelphia. 12mo, 318 pages, with 71 engravings, and 14 full page plates. Cloth, $2.50, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

The nurse and her relations to the work, to the physician, the teacher and the home are given in full. Chapters are devoted to inspections when physicians are not available.

The sanitation of the school and the health of the pupils is acknowledged to be the most important phase of the public health problems of today. The volume by Dr. Newmager covers the subject in a clear, brief and practical manner.

For the teacher and other school authorities there have been included methods of cooperation and such valuable data as how to teach the fundamental laws of health; information on the relation of mentality to physical conditions; new and common-sense view of the non-promoted, backward and mentally deficient child. The sanitation of the school building and grounds is given consideration, and a simple and very practical method of recording all information for the benefit of the child and the school is included.

The Practioner's Visiting List for 1914. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil with rubber, and calendar for two years. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea & Febiger, Publishers, Philadelphia and New York.

The text portion of The Practitioners' Visiting List for 1914 has been thoroughly revised and brought up to date. It contains, among other valuable information, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of dis-

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eases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

The Principles and Practice of Gynecology. For Students and Practitioners. By E. C. Dudley, A.M., M.D., Professor of Gynecology in the Northwestern University Medical School, Chicago. Sixth Edition, thoroughly revised. Octavo, 795 pages. with 439 illustrations, of which many are in colors, and 24 full-page plates. Cloth, $5.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

This is the sixth edition of a book the first edition of which was published fifteen years ago. That speaks more for it than a brief review possibly could. The author calls particular attention to his arrangement. Instead of considering all the diseases of a single part together, he takes a pathological condition and considers its effects on the different parts. For example, inflammation. That may occur in any part of the genital organs, but it is apt to invade various related parts at the same time, and Dudley so considers it in his book.

The book is well written and particularly well illustrated. The various steps in many of the operations recommended are severally illustrated and made easy to understand. The text is very clear and so arranged that it is very easy to find what one is looking for.

The book can be used as a text book, or it can be used with advantage by the physician or surgeon for reference.

Minor and Operative Surgery, Including Bandaging. By Henry R Wharton, M.D., Professor of Clinical Surgery in the Woman's Medical College, Philadelphia. New (eighth) edition, enlarged and thoroughly revised. 12mo, 700 pages, with 570 illustrations. Cloth, $3.00 net. Lea & Febiger, Philadelphia and New York, 1913.

The important subject of bandaging comes first. This section tells how and of what material to make bandages. After that the method of bandaging of each part of the body is discussed, all fully illustrated. Plaster bandages and splints are included. Part II treats of minor surgery, including anesthesia. Part III is given up to Asepis and Antisepsis. Part IV treats of fractures. Part V of dislocations. Part VI operations. Part VII, amputations. Part VIII, excisions or resections. The book is a concise exposition of surgery of the present day, and one of value.

Diagnosis of Maligant Tumors of the Abdominal Viscera by Prof. Rudolph Schmidt of the University of Innsbruck. Authorized English version by Joseph Burke, M.D., of Buffalo. Rebman Company. Price $4.00. Pp. 331.

The author's idea has been to present to the profession methods for making early diagnosis of maligant tumors of the abdomen. The time to give relief to the patient is in the beginning; too many cases reach an advanced stage before they are recognized.

Part A is given up to the methods of examination in a general way, with sections on etiology and proyphlaxis. Part B is given up to considering the diagnosis of various organs, beginning with the stomach. Part C contains numerous case histories with comments.

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We wish we could give a detailed review of this book, but we have not the space. Every physician ought to own a copy and study it carefully. It is of very great value to diagnostician and surgeon alike.

Obstetrics. A Manual for Students and Practitioners. By W. P. Manton, Professor of Obstetrics and Clinical Gynecology, Detroit College of Medicine, Detroit, Mich. Second edition, revised and enlarged; including selected list of State Board Examination Questions. 12mo, 292 pages, with 97 engravings. Cloth, $1.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

This is a brief but comprehensive little book on obstetrics. It is consise and practical. At the end of each chapter is a list of questions covering the text. It is well printed and contains a sufficient number of illustrations.

Elementary Dermatology. An Epitome of the More Common Skin Diseases for Students and Practitioners. Alphabetically arranged by Ralph Bernstein, M.D., Philadelphia, Pa., Clinical Professor of Dermatology, Hahnemann Medical College, Consulting Dermatologist Hahnemann Hospital, etc. Cloth, 406 pages, fully illustrated. Boericke & Runyon, New York and Philadelphia. Price $3.00 postpaid.

Close upon the heels of the text book on skin diseases by Dearborn of New York comes this work by Bernstein of Philadelphia. The former is a text book, the latter an "epitome," almost a quiz-compend, or student's note book. In fact, the author says that the "book is written primarily for the student in dermatology." To quote further from the preface: "With this book, and his patient seated before him, the student by frequent reference to the larger books on dermatology in the Dispensary Reference Library, a free and liberal use of his brains—in other words, to read, reason and reflect, and when in doubt to call the microscope to his aid—should have no trouble in coming to a successful conclusion as to the proper diagnosis and treatment for the more common skin diseases." This statement of the author's purpose in writing his book also gives a fair sample of his literary style, which leaves much to be desired. Twenty pages or more are given to the classifications of skin affections and it is to be hoped that the student is not asked to burden his memory with them. Under the heading of "Descriptive Dermatology" the writer considers the more common diseases of the skin in alphabetical order, starting with "Acne." There is first a brief description of the lesion, in which the author introduces a very favorite child—the word "co-associated;" next follow brief descriptions of the varieties of acne. Diagnosis is dismissed with the brief sentence: "Diagnose from pustular or papular syphiloderma and sycosis vulgaris." Then comes a side heading, "Bact.," which from the contex (which is Look for bacillus, Gilchrist) one presumes to stand for "bacteriological diagnosis." External treatment is now considered, and we find the injunction, "use hyperæmic cup daily." The cup is not described nor its method of use explained, and there is no reference to it in the index to the book. "Internal treatment" starts out with "Regulate diet and hygiene—combat constipation." Then we have a list of 59 drugs for comparison

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some of their names being spelled out in full, others are abbreviated, and one is misspelled. Parts XII to XV deal with "external cutaneous therapy," and this is followed by a list of drugs which may be homœopathically indicated, each drug being considered under the headings lesions,, locations, sensations, worse, better, associating conditions and indications, under this last term the author designating the skin diseases in which the drug may be prescribed. A repertory is provided and the book closes with a chapter, too brief to be of practical use, on "special dermatologic procedures."

Anatomy, Descriptive and Applied. By Henry Gray, F.R.S., Fellow of the Royal College of Surgeons, Lecturer on Anatomy at St. George's Hospital Medical School, London. A new American from the eighteenth English edition, thoroughly revised and re-edited, with the Basle Anatomical Nomenclature in English. By Bobert Howden, M.A., M.B., C.M., Professor of Anatomy in the University of Durham, England. Illustrated with 1,126 engravings. Cloth, $6.00 net; leather, $7.00 net. Lea & Febiger, Philadelphia and New York, 1913.

This is another exposition of Gray's Anatomy, and has been carried out by an English teacher of the subject. In this edition the paragraphs on surface anatomy have been put together to form a special chapter. About 200 new illustrations are used, the majority being drawn from original dissections. The various notes on applied anatomy have been revised. The Basle Anatomical Nomenclature in English has been used in the text and on the engravings, while in a glossary the three accepted nomenclatures are put in parallel columns. There is, however, an unfortunate difference in some of the spellings on the lliustrations as compared with the text; e. g., on the illustration we have "glutæal artery" and in the text it is "gluteal artery."

Surgery of the Eye. A Hand-book for Students and Practitioners. By Ervin Torok, M.D., Surgeon to the New York Ophthalmic and Aural Institute; Ophthalmic Surgeon to Beth Israel Hospital; Consulting Ophthalmologist to the Tarrytown Hospital, and Gerald H. Grout, M.D., Assistant Surgeon to the New York Ophthalmic and Aural Institute; Instructor in the Eye Department, Vanderbilt Clinic; Consulting Ophthalmologist to the Bellevue Hospital, First Division. Octavo, 507 pages, with 509 original illustrations, 101 in colors, and 2 colored plates. Cloth, $4.50 net. Lea & Febiger, Publishers Philadelphia & New York, 1913.

This book is from the publishing house of Lea and Febiger. Its casual inspection reminds one at once of Meller's "Ophthalmic Surgery." Indeed, it presents the American view as contrasted with the Austrian trend of Meller's production. The latter author frankly admits that his descriptions are confined to the procedures obtaining in Fuch's clinic. On the contrary. Torok and Grout, while less modest in that they include their own personal experiences, are more catholic in their tastes, including the methods of von Schulek, von Grosz, and von Blaskovics, of Buda-pest, Hirschberg of Berlin, and the American Knapps.

The book is better suited than Meller's to the needs of the student and junior practitioner, because before describing the operation, the authors have discussed the disease it is intended to

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relieve, and advanced, with considerable degree of conclusiveness, the reasons for selecting one rather than another operative procedure. This way of presenting the subject is more elastic than Meller's and leaves to the individual operator his choice from several different methods.

The discussion of glaucoma, while it omits all reference to the wonderful work of Elliott, is a very creditable chapter. The description of the use of the tonometer is excellent.

This book deserves popularity and will undoubtedly attain it.

Collected Papers by the Staff of St. Mary's Hospital, (Mayo Clinic), for 1912. Octavo of 842 pages, 219 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $5.50 net.

This collection of papers forms a volume which no surgeon can afford to be without. It furnishes to the general practitioner the latest point of view on many of the most perplexing problems in medicine.

The abundance and diversity of material which is constantly finding its way to this great clinic, furnishes the inspiration for these papers.

The thorough and business-like organization of the staff of this great medical centre, gathering together as it has, experts in all the branches of medicine and surgery, together with the specialists, creates an organization unique in its kind, that enables the chronically and sub-acutely sick, to have their ailments subjected to most scientific and systematic scrutiny. As a result, the constant publication of these papers acts as messengers to the less fortunate practitioners, who must analyze their cases from their own point of view.

Every page is full of information drawn from experience, and not the product of the imagination, or the library.

The Elements of Bacteriological Technique.—By J. W. H. Eyre, M.D., Director of the Bacteriological Department of Guy's Hospital, London. Second Edition, rewritten and enlarged. Octavo of 518 pages, with 219 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, 03.00 net.

This is a revision, written and enlarged, of the work of the same author issued in 1902. The newer methods of laboratory procedure have been included, and there is presented to us a first-class working text-book. Included are the procedures for the bacterilological examination of water, milk, butter, ice cream, unsound meats, shellfish, sewage, air, soil, and for testing the efficiency of disinfectants.

Anatomy, Descriptive and Applied.—By Henry Gray, F.R.S., Fellow of the Royal College of Surgeons; lecturer on Anatomy at St. George's Medical School, London. New (American) edition, thoroughly revised and re-edited, with the ordinary terminology followed by the Basle Anatomical Nomenclature by Edward Anthony Spitzka, M.D., Director of the Daniel Baugh Institute of Anatomy and Professor of General Anatomy in the Jefferson Medical College of Philadelphia. Imperial octavo, 1502 pages, with 1225 large and elaborate engravings. Cloth, $6.00, net; leather, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

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In the near future anatomy will probably everywhere be taught acording to the Basle Anatomical Nomenclature, and in this new edition the B. N. A. terms have been introduced in parentheses following the ordinary terminology, which is still in more general use, so that either or both may be used with facility.

The engraving of the names of the parts directly on the illustrations is preserved in this edition. The student is thus enabled at a glance to visualize the name of the part, its position, extent and relations. Colors are abundantly used, and dissecting directions accompany the descriptions of the parts.

A Treatise on the Diseases of Women. For Students and Practitioners—By Palmer Findley, B.S., M.D., Professor of Gynecology, College of Medicine, State University of Nebraska; Gynecologist to the Clarkson Memorial Hospital and Douglas County Hospital; Fellow of the American Gynecological Society; Fellow of the American Association of Obstetricians and Gynecologists; Fellow of the Chicago Gynesological Society. Octavo, 954 pages, illustrated with 632 engravings in the text and 38 plates in colors and monochrome. Cloth, $6.00, net. Lea & Febiger, Philadelphia and New York, 1913.

This is a well-written, abundantly illustrated, and sufficiently comprehensive exposition of the subject of diseases of women. A good feature is the discussion given to conservative methods of treatment, such as douches, baths, exercise, massage, diet, dress and tampons. Separate chapters are devoted to Non-operative Methods of Treatment, Hygiene and Dress, Preparation of Patient for Operation, Preparation of Operating Room, Field of Operation and Surgical Utensils, Choice of Anesthetics, Diet, Post-operative Complications and Care of Patients after Operation. Another valuable feature is the presentation of certain subjects which may be considered as on the borderline between gynecology and obstetrics, such as the surgical treatment of puerperal infection, fibroids of the uterus complicating pregnancy, the immediate repair of the cervix and pelvic floor, etc.

An Introduction to the Study of Infection and Immunity. Including Serum Therapy, Vaccine Therapy, Chemotherapy and Serum Diagnosis—By Charles E. Simon, M. D., Professor of Clinical Pathology and Experimental Medicine, College of Physicians and Surgeons, Baltimore. New (2d) Edition, thoroughly revised. Octavo, 325 pages; illustrated. Cloth, $3.25, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

The exhaustion of the first edition of this work in less than a year shows its value to the practising physician. Experimental medicine has placed within the reach of the profession new methods of diagnosis, therapeutics and prophylaxis, and the physician will find them presented in this work clearly and succinctly. The most notable achievements of the past year have been embodied. These include sections on auto and normal serum therapy, on the chemotherapy of pneumococcus infections and of cancer, and on the serum diagnosis of pregnancy (Abderhalden's Test.) The entire text has likewise been given a careful revision.

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INTERNATIONAL HOMOEOPATHIC REVIEW

COCAINE AND COCOA, "THE DIVINE PLANT OF THE INCAS"

JOHN URI LLOYD, PHAR. M.,

Cincinnati, O.

DISCOVERY AND HISTORY OF COCAINE

Notwithstanding all evidence fortified by repeated experiences of travelers, the world of scientific medicine ignored, or even ridiculed, the use of cocoa until its introduction in England in the latter part of the last century (about 1870) forced those concerned in authoritative medicine to give it some recognition. Numerous experimentations on its composition had been made in 1850 by Dr. Weddell and others, who (both before and after that date) tried vainly to discover an energetic constituent of the drug. It was at first believed that the leaves owed their inherent qualities (if they had any, which was questioned) to some volatile principle, a supposition that proved a fallacy, other than in the discovery of the volatile base named by them hydrine, which did not at all represent cocoa, and which is no longer mentioned. However, the persistent reports concerning the beneficial use of coca, and its reputed powers as an empirical substance that was creeping into the use of practicing physicians, led such chemists as Hesse, Niemann, Stanislas, Martin, Maisch, Lossin, Woehler, and many others, to repeated chemical examinations of products, such as coca-wax, coca-tannic acid, and even of several alkaloidal bases, including one named cocaine, this alkaloid being described in 1860 by Niemann, an assistant of Professor Woehler, of Gottingen, Germany. But previously (1885) Gardeke had given the name erythroxyline to the crystaline alkaloid he had obtained. Cocaine is not, therefore, a recent discovery.

REMARKABLE ERRORS OF PHYSIOLOGICAL INVESTIGATORS

Notwithstanding the evidence of the drug's energy on the South American Indians, and identification, half a century ago, of its now well-known alkaloid, cocaine, coca was long thereafter considered as physiologically inert, or as simply a mild stimulant, like tea. Its alleged properties were deemed legendary and imaginary, and its alkaloid was regarded as similar to caffeine, both in constitution and qualities, until Koller, in 1884, confounded the professional world as well as that of science, by announcing the marvelous qualities of cocaine as a local anesthetic. In this connection we may further anticipate by saying that previous investigators of coca had already employed the physiological method of injecting the alkaloid cocaine into the veins of the lower animals, as well as the utilization of other "scientific" methods of determining its value, such laboratory investigations being accepted

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as conclusive evidence of that fact that coca, other than as a mild stimulant, like tea or coffee was worthless and inert, and that its alkaloid, cocaine, was similar in effect to caffeine. Physicians using coca were made subjects of ridicule as being incapable of judging a remedy's qualities; pharmacists making preparations of the drug were tinctured with the odium of being concerned in a fraud, while natives who employed it in their daily life, as well as travelers impressed by what they had observed of its effects, were regarded as involved in ignorance, or imbued with superstitious imaginings. Into these classes were thrust such men as Poeppig, von Tschudi, Scherzer, Stevenson, Weddell, Spruce, Markham, and others, both scientists and observing travelers, who spoke from personal observation or experience, as well as such balanced commentators as Sir W. J. Hooker, who accepted the energetic action of coca as an established fact. Although other pessimists contributed in the same direction, the most "authoritative investigations" to the discredit of coca appeared in the London *Lancet,* 1876, and in the *Edinburgh Medical Journal,* Vol. XIX, 1873, which may be summarized as follows:

G. F. Dowdeswell, B.A., of London, England, being conversant with the repute of coca and much interested in the subject, determined to establish its position unquestionably, by personal experimentation in a scientific way. With this object, he made a careful study of the record of coca and its reputed action. He took pains to credit by reference those who had previously made reports, describing in detail the processes of the native coca users, and including the experiments of Dr. Alexander Bennett, 1873, in which the physiological action of cocaine on frogs, mice and rabbits gave no therapeutic promise of individual characteristic other than the suggestion that it paralleled caffeine, theine and theobromine, the summary (Bennett) being as follows:

> When we compare this cocaine with theine, caffein and guarana, we find that if it is not identical with these substacnes, it is intimately related to them in chemical composition (page 324).

The investigator had not enough cocaine to give completely its action on temperature and the glandular secretions, but adds that, as compared with caffeine, theine, and so forth, "in every other respect cocaine had similar action," thus giving it no quality of its own.

Having reviewed the literature on coca (including Bennett's physiological failures with cocaine), Dowdeswell next obtained specimens of the drug, of unquestioned quality. He then interested in his work such authorities as Professor Ringer (who furnished instruments of "perfectly accurate result") and the conspicuous Professor Murrell ,of University College. The preparations employed were made by the well-known English chemist, Garrard, referred to by Dowdeswell as follows:

> All of which were well prepared by Mr. Garrard, of University College Hospital, who has taken much interest in the subject, and who has also very successfully obtained the alkaloid and the volatile constituent of the leaf, and is still continuing an investigation of its pharmaceutical

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properties, for which his skillful preparations of other previously unknown alkaliods, as of jaborandi, eminently qualify him.

The preparations made by Garrard were not only such as paralleled the processes of the native users of coca, but also included others, suggested by his own chemical and pharmaceutical knowledge. The experimentation considered, in detail, bodily conditions, rate of pulse, temperature, urine, urea excretion, etc., as influenced by coca. Two detailed tables give the results, which, to the utter disparagement of coca, are summed up by Dowdeswell as follows:

> It has not affected the pupil nor the state of the skin; it has caused neither drowsiness nor sleeplessness; assuredly it has occasioned none of those subjective effects so fervidly described and ascribed to it by others—not the slightest excitement, nor even the feeling of bouyancy and exhilaration which is experienced from mountain air, or a draught of spring water. This examination was commenced in the expectation that the drug would prove important and interesting physiologically, and perhaps valuable as a therapeutic agent. This expectation has been disappointed. Without asserting that it is positively inert, it is concluded from these experiments that its action is so slight as to preclude the idea of its having any value either therapeutically or popularly; and it is the belief of the writer, from observation upon the effect on the pulse, etc., of tea, milk and water, and even plain water, hot, tepid and cold, that such things may, at slightly different temperatures, produce a more decided effect than even large doses of coca, if taken at about the temperature of the body.

The result of the investigations of these eminent authorities, in connection with the physiological experimentations with cocaine, demonstrated to the world of science that this drug was, at the very best, merely a something in the line of that caffeine-bearing stimulant, such as tea and coffee, and, next, that instead of being of any value whatever, or of possessing any inherent quality whatever, it was positively inert, having

> an action so slight as to preclude the idea of its having any value, either therapeutically or popular;

that it has no greater effect on the pulse than

> tea, milk and water, or even plain water, hot, tepid and cold;

that it

> occasioned none of those subjective effects so fervidly described and ascribed to it by others—not the slightest excitement, nor even the feeling of bouyancy and exhilaration which is experienced from mountain air, or a draught of spring water.

To this it may be added that Professor Roberts Bartholomew, M.D., accepted that "it acts like thein and caffein as an indirect nutrient," etc. (*Therapeutic Gazette*, July, 1880, page 280.)

Just at that time the American "New Remedy Craze" of the 70's was at its height. Among the substances eulogized was coca, which had received a position in the prices current of all the American manufacturing pharmaceutical establishments, as well as the eulogistic commendation of "country" physicians in American prints.

DR. SQUIBB MISLED

Paralyzing to such as these were the adverse "authoritative" reports concerning the worthlessness and inertness of the drug. All this, together with the variations in the quality of the com-

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mercial article (such variations in quality being confirmed later by Professor H. H. Rusby, M.D.), very much disturbed the talented, careful and exceptionally conscientious chemist, the leading American manufacturing pharmacist of that date, Dr. Edward R. Squibb, of Brooklyn, N. Y., who accepted the statements made to the discredit of the practicing physician. In the height of the commercial demand for coca he determined to sacrifice his commercial opportunities to his professional ideals, and to accept the provings of "laboratory physiologists," by excluding all coca preparations from his pharmaceutical list, commending tea and coffee in their stead. He writes as follows in his *Ephemeris*, July, 1884:

Almost every purchase (of the crude drug.—L.) has been made on mental protest, and he (Squibb) has been ashamed of every pound of the fluid extract sent out, from the knowledge that it was of poor quality; and there seems to be no more prospect of a supply of a better quality than there was this time last year, because so long as an inferior quality sells in such enormous quantities at good prices, the demands of trade are satisfied.

Under this condition of the markets, the writer has finally decided to give up making a fluid extract of coca, and has left it off his list, adopting a fluid extract of tea instead, as a superior substitute, for those who may choose to use it, and regrets that this course was not taken a year ago.

"AUTHORITIES ARE OFTEN IN ERROR OR OPPOSED IN OPINION"

Dr. Squibb, however, with even more than his usual carefulness and desire to extend professional courtesy to one and all, perhaps guided also by a latent questioning of the possibility of paralleling the action of a drug in abnormal conditions of the human being by a study of the action of that drug on lower animals, or even on a man in health, refers to the fact that "authorities are often in error or opposed in opinion," fortifying this statement in the following words:

Conflicting and contradictory testimony from competent authority is not uncommon in therapeutics, and the reasons for it are well recognized in the impossibility of an equality in the conditions and circumstances of the investigations, and hence the general decision commonly reached is upon the principles of averages.

And yet the physiological investigations of Dowdeswell seeming to be incontrovertible, Dr. Squibb adds as follows:

But there has been no observer on either side whose researches have been anything like so thorough, so extended ,or so accurate as those of Mr. Dowdeswell. Indeed, no other account has been met with wherein the modern methods of precision have been applied to the question at all; the other testimony being all rather loose and indefinite, often at second or third hands, or from the narratives of more or less enthusiastic travelers. But if Mr. Dowdeswell's results be accepted as being conclusive, the annual consumption of 40,000,000 pounds of coca, at a cost og $10,000,000, promotes this substance to take rank among the large economic blunders of the age.

COCA VINDICATED

Now came the "irony of fate!" Scarcely had the ink dried in the publication (*Ephemeris*) aforenamed, recording Dr. Squibb's faith in the results of the physiological investigations of Bennett and of Dowdeswell, before it was announced in a letter to Dr. Squibb, dated September 19, 1884, from Dr. Henry D. Noyes,

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a physician of New York then in Krenznach, Germany (*Ephemeris,* November, 1884, page 685), that a medical student named Koller, of Vienna, had discovered that a solution of hydrochlorate of cocaine was possessed of marvelous qualities as a local anesthetic.

This letter of Dr. Noyes was immediately given a setting, or reference was made thereto, in every pharmaceutical and medical journal of America. Such an authority as Dr. Hayes Agnew, of Philadelphia, wrote as follows in the *Medical Record,* October 18, 1884:

We have today (Oct. 18, 1884) used the agent in our clinic at the College of Physicians and Surgeons, with most astonishing and satisfactory results). If further use should prove it to be equally atisfactory we will be in possession of an agent for the prevention or suffering in ophthalmic operations of inestimable value.

Came also leading editorials in the various publications on medicine and pharmacy, of which that from the pen of the then editor of the *Druggist's Circular,* Mr. Henry B. Parsons, is typical. From it we quote as follows:

For the past month American medical journals have fairly bristled with reports from various hospital surgeons, and it is pleasing to note that, on the whode, the claims first made for this remedy have been sustained. It seems to be proved that, in the majority of cases, the application to the eye of a few drops of a 2 or 4 per cent. solution of this salt will produce a more or less complete, but transient, insensibility to pain, with enlargement of the pupil. Operations upon the conjunctiva and cornea ordinarily requiring the use of chloroform or ether have been performed upon patients conscious of everything being done, but saved from pain by the application of a weak aqueous solution of this salt. In several operations for removal of hard cataract, the patients complained of no pain whatever, the entire conjunctival surface being insensible to repeated pinchings with the surgeon's forceps. The only sensation described was that of "numbness and hardness." After a time the eye returns to its normal sensitiveness, and there seems to be no troublesome local after-effects.

Let it be observed that in the beginning cocain was commended in operations on the cornea of the eye, its latest application in minor operations in surgery, dentistry, and elsewhere, being at that time not even a theoretical possibility.

Turning his face to the future, and accepting the facts of the present, Dr. Squibb now threw all his efforts into a new investigation of coca and its now famous alkaloid, his process of manufacture being yet a standard, and his writings on cocaine being yet authority. These need but be referred to as occupying many pages in the *Ephemeris,* 1884-1885. They stand as a lasting memorial to the lofty methods of this exceptionally fair man, who took pleasure in publicly correcting an error, and whose every record in American pharmacy is monumental.

The discovery of the anesthetic qualities of coca marked the beginning of an epoch in medication, whose story, in connection with the past, pleads irresistibly for tolerance of thought and action toward men who know that which they know by reason of personal experience and the art of empirical observation. Perhaps in no other instance has the almost hopeless cry for recognition of the facts developed by empiricism been more prominently illustrated than by the struggle of this drug. One of the greatest blessings

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to humanity when properly used, coca was for nearly three centuries neglected by men of science and subjugated by professional prejudices. At last the eminent botanist and pharmacologist, Henry H. Rusby, M.D., was led to undertake a journey to South America in behalf of science, coca being a dominant factor, and for that enterprise the great pharmaceutical house of Parke, Davis & Company, of Detroit, concerned in the expedition, deserves great credit. The result of Dr. Rusby's study is presented in the *Therapeutic Gazette,* 1886, pages 14-18, and 1888, pages 158-303, and it may be added that this exceptionally valuable treatise is at this date not less important than when Dr. Rusby contributed it.

Needless it is to do more than refer to the marvelous reaction that followed Koller's discovery of the power of cocaine as a local anesthetic. A library would be required to shelve the works devoted, eulogistically, to the new discovery. A volume would scarcely print the names of the enthusiastic converts to cocaine, formerly so discredited.

ERYTHROXYLON COCA IN ECLECTICISM

The Eclectic study of coca, from the beginning, has been altogether in the direction of its therapy, being confined mainly to the drug and its preparations. The principle of the Eclectic school of medicine has ever been that of antagonism against all habit-forming drugs, such substances as opium, morphine and choral being almost debarred from use by reason of their untoward action when the patient becomes addicted thereto. The Eclectic physicians were thus led to the most cautious methods with coca, even at the very start. In this they were probably influenced by the experiences of travelers in the land of coca, for the Eclectic physician places much dependence upon statements of fact, from whatever sources derived, and aims to profit by the experiences of others, regardless of their life station. The term empiricist has, for the true Eclectic, no terrors, Having ample authority regarding the domineering action of coca as a habit-breeding drug, from the testimony of the most talented observers, they could foresee disaster were this coca habit transplanted to America.

As concerns its alkaloid, cocaine, it may be also said that although Eclectic physicians utilize it cautiously and discreetly, little enthusiasm in its employment has been exhibited, other than as a local application in minor surgery, such as dentistry and superficial minor operations. Thus we quote from Webster's *Dynamical Therapeutics,* the edition published even as late as 1898, as follows:

> The continued use of this drug in conjunctival and corneal diseases is positively injurious. In these diseases, though it gives temporary relief from the annoying symptoms, its use is followed by increased inflammatory action. Ulceration of the cornea may follow the continued use of the drug.
>
> Cocaine is a drug that I do not consider safe to give the patient to use, as it may be carried too far. I have had several cases of this kind. Opacities of the cornea have been reported as resulting from the use of cocaine, but I have never seen a case that could positively be traced to its use.

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In this connection, the same author refers to the use of cocaine in the ear, as follows:

A four per cent. solution of this drug has been forced through the Eustachian tube into the tympanum for the relief of tinnitus, and with reported good results. This procedure I consider dangerous for two reasons: Cocaine poisoning has resulted from the use of the drug in this way, and I do not consider it safe practice to force fluids into the ear through the Eustachian tube.

Although cocaine is discreetly employed by Eclectic physicians, and cautiously commended by Eclectic authors, every effort has been made to avoid introducing to the patient a substance that may prove to be a subsequent curse, a method of procedure that we take will not at this date be harshly criticized by even the severest opponents of this minority school of medicine.

In this connection it may be stated that the internal use of this alkaloid (cocaine) by the Eclectic school is by common consent almost prohibited, and, although Professor Felter, in the *American Dispensatory,* necessarily gives the full action of cocaine in opthalmic surgery, painful and superficial minor surgery, dentistry, etc., he emphasizes the danger of its use internally, in the direction where it seems to have been most highly commended, as follows:

The action of cocaine in confirmed mental disorders is deleterious, and it has failed to become a remedy for neurasthenia, melancholia, etc., as it was once hoped would prove to be the case. Were it not for the fact that almost toxic doses are required, it would be of value in such gastric disorders as neuralgia, ulceration or carcinoma of that organ. As a remedy in the treatment of alcoholism and of the opium habit it has nothing to commend it, as a cocaine habit, as pernicious as those it is sought to cure, is extremely liable to become established.—Amer. Disp.

Closing the five page article on cocaine hydrochlorate and its allied preparations in the *American Dispensatory,* we find only a two-line commendations, as follows:

Specific Indications and Uses.—To produce local anesthesia upon painful parts, or to facilitate examinations and minor operations upon sensitive tissues.

In this same connection, reference may be made to the ignoring of cocaine by the late talented oculist Kent O. Foltz, M.D.,* who barely mentions the drug in his *Diseases of the Eye,* although he gives conspicuous attention to other remedies, such as jaborandi.

The pages of the *Eclectic Medical Journal,* from the time of the discovery of cocaine, have faithfully carried the record of the drug, as established by those who believed in its use, but yet continual emphasis is laid upon the fact that its indiscriminate use must lead to professional as well as general abuse, little being said in behalf of its employment other than cautiously, as a local anesthetic, in the hands of an experienced practitioner. No Eclectic compound for general use of the profession carries any cocaine whatever.

But in contrast with the Eclectic neglect of cocaine alkaloid and allied substances, we find pharmaceutical preparations of the

*"Diseases of the Eye." A Hand-book of Ophthalmic Practice, by Kent O. Foltz, M.D. 12mo. 156 pages. (John K. Scudder. Price Cloth, $2.50)

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drug coca conservatively employed as components of prescriptions, where, in exceedingly small amounts, in localized internal directions, it is frequently of service. So far as we are aware, no example has ever been recorded of a coca habit resulting therefrom.

In the early editions of *Specific Medication,* Dr. John M. Scudder entirely neglected coca and its preparations, not even mentioning the drug by name, but finally, in the tenth edition (published in 1903), coca was introduced with the following comment:

Coca is a stimulant to the nerve centers, and at the same time diminishes waste. It allays hunger and enables the person to endure great fatigue. The excretions are all diminished whilst the person is under its influence.

It may prove useful in the early stages of tuberculosis, by enabling the person to take the exercise so much needed to burn the imperfect materials in the blood.

In 1881, Dr. Scudder reported as follows his opinion of coca, based on its clinical use in his practice:

For some months I have been using this remedy in a class of cases where there was defective innervation, some dyspepsia (imperfect digestion, though the appetite was good), pain in the occiput and neck, with dizziness and inability to stand for any length of time.

In three of these cases, where the most marked benefit was experienced, the disease had been diagnosed "dumb ague," and treated with quinine to the extent of lessening (stopping in one case) the afternoon feverishness, but leaving the unpleasant symptoms named above.

In one case the patient had been a sufferer from rheumatism for a year or more, had ovarian irritation with scanty menstruation, functional heart disease, and inability to digest the ordinary food used by the family. Anti-rheumatics have removed the pains, the heart-beat had come down from 110 to 70, and the irregularity of pulse had disappeared. She had gained flesh but had no strength, and was nervous and despondent. The food was changed to a very plain plant diet in moderation, and the coca given in fifteen drop doses every four hours with the most marked benefit.

A business man had suffered from overwork, some worry, good living, and want of exercise, and now found himself with some dyspeptic symptoms, pain in his occiput and dizziness. A spare diet was recommended, all stimulants to be avoided, open-air exercise to be taken, and ten drops of coca every three hours. He improved steadily and was himself again in the course of a month. Was it the coca? Or was it the diet, avoidance of stimulants, and the open-air exercise? The reader may answer these questions for himself. I think both had something to do with the cure, but I am sure that without the diet and exercise he could not have recovered. I do not think it well to make a hobby of erythroxylon coca, or of any other remedy, but it may be remembered as a very good nerve stimulant in the cases I have named.—Scudder, E. M. J., 1881, page 528.

In the revision and enlargement of "Specific Diagnosis and Medication," by Fyfe, 1909,* we find equal care, as exhibited in the following, which comprises all that is recorded concerning the therapeutic use of coca:

Coca is a useful remedy in many cases of neurasthenia, and in cases where exhausting mental work has resulted in morbid depression of

*"Specific Diagnosis and Specific Medication. By John W. Fyfe, M.D. An entirely new work, based upon the writings of Prof. John M. Scudder, M.D., with extensive extracts from other Eclectic authors. 8vo. 792 pages. Cloth, $5.00; law sheep, $6.00.

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exerts a beneficial influence. In despondency, as well
ability, it constitutes a medicament of corrective

ıental or physical exhaustion; gastro-enteric debility;
of the nerve centers; difficult breathing due to func-
he heart; hysteria; states of depression, with a feel-

ıg brief remarks and comments indicated that
dicreetly valued in the Electic school, its use is
sional care, every effort being made to avoid the
ion to the people of either the drug itself or its
nployment of cocaine, as taught by the Eclectic
ed with opium, chloral, and like baneful agents,
ntences, admirably summing up the subject as
(the same being true of cocaine), by Dr. E. R.
ıg abstracted from Llyod Brothers' Treatise on

physician acquainted with remedies and indications
te more harmless remedies for the opiates so often
ing will serve his patient better than with the latter.
of our indications, and above all let us see to it that
ır patients in a worse condition than when we found
e the case if, through our agency, a drug habit, such
ery to opium, is produced in any individual.

to making a detailed and complete record of the
ication, the uses of specific medicine coca, in direc-
employed by Eclectic physicians, and where, as
record is extant of any patient having contracted
om its use, has been prepared for this treatise by
Ellingwood, M.D., of Chicago, which may be
areful summing up of its uses by one experienced
erns the literature on coca, and in its professional
nical experience of long duration.—*Eclectic*

IC USES OF ERYTHROXYLON COCA

BY FINLEY ELLINGWOOD, M.D.

s and Action.—So striking are the general indica-
s of coca as to have dominated the attention of
us largely prevented the determination of its def-
ion on exact conditions. As a specific medicinal
e coca has not been studied with the close obser-
ce to exact publication that its merits demand.
al influence, coca covers a very wide field. Not
ve stimulant, whose influence begins with the
ffects on the cerebrum and thence on the entire
including the heart, are plainly marked. Coca
circulatory stimulant, and for this reason it
tory stimulant. Lastly, but not least, it is also
cular stimulant, its actions in these various fields
plainly marked that in each direction it may al-
act independently. Yet without a definite, con-
it is exerted in all these fields.

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The stimulant action of coca is easily overdone, with a resultant paralysis, local anesthesia and convulsions, with general depression, ataxic gait, and uncertain muscular action and profound insomnia, difficult, in some cases, to overcome.

Because of this liability to overstimulation, coca must be given in carefully adjusted doses, always small, never large enough to produce pronounced physiological effects.* Thus administered, the remedy is of benefit in hysteria and in melancholia, seeming to affect these conditions directly, while at the same time, if proper auxiliary measures be adopted, it overcomes the basic neurasthenia upon which such conditions depend.

A Restorative of Strength.—While originally thought to produce permanent restoration of strength, as shown by the native use of the leaves, the conclusion is forced upon us that the conditions governing the therapeutic use of coca as a nutrient have not been fully established, since it does not promote functional operation in the various organs sufficiently to permanently increase nutrition, at least to any great extent. Under certain circumstances, its influence in this direction is apparent, but as a specific remedy for this purpose coca alone can by no means be depended upon.

As an Aphrodisiac.—While aphrodisiac action is attributed to coca, this being said to be occasioually plainly apparent in its native habitat, coca has not shown sufficient activity in this line to encourage the belief that it can be relied upon for that purpose.

As a Tonic.—Its influence as a tonic to muscular structures, and its immediate stimulant influence on muscular action, are probably exercised through its influence on both the nervous system and the muscular structures themselves.

Through some peculiar influence not yet understood, coca increases the powers of endurance, and induces a singular immunity to the suffering incident to privation and excessive physical action, that can not be ascribed altogether to its anesthetic influence. It is natural to suppose that there would be detrimental reaction following this influence, but by those who use the leaves a claim is made of permanent invigorating and restorative effects, which are not yet understood. It has been argued that coca probably abolishes hunger because of its local anesthetic influence on the nerves of the stomach.

Following the suggestions of its restorative influence, if given whenever there be a debility of the heart' action and cardiac weakness, the stimulating action of coca is satisfactory, its subsequent effects being those of a nerve tonic. Given in medicinal doses, it improves the digestion and the condition of the nervous system, and overcomes mental exhaustion, which is often accompanied with depression of spirits and despondency. It relieves nervous irritability, restoring the capacity for work, inducing renewed energy in those who have been overwrought.

*In this connection we call attention to the axiom of Professor Scudder, as follows: "It will never do to suppress the process of disease at the risk of suppressing the organism upon which natural function depends."

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Insomnia and Nerve Exhaustion.—In cases of violent and immediate exhaustion or prostration, which are sometimes accompanied with extreme insomnia, not allayed but rather increased by sedatives, I have used a combination of a few drops of specific medicine coca and ten or fifteen drops of the tincture of red cinchona, from one-tenth to one drop of specific medicine capsicum, and a tablespoonful of port wine, or other immediate stimulant to each dose. Dose, teaspoonful every hour or two. The amount of coca in this prescription is determined acording to the debility exhibited, the remedy being given for its immediate bracing influence.

As a stimulent I have yet to find the equal of the above prescription, nor have I any record of a coca habit resulting therefrom. After the second dose the patient becomes quiet, and at night falls into a normal sleep that often continues for six or eight hours, sometimes unbroken; at other times the patient waking naturally after two or three hours, and shortly again falling asleep, with no undesirable effects upon awakening. The use of the remedy must be abandoned when the patient becomes normal.

For Indigestion.—Painful conditions of the stomach resulting from indigestion are better relieved by small doses of specific medicine coca than by other remedies. The action of the drug here is difficult to explain. It certainly causes an increase of the gastric and intestinal juices, and imparts a temporary tone to the stomach, which becomes more apparent with the use of properly added remedies. In conditions of flatulency, or colic, or various acute painful disorders of the gastro-intestinal tract, specific medicine coca is very useful.

Coca thus facilitates digestion, improving the general tone of the patient in neurasthenia, in which indigeston is due to a lack of nerve force. Whenever dyspepsia is dependent upon extreme atonicity and a lack of power in the digestive organs, coca should be beneficial. Where nausea and vomiting result from feebleness and decomposed food, if the stomach be first evacuated, the condition will cease and the powers of the stomach be restored, with small doses of coca alone. It is also beneficial in reflex vomiting, but it is seldom this condition is present without lack of tone.

Headache.—Headaches due to enfeebled conditions of the stomach and digestion, or to fermentation of food, will cease on the taking of specific medicine coca with a little specific medicine capsicum, as per preceding prescription under "Insomnia and Nerve Exhaustion.' These remedies, combined, exercise both a local and a general stimulant influence.

In Exhaustion After Fever.—In line with the action of coca in extreme exhaustion, the aforenamed combination of specific medicines coca and cinchona will, as a rule, be found surprisingly useful after the prostrating effects of continued fevers, or during shock from any cause, especially surgical shock. In certain cases during pregnancy the spinal cord becomes irritated, and the nerve force is drawn upon for the child, until the mother is threatened with puerperal mania. Here no combination is more

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satisfactory than the foregoing. (See prescription under "Insomnia and Nerve Exhaustion.")

In Migraine.—In migraine, where the difficulty is due to exhaustion, either physical or mental, coca will be found valuable. In other headaches—those of wasting nervous diseases—where the phosphates are found very abundant in the urine, and usually in occipital headaches, with great pain in the back of the neck and resultant weakness, the influence of coca is favorable, if properly administered. In this affection, (migraine), specific lobelia, given hypodermically, is very prompt and should always be at the command of the physician. (See "Summer Remedies," Lloyd Brothers, 1913.)

Specific Use.—So far as our observations have taught us, coca is specifically indicated for its immediate effect in acute exhaustion, sudden shock, or prostration. It should be given in fatigue from any cause, overwork, general weakness, and disclination to muscular action; also in feeble heart, where the fault from exhaustion, rather than from actual disorder, with difficult breathing and some palpitation, or where there are faults of indigestion, either intestinal or gastric, with resultant headache; also in headaches from feebleness, especially from the peculiar headache of nervous exhaustion, to which we have elsewhere referred.

Be sure that the use of this or any other prescription of coca is not carried to the habit-forming period. In chronic conditions, let there be occasional change in medication. Do not inform the patient concerning the nature of the remedy employed. Better resort to other agents, of which physicians familiar with the specific medicines are aware, than to establish in an individual a curse greater than the original disease.

In this article, all references to the therapy of coca are understood to refer to the use of the specific medicine, which is a pharmaceutical preparation of coca leaves, no reference whatever being made to the action, medicinal or otherwise, of cocaine, which although a local anesthetic, is also an active remedy in many lines, but so different from those of specific medicine coca as to make it necessary to consider the two remedies separately.—Eclectic Medical Journal.

SOME DIFFICULTIES IN THE APPLICATION OF THE MATERIA MEDICA

G. E. DIENST, M.D.,

Aurora, Ill.

By the word "some' we do not mean to include all the difficulties, and by "application" we mean the practical use of the materia medica. There is possibly no subject in medicine so frequently misunderstood as the materia medica. You will permit me, therefore, to call your attention briefly to the following points which we term difficulties in the application of the materia medica.

First, carelessness or negligence in the study of the provings

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of remedies. It is quite impossible to know what a remedy will do until one has studied the provings sufficiently to feel, in a sense in his own body the actions of the remedy he is studying. We say carelessness in the study of these things is one of the difficulties and we say it boldly and without apology, because we believe there are a few physicians practicing medicine today who have really and truly applied their minds thoughtfully to the study of provings. We say negligence with equal boldness for the reason that there are many men who know the value of such a subject, but who purposely neglect it because it requires close concentration of mind; therefore, when he comes to applying a remedy about the provings of which little or nothing is known, failure is quite sure to follow.

Secondly, it quite naturally follows that carelessness or negligence in the study of a remedy produces a false conception of the curable similars found in disease. No man can interpret symptomatology nor explain satisfactorily the existence of certain pathological conditions until he has learned what remedies will produce on the healthy—if a man does not know that phosphoric acid will produce a violent occipital headache, alternating with a diarrhea in cold weather, he will not know how to cure such a symptom and such a condition when he meets it in the sick.

Thirdly, we find great difficulty resulting from the combination or mixing of remedies which, in itself, is inexplicable and produces confusion of symptoms which no one can clearly understand. I can conceive how remedies may be combined chemically in the crude form or in a potentized form, but no man can understand the therapeutic action of such a combination.

Fourth, is a defective knowledge of curable conditions in people Physicians, who are unable to detect an incurable disease, will sometimes promise great things, and then fail to fulfill their promises. Somebody suffers in consequence of this failure. Having put confidence in the curative power of remedies, failure to cure some particular case with remedies causes men to become pessimistic, lose confidence in remedies and say they are of no value, for they have tried them and found them wanting. This must not be charged against the remedy, but against inability to detect an incurable condition. Physicians should be cautious in making progress and in proffering promises to people who are sick. In brief, failure to cure an incurable condition often raises great difficulty in the application of the materia medica.

Fifth. this difficulty lies largely in the inability to select the proper strength of the remedy, commensurate with the disease treated. Here is where the homœopath is head and shoulders above his confrere provided he knows how to use a remedy in its different forms. The man who uses but one potency for all classes and conditions of people will fail. The potency curable in one case will not be curable in another. The inability to measure the potency with the disease treated causes at times great difficulty and men who cannot measure these things as they should be measured find great perplexities in the application of the materia medica. I am aware of the fact that the potentist is often laugh-

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ed to scorn because he will use one potency in one case and another potency of the same remedy in another case and will cure both cases, and he looks on in this work in the potency, scorns the idea of one potency for one individual and another for another individual. The potentist however can well afford to be scorned for he has learned the lesson of measuring potencies and comparing them with different stages of disease after hard and diligent study, and he knows what he is doing and succeeds in relieving the sick. He who knows nothing about potency is one who loses faith in materia medica and resorts to grossest empiricism.

Sixth, a repetition of the remedy while the remedy is still acting is often fatal. You will pardon me if I simply mention this fact without discussing it. I want to leave this point open as wide as possible, for many have given much thought on the point of repeating a remedy when that remedy is still acting.

Seventh, change of potency before the potency given has exhausted its power in another pitfall into which many have gone head first. There are few things that have spoiled a case so quickly as the change of potency before the one already given has exhausted its power. Here is where some of the most beautiful work done in materia medica is seen. The law says: "Do not change a remedy nor repeat a remedy, nor a potency while that which has been given is still operating." To do this carefully requires a very careful and intricate knowledge of the materia medica and when this knowledge is not at hand men will change both remedy and potency until their patients are so confused that weeks and months are often required to correct the error, to bring disorder into order.

Eighth, the changing of remedies because of some minor point or an inferior key-note has led many physicians to the brink of medical ruin. Men who do this do not understand the meaning of the totality of symptoms and often when a patient is convalescing they will change remedies because of some inferior points and thus confuse their patient and retard recovery. This is another one of the difficulties in the application of the materia medica.

Gentlemen, I offer no apology for the brevity of my paper. I have accomplished the point I desired; namely, to open the several doors to the difficulties in the application of the materia medica, and will let you fight it out on the floor.

CASES FROM PRACTICE

BY DR. A. McCANDLISH.

In August last a visitor to our town consulted me. He gave me his history as follows: He has been suffering for some time from diabetes. Of late he has had a very troublesome cough, which his own medical man has not been able to do much for. His sight has become so bad that he cannot find his way to his office, he has to be led. He consulted an ophthalmic surgeon, who told him that his optic nerves showed signs of atrophy and that he had

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commencing cataract in the right eye. The commencing cataract could be clearly seen.

I prescribed phosphorus.

September 15th.—His wife reports: "The blur on my husband's right eye is smaller. His cough is much better." Repeat.

October 7th.—"My husband can easily find his way to the office." Phosphorus 30, night and morning for one week.

November: "My husband's sight slowly improving. He can now distinguish the stones of the pavement." Repeat.

This patient is still under treatment.

A dispensary patient came to my house in a great state of excitement about 2:30 p. m., telling me that her throat was very bad, and that she was dreading four o'clock, as she had nearly choked about that time the last two days. (This information she gave quite voluntarily.) She also added that her "husband dreaded tea time coming too.' She had an enlarged right tonsil with pus exuding from the follicles.

I prescribed lycopodium 6, disc ii. one hourly for four doses. I also told her to send her husband to me at once if she was taken worse at that time again.

I did not hear any more of her until five days later, when she came to the dispensary; her throat was practically well. She said she commenced to get well after the first dose of medicine.

This case is interesting on account of the marked time modality.

I was called to see A. B., a young married woman. She had been suffering from diarrhœa and vomiting for six weeks. Getting worse, in spite of six weeks' allopathic treatment—including a consultation between her own doctor and another practitioner in the neighbourhood. Could only crawl around the room with the aid of the chairs and table. The story of her own words is as follows: "Everything I take causes diarrhœa, and I also vomit after everything I take. I am very thirsty, and could drink quarts of cold water, but even that will not keep down. It keeps down a little while, and then it returns. The strange thing about it is that I have no pain, but I am getting weaker every day."

I immediately ordered suitable diet and phosphorus.

The diarrhœa and vomiting stopped almost immediately, and in five days time she went away for a holiday, and has not had a return of the trouble since (four months).

An elderly gentleman aged 74 consulted me, complaining of exceptional frequency of micturition (every ten minutes). He was getting quite worn out. He could not visit his friends. When he first saw me the frequency was so bad that he could not walk one hundred yards without wanting to micturate. He presented all the classical symptoms of enlarged prostate; in fact an enlarged prostate was found on rectal examination. I prescribed secale 3x, one disc., t.d.s., for one week.

He reported at the end of the week: "I am very much better; I can go two hours without passing water."

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He was told to discontinue the discs unless the frequency returned. He has had to take secale once only since first consulting me in March last.

THE VALUE OF BAROMETRICAL OBSERVATIONS IN MEDICAL PRACTICE*

By DR. T. W. BURWOOD

Some years ago I had a lady, the widow of a clergyman, under my care, who consulted me for attacks of cardiac irregularity, palpitation and dyspnœa. She had no cardiac lesion and there never appeared to be any reason, as far as she knew, for these attacks, which were very distressing to herself and alarming to her family. On one occasion I was sent for, and found her with a tumultuous, irregularly throbbing pulse, and in much distress. The attack commenced in the early morning, and when I arrived about noon she was exhausted, and looked it. During this time we were passing through an equinoctial gale. I at once administered a few drops of brandy on the similia similibus principle, and gave injunctions as soon as the breathing was easier and the heart's action quieter to stop the brandy, and in future, when these attacks came on, to watch the barometer, and to give small quantities of stimulants only on a falling glass. One tempestuous Sunday morning, some weeks after the last visit, I was passing her house, and casually dropped in to see how the then atmospherical disturbance was affecting my old lady. I found a messenger had been already sent for me, but I had left home before his arrival. I was met at the door by one of the daughters, with tears in her eyes, and almost choked with her sobbing, saying, "Oh! Doctor! you are only just in time!" I hurried upstairs, where I found the bed surrounded by members of the family, all weeping. The patient was in a state of loquacious delirium, saying she was "so happy, so happy," and with clasped hands and wide open eyes, saying she "was seeing angels ascending and descending." I enquired how long this had been going on, and was told she had awakened about five a. m., very distressed as usual, and had been "rapidly sinking" ever since. Her pulse was most regular and full, about 120, and not in the least what I had observed on previous occasions I enquired how much brandy had been given. A bottle of Martell's XXX. was shown to me, the contents of which, except a little at the bottom, had been given since she awoke. I calmed their fears, telling them there was no need for further stimulant for the next twenty-four hours at least, and that at the end of that time she would probably be her usual self.

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*Presented to the International Congress.

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CONTRIBUTED ARTICLES

SURGICAL CLINIC

BY WILLIAM FRANCIS HONAN, M.D.
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New York City

FIRST case, M. H., Russian, age 33, married, two children, no miscarriages. Menstruated at 13 years of age, lasted about five days, always had pain during the first few days. From her limited knowledge of English we cannot get a detailed account of the history of her married life, except that her child-bearing seemed to have been entirely normal functions in both instances. She complains of gastric distress after eating, has had "bilious attacks''' which left some tenderness in the lower right abdomen. General physical examination, urinary analysis and blood counts do not indicate any notable condition except as has been developed by the history.

From a consideration of the clinical history of this patient, you will observe that the main points are dysmenorrhea and symptoms of indigestion. Vaginal examination shows the uterus in the position of normal anteversion, the left ovary is palpable and seems to be normal, the right slightly larger and occupying a much lower position in the pelvis, and I think I can discern what, on operation, we will find is a dilated and mobile caecum. There are no appreciable tears of the cervix or perineum beyond what one would expect to find in a multipara—certainly in this case not sufficient to call for operative interference. On palpation of the abdomen, I find a loose right kidney, but apparently normal condition of gall bladder and bile ducts; a scaphoid shaped abdomen, which indicates gastric and intestinal ptosis.

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As I mentioned before, in making the pelvic examination, there was a characteristic fullness, particularly on the right side, which makes me think that on exploration we will find certain abdominal viscera disputing the occupancy of the pelvis with its own true and anatomical contents.

Differential Diagnosis: I desire now to call your attention to the method of palpation over the lower right quadrant of the abdomen. Draw a line from the right anterior superior spine to the navel. On this line one and one-half inches from the spine is the classic McBurney point. Deep pressure at this point gives presumptive evidences of an irritation in or about the appendix veriformis, but tenderness on superficial pressure may mean hyperesthasia of the sensory nerves due to a great variety of causes. Robert T. Morris has called attention to another point which I believe is of the greatest diagnostic value. The point refers to the right and left lumbar ganglia of the sympathetic nervous system. These points are situated one and one-half inches to the right and left of the navel respectively on a line with the ant. sup. spina and, on the adult, there would be a distance of about six inches between McBurney's' and Morris' point on the right side.

In an active infection process of the appendix, there is definite and decided tenderness over McBurney's point and it is at this juncture that it is of the greatest diagnostic importance. Palpation over Morris' points shows the right one tender, but the left not so. But when the active inflammatory processes have subsided, or when the appendix is undergoing an involution and its lymphoid tissue is being replaced by connective tissue which entangles certain nerve fibres, there will be local neuralgic and digestive disturbances with no tenderness over McBurney's point but a distinct reaction at the point of Morris. In pelvic irritation, both lumbar ganglia are tender and here is a valuable diagnostic point as differentiating between conditions of the appendix and tubal and ovarian disease. Taking cases as they run in daily practice tenderness at the point described alone means irritation proceeding from the appendix. Tenderness in both right and left lumbar ganglia means irritation proceeding from some structure in the pelvis. If neither point is tender, the trouble is above the navel, that is the symptoms are probably not in pelvis nor are they associated with a diseased appendix. Applying the test in this case, you will notice even from where you sit how the patient flinches when decided pressure is made over the right

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lumbar ganglia but the same, equally applied, does not apparently affect the point of McBurney or the left lumbar ganglia, therefore I will venture the opinion, with rather positive conviction, that we will find, among other things of interest, a diseased appendix and perhaps some of the causes of other symptoms which are described, and which we will consider while the patient is being anaesthetized.

About fifteen years ago, Ewald associated chronic appendicitis directly as a cause of disorders of digestion and advocated its removal for a cure. Others had apparently made similar deductions but his was the clear mind on the subject and in a paper called "Appendicitis Larvata" or "Masked Appendicitis" he stated that the pain which led the patient to seek advice from the physician points to almost everything else except appendicitis. He described these patients as having heart-burn, eructations, loss of appetite, and constipation, all of which were cured by appendectomy. A few years ago the Mayos coined the name "appendicular dyspepsia" to signify a similar condition, the patient having a long list of gastro-intestinal symptoms, but none referring to the appendix. Dyspeptic symptoms are so common a feature of chronic appendicitis that many patients have been explored for gastric ulcer. In this class of cases, I consider the test of the lumbar ganglia, Morris points, of the greatest service in arriving at a diagnosis. This subject received a great revival of interest when Lane of London advocated his rather startling theories of chronic intestinal stasis, its causes and effects. His statements were so positive, his claims so widespread and his theories so revolutionary, as to attract the greatest attention from the surgical world. Briefly, he called attention to a partial obstruction in the terminal ileum, with kinking of the appendix, dilation and abnormal mobility of the coecum, the result of which was to retain the intestinal contents beyond the normal period and this stasis, with its consequent fermentation and absorption into the blood of products intended to be eliminated, caused a multitude of symptoms, immediate and remote. The American surgeons entered quite enthusiastically into the spirit of his teachings and, with true American perspicacity, promptly designated this ileal obstruction as "Lane's Kink."

The patient is now ready and we will proceed with a vertical incision slightly to the right of the median line, which will approach the abdominal cavity through the rectus muscle. You will notice that all bleeding points on the abdominal wall are quickly clamped, the greatest care being taken not to allow stain-

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ing of the wound, as the assistant lifts each forcep which controls a bleeding point, and none is too small to deserve this attention; we transfix the tissue twice with 000 silk in a No. 10 ordinary fine sewing needle. At the second passage of the needle, he loosens the forceps and you will observe that the slight tension made with the ends of the fine ligature is sufficient to completely control the bleeding. The ligature is now tied with very gentle traction, which is quite sufficient to control hemorrhage without producing necrosis of tissue or even seriously devitalizing it. You will be surprised to note, as we proceed, with what fine silk ligatures we will control important vessels by this method of double transfixion. It requires the gentlest manipulation, it is almost impossible for it to slip, and there is a minimum devitalization of tissue. We now incise the peritoneum between two fine forceps and, before disturbing the contents of the abdominal and pelvic cavities, please remember what we predicted after an analysis of the clinical history and a consideration of the physical examination. The patient is in a slight Trendelenburg position but, as we stated, we believed we should find the caecum dilated and mobile and occupying the pelvic cavity, and so here it is. You note that it is hanging over the pelvic brim as we take it out of the abdomen. You will notice a thin transparent veil of robust tissue distinct from its peritoneal investment, Jacksons membrane which entirely covers the viscus. This membrane, erroneously considered an inflammatory exudate from bacterial infection arising from passage of bacteria from the interior of the gut, is really a structure formed, as Lane says, by crystallization of lines of force in the direction of traction. In other words, it is an effort on the part of nature to hold this organ in place, so we do not disturb or interfere with the process. Incidentally, the region of the gall-bladder and bile duct, and the pylorus and kidney areas are palpated and we find nothing in those regions demanding our attention.

To return to the contents of the pelvic cavity: The uterus, as we said, occupies a proper position and is apparently normal in every way. Also, as we noted on vaginal examination, the right ovary—which I show you—is somewhat enlarged and is prolapsed. To correct this condition, we will shorten the ovarian ligaments, a very simple and satisfactory procedure. A suture of fine silk is inserted in the uterine region at the point of attachment to the ovarian ligament and, as it were, it is threaded in and out this narrow bundle of muscle fibres until we reach its

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insertion into the ovary. By tying the two ends of this suture, you see the ligament is materially shortened and the ovary henceforward will occupy a much higher plane in the posterior lateral surfaces of the uterus. The same practice is carried out on the left.

We now show you something real interesting: I hold the caecum in my left hand and I will ask the house surgeon to take a loop of the ileum, about ten or twelve inches from the ileocaecal junction, and draw it straight across the abdomen. Notice the fan-like adhesions attached to the terminal ileum, the base attached to the gut, the apex on the mesentery, note as we put the two intestines on the stretch, there is a decided kinking to the ileum about two and one-half inches from its junction to the caecum. This is a typical Lane's kink and, as we see, it is not only an acute kink in the intestine but a twisting in a horizontal direction. Another feature that we will demonstrate is the competence or incompetence of the ileo-caecal valve. The valve of course is made up of circular muscle fibres at the ileo-caecal junction, but for its integrity, in order that contents of the large intestine will not under peristalsis flow through this valve back into the small intestine, it is necessary that the small intestine be invaginated into the caecum to a slight degree of intussusception. If I compress this dilated caecum and am able to force gas and fluid contents past the ileocaecal valve into the ileum, the valve may be said to be incompetent and will require some slight attention on our part—which would be an ingeniously devised suture suggested by Dr. J. H. Kellogg, which will create a slight intussusception, or restore the habenula, as it is called by anatomists. I am unable under repeated pressure, as you notice, to force anything, gas or fluid, into the ileum. I therefore consider the valve to be competent and not requiring attention at our hands.

We now demonstrate the condition of the appendix. It is contracted at its attachment to the caecum but considerably dilated towards its distal exterior. Its walls are thick, you see dilated capillaries running over its peritoneal coat, and I feel a concretion in its cavity. This specimen becoming a kind of retention cyst and we find here quite sufficient cause for the symptom of indigestion as well as the dysmenorrhea. Now about dysmenorrhea: We really know very little of menstruation and dysmenorrhea. I cure more cases of the latter by removing the appendix than almost in any other way. About fifteen years ago,

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Dr. H. C. Coe, of this city, called attention to the relationship existing between the appendix and the right appendages. At that time it was considered that there was a decided communication through blood and lymph circulation between the appendix and the right tube and ovary. It was supposed that the ligament of



FIG. 1—Diagram showing approximately the condition found in Case 1. Well marked kink in the terminal ileum.

Clado, which is a fairly constant anatomical structure, furnished a means of communication and that a diseased appendix, without being adherent to, could nevertheless infect the neighboring tube or ovary, and that the converse of this proposition was also true, an infected tube or ovary being able in the same way to infect

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a hitherto healthy appendix. Modern observation does not tend to corroborate this statement, but at the time of menstruation, the pelvic congestion irritates an already chronically infected appendix and, in some way yet to be explained, an "appendicular dysmenorrhea" is produced. I confess I am a firm believer in removing the appendix under these circumstances. Had this woman suffered from severe intestinal stasis and we had found an incompetent ileo-caecal valve, the proper procedure would

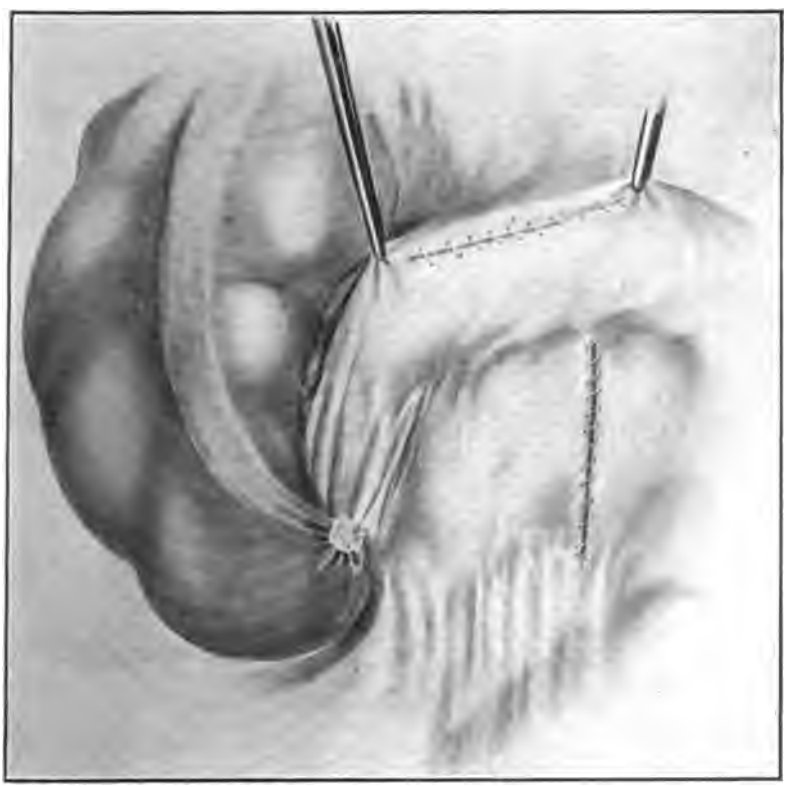


FIG. II—Designed to show correctly the Lane kink described in in Case 1. The band of fibres is divided horizontally parallel to the long axis of the ileum but is united in a verlical direction. The sutures line on the ileum is a very fine stitch which covers a raw area.

be to detach the ileum from the caecum and anastomosis it into the lower portion of the sigmoid. In other words, to "short-circuit" the colon. Such a formidable operation is, however, in my opinion, not justified in this instance and we will content ourselves with remedying the Lane kink and removing the appendix. To reduce the kink, I make an incision through this superficial membrane in a line directly parallel with the ileum.

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This permits me to roll the ileum upwards and relieve the horizontal torsion. With the aid of two tenaculae, I convert this horizontal incision into a vertical one, closing it with a fine silk suture, and you will see the kink is corrected and I have left no raw surface for future adhesions. I now ligate the mesentery of the appendix with fine silk, place a clamp about a quarter of an inch above the attachment of the appendix to the caecum. The pressing of this clamp drives everything out of the appendix into the caecum. I now tie the appendix with a silk ligature, put another small one on for safety's sake, cut off the appendix, destroying its mucous membrane by actual cautery, and sear the stump itself. Experimentation on animals has shown that a seared surface like this will never adhere to a neighboring viscera. The intestines are now placed in their proper order and we close the perineum with a continuous mattress of silk suture, everting the raw edges. No sutures are placed in the muscles but the facia is over-lapped widely with reversed silk mattress sutures. The fat is drawn together with a fine silk suture to avoid dead spaces, a sub-cutaneous suture is applied to close the rest of the wound, and finally a small fine continuous mattress suture approximates the skin and completes the operation. You will notice that I have used silk throughout and I can assure you that not since I have been doing surgery have I had such good results in wound closure, immediate and remote, as since following the above method, the exploiting of which in this country should be credited to Halstead of Johns Hopkins Hospital.

Note.—Superficial skin sutures removed on the fifth day; union per priman. Patient left hospital at the end of the fourteenth day to go to a convalescent home in the country.

Second Case.—W. R., age 30, born in U. S., clerk by occupation, considered himself well until about one year ago when he began to have pain in the right dorso-lumbar region extending downward and forward in direction of the right ilium. Sometimes the pain was a severe steady ache located in the back, at other times the distress continued around to the front and extended into the pelvis. This patient denies gonorrhea and syphilis, has had no severe illness in his life until the present time. Has lost flesh and on account of this distress was obliged to give up his usual occupation. Examination of urine shows blood cells, pus cells, epithelia from the kidney, ureter and bladder. Palpation over the kidney area front and back shows but little

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difference in both sides as to pain and tenderness, though on deep pressure we do elicit perhaps a tenderness over the right

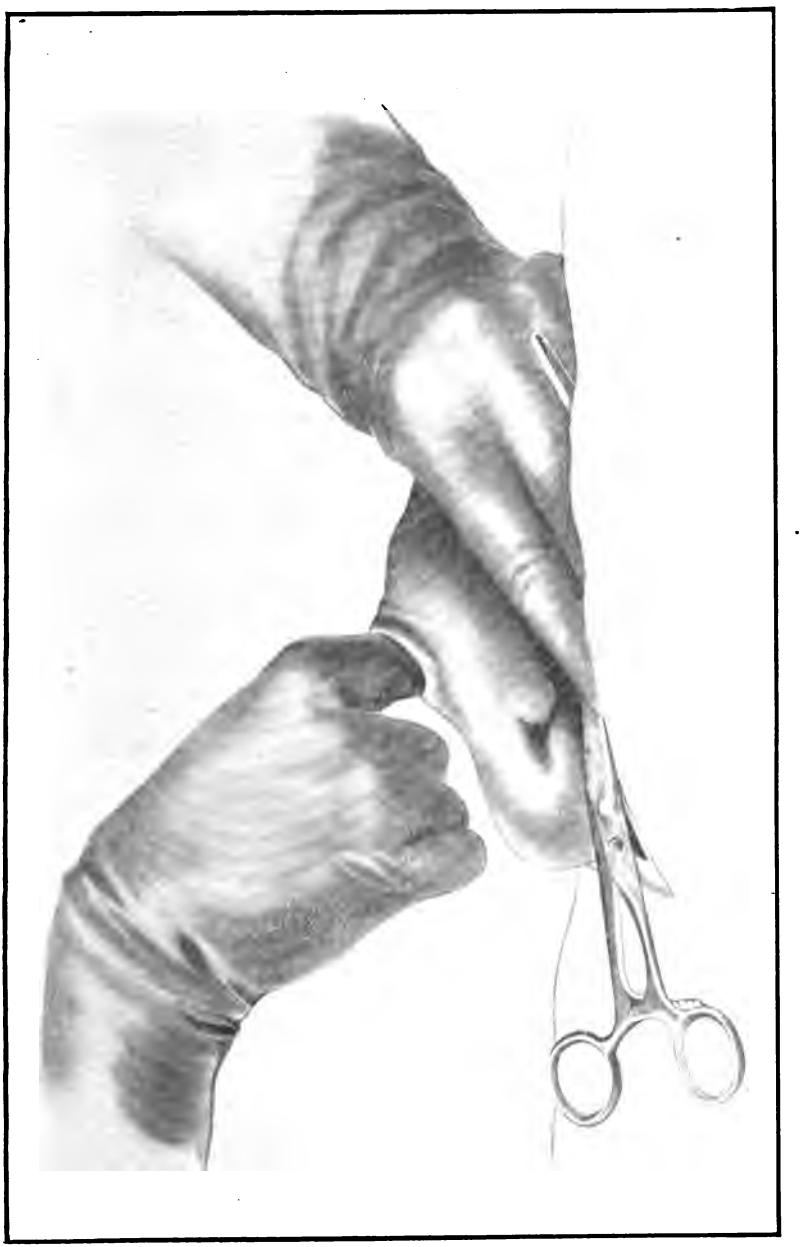


FIG. III—Case 2. Kidney delivered upon the back, a small incision made slightly below the center of the convex border and finger palpation of the renal calculus.

kidney, the lower pole of which may be felt on deep inspiration. These very excellent radiographs make the diagnosis for

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us as you will see when we examine them. You have listened to the clinical history, the urinary findings, and have examined the radiograph, and you will see that this is a plain case of renal calculus situated at or near the pelvis of the kidney. The patient is placed in a kidney position on an Edebohls air cushion and this operation begun by making the Mayo incision from above the twelfth rib, parallel with the erector spinae muscle, turning abruptly outwards and somewhat downward. This gives excellent exposure, enabling us to remove, by a subperiosteal resection the twelfth rib, if it infringes too much upon the operative field, permits us to deliver the kidney outside of the body with considerable ease. I rapidly separate the muscles, some of them in the direction of their fibres, and having now reached the fatty capsule of the kidney, this is incised with scissors and I now proceed to separate it thoroughly from the kidney. This must be done sufficiently in order to properly and easily deliver the organ. Now I will extricate the kidney from its bed and this is done by tilting it in such a way that I push the one pole into the incision first and thus you see without much difficulty the kidney is displaced upon the posterior abdominal wall. I ask the house surgeon to grasp firmly the pedicle which is composed of ureter and vessels, between the thumb and forefinger of his right hand. I make a very slight incision over the posterior convex border of the kidney, through the true capsule and with the finger strip it from side to side. Palpation shows the calculus, the shadow of which we saw in the radiograph, occupying a sacculation just above the beginning of the kidney pelvis. I proceed to incise through the posterior convex surface of the kidney, which I do bluntly with the scissors. I feel the stone with my forefinger and, by the aid of the forceps, I take great pleasure in presenting you with a sizable and much to be gotten rid of visitor, without which this patient will be able to worry along very conveniently for the rest of his life. The pelvis of the kidney is filled with fluid that looks not unlike pus mixed with mucous. We wash it out carefully with hot saline solution, I introduce a bougie into the ureter and finding that it is clear, I will then suture the kidney and close the wound without drainage. We use a non-cutting straight needle, with which we put in two mattress sutures, tie them with just sufficient tension to control the oozing from the kidney parenchyma, then with a fine suture accurately approximate the superficial wound of the kidney. We now replace the organ, south pole first, into its proper pouch. The fascia is closed with silk mattress sutures, the fat with fine silk, and the

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skin with a continuous silk mattress after the manner of Bartlett. The operation has taken 30 minutes and I feel satisfied that we have rendered this patient an inestimable service.

Note.—Ten days later this patient appeared before the class, expressed himself as being highly gratified, as his convalescence had been uneventful, wound had healed perfectly per primen, and he was asking for his discharge from the hospital.

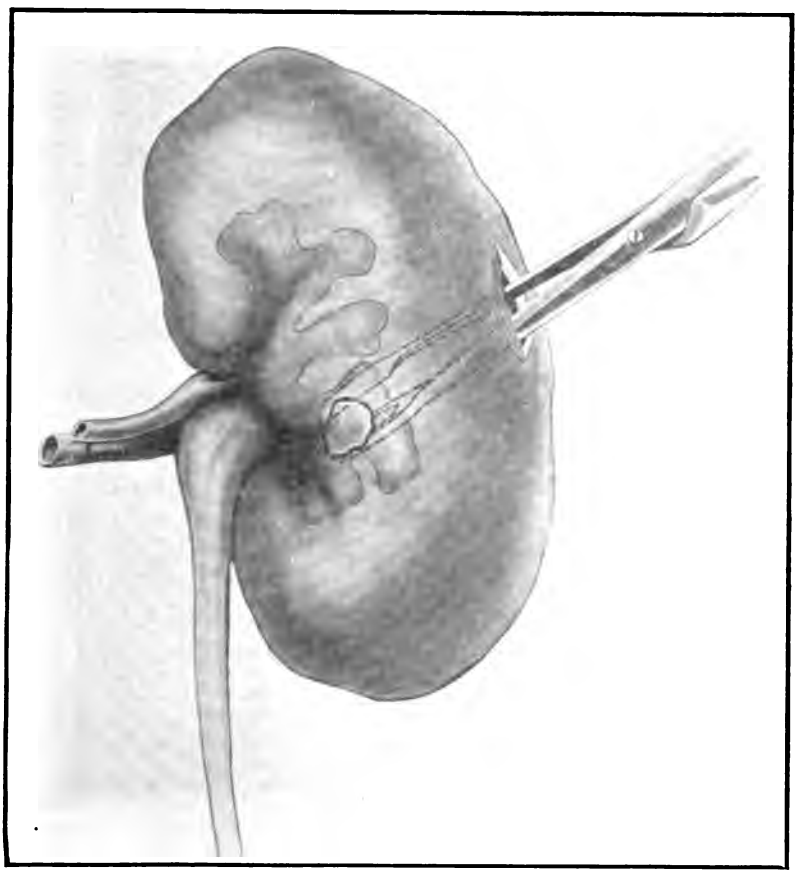


FIG IV—Case 2. Removal of oval calculus with forceps.

Third Case. Strangulated Umbilical Hernia.—Mary M., aet. 55; married. About two years ago, while lifting a scuttle of coal, felt sudden pain in abdomen as though something parted in region of umbilicus. Following this, at various times, noted swelling or protrusion, which could always be replaced.

Present history: Twelve hours before calling ambulance felt severe pain in abdomen and found she could not replace

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the swelling. Following the pain she began to vomit, became weak and prostrated and decided to seek hospital assistance. On admission to Metropolitan Hospital, was nauseated, vomiting a greenish fluid, which subsequently became feculent. Pulse 84, small intermittent; respiration 22 shallow, some subcrepitant rales in chest. In a few hours, the vomiting became worse, ejected matter looked like intestinal contents, patient seemed on the point of collapse, and it was decided to give her the benefit of operative relief, despite her poor physical condition. She was given morph. sulph. gr. 1-4 and atrop. sulph. 1-150. Gastric lavage was partially satisfactory in emptying the stomach but a stimulating compound enema was entirely ineffectual.

Operation Remarks: In view of the poor physical condition of this patient, we must work rapidly and do only enough to relieve the condition which threatens her life, so while she is being anaesthetized, we will briefly discuss the condition of acute bowel obstruction with its high mortality. In analysing the fatal factor in these cases, a recent writer takes the position that perhaps the toxic element fully explains the cause of death. He contends that when the physiological balance of the intestinal secretion (the secretion from the duodenal mucosa, probably Brunner's glands) is disturbed, the secretion becomes profoundly toxic and, unless this physiological balance is restored, a fatal termination quickly ensues. In other words, every influence that leads to a paresis of the upper intestinal loops, sufficient to arrest peristalsis, blocks the normal flow of duodenal secretion as effectually as though the gut were mechanically closed. Thus a duodenal stasis is produced, which may become a fatal factor by being absorbed into the blood as a powerful toxin or because of the improper admixture between the secretion of the duodenum and the lower intestinal tract. Strange as this theory may sound, several investigators have also held that the fatal factor in ileus is a poisonous substance derived from the duodenal mucosa, the toxicity being brought about by an improper interchange of secretions from the upper and lower part of the intestinal tract. These same investigators, in view of these findings, suggest drainage of the upper portion of the intestinal tract, to reduce the very high mortality attendant upon the treatment of these cases of surgical intervention. Drainage of the duodenum must be maintained until paresis of the bowel has disappeared. Permanent drainage of the duodenum can be accomplished by a high enterostomy in the jejunum or, if done early enough, in any portion of the small intestine above the con-

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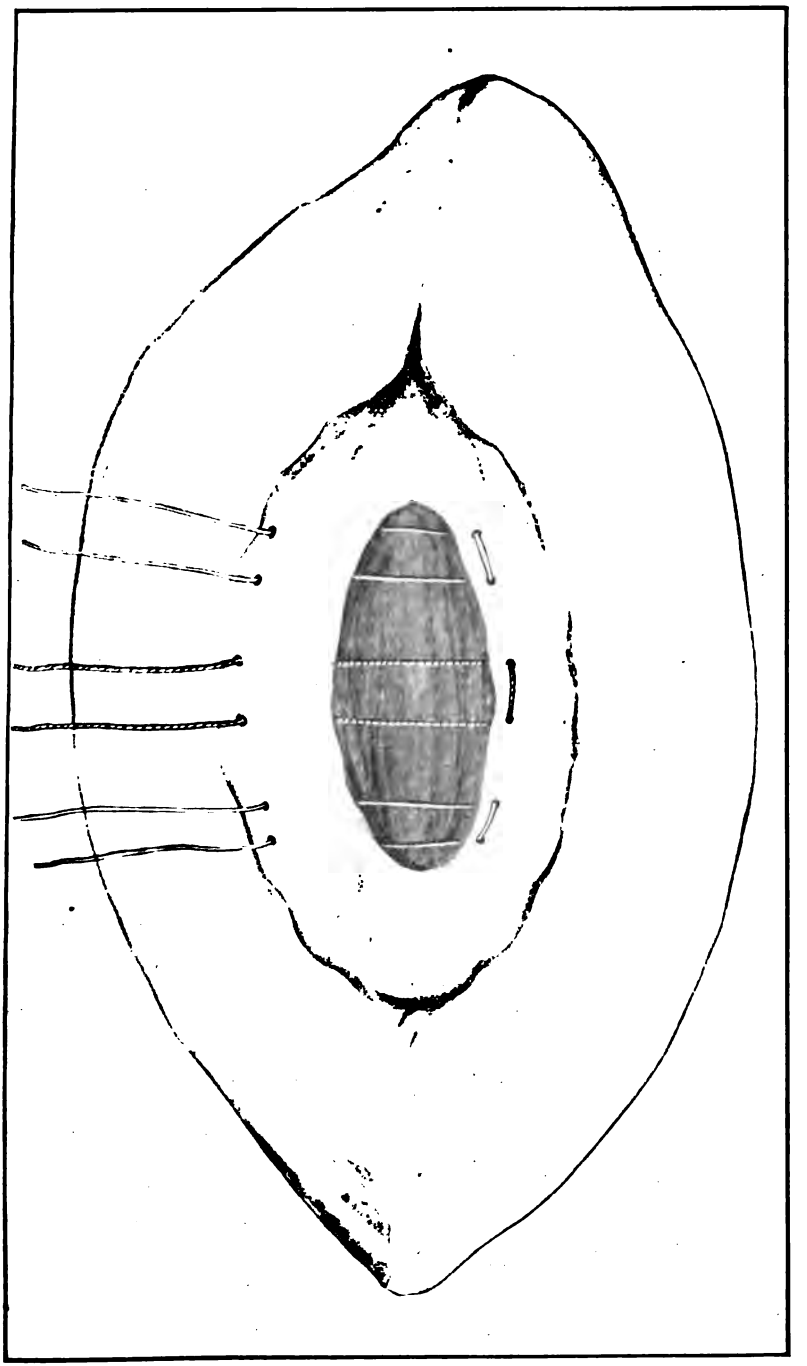


FIG. V—Illustrating Mayo method of radical operatios for umbilical hernia as employed in Case 3. Sutures ready to be tied.

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striction. This can be done under local anaesthesia, if thought necessary, above and to the left of the umbilicus. When a loop high in the tract can be secured, opened and drained, the patient is relieved of the toxemia—to be operated upon later for the cause of the obstruction. We intend to relieve the constriction in this case, because, as you notice, there is a large protrusion, but should the gut be gangrenous, no attempt at resection will be attempted, the damaged parts will be isolated and the intestine drained. We quickly make a horizontal incision through this enormously fat abdominal wall. You see the hernial sac which, with some difficulty, we manage to dissect free. The opening in the umbilicus is about the size of a quarter; this is enlarged by a transverse incision. The sac is now opened between forceps and you can see the distended loop of intestine, blue in color and about eighteen inches in length. The hernial opening, being too small for easy replacement in the abdomen I will open it transversely through the sheath of rectus on each side; now it can be replaced. See the collection of serum in the abdominal cavity as the result of this obstruction. We pour hot saline solution on this incarcerated loop of intestine and you can note with satisfaction that the circulation is being slowly re-established. It will not be necessary either to resect a portion or even drain, and, in addition, as the anaesthetist tells me, the patient is doing fairly well. We will do a radical operation for umbilical hernia after Mayos. This precedure is the accepted operation the world over for this kind of hernia, and reflects great credit on the heads of the Rochester Clinic on account of its simplicity of performance and the almost successful outcome in curing the condition. We close the hernial sac with a purse string suture, cut off the excess and allow the stump to retract into the abdomen. Now as we have incised the fascia transversely for an inch or more on each side, it is simply necessary to make a wide over-lapping of the fascial margins from above downwards by the application of about four reversed mattress sutures. These, when placed, draw the lower flap well up and under the upper one. A few sutures on the lower free margin of the upper flap hold it securely in place. Wound is now closed in the usual way, except a small rubber tissue drain will be left in for 48 hours, because, on account of being hurried, the wound closure is not as carefully done as we would do, did the patient's condition permit it. The stomach is now thoroughly washed and you notice, though we have put in and taken out at least a gallon of saline solution, it does not yet return clear.

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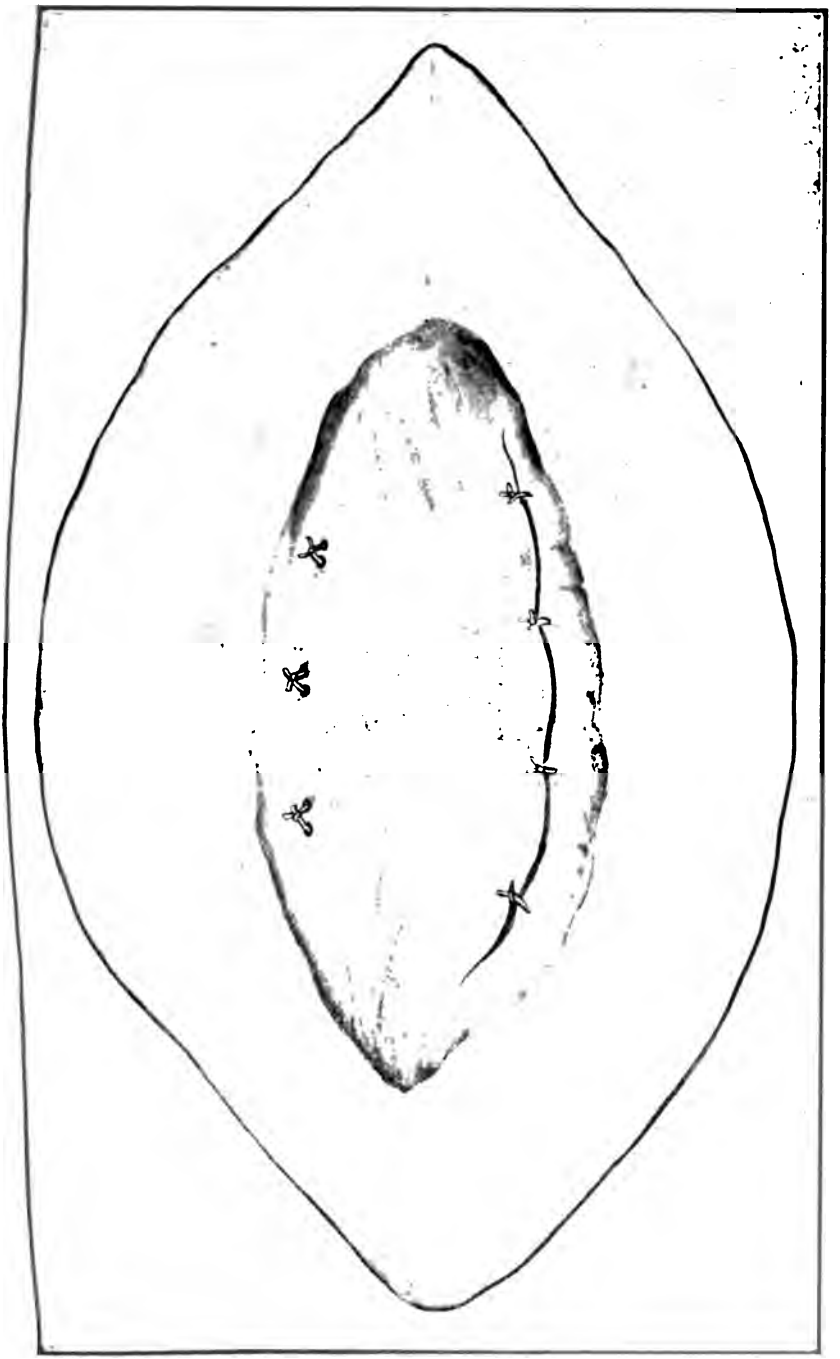


FIG. VI—Sutures tied and additional ones added uniting the free border of the upper flap by a wide overlapping to the lower portion of the hernia ring.

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After about two quarts more, the return flow is better and, let me say to you, that this gastric lavage is the most important part of this procedure, next to the operation itself.

Note.—Patient showed to the class four days after operation was making a most satisfactory convalescence.

THE LOWER BORDER OF THE STOMACH

With Remarks on Dilatation and Prolapse

BY GEORGE FREDERICK LAIDLAW, M.D.

Physician to the Metropolitan Hospital Department of Public Charities New York

IN EXAMINING a patient with stomach symptoms, one of the most frequent observations is displacement of the lower border of the stomach. It is an important sign of gastric diagnosis. The lower border of the stomach bears the same relation to the umbilicus that the left border of the heart bears to the left nipple in cardiac diagnosis. In examining a heart, if you find the left border and the apex beat well within the nipple-line, you will nearly always find the heart muscle competent. If you find the apex beat and the left border of the heart on a line with or beyond the left nipple, you know that that heart is dilated; always assuming that you have excluded displacement of the heart by pleural effusion on the right side or pleural contraction on the left side of the chest.

Not every heart that is dilated beyond the nipple line gives symptoms. Its muscle may be sufficiently hypertrophied to carry on the cardiac function. In like manner, not every stomach whose lower border extends below the umbilicus gives symptoms; but it is a dilated or prolapsed stomach nevertheless. While both heart and stomach that exceed the normal limits may continue for a long time without symptoms, in both cases, symptoms will appear sooner or later and the recognition of the dilatation is as important in the diagnosis and therapeutics in the one case as in the other.

Let us assume that the physician is a cautious man and examines carefully the abdomen of the patient who complains of "dyspeptic" symptoms. After he has examined the heart, lungs, liver, spleen, right and left kidney, gall bladder and appendix, he turns his attention to the stomach. First, he palpates the stomach to learn its position and size. If, as in so many cases of atonic dyspepsia will be the case, the abdominal wall is re-

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laxed, he will be able to elicit the splashing sound by giving several sudden but gentle pokes in the epigastrium. In itself, the splashing sound has no meaning. It acquires significance only when we consider how long after a meal it is elicited and over what extent of abdomen. In the normal stomach, the splashing sound can be heard for an hour to an hour and a half after a small meal and five hours after a large meal. If the splashing sound is found two hours after a small meal and seven hours after a large meal, there is a condition of atony of the gastric muscle with delayed emptying of the gastric contents. If it can be produced by palpation well below the umbilicus, that stomach is either dilated or prolapsed. If the splashing sound is not produced in a lax abdomen, give the patient a glass of water and try again. In this case, no estimate of atony can be made but the location of the splashing sound will locate the lower border of the stomach.

Next, locate the stomach more definitely by the effervescing drink. With the abdomen bared for immediate examination, the patient drinks two ounces of water containing one-fourth teaspoonful of tartaric acid and immediately afterward two ounces of water containing one-fourth teaspoonful of bicarbonate of soda. The patient lies down and is examined at once before the gas has an opportunity to escape upward through the oesophagus or downward through the pylorus. If the abdominal wall is relaxed, the outline of the stomach will stand out distinctly so that one can see the greater curvature, the lesser curvature and the right border of the stomach. In other cases where the displacement is not so extreme, the greater curvature is seen below the umbilicus but the lesser curvature cannot be distinguished.

In the normal stomach, the lower border or greater curvature is well above the umbilicus, about two finger-breadths as an average. If the lower border is on a level with the umbilicus, there is slight dilatation or prolapse. If, as is often the case, the lower border is far below the umbilicus, there is marked dilatation or prolapse. Which, prolapse or dilatation? This is a question that is more often asked than answered correctly. If the prolapse is extreme, the differentiation can be made but it is impossible to distinguish between slight degrees of prolapse and slight degrees of dilatation. Practically, such a distinction is unnecessary. Both conditions present the same prognosis and require the same treatment.

To distinguish between the greater degrees of prolapse and dilatation, the deciding points are the position of the lesser

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curvature and the prolapse of other viscera. Normally, the lesser curvature remains hidden under the left lobe of the liver. If, on distension with the gas, the outline of the lesser curvature is seen distinctly below the left lobe of the liver, that stomach is prolapsed. In such cases, the kidneys will nearly always be prolapsed also, especially the right, and perhaps the liver can be palpated a finger breadth or two below the right costal margin. If the lesser curvature cannot be made out distinctly, the presence of prolapse of the kidneys and liver indicates the condition as a prolapse rather than a dilatation. If the position of the lesser curvature cannot be made out and the other viscera are not prolapsed, the case is one of dilatation without prolapse.

More important for diagnosis and treatment than hair-splitting distinctions between lesser degrees of prolapse and dilatation, is the distinction between gastric atony and true gastrectasia or dilatation of the stomach.

Gastric atony is simply part of a general neurasthenia or nervous dyspepsia. Its prognosis is good and the treatment exclusively medical, dietetic and hygienic.

True gastrectasia or dilatation of the stomach is due to some obstruction at or near the pylorus. It is a serious condition, often progressive and, if progressive, demands early surgical relief. The distinction between gastric atony and gastrectasia is made by testing gastric motility.

Tests for gastric motility depend on the physiological fact that the stomach empties itself within a given time and empties itself perfectly. In gastric atony of the neurasthenic type the stomach empties itself too slowly, but perfectly, if given time enough. In gastrectasia, the stomach is never entirely empty. Tests for gastric motility are simple and can be carried out by any physician who can pass a stomach tube.

With every patient whose stomach extends below the umbilicus, from no matter what cause, the first thing to determine is, is that stomach doing its work of passing a small meal into the duodenum within two hours or a large meal within seven hours? The tests are as follows:

In the morning, fasting, the patient drinks 400 c.c. of water colored with 20 drops of chlorophyll (Merck's, for aqueous liquids). In 30 minutes, the stomach tube is passed and the contents withdrawn. From the normal stomach, only small quantities appear, 30 to 50 c.c. With delayed gastric motility, much larger quantities are recovered, 150 to 200 or, in severe obstruc-

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tion, 400 c.c. The amount of fluid recovered from the stomach in 30 minutes is an index of gastric motility.

Another test is the test dinner of soup, beefsteak, bread and rice pudding with raisins. Seven hours later, pass the tube and wash out the stomach with a little water. If there is no food residue, gastric motility is normal. If food residue is found, motility is delayed.

If these tests show normal motility, the examination for motility need go no further. The condition is one of simple prolapse without atony and is curable by applying a good abdominal supporter and increasing the patient's weight by appropriate diet. If, on the contrary, these tests show impaired gastric motility, a distinction must be made between neurasthenic atony and gastrectasia from pyloric obstruction. The deciding point is the presence of food in the fasting stomach in the morning. Give the patient the test supper of meat, bread, milk, rice pudding with raisins and prunes. Twelve hours later, that is in the morning, before the patient eats or drinks anything, pass the tube and withdraw the stomach contents. In the normal stomach and in neurasthenic atony, there will be only a little mucus or from 10 to 30 c.c. of pure gastric juice. There will be no food residue. Food residue found in the fasting stomach in the morning removes the case from the class of neurasthenic atony to the class of pyloric obstruction.

The case of gastric atony with its displaced lower border of the stomach and its delayed but finally complete emptying so that the fasting stomach in the morning contains no food residue, requires the treatment of neurasthenia. Rest, abundant food, general diet, six meals daily and ignatia or nux vomica, 1 to 10 drops of the IX dilution in a cup of hot water before meals will cure most cases; if another remedy is clearly indicated, it should be given. If the symptoms do not improve and an emaciated patient does not gain in weight, much help will be given by a well-fitting abdominal supporter no matter whether distinct prolapse of the viscera can be made out or not. Rose's adhesive plaster support is a good one to begin with to try the effect of abdominal support.

The case of gastrectasia or pyloric obstruction will require more persistent and skilful treatment. The obstruction may be within or without the stomach. Obstructive conditions within the stomach may be ulcer or cancer at or near the pylorus, the contracting scar of an ulcer or burn. Obstructive conditions outside

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of the stomach are perigastric adhesions about the pylorus, the pressure of gall-stones or tumors, or, perhaps, the kinking of the pylorus or duodenum by a prolapsed stomach. Ulcer and cancer should be tested for by the appropriate methods Never forget that gastric cancer detected in an early stage, may be curable by prompt excision. Delay is criminal. If neither ulcer nor cancer are recognized, in our usual inability to state exactly what the obstruction may be, the treatment is at first medical and dietetic. Food is given in small quantity frequently, always liquid or semi-liquid so that it may pass easily through the pylorus. If the gastric juice is rich in HCl, finely chopped meat may be given. It will liquefy in the stomach. If the gastric juice is poor in HCl, no meat should be given and no beef juice that coagulates in the stomach.

If food retention is marked and fermentation is present, gastric lavage every two or three days will aid the cure.

The best remedy is that indicated by the symptoms, I know no remedy that is apt to be indicated more than another.

If the patient improves, if food residue in the fasting stomach in the morning decreases and disappears, you are justified in continuing medical treatment. On the contrary, if the symptoms do not improve, if vomiting is frequent, if the food residue in the fasting stomach in the morning does not decrease, the case is a surgical one for exploratory laparotomy and the relief of whatever obstruction may be found.

CAN WE CURE CHRONIC INTERSTITIAL NEPHRITIS?

BY EDWARD DOUGLAS RUDDEROW, M.D.

Physician to the Metropolitan Hospital, Department of Public Charities New York.

THE subject of chronic interstitial nephritis seems to be shrouded in a considerable amount of obscurity.

Given a certain group of facts, we say that a man has contracted kidney, moreover we then proceed to state further that the condition cannot be cured. What then shall we say when the group of facts upon which our original conclusion was based, disappear and the man to all appearances is normal.

To come to a concrete example, let us take the case of a man, fifty-five years of age, who presents himself to us for diagnosis and treatment.

The sphygmomanometer discloses a blood pressure of 200 milli-

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meters. This is in itself suggestive, says Janeway in his "Clinical Study of Blood Pressure," "Given a systolic pressure of over 200 millimeters, the diagnosis of contracted kidney must be disproved by repeated examination before it is abandoned."

But suppose that in the case that we are examining, these conditions are not only not disproved, but are confirmed by finding the classic urinary phenomena, that is, the low specific gravity, trace of albumin, occasional occurrence of casts, low percentage of urea and polyuria.

Would we not under such circumstances, in view of the generally accepted ideas regarding these conditions, be justified, in considering such a case as one of contracted kidney, and rendering an unfavorable prognosis in so far as the hope of renal rejuvenation is concerned?

Now as a matter of fact, what are the physical factors which lie behind the symptoms which this man presents?

The increased blood pressure indicates an obstruction somewhere in the circulation, it indicates however more than this, as hyper-arterial tension could not be maintained were not the heart, that pump upon which the pressure depends, itself hypertrophied. We conclude therefore that the high pressure is compensatory, that it has its dangers, but that other and greater dangers would threaten were it withdrawn. And so in casting about to locate the obstruction in the circulation, our attention is called to the kidney and we examine the urine and find that something is amiss.

Now the kidney is a peculiarly helpless organ, although hidden from our gaze and lying too remote from the surface to permit of a physical examination, it is constantly pouring forth its tell-tale excretion. And so in our perplexity we pounce upon these ingenuous organs, examine the urine and find albumin, and casts. And the problem seems solved and we promptly proceed to point the accusing finger at the kidneys and denounce them as the guilty culprits. Now there is not a shadow of doubt that contracted kidneys will obstruct the circulation, but so will many other things, the presence of albumin and casts is certainly an evidence of renal irritation, but in view of certain experiences which have come to me in the last two or three years I am beginning to think that in these classic cases, in which all the signs point to the kidney as the original offender, we may be too hasty, that high blood pressure, low specific gravity, albumin, casts, low urea and polyuria do not spell invariably "Chronic Interstitial Nephritis" or that if they do, then "Chronic Interstitial Nephritis" is a curable disease.

Let us for a moment analyze the urinary findings in some of

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these cases. Suppose we find for example that the specific gravity is only 1010, that the amount of urea is one per cent. we have in such a case evidently what appears to be an abnormal condition but upon measuring the urine excreted in twenty four hours we find that the patient has passed three thousand c.c. Using Haeser's co-efficient we find that after all the patient has excreted seventy grams of solids, in other words this urine is normal save in one particular, namely it is too dilute. It has seemed to me that high blood pressure from some cause not directly related to the kidney might produce such a result, that the excess of water in such a specimen might be due merely to the fact that more water was squeezed out, as it were, and that the albumin and casts might result from the traumatism to the kidney structure, a traumatism not severe enough to rupture any part but still sufficient to cause an irritation. In other words then the kidney was the victim, not the cause of the hyper-tension in the circulation.

This reasoning may, I think be applied to the arteries. We are accustomed to blame them with the kidneys, in these high tension cases and to assume that an incurable arterio-sclerosis is present. High blood pressure must certainly subject the vessels to traumatism and its long continuance must interfere with the circulation in the vasa vasorum, and ultimately lead to degenerative changes. And we have considered arterio-sclerosis as incurable. What then again shall we say when the basic facts upon which our diagnosis rested have disappeared and the man is normal. Here again I think we must conclude either that the man did not have arterio-sclerosis or else that arterio-sclerosis is a curable disease. And this brings me to the point which I wish to make namely that there are many of these cases which are not what they seem, that while we do have high blood tension due to an obstruction in the circulation that obstruction is not necessarily in either the kidneys or the arteries but somewhere else and this assumption if it can be proved, would reconcile some conflicting phenomena and explain how we can at times seem to cure that which has been deemed incurable. Before therefore we conclude that circulatory obstruction with its necessary accompanying factors of high tension and cardiac hypertrophy is renal or arterial in origin, let us glance about and see whether some other cause may not exist. And in this search there comes to our aid the interesting fact that the blood pressure in some of these varies greatly day by day and during different portions of the same day. Now blood pressure can fall from only one of two causes or a combination of these causes acting together, that is there must either be a diminution in the

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pumping power of the heart or a decrease in the obstruction in the circulation.

Now rigid arteries and contracted kidneys would seem by the very nature of their physical condition to offer a rather constant resistance to the passage of blood through them. On the other hand considerable variations of the power of the heart would seem likely to produce untoward symptoms, if it is true that high pressure in these cases is compensatory. When therefore variations do occur and when those variations do not produce untoward symptoms and when an examination of the heart itself reveals, not the rapid action, and feeble first sound of a failing heart but a regular steady and vigorous pulsation at a normal rate per minute, may we not assume that the resistance in the circulation varies and therefore may not be due to fixed and unchangeable pathological changes in either arteries or kidneys? Where then shall we look for such a variable obstruction? The arteries themselves might by the action of their circular fibres produce this result, the tension rising as these fibres contract and falling as they relax, but the prolonged duration of a high tension from such a cause would pre-suppose these fibres to be in a state of tonic contraction for hours at a time. This may be true for we know that certain muscles, notably the sphincters seem to possess the power of remaining in a state of contraction for long periods without undue fatigue.

Then, too, heat, cold, variations in atmospheric pressure and many other factors affect the pressure of the blood. But these factors act upon everybody and if accepted as causal factors in high pressure would seem to make hyper tension universally inevitable which is not the case at all. It is my belief that in the degenerated muscular system we may often find a variable but at the same time a constant obstruction to the circulation of the blood. We are familiar with the stiffness which these muscles present, their lack of contractile power and rigidity, and may not such a condition produce high tension with polyuria, and subsequent damage to the kidneys and vessels?

I am inclined to answer in the affirmative, especially since it has been my good fortune to witness what were apparent recoveries from a chronic interstitial nephritis following a course of treatment which increased muscular efficiency. And as I write this there lies before me an issue of the Medical Record of November 1st, 1913 containing an article entitled "The Role of Physical Exercise in the Prophylaxis of Tuberculosis" by James M. Anders of Philadelphia in which these significant words occur: Says Dr. Andres, "It is an indisputable fact that the American race as a whole is

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slowly undergoing muscular deterioation." May I add that it seems to me that the American race is also producing more and more cases of what we have called contracted kidney. Are these two statements related?

In conclusion therefore it appears that we should not at once blame the kidneys when blood pressure is present, contracted kidneys being objects about which we really can know but little during the life of the patient.

Endeavoring to answer the question which I myself have prepounded in the title of this paper I would say that I believe we can lower blood pressure, increase renal efficiency, and cause the disappearance of albumin, casts and polyuria in certain cases by increasing the muscular and I may add cutaneous efficiency. But if you ask me if these people had contracted kidneys, I must say that I do not know, my belief is that they did not, even though all their symptoms pointed to such a condition.

MEDICAL COLLEGES AND STATE BOARDS OF EXAMINERS*

By AUGUSTUS C. UMBREIT, Esq.
Attorney Wisconsin State Board of Medical Examiners
Milwaukee, Wisconsin.

Right to an Education

TO ACQUIRE an education is a natural right. This right is protected by the law of the land. The right to an education includes the right to acquire an education generally and an education along special lines, that is, an education in general so as to become and be known as learned "educated," without possessing a special training and consequent presumed fitness for any recognized special line of human endeavor; and an education fitting specially for a calling or profession, demanding a peculiar training in order efficiently to meet the demands of such calling or profession. To acquire a medical education is the natural right of every American citizen, a right which may not be denied him, either as to the place where or the manner in which, he may choose to acquire such special or professional training.

To Practice Not A Right

To practice any one of the learned professions is not a natural right. No one has a right to practice law or medicine except under

*Read at the Chicago meeting of the College Alliance of the American Institute of Homoeopathy.

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the State may prescribe. To practice law or to
ie is not a privilege, much less a right, of citizen-
l and protected by the law. While to practice
a natural right nor a privilege of citizenship, never-
ght to practice is a qualified franchise or preroga-
ation being the compliance with the regulations im-
ate. If the regulations so imposed are met, the
becomes a legal right, protected by the law.

Mission of Medical Colleges

a medical education to all who desire is the purpose
ery reputable medical college. There are, of course,
titutions furnishing such special training, namely,
nstitutions and privately owned and conducted in-
this discussion I shall eliminate the state or public
confine myself to medical colleges owned and oper-
corporations. Since the right to acquire a pro-
ion is a natural one, medical colleges are entitled
nish such an education to all who apply, but being
ions, may impose such qualifications as they see
ho seek to enter their walls as students. What
ns should be no one, not even the state, can dictate
tions, provided always that such qualifications do
w.

Teach Different from the Right to Practice

however, that the statement just made is limited
t of permitting a person to become a student in a
for the purpose of acquiring knowledge of the
ine. As far as the right to practice is concerned,
ement of such knowledge and training, the state-
does not apply since it has been judicially held
ate by its laws, or no agency of the state, by its
tribunals, can dictate to privately owned medical
ney shall receive as students and what they shall
ss when it is proposed by such privately owned in-
are men and women for the practice of the medical
the state by its laws and by its boards, may direct
nd what shall be taught and how long such teach-
ue. The distinction has been clearly drawn by
ready stated, between the right to acquire a pro-
on and the additional privilege to practice the
unt of professional education a person may acquire
hin his own discretion, but the amount and kind

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of such professional education necessary to entitle the person acquiring the same practically to apply his acquirements, is subject to state supervision and control.

Purpose of State Boards of Examiners

The state having the right to supervise the practice of a profession and to dictate upon what terms persons may so practice, it becomes necessary to determine in what manner such supervision should be exercised and the laws having the regulation of the practice in view, should be administered. Hence state boards of examiners have been appointed in practically all of the states of the Union. To these boards are given large and important powers, in some instances, possibly, too large a discretion. Nevertheless it must not be forgotten that these boards represent a department of the state, a branch of that power of the commonwealth known as the police power. The police power of a state is a very elastic function, made necessary by our constantly increasing complex civilization, but nevertheless cannot be exercised as an unrestrained power of the state. Boards of examiners, while clothed with important functions and powers, connot exercise any discretion beyond that given them by the law itself or necessarily implied from the provision of the law.

Relation beteen Medical Colleges and Boards

Medical colleges, possessing certain rights by reason of their incorporation and the object for which they were created and are being operated, and state boards, having been created for the purpose of supervising and regulating the practice of medicine, very naturally created a situation where knowledge of what rights may be exercised by the former and what supervision may be enforced by the latter, becomes exceedingly important to both. It is quite clear, therefore that it is a question of supreme moment to medical colleges to note what their rights are under the law in order that state boards of examiners do not trench upon these rights by an attempt at unreasonable and unlawful regulation.

Difficulty in so many Standards

I take it for granted, of course, that all medical colleges worthy of the name, intend to comply with all legal requirements in fitting their students for the practice of the profession. The presumption of law is to that effect. But the first difficulty that presents itself to a medical college fitting students for the practice of medicine for all, or at least some of the states of the Union, is the fact that the various states have varying medical practice acts. All the states that have medical practice acts, as far as I know, require

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a condition precedent to application for practice in the state, a diploma from a medical college. It is generally stated in these laws that such diploma shall be from a reputable medical college. It is generally further provided in the law itself what shall constitute a reputable medical college. The difficulty is that in defining what shall be considered a reputable medical college, the laws of the various states are not uniform and it is quite probable that the test of reputability in the United States may be a forty-eight fold one. This situation presents a very practical difficulty to an honest medical college. What to do under these conditions is a question which each medical college must solve for itself. As a general rule, I would suggest that meeting the requirements on this point of the most exacting state would come very near solving this dificulty. In other words, a medical college which will prepare its curriculum and conduct its college so as to satisfy the demands of the state having the strictest regulation will have solved this somewhat difficult proposition.

What is a Reputable Medical College?

I have already stated that most of our medical practice acts define what is a reputable medical college. In this respect it must be remembered that the word "reputable" means something more than having a good repute. It has been judicially held that it means practically the same as character in the case of an individual, namely, efficient in fact, furnishing a professional education which is on a par with the advanced stage of the science of medicine, giving a training which in fact prepares the student for the practice of the profession, sufficiently equipped to furnish such training and insisting that persons seeking to acquire such an education actually have acquired it before certified as qualified by a diploma.

Definition of Reputability

The legal requirements as to "reputability" of a medical college are generally defined by our Statutes as:

First: That such college require at least four courses of seven months each, taken in four different calendar years; and

Second: Require for admission to its curriculum a prelim inary education equivalent to graduation from an accredited high school.

These requirements are very general and appear simple enough. The enforcement of these requirements is the duty of state boards of examiners. It would seem that little difficulty would be experienced by medical colleges in complying with these simple requirements and that boards of examiners should have no

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difficulty in enforcing them. Nevertheless on these two points we find frequently a contest between medical colleges and state boards of examiners. It is assumed in this connection that both the colleges and the boards where a contest arises, are acting in the utmost good faith. Unfortunately, that is not the fact in all cases.

Differences Encountered in Enforcing Reputability

The first dificulty that often arises between medical colleges and state boards of examiners when attempting to enforce this statutory definition of reputability, is in regard to the preliminary education required. It is the policy of the law, it is the policy of the profession generally, I believe, that a person now seeking to enter into the practice of medicine ought to be a broadly educated person, educated generally in addition to his professional equipment. The time has passed when a man can leave the farm or a trade with barely a common school education, and enter upon a training purporting to fit him for the practice of medicine. While some of the most noted and successful practitioners of the past have been men without any preliminary educational training, this fact does not justify us now in ignoring not only the desirability but necessity of a preliminary non-professional, general education.

Preliminary Education Equivalent to High School

It is to be noted that the statutory requirement as to a preliminary education provides that it shall be "equivalent to graduation from an accredited high school." The trouble in this connection is—what is "equivalent" to a high school education? Hitherto medical colleges, with the permission of state boards of examiners, have allowed students who were not graduates from an accredited high school and who were deficient in some of the branches required of high school graduates, to be conditionally matriculated, permitting such deficiency to be "made up," during the first year of the medical course. One Supreme Court, at least, has held that such procedure is a reasonable one and that a state board of examiners could not refuse to recognize the graduates of a college so permitting a student to supply his admitted deficient preliminary education. However, in my personal opinion, such a procedure is a dangerous one and to a great extent emasculates the requirements of a proficient and sufficient preliminary education. In New York no such conditional matriculation is permitted on the part of the medical colleges who desire to be registered in that state. I believe such a regulation is a reasonable one and ought to be readily endorsed by first class medical

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colleges. I, would, therefore be inclined to hold that any state board which refused to recognize a medical college as reputable because it permitted conditional matriculation in the manner just suggested would be a reasonable regulation and any medical college which would complain of such regulation would be without standing in any court of law and equity.

Allowing Credits from Other Schools

Another difficulty that has arisen in connection with the enforcement of this statutory requirement of reputability by state boards of examiners, is the matter of allowing credits to students for work done in other medical colleges or institutions. You must remember that medical colleges, in order to be reputable, must require, and hence furnish, at least four full courses of instruction of seven months each, such courses to be taken in four different calendar years. Students will shift from one institution to another. To receive students from other institutions is a right any medical college may exercise. The only question that can arise is what credit is a reputable medical college to give a student coming from another college. Of course, it is clear that if such student comes from an institution as reputable as the one which receives him, full credit may be given for the work done in the former institution. But if the student comes from an institution of doubtful reputability the question is an entirely different one and in such case no first class medical college would give such student full credit for work so done, if any credit at all.

Diploma Should be of Full Face Value

A diploma from a first class medical college should mean something, should have a value fully equal to the face of the diploma. Hence I am of the opinion, that if a state board should refuse to recognize the diploma of a reputable medical college in the case of a student where such college gave him a credit for work done in another institution known to be not reputable, that is, as not preparing its students efficiently and properly, such a ruling on the part of such state board would be proper and sustained by the courts.

Combined Degrees, B.A. and M.D.

In this connection another question arises and that is the matter of combined degrees, that is, giving in some instances a baccalaureate and medical degree to persons who complete the work of an academic course and a medical course concurrently. Of course in the case of a university or college maintaining a medical school as part of the institution itself, the giving of such

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combined degrees may be without danger to the public, provided sufficient time is devoted to the two sources. It has been established as a regulation by one state, at least, that where a university or college maintains a registered medical school, it may confer academic degrees and medical degrees as the result of a combined course covering six years and in the case of other colleges combined degrees may be given if the two courses, concurrently taken, cover a period of seven years.

Mere Affiliations

It is a matter of common knowledge that many medical colleges now are affiliated, more or less closely, with colleges or universities conferring academic degrees. The danger lies in this connection in the fact where there is merely an affiliation, often merely nominal, that the combined degrees may be given to a student whose work, either in the academic department or in the professional department, has been deficient, either as to time or the character of the work done. It is the clear purpose of statutory regulations that a college in order to be reputable shall give, and insist its students in taking, four full courses of special professional training before a diploma be issued, attesting the completion of such training.

Purpose of Medical Legislation

Medical practice acts were enacted for the protection of the public. This object is the only one which justifies their enactment or their enforcement. The regulation of the practice of medicine is not for the purpose of protecting the profession, much less for the purpose of protecting medical colleges. Hence, every supervision and regulation of the practice of medicine must in some way be conducive to the reasonable protection of the public. Rules and regulations which go beyond this will not be endorsed by the courts when there challenged. Therefore the rights of medical colleges as private corporations must be measured entirely by the fact whether the rules and regulations adopted by the various states, which they are required to meet in preparing their students, can reasonably be construed as tending to protect the public. If they do so protect, medical colleges must meet these rules and regulations. If they do not, then these corporations cannot be compelled to meet them.

Statutory Rules and Board Rules

Hitherto I have been considering statutory rules and regulations as to the reputability of medical colleges, reputability in this connection meaning the recognition of the diploma of such medical colleges by the examining boards of the various states. Broadly

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speaking, it may be stated as a principle that provisions of a statute defining what shall be considered a reputable medical college will be sustained by the courts and hence can be enforced in all cases where the medical practice act itself has been held constitutional or the constitutionality of such act has not been challenged. But the statutory rules and regulations on this point are not the only ones because practically all state boards have adopted additional rules and regulations by which they measure the reputability of medical colleges and which they seek to enforce. Under this branch of regulation arise questions which courts frequently have been called upon to decide. In deciding the rules and regulations of a board of examiners, courts have properly adopted much more stringent principles and have scrutinized such rules with much more care than when considering statutory rules. And there is good reason for this attitude of the courts. The human elements of state boards of examiners cannot be eliminated. The unfortunate existence of various schools of practice in the medical profession furnishes a field for discrimination, into which some boards have not hesitated to enter. The general rule of courts when considering the regulations of a state board of examiners is that such regulation must clearly be reasonable, that is, the enforcement of a regulation so adopted must clearly tend to promote the protection of the public against the unlawful practice of medicine. It might be stated that while statutory rules must also be reasonable, board-made rules must be more reasonable; by which I mean that the direct benefit of the enforcement of such rules to the public must be clearer than in the case of statutory rules.

Statute Given Power to Make Rules

Generally the medical practice acts of the various states give the boards of examiners power to adopt rules and regulations, although the function thus conferred is generally quite limited. Thus the Wisconsin Statutes provide that—"said board shall have power to adopt such rules for its government and may require the filling out of such blanks by applicants as it may deem necessary in order to ascertain the true character and qualifications of an applicant for license, and the board may, in its discretion, refuse to grant a license to any person who does not furnish satisfactory proof of good moral and professional character." This rule, of course, is entirely and clearly reasonable. It gives the board no power to determine the reputability of a medical college by rules of its own beyond those given in the Statute itself. The power to make rules conferred by this pro-

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vision clearly means the making of rules for an orderly method of doing the ministerial business of the board. No medical college need fear any rule of this kind.

Rules of Other State Boards

Other states, however, have not been so careful and circumspect in conferring upon boards of medical examiners the power of making rules and regulations to determine the reputability of medical colleges. Probably the most liberal conferring of power in this respect has been in the state of New York. The method of regulating the practice of medicine in that state, including the determination of what are reputable medical colleges is sui generis. A board of regents, meaning the board of regents of the University of the State of New York, appoints nine members to constitute the board of medical examiners; but this board of examiners is given merely the power to perform the clerical act of examining canditates for licenses, since the questions that may be asked in any particular examination must be submitted to the Regents and approved by them and the Board of Regents determines who may and who may not take this examination and the examination itself is conducted by an examiner appointed by the Regents, and a license is issued by that body. This Board of Regents makes all the rules and regulations governing the practice of medicine in the State of New York, and has been given the power to make, and have made, rules to determine the reputability of medical colleges. The medical practice act of that state directly confers upon this Board of Regents the power to establish a standard of reputability of medical colleges. Consequently the Board of Regents of New York have divided medical colleges of the country into three classes, namely, those whom they have registered, those whom they have accredited and those whom they refuse to recognize at all. The highest grade attainable by a medical college in that state is to be registered by this Board of Regents and, in passing, I may state that colleges who have been so registered, have been recognized generally, whether properly or not, as the highest grade of medical colleges and such registration has been accepted by state boards of examiners generally as a badge of complete and unquestionable reputability. As far as I know, the statute of no state has made any provision that registration of a medical college in New York shall be accepted by the various state boards as conclusive evidence of reputability, although it may be stated that if the Board of Regents of that state have adopted and enforced reasonable rules and regulations on this point and have acted without prejudice or bias, no wrong

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has probably been done or will be done to any particular medical college.

The Rules of the Regents of New York

I will now briefly consider the general rules and regulations that have been adopted by the Board of Regents of New York as determining the reputability of a medical college, to-wit, the requirements for registration in that state of such colleges. These rules are:

Amount of Equipment

(1) The college must have apparatus and equipment and resources of $50,000. This rule, in my opinion, is dangerously near the line, dividing a reasonable from an unreasonable rule. It must be admitted, however, that a reputable college to do efficient and satisfactory work as an institution of professional learning must have adequate equipment and possibly a certain financial value of such equipment may be a test of the sufficiency thereof. Therefore, it is more than likely that this rule would be held a reasonable one in case it was tested in the courts.

Six Salaried Instructors

(2) A college must have at least six full-time, salaried instructors, giving their entire time to medical work. I am inclined to think that the requirement of having six full-time professors or instructors in a college is a reasonable one, but there is some doubt as to the added requirement that such instructors be salaried. If some enthusiastic and able member of the profession is willing to give instruction without compensation that ought to be the business of the particular college, as well as its good fortune. I understand that when a medical college applies to New York for registration the names of the salaried instructors and the amount of salary paid each must be given. If the Board of Regents of that state should decide that the salaries paid such instructors were too low or too high, and on that ground refused to register a medical college, such decision would be unreasonable and would find no support in a court of justice and equity. On the whole the regulation generally that there be six full-time instructors in a medical college, in order to be registered, would be held a reasonable regulation.

Full Four Years Course of Instruction

(3) The college must have a graded course of four full years of college work in medicine and this has been construed by the Regents as meaning four years in the medical college itself. This rule is merely a restatement of the statutory rules I

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have already discussed and the only possible exception that might be taken to this rule is, perhaps, the interpretation placed upon it that the letter of this rule is violated by the granting of a combined academic and professional degree where it might appear that some of the work done by the candidate for the academic degree was accepted as work done for the professional degree. Except for a possible narrow and prejudiced construction of this rule, it would be held reasonable.

Preliminary Education Requirement

(4) A college must require for admission not less than the usual four years of academic or high school preparation, or its equivalent. This rule is entirely reasonable because it is merely a repetition of statutory rules generally on the question of a required preliminary examination.

No Conditional Matriculation

(5) The college shall not matriculate conditionally students deficient in any part of the preliminary educational requirements. This rule may or may not be reasonable, depending upon its interpretation and application. If the rule is interpreted to mean that no medical school shall matriculate a student for the purpose of granting him a degree so as to be eligible to take an examination for admission to practice, then the rule will be sustained as reasonable. If, however, it should be interpreted and applied as meaning that under no consideration shall a medical college matriculate a student so as to enable him to study medicine, unless he has met all the requirements of a preliminary education, then the rule would be unreasonable and not sustained. By this last statement I mean that such a rule could not prevent a medical college, if it so desired, to matriculate students who desire to acquire medical knowledge, but who are deficient in their preliminary education, provided the college informs the student that it could not and would not grant them a degree upon the completion of the course by reason of deficient preliminary education. The Supreme Court of Wisconsin has held that a rule of an examining board, determining that a college is not reputable because some members of its senior class were deficient in the preliminary education and would therefore not recognize other members of the same class not effected by this infirmity, was unreasonable and compelled the board to recognize such members of the senior class of the college in question who had the necessary preliminary education.

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Statements in Announcement or Catalogue

(6) The circular, information, announcement or catalogue of the medical college must not contain statements which are in violation of these rules adopted by the Board of Regents, for the right of registration. It strikes me that this rule goes a little too far to be held reasonable. The purpose, no doubt, is that medical colleges shall state to the world in their publications the exact truth as to the work done by them, and that they shall not publish one course to the world and upon application for registration contradict such statement by their admission on the application blank. The real objection I have to this rule is that it gives an opportunity for the Board of Regents, or its employees, to split hairs, to cover up prejudice or bias under a strained construction of the letter of their own rules, and I am satisfied that if a college would show in court that it has substantially complied with the spirit of the reasonable rules of the Board of Regents, it could compel registration, notwithstanding statements found in its announcement or catalogue. Of course, I base this last assertion upon the assumption that no fraudulent statements are published by the medical college. It has been judicially determined that a rule of a board of examiners to the effect that a college shall be deemed disreputable because it accepted students at lower rates than those published in its announcement or catalogue, was unreasonable because the college is a private corporation, and hence has the right to make all lawful contracts and even to discriminate in the tuition it charges its students, if it so desires, and the students do not complain.

Disreputable if it Matriculates Deficient Students

(7) Another drastic rule seems to have been adopted by the Board of Regents of New York providing that any medical school that matriculates a student who has not completely complied with the admission requirements must be forthwith excluded from the list of approved schools. While I generally endorse this rule as purporting to compel medical colleges generally to insist upon an adequate preliminary education on the part of the student seeking matriculation, yet, as already indicated, a strict enforcement of this rule which would result in striking a medical college from the registration roster of that state simply because the college permitted an unqualified student to register under an arrangement that he was not to receive a dregee would be held unreasonable and unjust.

Allowance for Work Done in Other Institutions

(8) The college must make no allowance whatever in the

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period of study for work not done in an accredited medical schoo
No credit is to be given graduates in liberal arts and sciences, i
dentistry, in veterinary medicine, in pharmacy and other subject
taught in professional and technical schools, not medical. Thi
is an entirely reasonable rule and would be uniformly sustained
Of course this rule is not enforced to the letter in cases whe
properly combined baccalaureate and medical degrees have bee
given under conditions hereinbefore discussed.

Result of New York Rules

From the last hand book published by the University of Ne
York, giving the laws, rules and information with regard to th
practice of medicine in that state, it appears that of the 12
medical colleges in the United States, 74 are registered in Ne
York, 34 are accredited and 12 are not recognized or listed at a
As near as I can gather from this record, 5 homoeopathic medic
colleges are registered and 3 are accredited. As already su
gested, registration of a medical college in New York has bee
accepted as the badge of highest standing of such college. It ma
be stated as a fact that a diploma from these 74 registered medic
colleges will be accepted by all state boards as a diploma from
reputable college, while a diploma from an accredited college wi
be subjected to secrutiny and, no doubt, in some cases would b
rejected as not given by a reputable medical college.

Medical Colleges not for Profit

I take it for granted that corporations owning, maintainin
and operating medical colleges have engaged in such enterpri
not with the primary view of conducting a commercial underta
ing, but rather for the purpose of furnishing an opportunity
the men and women of the land of equipping themselves proper
for the practice of medicine. Hence these corporations welcon
any movement or any legislative enactment which will have
tendency to raise the standard of the profession. The troub
with many of our state medical practice acts is that these la
are too complicated in many instances and too difficult of su
cessful administration, in order to accomplish their purpos
namely, effective protection to the public. In my judgment, o
remedy, if not the remedy, for our present ineffective medic
legislation, can be found in the enactment of a simplified medic
practice code eliminating the unnecessary existing provisio
avoiding unnecessary limitations upon the practice and maki
violations of such code serious criminal offenses.

Attorney for State Board

I have been the attorney for the Wisconsin State Board

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Medical Examiners since 1897, the year of its creation. I have been concerned in the preparation of practically all of the medical acts upon the statute books of Wisconsin. I have conducted the prosecution in practically all of the cases where persons were charged with violation of the medical laws. The laws of Wisconsin are as stringent and drastic in regulating the practice of medicine and in punishing violations of the practice act as those of any state, yet after all these years of experience, as just indicated, I am compelled to admit that the quack and the medical charlatan is still abroad in Wisconsin, that imposition upon the public on the part of these confidence men is practically unabated and that repeated convictions and punishment of the malefactors has apparently made little impression upon these exploiters of human infirmities. In fact the prevention of practice on the part of those who have absolutely no qualification has been substantially a failure.

The Simplified Wisconsin Act

For the past two years I have been seriously considering what, if anything, could be done in the direction of simplyfying our medical practice act and making it effective when so simplified. After gathering information from all available sources, consulting those who rightfully might be considered experts and as a result of my own personal experience and observation, I finally reduced my conclusions to concrete provisions and drafted a new medical act for the state of Wisconsin, repealing all the existing statutes and secured the introduction of the same into the Legislature of 1913. Since this bill contained a number of novel and, perhaps, revolutionary provisions and since medical men generally, as well as medical colleges are interested in everything legislative which effects the practice of the profession, I desire, in connection with the subject under discussion, to submit to you a few of the leading features of this bill.

The Underlying Purpose of the Bill

The underlying purpose of the proposed legislation was the enactment of some broad, comprehensive, liberal practice act which would sufficiently protect the public from harm and yet give every full grown person, of full mental capacity, the opportunity, if he desired it, to be experimented on by the exploiters of new systems, thus giving such full grown persons the full benefit, as well as the necessary results of the "liberty of contract" so much insisted on. The proposed act also afforded the apostles of alleged new methods of healing an opportunity to demonstrate

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either the merit of their alleged system or the utter folly and viciousness of their boasts.

Non-Sectarian Bill

The act further sought to eliminate from the legal requirements of the practice of medicine all sectarianism, schools or systems of practice, and based such requirements entirely upon the educational and professional training and fitness of the applicant for admission to practice, and further gave everybody who had the necessary preliminary and professional education and training an opportunity to practice the healing art in any form he chose. If a person had the necessary educational qualifications demanded by the act, he might practice medicine or the art and science of health in any way he saw fit.

Equality of all Practitioners

Furthermore the act placed all practitioners, as far as legal authority to practice was concerned, upon an absolutely equal basis so that it could not justly be charged that any favoritism was shown for any particular system or school of practice. Operating under this act, if it had been adopted, the defense of persons prosecuted for violating the medical practice act that they could not obtain a license and hence legally follow their profession, even if they had the necessary qualifications, because their special school or system of practice was not recognized by law, nor an examination therein permitted, was eliminated.

Preliminary and Professional Training Maintained

Coming to a few of the concrete provisions of the act, the existing standard requirements as to a preliminary education were maintained as were also the requirements of a professional training in a reputable scientific school or college. It will be noted that while the act had in view the giving of an opportunity to all persons to practice the healing art in any form, nevertheless it denied this opportunity to all who had not a general preliminary education sufficient to place them among persons who are considered fairly well educated. This requirement would eliminate at once that horde of drugless or other practitioners who have been recruited from the alleys and byways of life. It was not proposed to submit the health and lives of the community to the bungling and ignorant mercy of the blacksmith, the lumber-jack or the roustabout.

Only Seven Essentials Required

The many subjects now provided by statute in which the Board of Examiners was to test the knowledge of the applicant,

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were reduced to the seven fundamentals, to-wit, anatomy, physiology, histology, pathology, chemistry, general diagnosis and hygiene. The important factor in determining whether a particular applicant for the practice of medicine is fitted therefor or not, is not the examination by any particular board of experts, but the general and especially, the professional training and education he has had. Hence under this new legislation boards of examiners would have had but seven subjects upon which to conduct examinations, such examinations being practically merely a corroboration of the educational record presented by the applicant, and not really the test of his fitness. It will at once appear from this that under such a statutory proceeding and regulation, the importance of medical colleges in preparing persons for the practice of medicine would be greatly enhanced, their scope of usefulness to the community greatly broadened, and their responsibility for furnishing correct, thorough and comprehensive instruction in the science of medicine and surgery greatly increased. To the like extent the importance of boards of examiners would be reduced, their duties lightened and their powers curtailed. A medical practice act like the one now under discussion would truly make the honest reputable medical college of the country the most important institutions of learning in the land and confer upon those engaged in giving instruction in these institutions a power for usefulness second to none offered by any other human endeavor.

Non-Licenced Persons Allowed to Practice

The most novel feature of the proposed act was the permitting those who did not or could not secure licenses to practice medicine or the healing art under certain limitations. Such persons were permitted to practice their peculiar cult provided they displayed prominently upon all their advertisements, signs, cards, letter-heads, office door, or window circulars, or any literature used in connection with or with reference to their vocation the following words—"Not Licensed to Practice Medicine or Surgery in Wisconsin." This provision merely compels such unlicensed persons to practice what they claim to be the healing art under true colors, something of which they could not legitimately complain.

Limitations upon such Practice

The act further provided that such unlicensed persons should treat or undertake to treat only persons of full age and of full mental capacity and compelled such persons to notify every individual before beginning any treatment that they are not licensed to practice medicine in Wisconsin. This was merely compelling

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these persons to tell their prospective patients just what and who they are. Such unlicensed persons were not permitted to treat any minors or any person mentally deficient, nor were they permitted to treat contagious or venereal diseases. Children and the incompetent are the special wards of the state, and therefore under the special protection of the state, and hence it would be unfair and even cruel to these wards to allow unlicensed practitioners to experiment upon them, experiments which no doubt in many, if not in all cases would be exceedingly dangerous. Contagious diseases also receive the special attention of the state because of the danger to the public that results if such diseases are not carefully supervised and proper preventive steps taken when discovered in any locality or found to exist in the case of an individual.

Duty Done and Penalties Inflicted

With the limitations upon the practice of unlicensed practitioners of the healing art just noted, it is considered that the state has done its full duty in protecting the public against the danger of the unskilled practice of medicine. If a full grown man or woman possessing all of their mental capacities desires to be treated for ailments not contagious, by persons who inform them that they have no license to practice medicine, then the state owes them no further duty and they ought to be at liberty to exercise the right of contract in this connection to their heart's content. The penalties imposed upon unlicensed practitioners were severe, not mere fines, but imprisonment for a long term. The object of imposing severe penalties was to prevent unlicensed persons from going in their alleged practice beyond what the strict letter of the law allowed, because it has been the experience of the past that if you open the door but ever so slightly to the irregular practitioners of the healing art, they will soon insist not only upon the door being opened wide, but upon occupying the whole premises to the exclusion of everybody else.

Opposition to the Proposed Act

Of course, some opposition to the enactment of this bill existed even among medical practitioners, but it is not my purpose to discuss or consider these objections here. In passing, I desire to state that if there be any merit in the several or in any of the systems of healing now being exploited by persons who claim to have seen "a new light," then an opportunity ought to be given under such restrictions as to reduce the danger to the public to a negligible point, to demonstrate such merit. If there be no merit in their claims, such opportunity will soon demonstrate their falsity

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will go down under the weight of their own error. nerit in any of the systems of healing, no amount of ction or even probihition, will prevent ultimately so much of such systems as does possess merit.

ld be Effective in Eliminating Quackery

gment, a medical practice act along the lines just merest outline will solve the hitherto unsolved prob- ng the travelling and sedentary quack from longer ommunity and imposing upon the unfortunate. the day. Light kills it. If all of the charlatans to carry their proper label—and this compulsion enforced,they would soon scatter to the unknown as rats desert a sinking ship. If such was the satisfied that it would be, aside from the complete e public thus secured, the medical profession would nefited, the respect of the community for the call- eased and medical colleges who prepare the practi- rofession, would be greatly benefited in more ways

Result of the Attempt

bt may be interested to know what became of this feated. After I had secured the introduction of gislation, and it was referred to the appropriate ordes of unlicensed and unlicensable practitioners ud batteries and bombarded the members of the tons of protests. A train load of Christian from Milwaukee to Madison on the day a public ad before the joint committees of the two houses. asted from two o'clock in the afternoon until eleven

A few of the leading medical men of Wisconsin ented our argument in favor of the proposed legis- at the opponents presented were mere protests, ap- ht of the parent to give his children such treatment se of the medical profession generally as a medical e stock arguments or rather statements of the ous imposter. The League of Medical Freedom esentatives at the State Capitol who remained there is bill was introduced until it was finally defeated e ground every day the Legislature was in session. f every legislator were at least two hundred letters, tian Scientists from all over the state, protesting tment of the proposed legislation. The result was

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quite inevitable. Legislators are generally politicians who are "afraid of the cars," especially of the political cars.

The Fight Continues

Nevertheless I have not given up the fight. So convinced am I that the lines along which this bill was drawn are the correct ones and that the trail now partially blazed will lead to a correct solution of effective, reasonable and just medical regulation that I have entered upon a campaign of education during the current year while no Legislature is in session and will see to it that a similar bill is introduced into the next Legislature. I have thought it fit and proper to submit the general outlines of this act to you men who are interested in medical education, for the purpose that you may consider the same and study the question, and whether you agree with me or not, I will be more than pleased to receive your views on this very important subject.

Conclusion

Returning to a direct discussion of the subject matter of this paper, and in conclusion, the relative duties and rights of medical colleges and state boards of examiners may be epitomized into the following propositions:

First: The reputability of a medical college is determined by the statutory definitions of the various states, and unless the acts containing these definitions have been declared unconstitutional, medical colleges must meet these definitions in order to be recognized as reputable.

Second: Such statutory definitions of reputability cannot be modified by rules, regulations or interpretations of state boards of examiners to the prejudice of any medical college.

Third: When statutes grant boards of examiners power to adopt rules and standards of reputability, such rules and standards must be clearly reasonable, that is, the enforcement of such rules and standards must clearly promote the protection of the public.

Fourth: If such rules and standards so adopted by boards of examiners do not clearly tend to the protection of the public, they will be condemned by the courts as discriminatory and hence not enforceable.

Fifth: Medical colleges have a legal right to matriculate any person who desires to study medicine, even though deficient in preliminary education, provided such person is not granted a diploma as a badge of fitness for the practice of medicine.

Sixth: The internal, and especially the business, affairs of

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a privately owned medical college cannot be controlled or supervised by boards of examiners.

Seventh: When a medical college has honestly complied with the spirit of the statutory and reasonable broad-made rules and regulations, any further attempt to enforce technical and fine-spun requirements will be defeated by the courts, when resisted.

Eighth: The law does not recognize any particular school or system of practice as the standard of the practice of medicine, and courts will not tolerate for a moment any discrimination, if proven, against any recognized school or system on the part of any board of examiners.

Ninth: Some day—may it be in the near future—some simple medical practice code, preferably a federal act, will be adopted under the provisions of which boards of examiners will test applicants, thoroughly trained generally and professionally, only in the fundamentals of the science, schools and systems will not be legally recognized or even considered, and the graduates of any honest medical college will be on a footing of absolute equality with the graduates of all other honest medical colleges.

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North American Journal of Homœopathy

Editors

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EDITORIAL

THE RADIUM TREATMENT OF CANCER.

STATISTICIANS are not entirely unanimous in their opinions as to whether the incidence of and mortality from cancer is actually increasing. The tables show that more deaths from cancer are being reported, but to offset this we have to bear in mind that more care is taken in making out these reports than formerly, and diagnosis is much farther advanced or more accurate It is said to be a significant fact that the increase of deaths does not arise from cancer of the mamma, or uterus or other readily accessible organs in the male or female, but from cancer of internal organs, leading one to think that accuracy in diagnosis is playing quite a part, at least, in the increased mortality attributed to cancer.

Be that as it may, however, it is certain that cancer is occurring with such frequency, and its outcome is so generally deplorable, that any measures to combat it which promise even a modicum of success will be welcomed alike by physicians and the laity.

It is generally conceded that removal of the growth in season is the appropriate treatment and practically assures cure. Unfortunately too, of ten the diagnosis is not made sufficiently early for the surgeon to predicate that there will be no recurrence or metastasis, and only too frequently, the condition is inoperable by the time the surgeon is consulted.

For a time the X-ray bid fair to be of considerable assistance

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in the treatment of cancer, but it has been subsequently shown that the field of the Xray treatment of cancer is quite limited.

Radium, the wonder of the age has physical properties so allied to those of the Xray that it was not unnatural that it should pass under consideration in relation to cancer. As far back as 1902 Dr. H. G. Piffard, of New York, began experiments in this direction, these experiments were watched by Dr. W. H. Dieffenbach, who was also testing the therapeutic properties of radium, and in 1904 he read a paper on the use of radium in the treatment of cancer before the Homœopathic Medical Society of the County of New York. The following year he explained to an international congress in Europe the technique he employed, and from that time the development of radium therapy in Europe has been greater than in this country.

Dr. Dieffenbach devised the gelatin-radium treatment, but this had to be abandoned because the radium thus introduced into the body produced dangerous arrhythmia of the heart. The accepted technique of the present time is the application of a radium coated disc to superficial growths, and the imbedding of two or more tubes of radium salt in deeper and larger tumors. A so-called massive dosage is employed, the radium being of as high activity as possible, and the disc or tube being left in situ for from one to three hours. The aim sought is to produce fibrosis in the tumor, not its destruction in the way that so-called cancer pastes break down the tissues, and to avoid destruction, the powerful agent is not applied again until an interval of from two to four weeks has elapsed. It is recognized that the gamma rays are the potential elements, and the disc or tube is so protected as to prevent the alpha and beta rays from operating on the parts affected.

Recently the newspapers have devoted much space to the radium treatment of cancer—just as they did a short time ago to the Friedmann tuberculosis serum. Much is said about the high price of the substance; but so long as several tons of material have to be handled in order to secure a few grains of the desired product, we shall probably have to wait until a much simpler method of production is found before the price goes down appreciably. It is certain that there is not in this country enough radium in usable

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shape to treat all the people who have cancer at this present time, so that the end of cancer investigation has not been reached.

Radium has other properties than the cure of cancer in selected cases. Medical literature has contained numerous references to its usefulness in rheumatic affections, and Dr. Deiffenbach definitely established its sphere in the proving of radium bromide conducted by him, during which more than a hundred symptoms pointed to it as an appropriate remedy in certain phases of rheumatic, gouty, and arthritie conditions, a fact which has been verified a number of times. A strange development of radium therapy in this connection is the practice in Germany of maintaining what might be called "radium inhalaboriums" for the treatment of rheumatism. Here radium is exposed over night in a room, the walls of which are lined with lead foil, and during the day patients are admitted and remain for a considerable time in the sealed room, breathing the emanations of radium that have filled the atmosphere. Imponderable dosage is evidently not confined to homœopathy nowadays.

"THE KINGDOM OF MAN"

This was the title given by its author to the last presidential address of the American Institute of Homœopathy. It is saying nothing to the disparagement of his predecessors to state that this particular address must stand out as one of the most brilliant ever delivered in our national assembly. We were much impressed with it from the first, but a recent re-reading has struck us anew with the remarkable breadth of view, the cosmic outlook, or to use his own word, the "forelooking" of the writer. We have had abundant reason to know the versatility of his mind, his encyclopaedic knowledge of many things and his happy use of language, but it seems to us, in his "Kingdom of Man," our colleague, Professor Wilbert B. Hinsdale, like the prophets of old, has given us a vision of the future and a glorious promise of what the tomorrow of medicine has in store.

Dr. Hinsdale contrasts man's past, with its wastefulness, with his future of conservation. He speaks of "the problem of food and its preparation, the problem of dwellings and the phys-

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ical relations of one dwelling with others, the problem of clothing, the problems of water, light, and places in which work is carried on, the problem of time and conveniences for rest and recreation, of man's relation to other living things, especially noxious insects and bacteria; of industries in relation to health and disease. * * * * The large humanistic question that is engaging the minds of statesmen and publicists is conservation of physical resources; the one that engages the moralist is conservation of resources and the growth of virtue; the one that engages the high minded physician is both of these and the improvement of public health. * * * * We must teach that the pedigree to be proud of is the one in which manly traits and physical vigor are predominant regardless of the Knights of the Round Table and the Colonial Dames."

Dr. Hinsdale's cosmic outlook is shown by his appeal for society rather than for the individual. "According as we cause the world to know that we are physicians in the largest sense and are competent to measure up to the social demands, aside from the selecting and dispensing of medicines, there will be a widening appreciation of all we stand for distinctly. The promotion of Homœopathy, for instance, cannot be separated from the wider proposition that homœopathists are learned and powerful in every good work. * * * * Physicians must seek more to be inspectors, not only of garbage cans, but of localities and even continents. Biological engineering is certainly a department of medicine and must be carried on by the man who is trained in the medicinal arts as well as in the questions involved in the conditions of existence. * * * * The world, as a dwelling place for a better and healthier humanity depends upon an exact knowledge of the parts occupied. Caleb and Joshua, who bore back the ripe grapes, were the prototype of the political, biological and sanitary engineer."

The author pleads for proper education of the doctors to come. "Ignorance," he says, "is a synonym for waste, education for thrift. The schools especially organized for these purposes are, of course, to supply the physicians, the sanitarians, the biological engineers, the nurses, and other technical servants

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of the people. They should lead and be in advance with the freshest which science and experience can give them."

In closing, President Hinsdale says the kingdom of man shall fully come with every man a better king ruling a happier realm. "Then will the more perfect one have his day. The nightmare of a diseased posterity will not haunt him. Youths will think pure thoughts. Vaccines for small-pox and typhoid, and anti-toxin for diphtheria will be forgotten. The doctrine of similars will have become universally accepted, but therapeutics will be largely of only historical interest. Man will go forth in the morning rested and return at night without the aches of myalgia and the twinges of arthritis. Taxes for poor-houses will be lower, money for provisions and fuel more plentiful and mothers will raise all their babies. The air will be unsifted by screens, water consumed unboiled, and all foods wholesome. Rats will not distribute trypanosmae and mosquitoes no longer inject plasmodia. Foreign countries may be visited without fear of the ghosts of dysentery and cholera. Then will 'the great man help the poor and the poor man love the great.' The old country doctor will be seen only as he is acted upon the stage and the city doctor will lose his identity. A new race of doctors will have sprung up, more accurately adjusted to their times than we are to ours. Poetry will have become prose and the visions of the to-day the reality of the tomorrow."

NOTES AND COMMENTS

Do Local Applications Cure?

Homœopathic literature has numerous references to the dangers of local applications in skin affections. We are reminded of this by a letter published as a testimonial by a well known homœopathic pharmacy. The writer says, "Please ship me one dozen bottles of ——— Corn Cure. * * * * No corn has come back in the same place that I use ———. Send at once for I have some bad corns in new places."

Ulcer of Stomach Caused by Injection of Streptococci

Rosenow, of the Memorial Institute for Infectious Diseases, Chicago, has many times produced ulcer of the stomach by intravernous injection of streptococci. He conducted his experiments on dogs and monkeys. He therefore believes that ulcer of the stomach in man may sometimes be due to the entrance into the blood of streptococci from some suppurating focus in some other part of the body.

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INTERNATIONAL HOMOEOPATHIC REVIEW

HINTS ON TAKING THE CASE

(The Medical Advance

It has always seemed to me a pity that we have no special case-taking card wherewith to assist beginners in homœopathic practice to "take the case," which is and will ever be the most difficult part of our work; and if this is true of the veteran, how much more so is it true of the tyro—if he only knew it? Clerks and dressers in the wards of our allopathic hospitals are always furnished with a case-taking card and up to a certain point these are useful in the wards of homœopathic hospitals also, as well as in general everyday practice. So long as we are content to stop short at the diagnosis of the disease and to prescribe on that basis, then there is very little to complain about; but that is a very poor sort of Homœopathy. It is truly a pitiable sight to see anyone trying to take the case, from the homœopathic standpoint, under the guidance of a case-taking card ,such as that used in allopathic hospitals. The card for homœopathic practitioners should deal more especially with the lines of investigation necessary for the diagnosis of the remedy, and it cannot be insisted upon too strongly that the symptoms sufficient to diagnose the disease are most insufficient, indeed almost useless, for the purpose of diagnosing the remedy. Indeed, we may say that the greater the value of a symptom for purposes of diagnosis the less its value for the selection of the remedy. As a beginner in Homœopathy that was the fact that astonished me most of all That all the symptoms of the various diseases and the various facts of morbid anatomy, that we had, as students, crammed so diligently into our empty heads, should take such a low rank in the diagnosis of the homœopathic remedy, was, indeed, startling. The symptoms sufficient for the diagnosis of the disease according to the "Nomenclature of Diseases" drawn up by the Royal College of Physicians of London ("subject to decennal revision") do not go far enough, and are not minute enough for our purpose. To restore health to the sick we must individualize. No guessing can be tolerated. To place the case properly in the "Nomenclature of Disease," all that is necessary is to generalize—though even then I do not believe that 50 per cent of cases of disease are properly so placed in ordinary death certificates. No doubt there are general symptomatic resemblances in all patients affected by any one given "disease." But nevertheless it is equally true that in each case there are minute symptomatic differences which distinguish it from every other case, and it is these differences that are all-important for the pur-

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pose of individualization. We could either have a separate card, or a separate section might be added to the ordinary case-taking cards used in allopathic hospitals. The card would thus have two great sections: (a) material necessary for the diagnosis of disease, and (b) material necessary for the diagnosis of the homœopathic remedy, remembering that any disease may require any remedy.

We regard the following sections of the greatest importance in "taking the case," for the purpose of diagnosing the proper homœopathic remedy.

History of the Patient.

(1) Let the patient tell his own story, without interrupting him, if possible; in many cases this is not possible, as patients are so apt to wander off to other matters. If the patient is unable to do this, then attendants or friends must tell their story.

(2) Write each statement down on a separate line or paragraph, and in the patient's own words.

(3) Always regard the symptoms, as detailed by the patient, as realities, until you can prove that they are not.

Doctor's Cross-Examination

(1) Never put a "leading" question, i.e., never, if possible, ask a question that must be answered by Yes or No. The questions put must never suggest the answer.

(2) Enquire in detail with regard to every individual symptom, or sensation, e.g., a pain.

(a) Its exact situation, making the patient put his finger on the spot; if the pain moves or radiates, ascertain the direction and extent of this.

(b) The kind of sensation or pain—what it feels like. Is it a burning or sticking pain, an empty or numb sensation?

(c) The modalities or conditions: everything that aggravates or ameliorates the complaint. These are many; one of the most important is Time i.e., the period in the twenty-four hours when the complaint is better or worse. Our old friend Dr. Skinner used to say that Time always rules in matters of amelioration and aggravation. Then as regards Circumstances: this includes the effect of Posture, Touch, Motion of all kinds, as ascending, descending; it also includes the effect of external influences, wet or dry weather, hot or cold applications, cold or warm air, and so on.

(d) Concomitants, i.e., symptoms, that accompany or go along with the main complaint, in some other part of the body, and which have apparently, no direct connection with the main complaint or the suffering part. These concomitants may be found in any part of the body, and are of great value. It is best to go rapidly over each anatomical region and each organ of special sense, not forgetting to ask about sleep and dreams, and mental states.

(3) If the information wanted is still incomplete, the doctor then may ask specific questions in case any points have

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been omitted by the patient. In chronic cases this should always be done, paying special attention to the mucous tracts:—

(a) Alimentary canal from mouth to anus and the various functions, as appetite, thirst, taste desires and aversions, digestion, etc.

(b) Respiratory passages, including eyes and nose.

(c) Genito-urinary tract, including menstrual functions, urine and bladder.

(4) In investigating chronic diseases, endeavour to find out whether any specific disorder or hereditary tendency lies at the bottom of the illness.

(a)Psora ("dartrous diathesis"), as suggested by itching, scaly, skin eruptions.

(b) Syphilis, as suggested by history of chancre and bubo, skin eruptions, sore throat, miscarriages, together with the well-known signs of inherited syphilis.

(c) Sycosis, as suggested by warts and condylomata.

(d) Vaccinosis, as suggested by mattery-headed pimples.

(e) Tubercular. "The tubercular miasm is the psoric miasm intensified, or the combination of psora and syphilis" (Allen). In a general way we find that the brain and its membranes are most apt to be attacked in childhood; the contents of the abdomen in boyhood and girlhood, and the lungs in adult life.

In these cases also it is well to find out what previous allopathic treatment the patient has suffered.

(5) The proximate cause. In many cases the patients and their friends are unable or unwilling to help us here, and we must guess it. It may be some mental, moral, or physical defect, domestic discord, sexual errors and their results, drunkenness, grief, unrequited love, jealousy, pecuniary losses etc.

(6) In a general way the order of the examination is from above downwards, and from within outwards, though in some cases special systems, especially the one concerned in the patient's chief complaint, are followed to the end before other organs or parts or functions are examined.

(7) As regards the value of symptoms: "Subjective and moral and intellectual symptoms always take precedence in time and circumstances" (Skinner). In conditions of aggravation and amelioration time always rules.

In a symptom-complex, especially in a case of chronic disease, the most recent symptoms and the most recent proximate cause are the points to pay special attention to; since the patient has to begin, just where he stands, to retrace his steps back to health. In a homœopathic cure, the most recent symptoms should disappear first, i.e., the symptoms ought to disappear in the reverse order of their appearance.

"The more striking, singular, uncommon, and peculiar symptoms are the characteristics," and should be specially examined;

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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 simillimum.

Having by means of the index to the Materia Medica (by some called a "Repertory") found the medicines whose symptoms are like those detailed by the patient, then consult the Materia Medica itself to find the most like, of which of necessity there can only be one.

Our object should be to secure these three: (1) The simillimum; (2) the single remedy; (3) the minimum dose. We must never make the size of the dose a substitute for a careful selection of the most like medicine. Nevertheless, on the other hand, as "The cowl does not make the monk," so neither does mere dabbling in "high potencies" constitute a homœopathic physician in any sense of the term.

Aviod these three mistakes. Hahnemann says: "There are three mistakes which the physician cannot too carefully avoid. (1) To suppose that the doses which I have indicated as the proper doses in the treatment of diseases, and which long experience and close observation have led me to adopt, are too small; (2) the improper selection of the remedy; (3) not letting the remedy act a sufficient length of time. In the treatment of chronic diseases the too hasty repetition of the dose cannot be too carefully avoided. The whole cure fails if the antipsoric remedies which have been prescribed are not allowed to act unintrruptedly to the end.

We may assume that the medicine which includes the three of the characteristic symptoms discovered in the examination of a patient, in its pathogenesis, will be sufficient to make a cure very probable. The physicist tells us that objects such as instruments of precision rest more securely on three points of support. Look for these characteristic symptoms: (1) In the sensations of the patient or character of the pain; (2) in the locality or tissue affected; (3) among the conditions of aggravation or amelioration, especially time; (4) among the concomitant symptoms.

Hahnemann's Three Rules.

The following practical rules of Hahnemann for the treatment of chronic diseases are condensed from Hering, by the late Dr. H. C. Allen:—

Rule 1.—The characteristics of the drug must be similar to the characteristics of the case. "In making this comparison, the more prominent, uncommon, and peculiar 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 a desired medicine, if that is to accomplish the cure."

The symptoms of a case and the symptoms of a remedy must not only be alike one by one, but they must also be of the same rank. In the arrangement of symptoms after the examination of a case, the value, the importance, the rank of the symptoms must be considered, for in careful comparison of several remedies,

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having the same similarity, it is this rank of value which often decides the selection of the curative remedy.

Rule 2.—This rule of practice is based upon Hahnemann's theory of chronic diseases, viz: "All chronic diseases progress from without inwardly, from the less to the more essential parts of our body, from the periphery to the central organs, and generally from below upwords." Hence in the selection of a remedy one should be chosen which acts in the opposite direction—"from within outward, from above downward, from the brain and nerve outward and downward to the most outward and lowest of all organs, the skin."

Hahnemann's antipsoric remedies all have this peculiarity as characteristic—the evolution of effects (symptoms) from within outward. Hence all symptoms of the sick having such a direction, from without inwards, and all symptoms of remedies from within outwards—the opposite direction—are always to be considered of the highest rank or value in the choice of the simillimum.

Rule 3.—The symptoms recently developed are the first to yield; older symptoms disappear later, or, as Hering says: "In diseases of long standing, when the symptoms, or group of symptoms, have befallen the sick in a certain order, succeeding each other, more and more being added from time to time to those already existing, in such cases this order should be reversed during the cure; the last ought to disappear first and the first last."

The following are the advantages of this rule:—

(1) When examining a patient, care must be taken to ascertain, as far as possible, the order, according to time, in which the symptoms made their first appearance.

(2) "Arrange the recorded symptoms according to their value or rank, not neglecting any, either objective or subjective-but placing in the foreground and giving prominence to those which were the latest to appear, for to those especially should the remedy be similar.

(3) "If the patient has been drugged, our antidotes, to be most effectual, must be directed especially against those last given.

(4) "In every chronic case after the simillimum has had time to improve the case and ceases to do any further good, a new examination must be made, and in this examination particular attention should be paid to new symptoms; and in the choice of a remedy these new symptoms must be carefully noted, as generally they are of leading or high rank.

(5) "If we thus succeed in restoring a chronic case of long standing, the symptoms disappearing in the reverse order of their appearance, the case can be dismissed as cured without any danger of returning; if not, we had better tell the patient, even if he be satisfied with a partial cure, that before long he may be sick again.

"Without this fifth rule, the homœopathic healing art would be a most imperfect one. But this enables the true homœopath,

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not only to cure the most obstinate chronic diseases—even those usually pronounced incurable—but also when discharging the case to make a certain prognosis whether the patient will remain cured or whether the disease, like a half paid creditor, will return the first opportunity. This is prevision applied to the cure of chronic diseases."

Dr. C. W. Eaton says:—"Not from any troop of new remedies, not from a new law of cure, not from any revolutionizing discoveries, but from the vantage ground of a better understood and closer applied Homœopathy, are we to conquer the incurable . . . . . There are many methods, but only one law; and chance, accident or exception are unknown to natural law, hence the indicated remedy must bear the brunt of the battle."

On all these points the Organon of Medicine, especially paraphs 83 to 94 inclusive, and also paragraph 153 (Dudgeon's translation, published by the Hahnemann Publishing Society (1893).

As regards the administration of medicines: When a patient, after having taken the medicine once or oftener, begins to feel better, however little, the medicine should be at once discontinued, lest the progress of the cure should be retarded or otherwise interfered with. Should the medicine cause aggravation of the existing symptoms the same rule applies. When aggravation occurs under the use of the single, highly potentized remedy, given in a single dose, it is the best possible proof that the medicine has been correctly chosen, but that it has been given at the wrong time, or that the dose has been too powerful. The homœopathic aggravation corresponds to the "negative phase" of vaccine-theraphy; and in the latter, just as in Homœopathy, the aim is to give such a dose and at such a time that the "negative phase" or the homœopathic aggravation, is just evident and no more. To put this rule shortly: When the patient is distinctly better or distinctly worse then stop the medicine. The result in both cases should be steady and permanent improvement. When this ceases the same medicine may be repeated, or another chosen, according to the circumstances after the case has been "retaken." This more especially applies to chronic diseases, but even in acute cases the same rule applies. In all cases the safest rule is, not to repeat as long as improvement continues, and then a different potency to that previously administered.

It is better not to give a medicine just before the menstrual period, unless there are acute symptoms demanding immediate relief. Allow a full week to elapse from the time the period began before prescribing a new medicine or repeating an old one. In lady patients the case should always be reviewed after the menstruation period is well over.

We append some obiter dicta from the writings of the late Adoplh Lippe.

"A priori, no rules for the repetition of the dose can be laid down. In very acute diseases one single dose may suffice, or it may be necessary to repeat the dose at short intervals in chronic

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diseases one dose may act for days, weeks and months, or it may become necessary to repeat the dose daily or oftener, for a day, a week or even for months.

"If the action of the dose administered has once begun, and even if the improvement is slow but steady, then we know that the dose administered continues to develop its curative powers, or we may infer that the vis medicatrix naturae, once started to develop its health restoring office, is still at work and wants no other aid by medicines. In chronic diseases the action of the dose administered cannot develop such sudden effects; this would be contrary to the nature of a long-existing and deep-seated disease. If such a sudden exhibition of the drug-action follows its administration, if the improvement of the case is very rapid, then either the remedy acted as a palliative only, or was not rightly chosen; or if very similar and carefully chosen, such sudden improvement generally forebodes no good, a repetition rarely ever produces a perceptible improvement, and other ever so well chosen remedies will cause rapid but short-lasting improvement.

"A repetition of the dose before the one previously administered has developed its effects, or before its effects are exhausted, causes an interruption of the internal, to our perceptions and understanding hidden, process of the interior of the organism, having for its object the restoring of the sick to health, therefore must be avoided; and furthermore, such an untimely interference in invariably followed by results retarding recovery, and may even at times so hinder the actions of the organism striving to combat the existing disturbances that the recovery may not be only retarded but be made very doubtful.

"The greatest care therefore should be taken never to repeat the dose, or administer another remedy, till the effects of the dose last taken have been exhausted. This dose may be, and often is (1) a single dose, or (2) it may be a single dose dissolved in a few ounces of water and given at short intervals, in broken doses, till the action of the remedy has fully set in. Its administration should then be stopped, whether the case be an acute or a chronic one; (3) in other instances it may be a repetition of doses at short intervals, till some effect of this dose is apparent."

HOMOEOPATHY IN RUSSIA.

BY DR. N. M. SERKOFF,
of Moscow.

Chairman of the Committee of the Pan-Russian Homoeopathic Congress St. Petersburg, 1913.

The principal historical events in the spread of the teaching of Dr. Hahnemann amongst the Russian people (being a paper written by Dr. Serkoff, of Moscow, and read by Dr. Burford at the dinner of the British Homœopathic Society Meeting, December 4th, 1913.)

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Mr. President and Gentlemen,

My subject to night is to point out some facts of the beginning, in the early years of last century, of Homœopathy in Russia, and how it developed little by little, and how the great idea of Dr. Hahnemann was accepted by the Russians; how they understood it, and how they appreciated it.

I think it is important that we who are persuaded followers of the same truth should know one another, and it is important to understand and appreciate the work of every nation, to do our best to further our one ultimate purpose.

Two important factors are—to help one another—and to live peaceably together.

It is for these ideas which are so near and dear to me that I am travelling in different countries, European and American, where Homœopathy is established. We Russians want to see and know your English work, and at the same time to give you some information concerning what we have done for Homœopathy in Russia; there are four principal events, each of which represents by itself a new period in Russian Homœopathy.

I. The very first beginning of Homœopathy in Russia (1821-24).

II. The publishing of the first Law, giving permission to practise Homœopathy (1833.)

III. The formation of the first Society of Doctors of Homœopathy (1868).

IV. The first convocation of all the Russian followers of Homœopathy (1913).

THE FIRST PERIOD (1821-1833)

The first doctors of Homœopathy in Russia were Dr. Sheegemann (Riga, 1821), Dr. Begal (Warsaw, 1824), Dr. Herring (St. Petersburg, 1824).

All these three doctors possessed great knowledge, experience, and powers.

Their activity at the beginning of Homœopathy in Russia deserves particular sympathy and thanks from the present generation. From 1826 Homœopathy was openly practised in St. Petersburg by Dr. Threenious, the nephew of Dr. Hahnemann, who was a physician to the Imperial family, and by Dr. Hahnemann, the private doctor of Duchess Golitizin. The very successful Homœopathic curing of dysentery by Dr. Hermann, drew the attention of Grand Duke Michael Pavlovitch, who wished to introduce it into the Russian army. The Emperor Nicholas I,, who it is known looked at this new teaching very favourably, demanded a report about Homœopathy, and as a consequence, gave an order of commission to Dr. Hahnemann to make some experiments with Homœopathy at Toolchinsk Military Hospital.

But at the same time there were many other doctors who disliked the theory of Homœopathy, and tried to make Dr. Hermann's experiments less effective than they would have been, and they finally made an adverse report on it.

But as soon as the Emperor, understanding the conditions under which Dr. Hermann worked, gave an order to transfer

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burg, to the Military Hospital there, and to con-
nents.
ent now happened, the principal doctor of the
len, who observed the results of Homœopathy—
ring—became a Homœopathist himself.
ents had been stopped by the Medical Council,
a report unfavorable to Homœopathy, and they
op completely all homœopathic treatment. But
time, in many parts of Russia, Cholera broke out.
llopathy did not know how to cure this horrible
nown disease. People died by hundreds, and a
road. It was then that Homœopathy came
front.
ian people, not doctors, fully convinced by trials
d on their friends, of the merits of Homœopathy,
for the ending of quarrels amongst doctors, came
themselves and the people, "For the sake of
truth and love of humanity."
e names of those prominent laymen: C. Korsa-
Vrassky, and later Homiakoff Dullmatoff; and
olitan Phillaretous, etc. To these men Homœo-
d for its spread and maintenance in Russia.
elves cured cholera-stricken people, collected
curing of cholera by Homœopathy, proclaimed
ring, and began to correspond with Dr. Hahne-
articles on Homœopathy for them. Women, as
ussian women, were great workers herein with
. . . They all lived and worked for the peo-
œopathy!
ary, the military Dr. Cherminsky, cured Cholera
, and wrote a proposal to introduce Homœopathy
ut the Russian Government refused his offer, and
ue a governmental order prohibiting the use of
Russia; and here Mordvinoff, Golitzin, Hetroff
did their utmost to preserve Homœopathy to the
hat purpose sent to the Imperial Council a report
olera by Homœopathy.
of well organized activity it was brought about
of September, 1833, a law was published, giving
for private practice of Homœopathy, and for the
ecial homœopathic centres. The ten years of
establish homœopathic treatment was success-
r. Hahnemann, who knew of the strenuous work
eople, wrote to Korsakoff in 1832:—
your activity, that pleases the heart which is
I ask you to interest your honourable Emperor,
Samuel Hahnemann." Thus ended the first
le for Homœopathy, and now henceforth its de-
in great Russia.

HE SECOND PERIOD (1833-1868)

euring by Homœopathy was sanctioned by law,
mœopathy appeared in different parts of Russia,

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and with them many professors from the Universities of Moscow and St. Petersburg, and they had very brilliant results. But the central figure of this period is Dr. Dull, at that time the most severe critic and enemy of Homœopathy. Dr. Lessing introduced into Orenburg the true light, and this prominent man Dull, from being an arch-enemy of Homœopathy, became an ardent follower of it. He now did his utmost to show the strength of Homœopathy as compared with Allopathy, and to prove its superiority he tested both systems in St. Petersburg's Hospital for Workmen, thus attracting the notice of doctors; but it was all in vain; quarrels still went on until Cholera broke out again in 1847, when is provided still more proof of the benefit of Homœopathy.

THE THIRD PERIOD (1868)

Now the Minister of Internal Affairs made an order to open a Homœopathic Hospital in St. Petersburg for sufferers from Cholera. The Homœopathic centres in Moscow and St. Petersburg began to publish books on Homœopathy in Russia, and also translations from foreign countries, distributing them amongst the people, and in 1861 was published the first journal on "Curing by Homœopathy," edited by Dr. Herring, but the actual worker was Dr. Dericker, the star of the Russian homœopathists, of his time. He was the best expositor and the head of the Russian Homœopathic literature and by his initiative in 1868 was organized the first "Society of Homœopathic Doctors." Later on, in 1872, under his own name, he edited the "Journal of Physicians of Homœopathy in St. Petersburg," and thus began The Third Period of development of Homœopathy in Russia.

Dr. Dericker, understanding the greatness and importance of Homœopathy, distinctly saw its purpose, and definitely marked out the course which homœopathic activities should take in our country.

He saw that it would not be sufficient to have many societies of Homœopathy to ensure its popularity, but that there must be doctors, and some scientific journals.

Next, it was quite necessary to continue and increase the experiments, to explain Homœopathy in a simple, exact and clear language. He was a critical editor, active journalist, and a firm propagandist of Homœopathy amongst doctors, and a fine character as well.

He was the heart of the Society formed by him. The Russian people will always remember him as a noble warrior for the science, and the people.

After the death of Dr. Dericker, in St. Petersburg a Society of Followers of Homœopathy was formed, the initiator of which was Dr. Solovioff.

By his energy and activity he and other doctors opened a homœopathic hospital containing 100 beds in 1898, to the memory of Emperor Alexander II., and at the same time a sanatorium for homœopathists, at Sestroretsk.

The head of the Societies of Homœopathists at that time in St. Petersburg, was Dr. Brazol, and immediately after the death of

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Dr. Sclovioff, he was elected as the chief physician to the Homœopathic hospital, and the Chairman of "The Society of Followers of Homœopathy."

In 1871 Dr. Grouvogle read several lectures at the Finland University.

Dr. K. Bojannos (the father) was the first from whom Russia dates its history of Homœopathy. Moreover, he was the first of Russian doctors who crossed the ocean, to see the work of the American followers of Homœopathy.

Now the Homœopathic Society of Moscow has a regular hospital, and an organisation for visiting poor patients at their homes. This example is followed by many other cities in Russia, and we have already about thirty-six special homœopathic centres. General Jheodorovskiy formed "The Society for curing one's self of Disease by Homœopathic means" (i.e., a work on Domestic Practice(?)).

There are now over 100 doctors and two journals: (a) "The Homœopathic Physician," edited by Dr. Flemming; (b) Messenger of Homœopathic Medicine," edited by Dr. Dewkoff.

There have been published homœopathic works of Russian doctors and translations of all the principal works of Doctors Hahnemann, Hughes, Farrington, and others. In Moscow, St. Petersburg, and Odessa, are frequent public lectures of Homœopathy, and to further advance this work Dr. Brazol and General Jheodorovskiy have made a lecture tour throughout Russia. . . . . The number being treated by Homœopathy is reckoned by millions; the medical world of the old school becomes consequently smaller and smaller, and those who not very long ago were ready to refuse Homœopathy, now recognise and welcome it.

But there is still not peace, and the whole young medical generation was still dissatisfied and their Medical Council referred matters to the Legislative Chamber to examine the situation all over again.

Soon the result was declared.

The Legislative Chamber, by a new Act, destroyed the old law protecting Homœopathy, simply because they could not see anything new in it. In answer to this Act, by initiative of Dr. Brazol, a Pan-Russian Congress of Homoeopathists was called, and this begins the fourth period of life in Russian Homœopathy.

THE FOURTH PERIOD (1913)

On the 20th, 21st, and 22nd of October (our dating November 2nd, 3rd, and 4th), the whole Russian followers of Homœopathy convened to consider the existing difficult conditions.

On the first day of opening of the Congress, they sent a telegram to the Emperor, and they had the honour to receive thanks from the Emperor in reply. Grand Duke Paul, and Countess Hohenfeltzen, telegraphed from Paris their acceptance of the office of Patrons of the Congress. Chairman of the Committee, Dr. N. Serkoff, of Moscow, congratulated the Congress in a speech entitled "My word to the Warriors for the Truth." Dr. Brazol presented a paper, "The Position of Homœopathy in 1913," in which he distinctly proved the theory and practice of Homœopathy. At the evening session there was read the report of Dr.

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E. Petrie Hoyle (London), Hon. Secretary of the International Homœopathic Council, "International Homœopathy; its Institutions and work." This report was of great interest to the Congress, and the press was full of sympathetic accounts of it. All Russian homœopathistis are very thankful to Dr. Hoyle for his appearance at the congress as envoy of the International Homœopathic Council, and helping in the very critical moment for us, and at the same time for advancing the great Hahnemann's work in the world. On the next days there was the reading of different papers on divers subjects.

Dr. Brazol, from St. Petersburg, read "The New Pharmaceutical Regulation"; Advocat F. Ossetsky, on "The Law of Homœopathy"; Dr. Loosenko, on "Homœopathic Pharmacy," and very many other speeches on various subjects.

This Pan Russian Congress was closed with an increased good feeling amongst the members; all were ready to fight till the end for the great teaching of Hahnemann.

The strife of the homœopathists with the Law, is now transferred to the Russian Parliament (Duma).

This congress of Russian followers of Homœopathy united the whole Russian homœopathists, beginning with members of the Imperial family and including the peasant. The future of Russian Homœopathy depends wholly upon the Russian people.

Now, gentlemen, you are able to understand and to appreciate, the great teaching and situation of Hahnemann in Russia.

We Russian homœopathists are now greeting and thanking you, our friends, homœopathists of the great British nation, for your aid in our fight for Homœopathy.

In conclusion, my dear friends, I beg to express my delight at the London Homœopathic Hospital, which I have already seen. The Moscow Society of Followers of Homœopathy, a member of which I am, will always be glad to see any of your representatives as an honoured guest.

NOTE UPON THE ACTION AND USE OF DIGITALIS

By Albert E. Hinsdale, A.B., M.D., Bay City, Mich.

(Medical Century, January, 1912)

Action of Digitalis.—Probably more attention and study has been devoted to the physiological effect of digitalis than any other remedy, and its action is not yet fully or correctly known. This latter fact is shown by persual of literature discussing its action which contains statements contradictory in character. The following is a summary of what the most of the authorities agree upon concerning Digitalis:

(1) Digitalis increases the strength of the heart's action provided two very necessary conditions are present: (a) A healthy cardiac muscle upon which to act and (b) "the rapidity of the heart'saction should be greater than that which is normal to the patient in normal health."

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(2) Digitalis improves the force of the cardiac contraction and accompanying this action there is a lessening of the number of the heart beats per minute.

(3) Digitalis, largely through the effects of the digitoxin which it contains, increases the force of contraction by direct action upon the myocardium, usually accompanied by diminution in rate as a secondary effect due to its vagus stimulation; thus acting both centrally and peripherally. The heart is slowed and diastole increased.

(4) Digitalis has diuretic properties, the amount of urine excreted depending upon the preparation of the drug used. Digitalis contains at least four active principles, viz., digitonin, digitalein, digitalin and digitoxin. The last three are very similar in action. They all act upon the heart and in a very mild degree cause an increased excretion of urine. The first one, however, has little or no effect upon the heart, but has the diuretic properties of the other three in a very pronounced degree. Consequently when it is desired to give a preparation of digitalis that acts upon the heart the tincture or fluid extract is used because these preparations contain the "heart elements" of the drug; as the English say, they are the cardiac whips. When it is desired to produce increased urination the infusion should be employed because this preparation contains more of the digitonin.

(5) Arterial pressure is increased in mitral regurgitation, This is accomplished by adapting the arteries to the diminished volume of blood that moves forward. At the same time the heart is "braced up" and its contractions slowed.

(6) "In aortic regurgitation by throwing increased pressure upon the interior of the left ventricle, digitalis adds to the difficult task the heart already has of ejecting a greatly increased quantity of blood from its cavity."

Some Digitalis "Don'ts."—(1) Don't prescribe Digitalis the instant "heart disease" is diagnosed. There are good chances that some other remedy will be better suited to the conditions With many physicians the moment "heart" is mentioned down comes the digitalis bottle. This is a nefarious practice and its indiscriminate use in some cases is little short of criminal.

(2) Don't give digitalis in too large doses. It is always better to err on the side of the small than of the large dose. In many cases a dose three or four times a day, or a tablet of the 1x or 2 x trituration, will be sufficient

(3) Never prescribe digitalis in cases of aortic regurgitation. "The inappropriateness of this drug in aortic regurgitation is explained by its diminshng the rapidity of the heart's action, prolonging the diastolic filling of the ventricular cavity and increasing the peripheral pressure which the heart has to struggle against." Seymour Taylor considers the use of digitalis in aortic insufficiency as not only a dangerous drug but an actual poison.

(4) Don't give digitalis in physiological doses when the heart tissue is not normal in character, as in the feeble heart of fevers. This rule is frequently violated. Apparent improvement does

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sometimes manifest itself, but these are the cases which later on die suddenly—poisoned by the accumulative effect of digitalis. In these conditions either use strycrnine in small infrequent doses or else use digitalis upon its homœopathic indications in a potency not lower than the 2x.

General Remarks.—If digitalis be given upon its proper physiological indications its use will be the exception rather than the rule. It is a drug which is frequently mis-prescribed and it has been terribly abused. However if given when it is indicated it comprises a most valuable adjunct to the treatment of cardiac affections. Cratægus is a drug which should frequently be given when Digitalis is prescribed. The indications for cratægus are not definite; about the most we can say relative to its indications is that it has answered well in cases where digitalis is contraindicated. It is a good remedy for the careless and routine prescriber to use because if no good follows no harm can result.

Digitalis being contraindicated in fever patients strychnine may be used if a stimulant seems necessary. This is owing to the fact that strychnine acts upon the nervous mechanism of the heart only while digitalis acts directly upon the cardiac muscle.

In some hospitals the infusion of digitalis constitutes the routine treatment for dropsical effusions. There is no objection to the use of the drug in these conditions provided it "works." Many patients are not influenced by digitalis infusion and resort may be had to other methods of treatment. In these cases the eclectic preparation of apocynum works well. Profuse diuresis has been caused by apocynum after failure to get relief from digitalis.

Digitalis is contraindicated in gross physiological doses which produce the ordinary first effects of slowing the pulse and giving the heart a steadier motion in ordinary febrile cases. Just because the heart is weak and a "whip" is desired digitalis is usually to be ruled out owing to the fact that it acts so energetically upon the myocardium, which is suffering, under such circumstances, with degenerative tendencies. Strychnine is there preferable for reasons already given.

MATERIA MEDICA KEYNOTES.

(From Homoeopathic World)

By FREDERICK KOPP,
Greenwick, N. S. W., XXV.

A Heart Symptom of Lilium Tigrinum.—Lilium tigrinum has a sensation as if the heart were squeezed in a vice, and as if the blood had all gone to the heart, inducing a sensation as if the patient were compelled to bend double. There is an accompanying symptom of an inability to walk straight. Lilium tigrinum is an analogue of Cactus grandiflorus, which has a sensation of constriction of the heart as if a band of iron prevented its proper movement. The heart symptoms of Lilium tigrinum are generally

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worse at night. The sensation of a heavy feeling, as if the blood were all shut up in the heart, is a prominent symptom, and characteristic of the drug.

Œnanthe Crocata in Epilepsy.—In poisonous doses this drug very closely simulates epilepsy, and is indicated when there is sudden and complete loss of consciousness, livid, swollen face, frothing at the mouth, dilated or irregular pupils, and convulsions, with locked jaws and cold extremities. It acts best in either the 3x or 6x potency.

Œnanthe Crocata decreases the fits fully forty per cent. in frequency, the convulsions become less severe, there is less maniacal excitement prior to the fits, less sleepiness, stupor, and apathy afterwards, and the debilitating effects are more easily overcome.

Acidum Picricum in Lumbago.—This remedy should be borne in mind, in cases of lumbago, where the pains are of a dull character heavy and dragging. There is a general feeling of weakness, and sexual excitement is often a prominent symptom. It is best administered in the 3x trituration, from 10 to 30 grains every four hours.

Chimaphila Umbellata in Catarrh of the Bladder.—Chimaphila is indicated when the following symptoms are present: Offensive urine, turbid, containing bloody or ropy mucus, with a copius sediment; burning and scalding during urination, followed by straining; difficulty in beginning to urinate, with a deal of straining; urine often fetid; scanty urine, acute prostatitis, accompanied with retention of urine, and a feeling as of a ball in the perinæum whilst sitting; great urging to urinate, constantly waking; urine often increased, and of a greenish hue; a fluttering sensation in the region of the kidneys, shifting from one kidney to the other, painless, and without uneasiness; a feeling as if he was on fire, with dry skin, hot flushes, burning of the feet and sexual excitement. It is best administered in the Ix dilution, 3 to 5 minims three or four times daily.

Acidum Oxalicum in Lung Pain.—Acidum oxalicum 3, 3 minums every three or four hours, should be given in cases where there is present a pain through the base of the left lung. In these cases it is far more prompt and efficient in its action than either Bryonia alba or Phosphorus.

Acidum Carbolicum in Leg Cramp.—This remedy is indicated when, during walking, there are cramps in the fore part of the leg, either right or left, close to the tibia; gnawing pains in the shinbones. A contraction of the calves, of a very painful character, whilst walking, is also a prominent symptom. Note the keynote indicating the remedy, "whilst walking." It should be given in the sixth centesimal, 3 minims every four hours.

Therapeutic Pointers.—While the reader may never be called upon to treat a case of beri-beri it may be interesting to know that Dr. J. N. Majumdar, of Calcutta (*Indian Homoeopathic Review*, July) says that "Rhus tox, generally is our principal remedy."

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There are other memedies, of course, that may be called upon according as the symptoms develop.

Dr. S. C. Paul, in *Indian Homoeopathic Review,* July, makes the following peculiar distinction between the homœopathic preparations of Tuberculinum and Bacillinum, in tuberculosis, derived from his experinece as a practitioner, namely, that Tuberculinum acts well where the climate is dry and Bacillinum where it is wet and in marshy districts.

"Guaiacol pure, full strength, rubbed lightly, not too hard, over a pain will stop it instantly, good in facial neuralgia, uterine contraction in delivery pain reduced to nothing; in delicate skins mix half with vaseline or castor oil. In toothache a small piece of cotton saturated with guaiacol and pressed tightly in to the tooth gives ease in a few mnutes."—*Broadnax in Sept. Wis. Med. Jour.*

In a general discussion of tonsils, adenoids and goitre (*Iowa Hom. Jour.,* Nov.) Dr. Nettie Campbell told of a bad case in a young child which improved under Tuberculinum and Malandrium, but under "Guenther's goitre tablets" in two months the goitre was gone. She also praised Baryta carb. in tonsillar troubles, curing cases in which it had been said that nothing but an operation would avail. Other doctors also praised the action of this remedy, but some maintained that it was waste of time to do anything but operate. Burnett said that Bacillinum once a week should always be considered in tonsil cases.

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CONTRIBUTED ARTICLES

THE DISEASED TONSIL AND ITS SEQUELAE

BY LLOYD H. CLARK, M.D.
Rochester, N. Y.

FOR some years past the diseased tonsil has been the subject of a great deal of discussion and the pathological conditions resulting therefrom have come to be more generally recognized. The faucial tonsils are a part of the pharyngeal lymphatic ring and are two in number, lying on either side of the pharynx between what is known as the anterior and posterior pillar. Anatomically they are composed of a lymphoid tissue with a connective tissue reticulum and covered by mucous membrane. On the inner surface—the surface presenting into the throat—we find about fifteen openings or orifices, which orifices lead into spaces. From here we find numerous tubular follicles extending not only into the tonsillar substance but through the structure to the capsule on the outer side. Their lining is an extension of the mucous membrane of the pharynx covered by eptihelium. Surrounding each follicle is a network of lymphatics. These lymphatic vessels drain into the deep cervical vessels in the upper part of the neck under the sterno-cleido-mastoid muscle and thence into the thoracic duct. Thus it is very easy to understand how infection can be conveyed to distant parts.

It is undisputed that the tonsil in a healthy state renders a certain service to the body although at the present time the function is not definitely known, and that a diseased tonsil is injurious to the body. The exact benefit of a healthy tonsil is a much disputed question and nearly every laryngologist has his

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own pet theory as to its function. Probably the normal tonsil acts as a fortress to the body which it is incapable of doing when it has undergone degenerative changes. In this connection the hypotheses of various men are interesting. Dorland says that "the tonsil is supposed to act as the source for the supply of phagocytes to the mouth and pharynx which destroy bacteria entering the mouth."

On the other hand Masini believes that the tonsil has an internal secretion comparable with that given off by the suprarenal gland. He arrived at this conclusion after experiments with the aqueous extract of the tonsil, intravenous injections of which gave the same results as those obtained from the injection of suprarenal extract.

The size or shape of a tonsil is no indication as to whether it is in a healthy state or otherwise. They may be large and perfectly healthy and unless they are acting as an obstruction or causing irritation need not be removed. On the other hand, a patient may have what are apparently very small tonsils and at first glance it may be difficult to see how they can possibly cause any trouble. Yet upon a more careful examination after retracting the anterior pillar they may be found to be badly diseased and the crypts filled with a degenerated material probably of a toxic nature. It is not at all unusual to see upon the removal of a diseased, spongy tonsil of moderate size when grasped with a seizing forcep an abundance of a thick, cheesy substance ooze out as milk would ooze from a sponge upon slight pressure. It is self evident that the constant irritation from such material can not be other than detrimental to the adjacent structures and to the system in general.

Acute tonsillitis especially if of the recurrent variety, is very annoying and usually leads to permanent pathological changes. The ill effects, however, are not entirely local. Endocarditis and rheumatic affections are frequent sequelae of both the acute and chronic state. It seems also to be a fact that acute nephritis often follows and it would not be amiss to give every case before being discharged a careful urine and heart examination. Quinsy or parenchymatous tonsilitis most frequently occurs in medium sized or small tonsils from some obstruction by adhesions or otherwise in the peritonsillar fold. It consists of an abcess external to the tonsil.

Chronic tonsilitis occurs in tonsils that are diseased—that is, in glands which are no longer able to functionate. Usually

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from repeated attacks of the acute form the follicles have become degenerated, dilated and filled with a debris which they are unable to cast off causing a continued irritation and weakened condition. This causes a favorable medium for bacteria. In some of these chronic conditions the bacillus of Vincent's Angina may be found. When this condition is present it is always wiser to treat the throat with tincture of iodine before removing the tonsils else the bacilli may become permeated into the adjacent structures at the time of operation and thus keep up a chronic irritation.

A chronic pathological condition of the tonsils often causes disease in the contiguous mucous membrane, that is in the pharynx, larynx, trachea, eustachian tube and middle ear, arising from the pouring out of infected secretion from the tonsillar crypts, also from a hindrance to the normal functions of the parts.

In this connection the disease which comes to our mind first is catarrh of the middle ear causing deafness. This is due to the irritation which is exerted by the tonsil, also in the case of a large tonsil to pressure and to the hindrance in functionating of the muscles which open and close the pharyngeal orifice of the eustachian tube.

While on this subject of middle ear disease pardon me if I digress for a minute and speak a word in regard to adenoids and their relation to middle ear disease. Adenoids are hypertrophied lymphatic glands which exist normally in the epipharyngeal space. The irritation and inflammation which occurs in the epipharynx during attacks of the exanthematous fevers is an important etiologic factor; also the lymph structures of children become enlarged or hypertrophied in response to bacterial stimulation which condition does not hold true to such an extent in adults.

Adenoids are most frequently present in children between the ages of six and sixteen and are in many instances a family characteristic. These normal epipharyngeal lymphatic glands consist of a fibrous connective tissue framework filled in with masses of lymphoid tissue and in speaking of adenoids we mean a condition in which an hypertrophy of this lymphoid tissue has taken place. We often hear of the shrinking or atrophy of adenoids at puberty. It has been pretty conclusively proven that when a shrinking of the adenoid mass occurs it is because of an increase in the fibrous tissue formation. However, from

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certain investigations it has been found that this process is independent of the age of the patient and may not occur at or after puberty but at any age. Therefore it is impossible to say in any definite case that if the growth is left it may disappear. In certain instances the growth does apparently disappear at puberty but this again may be due to a gradual enlargement of the epipharynx of the child as it reaches adult life. Hence the futility of waiting and in waiting the attendant inflammation is ever progressing and may involve the eustachian tube which it does in a large per cent of all cases.

The diagnosis of adenoids is comparatively easy. The comparatively expressionless countenance with the open mouth and thick, short upper lip, the night restlessness and the day restlessness, the mental impairment, defective speech, and aural complications are some of the more prominent symptoms. The earlier the operation is performed the better are the patient's chances of recovering permanently from the deficiencies.

Adenoids because of their close proximity to the mouth of the eustachian tube cause an irritation resulting in eustachian catarrh which impairs hearing in the child to a greater or less degree. The majority of laryngologists are of the opinion that there is impaired hearing in children in most all cases of diseased tonsils with adenoids. The figures are put as high as 90 to 95 per cent. I remember well the first case of simple deafness in a child which I saw treated by means of a tonsillotomy and the satisfaction derived when the parents reported that the hearing returned promptly. In many cases, too, a running ear results and earache is not an infrequent symptom.

In the throat itself there is oftentimes present a chronic pharyngitis together with a persistent nagging cough which resists all manner of treatment but which disappears after operation.

There is another group of cases which we place under the classification of remote secondary infection. Rheumatic affections with their complications and sequelae as endocarditis and myocarditis, arthritis etc., form the chief group, and experience has taught us that where diseased tonsils co-exist that if the tonsils are removed we may be reasonably sure of a cure.

Structures contiguous to the tonsil may become inflamed or infected or involved through pressure arising from the chronically diseased tonsil in the substance of the neck. This gives rise to definite local symptoms which may vary from an uncom-

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fortable feeling or slight soreness felt below the ear to a severe and recurrent neuralgia in the same region. It may run up to the ear, may cause loss of voice from pressure on the superior laryngeal nerve, which passes external to the tonsil, or through involvement of the recurrent laryngeal. Many of the neuralgias occur as the result of pressure on or inflammation of nerves in this locality. The treatment of these neuralgias is the complete removal of the tonsils even though no history of acute tonsilitis or no apparent enlargement of the tonsil is present. In some cases symptoms may persist even afterwards because there is a continuation of the secondary inflammation either in the lymph glands or in the nerves. If traction is exerted on such a tonsil with a hook it will cause pain and soreness and flinching, especially when the deeper structures are invaded. In this way one can easily differentiate a good from a bad tonsil in the same throat.

There is now thought to be an intimate relationship between the tonsils and enlarged or suppurating cervical glands. The lymph channels pass directly from the tonsil to these glands and the complete enucleation of tonsils in this condition frequently effects a cure.

If what I have said is true then diseased tonsils are harmful and should be removed. While no one of us is of the opinion that the tonsil is the great avenue of approach for each and every infection yet it is well to keep this path in mind especially when confronted with a disease of obscure origin.

Reference: Ballenger. Diseases of the Nose, Throat and Ear. Page 390.

TUBERCULOSIS TREATMENT

A Further Study of Treatment in Ward Q of the Metropolitan Hospital, Department of Public Charities

BY M. W. Mc DUFFIE, M.D.
New York

THIS report presents a continuation of the work in the above ward as reported in the New York Medical Journal, March 15, 1913.

During the year observations have been made on 524 cases with the following treatments:

27. Sodium-Salicylate-Guaiacol and Glycerine mixture.

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28. Saturated solution of Salicylic Acid.
29. Sodium Salicylate 20 per cent solution.
30. Creosote 1 per cent solution.
31. Pure Carbolic Acid 2 per cent aqueous solution.
32. Sodium Vanadate (retrial).
33. Vanadiol.
34. Vanadiseptol.
35. Phosphoric Acid.
36. Nitric Acid.
37. Hydrochloric Acid.
38. Hydriodic Acid.
39. Lactic Acid.
40. Boric Acid.
41. Aromatic Sulphuric Acid.
42. Bannerman''s Solution.
43. Formula as per Bannerman's Solution.
44. Saline Solution.
45. Non-Virulent Tubercle Bacillus Vaccine.
46. Tuberculin (retrial).
47. Phylacogens.
48. Polyglandular Extract.
49. Iodoform.
50. Potassium Iodide.
51. Garlic.
52. Phosphorus.
53. Paracentesis Thoracis.
54. Thoracotomy.
55. Thoracoplasty.
56. Pneumotomy.

Our efforts have constantly been directed to the two essentials in the cure of this disease, namely:

1. To get rid of the germs.

2. To make the soil unfavorable for their growth (this latter seems to be the most important).

The following shows the statistics of the ward for the year before taking up this research, for the first year in this work and for the past year:

November 1910 to November 1911,	Transfers	60	or	12%
" " " " " ,	Deaths	355	or	73%
" " " " " ,	Discharges	74	or	15%
		489		

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November	1911	to	November	1912	, Transfers	112	or	20%
"	"	"	"	"	, Deaths	322	or	58%
"	"	"	"	"	, Discharges	124	or	22%
						558		
November	1912	to	November	1913	, Deaths	304	or	58%
"	"	"	"	"	, Discharges	153	or	29%
"	"	"	"	"	, Transfers	67	or	13%
						524		

Total for two years 1082 cases.

This ward may truly be called the hopeless ward when we consider its high mortality. Practically every case coming to this ward is a stretcher case and the majority die within a few days or weeks after admittance.

The author has often been asked "why study treatments of such cases," and the answer is, if anything is found that will benefit these it will surely benefit earlier and less advanced ones. This has been verified very strongly as later reports will show.

Another reason for working with such hopeless cases, has been the opportunity offered for autopsy study, which has been of great assistance in obtaining a knowledge of the effects of treatments on the tubercular process per se.

The third and last, but not the least, has been that in this ward are found all forms and varieties of this disease both medical and surgical.

Treatment No. 27, Sodium-Salicylate, Guaiacol-Glycerine mixture. (See New York Medical Journal, March 15, 1913.)

Dosage, 32 grains or gtts., of each ingredient in 220 c.c. sterile water weekly. Method, intravenously. Results: Of value in septic cases in eliminating toxaemia of body fluids and its effect on results of fermentation and putrefaction. (See article by Dr. Paul Patterson on Intravenous Treatment of Rheumatic Fever, New York Medical Journal, November 1, 1913.)

On tubercle bacillus: Negative results except indirectly by its effect on the general system (body soil). Many cases relieved of their toxaemic and septic conditions by this treatment make rapid gain in strength, weight and health.

Some, who died, though apparently much improved by this treatment, showed extensive cavities and pus pockets which could not be reached except by surgical procedure. Others, even though temperature, etc., were improved, had not the vitality to pick up, and death eventually ensued.

In general, this treatment is certainly of some value in septic cases, but only if followed by profuse sweating.

This treatment on account of dosage, and reaction, is at best

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a hospital treatment. We, therefore, made further investigation along this line toward more concentrated solutions suitable for office and general work.

In this Dr. C. A. Crispell, assisting Dr. A. L. Soresi in work on animals, rendered valuable service.

Treatment No. 28, Saturated solution of Salicylic Acid. Dosage, 2 to 10 c.c. Method, intravenously. Results, negative.

Treatment No. 29, Sodium Salicylate 20 per cent solution. Dosage, 2 to 10 c.c. Method, intravenously. Results, negative as compared to No. 27.

Treatment No. 30, Creosote 1 per cent solution. Dosage, 1 to 32 gtts. in 220 c.c. water. Method, intravenously. Results, of no value as compared to Guaiacol treatment of previous report.

Treatment No. 31, Pure Carbolic Acid 2 per cent aqueous solution (Bacilli Treatment).

From excellent results of this treatment as reported in tetanus and hydrophobia, this solution has been tried intravenously, subcutaneously and by rectum (Dr. W. J. Books assisting). Must watch kidneys.

Subcutaneously: (Various doses) 1 c.c. with daily increase of 1-2 c.c. each day until 3 c.c. is reached by which time a change or disturbance in temperature rate is noticed. Then give 1 to 2 c.c. each day and, when normal temperature, give at 2 or 3 day intervals. Almost every case had a congestion of the kidneys at first, but this disappeared with diminished dose and longer interval. If increase of blood pressure and diminution of quantity of urine excreted is watched, especially this latter, there is little danger of kidney complications. In fact, after a tolerance has been produced, the treatment seems to have a tonic effect on the kidneys, as in all cases, total quantity of urine excreted daily increased by 10 to 20 ounces. This of value in eliminating toxaemia.

Intravenously: Not safe.

Per rectum: 10 c.c. by slow injection each third day and then at weekly intervals and finally 5 c.c. weekly.

Kidney complications more frequent with this method, but is simply a congestion which passes off without causing any trouble if interval between dosage is increased.

The presence of albumen in these cases of no value, as nearly all of them had same to begin with.

Results: Chest findings showed improvement in ratio with improvement in other clinical symptoms.

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Total amount of urine excreted and percentage of sulphates are the best guides as to dosage.

A valuable treatment in septic cases by eliminating toxaemia and effects of fermentation and putrefaction. Has replaced No. 27 treatment in our work, still under observation.

At present, best method 1 c.c. doses each third day subcutaneously, or 5 c.c. per rectum by Murphy drip each third day.

Treatment No. 32: Sodium Vanadate (retrial). Method: By mouth. Dosage: 1-400 gr. T. I. D. Stronger doses develop toxic symptoms in one to three weeks. This dosage developed no toxic symptoms though given for months. Results: No effect on T. B. bacullus. On body soil a valuable tonic acid.

Treatment No. 33: Vanadiol. Method: By mouth. Dosage: Various doses 10 to 30 gtts. Results: As per No. 32.

Treatment No. 34: Vanadiseptol. Method: Intravenously. Results: Negative.

Treatment No. 35: Phosphoric Acid. From the apparent beneficial results of Carbolic Acid solution, a trial of the various acids was undertaken. Method: By mouth. Dosage: 5 to 30 gtts. well diluted T. I. D. Results: Harmful.

Treatment No. 36: Nitric Acid. Method: By mouth. Dosage: 5 to 30 gtts. well diluted T. I. D. Results: Harmful.

Treatment No. 37: Diluted Hydrochloric Acid. Method: by mouth. Dosage: 5 to 15 gtts. well diluted T. I. D. Results: Harmful.

Treatment No. 38: Hydriodic Acid. Dosage: 1-2 to 1 Z. T. I. D. Results: Of some value as tonic aid.

Treatment No. 39: Lactic Acid. Method: By mouth. Lactic Acid Bacillus. Dosage: Contents one tube T. I. D. Results: Negative. Note: Rheumatic symptoms a sequel with this treatment.

Treatment No. 40: Boric Acid. Method: By mouth. Dosage: 5 to 10 grains, q. 4 hrs. Results: Negative in general but in some cases of enteritis of value.

Treatment No. 41: Aromatic Sulphuric Acid. Method: By mouth. Dosage: 5 to 10 gtts. T. I. D. Results: In general negative, but some striking results in hemorrhage and cases with septic night sweats.

Treatment No. 42: Bannerman's Solution. Method: Intravenously. Dosage: 5 to 10 c.c. Results: Marked effect upon blood, increasing red blood cells and haemaglobin, but no increase of eosinophiles, and effect on the tubercular process negative.

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Treatment No. 43: Formular as per Bannerman's Solution. Method and results: As No. 42.

Treatment No. 44: Normal Saline Solution. Method: Intravenously. Dosage 220 c.c. Results: Excellent, especially in hemorrhage cases. This is the treatment now used in the ward in every such case. Materially aids in eliminating toxaemia, otherwise negative.

Treatment No. 45: Non-Virulent Tubercle Bacillus Vaccine. Method: Intravenously and intramuscular or both. Dosage: 1-5 to 1 c.c. of 100,000,000 per c.c. and of 500,000,000 per c.c. Results: Of value.

Treatment No. 46: Tuberculin (retrial). Method: Intravenously and intramuscular. Various preparations and dosages. Dosage: 1-3 intravenously and 2-3 intramuscular. Results: Same as per previous report.

Treatment No. 47: Phylacogens (retrial). Method: Intravenously and subcutaneously. Dosage: 1-10 gtts. up to 1-2 c.c. Results: Not beneficial. Reactions as per large dose of tuberculin.

Treatment No. 48: Polyglandular Extract. (Pituitary 1 part, Thyroid 2 parts, Ovarian 10 parts). Method: By mouth and subcutaneously. Dosage: By mouth, 5 gtts. T. I. D.; subcutaneously, 1 c.c. daily. Results: Negative.

Treatment No. 49: Iodoform. Method: 1-2 to 4 grains in oil hypodermatically. Results: Toxic headache so frequently and quickly that it was discontinued.

Treatment No. 50: Potassium Iodide. Method: By mouth. Dosage: 1 drop T. I. D. and gradually increased, also

Potassium Iodide, Z IV, Aromatic Spirits of Ammonia Z V, Aqua Z IV.; Sig. 1 dram to 4 T. I. D. Results: Negative for most cases but a few very excellent results.

Treatment No. 51: Garlic. The use of garlic was suggested to us by Dr. A. G. Young, Secretary of the State Board of Health of Maine, from the reports he had read of the work with it in tuberculosis by Dr. W. C. Minchin of Dublin. After a study of the literature on this subject, the treatment was commenced.

We have found garlic clinically to be a specific for the tubercle bacillus and tubercular processes no matter what part of the body affected, equally efficacious in pulmonary and glandular forms as well as tuberculosis of the bones and special parts. Even lupus and severe tubercular laryngitis have shown a rapid healing response to this treatment.

Method: By mouth and by cataplasm. Dosage: By mouth

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garlic juice 1-2 to 1 dram three times a day in water, by cataplasm 1-4 garlic and 3-4 lard; or 50 per cent garlic juice with vaseline. Results: A specific for tubercle bacillus and tubercular processes, and we believe that the first part of our clinical research, namely, to find a treatment to get rid of the germs has been found.

Treatment No. 52: Phosphorus. Method: By mouth. Dosage: 1-1000 gr. T. I. D. Results: Of undoubted value. From our study of the effects of this drug and the literature thereon, we feel that this is one of the principal treatments for the second part of research, namely, to make the soil unfavorable for growth.

Treatment No. 53: Paracentesis Thoracis. Method: No anesthetic required, semi-erect position, whiskey as stimulant, 5th interspace. Results: Of value for withdrawal of fluid and for artificial pneumothorax.

Treatment No. 54: Thoracotomy. Dr. C. A. Crispell, assisting Dr. A. L. Soresi, of assistance to us in these treatments. Method: Local anaesthetic or general, supine position with diseased side down and more healthy side up, 5th, 6th or 7th interspace, 2-inch India rubber drainage tube. Results: Aggravations such as dyspnea, cyanosis, cough and increased expectoration or syncope, may occur. Convulsions or embolisim are possible. With drainage and artificial pneumothorax good results from this treatment.

Treatment No. 55: Thoracoplasty (private practice). Method: Local or general anesthetic in general as per treatment No. 54; resection of 1 to 2 inches 6th rib mid axillary or 7th and 8th large opening. Results: As per No. 54. Drainage and artificial pneumothorax, excellent for exploratory purposes and breaking up adhesions.

Treatment No. 56: Pneumotomy. Method: Local or general anesthetic, dorsal position, then half sitting, 2nd and 3rd interspace or resection of ribs anterior and drainage. Results: Of value in selected cases.

In general, aside from the results of treatment, the work has emphasized the great importance of considering Tuberculosis from the surgical standpoint. In this ward to which practically all who come are stretcher cases and in which 50 per cent die within a very short time, the autopsy table has naturally been a frequent source of information.

We have found from autopsy study and from X-ray that

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a great many of the so called last stage cases could undoubtedly have been helped by surgical procedure. No one can view the extensive cavities and pus pockets of some of these lungs without realizing the futility of medical treatment for such cases and yet that is the prominent vogue of treatment at present with the majority. More earnest surgical research as to the best and most convenient method of procedure is the demand of the future. The work of Dr. John Murphy of Chicago, since 1908, in this line, is well worth our study and attention.

On the other hand tubercular involvement of glands and joints is far too often treated surgically when they are more often medical. The treatment of such cases is strongly medical except where fluid and pus formations demand evacuation.

This ward in which all varieties and forms of this disease are found, both acute and chronic, medical and surgical, with their various complications, formerly had as high as 80 per cent high temperature bed patients. Our average now runs 8 to 10 per cent.

Many cases though becoming normal as regards temperature, sputum, etc., still are unable to gain strength and die from inanition. Their vital powers having been long past exhausted by their fight without material aid from treatment.

Constipation, which was the rule, is now infrequent. Hemorrhages, formerly common, are now infrequent. Enteritis, one of the most distressing and annoying of complications, is also at present infrequent with our patients in this ward.

Medical Summary

Garlic best individual treatment found to get rid of germs and we believe same to be a specific for the tubercle bacillus and for tubercular processes no matter what part of the body affected, whether skin, bones, glands, lungs or special parts. Mercury seems to be the next as regards specific action on the tubercle bacillus per se.

For making the soil unfavorable for growth, many treatments were found to be of value and even curative. We believe phosphorus to be the basic treatment for this purpose either by diet, direct administration, cod liver oil or electricity, assisted by rest and graduated exercise, hydrotherapy, change of climate or vaccines.

As aids or eliminators of toxaemia, arsenic, vanadium, iodides, creosote, guaiacol, internal secretions, sodium, salicylate,

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carbolic acid solution, saline solution, etc., have been found of service.

Thus nature by diet, rest and exercise, baths, climate and garlic furnishes sufficient and specific treatments for the medical aspect of this disease.

Science directs us when and how to utilize these treatments to their best advantage and to a degree has furnished us with suitable aids and substitutes as for instance, vaccines.

Surgical Summary

Surgical procedure indicated in all cases with continued septic temperature and all cases of closed cavities from which their is septic absorption and abcess formations. More frequently indicated in pulmonary and less frequently in bone and gland cases than commonly recognized by incision and drainage, artificial pneumothorax, thoracotomy, thoracoplasty or pneumotomy.

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MODERN TENDENCIES IN PSYCHIATRY*

BY WILLIAM T. WALSH, M.D.
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PSYCHIATRY as a science is of comparatively recent origin, and yet it was that grand old man, Hippocrates himself, propounded certain important truths which served as a basis for this science. He recognized the fact that the brain is the organ of the mind. He described certain disorders corresponding es-

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sentially to mania, melancholia and dementia. The influenc heredity was not unknown to him.

Aretaeus and Aurelianus added materially to the knowl of insanity during the first century of the Christian era, with the downfall of the Roman Empire, gross ignorance superstition prevailed and continued throughout the Mi Ages. Toward the close of that period there was a partial em ence from this intellectual darkness concerning the abnor operations of the mind, but the seventeenth century was re the first to show definite progress.

Germany developed two rival schools of psychiatry, the chological and the somatic. Stahl (1660-1734) was practic the founder of the former. He made a purely metaphysical vision of insanities, and taught that the spirit controlled org processes. Heinroth, Professor of Psychiatry in Leipzig, on the most noted exponents of this school, maintained that am other evils insanity was due to sin, and that cheerfulness faith in God were greatly to be relied upon to effect a c Heinroth's views are of special interest because of the fact today "sin," in the sense of excessive indulgence in var passions, is fully recognized as both an initial and contribut cause in many mental and nervous diseases, while advan modern methods lay great stress in the treatment of nerv and borderline cases, in particular, upon evoking an optimi and confident mental attitude.

The somatic school attributed insanity to physical ca solely. It is really to the labors of this school that the ameli tion of the insane at that time was due. Progress was n rapid in France as the names of such writers as Pinel, Esqui Calmeil, etc., testify. That which they regarded as of phys origin appealed to these men as being curable, hence their in fatigable efforts, seconded by the profession in England Germany.

An eminent neurologist speaking before the Congress Arts and Sciences in St. Louis, in 1904, made a point of phasizing the fact that it is only in its narrowest sense t psychiatry is the science that deals with the phenomena of ordered minds. It investigates; it weighs and considers; classifies and records, but it also, within boundaries necessa enlarged, utilizes and applies its findings in the administrat and care of the insane. This truth was early recognized by first enlightened workers, and it is daily becoming more obvi to the modern alienist that this broadening of the horizon wh

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has proceeded much more rapidly the last ten or fifteen years than ever before, is one of the most hopeful of psychiatric tendencies.

The first question now asked concerning some laboratory or other research finding is: What practical bearing has it upon the prevention or cure of mental diseases? The academic interest is giving way to the practical. On the other hand more or less empirical methods pursued in the treatment of disorders still imperfectly understood, are gradually being displaced by methods of greater precision, as witness recent progress in the management of the psychoneuroses.

As diagnosis and differential diagnosis are placed on a sounder basis, present erroneous or imperfect beliefs as to etiology, they will be superseded by others, defensible by the substitution of demonstrable facts for plausible theories. Scientific research will complete partial revelations as to cause and effect, and with this tremendous gain will necessarily come a far clearer understanding of the close relationship existing between psychiatry and other branches of human knowledge of intensely human interest, such as physiology, psychology, criminology, anthropology, social economics, and, indeed, the entire field of sociology.

There is in this a tendency quite different from the absorption in mere betterment of the surroundings and care of the insane which, a generation or two ago, practically excluded scientific study. The fact that this is realized today is shown in the universal protest, vigorously voiced by alienists in charge of hospitals for the insane, against the too common overcrowding of these institutions, rendering it almost impossible to devote even a fraction of the time demanded for anything approaching adequate clinical and laboratory study and research.

Another most gratifying tendency is that observable in the extension of co-operation between specialists in different branches of medicine. The bacteriologist, pathologist, neurologist, and psychologist have formed a powerful league of endeavor which has already accomplished much of great value. Take paresis, for instance. It is ninety years since general paralysis was recognized as a distinct disease and not a mere complication of insanity, but it is within the life of the present generation that Schaudinn has found the treponema pallida to be the causative agent in syphilis, that Esmarch and Jensen's observations have shown syphilis to be an important etiological factor in general paralysis, that the Wasserman reaction has given us the means of discovering in obscure cases if syphilis be present. It is with-

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in the past few months that the intraspinous injection of Salvarsanized serum has been found to be hopeful in cases of tabes and paresis. It is within the last ten years that Ford Robertson has identified, to his satisfaction and to the acceptance of many in the profession, the bacillus paralyticans. It behooves us not to discredit too hastily Robertson's claim. A conservative attitude by no means necessitates a wholesale rejection. McRae, Langdon, O'Brien and others report confirmatory results. O'Brien in 1908 announced the finding of the bacillus paralyticans in the cerebrospinal fluid of 70 per cent of the 62 cases of paresis studied. While we may reasonably reserve acquiescence in the contention that the so-called bacillus paralyticans is the cause of general paresis, we may regard its presence as helpful corroborative testimony to the correctness of our diagnosis.

When Kraeplin a few years ago said general paralysis is "far from being a simple disease of the brain," that "profound and universal revolutions must take place in the physical economy of which the immediate cause is yet unknown," he enunciated a well-known truth which should be an impetus to all investigation both in pursuit of that "intermediate link," connecting syphilitic poison and the paralytic affection, which still eludes us, and also of that immediate cause which we believe remains to be accounted for in the non-syphilitic paretic.

It has been said of the revolutions wrought by Kraeplin, both in his widely known and adopted classification of mental diseases, and in his exposition of his views concerning them, that etiology has been largely relegated to the background. Be that as it may, the chief value of a definite knowledge of the etiology of mental and nervous diseases will increasingly reside in the extent of its contribution to prevention. When the bacillary origin of a disease is determined, great enthusiasm is justly aroused over the curative value of the derived serums and vaccines, and it will certainly always be the duty and earnest desire of the physician, whether specialist or general practitioner, to bring about cures. But in the mental sphere preeminently, society's demands are becoming more and more insistent that its units be born sound, or if of neurotic diathesis, that mental derangements be warded off. Society finds it extremely difficult to make effective use of the one-time insane discharged as "cured." It finds it a tremendous financial drain, now estimated at not far from $50,000,000 annually for the care and custody of the more than 187,000 patients gathered in United States institutions, and the numbers increasing twice as fast as

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n. It finds it a very serious handicap that these bers should not only be a burden to the country, cause of the withdrawal of a vast army of those s are so capable of being expended in productive s that the mental class accumulate in institutions ner class of the diseased. It finds that heretofore of the "peculiar," the insane, the feeble-minded, the surface. It recognizes that the breeding of must be limited, that fatalism is disastrous, and of procrastination fills to overflowing prisons and the insane and defective.

powerful reasons why psychiatry should be es- an inclusive science, but as one of the most impor- of the great all-embracing science and art of why this most praiseworthy and marked tendency sts and neurologists to extend their efforts and by harmonizing their work with that of all their those laboring in related fields, should be heartily ne profession at large. The co-operation of the gen- ner is especially desirable. Those whose interests perfected care and treatment of nervous and mental aria, know what admirable work the general prac- nplishes, and which I may be able to report more

But the advances in psychiatry demonstrate each arly the need for far more universal and particular schools of medicine, both didactically and clinic- ield, so that those not selecting mental or nervous specialty may be so equipped as diagnosticians as hese maladies in their infancy, while a cure is pos- serious results can be prevented.

ent of modern tendencies in psychiatry will find, ned in the analysis of 5,000 patients, treated at the arium, that there is a great tendency to remove es from inelastic classifications based merely on ndings on the one hand, or, on the other, on mental hout careful scientific study or underlying causes. ge of physiology, physiological chemistry, and nor- gy, was never so highly estimated as today. On his knowledge, very careful research is being con- imentally to determine the results of disorders of nd auto-intoxication leading to toxic states; the ohol and other drugs on the combined motor and ions of the brain and mind.

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The work of Purdum and Wells on the blood and urine 200 cases of dementia praecox points strongly to a physical b for the disease, possibly an auto-intoxication of intestinal glandular origin.

Psycho-pathology is advancing by leaps and bounds, has already become, through the researches of Janet, Fre Breuer, and a large following, of the greatest assistance to psy atrists. Clouston, in his readable work, "Unsoundness of Min calls attention to the large number of cases of mental unsou ness in which the cause remains unknown through the want scientific definite knowledge. Since, as Paton has well said, " exaggeration of personal reactions or idiosyncrasies plays small role in the pathogenisis of insanity," the study of psyche by Freud's psychoanalysis and its modifications sho be, and has already proved to be, a valuable contribution to methods both of diagnosis and treatment. Hamilton of N York has pointed out that the tendency of today should be recognize that the ultimate trend of some obsessional disord regarded heretofore as simply examples of psychasthenia, is wards serious derangements. Campbell, in his interesting helpful article in the New York Medical Journal (May 25, 191 entitled "The Application of Psychoanalysis to Insanity," cla and shows that this method has "thrown a flood of light on in vidual symptoms." He very sensibly adds that "No psycho alytic doctrine can be presented in tabloid form." No furt mention of this valuable advance, therefore, will be made here

Only casual reference, also, can here find place to the st ies of Ramadier and Marchand, of Berkeley, Wilson, and oth of the physiology and pathology of the thyroid gland. M states that hypertrophy of the thyroid causes auto-intoxicati which in its turn produces mental alienation. Extirpation the hypertrophied gland has been followed by mental impro ment in from five to seven days.

Psychiatry in its rapid advance, has recognized the imp tance of early diagnosis and treatment.

The progressive tendencies in psychiatry is observed in study of the various Mendelian theories of heredity, in the fo ation of societies for the prevention of mental maladies and e cation of the public, in the extension of laboratory research facilities; the recognition of the need of foreign port exami tions for mental diseases of immigrants, and the presence alienists on board ships transporting them, all these are mod tendencies indicating the lines along which some of psychiat

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greatest future achievements will undoubtedly be won to the everlasting credit of our profession and the greatest possible benefit to society.

SOME CASES AT FLOWER HOSPITAL DURING JULY, AUGUST AND SEPTEMBER, 1913

BY WALTER SANDS MILLS, A.B., M.D.

Professor of Medicine, New York Homoeopathic Medical College and Flower Hospital; Physician to the Metropolitan Hospital

THE medical service at the Flower Hospital during July, August and September was rather light. Some of the cases were not of special interest, others were. I report only a few.

Case I.—Colored man, aged 31. Patient was admitted June 11, diagnosis, typhoid fever. When I went on service in July patient was convalescent. He was discharged cured July 8. The particular point of interest in this case was that the patient's wife and daughter were ill of typhoid fever at the same time in the women's ward at the Flower Hospital, and that his baby was ill with typhoid at Bellevue Hospital. The source of infection was supposed to be contaminated milk.

Case 2.—Man aged 29. Patient was admitted July 5, diagnosis, heat prostration. Patient was unconscious when admitted but promptly recovered under water treatment. The remedy used was belladonna. He was discharged July 7.

Case 3.—Man aged 27. Patient was admitted July 6, diagnosis, gastritis. This man worked in a gas house and caused his trouble by drinking too much ice water.
He had some tenderness over the epigastrium, and vomited everything taken into the stomach for 36 hours. He was given nux vomica. Patient was discharged July 9.

Case 4.—Man aged 26. Patient was admitted June 23, diagnosis, typhoid fever. He had been ill since May 30. Patient was dismissed fully convalescent July 12.

Case 5.—Man aged 59. Patient was admitted July 9, diagnosis, slight apoplectic stroke. He was taken ill on his way to work in the morning and was brought into hospital unconscious. He became conscious after a short time but was unable to orient himself for more than twenty-four hours. There was slight

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ptosis of the right eyelid, pulse slow, about 60. Patient was taken home at his own urgent request July 12.

Case 6.—Man aged 25. This man had what seemed to be pneumonia when he entered, July 16. Respirations forty to fifty, pulse 100 to 120, temperature 104 or thereabouts. The trouble seemed to be in the right upper lobe. Under bryonia, and rest in bed, the temperature came down to approximately 101. The other symptoms did not change much. The microscope showed tubercle bacilli and pneumococci. He had tuberculosis, and I believe an intercurrent pneumonia. He was transferred to the tuberculosis infirmary of the Metropolitan Hospital July 28.

Case 7.—Man aged 34. This patient entered the hospital July 19 in great distress from dyspnœa. Physical signs revealed asthma or emphysema. He gave a history of good health—no previous asthma. A few days before, six to be exact, patient had rowed twelve miles, then made the return trip in a motor boat without putting on his coat. The dyspnea came on two or three days later. On entrance the chest was distended, the voluntary muscles were used in respiration, the resonance was increased, and auscultation revealed whistling and musical sounds, expiration much lengthened. Under bryonia he gradually got better, though not by any means well. He left the hospital July 28.

Case 8.—Man aged 51. Patient was admitted July 15. He had been ailing some time. He had some cough. The skin was dry and veins in the trunk were prominent. Examination showed the heart to be large and to have a mitral regurgitant murmur. There was bulging of the chest on the right side, low. This area gave dulness on percussion, abscence of fremitis, and absence of breathing sounds. The aspirating needle was used and the chest found to contain serum. Much improved, the patient left the hospital July 28, to go to the country.

Case 9.—Man aged 41. Patient was admitted July 10, suffering from ascites and edema of the feet and legs. The heart sounds were normal but weak. The pulse slow, 60 or thereabouts. He was put on apis. July 15 this was changed to apocynum. The ascites gradually increased. July 25, patient was tapped and five quarts of ascitic fluid removed. The remedy on that day was changed back to apis. The urine record showed patient was passing a large amount of low specific gravity, indicating chronic interstitial nephritis. Patient was dismissed in

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good condition July 31. I believe the edema will return after a longer or shorter time. When the patient left the hospital the heart was in good condition. After a time I believe that will give way, too, and then the patient will be in a dangerous condition.

Case 10.—Man aged 45. This patient was admitted July 13, suffering from pneumonia. The disease ran a typical course and patient was discharged cured July 31.

Case 11.—Man aged 23. Admitted July 3. This patient had chronic nephritis and valvular lesion of the heart with failing compensation. He also suffered from dyspnea, his most distressing symptom. He could not lie down, and was unable to sleep much. For several nights morphine had to be administered. At times he was delirious and in between was very nervous. July 9th ignatia was prescribel for the nervous and irritable mental condition and helped him very much. July 16 mercurius corrosions was prescribed for the kidney condition, adonis for the heart. Dropsy set in, beginning at the feet, and for this apis was given and other medication stopped. The patient gradually failed and died August 4th. Other medicines were tried without effect

Case 12.—Man aged 27, admitted August 4. This patient had attempted suicide by talking three 5-grain tablets of bichloride of mercury. Prompt use of the stomach pump and hepar as an antidote, prevented any untoward symptoms. He was discharged cured August 7. This case is reported because it is quite different from the numerous spectacular cases reported in the daily press.

Case 13.—Man aged 39. Admitted August 6. This patient entered the hospital with a diagnosis of pneumonia. He was a sick man from the start, temperature going almost to 106. He had bryonia until the 11th when hyoscyamus was given because of delirium. On the 12th he seemed to be better. On the 13th the patient was much worse and died on the 14th.

Case 14.—Boy aged 12, admitted July 18. Patient gave a history of ailing for several days during which time he was under treatment for typhoid fever. We could find no evidence of typhoid, but he did have a bronchitis. July 20 his cold was better, July 24 the lung sounds were good. About that time his temperature began to go up a part of the day. Finally the temperature was found to be 102 or 103 at about ten o'clock each morning and normal in the afternoon. The patient said he felt cold early in the morning. At no time were there any aches or

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pains, the boy never had a complaint to make. After trying one or two remedies, ten grains of quinine were given on each of two mornings without effect by the house physician. I changed this to two grains of quinine every two hours. The symptoms continued daily without change. After several days the dose of quinine was increased to three grains at a time. After a day or two longer that took hold and the paroxysms ceased.

This case is a good illustration of the somewhat indefinite onset of many cases of intermittent fever. The temperature was taken regularly every four hours, at 4, 8, 12, a. m., and 4, 8, 12 p. m. It was not high at any time. But the exceedingly red face of the child one or two days led the nurse to take the temperature in between times when it was found to be as high as 103 at 10 a. m. At 8 o'clock and at noon it was below 100. The patient was discharged cured August 15.

Case 15.—Man aged 31, admitted July 31, with failing compensation. The patient was dropsical and in great distress on account of dyspnea. He could not lie down. The liver was enlarged and the abdomen contained much fluid. The heart was much enlarged downward and to the left. Auscultation revealed a double mitral and aortic murmur. Dr. Wright, one of the internes, prescribed strophanthus tincture, ten drops every four hours, and the remedy was not changed. The edema gradually subsided and the patient constantly improved. He was discharged, much improved, August 18. At that time he had been up and about the ward for several days.

Case 16.—Boy aged 17, entered the hospital June 3. Patient had just recovered from pneumonia, and was said to have an abscess. When I went on service July 1, the patient had a high temperature, 103 to 104, somewhat irregular, and a rapid pulse. The pulse was decidedly accelerated by change of position. Examination revealed a rapid irregular heart, the intervals between the two sounds were about the same. There was a double murmur, mitral regurgitation and aortic stenosis. During the first week in July the patient still had some cough and once spat up some blood. About the middle of the month the patient was allowed to get up for a few days. This sent the pulse up, while the temperature gradually dropped to normal. He was put to bed again and kept there for a month. The pulse gradually improved. Finally the patient was discharged in good condition on August 28. The heart murmur was still present but the heart was doing its work well. Bryonia was the principal remedy used.

Case 17.—Boy aged 12. This patient was admitted August

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11, in the second week of typhoid fever. He had no aches or pains and made no complaint of any discomfort throughout his stay in the hospital. The remarkable feature of this case was the great range of temperature. Instead of varying from 103 to 104, a difference of a degree or so, between morning and evening as most cases do, the temperature range was from 100 to 104 each day, a difference of four degrees. I have never seen such wide variations during the height of the disease in any other case. I have sometimes seen it in the last week when the fever was breaking up. The patient was discharged, cured, September 5.

Case 18.—Man aged 24. This patient entered the hospital August 11, with what I diagnosed from the physical signs as pneumonia of the left lower lobe. The fact that cast doubt on the diagnosis was absence of cough and expectoration. The temperature ran at 105 and 106 for several days. The patient was very sick and for several days he was either delirious or in a stupor. The internes and nurses, all of us, expected him to die. On the morning of August 15, the temperature dropped to normal, but went up to 105 in the afternoon again, to stay up until the 20th. On the 20th it dropped to normal again, and from then on never went up again. It was a distinct crisis. The patient was discharged, cured, September 5.

Case 19.—Man aged 39, admitted September 13. The eyes were congested, the face flushed, and over the chest and body and arms was a profouse eruption of discrete reddish spots. The throat was sore also. There was a history of headache and malaise for five days before entering the hospital. The patient was promptly isolated. The eruption began to fade almost immediately. The temperature on admission was 103 and stayed in that neighborhood for four days. A tentative diagnosis of typhoid fever was then made, but the Widal proved negative. On the 16, 17, and 18 the temperature was lower at each taking; on the 18th it reached normal and never went up again.

The patient was a Hebrew of the poorer class. One day his family physician visited him, with me. After going over the case carefully together this physician suggested that the patient might have Brill's disease. Brill's disease, as we all know, has been identified as a mild typhus fever. The majority of Brill's cases were Hebrews of the poorer class as was this man. It seemed like the disease Brill described.

Case 20.—Man aged 36, entered the hospital September 8.

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He had been ailing for a few days and the physician who sent him in suspected typhoid. The Widal reaction was negative. The patient had some cough and one of my colleagues diagnosed tuberculosis. I could not agree with that. Meanwhile the temperature curve was typical of typhoid, the pulse 80 to 90. All this time the patient complained of pain in the left side just below the ribs. The spleen was enlarged. Finally, satisfied that there was pus somewhere, I gave the patient hepar 3x on September 23. In a few days fluctuation appeared and later an abcess was opened and drained.

Case 21.—Man aged 21.—This patient entered the hospital August 30. He had a temperature of 104, pulse 110. There was a generally distributed papular eruption, not very marked. The only positive physical finding was an endocarditis, and a diagnosis was made of septic endocarditis. From his admission the temperature was very erratic, varying three or four to as much as eight degrees from morning to night. Some mornings it would be 100, at night 103 or 104. Some mornings it was as low as 97: twice it dropped to 95 2-5, and at night 105 2-5. The pulse varied from 60 to 120. There was no regularity except that it was always higher at night than in the morning.

Several of my colleagues saw the patient. One said intermittent fever, another said syphilis, from the appearance. No malarial organisms were found at any time though they were frequently sought. A Wasserman finally proved positive. Various remedies were given without effect. Salvarsan, mercury and iodide of potassium in massive doses were all given without noticeable result. Still the erratic temperature and pulse continued. My service ended October 1st. Finally, in January, rhus toxicodendion was prescribed by Dr. James D. Miller, then on service. The patient was dismissed with a normal temperature and a more regular pulse, January 31, 1914. He was in the hospital five months and one day. For all but the last two weeks that erratic temperature continued, making the most remarkable chart in my collection. It was undoubtedly a case of septic endocarditis, possibly of syphilitic origin.

A somewhat similar case was reported in the New York Medical Journal for June 22, 1901, by Futcher of Johns Hopkins, and was made the basis of an editorial in the North American for July of that year. Futcher's case cleared up under antisyphilitic treatment. My case did not.

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ORTHOPEDICS IN GENERAL PRACTICE*

BY ANSON H. BINGHAM, M. D.

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THE general practitioner is the first to be consulted about the acquired deformities, and those conditions which result in deformity; so it is of the greatest importance that he should recognize these conditions in their earliest incipiency.

A favorable prognosis in an orthopedic case, depends upon two factors; early diagnosis, and proper treatment, both of which the general practitioner should be prepared to give in the majority of cases. These cases are seen early much oftener by the general practitioner than by the specialist, and if recognized then, simple treatment will often suffice.

If these cases are recognized in the early stages and properly treated, many deformities which would otherwise develop would be prevented, and we would not then see so many cases which have gone on to the latter stages of development. These are much more difficult to treat, and they present these marked deformities only because they were not recognized in the early stages and properly treated.

It is always easier to prevent the occurrence of deformity than to correct it, after it has become permanent and fixed.

The object of this paper, is to discuss briefly, the early diagnosis and treatment, of some of those conditions frequently met with in general practice, which, if not recognized or if left untreated, commonly result in loss of function and deformity.

The family physician is constantly consulted for indefinite aches and pains, in the feet and legs, which are often regarded as symptoms of chronic rheumatism, when careful examination would show a condition of weak foot. Not flat foot, for weak feet should be recognized long before flattening of the arch has developed.

If a patient complains of continued discomfort, or more or less constant pain in the feet or ankles, with a negative history of any other joint involvement, it almost invariably points to a condition of weak foot, and an examination with this view, should in every case be made.

To be of any value this examination must be made with the patient standing and walking. While at rest such a foot may appear perfectly normal.

Normally the body weight passes through the center of the knee joint, down the crest of the tibia, through the center of the

*Read before the Kings County Homoeo. Medical Society.

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ankle joint, and across the dorsum of the foot to the second toe. In weak feet this relationship is immediately changed, and the weight distributed to the inner side of the foot, at a point corresponding to the astragalo-scaphoid articulation.

The earliest sign is eversion or rolling outward of the foot, accompanied by wearing away of the sole of the shoe on its inner border. The internal malleolus is very prominent. The patient walks with the toes turned outward. This always denotes a weak foot, even though at this time the arch may appear perfectly normal.

If this condition is allowed to continue untreated, it is only a question of time before the arch gradually gives way, followed by flat foot as a final result. This could easily have been prevented, by recognizing these early symptoms, and applying the proper treatment at that time.

In successfully treating a condition of weak foot we must accomplish two things. First to correct the eversion, and second to restore strength to the weakened muscles and ligaments.

The first object can be accomplished by building up the heel and sole of the shoe along its inner border, for from one eighth to one quarter of an inch. This corrects the eversion, transfers the weight of the body to the outer border of the foot, and in the milder cases will be found all that is necessary in the way of treatment, provided the shoe chosen is built on proper lines.

The general tendency to send the patient to a shoe store with instructions to buy and wear a pair of plates, cannot be too strongly condemned. We agree with Ogilvy that the employment of any arch support is detrimental to the welfare of such feet, unless the eversion which is always present is first corrected.

When support of the arch is necessary, an effective plate can only be made from a plaster model of the patients foot; and must be made to provide lateral support while the foot is performing its function of weight bearing.

The object of the exercises is to strengthen the muscles and ligaments of the foot. In most cases athletic sports and active games will do all the exercising necessary and should be encouraged. There are three exercises which have proven to be very useful in all cases.

(1) With the feet pointed directly forward, the patient slowly raises himself on his toes, and slowly returns to the heels.

(2) Walking about the room on the outer border of the feet.

(3) Trying to pick up objects from the floor with the toes.

A patient consults you with the following symptoms. A

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severe pain neuralgic in character, located at the second metatarso phalangeal joint, coming on suddenly while walking, necessitating removal of the shoe, and rubbing the foot, which relieves the pain at once. The shoe is replaced and the patient walks with comparative comfort when later on perhaps after several days the same symptoms recur.

An examination shows a breaking down of the transverse arch of the forefoot, resulting in a pinching of the plantar nerve between the heads of the fourth and fifth meta-tarsal bones. This is a very common condition, and is often treated as rheumatism or neuritis.

The simplest treatment consists in strapping a small pad of felt beneath the heads of the meta-tarsal bones which lifts them up, restores the transverse arch, and relieves the trouble at once.

You are frequently consulted by parents whose child has a tendency to toe in. The natural position is that in which the feet are directed straight forward with a slight inclination to intoeing. This is the position of strength, and denotes a strong foot and ankle. A mild degree of pigeon toe requires no attention. In the exceptional cases, the sole of the shoe may be slightly raised on its outer border, which will correct the attitude if combined with instruction and training.

Children are often brought to you who present a mild case of antero posterior deformity, or round shoulders, and if the importance of early treatment in these cases could be appreciated, we would not see so many of the marked deformities of rotary lateral curvature which are constantly being referred to us.

These children lack muscular tone. They are the ones whom you see lagging behind in their play. Tiring easily and hanging back when any active exercise is going on. They run and walk awkwardly. When standing the shoulders are rounded, the abdomen protuberant, the chest retracted. They tire easily and often complain of a tired feeling in the back. The appetite is poor and often capricious. They are pale and languid, and present a perfect picture of general debility.

In the majority of cases no further examination is made. A tonic is prescribed and the patient allowed to leave the office.

If the clothing is removed and the child stood before the examiner, he should recognize at a glance the abnormal posture, and be prepared to take active steps to correct this faulty tendency.

At this time the position is entirely due to habit and can be voluntarily corrected by the patient. This condition can be cured absolutely, by properly directed breathing exercises, light calisthenics, and proper diet and hygiene.

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Our reason for emphasising early diagnosis and treatment in these cases is as follows.

If the condition is not recognized, or if proper treatment is not advised and carried out, we see in such cases a slight lateral curvature of the spine develop, which slowly increases, resulting in a well developed case of rotary lateral curvature. So we see how important it is to prevent such a sequence of events.

The first and most important preventive measure is the discovery of deformity or the tendency to deformity, at a time when it may be checked or cured.

To discover deformity at this period of its development one must look for it. So the regular inspection of the naked bodies of the children under his care should become the routine practice of the family physician. More than half the cases of structural scoliosis could have been prevented, if this simple rule had been followed.

It is remarkable how quickly these cases improve under proper treatment, and how easy it is to prevent the development of a permanent deformity.

It is important that the child be daily exercised in standing, sitting, standing and walking properly, under the direction of a competent attendant, until he begins to assume these positions naturally.

Light dumbells afford one of the best methods of exercise and encourage the systematic cultivation of all the muscles of the body.

For developing the special muscles of the back, the postural exercises will be found of value.

We have found it convenient to have these directions printed in the form of a pamphlet, which is given to the parents as a guide. The exercises best indicated are checked off, and the child is shown in the office how to perform them properly.

The importance of improving the general condition of the patient by regulation of diet, cold baths, and active exercise in the open air is self evident. The strain upon the back should be lessened by providing proper chairs and seats, and by limiting the time passed in passive attitudes. Also lessening as far as possible the restraint of the clothing. These precautions are of almost equal importance with the active treatment.

There are three common diseases frequently met with by the general practitioner, which if not recognized or if left untreated must inevitably result in deformity. These are rickets, polyomyelitis, and tubercular joint disease.

There is no condition of childhood which responds to general

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treatment more quickly than rickets. If left untreated it generally runs its course, and after a more or less marked degree of bony deformity has occurred, this process of local softening is spontaneously arrested and the bones harden in their deformed position. So we realize the importance of arresting this disease early, before marked deformity takes place.

Polyomyelitis is seldom recognized in the early stages, and it is practically impossible to establish a diagnosis until the paralysis appears.

Without treatment of any kind, the resulting paralysis will generally improve for a period of six months. After a time atrophy, contractions, relaxations and malpositions, lead to crippling deformities which locomotion rapidly increases.

When the acute symptoms have subsided, the family physician should realize that at this stage nearly all deformities may be prevented by proper splinting and support, to relax and protect stretched muscles.

The nutrition of the parts may be improved by massage, by muscle beating, by the direct application of heat to the extremities, and by the use of the galvanic and faradic currents. Dry heat and rubbing are very important, and anything which stimulates the circulation helps nourish the muscles.

Beginning at an early period it requires very slight mechanical support to keep the limbs in their normal position.

While the child is in bed he should be placed upon pillows, and supported by pillows, sandbags,etc., in such a way as to avoid any undue tension and stretching upon the paralysed muscles and relaxed ligaments. The feet should always be kept at right angles to the legs to prevent foot drop, the weight of the bed clothing being taken off the toes by a hoop or other device.

If the paralysis is very extensive, deformity may best be prevented by placing the child upon a frame or cuirass. This secures perfect rest to the paralysed parts and enables the patient to be carried about.

Each joint should be moved to the limit of the range of motion in all directions, several times a day.

A child recovering from infantile spinal paralysis, should not be allowed to be up and about, until the limb is properly protected by a well fitting brace, as the functional use of such a limb without support must result in deformity.

If the child is brought for treatment after the development of deformity, it must be corrected by tenotomys, stretchings, proper braces, and operative measures which do not come within the prov-

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ince of this paper. But the ability to prevent these deform rests with the family physician, who assumes charge of the ca the early stages of the disease.

In closing we wish to make a strong plea for the early nosis of the tubercular joint diseases. Every child who limp complains of a more or less persistent pain should in every cas examined for a beginning joint or spinal inflammation. A g many cases with which we come into contact, have been treated rheumatism, growing pains, or an acute injury, and the case progressed so far that extreme destructions of the tissues has t place. Not infrequently the case has reached the stage of ab formation, before a diagnosis is made and proper treatment app Our success in treating these cases is in direct proportion to stage which is present when the child is referred for treatn For if we can begin proper treatment in the early stages, we expect not only to shorten the course of the disease, but to pro the patient with a useful limb, with the minimum amount of formity.

Euclid Hall, 86 St. and B'Way.

CLINICAL CASES*

BY F. H. LUTZE, M. D.
Brooklyn, N. Y.

MR. G., RHEUMATISM, first in one foot, the right, then g to the left, then shifting to the shoulders and back agai the left foot; wandering from place to place; worse from to cold, and motion, better from warmth; aching pains. Presc belladonna, 200 in water. No improvement after three days symptoms remaining practically the same. Arnica 200 was g next and great improvement followed at once. After taking a for three days he was free from pain. Gave sac. lac. and pa reported himself well a week later.

Dr. Blackman. It has not been my privilege to pres arnica for rheumatism many times, yet I believe it is a good re for rheumatism when indicated. The indications given by Lutze are not what I should ordinarily think of. Wande pains, first in one place and then in another indicate pulsa and kali bichromicum rather than arnica. The arnica s toms are usually great mental anxiety, almost equal to the an

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d before the Homoeopathic Medical Society of the Coun Kings, February 24, 1914.

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of arsenicum. The tissues are sore, the bed feels hard and it is on that account that he is restless. Sometimes the surface of the body and certain parts of the body feel sore, there is discoloration, sensitiveness to touch, particularly the muscular tissues. Ruta has the symptom that the bed feels hard and it has great soreness, but it is the fibrous tissue that is affected, the cartilaginous and periosteal tissue rather than the muscular tissue, which is the chief difference between ruta and arnica.

Dr. Lutze: The chief symptom of arnica is that the pains go back to where they came from. I have had cases of erysipelas where the disease went around the head and got back to the same place; that indicated arnica.

Case 2. Mrs. T., age 26 years. Was sick for six years and had been treated for the past four years by several old school physicians all of whom diagnosed the condition as rheumatism, without improvement, the patient becoming steadily worse. When I called first I was told the patient had received morphine every evening to ease the pains, which were worse at night, and to produce sleep, but without any marked benefit; also a cathartic to keep the bowels moving, and some medicine for the rheumatism during the day. The pains were chiefly in the legs, they seemed to be paralysed, for she could not stand. This I attributed to the morphia and gave her nux vomica with a view to antidote the drugs she had received, being unable to obtain any symptoms. No improvement following after two weeks, the patient being practically in the same condition, I gave her a thorough examination and found that she had no rheumatism but a disease of the spinal cord, probably due to a fall she had had some years before, striking squarely on the back. She was very sensitive over the entire spinal cord, all tendon reflexes were absent, was unable to move and toppled when attempting it with eyes closed. On these objective symptoms chiefly, for she could give no symptoms of any value, I prescribed belladonna 200. There was hardly any improvement after three days and I gave belladonna 30. She continued to improve, though very slowly, and at the end of two weeks I gave again belladonna 200. The improvement was more rapid now and belladonna lm was given, with intercurrent doses of sac. lac. till the tenderness over the spinal cord had nearly disappeared, when a severe diarrhœa developed. The stools were watery, black, painless, day and night. After carefully looking up the symptoms I gave her natrum muriaticum. There was no improvement as regards the diarrhœa and the pains in the legs and tenderness of the spine returned and a cough developed, so severe that other people in the house told me she would

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never get well, as she had consumption; they were kept awake a night by her coughing. I gave her belladonna 200 with immediat improvement as to the tenderness of the spinal region, but the coug and diarrhœa remained unchanged. Looking at the stool mysel I saw that it was not black now but watery and white, looking lik flour or chalk, and on further questioning found that the coug was worse and dry at night, less severe and loose, with yellow e pectoration during the day. On these and a few other minc symptoms I gave her now calcarea carbonica, the chronic of bell donna. Under this remedy in various potencies, going highe gradually, she recovered, slowly at first, more rapidly later, so th at the end of five months from the beginning of my attendanc she was well enough not to require further treatment, and r mains well to this day, one and one-half years later.

Dr. Schenck: This is an important case to determine what th difference is in the indications for calcarea or belladonna in cond tions of the spine, and if those remedies can relieve neuritis of th spine or of some of the nerves, where the reflexes are gone. would be an important verification if Dr. Lutze could tell wha reflexes were abolished, whether of the dorsal or other region. would be helpful.

Dr. Lutze: The only reflex I tested was that of the kne The spine was so sensitive that she could not bear touching it a all.

Dr. Von der Luhe asked if there had been any rise of temper ture, and what was the complexion of the patient and color of h eyes. Calcarea carbonica would be indicated in a blonde patien and the cough and diarrhœa might also indicate that remedy.

Dr. Lloyd asked if any attempt had been made to distract th attention of the patient while the reflexes were being tested.

Dr. Lutze: The patient did not know the meaning of it.

Case. 3. Mrs H. widow, came from Germany two yea before she came under my care. She was taken with a diarrho soon after her arrival, for which she had been treated steadily b old school physicians without any improvement. She gave the fo lowing symptoms: diarrhœa painless, watery, brown or offensiv mucus, profuse stools following each other in rapid succession bu never in the afternoon or night. I told her I could cure her in week and gave podophylum 200. This producing no change gave the same remedy in the 30th which only caused quite an a gravation. On learning that emotion would bring on the diarrho at any time, either day or night I gave her gelsemium and aft this colocynth, but with slight improvement. Then I was told fo

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that the patient was homesick, having left all of her
equaintances of a life time in Germany, and every-
ople, language, and manners being strange to her.
ved three powders of phosphoric acid 200 and needed
iarrhœa as well as the homesickness being completely

on: Phosphoric acid we have used repeatedly for
nervous type; the chief indication for this remedy is
l diarrhœa without exhaustion. The homesickness
s case might also have suggested carbo animalis, mer-
osicum, but the type to which mercurius and
ld belong would be dysenteric, and apparently the
purely nervous and phosphoric acid was most suit-

: It was the remedy or the three powders of the
t have cured the case. Diarrhœa without losing
e symptom which led to its selection.

A baby one year old had diarrhœa only in the day-
night; painless, stools light yellow, offensive. The
gave me these symptoms on his way to business in
resided quite a distance from here. I prescribed
with which I had cured a number of similar cases.
ge it produced in this patient was that the diarrhœa
at night as well as during the day. I gave colocynth
more from the patient for three weeks when they
e the baby and I learned then that the baby had been
under my treatment and they had called a local old
who gave the baby something which seemed to do
od at once. The baby became quiet, cried no more;
o trouble at all. At the end of two weeks the baby
and they told the doctor that the diarrhœa was as
er. Hearing some rumbling in the child's abdomen
e heard nearly all over the room the doctor put the
the child's abdomen and then said there was too
there which must be paralysed and gave more medi-
his the baby slept (?) constantly, not waking enough
d the diarrhœa continuing. The parents decided
The symptoms were the same as when I had prescrib-
as I could learn, but while watching the baby, think-
stion to ask next or what remedy to give, I noticed
rubber ring suspended from his neck and bite vicious-
inquiring I learned from the mother that he often bit
and wherever he could Now everything was clear.

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The child was teething. I gave several powders of phytolacca de candra to the mother with instructions to place a little of the dr powder on the child's tongue every three hours. I learned late that it required but two doses of this medicine to cure the bab completely.

Dr. Minton. In this case nothing was said as to diet which i a very important element in such conditions, especially where ther are offensive evacuations, which suggested that some proteid wa undergoing decomposition in the bowel. As the child was over year old it would have been a good opportunity to discontinue milk thus eliminating the proteid and give some cereal gruel. With out milk such cases will often improve promptly and nicely. Thi child was teething and we all know that such conditions develo at that time and frequently continue until the teeth have erupted The symptom of biting which led to the use of phytolacca migh also suggest arsenicum, apis,. or veratrum, and it would be difficul to determine which of these might be the remedy. I think Dr Lutze is to be congratulated on the result of the case for these ar sometimes intractable cases and give us trouble until the teeth com through.

Dr. Lutze: There was one remedy which I gave and that wa petroleum, which is one remedy that has diarrhœa in the daytim and not at night. Phytolacca has diarrhœa both day and night Phytolacca was the only remedy that had the time occurrence an also the biting symptom.

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EDITORIAL

CHRONIC PANCREATITIS

THIS more or less obscure condition is the subject of a lecture given by Dr. Adolf Schmidt, of Halle, Germany, at the New Post Graduate Medical School. The lecturer used as his text a somewhat typical case.

The patient, a man of 50, had four years before had an attack of severe colic with vomiting, complete obstruction of bowels, and slight jaundice. Now he has slight digestive trouble. The stool appears abundant and fatty. In fact the only special sign is the stool. It is covered with a thin layer of fat which coagulates immediately after defecation. Under the microscope are found muscle fibres and fatty crystals.

Schmidt puts down as one of the most frequent causes of chronic pancreatitis "gall-stones and their consequences give rise to repeated irritation of the pancreatic ducts from which degeneration of the secretory cells, and the growing of interstitial connective tissue have their origin."

Next he puts pyloric and duodenal ulcers.

Then pancreatic stones, and cancer. Finally, digestive troubles following gastric achylia.

The various special tests devised to diagnose pancreatic disease, Sahli's, Winternitz's, Cammidge's, the author says are not

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specific. Nothing replaces the examniation of the feces. A history of a preceding ulcer or gall-stone helps to clear up the diagnosis sometimes.

Prognosis is doubtful.

As to treatment: Some cases may demand surgical interference for the gall-stones or ulcer, but Schmidt considers chronic pancreatitis as essentially a medical disease. His treatment is largely a matter of diet, he says:

The advice which is necessary cannot be given as general rules; it must be in accordance to the various results of the feces examination. If the loss of fat prevails, butter, cream, fatty meat must be completely avoided and even milk must be reduced to a very small quantity. Though the presence of unabsorbed fat in the intestines may be tolerated for a long time without causing catarrh of the mucous membrane, as is very often evident in chronic jaundice, it makes the reaction of the feces acid and so finally irritates the epithelium. Moreover, it represents a good medium for decomposing bacteria which settle down always in insufficiently digested intestinal contents. In a far higher degree is this true of the remains of meat and eggs, which therefore must be avoided as well as possible. The best way to realize this point is by carefully reducing all food to very small pieces. Besides, no raw or smoked meat is allowed; all must be thoroughly cooked or grilled, and as we cannot rely on our patients chewing sufficiently, it must be minutely chopped. Gelatine as a substitute for meat can be recommended; it is easily digested by the pancreatic juice and its hydrolytic products incline little to putrefaction. The same is to be said about the albumen prepared from vegetables, as for instance: Roboaat, Tutulin, Glidin. Even small quantities of completely digested meat—Ereption—are sometimes very well digested.

Sugar and prepared farinaceous foods (Mellin's food and others) have to be reduced only if glucosuria is present. They belong to the class of carbohydrates, which even in serious cases are entirely absorbed. Next follow the different kinds of fine meal (arrowroot, Mondamin), gruel, sago, cake, toast, rice etc. Potatoes must be mashed, but even in this form are not always fully digested. As to vegetables, one has to take care; often the power to dissolve cellulose is also diminished, and then they must be altogether avoided.

Tea, water, and small quantities of wine may be allowed, but no beer, no mineral waters and no coffee.

Preparations of pancreatic tissue, Pancreatin, Pancreon and others may be given as support to the diet. Their effect is sometimes striking; in other cases they help only little, and in a few do nothing. At any rate large doses must be taken, but they are not always borne by the patient.

In the cases of functional pancreatic achylia following gastric achylia, hydrocholoric acid has to be taken with meal. There is no reason to renounce Pancreatin under such circumstances; the latter should rather be given half an hour or one hour after meals. Another point which should be thought of in all cases as far as they are combined with gas

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s washing of the empty stomach with disinfecting or as-
ons. If intestinal dyspepsia is well marked, I should con-
rect oxygen-insufflation into the duodenum.
mineral waters in Karlsbad, Kissingen, Homburg, Vichy
ng-places, is only indicated in light cases or in the interval
ing attacks of gastrogenous dyspepsia.

HOMOEPATHIC COLLEGE ALLIANCE

ebruary there assembles in Chicago a meeting of gen-
to consider what added burdens should be imposed
eady overcrowded student of medicine. Officially
ese bodies is called "The Federation of State Medi-
ng Boards of the United States." This consists of
examining boards and all others interested in the
to medical practice. A number of homœopathic
articipated in the discussions of the 1914 meeting.
ganization was the "Conference of the American
on Medical Education." Some body blows to the
uirements in premedical education were delivered
Lowell of Harvard University. "The American
ege Association" decided not to demand a second
previous to medical matriculation.

th of these gatherings was the "College Alliance of
n Institute of Homœopathy." With one exception
lleges sent delegates and almost continuous sessions
r two days. Frank discussion, debates on methods
dministration, ways and means of increasing the
our colleges and increasing their number of students,
of model curriculum, and, particularly, the best
eaching homœopathic materia medica—all these en-
ttention of the Alliance. Two of the noteworthy
re by Prof. Burrett of Ann Harbor, on the "Teach-
a Medica," and by Mr. Umbreit, the Attorney of the
edical Examining Board, on "The Rights of Col-
as our pleasure to produce this latter address in the
r of the North American.

the most encouraging thing brought out in this meet-

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ing was the fact that almost without exception the entrance classes to our colleges are larger this year than for many years past. Next to this is the good news that our college in Ohio has been taken over by the University and becomes a medical department of the Ohio State University. This guarantees ample financial support and the highest sort of scientific instruction.

Our college in New York continues in the lead as to numbers, being fully a hundred students ahead of its nearest rival. Better than mere numerical supremacy, however, is the report that the Department of Materia Medica is to be made a salaried and full time department. This means that all the non-clinical chairs will be presided over by men who give all their energies to college work.

A full half day was given over by the Alliance to a discussion of the pre-medical year and of the required year of hospital work before the granting of the degree. It was finally decided to refer the problem to the individual college faculties and at the meeting next year to take definite action. A majority of the delegates appeared to favor the plan, which, if it is adopted, means that the medical degree cannot be acquired in less than six years after graduation from high school.

In common with the old school there are fewer homœopathic colleges than were in existence ten years ago. The most casual observer, however, must be impressed with the thorough methods, the splendid laboratory equipment and instruction, the high standards, and the enduring enthusiasm of our teaching institutions. They are the strength and the index of the strength of homœopathy. So long as they endure and prosper, homœopathy must endure and prosper. Since they are strong the cause is strong, and we may rejoice.

MEDICAL SECTARIANISM

THE Cincinnati Medical News has once more shown its independent position by an editorial discussion of medical sectarianism in which it calls upon the powers that be in medicine to fairly recognize facts as they exist. Editor Kreidler must be proving a

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thorn in the flesh of some of the medical stand-patters of Cincinnati. More power to his elbow. His editorial in the February issue of the News was as follows:

THE QUESTION OF MEDICAL SECTARIANISM

The presentation of arguments for and against the amalgamation of the University Medical School and the new City Hospital before the Charter Commission last Monday night presented some curious and amusing ideas upon the subject of medical sectarianism. First, we were told that there is no such thing as an allopathic or regular school of medicine. Other speakers seemed to think that there was no such thing as the homoeopathic or eclectic school, that we were all now "just physicians." This would seem to be a kind of Christian Science view of the matter, since everyone knows that no matter how much we might wish there were not, there really are "schools" in medicine.

According to Dr. Dabney, any professor in the University Medical School is free to teach any system of philosophy or therapeutics he might care to, being in full accord with the university idea of academic freedom. This is quite true. Any professor in the University Medical School is free to teach any system of medical philosophy or therapeutics he may wish—that is, any system but the homoeopathic or eclectic systems. It would be curious to see what would happen to, for instance, the professor of practice in the university school if he even so much as hinted that there might be something to learn from the homoeopaths or eclectics. It is curious to note that even in a discussion of medical history the tremendous influence that the heresy of Hahnemann and his followers has had upon the practice of medicine in general is scarcely ever adequately set forth.

Now a body of individuals can be just as sectarian in the matter of the dogmas that they exclude from discussion as in the matter of dogmas that they may include. It is true that any member of the dominant school may advocate any therapeutic theory except the homoeopathic or eclectic. If he should do this he would be condemned as a sectarian; although it may be pointed out that the American Institute of Homoeopathy has defined a homoeopathic physician as one who has added to a knowledge of general medicine a special knowledge of homoeopathic therapeutics. On this basis it would seem that, whether by inclusion or exclusion of a dogma, the homoeopathic school is actually less sectarian than the dominant school.

Because a physician takes a special interest in and becomes peculiarly proficient in electro-therapeutics, he is not on that account given the opprobrious designation of electro-therapist and considered to belong to an electro-therapeutic set. Why should it be otherwise with our brethren of the homoeopathists and eclectics?

The Protestant churches are offshoots of the Catholic church. Therefore the Catholic church looks upon the Protestant churches as sects, but does not consider itself a sect. This is a parallel case. It does not matter whether a division or offshoot be called a sect or not, it will not be frightened by this word as long as it feels that it has truths to uphold or enunciate. Hence the futility of using the cry of "Sectarianism" as an argument.

Dr. Dabney with great fervor enunciated the opinion that there were no sects or schools in science. This was a strange statement to come from so prominent an educator. He should know that there are even schools of thought in so definite and mathematical a science as geometry. In his lectures to his classes the professor of philosophy at the university would not for one moment think of neglecting a careful elucidation of the history and ideas of the different schools of philosophy. Why, indeed, should the chairs of materia medica and therapeutics and practice in the regular medical colleges consider it heretical to give due credit to the different schools of medicine? That they do

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not is clear evidence that the teaching staff of the University
School does not and could not possess that academic freedom t
have been told so vigorously it does possess.

Do these gentlemen think that a school or schools of medici
have had so long and honorable a career as the homoeopathic and
tic schools, and have numbered among their adherents so many
entious and scientific physicians in the United States at least, rest
upon myth, fancy, mysticism, ungrounded dogma and clinical f
If they do, and continue to take this attitude they are making
grave and serious mistake. It is a significant fact that notwithst
the tremendous decrease in the medical registration that has take
in this country during the past ten years, the homoeopathic and
schools have not suffered a decrease in any degree relative to th
fered by the medical colleges of the dominant school.

It is not due alone to the fact that the standards of the Uni
Medical School may be somewhat more rigid than those of the
school of this city that the latter has almost twice as many stud
the former. It is due to the fact that there is more academic fr
within the walls of the eclectic school than there is within the w
the University Medical School.

Sects in medicine are indeed unfortunate, but it should be
that no sect ever became a sect of its own accord, but only b
sectarian in so far as it is excluded from the dominant school. Th
clearly the history of the early days of homoeopathy, which inde
cured the vast majority of its disciples from the ranks of the
medical profession.

It was pleasant to listen to Dr. Dabney's fulsome eulogy of
emic freedom, but facts are facts. Several have been stated, b
more with which the people of this city and the Charter Comm
should be familiar, must be stated:

When the Pulte Medical College of this city was contemp
an amalgamation with the Cleveland Homoeopathic College, it wa
gested with the approval of the whole faculty that an attempt be m
amalgamate with the University Medical School. This would ha
riched the University Medical School by some $40,000, the only p
being that the trustees establish and maintain a chair of homoeo
therapeutics and practice. A committee was appointed to ne
with the trustees of the university, but eventually reported tha
offer was refused. How does this accord with the talk of academi
dom and the protestations of good will toward all schools of pr
from the lips of several, one man who so spoke being on the bo
trustees of the University at the time this offer was made.

NOTES AND COMMENTS

Applause for Dr. DeWitt G. Wilcox

Vol. I, No. 3, of the very interesting Quarterly of the F
ation of State Medical Boards of the United States contains
of the proceedings of the meeting of the Federation in Ch
last February, and it is of interest to note that the only pla
the report where the recorder has seen fit to indicate that
plause" followed a speaker's remarks is in connection wit
discussion by the President of the American Institute of Ho
pathy of a paper on "The Use of the Government Medical S
es in Raising the Standard of Medical Education." The pa
lar remarks that drew forth this applause was the follo

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nd that the homœopathic profession be accorded its
e in the field of medical practice:

e composition of the board, Dr. Kean speaks of a represen-
on it from the Army, one from the Navy, and one from
ealth Service, one from the American Medical Association,
Federation, and, if it were deemed advisable and necessary,
Homoeopathic School. It might not be deemed exactly
I want to say it would be necessary to have a representa-
Homoeopathic School, otherwise I can imagine a great howl
00 homoeopathic physicians in the United States, whether
obligatory board is decided upon. I simply emphasize that
oubt many of you would raise the question why would it
at all to recognize a school of sectarian medicine in a board
r its object passing upon the qualifications of physicians in
sense of the word. I know it is out of place, but this is a
nity for me to say that the homoeopathic physician of to-
regard himself in any sense whatsoever a sectarian in medi-
s no homoeopathic physician who is up-to-date who claims
ersal system of cure in the law of similars. He goes with
hing that pertains to the practice of medicine. He is with
; he is with you in preventive medicine, public health, vac-
n therapy, psycho-therapy, and in all you can name, and the
which he differs at all is that he claims he has some law
e him in the selection of remedies for such diseases as are
internal treatment. That does not mean that he believes
is amenable to that kind of treatment. I do not see why
t sectarian any more than you can call a surgeon sectarian
that a large proportion of cases can be cured by surgical
physician who adopts vaccine or serum therapy is a special-
ng of internal medicine. (Applause.)"

ths on the Advisory Board of New York Health Department

sioner Goldwater of the New York City Department
s invited Dr. Eugene H. Porter, Dr. Charles McDowell
s Cole to serve on an Advisory Council which he has
stituted, the nomination of these three members hav-
de upon request by Dr. Crump, president of the New
y Homœopathic Medical Society.

The Cost of Quack Advertising

xpose of quacks in New York undertaken by the local
of Health it was stated that approximately $105,000
aid for "ads" for "blood diseases," "lost manhood,"
York newspapers. About $65,000 dollars worth of
goes into newspapers printed in foreign languages,
being distributed among four papers printed in
all the papers, both English and foreign, the Police
the most advertising. The Evening Telegram stands
list. In order to counteract the evil to some extent,
ent makes use of the Telegram to insert the following

dvice regarding venereal diseases can be abtained
rtment of Health, 149 Centre Street, Room No. 802,
, Wednesdays and Fridays, from 2 to 4 p. m., and
, Thursdays and Saturdays from 9 to 11 a. m. All
s strictly confidential."

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A Medical Advisor has been appointed who gives the pa
lists of reputable physicians or sends them to dispensaries, ac
ing to their circumstances. The Department also mainta
clinic where physicians can send their patients for the W
man or Complement Fixation tests.

Middletown State Hospital

The nineteen thirteen report of this institution continu
testify to the value of homœopathic therapy in diseases o
mind. The daily average population was 2,021; rated capac
the institution being 1,865. In spite of this over-crowdin
percentages of recoveries and deaths during 1913 were
than in 1912. On the daily average population the percenta
recoveries was 4.16 as against 3.31 in 1912, while the perce
of deaths was reduced from the 1912 figure of 5.54 to 5.05.
staff have made a study of many of the cases from the Fre
standpoint in connection with dream-analysis and som
Freud's theories as to the nature of some of the psychose
psychoneuroses seem to have been supported by the findin

Treatment of Incipient Pulmonary Tuberculosis

The annual report of the N. Y. State Board of Charities
"The State Hospital for the Treatment of Incipient Puln
Tuberculosis at Raybrook has demonstrated the possibility of cu
all patients in the early stage and has shown also how the disease
nosed at its beginning, may be successfully treated. In this respe
institution is an inspiration. If each of the judicial districts of the
had a similar hospital, all caring for patients in the incipiency
disease, the number of deaths in the State from tuberculosis woul
be greatly reduced. Under present conditions there is little assura
decrease in the annual percentage, for most of the county hospit
ceive chiefly hopeless cases. These hospitals are not solely for
who are in the advanced stages, but the lack of facilities for classif
frightens away incipient cases and therefore leaves for treatment
curables, which will doubtless result in the report of a larger num
deaths than heretofore, for in the past, it is probable that many
from tuberculosis were reported as due to other causes."

CORRESPONDENCE

DEAR NORTH AMERICAN:

In an article in the March number of the *North Am*
Journal under heading "Psychotherapy," the author, Dr.
Hudson Storer decries in the strongest manner the efficacy
treme high potencies. He attributes their supposed efficacy e
to the power of suggestion.

I desire to instance two cures that cannot by any mea
attributed to anything but the remedies used.

The first of these occurred in the hands of a very highly e
ed friend of mine, who belongs to the clerical profession, an
studied at medical college while he was training for the pries
His field of labor occupied a large and rather poor area beyo
reach of the regular practitioners and he had his hands full.

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rs ago some friend directed his attention to homœo-
as since become an enthusiastic practitioner accord-
of cure. He is called to cases repeatedly that have
allopathic treatment. One day he met a man on
topped him and asked if he could cure a deaf horse.
on't know, but there is no harm in trying!
, he found that the deafness of the horse had been
lden and unexpected discharge of a gun close to his
that time he had been entirely deaf.
ing his repertory he found two remedies named
hona sulf. He chose the latter knowing its efficacy
ess in human subjects in large doses. He gave the
in the two-hundredth potency to administer a week
re was thorough and lasting and the horse was im-
ne first dose.
re is not room for the efficacy of suggestion in that

Second Case.

nty-four years ago a little child one year old was
dangerous and most nerve-racking fright. The
ild was serious and lasting. As she grew older she
reame the effects, until but two of the intellectual
all appearances permanently disabled. Attempts
e the others introduced confusion of thought, some-
fits, nights of tears and days of despair. No at-
y the trouble availed, and I was called on to pre-
ase.
pts were failures and she still remained in the bond-
ore careful examination revealed the simillimum in
ich was administered in the two-hundredth potency.
relief followed, and this case seems to me to show
vely that the brain centres for the different functions
om each other, and that they can be restored to
damaged for years. If those damaged nerve cen-
restored by the remedy, what caused the recovery?
heavy bondage of fear from the long overburdened

H. H. Read, M.D., Halifax Nova Scotia

BOOK REVIEWS

nts of Homœopathic Theory, Practice, Materia Medica, armacy. By Drs. F. A. Boericke and E. P. Anshutz. ition. 223 pages. Cloth, $1.00. Postage, 5 cents. Phila-ke & Tafel. 1914.

work is proving very useful not only as a "mem-" as the editors call it in their preface, but as a first mœopathy for a number of physicians who are not omœopathic colleges. It is, of course, a very ele-, but it fills well the role for which it was cast, ise on one can reasonably ask.

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Infections of the Hand. A Guide to the Surgical Treatment Acute and Chronic Processes in the Fingers, Hand and Forearm. Allen B. Kanavel, M. D., Assistant Professor of Surgery, Northwest University Medical School, Chicago. New (2nd) edition, thoroug revised. Octavo, 463 pages, with 147 illustrations. Cloth, $3.75. n Lea & Febiger, Philadelphia and New York. 1914:

In the second edition of this most attractively illustrat book on Infections of the Hand, Dr. Kanavel has made seve additions. The treatment of chronic processes is given mo space and a resume has been added at the end of each chapt which will be an aid to the surgeon who is in haste for a dig of its contents. The author warns the doctor of the necess of an early diagnosis, so that, by early operation, the usefuln of many hands may be saved.

This book is comprehensive enough for the surgeon, and y is practicable for the general practitioner. In the chapter "Diagnosis in General" the physician, if in doubt as to the dia nosis of a given case, is guided to the group in which his ca falls, where a detailed treatment of that type of infection given. In the chapter on "General Principles of Treatment the various forms of treatment are discussed—drugs, prophyl tic measures, rest, hot and moist dressings, prophylactic inc ions, baking, massage, drainage, and the Bier treatment by pa sive hyperemia. The author is especially emphatic in denoun ing the custom of incising on the assumption that "drainage w do good even if there is no pus," and makes the statement th an incision should be made only as a last resort or in the eve of a secondary infection.

The study of serial cross-sections is especially good. T author demonstrates by them the relation between the fasc spaces and the tendon sheaths, and the reader is given a pictu of the probable course of infection from any point. It is a va able and entertaining book, bringing forth many facts which ha not heretofore received the emphasis due them.

Diagnosis in the Office and at the Bedside. The Use of Sympto and Physical Signs in the Diagnosis of Diseases. By Hobart Amo Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis the Jefferson Medical College of Philadelphia. New (7th) editi thoroughly revised and rewrittten. Octavo, 547 pages, with 164 engra ings and 10 full-page plates. Cloth, $4.00, net. Lea & Febiger, Phi delphia and New York. 1914.

The practical value of this work is shown in the demand f a seventh edition. In this edition the size of the volume h been reduced by the omission of laboratory diagnosis, and t price has been brought down to four dollars.

The book is a regional study of symptoms; and it points o clearly just what the physician should look for from the mome he sees his patient until a positive diagnosis is reached. It tak up each problem as the physician must take it up in the hospit ward, in the clinic or in actual practice, and by valuable tabul tions points out, wherever possible, the differentiation betwe conditions which are similar. The excellence of the work

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ed by the series of admirable illustrations, and by covering fifty pages, which makes any point in ntly available.

Homoeopathic Therapeutics. By E. B. Nash, M.D., ers in Typhoid," "Regional Leaders," "Leaders in Sul- in Respiratory Organs," "How to Take the Case," and e Clinic." Fourth edition, 493 pages. Cloth, $2.50 net. . Philadelphia. Boericke & Tafel, 1913.

fourth edition of the work which gave its author he standard writers on materia medica viewed from ic standpoint. In this edition Dr. Nash has pre- medy a few of the leading symptoms, the text used ions then following as a sort of amplification or this introduction. It was the author's endeavor such symptoms a knowledge of which would enable pick the right remedy for all but complicated cases. ill feel inclined to accuse Dr. Nash of not being as etiology as in prescribing. The statement is made is often traced to defective drains, sewer gas, etc." again, "offensive footsweats suppressed by cold ed, or serious results ofter follow, such as convul- spinal troubles, even locomotor ataxia." But as an a workable knowledge of materia medica, Nash's d will continue to be of no little value.

gnosis and Specific Medication. By John William Fyfe, Professor of Specific Medication in the Eclectic Medical ity of New York; author of the "Essentials of Modern and Therapeutics." Based upon the writings of the late udder, with extensive extracts from other Eclectic auth- tion. 8-vo, 784 pages. Price, cloth, $5.00; law sheep, Scudder, Publisher, Cincinnati, Ohio, 1914.

f. John M. Scudder who put the Eclectic school of he firm basis of specific medication, and his two ific Diagnosis and Specific Medication form the pon which Dr. Fyfe has built in writing this text- ls, of course, to Eclectic students and practitioners ut has enough matter to interest the most rigid warrant its purchase. In the forepart, devoted to writer does not take up diseases one by one and ymptoms, but works from the standpoint of tracing the normal to the remedy that will restore normal- ds a very interesting and valuable approach to the apeutics.

Medicine.—A Quarterly Digest edited by Hobart Amory Leighton F. Appleman, M.D., Vol. III. September, 1913. Philadelphia. Subscription price, $6.00 per annum.

of this quarterly presents a digest of the literature liseases of the thorax and its viscera; dermatology bstetries, and diseases of the nervous system. The nonary tuberculosis is very full and complete, and ent enemas.

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Proceeds of the Forty-ninth Annual Session of the Homoeopa Medical Society of the State of Ohio... Edited by R. O. Keiser, Secre Columbus, the Publishing Committee.

The "transactions" of the Ohio State Society are always comed by the North American, for the volume always cont papers worth preserving. In the1913 issue those of partic interest, perhaps, are "The Examination of the Mental Case" Carl W. Sawyer; "Internal Secretions from the Sex Glands" Winfield Scott Hall; "The Essence of Insanity", by J Ric Horner.

Ulcer of the Stomach, by Charles Bolton, M.D., D. Sc., F.R.C.P., Di tor of Pathological Studies and Research, etc., in University Col Hospital Medical School, London. Octavo 396 pp. Illustra Cloth $4.20 net. Longman's, Green & Co., New York.

Here is an entire volume devoted to Ulcer of the Stom In his preface the author states that duodenal ulcer is not inc ed for the very good reason that there is enough difference tween gastric and duodenal ulcer to warrant a separate volu for each. Although he considers gastric ulcer essentiall medical disease he hopes for a closer association of physician surgeon in this as in all other abdominal diseases.

Dr. Bolton's book is based on animal experimentation well as on the study of clinical cases. Among the numer causes of ulcer he mentions bacterial infection in some ot part of the body. This has been proven experimentally. skip to treatment, the author withholds food by mouth for a ti and uses nutrient enemas.

Throughout the book are numerous citations of cases, exp mental and clinical. There are many illustrations showing gr and microscopic pathological changes. There is a long list references at the end of each chapter.

The reviewer picked up this book with some misgivings— entire volume on ulcer of the stomach: He became intensely terested as he read and commends it to others. To derstand gastric ulcer thoroughly means a valuable asset in o armamentarium. You not only gain a knowledge of ulcer f this volume, but how to differentiate it from other conditi which also adds to one's mental equipment.

Principles of Surgery, by W. A. Bryan, A. M., M.D., Professor of Surg and Clinical Surgery at Vanderbilt University, Nashville, Tennes Octavo of 677 pages with 224 original illustrations. Philadel and London: W. B. Saunders Company, 1913. Cloth, $4.00 net.

In his preface the author states that his object "has beer put the fundamental facts before the student and the physic in a simple and logical way." He has endeavored to so disc the various topics that the physician, who first sees the majo of surgical cases, may appreciate the fact that he has a surg condition to deal with. It may be remarked in passing that author has admirably succeeded in carrying out his appoin task. Rather than going into lengthy details as to special op tive procedures, the author has discussed general conditions.

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rs would be too long, but the book opens with a dis-
rgical bacteria, asepsis and antisepsis, the process of
nmation, suppuration, sepsis, gangrene, etc. Shock,
s, and so on are discussed in separate chapters. The
written. There is considerable about general and
nt of the many conditions discussed, treatment that
ractitioner will be glad to know about and is amply
out. But detailed operative procedures are not
The reviewer would consider the book an admirable
eneral practitioner and so recommends it. The sur-
eed one dealing more largely with technical opera-
The publisher's part is well done.

sis and Urinalysis, by James D. Arneill, A.B., M.D., Pro-
Medicine and Clinical Medicine in the University of Colo-
Physician to the Denver County Hospital and the St.
d St. Luke's Hosnitals of Denver. New (2nd) edition,
d enlarged. 12mo., 270 pages, with 83 engravings and a
ate. Cloth, $1.00 net. The Medical Epitome Series.
biger, publishers, Philadelphia and New York. 1914.

n extremely valuable little book and is quite up-to-
ludes all the necessary tests for examination of the
fluid, urine and feces, and stomach contents. The
rmann and Noguchi tests are fully explained. The
ve of value to both student and practitioner.

neral and Special. A manual for Students and Practi-
By John Stenhouse, M.A., B.Sc. (Edin.) M.B. (Tor,),
emonstrater of Pathology, University of Toronto, Toronto,
Second edition, revised and enlarged; including selected
e Board Examination Questions. 12mo. 278 pages, illus-
loth, $1.00, net. Lea & Febiger, Publishers Philadelphia
ork, 1913.

e book is well arranged and the text is concisely and
ssed. There are occasional tables and illustrations
ts value. A student who masters the contents of
will be qualified to pass his examinations.

atise on Medical Diagnosis. For Students and Physicians.
. Musser, M.D., LL.D., late Professor of Clinical Medicine
iversity of Pennsylvania; formerly President of the
Medical Association, etc, New (sixth) edition, revised
. Musser, Jr., B.S., M.D., Instructor in Medicine in the
of Pennsylvania; Assistant Physician to the Philadelphia
Physician to the Medical Dispensary of the Presbyterian
Physician to the Medical Dispensary of the Hospital of the
of Pennsylvania. Octavia, 793 pages, with 196 engrav-
7 colored plates. Cloth, $5.00, net. Lea & Febiger,
Philadelphia and New York, 1913.

Diagnosis needs no introduction. This sixth edition.
. Musser, Jr., is brought up to date by the addition
e new matter and judicious condensation of the old.
secretions, occupying so much attention today, are
d. Full space is devoted to laboratory diagnosis.
on of separate diseases is concise and clear. Al-
er's Diagnosis, under it's new author, ranks with the
diagnosis of the present time. It adds one more

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name to the list of worthy sons of distinguished fathers in me
cine.

A Text-Book of Physiology: For Medical Students and Physicians. By William H. Howell, Ph.D., M.D., Professor of Physiology, Johns Ho kins University, Baltimore. Fifth edition, thoroughly revised. Octa of 1020 pages, fully illustrated. Philadelphia and London: W. B. Sau ders Company, 1913. Cloth, $4.00 net; half Morocco, $5.50 net.

This well known text-book has been brought up to date its author. As he says in his preface, the subject of metaboli is the one that is being changed most. Examination by X-ray h added to and changed somewhat the conception of the mechani movements of the stomach and intestines during digestion. Ano er part of this general subject that is being rapidly developed the study of enzymes, and the chemistry of foods in the body.

A very important section is the one devoted to the ductl glands. Professor Howell has kept constantly in mind that book is a text-book and has kept largely to proven facts, leavi out controversial matter. The original investigations of vario observers are referred to and many references are given that c be looked up by the reader who wishes to find out all that h been done on any subject.

Evolutionary Practice of Medicine and Surgery Causes and Di nosis of Chronic Diseases, Especially of Prostate, Kidney, Heart, Stoma Lungs, Neuroses, etc. by George Whitford Overall, M. D., Chicago, Ro Publishing Co., pp. 320.

This book calls attention to the manifold ills that may follo diseased prostate. In that regard it is a useful contribution medical literature, because the prostate is undoubtedly overloo ed more often than it should be. The causes and symptoms fully described and numerous cases are cited as cured. Unf tunately the value of the book is somewhat impaired because t author says his cures were made by instruments of his own dev ing which he will describe in a subsequent volume. He also marks that he has had many assistants but most of them cou never learn to use his methods in the proper manner, that is, the author uses them.

Diseases of the Kidneys and Nervous System. By A. L. Blackwo B. S., M. D. Professor of Clinical Medicine in the Hahnemann Medi College, Chicago. Author of "A Manual of Materia Medica, The peutics and Pharmacology," "Diseases of the Heart," "Diseases of Lungs." "Diseases of the Liver, Pancreas and Ductless Glands," "T Food Tract, its Ailments and Diseases of the Peritoneum" and "C tagious and Constitutional Diseases." 346 pages. Cloth, $1.50. Posta 9 cents. Philadelphia. Boericke & Tafel, 1913.

This little volume is the sixth of Dr. Blackwood's series a completes his work on internal medicine. Rather than make o large volume, Dr. Blackwood has divided his work and issued it several small volumes. The text is always well written, and concise, almost too concise sometimes. Perhaps the most valua part of this present volume is the list of remedies suggested the various conditions described. Dr. Blackwood is to be co gratulated on the completion of a formidable task, a compl work on internal medicine. For the student the various volum of the series should prove very useful, the mechanical part of t work is well done.

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PATHOLOGY AND HOMŒOPATHY

Editorial from the Homoeopathic World

re to call the attention of our readers to the report
s issue of the discussion at the Liverpool Congress
f pathology to the therapeutist. In our ranks this
bject of discussion for years, sometimes of heated
l there would be nothing but gain to our progress,
hink the subject out clearly, to a conclusion that
e-heartedly accepted by all of our adherents. We
lieve that this conclusion could be reached more
often thought. At any rate, we propose to at-
enture now, and shall be very glad to throw open
o a full discussion of the matter, if there are any
our first statement and line of argument is unfair.
st instance let us clear the ground of certain un-
conceptions. It is easy to see how they have arisen,
o need to perpetuate them for want of realization
nt futility. For instance, it is not uncommon to
should know better speak as though certain phy-
d the resources of pathology in considering their
case. We will not go so far as to deny that there
ly be such a physician somewhere, but we do as-
ngly that we have never met one who would ac-
escription of himself, and for ourselves we do not
ne exists. Physicians vary enormously in skill and
and many men also have to work mainly or ex-
patients for whom many most desirable pathlog-
ions are forbidden on the elementary ground of
s far as a physician's knowledge goes, and as far
resources are available we simply do not believe
wilfully declines to make use of pathology . No
be made of any kind without considering pathol-
e diagnosis (however provisional) a physician is
e, in order to give the necessary prognosis and
res of general (as distinct from specific) treat-
not, of course, mean that a final diagnosis is al-
—but before the physician can decide even that he
definite opinion, he must consider his case in terms
But it will be said that cases are frequent where-
l investigations that are at first neglected, ulti-
light on diagnosis and often suggest treatment.
s not often enough remembered that modern path-
new discoveries every day. It is all but impos-

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sible for the most eager to do more than keep in touch with de velopments as they occur, especially when it is remembered tha even pathologists err and contradict one another, and that is as absurd at once to believe everything that is stated as it to believe nothing. We claim that there is no such thing i our ranks as a willful neglect of pathology, and if a physicia now and then is ignorant of some of the later details of it, h ignorance may be deplored, steps may be taken to dissipate i but it is not culpable ignorance in the individual, seeing tha public and profession still shirk the organization necessary t bring the work of the laboratory within reach of every pract tioner. When pathology is neglected, it is through ignoranc Let us attack the ignorance and not cloud the issue by impu ing motives of contempt to those who in our experience are onl eager to learn.

We venture to lay down once for all, that there is no homo opathist who does not gladly use all that he can of pathology t make his diagnosis. But diagnosis made, there remains trea ment, and this is the more important part of the subject. Th whole question has really arisen, because certain physician sometimes choose remedies largely by symptoms whose morbi anatomy is uncertain, and relatively neglect those whose morbi anatomy is known. The whole question, however, is one o degree; every homœopathist aims at considering all symptom and there is no need for us to quarrel in this respect. Reason will be given in a moment, for thinking that symptoms whos pathology is obscure have real value, and it is an undoubte fact that by the homœopathically chosen remedy symptoms o this order are often removed, and cases sometimes cured or re lieved wherein the diagnosis has been doubtful throughou Given clear symptoms, the homœopathist prescribes with conf dence. This does not mean that he should (or does to any extent neglect pathology.

The matter has been made unduly complex by the fact tha the school of prescribers of whom Dr. Hughes was the master call themselves sometimes pathological prescribers; but the dis tinction they draw is a misleading one. If a prescription i made by the symptoms, it must be a pathological prescription because every symptom must depend on a definite pathology Unfortunately, as regards many subjective symptoms, and so called "general" symptoms, their pathology is as yet unknown but that does not mean that it is non-existent. There must b a reason why one patient reacts unfavorably to damp or cold more than another. Sometimes we can divine it, but when we cannot, the symptom is nevertheless a part of the pathology o the case, and it is not scientific to ignore all that we cannot explain. Rather we should seek to understand. The school o Dr. Hughes is better called the school of prescription by obvious morbid anatomy. As such it has a great value, especially to the busy prescriber, but it is nevertheless an attempt at a short

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. Success follows it frequently, but when it fails, nind ourselves that there may be elements in the the morbid anatomy is as yet unknown, and that gical prescription will deal with a total pathology. how can it? the answer is found in homœopathic nemann noted that there was hardly a symptom of ould not be parallelled among symptoms caused by ad no possibility of possessing our knowledge of ny and pathology, but he assumed that identical hatever their nature) in diseases and provings, an identical pathology. We turn aside for a mo- clear that in any given case a single symptom e, be considered in the light of concomitant symp- e essence of Hahnemann's teaching that it should ed. Vomiting, for instance, may be due to causes gastritis or cerebral tumour, but the concomitant ich aid in making the diagnosis, also, if rightly towards the indicated remedy. Different remedies cated by the symptoms in cases of vomiting due se causes. Hahnemann assumed that if he could plex of disease symptoms by a complex of drug en the underlying pathological states were identi- we consider that it is a fair deduction from his ay that he would thus have expressed his belief his assumption, with the lapse of time, has been many symptoms of whose morbid anatomy he was rtar emetic does reproduce pretty closely not only of broncho-pneumonia by which Hahnemann was be it, but also its morbid anatomy, and similar n be made for many other drugs. Why is it ab- tain, arguing from the known to the unknown, symptom whose pathology is as yet undiscovered in disease and in proving that the pathology is tical, or similar? The proof will lie in the appli- remedy. If certain indications justify themselves s guides to certain remedies, then analogy with n must lead us to adopt, as a working hypothesis view that they are in a true sense pathological ut, if this can be conceded, then all the discussion ee of pathology in prescribing becomes futile. All pathological. We may still differ even widely ences for certain symptoms as guides to certain y the careful recording of many experiences can walk surely in this road, but at least we can recog- re traveling in the same direction and to the same minor differences sink to the level of being mat- and not matters of dogma. So it grows easier to irit of wide tolerance, and that cautious but abso- udiced readiness to consider every fact, even every r future progress, readiness which alone is truly scientific spirit.

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AN ABRIDGED REPORT OF THE DISCUSSION AT THE LIVERPOOL CONGRESS ON THE IMPORTANCE OF PATHOLOGY IN THE TREATMENT OF THE PATIENT

This discussion followed a paper by Dr. MacNish, and is so valuable a summary of the views of many of our colleagues that we venture to present it to our readers—Ed. Homoeopathic World.

Dr. Johnstone said—I feel at a considerable disadvantage in opening this discussion in not having had the paper previously before me to inspire my enthusiasm. However, I had an opportunity of looking over Dr. MacNish's paper this morning and thanks to the excellent electric light was able to peruse it in comfort. We are sorry to miss Dr. MacNish and Dr. Hare and hope both are recovering from their ailments. Dr. MacNish's paper comes from a man who is not a specialist but one who has had considerable experience of medicine, pure and simple. He had had the advantage of training in both schools of homœopathy, the pure and impure, so that we have the advantage of an unbiased opinion on the subject under discussion. Dr. MacNish accentuates the value of diagnosis though he says cure may be effected without diagnosis. He uses the word "ultimates." I don't know whether this term is in common use in the other school, I have never heard it before. I think it refers to the bacteria—(A member: No, to the ultimate development which is produced as the result).

I have had some communication with Dr. Hare, and he has provided me with a list of various cases—clinical conditions—in which the pathologist would be of material service to the therapeutist. Dr. Hare's list is more or less like an index to a work on pathology, long and in detail, and is naturally evidence of the enormous advantage the pathologist may be to the therapeutist. The length of this list, and the number of diseases and conditions it contains, brings home to us the advance in pathological science since Hahnemann's time. From my own personal experience of twenty or thirty years I know the enormous advance. How much more since Hahnemann's one hundred years. Now we deal with causes verifiable by experiment with the test tube and the microscope. In Hahnemann's days pathology was without the microscope practically, and chemistry was limited. There was no extra-human experiment. Everything depended upon naked eye appearances. How little could a physician know of the cause of disease. When they saw a liver exposed the redness brought only to their minds a person suffering from some inflammation, they knew nothing of the pneumococcus. When tuberculous glands looked cheesy they knew of the presence of pus but never dreamt of the tubercle bacillus, the knowledge of which has brought about so much diagnostic and preventive good. The diagnostician had very poor information and had to frame theories which were mostly guess work, and were very

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unreliable, and he had to attempt to construct on
e basis a therapeutic rule so that necessarily these
ases were disappointing and unreliable as there
n guide. There was absolute ignorance of the pri-
of bacteria, of internal secretions, etc., and the
st unsatisfactory treatment and the pharmacopœia
th mixtures and nauseous medicaments from the
tition. What wonder that Hahnemann, a precise
chemist and accustomed to draw his own conclu-
ident facts, threw over the conjectural pathology
d attempted to work a way out of it for himself.
iar to you how, from experiments on other drugs,
wn a rule of treatment which he found applicable
s, the rule of similars, and that his followers have
one hundred years and are still satisfied with the
Hoyle showed these results last night in statistics
n Hospitals. That evolvement of the rule of sim-
nemann's great rule and by that he and his court
fall. In this rule Hahnemann anticipated modern
You all know how the use of tuberculins and tox-
xins are all really employed in the modern school
similars. Of course here is room for controversy
. Some think tuberculin is not isopathic but modi-
ocess through which it is made.

emann owe anything to pathology? We think not.
d the pathology of his day, and, as Dr. MacNish
quite possible to cure without pathology. Hahne-
re objected to the pathology of his day. His fol-
ewise and this precept was handed down and fol-
y. Now to this there was a revolt, some disciples,
very weak, availed themselves of pathology and
o account by pure homœopathists and styled im-
rd homœopaths, and hence a division in the hom-
s which is to be deplored. I feel myself outside the
omœopathy, but I will ask the purists if they will
changes and advances which have been made in
ee Hahnemann's time. We have had the perfecting
cope; the state of disease produced by parasites;
their products, of toxins; the protozoa and their
All these things have changed the scene since
day. We have now a true picture of the cause
t the cause worked out under clouds of doubt; all
clear and proved. There are a good many blanks,
lank spaces, there are very few fallacies. That is
nce Hahnemann's time. All pathological facts can
d have been found helpful in the treatment of dis-
on't think Hahnemann would have refused to use
of the present day in the treatment of disease.
ve recognized the use of antitoxins as amplifying
hic rule. Our methods are largely responsible for

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our ideals, and if we still stick to old traditional ideals out-o
date we must be considered outside the pale. Let us consid
our position as therapeutists and declare our willingness to u
all the good in modern medicine, but we must admit that th
modern methods of vaccines and serums exemplify the law
similars. There is another aspect of the question. I have dwe
on the co-operation of the pathologist and physician in the pra
tice of medicine. I think most of the men who practice homœ
pathy are general practitioners. They practice, not only th
therapeutics, but surgery, midwifery and hygiene. Now tak
these last three. How is it possible to attack these satisfactoril
without a theoretical knowledge of pathology and using its le
sons? Pathology gave us antiseptics and all of the absolutel
necessary rules for the prevention of disease. Suppose a phys
cian without a knowledge of germs attempted to open the abd
men, he would get peritonitis and probably the death of th
patient. Suppose in the practice of midwifery he were witho
this knowledge he would get into trouble with puerperal feve
The prevention of disease also comes in—the prevention of th
spread of diphtheria and typhoid. Take diphtheria for instanc
He has not only to act on the lines laid down by preventive me
icine but before he attempts anything in the way of therapeu
tics he ought to introduce antitoxin serum into the blood, othe
wise he must be held criminally culpable if the child dies; so w
are forced by our own conscience, public opinion and the la
of our State, to adopt pathological experience into our practic
And so it must necessarily affect our diagnosis of disease an
therefore our treatment, and further I think the sooner we, a
universal homœopaths, adopt all that pathology can give, th
better for ourselves and our position in the world of medicin

The President called on Dr. Capper, of Leicester, to follo
Dr. Johnstone in the place of Dr. Mason, who had been detaine
at the last minute very much against his inclination.

Dr. Capper.—Mr. Chairman, I am sorry to say I am place
at some disadvantage. I was only asked a few minutes ago t
continue this discussion and have not had the advantage of see
ing the paper beforehand. I am exceedingly sorry Dr. Maso
is not here but he and I can never be away at the same time
I am sorry I am not one of the homœopathic purists because
confess I cannot hold myself to be a very pure Hahnemannia
today. I wish this had been placed in the hands of a purist.
follow on the lines of Dr. Johnstone, who has just spoken, fo
as he has pointed out, our great teacher would have adopted ou
new methods and seen as we do without any bias, the way tha
all these methods are conforming to the way wherein we hav
been pioneers for so long. In the old days we were all taugh
the totality of symptoms and on that ground worked out th
prescription, and none of us go away from that. We get won
derful effects even now, and in hospital cases we get wonderfu
results. It is not a thing played out. I always feel, and so doe

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re feel, that where we fail it is not homœopathy that
r knowledge of the law and our materia medica. We
the best we can. In regard to the aid of pathology
eems almost futile to bring the matter forward. I
n a case, in which, where I should have been without
gist, I don't know. It was a case of an enormous
an enormous liver. There was nothing in the history
for it. A blood count was taken—the pathologist at
in. In that case his help was negative. The advan-
ver, was that it excluded certain forms of general
se and in these circumstances the patient went to a
n—this case was taken to Sir Lauder Brunton at her
t. He considered there was only one thing. To make
rom either the urine or the blood. A culture was
the urine. For a time there was not much progress.
as troublesome. All kinds of homœopathic medicines
but the indicated medicine seemed always to be arse-
ould not take arsenic in any form without aggrava-
felt sure this pointed to the correctness of the drug.
ase has done remarkably well. The size has not gone
much but the patient is much better. I might have
th the totality of symptoms but with the help of the
vaccine that patient is leading a useful life. I don't
e can question, today, the invaluable nature of the
n of the pathologist and the physician. There was
resting point referred to in the paper that I had not
at these autogenous vaccines will act in a high dilu-
is surely a point which Hahnemann would have
and adopted the method. There is a proof once more
er of our dilutions, that it is not a question of bulk but
ondition treated is a similar one.

octor: Lest I forget I venture to rise at once to make
remarks. I would like to ask the question whether
y authoritative, any scientific proof of the actions of
es when taken by the mouth. I believe allopaths re-
an absolute necessity that all the vaccines should be
into the system subcutaneously. We have no prov-
am aware of, of toxins by the mouth, all our evidence
e drawn from the action of the poison in the system
nd we infer that what takes place in the systemic
ll also take place if administered by the mucous mem-
I would like some proof before laying much reliance
other remark is attached to Dr. Johnstone's paper.
local maxim, there is always a danger of failure in
th generalities. Now I am struck with the comple-
acts, both true yet both different. We take an anti-
se of the pathology and because the symptoms are so
we cannot deny them. Take scarlatina or whooping
hat pathological basis have we apart from the common
mptoms? There seems to be a class of cases where
are the only guide and another class where the path-

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ological results are the only guide, and unfortunately for where we have only the pathological results or ultimates guide us we are positively helpless. Take a slowly grow cancer without symptoms. You discover the existence of tumour by accident. We are helpless, there are no sympt to guide us. And in a case of exanthematous fever and wh ing cough where we depend upon the symptoms we have a repertory and can do much good. Both classes of cases are ferent and separate, both are true. The division is an import one and we should remember it.

Dr. Ashley Bird: It might interest the meeting if I w to answer Dr. Proctor's query as to the use of nosodes by mouth. A general practitioner, a friend of mine, in rathe large practice, said to me, we were discussing medical subje he said to me, the last two or three years I have been giv antitoxins by the mouth—I don't inject diphtheria antitoxi with very great success. He said he got as good results as injections. (Dr. Proctor: Would that apply to dilutions well as crude substances?) I have not had much experienc was speaking of a general practitioner who knows nothing ab homœopathy. He uses very much the ordinary dose. (Dr. Pr tor: I don't wish to obtrude my remarks too much, but i not a fact that this administration of vaccines is limited? I adopted by doctors in America as prophylactic in small-pox found to be inoperative.)

Dr. Roche (Norwich): I suppose this question of pathol is one that entirely depends on what we understand by pat ogy. In Hahnemann's day there was worse than no pathol because, as Dr. Johnstone pointed out, it dealt with crude id or fancies—there was no knowledge. There was only the cr est enquiry into the conditions of organs of a patient who h died. I could not understand in my early days what we und stand now. In my early days nothing was known at all. I qu agree with Dr. Cooper as to the wonderful results you can even in cases you fear are incurable. We are able to relieve a remarkable way even where we cannot cure. As to this qu tion of vaccines, it is a very important one. I think I had hea of the successful use of vaccine preparations given by the mou I remember one case in which I was concerned. I was called a patient of mine at Sherringham in a very serious state a carefully examined him and found, amongst other things, growth in the rectum. I formed the conclusion that it was cancerous but had I had no pathology to help me I should have known definitely what it was. But the discharge bei examined, it was found tuberculous. In the meantime, growth was of such a size something had to be done. The pati was sent up to one of the London surgeons, who concluded was a tuberculous mass and that there must be a colotomy. T patient had a colotomy performed and returned to Sherringha The surgeon gave no prospect with regard to cure, the surgi operation was done for relief. I gave tuberculin by the mou

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s, which was so large that colotomy was essential
rvation of life, was absolutely cured. I gave a
e tenth, and two years ago I saw that man in robust
g and tumbling about in the water near me. All
he had was tuberculin by the mouth.

ville Hey: Mr. President, This subject of giving
ccines by the mouth brings us closely to the ques-
. I will mention one case in which tuberculin was
he treatment of a child who showed no tuberculous
ver, I was persuaded to put the child through Von
which reacted immediately positively. The patient
of tuberculin 6 by the mouth and then went to
I was called in a hurry to where the child was
se she was so ill. It turned out to be owing to ag-
tuberculin. Four doses had been given and the
ut to be given. The aggravation subsided in the
eek and the result has been as much as one could
ct. I think we have seen in these cases cited this
Dr. Moir and others of vaccines given by the mouth,
es can be substantiated.

in Lowe: It is not out of place perhaps that there
feeling of contest between modes of treatment.
se treatments—from those in contact with the high-
to the lowest—each have their place and using and
shall have a book of rules drawn up for the game
as for other games, and as in a game of golf we play
our lie so we shall have in medicine. I am sure
go through and find that each of the many modes
that each one or other of us may adhere to will be
ll of us. The pathologist will be one medium. Dr.
s are so excellent, his examinations so complete,
on of the potentized poisons have been so satisfac-
d to the cases to which they have been applied.

ay Moore: I would like to add one or two facts to
n. We cannot do without pathology in any case
anic disease. I have come to the conclusion I can-
e any patient to be tuberculous until the pathologist
the tubercle bacillus in their sputum. I had a case
ry in Berlin who was pronounced tuberculous by
ns in Warsaw, three others said he had chronic
ound no consumptive signs. There was excessive
nd continuous sweating and fatty degeneration of
sent some sputum to Dr. Burnett, who pronounced a
lt. I put the patient on a course of treatment and
consult Dr. Ord, and he has rapidly improved and
is health of a few years ago. We cannot do without
There are a number of diseases which simulate scab-
ot prove them to be so until you produce the itch
croscope. I am such an old-fashioned practitioner
ot dared yet to use antitoxins by injection. I don't

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hold myself responsible to the civil authorities when I do not give an antitoxin. I have not found the diphtheria that has not answered to mercury cyanide. I treat all cases of small-pox with vaccine 3, and I consider that a sample of giving toxins These patients recover without any marks even though not vaccinated before. I consider that a small contribution to this method. It is a very doubtful point to my mind whether we should claim all these serum therapeutics as evidence of the Law of Similars. It is very doubtful; I have not come to any conclusion about it. If they are an illustration of the law let us claim them and it may prove a bridge of unity for the two sides of the profession and it may, as it is worked out, be a means of uniting the two bodies. I am extremely glad this subject has been brought forward, it is profitable and useful for us.

Dr. Gregson (Blackburn): I have given as many as 600 injections of tuberculin in one year and have tried it by the mouth extensively. One case, varying from 102° to normal (that of a man who had been under treatment before he came to me and who could not walk two and a half miles) was a definite success by mouth. Other cases in which I tried as many as four doses by mouth would answer for a time and then lose. I found it less reliable and finally gave up the mouth method and feel safer. Other vaccines I give hypodermically. I am sorry that the previous speaker waits to find tubercle in the sputum. I think if they are found the patient has missed an opportunity. If by scratching the skin with an ordinary Koch tuberculin you get a reaction it is wise to regard the patient as probably tuberculous. If you get no success you have been wrong, but my experience is that this method of treating patients as tuberculous is followed by very successful results. This discussion has developed into a discussion on vaccines by the mouth, and to return to the paper, I quite agree with Dr. Cooper who considers cases can be divided into cases in which you can be fairly sure will be benefitted by homœopathy pure, that is, cases which show general definite symptoms and that there are other cases in which the general symptoms are not anywhere near sufficient for guidance and in these cases if you stick to pure homœopathy it will be very difficult to decide what you are going to get and in these cases you are justified in going on to particulars.

Dr. Byers Moir: The title of Dr. MacNish's paper was "The Importance of Collaboration of the Physician and the Clinical Pathologist in the Homœopathic Practice of Medicine." It is not a question of dispute. Dr. Johnstone said Dr. MacNish was not a specialist; we look upon him as knowing something about the stomach and I remember him saying "I should refuse to give an opinion until I had the stomach contents examined." There was a book published as looking at this question from a layman's point of view. These are the thoughts of the layman—He goes to a specialist in London who after talking some time, gives him hydrochloric acid; he gets much worse and goes to a hydropath

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where everything is examined and after the exam-
told he has too much hydrochloric acid in the stom-
reasonable. A man should find out what is in the
re he treats his patient. That is the point. I have
dmiration for the idealist who works out the simillі-
do, but they are apt to ignore the pathology. I am
nett has been referred to. He was the first one in
use tuberculin and no one who takes his book can
at he shoulders the whole thing. His book is most
is full of original thoughts on every branch. The
ıypodermic or internal use I don't think matters
way of thinking. I prefer the hypodermic method,
ing it is no use by the mouth—I am certain that no
ond tuberculin 30 without benefit, both in children
ut they must be used on our lines.

ne Thomas: I don't know that there is much for
was going to answer the question Dr. Proctor asked
stration by the mouth. Two years ago, in London,
case of absorption of drugs by mucous membrane by
our practice every day to give tuberculin 30 and the
ıe mouth and there is no doubt about our results of
ın takes place all right. Dr. Ashley mentioned about
ith a large practice who gave diphtheria antitoxin
mouth. About two years ago I had a child who was
rous and cried out at the sight of the needle and I
bringing on a fit and gave antitoxin by the mouth.
ted with the results, and since then have always
ıe mouth.

ve must all be very grateful to Dr. MacNish for his
per. He has had much experience and been in prac-
ıany years all over the world. He has been to
seen Kent's work there and lived with him some
e got among Kent's cases and was able to talk with
n he came home he was rather full of Kent's meth-
is a man who has tried the highest and the lowest
iate, and I think his paper is a paper which should
very homœopath in Great Britain.

at the present day, there is a great tendency for
to split up into sections. The high potency people
ıary homœopaths—there is room for both; there are
ch the high potencies act very well, but I am sure
es, which if worked out by the repertory—the num-
vhich cannot be cured are limited. There are cases
ı methods, and the man who will save most patients
ho will use whichever method is most applicable to
needs.

by: What we are suffering from today is the ab-
representative of those who style themselves purists.
to have an opportunity of saying something about
ıtimates." Nothing has been said definitely about

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that. From what I have heard of him (Dr. MacNish symptoms which I should call secondary are those he ca mates. Pain produced by pressure of a tumor is an u The retention due to a fibroid in the pelvis is an ultima Lowe has struck a note which I am sure is a right note f respond to in an assembly like this. There is surely room grades of thought and methods of the application of the pathic law. All the best treatment of the day, whether c ed by so-called allopaths or homœopaths, is truly on the similars. You regard the sound tissues as those which stimulated to produce antidotes. Sir Almroth Wright and do it by inserting toxins from the patient's own organis similar microbe from another patient. They say that you late the sound tissues to produce the antidotes. In the stance you get an aggravation, you get a negative phase about by the attempt of the system to raise the resisting th the system. The resisting power is raised as exempli the opsonic index. It is not necessary always to make an observation. Clinical observation has shown that the r power of the body is raised by the injection of the toxin. and others have proved that it is possible to give that s by the mouth and in a high dilution, but we have gone than that and proved that the stimulus need not be a or toxin but may be a homœopathic drug, and Dr. Murray said—"How will you treat a cancer without symptoms? is the drug which would raise the resistance of the orga this disease of cancer?" It is in your practice of the g ties of the patient, how he bears heat, cold, etc., that y find what your appropriate stimulus is, and you will give dilution so as not to depress the activity of the organism repeat until the effect of one stimulus is finished. It h shown, clearly enough, scientifically by the opsonic ind the bacteriologist, and clinically before the bacteriologist up, and still more clinically by the results of more or less opathic medicines, whether on generalities or generalities mented by particulars, or by particulars alone. There for all these methods and I would like to emphasize the tance of this note.

Dr. Nankivell said he wished to put Dr. Murray Moo on one point, viz., that it was not now considered necessa we should find the tubercle bacillus present before ca case phthsical.

Dr. Cash Reed: We cannot ask the reader of the p reply, therefore the question of reply is ruled out, and are shortly about to adjourn for lunch. I will make one remarks rather in the nature of conclusions than anythi We have heard a good deal about different toxins. I wo to say from my experience I believe it is the autogenou which will do good, not merely toxin from some other su that is vital. Another point with regard to cultures ma

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are elusive and uncertain. I think, generally speak-
uncertain that we get the actual virus that is at
ne complaint. I don't think we actually get to the
mystery. Dr. Proctor sounded a very important
sten to him gratefully. His accurately scientific
elps us in our discussions at our meetings.
s time goes on in the development of homœopathic
ods he suggests, that our dilutions should be injected
d rather than taken by mouth will bring about re-
herto obtained.

HERAPEUTICS OF DERMATOLOGY

BY J. HENRY ALLEN, M.D.
Dermatology, Hering Medical College, Chicago, Ill

.—The symptomatology of the sulphide of mercury
of the mercurial phenomena with the psoric or sul-
These materia medica studies are more difficult to
an where a remedy is not a compound. To apply
t understand the phenomena of a pseudo or mixed
have many remedies of this order where psora is
a syphilitic taint to that degree that we see clearly
of both diseases. Again, in what is known as the
s, are the mixed venereal, condylomati, syco-syphi-
that bleed easily like nitric, and are aggravated by
ight. They are ameliorated by the open air and at

ptoms.—The eruptions are usually moist, foul smell-
deep red color. The eyelids are granulated, canthi
red and covered with a yellowish green, purulent
he saliva is increased, even to ptyalism. The taste
There are sores on the external genitals or mucous
s, warts, condylomati, coxcomb, cauliflower excre-
red, circular points or spots on the corona glandi.
sis and psora well blended together and all more
There may be eczema about the thighs, in the bend
or knees, with brownish stains in the surrounding
ic impetigo, the upper lip has pustules that are moist
heavy thick crusts. The skull bones, hair and scalp
tive to the touch. All discharges are copious, thin
ty yellowish-green color and very fetid, similar to
Pain in the long bones when the barometer lowers,
ight, due to syphilis. The pains are shooting, dart-
like; worse from walking. Warts, large or small,
a purulent secretion, bleeding easily. Eruptions be-
ghs itching worse at night. Pustular eruptions and
cences about the mucous outlets or external genitals,
vula. Gonorrhea of long standing, with yellowish-

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green discharge. (Thuja, nitric acid, sarsaparilla.) Ulcers very r and granular, covered with a dirty pus, and bleeding easily.

Rock Rose. This wonderful little plant is gifted, when p tentized, with remarkable power as a curative agent. It takes ho of the perverted life forces with vim and energy. Its fort is se in the scrofulous or strumous subject. All of its provings bord on the malignant or semi-malignant. It spends its forces on t glandular system and the skin. Enlarged glands become scirrh and take on a cancerous nature. It has epithelioma of the l nose, tongue and of the skin, caries of the bones, especially t lower jaw (phos.). Discharges from open sores are thin, wate and the smell very offensive. Scrofulous swelling and suppur tion of the cervical glands. We may think of it in goitre, cancer of the breast, uterus, tongue, lips, nose or face.

Skin Symptoms.—Eczema, fissum; skin of hands hard as piece of leather; thick, dry and fissured; cracks deep, especially this true of the hands of laborers. It may be useful in hospit gangrene, erysipelas, phagœdemic ulcers, poisoned wounds, or bit of animals. Formication is quite a constant symptom; it may local or general. It has cured lupus of the face with glandul involvement, and tuberculosis of the hip joint. Boils beginni with blisters may require it. Ulcers, surrounded with great duration and swelling of the glands. The gums often beco scorbutic and bleed easily. The patient's symptoms are reliev by fresh air or by an open window, like pulsatilla; also after eati

Clematis.—This is another sycotic remedy; purely so. It will often called for in those forms of gonorrhœa that develop into rhe matism or take on a rheumatic phase. It is indicated in chro gleet, gonorrhœa of the rectum, with cystitis, sycotic pruritus a chronic stricture, orchitis or a stasis of the disease to the testicl It vies with bryonia or pulsatilla, but the bladder symptoms a more apt to be present in clematis. I have cured the most diffic cases of subacute orchitis with it. Quite often we meet with t sickly, sallow face of one suffering from a suppressed gonorrho Cystitis often follows a suppression or a severe form of coryza, stoppage of one nostril, while the other is discharging copious Burning in the orifice of the urethra, with long, continued contr tion and constriction. The urine is shut off suddenly, with stitch in the urethra.

Skin Symptoms.—The eruptions are usually vesicular, sembling rhus tox. It seems to come in between rhus tox a radicans, but the itching is better after bathing and better by application of cool water. In this it is unlike rhus. It is bett from moving about, like rhus, but the patient must be in cool a Rhus is generally relieved by motion. Eczema in growing infa has a vesicular form; the part affected is very red and angry lo ing. Itching is intense. You will find this form of eczema children born of very sycotic parents. It is usually confined the face, but it may appear anywhere over the body. The it ing is a painful burning, and is worse by touching or scratchi There are itching vesicles on the face or thighs.

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.—Parts very. red, angry, and intensely itchy
ions here and there through the intense erythema.
aeedles or sudden lightning-like stitches. Itching
ormication in the czemas, especially about the scro-
atching is followed by an intense burning. The
an intense burning itching. It vies with cantharis
symptoms, and with rhus in its skin symptoms.
greatly increase toward the full of the moon; also
veather and uncovering. Scirrhus of the mamma,
weather. Skin very red, inflamed and burning.
listers, which burst and form ulcers. Eruptions
uring the new moon, and become moist and very
ed during full moon.

ld six weeks old. The father had chronic gleet.
ce was a solid mass of brown crusts, rough and
th a dark yellow serum. The discharge excoriated
n which it passed over. The itching was violent.
d's hands were tied it rubbed the face back and
ed clothes or pillow. It turned over on its side
ssistance during the night and rubbed its face in
l it was covered with blood. The itching was re-
me by washing with cold water. Dark red, fine
e out over the body after a suppression of gon-
etigo after sycotic infection. The serum was thin
red, like rhus. The eczema of the hands was
e crusts thick and light brown.

—The proving of this remedy by Drs. Hering and
ers presents a constant interchange of moods of
st the patient becomes greatly exhilarated, great
rapid flow of ideas, but when reaction takes place
ody, low-spirited, deprecating self. At times he
us amount of energy and likes to work; then again
re or energy to do anything. There is a dullness,
d aversion to any mental labor whatever. The
and stupid, and the patient often suffers with a
adache all the forenoon, or he suffers continually
omach and a frontal headache. Temporal head-
stomach, nux vomica. This headache is worse
The diarrhea of this remedy is accompanied with
bling and colicky pains in the lower bowels. Yet,
and, they may be constipated; stools dry, hard,
nt.

ptions dry and pimply. Pimples about the nates,
ymph, and bleed easily when scratched. Boils
very small but quite sore. Small, sensitive boils
alp or about the margin of the hair.

a.—Skin Symptoms.—Eruptions dry and usually
ption of small, red papules, like scarlet fever, over
, which burn like fire. Eruption of dull, red, hard
r the abdomen and anterior surfaces of the body;
become dry and scaly. Ulcers deep, with hard

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edges and a discharge of thick, purulent, greenish yellow of fetid odor. Tormenting itching, burning over the whol relieved momentarily by rubbing. Itching worse in the of the hands, on the scrotum or about the mouth. Itch the scrotum very severe. Tingling in the skin, which gr grows more severe. The itching is better by scratching ar air. Itching and tingling also severe in lower extremities itching is worse in a warm room and during rest.

RELIEF OF ORDINARY FAINTING

While attending St. Peter's Hospital in London in was impressed with a simple procedure in daily use for lief of this condition. It was the custom of the surgeons time—Mr. Reginald Harrison, Mr. E. Hurry Fenwick, M Freyer and Mr. F. Swinton Edwards—to pass bougie sounds with the patients standing. The many patients form themselves in a long line and occasionally one o would become faint—sometimes even before the instrume passed. It was the custom to have a vacant chair bes surgeon, who, when he noticed the condition of the patient have him seated in the chair, and the surgeon or his a would press the patient's head down between his (the pa knees, thereby lowering the head below the trunk and b ibly flexing the head on the chest retard the return circ and thus relieve the anemia of the brain. I have seen th many times, and since then I have done the same, and hav by saved myself much annoyance. If at the minute the shows the first sign of becoming faint the head is press down between the knees it will be unnecessary to use th zontal decubitus. This method works beautifully in a c room or car.—John A. Hawkins, M.D., Genito-Urinary S to South Side Hospital, Pittsburg, Pa.

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CONTRIBUTED ARTICLES

REATMENT OF GASTRIC ULCER

BY ROY UPHAM, M.D.,
Brooklyn, New York.

ABLE contributions which have emanated from the clinics of the world during the past ten years have bject of gastric ulcer from a purely medical dis- ition it occupied prior to the last decade, into the e surgeon would claim decided position. The ob- e writer confirm those of the majority that the dis- rely surgical at the present time, and from his ex- volved the following ideas in regards to the treat- ulcer:

stablished diagnosis of ulcer the first object is to ere is any degree of food stasis shown by test meal . With an obstruction at the outlet of the stomach obstruction or spasm, the case is absolutely sur- al measures are of no avail.

easures should be resorted to in every case which thorough and complete ulcer cure. Every case n at least one chance to get well by medical means lete and carelessly performed rest cures should be Ambulatory treatment should be discarded and the ed upon in every case. The observations with the iographic plates have presented the argument that f tonus in most ulcer cases. This means a stretch- n and enlargement of the area of involvement, name- f the muscle fibre of the walls of the stomach. Loss nly be overcome in the horizontal position when the n off the lower border of the stomach, and with the

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readjustment of the fibres the area of the stomach is reduced a there is less area of ulcer surface to be healed. Ulceration in duodenum presents normal tonus, and Moynihan considers th to be no treatment but surgical of duodenul ulcers.

The writer believes in no medical treatment that does confine the patient on his back for at least four weeks. cases that are bleeding demand attention, and where the hem rhage is excessive and the patient in a state of collapse, operat had best be deferred until the patient rallies. Moderate bleed which is unhelped by rest and rectal feeding, shown by the prese of occult blood in the stool, demands operation. In cases of p foration, operation is the patient's only salvation, and the soo the operation the better. Another argument, in favor of the quirement of absolute rest in bed while receiving the rest treatm is the fact that in order to secure rest to the stomach a diet mus given for the first two weeks which is totally incapable in cal value of fulfilling the necessities of nature; the patient cannot k on his feet on the diet prescribed to insure rest to the stomach, yet it will be sufficient to nourish him in bed. The question of prophylaxis of ulcer will be covered in after treatment in gr measure.

Rest Treatment.

Rest in bed over a period of four weeks and no less must insisted upon. This means the patient's confinement to bed, the foot of the bed elevated as with the Bucks Extension; thus h ing to restore tonus. the patient not being allowed to get ou the bed for any reason; the wants of nature being cared for b nurse. The stomach is given absolute rest by witholding all f or fluid by mouth. Much discussion has arisen as to the valu nutritive enemas, but in the mind of the writer two facts h established their positive value.

First. Observations made with the rectal clysma of bism and the screen have proven their passage forward to the ileoc valve. Second: The work of intestinal stasis evolved in the few years has demonstrated largely the damaging results of abs tion from the ascending and transverse colon. If poison ca absorbed so can food.

If the patient is unable or will not take nutritive ene I should advise a period of abstinence. The first requisite in re alimentation is a skillful nurse. The cleansing enema of nor saline is given first every morning. One hour after the clean enema the first nutrient is given, and the other at eight hou tervals by the clock. The enema should never be over eight ou and six is better. The enema can be given with a funnel and

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t rubber twenty-eight to thirty French of the velvet- and have the openings on the side and not on the end. y drip method is far the better technique with the ver ninety-eight degrees, The position of the patient ne enema should be on the left side with the knees to- he buttocks resting on a pillow. After the enema the continue in a recumbent position on the left side for ites, then turn on the back for twenty minutes, then ght side for twenty minutes. The rectal tube should be ted, some well known lubricant such as K.Y. being tube need only be passed into the rectum about four s carries it above the fatal inch which causes the desire ovement and gets the enema into the venous radicals into the inferior mesenteric veins which empty their o the portal system and secondary digestion takes liver. The venous radicals found about the lower part m are tributaries of the inferior vena cava, which is e region for absorption of food products, as secondary on does not take place.

m of nutritive enema that we use is:

peptone	1 oz.
cent. glucose solution	4 oz.
tely peptonized milk	4 oz.
of	2 eggs
nful salt	1

s the caloric value of about 350 calories, and three per about one thousand calories. We have always found o be satisfactory and believe in the use of one enema osition; due to the fact that the stomach and intestine ne variety of food for a longer interval than multitud- res.

ond enema consists of a composition of:—

se	1 dram
	2
of milk	1 oz.
	1 oz.
	1 teaspoonful

ations like liquid peptonoids etc. are spoken of to con- as the alcohol in them irritates the rectum. The Ger- of chopped meat and chopped pancreas I believe leave esidues that they have become medical curiosities. Re- ve been using three enemas a day composed of fifty extrose, one tablespoonful of absolute alcohol, and one ater given by Murphy drip method. This gives a

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caloric value of about five hundred and appears to be of qui
much value as the more complicated enemas.

During the period of rectal alimentation the point that sh
be greatly emphasized is the toilet of the mouth. The m
should frequently be rinsed with a permanganate solution
light pink color which is at the patient's bedside iced. Th
used as the patient is less apt to swallow it than some colorles
tiseptic. The patient is encouraged to chew gum as it incr
the saliva, which neutralizes the excessive gastric juice and
the mouth also of its microbes. The septic conditions abou
mouth of the patient must be entirely cleared up; dó not st
rest cure until the dentist is sure that the septic features
been removed from the mouth. The mouth should be cle
at least four times a day. We believe that the individua
safely undergo five to seven days rectal feeding before sta
the feeding by mouth. Much better results have followed
feeding since we have instituted the Murphy drip method,
now we have no difficulty in keeping an ordinary patient on
feeding from nine to ten days, with little loss in weight
strength. Excessive thirst during the period of rectal feedi
assuaged by special enemas of saline. These are given by
Murphy method as required.

From the time the patient is put to bed hot application
kept continually over the epigastrium, not small poultices, but
ones at least ten inches square. The writer's preference
ground flax-seed poultices, backed up by the hot water bottle.
ing the night Pressnitz compresses can be applied. Spo
pylene or electrically heated pads may be used, but the hea
tained from the flax-seed surpasses all others. The gauge
sufficient heat can be arrived at by the increased pigmentation
abdomen; in these cases if the heat is properly applied the abd
becomes mottled but is not burned.

Considering the feeding of the case after the completi
the period of rectal feeding. The diet for the first day is a
lows: The patient is fed from seven in the morning unt
at night. The hours between ten at night and seven in the
ing being allowed for sleep. The food for the first day is: pe
ized milk and albumin water. On the first day two teaspoo
are given each hour, and on the day following one-half ounce
hour to which one-quarter of a teaspoonful of sugar of m
added in the cases of the milk feeding. Lime water can be
in the place of the milk sugar and will prevent the milk
curdling in large masses and the alkai will also neutralize th
acid in the stomach. On the second day two ounce quan

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and cocoa is added, Phillips' Digestive or Alka-
he next day the quantity is increased to two and one-
ıd one feeding of orange juice is given in the morn-
next day three ounces are given and as a variety
given in the middle of the day. On the fifth day
re given and the intervals of feeding increased to
rs, and at the end of the week we have arrived at the
arvation diet and make some efforts at feeding the
ompletely. All this time the patient has been steadi-
ıt and becoming weaker, but from this time on which
inning of the third week of treatment, we can in-
to meet the demands of the individual. Two rec-
given the first four days of mouth feeding, and one
days of the second week. The diet for the first
the third week is:

M. 6 oz. peptonized milk.
M. 6 oz. cream of wheat gruel.
M. 6 oz. cocoa.
M. 6 oz. malted milk.
M. 6 oz. cocoa.
M. 6 oz. peptonized milk with tablespoonful sugar
lk in it.
I. 6 oz. cocoa.

ly supplies the wants of the individual who will com-
quality of the food but not the quantity. About
ing of olive oil can be started: about four table-
e times a day if possible. Where this is not well
ometimes be accepted if given very cold, and some-
aken through a glass tube with the extreme end in
e mouth. This will most always result in the patient
take it. A preparation of oil of parafine can be
the olive oil, and where the bowels are costive this
recommended, and is as healing to the ulcer as olive

with the last part of the third week puree of
spinach or asparagus can be added, and if the oil
ot accepted, much can be done to lubricate the ulcer
ge quantities of melted butter to the food. Fresh
be used. An effort should be made at this time, if
f oil treatment is given to have the patient take at
ound of butter a day. Better not let the individual
nsuming such quantities as this fact seems to be re-
ı ignorance this quantity can be readily taken. For
f the third week the diet will then be:

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7:00 A. M. 8 oz. peptonized milk with tablespoonful o sugar of milk.
9:00 A. M. 8 oz. cream of wheat with cream and butter.
11:00 A. M. 8 oz. cocoa.
1:00 P. M. 8 oz. puree of potato.
3:00 P. M. 8 oz. cocoa.
6:00 P. M. 8 oz. puree of asparagus with much butter.
9:00 P. M. 8 oz. cocoa.

Cocoa is given for its high food value, and also because it ha an extremely soothing action on the stomach.

Beginning with the fourth week add soft boiled egg, mil toast, junket, custard and Bavarian Cream, and our diet will be a follows:

7:00 A. M. soft boiled egg, farina gruel.
9:30 A. M. cup of cocoa.
12:00 A. M. puree of potato, Bavarian Cream.
3:00 P. M. cocoa.
6:00 P. M. soft boiled egg and junket.
9:00 P. M. cocoa.

This can be carried very well through the fourth week. I the fifth week we will return to the more rational diet and can ad baked potato and mashed carrots. The complication of loss o tonus requires less quantity of fluid as soon as possible. No fluid should be given at meals. Solid meals and fluids at interva should then be the order.

Diet After the Fifth Week.

The diet after the fifth week for ulcer cases, resolves itse for other reasons given in this paper, which is loss of tonus, int three meals of solid food with thre meals of liquid food in b tween, milk and cocoa with lime water or citrate of soda bein given at intervals. Three meals can be taken from the following Soft boiled or poached eggs, cream cereals, puree of peas, bean asparagus, celery, lettuce, boiled macaroni, boiled rice, baked p tatoes, Bavarian Cream, gelatine, junket. During the treatmen of ulcer, cases of Rickets occasionally occur. I had two patien within the last two years present themselves for treatment wit swollen and inflamed ankles and wrists, due to a too strict die Raw fruit juices in small quantities should be given from tim to time to correct these conditions.

Have a regular prescribed diet both as to time and amoun lest the patient abuse his stomach, do not be in a hurry to enlarg the diet. Relapse of a cured ulcer occurs often from a too gene ous diet with the patient on his feet. Now is the time to corre

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oth as to rapid eating and the improper mastication

ng this diet for a very long time, care must be exer-
ollowing articles of food must be avoided: Coarse
tatoes, pies, pastries, cabbage, cheese, goose, duck,
on, eels, salmon, beers and wines, raw fruits, spiced
oods, and all very hot or cold fluids or drinks. One
tors in unsuccessful treatment of ulcers by medical
careful diet is insisted upon for too short a period
e rest treatment is too shiftlessly undertaken. I
ndition where attention to every detail is rewarded
success. In these cases every article of food taken
ree months must be carefully selected and for nine
trict adherence to the diet must be insisted upon.

ial Symptoms, Prophylactic Treatment.

s of diet already mentioned must be interdicted.
ve oil should be indulged in over long periods; no
f which simply irritate the gastric mucosa use of
ular intervals to study secretion and motility, and
ned for blood at least every four weeks. Anaemias
atted after treatment. The preparation of choice
h should be given hypodermically in order not to
tric juice. Cacodylate of iron should be given once
nd is the most successful treatment; and where the
nach is necessitated one of the albumenoid prepara-
referably ovoferum, is the drug of choice. Liquid
rlsbad Salts are the only drugs allowed for the
onstipation outside of enemas. With difficult use
emas, oxgall may be used, or night oil injections of
ve oil, to be held all night, will solve the difficulty.
ary soap suds enema in the morning will be effective.

The Lenhartz Treatment.

e which gives large quantities of food and so helps
return more rapidly to normal feeding than by the
thod, will not in my opinion stand the test of time,
not agree with this plan of giving excessively cold
s advised in this method of treatment; as heat and
ive stimulants of gastric juice and motility, I would
d the extreme cold in hemorrhagic cases.

Einhorns Duodenal Feedings.

rtz method of treatment of gastric ulcer I believe
ed some of its popularity due to the fact that the
epleted by starvation as in the Von Leube treatment

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and thus has greater power of repair, and this is the fact draws to our attention the merits of feeding and treatment b duodenal tube as advanced by Einhorn. In this treatme small one-eighth inch or three-sixteenth inch rubber tube is p and the end is weighted and so introduced as to pass the pylorus to enter the duodenum. This can be proven by the aspiratio duodenal contents through the tube before feeding is begun. smooth red rubber tube forty-two inches long is used, and I be the tube contrived by the surgeon is better than the regula odenal tube, as the latter has a large metal bulb on the end, the home made tube is weighted by shot inserted within the l and tied in place with stout braided silk. Two BB shot enough. In inserting the tube twenty inches are passed, carries the tube well within the cardia, and then twelve mor ches are fed the patient, an inch at a time every five min taking an hour, and this can be done by the patient himself on the right side. With no obstruction at the outlet the tube p readily into the duodenum, where its presence can be prove the radiograph or by the aspiration of its contents as prev ly noted. A patient after he becomes used to the tube has difficulty in keeping the tube in place for the required tw one days. If all is working well it is my practice to leav tube inside for the complete period, but often the tube can be out and the patient is so well nourished that it may be lef for a day to let the throat rest and then a fresh tube is inse After the shot are tied in place both below and above, the tu perforated with a redhot applicator—through and through about ten perforations covering about three distal inches. well to cover the tube with the following preparation where within the stomach: Protargol, 5 parts, Agar, 5 parts, Gel 18 parts, Glycerine 25 parts, and water to make a paste. T heated and mixed and applied to the tube, and then the tube i in 40 per cent formaline for one half hour. This preparati believed to aid the ulcer in healing, and to render the tube irritating but is not necessary, as often I have used a tube n coated, with good results.

During the time the tube is in use, absolute rest in bed on the back is required, after this with the tube out the pa may recline on a couch for the best part of another three w In our ulcer cases we often do not get the ulcer entirely heal the time in bed and many cures have failed because the diet not insisted upon for a long enough time after the patient up and about. Another cause of the failure is allowing patient to sit up in bed. I have before emphasized the fact

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unction of tonus was a most common complication of the somach, and the absolute flat-on-the-back position ercome the loss of tonus. The restored tonus makes er surface to be healed.

e the tube is not used in cases with recent hemorrhages uction of the pylorus. The latter cases are pure surgi- the former are appropriate for the Von Leube treat-

Einhorn Duodenal Treatment of Ulcers.

he time the tube is in place great attention must be care of the patient's mouth and throat to prevent mouth as well as complicating parotitis and an in- f the pharynx and tonsils. The patient is encourag- um and the mouth is frequently rinsed with a weak e solution. Fenwick has his patients suck on a rub- om time to time, as this flushes the salivary ducts and ascending infection. A 10 per cent. Argyrol solution d to paint the throat at least twice a day.

gth of the tube with the thirty-two inches inserted asured from the teeth and this measurement recorded roper length can be kept in sight all the time, as the and out a bit and without this measurement you are ust where the tube is, and you may be feeding into the h is what you are trying to avoid. The tube can be by means of adhesive plaster at the angle of the have found it much more comfortable to have a large women, a chain, about the patient's neck over which e tube may be looped and held by slipping an elastic e two ends. Then the patient is not worrying lest allowed.

determined that the tube is in its proper place, we with the feedings, which are completely peptonized given in small quantities, two ounces first, and is given hy drip method; the can container being about six e patient's head. It is much more agreeable to the the feedings be given quite hot; one hundred and es in the can, and the rate of droppage should be one hundred per minute. The first feeding should hours after the introduction of the tube. Following ion the patient is fed every two hours; eight feedings ing at seven o'clock. The feeding should occur at even, one, four, six, eight and ten o'clock. No feed- be given during the night, which is devoted to rest tion. The quantity is increased one ounce every

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feeding until twelve ounces are given. After this one table ful of milk of sugar is added to each feeding and if that the white of one egg. Care must be exercised that the food too hot when the egg is added lest it becomes coagulated stoppage of the tube occur. The following day an ounce of can be added to each feeding. This brings the caloric va each feeding up to four hundred and twenty calories and th value for the day to three thousand three hundred and sixty a person of one hundred and fifty pounds on light work or quires two thousand six hundred calories it will be readily see our patient is being very much over-fed. Thus we are ful the requirements of having our patient very well nourished a tax being put upon the stomach. The inconvenience that dividual has with the tube has totally subsided after twent hours, when the patient rarely complains of any discomfor the apparatus in the mouth.

Following every feeding the tube should be washed ou sterilized water, lest it become filled with detrities and becom Occasionally the tube becomes clogged, in which case an or syringe can be filled with sterilized water and the tube thus v out. The large amount of fluid in the nourishment usuall vents any thirst, but if the patient desires water it can be t taken through the tube. Any medicines that are desired whi not specially indicated to act upon the stomach can likew given through the tube. The feedings which of course go in intestine which is not physiologically adapted for the recept foods which have not been previously acted upon by the sa glands and the stomach; but in a measure the peptonizat the milk has replaced some of the normal functions and ve tle distress is felt by the patient. They are distinctly consci the amount of food being introduced and as a rule break perspiration and feel a distinctly warm glow all over their All symptoms of ulcer as a rule subside at once. I thi greatest difficulty is to overcome the fears of the patien after it has been explained to them that their salvation is th ing by the tube, or operation, if the tube is not properly ha they approach what I consider the lesser of two evils with calmer mental state and no difficulty is experienced. We wi sume that these cases have the stomach tube passed; as the t individuals for which this is applicable are those who have s stomach conditions which warrent thorough treatment, and the large diagnostic tube has been employed several tim small duodenal tube is readily swallowed, particularly if swallows of water are taken with it, being sure to start with

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mpty stomach. Cures from this line of treatment r than any other form of treatment where it can Following this treatment for twenty-one days (the the tube is removed and the patient can immediate- on a couch, and partially peptonized milk be given his can be increased by rice, gruel, sago and other n the ordinary diet of soft eggs, purees, Bavarian be quickly instituted. Your patient rises from his ch better condition than ever from the ulcer treat- ng the fact of atrophy from non-use and tenderness he feet, which will take some few days to disappear, h alcohol doing much to alleviate the condition of ient is quite ready to take up active life. It is es- out the detail of the usual treatment and great care the diet for a long period of time, and the patient recumbent position on the right side following the

is making some experiments on the applicability eding in cases of mid-line ptoses. I am sure that loric values can be given to the individual through e is able to take by mouth. Of course during the ne adjuvant measures of ulcer treatment are used, s, elevated bed, etc. Bear in mind the fact of the nd as soon as possible after the stomach will bear non-fluid diet, the amount of liquids kept down and s given.

of ulcer while they are various in character resolve rule in ulcer of the stomach; the sharp crampy charteristic of ulcer and those which come about us. I wish to bring forward the fact that already n of by Kemp of Copenhagen, that tardy periodic called hunger pains of Moynihan occur as well with mach and near the pylorus, and that the so-called ns which have been presented as characteristic of are in my opinion indicative of juxtpyloric ulcers solutely diagnostic of ulcer beyond the stomach. hemorrhage during the cure of ulcer places the in the medical class. Absolute rest and quiet must ; the foot of the bed elevated; ice bags, etc., and hy- orphine given.

Medical Treatment.

have been separated into the medical and surgical ly part of the paper and there now must be made a

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difference in the various kinds of medical treatment. Three tures should be determined, whether the activity is high or l normal, also whether there is any element of spasm in the if so it must be treated by medicine, for spasm raises an is mic area in the stomach which interferes with healing, and u such circumstances the ulcer will not repair.

Kussmaul's Bismuth Treatment.

If any food is being taken by mouth Kussmaul's Bis treatment commends itself to most cases. I rarely believe possible to follow the direct method of washing out the stomach then giving the bismuth, but have substituted the sub-carb in place of the sub-nitrate because of its less toxic nature, the sub-carbonate also neutralizes the excess acid, when pre I am inclined to begin it in doses of one dram three times a with extra two dram doses taken in a glass of milk before ing down for the night. With the bismuth sub-carbonat have also fully followed the requirements of the neutral method of DeVoe; but if the case is one that is showing ma hyposecretion we can add to the bismuth magnesia usta or the proper alkali according to the condition of the bowels. find that free gastric juice in the fasting stomach calls particu for this line of treatment. I have already suggested Conh olive oil; where the oil cannot be readily taken I would sugge oil of sweet almonds; really an emulsion of sweet almonds, from the poundings of nuts with the water. In some case olive oil may be used with the stomach tube and large doses g I have questioned though, whether the passing of the tube di undo some of the good of the treatment.

Gehardt's Silver Nitrate Treatment.

The plan is to give this in one-quarter grain doses in three times a day one half-hour before eating. This can be tinued until 1-2 a grain is given three times a day. Treat should be continued only for two weeks and then put aside two weeks before beginning again. In some patients silver ni is apt to cause diarrhea. In a patient who has arrived at the period of the treatment and is tired of the diet, lavage of s solution will aid in restoring appetite, and I have found it a in making permanent the healing of the ulcer.

Later in the treatment one dose of one-quarter of a gra given well diluted, in the morning, on a fasting stomach. should of course be taken through a glass tube to prevent s ing the teeth.

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Atropine.

eularly valuable drug to aid in allaying spasm. The sing atropie has been in giving too large doses in the f the treatment. The best results obtained were l doses, which can be carried over a very long period of ve been resorting to the use of one of two tablets of a of dried leaves 1-50 gr, or atropine 1-500 of a grain. ose can be taken for several months by the average this treatment should be continued for a long time to est results. The much vaunted Carlsbad Salts I do , and feel they are over-rated as an aid in treatment of

Hort's Horse Serum.

the courtesy of the New York Board of Health, in of 1913 I was enabled to give this treatment a very al. Prior to this time there had been extreme diffi- ng this treatment in America due to the pure food laws roduction impossible; no data of it has been reported o my knowledge. Three cubic centimeters were given a day over a period of at least four weeks in twenty wo of which were of the hemorrhagic variety. From tions of the eighteen non-hemorrhagic cases I feel that s of Hort are not sustained and that these cases do as ne more rational treatment. There were undoubtedly in the two hemorrhagic cases, but I distinctly wish to at thus far its usefulness is confined purely to that s and that its use in normal non-bleeding ulcers is of he particular reason of its more apparent use in hem- s is of course due to the increase of the coagulability of

Ox-Bile Treatment of Palfry.

od and beneficent effects of gastro-enterostomy with n of intestinal contents in many cases has been the effort to institute a similar condition of affairs with ering of ox-bile in gastric and duodenal ulcers. Give pills which are keartin-coated, two or three pills to er meals for a week and then gradually reduced. I me excellent and encouraging results from this form .

tin has also been added by the author to more fully full effect of gastro-enterostomy. Whether they do neutralize free gastric juice is hard to determine but ent treatment.

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Anaemia.

It has been my practice in these cases to give hypoderr cacodylate of sodium, thus keeping drugs out of the mouth a disturbing the stomach. Where we have need of medici mouth ovo-ferrum and neo-ferrum have more to recommen than anything else. The hypodermics are given once each d six days and then discontinued to be resumed later. Let m a suggestion that anaemia cannot be judged by the appe as many times persons with all appearances have toxemia testinal stasis. Bolton gives sulphate of iron or Blaud's but emphasizes that they must not be taken until a full diet rived at—denoting that they are irritating to the stomach.

Pain.

In these cases the rest in bed and proper diet will take the symptoms of loss of tonus. The use of bismuth will out many of these cases if it is given about an hour after diluted in milk or olive oil. When spasm is the effect or of pain, atropine or extract of belladonna will stop it. Ortl in five or ten grain doses will ease true ulcer pain. Olive two tablespoonful doses coats over the surface and stops the Most of these methods will not need to be instituted as wi proper treatment for the ulcer, that is rest in bed etc., pain tically always disappears. This frequent disappearance pain by taking food; beginning at different times after me the most diagnostic point of ulcer, for other gastric trouble not respond so promptly to treatment. If pain continues the properly instituted treatment, search for some compli feature.

Constipation.

In my opinion this should not be dealt with, with anythi but intestinal lavage, barring liquid parafine and olive oil. All of cathartic medicines are distinctly to be avoided in st trouble, and while the Carlsbad water has been used the over, it is not to be recommended. All preparations of nature should be put aside for rectal enemas, thus servin fold purposes of bringing on bowel movements as well as cle the large bowel of the toxines of intestinal stasis, and upon more and more stress is being placed as the causal factor of Oil enemas, following the technique of Herschall will brilliant results in many cases.

Hemorrhage.

The first indication of treatment is absolute rest and quie stomach must, as far as possible, be allowed perfect rest and

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ormation of the clot and stopping of the hemorrhage, ger is in the clot being disturbed by the motility of either by peristalsis or the stretching of the stomach tone. A hypodermic of morphine should be im- en. This fulfills all of the above requirements and e alarm of the patient, for there is no condition so an individual as a profuse hemorrhage from the mouth, emsis or hemorrhage from the lungs. An icebag ap- lly to the stomach also assists in quieting peristaltic ure styptic adrenalin in thirty drop doses by the frequently repeated depending upon the condition of ge, is to my mind the best remedy. I have had ex- s with it, and have never yet found that it increases ssure to a degree to cause the continuance of the hem- he drug may also be used by mouth, thus rendering n the stomach walls. While I have not seen it stated xcellent effects are due to action of the musculature of with contraction of the smooth muscle fibres producing n of the organ with the squeezing of the blood vessels, ping the hemorrhage. Ergot and ergotal have been appointing in their action. Gelatine in two to ten ion by mouth, is suggested, but I would advise against stomach; but if it is employed, would use a two per sterilized and injected hypodermically. Lavage r I have never employed. It is only a rare individual tube can be used without motor spasms of the stomach ed, which is only making your hemorrhage worse.

drenalin the following prescription has been most ser- rastinine hydrochloride—grains 50—aqua one ounce, een drops may be used hypodermically, frequently his was of wonderful avail in the hemorrhage from stomy in my service at Cumberland Street. The meas- utlined are all employed by hypodermic methods; thus ideal technique, as our stomach is not disturbed by of any substance, and remains absolutely quiet. ls to be suggested are the use of liquor ferri, in five Calcium lactate can be given in ten grain doses every nd increases the coagulability of the blood. Bismuth twenty to thirty grain doses. Bolton suggests tur- o to three dram doses in the white of an egg, which ave never had any experience with. Gallic acid—ten easpoonful of water with—drops—ten, sulphuric acid n—fifteen grains in whey repeated every three hours;

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acetate of lead and opium—grains 1-2 each, and the hypo use of serum; details of which are gone into further in a portion of the paper. It has been suggested by one autho tincture of millefolium be given to reduce the blood press such a point that hemorrhage will stop the lack of pressure the walls. This method I have not employed and it is n visable in an individual already depleted and weakened by tense hemorrhage.

The treatment of hemorrhage has been gone into in so tail because when such a crisis arises the physician canno too many methods with which to combat such an alarming of affairs. With hemorrhage rectal alimentation is at on stituted and continued until all signs of bleeding have ceased

It is apparent that the primary hemorrhage is rarely the of fatal results, but recurrent hemorrhages are very prone to death, therefore very great care must be exercised to make th of the primary hemorrhage thorough.

300 McDonough Street, Brooklyn, N. Y.

If Homœopathic Prescribing is of Advantage to the Ope Surgeon, Who is to do it, the Operator Himself, or a Associated Materia Medicist?

BY JOSEPH H. FOBES, M.D.
New York City

IN discussing a theoretical question such as this undou is, the patient's interests, of course, must be considered mount. There is no question but that homœopathic pres will aid in shortening and making more comfortable the co cence after any surgical operation. Who is to do it brin to a certain degree, the history of surgery, the history of cine and the history of homœopathy.

Although the ancients practiced surgery, most of th of surgery came through the Barber-Surgeons of Englan those days the medical man and the surgeon would not at all. The doctor considered it beneath his dignity to with a surgeon, and the surgeon did not think of pres drugs. That persists to a certain degree to this day, in th doctor in England has the degree of M. D. and the surg called Mister, the doctor being the only one entitled to pre

When the homœopathic law appeared in the history of

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hich it brought with it, due to persecution by the of the medical profession, did not pretend to rgery at all. In fact, it claimed to cure many of eases by the use of remedies. Then the practice nenced to take unto itself a more important place, y in advance the radical changes which were to ister, Koch, Pasteur, etc., and it became necessary e physicians to not only prescribe remedies, but ient in the use of the knife. Thus came into being omœopathic surgeons—a rather hybrid name.

-antiseptic era, a number of great homœopathic been noted, and these men formulated a Materia ical remedies with careful indications. Among nuth Senior and Gilchrist. Their results were re-dering the imperfect state in which surgery was nd even in my student days I remember seeing es wrought by the homœopathic remedy in the masters of prescribing.

ry took unto itself such enormous strides that it the surgeons any time for study of the homœo-nd it also took away the necessity for any remedy y cases, for suppuration, hospital gangrene, even fever have largely been eliminated. When one on a case of appendicitis and have the patient al at the end of the fifth or seventh day without nperature or any sign of inflammatory reaction, ed for any careful homœopathic prescription.

dulum swings to the other extreme and there arise en in the homœopathic school who do not believe homœopathic remedies is a necessity in the large gical conditions. The surgeon of today is a me-rpenter although he practices an art as well as a has no time to study remedy indications. In my xperience, I find that I have not that time to place omœopathic prescribing that I ought to spend in atient, and therefore I have frequently had asso-, wherever circumstances permitted, a careful rescriber—most frequently a general practitioner d operated upon—and I must say that I think that thod of treatment of surgical cases from the pa-nt.

h a simple case as circumcision, when the reaction tion was setting in, the patient developed a high

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temperature, a slight cough, and many other indications homœopathic remedy which I was not wise enough to The doctor whose patient he was made a careful prescrip phosphorus and the whole condition cleared up very short in such a simple case as this the prescription of a materia m is valuable, in the long run of serious surgical cases with n complications, how much more valuable would be the pr ing of a remedy by a careful, close student of symptoms.

1 W. 68th St., New York City

VESICAL CALCULI; REPORT OF CASE

BY J. HUBLEY SCHALL, B.A., M.D.

Brooklyn, N. Y.

THE close association of calculus conditions with nu morbid constitutional states, shows the important b of the subject upon medicine in general. As an illustration fact, I report the following case:

The patient is a man 53 years of age. He is thin, a and extremely neurotic and depressed. He denies syphi had three attacks of gonorrhoea about twenty years ago.

His present trouble began three years ago when he a frequent and constant desire to urinate, passing only a amount at a time accompanied with pain. The urine was about every hour by day and almost as frequently by At times he passed clots of blood and mucous and occ stoppage of the stream during micturition with a cuttin referred to the end of the glans penis. The pain in the b was so intense at times that he was forced to assume the bent position before he was able to void his urine; inde numerous occasions it was necessary for his physician to catheter to draw his urine. During the exacerbation of the tis his suffering was intense. The exhaustion due to pain ous irritation, disturbed sleep and urinary toxemia force to give up his position as a steamboat pilot.

The urine is turbid and loaded with pus and blood.

After anaesthetizing the prostatic urethra a Thom searcher was introduced into the bladder and on rotating i to bring the point downward the instrument came in contac a hard substance, allowing the urine to flow through the se The hard mass came in contact with the sound with a d

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pulse. The mass was freely movable and about the
n's egg.
ediate operation was advised, to which the patient

ient being such a poor subject for operation, we
se to take the shortest route that would not necessi-
continued anaesthesia. Knowing that the size of
ould not permit its removal through the perineum
id suprapubic cystotomy avoiding injuring the peri-
orcing it well back. On opening the bladder and in-
e finger I easily felt a stone lying in the cavity of the
h was readily delivered. The vesical walls showed
chronic inflammation and infection. They were
d and sacculated and the mucous membrane covered
hatic deposit, mucous and muco-pus. In sweeping
ound in the cavity of the bladder a second calculus
dged in the post prostatic pouch and encysted owing
wness of the cul-de-sac into which the stone was
ed. Opening into the deep post-prostatic pouch is
an easy task as description would indicate, for it
ch difficulty that we were able to deliver this encyst-
e calculi weigh 440 grams and 17 grams, respectfully.
state was slightly enlarged. In irrigating the viscus
urethra about a drachm of fine phosphatic granules
ed. A catheter was placed in the uretha and a small
in the supra-pubic wound for the purpose of through
irrigation. The bladder incision was kept open
ks and the supra-pubic flushing carried out daily
ical symptoms subsided.
ent quickly rallied from the operation and seemed
well, when on the morning of the third day he be-
s, thirsty and apprehensive, was sure he was going
mi-comatose condition was rapidly developing. The
anty and he complained of cramps in the legs and
itching and great prostration. This general appear-
thing but encouraging.
arsen. was prescribed and was administered every
Within three hours after the first dose of this remedy
s increased in quantity, the muscular twitching and
led and his whole condition steadily improved, until
when convalescence continued uneventfully to the
ischarge which was twenty-six days after operation.
arsen. possesses a most remarkable influence over

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uremic symptoms as we have frequently determined in case lowing operations of the genito-urinary organs. Abundant cal evidence leaves no doubt as to the value of medication i after treatment of these cases and we consider that the in gent appreciation of, and attention to it, is not less essent success than the careful performance of the operation itse

In considering the history of this patient he presente classical symptoms of vesical calculus and nothing else. To such a case as a chronic cystitis for three years and not asc the cause of the cystitis was an unpardonable mistake on the of his physician and points out the importance of making a ful physical examination, even in those cases where the subj symptoms seem trivial.

In the examination of the above case we made no atten use the cystoscope as his bladder was so irritable that it only hold an ounce of fluid, which was expelled at once. too, we have found that debilitated old men do not stand a scopic examination well. The Thompson searcher skilfully will diagnose the majority of cases of stone in the bladder. radiograph is not always reliable so we seldom resort to i

Speaking in a general way, litholapaxy is the operati choice where possible, but in elderly men with enlarged pro nephritis or pyelitis, such an operation is not to be consider

One year after his discharge the patient reports no of his former urinary symptoms and has resumed his occu as a steamboat pilot.

119 St. Marks Avenue, Brooklyn, N. Y.

SHINGLES TREATED BY THE HIGH FREQUEN CURRENT*

BY HENRY BREWSTER MINTON, M.D.
Brooklyn, New York

SHINGLES is the common name of Herpes Zoster. No di tion attaches to the terms. They are synonymous. The d consists of a vesicular eruption on a red base following the of a cutaneous nerve. It is usually associated with pain whic precede, accompany, or follow the eruption. Usually after a period of pain in the course of any one of the cutaneous with a varying amount of tenderness, closely set groups of pa

*Read before the Kings County Homoeopathic Medical Soci

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the area supplied by the nerve. The papules develop urse of twenty-four hours into vesicles supported on ase. As they are closely set they may remain dis- laces coalesce. The content of the vesicle is at first sparent, later it becomes opaque and after having re- om two to four days dries into yellowish brown crusts leaving behind a red spot. This gradually fades. from the beginning eruption to the separation of sts is a week to ten days. An eruption of this type ps. The earlier spots are followed by later groups es through the successive stages so that the total dura- n case may be from three to six weeks or longer. The may vary from a few small patches to a considerable gument, not infrequently, when the trunk is involved, nd six to eight inches broad extending from the verte- the median line in front. Such bands follow the dis- ne thoracic and lumbar nerves and present the charac- ation forward and downward of the course of these distribution of the eruption in other regions gives ing picture of the distribution of each or all of the ves involved. Adjacent nerves are frequently affect- a prominent symptom during the eruptive period. discomfort directly attributable to the itching, burn- ing sensations in the skin involved gives the patient s, and interferes materially with his rest at night. ralgia often follows the eruptive period and may last eks or months. Electricity has been used in a varie- the treatment of the disease for a considerable time. recommended for the cure or alleviation of the pain. ty to relieve the pain I am not especially impressed. elieved during or for a preriod after the application n several forms. It is relieved by the high frequency his relief is not certain nor permanent nor always The manner in which the eruption is controlled hich I wish to bring to your attention. This I will tal of five cases.

. W. in January 1913 had an attack of shingles in- taneous area supplied by the suprascapular branches ial plexus of the right side. He first noticed the e 12th and came to me on the 15th. The typical e vesicular stage was quite extensively developed over ulder. I prescribed rhus 3. He saw me again on he condition had not materially changed. I applied uency current to all the area in eruption and continued

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the remedy. I saw him again on the 18th when most of the s treated on the day previous were advanced to the last stage and peared as dried yellowish red scales. The treatment was repe He again reported on the 20th. He had had no pain since the The eruption was much improved. On the 23rd brown scale the spots formerly inflamed were still to be seen. No further plaint was made and the case was dismissed six days after using the current. The first application was on the fifth day ing a total duration of eleven days. This in view of the fact the eruption was quite extensive and presented several crop vesicles was a decided improvement on anything I had before

Case 2. Miss M. C. B. Shingles in the distribution of th ternal and internal cutaneous nerves of the left thigh. eruption was in the vesicular stage and consisted of a mod number of groups from the hip to near the knee. The high quency current was applied on December 9, 1910. I saw the again on the 13th. There was no advance in the eruption an spots treated had dried and were rapidly fading. No fu treatment was required.

Case 3. Miss K. O. The patient presented a broad ban eruption about six inches wide involving the left lumbar re and side of the abdomen below the umbilicus. The current wa plied on September 26, 1913. At the second visit on the 29t case was much improved. The treatment was repeated. further treatment was required for the eruption. The case seen again on October 27th and on January 22nd following. both these occasions the scars of the eruption were still visable the patient suffered some neuralgia. The latter was not of a s type.

Case 4. Mr. H. Shingles along one right thoracic nerve. group of vesicles near the spine and another under the br Current applied on September 28th, 1913. The case mad further advance and no added treatment was required.

Case 5. Mr. D. W. Shingles along the distribution of th ternal and internal cutaneous branches of the right musculo-s nerve. Treatment with the high frequency current comme on February 14, 1914. The spots were in the papular stage had not yet become vesicular. On the 15th the spots treate the 14th had made no advance. New spots had developed. were treated with the current. On the 17th all the first remained as merely discolored areas of skin.

Most of the second group to appear were arrested and im ed. Three groups only progressed to the vesicular stage.

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r 1-2 inch in diameter one above the elbow and two st. The patient had slept without interruption the 15th and had a good night also the 16th. Previment nights had been very bad on account of pain. all spots had dried up and were disappearing. On ption had gone but the pain continued in the forearm. , March 3, 8, and 15 pain still continued. It is reeatment and is of a milder character but has not enpeared. At times causes considerable distress. It is ecoming more distal in point of intensity and on the t only in the wrist and ulnar distribution in the hand. n frequency current used is generated from the Edison Woppler apparatus and is applied through a vacuum given in sufficient strength to just slightly cauterise or vesicles. It produces a sharp needle like pain at application and is followed by considerable pain for afterward. The vacuum tube is held from 1-4 to 1-2 e skin. The spots pass in a few hours from the stage ey were at the time of application to the stage of dry hen scale off. In my hands thus far the treatment versally successful.

Discussion

pin: I am very glad that Dr. Minton has presented tonight. It is my experience that a bad case of e of the most troublesome complaints to treat by medi- I know. It has given me trouble and anxiety; the ast from three weeks to two months and the neuralgia I think I have used almost all the methods, lotions, pericum and the homœopathic remedies. About four took up the high frequency current and since then I ss trouble, and I have had some severe cases. There eal in the technique. The great secret I find in the urrent and the reason for its success is the production and increased leucocytosis. Where there is pain, heat and there you use the D'Arsonval by holding the in- the affected part so that the heat will penetrate. That or pain. I also apply the current to the spine, which nerves at that place and affects the peripheral nerves. ase a few weeks ago which I relieved with the Tesla

yd: Said that shingles is an interesting subject and to those who have had the disease. He had had it who have had it remember it keenly. Some one has

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observed that one attack confers immunity, resembling in t regard the germ diseases. He had had no personal experie with the electrical tratment, but from what he had heard it better than anything he had tried. An English writer states t the current will outline the course of the nerves and he had u this to determine the segment of the spinal cord which was volved. In stomach conditions the tenth dorsal vertebra was location affected.

"GRADUALLY LOSING SIGHT"*

BY JOHN L. MOFFAT, B.S., M.D., O. at A. Chir.
Ithaca, N. Y.

THIS serious condition must be understood before, in just to the patient, a diagnosis can be given or treatment in tuted; for this an expert's opinion must be sought. The ca may be classified as those which (1) present to the unaided some cause, and (2) those eyes which appear normal to the server without the aid of lens or ophthalmoscope.

(1) Cataract may be so far advanced as to appear more less white in the pupillary area. (2) Parenchymatous kerat impairs the transparency of the cornea which has a whitish yellowish ground-glass appearance, becoming more marked un the disease is checked.

(3) Glaucoma presents several visible phenomena, which not always constant; in the early stages there are times w none of them are observable. These are: (a) increased in ocular tension—press the down-turned eyeball with two fin tips placed on the lid, one steadying the eye while the other plies intermittent pressure, both as far back on the eyeball can be readily reached. Compare the hardness, the elastic with your own eye and with the patient's other eye; (b) inject of scleral and suprascleral veins, they are dilated, in larger m es and lie under the conjunctival system; (c) shallow ante chamber, from the iris being pushed forward—look at the sidewise and compare with the other eye (if the trouble is m ocular); (d) dilated pupil which is not attributable to dim li or myopia—cover and uncover the eye and compare with its low; (e) the "greenish reflex" in the pupil mentioned in te books is very rare, and not found in early stages.

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*Presented to the N. Y. State Homoeopathic Medical Society.

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equently the patient complains of loss of sight for or in the distance which is, strictly speaking, only natter. It may be (4) presbyopia, the natural retro- near point of clear vision, of diamond type beyond which is relieved with reading glasses. Or (5) the questioned says that by failing vision he means ear-sightedness''—a progressing myopia calling for is concave glasses, either stronger ones for distance es for near use. But impaired distinct vision is e to far-sightedness from a short eyeball (absolute ia); the ciliary muscle instead of going into tonic the late mentioned condition, gradually loses the rcome the disadvantage of the short focus and the etropic becomes manifest. Convex glasses will then ant vision. (6) Increasing near-sightedness is nly a greater myopia, the eyeball softening posteri- wing longer. This may threaten blindness, it de- tchful care of an expert.

vision the eye must have transparent media and ive apparatus and these must be supplemented by ptive organs. (7) Very rarely the cornea changes because it is becoming softer or through the devel- ogress of irregular facets. These are detected by nometer of the corneal microscope. A hand lens e detection of corneal and lenticular defects by pon them an oblique illumination.

of the ophthalmoscope cataract is readily seen as a n the center of the lens, or as dark striae or spots d background of the illuminated pupil. Any per- may suffice for this; I reflect a good light through look through the central perforation into the depths Incipient cataract will sometimes be seen only as r short rays quite under the iris, showing only when l. Opacities of the vitreous will likewise appear red. In synchesis scintillans the observer will see ning points instead of black spots.

oss of vision is commonly due to (8) a chronic in- the choroid and to (9) atrophy of the optic nerve sequent upon inflammation or drug action. Other ation of the retina is indicated by ''holes in the rcles, hæmorrhages and exudations.

structural changes can be discovered to account the impairment of vision (11) amblyopia. (Amauro-

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sis, the antiquated term, was humorously defined as when patient nor doctor could see anything.) Amblyopia is co due to an inflammation of the optic nerve behind the ey this, and other visual failures, must be studied with th meter which defines the field of vision for the different and also detects scotomata, which are spots, large or small vision is impaired or lost. Amblyopia and scotoma may to toxæmia, wood alcohol, ethyl alcohol and tobacco, as to cerebral troubles the location of which, while aided ophthalmoscope and perimeter, requires other tests neurologist.

In at least one case of (w) hypophyseal disease (tu the pituitary body) the patient first consulted the doc correction of refraction; the only departure from the were slight homonyous color scotomata, more marked in than the other. In this trouble the primary defect usual involves the color boundaries of the visual fields alone upper temporal quadrant. Small macular or perimacular poral scotomata upward begin the typical course of vis turbance in this disease.

119 Stewart Avenue.

CONVALLARIA MAJALIS

BY M. LOUISE TURTON, M.D.
Brooklyn, N. Y.

CONVALLARIA Majalis, lily of the valley, found in th of Virginia, is a remedy which acts chiefly upon th It has not a long symptomatology as many of our othe remedies Its profound action upon the heart when the toms are noted particularly is marvelous. It seems bes to irregularities of the heart's action arising from mechan terference with the circulation: mitral lesions, rather tha changes complicated with nephritis. It calms the heart duces the pulse rate. I have given it a fair trial in man but will cite two only, in which I consider it gave relief w others failed.

Case No. 1. Mrs. A., aged fifty-five years, while takin bath was seized with pain, an uneasiness in the region of th Apprehensive, with anxiety, her daughter, becoming a telephoned for me. I found the pulse extremely slow, w

Read before the Homoeopathic Medical Society, County o March 24, 1914.

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arms edematous, retention of urine. I advised im-
l to the hospital. Accordingly this was accomplished
employed was digitalis. She improved somewhat
when all the symptoms returned with greater force.
reased until both eyes were completely closed, neck
like hard balls, arms stood out from the side. In
body was completely deformed from dropsical
ne completely retained. Hot packs, infusion of
poonful every three hours for one day gave some re-
eys, but the edema remained the same, the patient's
shorter, impossible to lie down or even lie back in
se fanned constantly. Arsenicum 3x was given
color of face, cold sweat, and edematous state.
ns continued for several days. I changed my
3x on the mind symptoms alone, loss of conscious-
errupted by piercing shrieks. She had a history
absent minded. The apis relieved this condition,
w, irregular pulse, with restlessness, dyspnoea, and
ed. A new symptom developed that I had not
g pain in the rectum, dull, aching soreness. Con-
is symptom, which I immediately decided to give,
were yet many arsenicum symptoms. To my de-
a lessened, dyspnoea decreased, the pulse rate im-
was voided at irregular intervals, containing less
om day to day I watched my patient grow better.
m the time I commenced to give the convallaria she
l, no trace of any dropsical swelling, urine normal
wels regular, and a fair heart's action. I heard
ad been shopping, also visited Coney Island. She
s later from a cerebral embolism. Those who saw
e of the edematous condition pronounced her case
I have never seen a case of the kind, before or since
te recovery.

2. Male patient 86 years of age. Had a mitral
years. Complaining at times of painful feet ow-
The edema increasing with retention of urine
per cent of albumen. There was difficult breathing,
ability to lie down, appetite lost, fretful, impatient,
egular, sleepless, precordial pain, which led me to
icum. This remedy gave some relief. Apocynum
quantity of urine voided. Later he was given
e extremely slow pulse, confusion in the head with
also relieved, but still the edema increased, mak-

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ing the patient a creature of deformity, irritable and sl
Nausea and vomiting ensued. I decided to try convalla
was again made happy by the rapidly decreasing edema
the whole body. Where only one-half to one pint of ur
been voided it increased to two and one-half pints. Patien
more quietly, could breathe better, was less infirm. This i
ment continued for a short time, but owing to age succumb
to a second attack, when general weakness ensued and death
ed. I believe convallaria was the remedy in the case th
greatest comfort to the patient.

348 Putnam Avenue, Brooklyn, N. Y.

CLINICAL REPORTS

BY W. H. FREEMAN, M. D.
Brooklyn, N. Y.

MR X., age 58. Neurasthenia for eight months. Ext
melancholic, despondent and discouraged. A dark, h
gloom hangs over him constantly like a dark cloud. C
anxiety. Fears that he will lose his fortune; that his b
will fail; that business conditions are going to the bad; even
his business affairs are in good shape.

Dreads thinking, planning, or business affairs, or mer
ertion of any kind. Unable to concentrate mind on any
other than his aliment.

Sleepless first few hours after retiring. Sleep is unrefr

Generally worse mornings and forenoons; feels best
evening. Worse after mental exertion.

Physical examination.—A well-nourished, well-develope
of medium height, weighing 160 pounds, and presenting
pearance of perfect health.

Examination of blood, urine, and gastric contents ne

Blood pressure 125.

Digestion O. K., bowels regular, all functions normal.

History.—Has never used liquor nor tobacco; has ta
medicine nor drugs of any kind; has always led a clean,
life, free from all forms of dissipation; no specific history
ways of a cheerful, optimistic disposition until recently.
ill before except for tertian malaria forty years ago.

Has been a successful business man, and is now fina
independent; but invested part of his fortune in stocks

Read before the Homoeo. Med. Soc. of the County of Kings,
24,th 1914.

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ıd has been greatly worried by the depreciation in

a Christian Scientist for many years, but the latter ough persisted in for the last eight months, has fail- ıim, and he has grown steadily worse.

914. R— Picric acid 12 x, T. i. d., and ordered to o West Indies for a month's vacation.

Feeling somewhat better." Has made arrangements er trip.

'Feeling very much better. Doubts the necessity ."

"Feels so much better, thinks he can get along now eine."

'Has not taken any medicine since last visit. Enjoys ı as of old. No time nor inclination for a vacation."

B., age 15. Pustular eczema, dorsum of feet and ween toes; scabby, moist, purulent, and ulcerated; dle-like pains; itching excessively; worse evenings; weather; better in warm weather.

begin in November and last until April or May,—this rth year of the affliction. Is unable to wear shoes, office wearing slippers. Has tried various ointments ; now using plain vaseline on the dressings.

egular, but has been taking epsom salts to "clear Nose bleed off and on since infancy. Severe haemor- mouth and nose as a baby, which were relieved by ician. Always well and free from symptoms other-

914. ℞. Petroleum, 1 m., one dose, and vaseline on inued.

decided improvement. ℞. S.L.

very much better; wearing shoes. ℞. S.L.

almost well. ℞. S. L. Has not reported since.

orge C., age 40. Since getting wet while shoveling he recent storm:

dry, constant, spasmodic.

warm room, better in open air.

ing in bed with windows open.

oon rising from bed.

constantly, with copious watery discharge and stop- nostrils.

the house, better in the open air.

hen at rest, better when moving about.

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Right lumbar region:
Pain worse on coughing.
Worse after any sudden movement.
Worse at the beginning of motion after rest.
Worse after rising from stooping.

℞. Dulcamara 200. Patient said he felt markedly within one hour after first dose and so did not take an medicine until next morning; when, after a good night's awakened without fever, but for a slight return of the c took a second dose of medicine with quick relief. Had return of the cough again on the following morning, for w took a third dose of the medicine, after which there was no trouble.

Another physician having suggested the giving of some for selecting dulcamara rather than rhus, gelsemium, or on other drugs so frequently curative for grippe—the writer a to do so now with the aid of Kent's Repertory, although as was prescribed for without such a comparison the method plaining may possibly be open to some criticism.

P. 1379, aggr. getting wet;
P. 1370, aggr. warmth or (P. 1371) worse in warm roo
P. 1335, relief from motion;
P. 797, spasmodic cough;
P. 332, coryza, and P. 338, watery discharge;
P. 355, sneezing;
345, nasal obstruction;—which results in the follow of drugs, each of which is found in all of these rubrics— Carbo-v., Caust., Dulc., Lach., Lyc., Nit. ac., Puls., Sep., Su

If we are not already certain which one of these drug simillimum, we should refer to the materia medica before a choice. If we do this, it will be found the dulcamara is t drug which accurately fits the case.

A SHORT GLIMPSE OF PROFESSOR LORENZ'S CLI VIENNA.

BY C. WINFIELD PERKINS, M.D.

TWO old rooms which remind one more of old barracks the plasterers are beginning to work is the first imp one receives at the view of Prof. Lorenz's Clinic in There one hears the babel of different tongues, and in th of all the plaintive crying of many children; you think moment, a new tower of Babel is being constructed in th

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ages and plaster casts. Russians, Turks, Syrians, ustrians, Germans and Italians are all represented. from all over Europe and the Orient to have the nz and his assistants treat their crippled and de- en. Congenital dislocation of the hip would seem a lition when one takes a short glance at this clinic. en you think that all Europe and the East comes to nedical centre there is a reason for such an enormous inical material.

ould loiter around this place for a little while you tall, handsome, distinguished looking, kindly old ter with a quick agile step, erect head, with a beard rch: he looks you straight in the eye, and his keen, us eyes twinkle, and he immediately nods, and says good morning'' in excellent English. There is no is manner. Unquestionably Prof. Lorenz likes the

tely after removing his coat for a white one, he pro- mine every case in complete detail, not a thing en eye. An X-ray picture, a plaster jacket or cast, f hip joint disease, or congenital dislocation, wry ot, scoliosis, genu valgus, genu varum, etc., he views complete detail and gives instructions to his as- what to do in the way of treatment. At times, nic is very busy, you will see Prof. Lorenz himself f the treatment. Again, it is quite remarkable how f orthopedic surgery could gain a reputation that world from these two dingy rooms filled mostly with laster bandages, and apparatus like junk in every

or a tenotomy or an osteotomy now and then Prof. es in treating most cases by the so-called ''blood- ' There are many operations for bending, break- and pulling the many malformations of the patients less corrected positions. As for operative pro- . Lorenz believes that often an anchylosed limb is a movable one without good muscle support. For ıbercular anchylosis of the hip, it is better to leave to enter the hip and reawaken an old infection by In these cases where there is shortening of the limb, is done below the joint and a tenotomy of the fem- uctor muscles of the thigh. The limb is lengthened d in position, and put in a long plaster jacket for

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several months. This operation will give a longer lim
better support to the body.

When there is a bony anchylosis of the knee joint,
tends that a stiff knee is preferable to an operated conditi
possibly more motion but with less support to the leg, a
sequently a needed brace to keep the joint supported whe
ing. In cases of elbow joints it is a different matter.

In tubercular ankylosis of both hips, often an effort
to get a movable joint on one side, but in unilateral anc
never. A cast is always applied for several months in i
tuberculosis of the hip. Later, when pus forms with n
tissue, the same is always incised and drained. However
majority of such cases the X-ray will always give the
key to treatment.

I understand that in a few months Prof. Lorenz is to
new modern auditorium with proper equipment; but thing
slowly in the old world; especially in Austria, where the
people have to support an arrogant and proud aristocracy
enormous army. The officers and their gay uniforms ar
the principal sights on the boulevards.

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rth American
nal of Homœopathy

Editors
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EDITORIAL

TY AND COUNTRY SCHOOL CHILDREN

is a tradition that the country is healthier than the
l the cry of "back to nature" is frequently heard. This
with limitations. Read what the most famous man in
y says:—

ntimentalists who prattle about the peaceful life of
ot realize its utter mercilessness; although all they
o do would be to look at the birds in the winter woods,
e insects on a cold morning or cold evening. Life is
el for all the lower creatures, and for man also in what
talists call a state of nature! The savage of today
at the fancied age of gold of our ancestors was really
an age when hunger, cold, violence, and iron cruelty
linary accompaniments of life. If Mathew Arnold,
essed the wish to know the thoughts of Earth's vigor-
e tribes of the past, had really desired an answer to
he would have done well to visit the homes of the ex-
entatives of his 'vigorous, primitive' ancestors, and to
feasting on blood and guts; while as for the 'pellucid
eeling of his imaginary primitive maiden, they were
meek, cowlike creature who accepted marriage by
of convenience, as a matter of course." (African Game
ODORE ROOSEVELT.

the National Council of Education investigated the

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health of school children in cities and in rural district, and f
What? That "country school children are anywhere fro
20 per cent. more unhealthy than city school children."

The investigation covered a period of two years, and
ation was gathered from every state in the Union. The
figures showed the percentage of defectives to be greate
country than in the city. Special investigation of tuberculos
ed less than 1 per cent. of city children and 3.7 per cent. of
children to be affected. In malnutrition 23.3 per cent.
children and 31.2 per cent. of country children were affecte
mental defectives among city children was 0.2 per cent.
country children 0.8 per cent. Ear trouble existed in 1 p
of city children and in 5 per cent. of country children.
fects existed in 5.1 per cent. of city children, in 22 per
country children. Adenoids were found in 8.5 per cent
children, in 21.5 of country children, and so on, the vari
normal conditions in every case being less among city
than among country children.

"Take food and the problem of malnutrition. Ev
contrasted with our very poorest city districts, with th
where the pinch of poverty is sharpest, country-cooked foo
so good as the food that is prepared in the city. The a
variety is much smaller in the country, and ignorance
values in much more prevalent than is supposed. This acc
a large measure for the amazing amount of malnutritio
is undermining the constitutions of our country school ch

When it comes to sanitation among the country schoo
there practically isn't any.

The investigators believe all these things to be due to
supervision in cities, to lack of it in the country. It is pro
endeavor to get the various states interested in order t
country child may no longer be neglected.

"Back to nature" is all very nice, but to be of value
the assistance of modern scientific knowledge.

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IMMIGRATION

E of immigration still flows strongly from Europe
g to the United States each year thousands of persons
ner or later become dependent. Many of them are
blic institutions within the first month of arrival,
nber who apply for charitable assistance within one
committed to institutions as incompetent, insane or
in three, emphasizes the necessity of more adequate
the examination of all immigrants before they are
this country.

igration inspectors are not to blame for the landing
s who should have been excluded. It is physically
r the comparatively few examiners who are assigned
llis Island to give more than a hasty and superficial
the multitudes who land at the port of New York,
ly the very evident disease or defect which can be
ler the conditions that prevail. These physicians are
o doubt, earnest, intelligent, and willing to the best
ity to prevent the landing of undesirable aliens, but
ither the time nor the strength to test the mental and
ess for later citizenship of the hosts of immigrants
by their stations eager to enter into this land of op-

ection of insanity, epilepsy and feeble-mindedness in
may take considerable time and it requires an equip-
servation and study adequate to meet the condition
at all the ports of entry into the United States. The
re of new arrivals makes it impossible for examining
o give the time necessary for decisive mental exam-
l therefore only such cases as are apparently "sus-
e held for such special inquiry. For the protection
e country, the force of examiners should at least be
umber, and then each immigrant on arrival should be
sted for mental defect before being permitted to land,
to such medical examination as may be necessary for
nation of the condition of the body. Such an examina-

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tion is more essential and will do more to keep out the und
than any literary qualification proposed, for ignorance is
cessarily permanent and may soon disappear under the i
of good environments.

Congress should amend the Immigration Law in the
of the time within which deportation can be made. The
limit is three years, but this period is too short and sh
increased to five years, the time which must elapse before
can become a citizen of the United States. An alien who
ably defective, or a confirmed criminal, should be depor
any time after arrival but subject to the discretion of th
authorities when he has lived in the United States more t
years. This would relieve the overcrowded condition
asylums, hospitals and prisons and ultimately reduce th
burden now imposed upon the various State treasurie
2,234 removed from New York State in 1913 at a total
of about $37,000 would it is estimated cost $3,485,040 to
Removal is, therefore, a far more economical method of
with dependent aliens and nonresidents than maintenanc
it is also the best for such persons as it restores them
homes and to the care of their friends.

THE AMERICAN COLLEGE OF SURGEONS

THE newly launched ship, The American College of S
is not finding altogether smooth sailing. Whatever
mate service it may be permitted to render to the medical pr
and through it to the public, the beginnings of such an ins
must necessarily be marked by many imperfections. The
been aired both in the medical and lay press. It has been
that only those who are personae gratae to the founders
admitted and that many surgeons of worth have been
excluded, and on the other hand there are those who s
some already in the ranks of fellowship have no real cla
listing which purports to be a marking with the stamp of
professional approval.

It is but natural, probably, for the "outs" to cast slu

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nd the institution generally; and also there are not se who think that the whole conception is contrary cratic foundation of the country, that its aim is to istocracy, so to speak, in the medical profession. One goes so far as to brave the wrath of the federal gov- suggesting that generally practitioners should boy- eons who dare to append the letters F. A. C. S. after .

, however, of all the opposition that is being encount- e crudities which may mark its initial operations, it that the College has come to stay and will eventually niche in the American medical economy. Both med- urgery have made and are making many advances coming increasingly difficult for the medical student general practitioner to cope with the multiplicity of medical and surgical learning, and it is almost cer- e time will soon come when at some period of the se the student aiming at a surgical career will differ- raining from that of the one seeking to be a physi- the surgeons themselves do well to guide this move- t the standards.

ation of the homœopathic physician and particularly opathic surgeon to the American College of Surgeons ked. There are those in the homœopathic school who nception of this movement another means of regulat- athy out of existence; others seem to feel that the homœopathic surgeons in such a body will weaken ment to homœopathic interests. Both of these motives e back of the resolution passed by the Connecticut ic Medical Society at its last meeting memorializing of the American Institute of Homœopathy to call f homœopathic surgeons to organize a "College of the A. I. H." This resolution was considered by s at their December meeting and was shelved until Institute meeting at Atlantic City next June. In the the committee of the Institute appointed at Denver nuing its negotiations with the American College of

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Surgeons for the purpose of securing its formal recognition
allied and subsidiary organizations of the A. I. H. whose me
are surgeons or practicing surgical specialists. The situat
still further complicated by the fact that some of our ho
pathic surgeons have already accepted fellowships in the Co
not waiting, as have the majority, for the outcome of this
mittee's efforts. These men have, by their action, made the
of the Committee much more difficult.

The consideration of the report of this committee and
Connecticut resolutions will insure at least one lively sessi
Atlantic City.

THE AMERICAN INSTITUTE AT ATLANTIC CITY

THE Efforts being made by various committees to insure a
attendance at the meeting of the American Institute of H
opathy at the end of this month, should result in a banner me
Atlantic City always has its attractions. It is near the la
centers of population and its sea waves (not sad, but lively
a magnet for people from the interior. The arrangements fo
meetings promise to be exceptionally good this year, all being
in the Chalfonte Hotel, so that there will be a minimum of
turbance from noise or of interruption through passing from
section to another. This hotel is also to be headquarters,
those who elect to stay at the Chalfonte can be sure of being
than well cared for.

The A. M. A. meets at Atlantic City the previous week
must have a large a turn-out in order that in quantity we
compare as well as possible—in quality we are always sure o
ground.

NOTES AND COMMENTS

A Ranaissance in Homoeopathy

Dr. De W. G. W. assures us editorially in the May issue o
Journal of the A. I. H. that homœopathy is enjoying a renais
throughout the world; in America, "Victory is ready to perch
out banners." It needed just this touch of optimism to ma
feel at all comfortable, for as we thumbed the pages of this nu

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al journal, and noted its poor paper and wretched press- vere being forced to the conclusion that the American Homœopathy was on its last legs and that it had been change printers and give the job to some mail order se in Chicago.

Consistency

same issue of the Institute Journal is to be found an J. B. G., which closes with this sentence: "Teachers believe in homœopathy sufficiently to teach and use this he best of their ability, should never aspire to places on of a homœopathic medical college." The writer has ating the laboratory method of teaching homœopathy, with the handling of the crude plants or sub- l the preparation of remedies from them, followed by ation and demonstration in class room, clinic and hos- far, so good; to this we can all say, Amen. But the goes on to say "The student mind must be impressed ct that the homœopathic system of cure is superior to old school and this must be demonstrated in the clinics hospital wards by prescriptions made according to the lars." How can a comparison be made before the eyes ents by demonstrating only one of the things to be com- recovery rate under homœopathic prescribing can only d with a recovery rate of cases under other treatment, are closely parallel in degree and kind and are main- ing treatment under practically the same conditions. ords, if real laboratory methods are to be employed by f practice, would it not be necessary to institute a fair by treating by other methods a fair proportion of the nter the homœopathic institute? The NORTH AMEBICAN y that this is the way the professor of practice should subject, but it asks if this is not the logical deduction G's demand for a demonstration of superiority?

A Woman's Number

ay issue of the Medical Review of Reviews appeared as n's Number." The editorials with the practice of y women and all the original articles were contributed One of the editorials rightly made a plea for the ad- women as internes to hospitals on the same basis as men, field where medical women have not been treated fairly. dly be said, however, that the women doctors have been ed against by the editors of medical journals, and there- ld hardly seem to be any justification for a "woman's xcept as a literary or editorial "stunt." This is said rangement of the articles contributed to this particular e Medical Review of Reviews; from a purely editorial iew, however, one is forced to the conclusion that the the subscribers as a whole would have been better served ticles had been generally sandwiched in with others in sues of the journal.

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A Poetical Tribute to Medical Heroes

While Col. Gorgas's name will be inseparably linked
Panama Canal because of his efficient sanitary administra
must be remembered, (and he would be the last to forget i
he reaped where others had sowed. In other words, if the
the mosquito in the transmission of malaria and yellow fe
not already been determined, the task might have proved to
for Uncle Sam just as it had been for Jean Francois. Th
in a consideration of the gigantic work so successfully co
within recent months, it is fitting that due tribute be paid
pioneers as Carroll, Lazear, Agramonte, Reed and Findlay
work in Cuba—reaping an untimely end in some insta
blazed the way for Gorgas's sanitary measures.

The Union of the Seas at Panama has inspired Judge
of the U. S. Court of Tennessee to some fine epic verse, a
following lines bear on the phase of the piercing of the i
referred to above. Readers of the NORTH AMERICAN will
agree that the quotation makes a well merited tribute gra
phrased.

That nation can not stray afar that keeps
Ever before its mind the simple worth
And courage unadorned of those plain men
Who freed this land from pestilence—those men
Of unromantic lives, in days of prose,
Who yet braved death, giving themselves to stings
Of poisonous insect pests that bore the seeds
Of the foul plague. Not pompously they went
Into the jaws of Pestilence, and yet
How glorious was their battle! Overthrown,
The enemy they met shall nevermore
Reap his dread harvest. And these heores died.
Or, hovering near the iron-gated tomb,
Were snatched from death by heaven. Their names obscure
No poet sings, no magic legendry
Is woven round their story. In their lives
No bugle urged them on, no banner streamed,
No high-born lady from her castle-tower
Waved them adieu. Above those who are gone,
No marble cenotaph, no eulogy
From lips of oratory, and no shout
From fervent multitudes uplifts in praise.
Yet never rode a knight through Arthur's realm,
Seeking the Holy Grail, that wore a plume
Whiter than their devotion: never a king
Taking his throne on Coronation morn
Wore ermine that was purer!

The Cost of Pasteurizing Milk

Many of the improved methods of milk production re
by present day standards entail a material addition to the
production. It costs money to keep dirt and an excessive q
of bacteria out of milk. Pasteurization of milk, on the othe
can be efficiently carried out at a negligible expense; in a p
equipped and operated plant, the added cost need not ex
third of a cent a gallon.

Commercial pasteurization is effected by two process
"flash" process and the "holder" process. In the form

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t to 165 degrees F. and kept there for a moment only; r'' process the milk is kept between 135 degrees and r about 30 minutes. The former is less efficient and e, since a more intense heat is required, and then the cooled through a large range of temperature.
plants the cost is allowed to exceed the figure given no use is made of exhaust steam and too little atten- the escape of steam at ill-fitting pipe-joints
re fresh milk is the ideal, it is so hard to obtain in of population, that public health authorities are insisting on the pasteurization of the ordinary grades.

Psychoanalysis and Symptom Gathering

y homœopathic physicians begrudge the time spent a lengthy recital of the patient's symptoms and in e various modalities. Many physicians think that all sary for them to learn from the sick person can be physical examination and laboratory methods. This n marked contrast with that of the followers of Freud of psychoanalysis. Piere Janet says, ''it is necessary he information that the subject can give concerning and memories; we must not be discouraged by the bility nor by the puerility of his revelations, and we carefully what part in his life all the different events es have played.'' So too, proper homœopathic treat- a complete anamnesis.

gnosis of Frequency of Urination in Men

eal paper on this important subject appears in the Medical Society of New Jersey, written by Dr. A. R. w York. Dr. Stevens concludes his paper as follows: tain a clearer knowledge of a patient's complaint of urination have him keep a record for 24 hours of the unt of every urination.
amounts at each voiding usually indicate a medical l amounts, a surgical condition.
a practice of always having the patient void in two s. This is a very enlightening although simple pro-

amount frequencies are due to
a small bladder capacity;
residual urine;
lesions of the spinal cord;
irritation of the posterior urethra and trigone.
cases apparently in group (a) really belong in

aling with the latter class, differentiate between those in the last urine voided and those having clear ffected cases are usually renal or prostate in the final ticularly when instrumentation has not been done. urination by night as well as day in a young person, ne urine but no easily found bacteria, is probably due

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to renal tuberculosis and much time should be spent tryi establish such a diagnosis. The non-affected cases are us prostatic.

7. Residual urine is due usually to prostatic obstruction a spinal cord lesion.

8. Prostatic conditions can be diagnosed usually withou aid of special instruments, and bladder calculi and neoplasm often suggested by the history.

Beyond this, in the accurate detailed localization of the c of frequency of urination, one may not expect to go without siderable practice in the use of the endoscope, the cystoscop the ureteral catheter.

Bright's Disease Due to Infection.

In the Medical Record for February 14, Dr. W. C. K. B of Denver, has an article which he concludes as follows:—

"The transition of an acute nephritis to a chronic fo simply a clearing up of an inflammatory process, leaving a jured kidney with a beginning degeneration of Bright's Di

"If the urine was seggregated in every case of Bright' case and placed on culture media one might expect to find col of the different pathogenic bacteria.

"The origin of Bright's disease is a true infection.

"The toxemias are not the cause of Bright's disease.

"Toxemias or autointoxications are responsible for pressure changes only."

Dr. Berlin's contention in his article is that Bright's di always has its origin in a bacteriemia—a true infection. kidneys are the great eliminating organs and "are so constr that in their function there is present more likelihood of infe at this point than at any other during a blood stream infect

Dr. Berlin's idea is well worth careful investigation. cases are known to be due to infection, but other causes always been given credit for many cases.

BOOK REVIEWS

Modern Medicine. Its Theory and Practice. In original Con tions by American and Foreign Authors. Edited by Sir William Bart., M.D., F.R.S., Regius Professor of Medicine in Oxford Unive England, and Thomas McCrae, M.D., Professor of Medicine in the J son Medical College, Philadelphia; Fellow of the Royal College of sicians, London. Volume II. Price per volume, cloth, $5.00, net; morocco, $7.00, net. Lea & Febiger, Publishers, Philadelphia and York, 1914.

Volume II of this work covers the protozoan infections eases caused by other animal parasites, diseases caused by ical, chemical and organic agents, diseases of metabolism diseases of the respiratory tract. Each chapter dealing w disease is contributed by a well recognized authority, and hard to single out any for special mention on account of uniform excellence. The chapter on syphilis is by Sir Wm.

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urchman and is very complete and up to date, although unate that the authors are willing to go on record as the registration of cases with public health authorities. Lambert furnishes the chapter on alcoholism, morphin- caine, and there is a good study of autointoxications. the number of cases of pellegra that have been re- his country, the well written chapter on this disease is alue; also is a consideration of beriberi by Maximilian The chapters on the diseases of metabolism (diabetes, ty, rickets, scurvy) are introduced by a discussion of which occupies not less than 130 pages.

e II of Modern Medicine well sustains the degree of which marked volume one of the series.

oard Questions and Answers.—By R. Max Goepp, M.D., Pro- nical Medicine at the Philadelphia Polyclinic. Third edition, revised. Octavo volume of 717 pages. Philadelphia and B. Saunders, 1913. Cloth, $4.00 net; half Morocco $5.50 net.

no evidence that the State examination for licensure e away with, there will be a natural demand for a book d, and it is not strange that a third edition has been The only changes that have been called for have been n of questions relating to serum and bacterin therapy, used by animal parasites and the newest methods of rdiac and circulatory phenomena.

ctice of Pediatrics.—By Charles Gilmore Kerley, M.D., Pro- eases of Children, New York Polyclinic Medical School and ctavo of 878 pages, 139 illustrations. Philadelphia and Lon- Saunders Company, 1914. Cloth $6.00 net, half Morocco

dical profession is to be congratulated that Dr. Kerley to the many requests for a more comprehensive work Diseases of Children" and has amplified it into this he average reader will doubtless value most the extra- ts in the management of children which the author's of more than a quarter of a century has enabled him Nearly 150 pages are devoted to nutrition and growth very disease which a child is at all likely to have is considered; next follow some invaluable chapters on ous subjects," "suggestions in management," "thera- ures," and "gymnastic therapeutics." About the only ch the book as a whole could be improved would be a n of homœopathic therapeutics in the treatment of

Gynecology.—By S. Wyllis Bandler, M.D., Adjunct Professor of Women, New York Post-Graduate Medical School and ird thoroughly revised edition. Octavo of 790 pages, with illustrations. Philadelphia and London; W. B. Saunders 14. Cloth, $5.00 net; half Morocco, $6.50 net.

ith pleasure that we find that a third edition of this xtbook has been called for. It is an evidence of the fact neral practitioner refuses to hand over all his cases to

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the surgeon-gynecologist. The man who has mastered the p
ures so admirably set forth in text and illustration by the a
will be able to take care of the most of his women patients.
who have previous editions of this book will do well to secu
latest, for the author has here incorporated a good deal of r
of the highest importance relating to the role of the intern
cretions as affecting the genital tract of women. This is a
paratively new field of research work and it is of more than
nary interest.

A Manual of Clinical Diagnosis by Means of Laboratory Meth
For Students, Hospital Physicians, and Practitioners. By Char
Simon, Professor of Clinical Pathology and Experimental Medic
the College of Physicians and Surgeons, Baltimore. Eighth editio
larged and thoroughly revised. Octavo, 809 pages, with 185 engr
and 25 plates. Cloth, $5.00 net. Lea & Febiger, Philadelphia and
York, 1914.

That this is generally recognized as a leading work on Cl
Diagnosis is shown by the demand which has carried it to its e
edition. In this new edition will be found an account of the
nostic methods based upon the appearance of the protective
ments of Abderhalden in the blood. Much of the technique in
nection with the Wasserman reaction has been rewritten.
complement fixation test to latent gonococcus infections has
embodied in the present edition. The more modern methods
vestigating the existence and extent of renal disease have
carefully considered. They are thoroughly practical, and c
employed as a matter of routine in the study of the correspo
diseases. A very excellent and practical feature will be fou
the second part of the volume, entitled "The Essential Facts
the Laboratory Diagnosis of Various Diseases." This section c
pages is devoted to the application of laboratory findings to
nosis; and under the various diseases, which are alphabet
arranged, are given the essential points of diagnostic signifi
This feature is unique in books on the subject. In the new ed
the text has been increased by about thirty pages and a numb
new illustrations have been added.

Anatomy and Physiology—A Text-Book for Nurses. By
Forsyth Little, M. D., Assistant Demonstrator of Anatomy, Jef
Medical College, Philadelphia. 12 mo., 483 pages, with 149 engr
and 4 plates. Cloth, $1.75, net. The Nurses' Text-Book Series.
Febiger, publishers, Philadelphia and New York, 1914.

This is a very practical little book for the use of nurses,
name implies. It contains a short account of the organs
tissues of the body, their anatomy and physiology. The inf
tion given is sufficient and accurate. The book throughout is
trated by many cuts, most of them from Gray's anatomy.
would seem to the reviewer as though a brief mention mig
made of the male genital organs. Nurses frequently have to
for male patients, and occasionally in emergency, have to cat
ize them. Boy babies and small male children very often
circumcision. In a nurses text-book therefore it would see
though some mention should be made of the penis and tes

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o of the pictures show these organs, yet there is not one
t them in the text, glossary, or index. Twelve pages
l to the female organs of reproduction. Other than
n noted the book is most admirable for the purpose for
as written.

Symptoms in Nervous Diseases. By Edward L Hunt, M.D., in Neurology and Assistant Chief of Clinic, College of Physd Surgeons, New York City. 12 mo. of 229 pages, illustrated. hia and London: W. B. Saunders Company, 1914. Cloth, W. B. Saunders Company, Philadelphia, London.

work intended as a reference and an aid in diagnosis, udent, interne and general practitioner. There are n the examination of the nervous patient, paralysis, ophic disorders, gaits, ataxias, convulsions, electric reexes (with an entire chapter devoted to eye reflexes) bances of speech.

ost minute instructions are given for the examination us case, both as to the manner of taking the history ysical examination. The various tests for disturbances ell, hearing sensation, and of the movements of the eye-ngue are given in detail, with remarks as to their special e.

f the most important and interesting chapters is the one In this chapter the author explains the importance of nervous cases, describes the normal gait and explains l of examining for any peculiarity which might be a ion of a lesion in the nervous system and assist in its By an examination of the shoes the physician is some-a valuable clue concerning the gait.

ook contains a number of interesting illustrations taken uthor's cases in the Central and Neurological Hospital of City.

Dietetics. By Max Einhorn, Professor of Medicine at the ost-Graduate Medical School and Hospital and Visiting Phythe German Hospital, New York. Cloth, 12 mo, 156 pp. loeber, Publisher, 69 East 59th Street, New York, 1914.

preface, the well known author of this little book says pt has been made to change the style or beautify the f these lectures. They appear here as taken down by rapher. The reader has thus the advantage of the ner to this discourse." How much of an advantage(!) be judged from the following sentence:" In hypero much acidity, too much gastric juice—we again have bdivisions: One, continuous hypersecretion and the eased secretion during digestion, i.e. digestive hyper-" Thus "two" is "several." The lectures on diet in nd duodenal feeding, having been published in current , show evidences of that careful editing which is neceske the remainder readable. Dr. Max Einhorn knows his d offers many useful and practical suggestions, and it that he did not take the time to revise the MSS. before

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handing them to the publishers, or that the latter did not
such changes as would make the book a credit to them.

Osler's Essays. Two vols., neatly boxed, $1.00 net. Vol. 1, I
demption of Man, 50c net; Vol. 2, A Way of Life, 50c net.
Hoeber, Publisher, 69 E. 59th St., New York.

The two essays from the scholarly pen of Professor Osl
make an interesting addition to any doctor's reception roon
The first deals with the control of infectious diseases by
medicine and the other advocates a cheerful optimism and
for making life worth while by making the best use of tod
out vain regrets for the past or fears for the future.

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SELECTED ARTICLES

ABNORMAL TEMPERATURES*

BY M. CAVANA, M.D.

Sylvan Beach

t the annual meeting of the Fifth District Branch of the ety of the State of New York, at Oswego, October 3, 1912.

he time honored study and practice of medicine, e long train of modern scientific developments, may e classed among the present day sciences, none will that the study is as yet far from that state of per- n the fixed sciences, may be accepted as equally true. 'progression'' as the watchword of our science, and '' as its ideal, the faulty practices within our pro- eld, however long continued or remotely founded, sarily give way to newly discovered truths and con- ven by experimentation and corroboration.

one year ago it became my good fortune to present convention (the New York and New England Asso- ailway Surgeons), a paper upon the subject of abnor- atures, and it is our aim in this undertaking to con- we consider the justifiable work then begun, in the atment of infections diseases, through the citing of ntific audience to what we believe to be the present misapplication of drugs and other remedies, in the f those classes of disabilities which present abnormal es.

ts of practical bacteriology fully understand that the micro-organisms develop excellent cultures in all or- peratures, from the freezing point up to 100 degrees that the most active and perfect results are secured mperature of the incubator is uninterruptedly main- 8 3-5 degrees, the temperature of the normal human n temperature is the accepted working standard, and n laboratory parlance as incubator temperature; and atmosphere in excess of 98 3-5 degrees, the cultures ctivity in the process of propagation, and perfection nent, in proportion to the excess of the temperature ney are subjected, that laboratory cultures are seri- red when subjected even for a few hours to a tem- 100 degrees; that at 103 degrees, all of the labora- genic germ cultures are spoiled and the process of t practically suspended, with a very few exceptions, f which are the typhoid bacillus and the strepoto- n of which groups, as you are aware, are recognized he most vital and tenacious of the pathogenic varie- ven these enduring varieties totally suspend propa- development in temperatures of from 103 to 105 de- nheit.

ot fair and reasonable to assume, that what is true erature effects and influences upon the micro-organ- n the process of development and propagation in the

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incubator, is equally true as to the cultures in the human circ
lation, and that the stimulation of the thermogenic nerve cente
with the resulting prompt acceleration of temperature is in re
ity a saving and protecting act of nature, rather than a featu
of the disease calling for counteraction, a phenomena that shou
be promptly recognized and encouraged, rather than opposed
impeded?

In our studies of the animal economy, the most perfect pra
tical system in which means are adjusted to ends in the natu
world, we confront the broadest and most convincing proofs
the fact that nature's promptings and manifestations are gene
ally well timed and trustworthy. The diminishing stock of o
bodies is promptly followed by the sensations of hunger—n
ture's calls for the required food. The increased density of t
circulatory fluids produces thirst, in proportion to the degree
such density, which condition is relieved when nature's calls a
heeded, and the necessary liquefying fluids administered to o
bodies. The discomforts resulting from exposures to cold a
but nature's calls for a change of atmospheric temperature
additional clothing protection, which discomforts immediate
suspend when the demands for the needed warmth are supplie

In the premonitory symptoms of the various infections d
eases may we not reasonably accept the chill and the sensatio
of cold as nature's bid for the application of warmth to the
fected body, in view of the fact that during the presence
the most pronounced sensations of cold in these cases, we fi
by our thermometer tests what would be a most astonishing co
dition in any other situation—an absolute contra condition; th
instead of the lowering of the bodily heat in conformity to t
chilly manifestations of the body, we find an actual pronounc
general acceleration of the bodily temperature, and the contin
ation of the same; until the germ invasion has been overcome,
nature has yielded her supremacy to superior opposing forces a
met defeat in her undertakings.

How subject to general ridicule would be any theory o
proving the administration of food to the hungry body, or flu
when thirsty, or warmth when chilled, or rest when wearie
Not a single individual of the earth's civilized millions wou
even question the sincerity of such demands on the part of n
ture, or the propriety of administering to those needs thus ma
fested. Then why ignore the earliest appeals of manifestatio
of nature when awakening to the fact that she has fallen a c
tim to an infectious affliction?

Why question her sincerity when she presents to us an acc
eration of temperature as a manifestation of her endeavors
early self-protection and defense, and when she emphasizes th
undertakings by adding to the temperature the phenomena
the chill, leading the afflicted victim to seek additional warm
Why not view with the same rationality these manifestatio
and consequently direct our interference in the channels of fa
ıtation, rather than impedition?—(New York Medical Journ

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ENATIONAL HOMOEOPATHIC REVIEW

MŒOPATHIC TREATMENT OF TUBERCULOSIS*

BY MAURICE WORCESTER TURNER, M.D.
Brookline, Mass.

From New England Medical Gazette

tlining the homœopathic treatment of tuberculosis the rises, can the treatment of tuberculosis conform in all in every respect, with the teachings of homœopathic and homœopathic materia medica, or are modern o diet and hygiene, to be followed irrespective of their with homœopathy?

early days of Homœopathy the tendency was to avoid that savored of Allopathy. As the hygienic, dietetic, inal treatment of disease by the old school, at that outrageous, such a reaction was but natural. Now we he opposite tendency, that is, acceptance of old school o diet and hygiene, without question, and seldom a iven as to whether they agree with Homœopathy or act, it has evidently been forgotten that Homœopathy ples which apply to anything outside of therapeutics. n research in hygiene, dietetics and climatology have placed these departments of treatment on such firm al foundation that it would seem that no question be raised as to homœopathic acceptance of their teach- ertheless, if I mistake not, homœopathic principles are here as well as in therapeutics. With this in mind take up the

Homœopathic Treatment of Tuberculosis

ræ-tubercular, or earliest tubercular stage, as it is now alled, does not need separate attention, as the homœo- nciples governing its hygiene, diet, and therapeutics vered in the general outline. Neither is it necessary, ne reason, to divide the disease into stages and speak ent of each stage in detail. Therefore I will begin of the questions relating to the

Hygiene of Tuberculosis.

s, and the other divisions of the subject to be covered, ally desires some guiding principle which will direct s co-operation in the various parts of treatment. Such is not difficult to find. It has lain at the very founda- mœopathic treatment from Hahnemann's time to the Whenever Homœopathy is practiced it should ever be in the mind of the true homœopathic physician.

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The basic principle—that of individualism—upon wh homœopathic therapeutic application rests, may logically tend to everything relating to the care of the patient. Ho Let us examine, for part of the answer, the question of

Temperature and Weather

Is it advisable always to expose tubercular patients to treme cold during the winter? We know the answer, that "c air, no matter how cold, retards the formation of tubercle, a inhibits the growth of tubercle bacilli, the patient, on the wh being stimulated and the appetite increased."

This may all be true in the iodine case, where the pati likes cold , extremely cold air, and cannot get enough of it; what of the arsenicum iodide patient? In this remedy the ars icum modalities, in general, rule, and the aggravation from c is marked. Cases that I have observed have progressed fav ably—when the indications for this remedy, including gene aggravation from cold, were present—when plenty of fresh was provided which was modified, as to extreme coldness, using a porch with a southern exposure, or in some other suita way. I do not doubt that in arsenicum iodide cases, extre cold will at least delay upward progress. It may even prev any gain.

With the kali carbonicum patient, as suggested by Dr. T othy Field Allen, dry cold especially aggravates, while in case calling for calcarea carbonica there is aggravation fr cold, wet weather. So the kali patient does best in a clim which is moist though warm, and the calcarea case in one wh is dry and warm.

Thus moisture, an important element in the climatologi treatment of tuberculosis, together with warmth and cold, be decided for or against, when laying out the hygienic instr tions for a patient, according to the remedy required in the ca

Windy weather, in which the lycopodium patient is wo also warm, moist weather, which distresses the iodine case, to be considered, and so on.

Climatological elements and combinations, ameliorations well as aggravations, noted in taking the anamnesis, all serve point to the medicine the patient's constitutional condition quires, and, furthermore, to indicate the appropriate hygie treatment. The same holds true in regard to bathing, altitu seashore or mountains, etc.

Diet.

The loss of appetite, in tuberculosis, is not helpful in p scribing, as it is an ordinary symptom characteristic of this m bid state. Of more importance are curious desires and aversi for certain articles of food and drink, present in some cases. T aversion to, and intolerance of fats, usual in tuberculosis, is to be grouped in this category, as this, like the loss of appet is a common tubercular symptom.

The help in arranging the diet of the tubercular patient,

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may avail ourselves, comes through the remedy indi-
he particular case.
ppropriate medicine having been selected, one finds in
enesis desires and aversions in the way of food and
articles of food which agree anl disagree. From these
ranged a diet list most likely to suit the patient, sup-
g satisfactorily the customary stuffing with eggs and
ese latter may disagree, or become distasteful, and so
use can thus be avoided.
as an example when phosphorus is indicated. Here
e desires, aversions, and foods which agree and dis-
not many, yet they are marked and make a respectable
ing
ion to—beer, bread, cereals, coffee and tea, fat food
, meat, milk, puddings, sweets, tobacco, and
for—acids, salt, spiced food, refreshing things, and
y cold food and drink. There is—
vation from—bread (rye especially) and butter, fat,
, pastry, salt, sour things, saurkraut, sweets, tobacco,
d warm food, and
oration from—bread, cold food and drink, wine. Con-
according to the irritability of the stomach, there

ble—acids and salt in great moderation, some white
food and drinks, as ice cream if not too rich in cream,
fish, oysters, etc., ham and meats generally, particu-
ld, and vegetables ad libitum.
oods to which there is an aversion, and those which
are to be avoided, in general, except as I have indi-
is includes beer, and also tobacco, of which the patient
e much without aggravation, warm foods generally,
d much milk. Thus the use of stimulants and tobacco
gulated appropriately to the patient.
the idiosyncrasies of the phosphorus patient's diges-
atus are taken into account, it will be realized that this
nt of the diet is logical and if carefully followed will
o avoid the stomach upsets so common in tuberculosis.
l be noted that while eggs are allowed and agree, milk
nount is to be avoided. The phosphorus case is partic-
olerant of milk, and cannot digest it except in moder-
ities when cold, or mixed with something else. Of
nay be predigested, but that is not satisfactory gener-
ay length of time.
a careful ordering of the diet, and the developing
the remedy, the patient slowly becomes able to digest
gs not in this list.

Therapeutics.

e therapeutics of tuberculosis individualization stands
minent requisite.
se it is usually such as is characteristic of the disease

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the mental state seldom gives anything useful in pre
symptoms. Hence the general modalties such as those
to under hygiene, are of prime importance upon which
scribe. The aggravations or ameliorations from heat a
and their elaborations with moisture, wind, etc., if rig
terpreted, are not infrequently the basis of the prescrip
is senseless, to say the least, when prescribing for a pati
including in the prescription symptoms, such a strong
as "predominant aggravation from cold," and then to ig
desire for warmth in the hygienic instruction.

Routine has no place in the treatment of any dise
particularly has it no place in the homœopathic treatmer
ease. In every respect the hygiene, and diet, and remedy
conform to the needs of the patient as expressed by h
toms. This is also true as to external applications of
cold. It hardly seems possible that anyone would make
take, in a rhus febrile condition, of decreasing the
wraps or of applying cold externally! Yet I have kno
be done. Neither does the nux vomica nor the arseni
tient desire cold. On the other hand the apis, ledum c
tilla case would be aggravated by heat.

These things being patent, not hidden, and not far
they should be taken advantage of, not only because th
logically the homœopathic law into all parts of the tr
but because in making the treatment homœopathic thi
the comfort of the patient is increased, and because, a
in this way the whole treatment being in harmony, th
more rapid restoration to health. It must of necessity
wise when discord exists.

A paper of this kind is hardly complete without d
therapeutics. The subject is so trite that I hesitate to to
it. Instead, I will speak of the selection of the first rem

Unless one runs to routine prescribing there is alwa
difficulty in choosing the first remedy. Any method
fairly simple and also accurate is a help. It must be
in fitting the remedy exactly to the individual needs as e
in the symptoms. It must be simple in that it is not di
comprehend and apply, and takes but little time.

One way in which this can be done is by the intelli
correct use of the repertory. To do this in a tubercu
take first the list of remedies under "Consumption."
originally printed in Boenninghausen is also to be fo
in Kent's Repertory. The varying type in which the
occur in it represent the relative frequency with whi
medicines are applicable in tuberculosis. Thus iodine,
bonicum, lycopodium, phosphorus, pulsatilla, and stan
most marked.

In a case seen some time ago where there was slight
ment of the left upper chest, with symptoms of wea
little loss of flesh, poor appetite, afternoon rise in tem
sputum showing bacilli, there was also great desire

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gravation in the wind or when it blew at all hard even
e patient was in the house. These—the "desire" and
," together with the rubric "consumption"—were
ie foundation of the case study. There were fifteen
which occurred in all three rubrics. Of these two—
ı and pulsatilla—were most prominent. Lycopodium
ed after consulting the materia medica.
atient required no second remedy, that is, Lycopodium,
in rising potencies, completed the cure. The hygiene
ere arranged to conform to the patient's needs.
d a second remedy, and even a third, be required in a
can be best selected by means of Bœnninghausen's
nces." How to do this is outside the scope of this
ept that I may say that the last homœopathic remedy
cted favorably, no matter how it was selected, is the
ans of which the secret of the second is unlocked.
purposely made this paper short, and avoided, as far
, unnecessary explanations hoping to make clear the
that can be obtained from the materia medica in ar-
ı the most favorable way for the patient, the diet, the
nd the climatological part of the treatment in tuber-
ording to homœopathic principles.
have a Law of Cure it seems consistent to follow it
nate extent.

LYCOPODIUM*

BY C. F. JUNKERMAN, M.D.

From Medical Advance

odium is a very mobile, fine, pale yellow powder, con-
he spores of the Club moss, Lycopodium clavatum and
es of Lycopodium (Natural order Lycopodiacæ). They
s of Europe and the United States. Lycopodium is
asteless, floats on water (which does not wet it) and
kly when thrown on a flame. It should be free from
n, starch, sand and other impurities, which are de-
means of the microscope, the Lycopodium spores being
0 of an inch in diameter, with short projections on
They contain about 47 per cent of a bland, fixed oil.
was formerly considered to be a diuretic and anti-
and was used in rheumatism and epilepsy; also in
and renal disorders. The powder is used quite ex-
n the pharmacy to facilitate the rolling of a pill-mass,
event adhesion of the pills to each other. It makes
nt protective and absorbent powder when dusted over
ted surface, as between the thighs of infants.
omœopathic practitioners Lycopodium is elevated to
f an active drug when triturated with a sugar of milk
long to break up the seeds and liberate their oily con-

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tents. In their first centesimal trituration 1-100 it is said to produced symptoms of excitement of the circulation and tation of the urinary organs, and they profess to use it benefit in affections of the mucous tracts, dyspepsia, py flatulence, constipation, ileo-colitis of infants, hepatic co tion, aneurism, chronic affections of the lungs and bronchi, theria, lithiasis, intertrigo, prurigo, plica polonica and pr ani; in all of which as an internal remedy and in high atte tion. The above is from "Therapeutics, Materia Medica Pharmacy," by Samuel O. L. Potter, A.M., M.D., M.R London, 1909

Should homœopathic physicians have been so unfortu as to have had the above as the limit upon which they we choose the remedy for their patients, we should be like a in a storm in mid-ocean without power, compass or rudde helpless that the thousands who have had their lives prolo and suffering relieved by this, one of our most useful reme would long since have passed into the great beyond. Now will investigate, to see what Hahnemann and his followers accomplished in the way of developing the power and suppl the compass and rudder for our accurate and positive guid in the use of this supposed inert substance.

In Hahnemann's "Chronic Diseases," page 859, we fin following: "Lycopodium Pollen, Sporules of Club-moss. yellowish powder, smooth to the touch and resembling du obtained toward the end of the summer in the forests of R and Finland from the spikes of the Club-moss (Lycopo clavatum), which are dried and then beaten.

"It has been used hitherto to make artificial lightning blowing it through the flame of a candle; also to sprinkle pellets, which else easily stick together, and also to sprink on the excoriated folds of the human body to protect them ag painful friction. It floats on liquids without being dissolve without taste and smell, and in its crude state almost wit any medicinal effect on the human body. The accounts give the ancients as to its effects have not been confirmed by mo investigators, but rather drawn into doubt. But where the p of the Club-moss is treated in the mode by which the ho pathic art unveils the crude substances of nature, there ari wonderfully effective medicine in its thirty different degre dynamization."

When thus prepared Lycopodium becomes one of the indispensible anti-psoric, anti-syphilitic, and anti-sycotic r dies in acute as well as chronic diseases. Its sphere is broad deep. With Sulphur and Calcarea it forms the leading tr Hahnemann's anti-psoric remedies. Each finds its affinity certain class of people or temperament. Lycopodium acts f ably in all ages, but particularly upon old people and chil It is a great friend of and acts particularly upon persons of intellect but feeble muscular development—lean people who to be disposed to lung and liver troubles. Such people are l

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om lithic acid diathesis, for which this is also a great
he Lycopodium patient is sallow, sunken, with prema-
n the face—looks older than he is. Children are weak,
developed heads, but puny, sickly bodies. They are
nd when sick awake out of sleep in an ugly mood and
m and push away the nurse or parents. These tem-
remedies are not appreciated by those who do not un-
ie true spirit of our own art of healing; but when ap-
he skillful observer can often see the picture of the
dy in the face and build of his patient before a word
A remedy must not only be well proved, but it must
extended clinical use and observation to develop it
te its true sphere of usefulness. While many—and
ost— of the symptoms of Lycopodium can be dupli-
r some other remedy or remedies, there is a golden
ning through it that marks its individuality, just as
uality of every man, woman or child is marked and
ed one from the other.

odium is the leading one of a trio of flatulent reme-
veg. and China being the other two. With Lycopo-
seems to be an almost constant fermentation of gas
n the abdomen, which produces a loud croaking and
Remember that while China bloats the whole abdo-
o veg. prefers the upper and Lycopodium the lower
th Lycopodium this flatulent condition is very apt to
onnection with chronic liver troubles. This rumbling
ee is most frequently found in the region of the splenic
he colon or left hypochondrium.

—Diminished mental activity. Silent grief and mel-
e doubts of his salvation; religious depression, with
veeping, and silent meditation. Anxiety, with griev-
eeping. Sensitive, sheds tears easily. Nervous debil-
ility, anger and wilfulness, reserved ill-humor. Great
the approach of men, yet fears to be alone. Weak
onfused thoughts; speaks or writes wrong words or syl-
iling brain power. Can not bear to see anything new.
persons who for years were considered intellectually
kind-hearted gradually develop into such a mental
they would implore their friends to place them in an
keep them from committing a crime or injuring their
members of their own family. They would flee from
children to keep from hurting them, saying that they
nt to hurt anyone, but were afraid they would. This
s worth remembering. Lycopodium is priceless here—
has proved so for me.

o.—Whirling when stooping or in a warm room.

—Stupefying ache, with heat in the temples and in
mouth and lips. Congestion. Outward sticking in
eference right. Pressing headache on vertex or unilat-
e on right side from 4 to 8 p. m., and from lying down
g, if not eating regularly. Tearing pains in occiput;

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better in fresh air; Great falling out of hair. Eczema, m
hind ears. Deep furrows on forehead. The Lycopodium i
to have periodical headaches, which headaches are co
with gastric troubles. If he goes beyond his dinner hou
out eating, a sick headache will come on. He must eat w
ularity or he will have the headache to which he is subjec
headache is somewhat like a Cactus headache. Cactus
congestive headache which becomes extremely violent
flushed face, if he does not eat at regular time. One disti
ing feature is that if he eats something the Lycopodium h
is relieved and the Cactus headache is aggravated.

Eyes.—Sight dim, like feathers before the eyes; fli
and blackness before the eyes; inflammation of the eye
nightly closing by suppuration, and lachrymation by day

Ears.—Hardness of hearing. Thick, yellow, offensi
charge from the ears. Ringing and roaring in the ears.

Nose.—Fluent coryza. Snuffles. Child starts from
rubbing nose. Fan like motion of alæ nasi. Nightly clo
the nostril by suppuration; ulcerated nostrils.

Mouth.—Teeth excessively painful to touch; toothach
swelling of cheeks; relieved by warm applications. Dry
mouth and tongue, without thirst. Tongue dry, black, c
swollen; oscillates to and fro. Mouth waters.

Throat.—Dryness of throat, without thirst. Food an
regurgitate through nose. Inflammation of throat, with
on swallowing; better from warm drinks. Swelling and
ration of tonsils. Ulceration of tonsils, beginning on rig
You will find Lycopodium a valuable remedy in diphtheria
it begins on the right side, the exudation going from r
left tonsil. The nose in most cases will be stopped up; th
very high; worse from cold and better from warm drink
child will pick his nose and bore his fingers into it. The a
move and dilate during respiration. Warm air in the r
very disagreeable; they want to sleep on the back, wit
high. It is also useful in pneumonia of the most severe
double pneumonia, when the process starts in the right lu
goes to left. The hepatization becomes so extensive that
tient has great difficulty in breathing and there is alterna
traction and dilation of the alæ nasi. Also typhoid pneu
the symptoms agreeing, and in threatened suppuration
longed maltreated cases of pneumonia.

Stomach and Abdomen.—Excessive appetite; the m
eats the more he wants. Hungry, but a small quantity
fills him up; constant feeling of satiety. Eructations ac
complete and burning. Hiccough. Pressure and heavi
stomach, as if distended, in evening after eating very little.
pressive pain in region of liver on breathing; aggravat
touch. Sensation of something heavy lying on left side o
men. Excessive foulness and distension of the abdome
flatulence here and there in the hypochondria, in the b
the region of the ribs and chest, causing tension and bu

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eructations. Tension and pain in abdomen from in-
flatulence. When you have patients that get sick or
poisoned every time they eat oysters—they may cause
diarrhœa, cough, or in women, pain in the ovaries—
n will remove these abnormalities, as Thuja will cor-
who are susceptible to being poisoned by onions, or
patient from eating strawberries. A piece of cheese
either oysters, onions or strawberries, and give tem-
ef, but if possible to get it, you had best use the indi-
dy and correct the abnormality, as many people are
at or digest cheese. Uneasiness in cardiac region in
or pneumonia. Burning as from glowing coals be-
scapulæ.

æa.—As if chest were constricted by cramp. Cough
and day, with painfulness in region of stomach; in
ore going to sleep, from tickling in larynx, as from a
sulphur fumes in the larynx.

odium undoubtedly has a wonderful effect on the blood
s states. It is not in the beginning of typhoid fevers
omes the remedy, but it is when the disease has gone
treatment, to that state in which the symptoms are
ing. The symptoms which guide you to the selec-
drug are these: First, in irregular typhoid fever it
on or about the fourteenth day of the fully developed
the rash belonging to the fully developed disease does
and the patient sinks into an unconscious state, with
delirium, picking at the bed clothes, distended abdo-
great rumbling of flatus, constipation, sudden jerking
s, involuntary urination or retention of urine; if the
ssed in bed it leaves a reddish, sandy deposit in the
These are some of the indications for Lycopodium in
ers.

17th day of April, 1903, Dr. W. B. Carpenter was
neighboring city for consultation with another phy-
myself in a case of supposed prolonged typhoid fever.
n running a little over six months. Many eminent
had been called, microscopical examination of the fe-
ges had been made, and a positive diagnosis of intes-
ulosis was given, as large cultures of tubercle bacilli
in the fecal matter examined. A fatal prognosis had
The examination of the patient gave the following
Temperature, very irregular, from normal to 106;
weak; excessive appetite; the more he would eat the
ould want; much flatulence; abdomen distended; ex-
pain in back, low down; bloody stool; fanlike motion
nasi marked when fever was high and pain most in-
aordinary emaciation; red sand in urine; right foot
arm. After as complete examination as possible under
stances, each physician outlined or suggested his
Lycopodium 30 was my choice. Dr. Carpenter im-
onfirmed the suggestion and gave his reasons for do-

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ing so, stating that the Lycopodium stool had three legs to sta
on, while a prescription based on the pathological findings co
not be depended upon unless it covered the totality of the c
at hand. Lycopodium 30x was given; improvement was s
manifest, and a few weeks after he was given the 200x, a
which he made a complete recovery, and is alive and well tod

There must be no guess work in the study of provings. Ev
remedy must be used for its own symptoms, and for these th
is no substitute. If a remedy does not work as you expected,
amine your patient anew to see if the patient has not kept so
thing from you that would call for another remedy.

Lycopodium is of use in right-handed hernia. It has cu
many cases of long standing without the aid of a truss. W
it is indicated in piles or bleeding piles, there will be an imme
amount of blood, a far greater quantity of blood than the siz
the vein involved would warrant; also in piles that do not
ture, but which from partial absorption of their contents, rem
as hard, bluish lumps. Rectum contracted, and protruded du
hard stools.

Urinary organs.—Severe headaches, relieved by pass
urine. Red sandy sediment in urine.

On the 5th day of February, 1896, I was called to see a li
boy about 3 years of age, who was unable to pass any ur
though the bladder seemed full or very much distended. He
been given watermelon seed tea without results. He was
great agony. A small rubber catheter was introduced. We
one spurt of urine; no more would pass. The catheter was
moved and found to be full of very fine red sand. The cath
filled three times and had to be removed and cleaned before
got the bladder emptied. This condition continued for sev
days, when the water with which we washed the bladder c
away clear. This was the most marked case and the lar
amount of red sand I have ever seen come from any pat
Lycopodium was given, and the child soon regained his nor
health.

In Dr. E. B. Nash's "Leaders in Homœopathic Thera
tics," page 45, you will find the following: "Lycopodium is
one of our best remedies for impotence. An old man marries
second or third wife and finds himself not equal to the occa
It is very embarrasing for the whole family. A dose of Lyc
dium sets things right, and makes the doctor a warm friend
both sides of the house."

Young men, from onanism or sexual excess, become impo
The penis becomes small, cold and relaxed. The desire i
strong as ever, and perhaps more so, but he can't perform
have known apparently hopeless cases of this kind cured by
use of this remedy. High single doses at intervals of a w
or more. Give it low, if you want to, but do not blame me if
do not succeed. This you may verify by using the 200x
higher.

Characteristics.—Drawing and tearing in limbs, espec

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during rest, or every alternate afternoon. Insensi-
bs. Distortion of single limbs. Jerking of limbs.
rough body. During rest he feels his weakness
shuns every motion. Takes cold easily. Fan-like
e nasi. Aggravation from 4 to 8 p. m. Great aggra-
cold. Complaints go from right to left. Offensive
arge, and heavy, red sediment in urine. Compare
minum, Baryta carb., Bryonia, Calcarea carb., Carbo
Causticum, Cham., Chel., Chin., Conium, Cupr., Dig-
r. Graph., Hepar, Ignatia, Iod., Kali carb., Lach.,
mur., Mang., Muriatic acid, Natrum carb., Nitric
, Petr., Phos. acid, Puls., Rhus tox, Sepia, Sil. and

he therapeutic range of Lycopodium, it is almost
ly disposition would be to give it anywhere that it
tality of the symptoms; but do not give it when the
e symptoms is found in the proving of any other

e come to consider the source of this remedy, and
f developing the wonderful powers that have been
rescuing many lives that had been abandoned as
physicians of the dominant school, we feel like say-
deed, is he who comprehends the philosophy of
and Lycopodium pathogenetically, and sees not the
divine—so vast and so benign in revealing to us
through the medium of Samuel Hahnemann!
ary, indeed, must be the mind that perceives not
of "Similia Similibus Curantur" is the strongest
ing forces in the world! Enthroned upon a foun-
rnal law, which nothing can alter or overthrow.—
ance.

F THE INTERNATIONAL HOMŒOPATHIC
UNCIL ENVOY TO ST. PETERSBURG

Y E. PETRIE HOYLE, M.D. (U. S. A.)

al visit of the International Homœopathic Council's
sia was arranged about one year ago, and necessary
sion was obtained in order to hold the Pan-Russian
Congress.
was November 2nd, 3rd and4th, 1913 (new style).
ol, who is known wherever Homœopathy is known,
unturned to insure its publicity and success.
nal letters to every St. Petersburg editor, which
ed the work and the object of the International
r. Brasol secured the unanimous support of the
nd even of many illustrated papers, without, as he
nding one kopek.
each editor received personal cards of invitation

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to every session, as well as to the social functions conne
the Congress.

Each member of the Imperial Council and the Dum
cards for all functions both social and professional. T
also sent with each card to these members a short "r
the object of the Congress, being an explanation of th
the International Homœopathic Council, and also a cl
ment of Homœopathy, local and international.

Special care was taken in this matter because, a
plained to them, it was probable that they would be ca
at no distant date to vote upon a question of great in
to Homœopathy, and one that might have a "world
and consequence. In fact, this problem was the reaso
ling the Congress, and it was also stated that the debate
of inquiry was already in the hands of a special commi
to our Parliamentary Committees; over 650 such i
were sent to the two legislative bodies.

The issue to be decided by the Duma is "Shall ev
œopathic Pharmacy in Russia be closed permanently?"

In order that these cards of invitation should a
command attention, before being consigned to the wa
basket, they were prepared with the highest skill of e
art on beautiful ivory vellum paper, which was almost li
ment in texture. This care and preparation are worthy
and of consideration in any important movement. T
pelled attention and aroused widespread interest in th
circles, as the gatherings at the reception and Congres

The reception was held in the spacious and beauti
of the Hotel du Nord on Saturday night, and was very
tended, crowded, in fact.

Sunday, 1:30 p. m., saw the opening of the Congres
held at the fine hall named Kalashnikovski Birji, wh
some 750 people easily. The first procedure was the bl
the Congress and its objects by Bishop Anatoli, of Od
is also a member of the Duma. There was High Mass,
complement of priests, and a choir of male voices, men
some twenty-four in number, who sang in the minor key
ed by the Greek Orthodox Church, and they made
beautiful and plaintive music I have ever heard in my li
I shall never forget.

Here were gathered about 650 people including
of the Legislature, Bureaux of Education and of Publi
and the Army, which latter was very heavily represen
members of the Court, and representatives of Science
erature.

It was an audience such as but seldom seen, and e
was deeply interested, as is shown by the fact that the
in unbroken attention for about four and a half hours

The president of the Congress was General Roop
one of the oldest members of the Imperial Council, and
highest national repute.

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the first items was the despatch of a telegram to the was in Southern Russia, expressing their sense of good wishes in the name of professional and lay Homœopathy. This message was answered specially uickly by the Czar's orders, which reply, it was con-veyed more than ordinary interest.

ongress received a letter and telegram from Grand (Paul) Alexandrovitch, who was at Paris, in which d that he and his wife, the Countess Hohennfelsen, ade honorary members of the Congress.

platform were the following: General Bourmann, sident of the Lay Society of Adherents of Homœo-h is a powerful, well organized and very active body people. Also General Pagovski, who has the title Guardian," one of the highest, if not the highest rank his wife being present in the audience; General Ve-eneral Rodoffski, late Director-General of the Law St. Petersburg; General Fedorovski; Doctor Brasol Serkoff (who has just been with us in London on his ur of the American Homœopathic centers), and a few se names I regret not to have been able to obtain. was called on the platform as an Honorary Member gress, which honour to the International Homœopathic s suitably acknowledged.

ief speaker of the day was Dr. Brasol, who delivered of fully two and a half hours nor did I see a soul of it. (I had full opportunity to watch the emotions ience, as I could not understand anything beyond ords here and there.) On the contrary, there was on to the utterances of Dr. Brasol, who spoke without his notes more than three or four times (to quote me passage or other). He is a wonderfully magnetic d full of fire. All the speakers, at all sessions of this poke in front of two registering phonographs whose (for the renewal of the wax records) were arranged re should be a continuous record.

been arranged that after the audience had left, the bers of the Lay Society, and the Doctors and their nd the Officers of Congress should remain to be ed.

were seven professional photographers, who came est of their own papers, and not as paid by the Con-these vied, even nearly fought for the best point of the amusement of the guests. I mention this merely e lively interest in the Congress on the part of the s and journals.

vening session at about 8:00 p. m. in the same hall ed wholly to the translated address of the Interna-mœopathic Council and the display of some sixty slides uncil, showing International Hospitals and statistical

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charts, besides which were twenty local Homœopathic subjects.

At the wish of Dr. Brasol I addressed both aud some minutes, in English, as there were sufficient pe who understood English and many indeed, who spoke it

Dr Brasol showed me the daily newspapers, mo having at least a column space devoted to this Co Homœopathy, and he assured me that the homœopaths ly pleased with every report. I have copies of all thes

The platform occupants even attained the celeb fine "caricature" illustration in one of the large da It was taken in good part, of course, and was really

Dr. Brasol assured me that the presentation of th work and information communicated was most oppo much appreciated, as indeed many others told me.

As Dr. Brasol said, "They were all very much with the necessity of the continuation of the Coun and they were sure that it must strengthen the whole

Their remarks were generously accompanied by for £60 (sixty) for the Council's funds, being 30 each Professional and Lay Societies, besides, the Envoy was ient of perpetual care and attention every hour of h the city.

The personal kindness at the reception and the co of me as the Council's representative will live long in ory. It is another link forged in the chain of Internati œopathy, and fully repays any labour, however arduo

Indeed, these International experiences have all b couraging and obiviously so appreciated everywher would seem to be a calamity were the Council's wor I don't remember (nor would I choose to remember unpleasant encounter since the beginning of our work of enthusiasm leaves no room for doubt that this Int activity is on the right road. Perhaps this is because cil is guided by collective International experience.

I was told that the reason there were so many arr high rank present at the Congress was that Homœopa great personal following therein, though it is not "offic ever, two cholera epidemics nearly gained this end Russia, because our percentage of cures was so very m er than with orthodox medicine, and I was told when that if Czar Alexander II. had not been assassinate pathy would have had equal official rights in a very s as he was a staunch and active adherent.

The army officers continually employ Homœopat their lay skill, for themselves and their horses, and I u that nearly all the great trotting horse studs in Russ Homœopathy and that some American horsemen liv were chiefly responsible for this.

As an "International exchange" I gave the Ru item of news Dr. de Vasconcellos, of Brazil, related to

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ress, viz., that the day for Homœopathy was won in partially because of the success of Veterinary Homœ- army, to which the potent lever of "superior cheap- nomy" had been an undoubted factor.

r to obtain satisfactory homœopathic pharmacy in rg, the Professional Society has created and main- st-class homœopathic pharmacies and the Lay Society other two—making four, besides one "private ven- his city.

of the first named four is larger and finer than any sorry as I am to say it!

fession has one pharmacy in the building of their pital, which contains sixty-two beds and which hos- in its own large grounds, and opposite, a city park ost unique and valuable situation, and one that is times the original cost, now that the city park is hed opposite.

spital pharmacy alluded to is accessible from the ey tell me that the day to day sales materially help salaries of the pharmacists, which is a point worthy tion for other hospital boards.

Petersburg homœopathic pharmacies are so good an be but one solution of the persecution which our n Russia are now undergoing, but from which we they expect a happy issue therefrom, owing to the forts of the Congress.

nal touch may not be out of place here. Madam wife of the President of the Russian Lay Society, her mother once jokingly reproached her for having omœopathy was so cheap." "For," she said to her you seem to spend so much money in pills." The ex- this was—as they were living at the time on Gen- nn's estate, south of Moscow, Madam Bourmann was, ce of a homœopathic physician, successfully practic- ss than three villages, bestowing her tender services medicines to the poor people with a lavish generosity y found on large estates in Russia.

ows what success a layman can obtain, and it has er of wonderment to many of the staff of the London ic Hospital how the missionary students who have rse at that institution, are able to go out into the do such magnificent work with homœopathy, as they ly do.

, London, W. Christmas Day, 1913.

APIS

C. W. HAZEN
Venango, Pa.

oholie tincture and the virus of apis mellifica, com- d honey bee. The bees are excited to anger by shak-

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ing a swarm of them in a bottle, then cover them with dec alcohol and allow them to macerate a month; then dec filter the liquid. The tincture is the most commonly u Eclectics, while the Homœopaths prefer the apium virus.

This remedy had its origin as a medicine in the l pathic school, and is now widely used by Eclectics. I diuretic, diaphoretic, and alterative. In small doses it cally influences the urinary tract by removing irritation the larger doses stimulate the renal organs and other part urinary passages.

In acute cystitis apis is almost always indicated, combined with aconite or veratrum and gelsemium, in sl any urethral and cystic irritation, with burning, stingi with frequent desire to micturate and tenesmus.

Apis often gives relief in menorrhagia, amenorrhea a corrhea where there is acute congestion of the ovaries, th being tender and painful. Genital puffiness with irrita cured by it. In fact, in any puffiness where there is the l and stinging condition of the skin; also in anasarca, asci hydrothorax, with the kidneys unimpaired, it gives good and is particularly good in post-scarlatinal dropsy; and throats of an edematous nature—the parts appearing as if s a bee. When these conditions are encountered in erysipe in the eruptive diseases, as rubeola and scarlatina, also caria, apis is a good remedy.

That type of rheumatism having the indications f is markedly beneficial by its use. Cases have been re cured of rheumatism where the patient was accidentall by bees.

Apis is one of the best diuretics at our command a valuable asset in the treatment of suppression and reten urine from atony. In these cases the urine is of a da color and causes great pain, itching and burning on ur

It is well to remember that it may be used even whe is an active inflammation in the above condition. The of the tincture is one-half to five drops and the speci tenth to five drops. Usually the smaller doses are used in ous disorders and in vesical irritation, the larger doses i sies. It is also well to remember that apis is of greater acute than chronic conditions.

Specific Indications and Uses.—"Itching, with burning surface, especially of the genitalia or urinary passages der); hot, dry, burning, itching or stinging surface; puffi mucous tissues, with burning, stinging or irritation, th appearing as if stung; hives; vesical and urethral irr with constant desire but inability to urinate, the urine bei red; puffiness of parts with tendency to edema."—Eclecti cal Journal.

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NORTH AMERICAN
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CONTRIBUTED ARTICLES

L EXPERIENCES WITH THE NOWELL CANCER SERUM*

BY M. J. ADAMS, M.D.
New Haven, Conn.

TENTION was first directed toward Dr. Nowell's
n a little over a year ago by reading an article in one
nals which gave but a brief resume of its possibilities.
r my care at that time a case of carcinoma of the abdo-
patient had revealed carcinoma of such size and inti-
ment with the viscera in the abdomen that its removal
mpossible. I communicated these facts to the patient's
d told him of the positive outcome. At this time the
article came into my hands. Talking the contents of
over with Mr. F. we journeyed at once to Boston and
. Nowell to come to New Haven, and the results of his
ether with the history of the case, I will now try and

., a married woman, age 46, rather dark complexion,
ory good, with exception that one sister, who had died
rs previous with cancer of uterus. Father and mother
to be over seventy. Patient had never had children,
had never been pregnant so far as I know.
me to me some two years previous for treatment for
alled acute indigestion. This attack simulated gall-
thoroughly, coming on suddenly, pain in the "pit" of
llowed by vomiting, great tenderness over stomach, ex-
the right side over the liver, and referred to the back
shoulders. This attack was of short duration and she

*Before the Conn. Homoeo. Med. Soc.

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was herself again in the course of two or three days, but wa
ful in her diet for quite some time. About two months af
first attack she came again, seeking relief from the same
symptoms, with about the same result, i. e., she was relie
a short time and in a few days was quite normal again.

These attacks continued until January, 1913, at from six
to two months intervals, and a positive diagnosis of gall-ston
made by me, with the advice that operative measures sho
resorted to. This she was loath to submit to, and not until t
attack in January, 1913, would she consider such procedure
January 1st I was sent for, and found the patient sitting up
having the most excruciating pain in the stomach, radiatin
the right side and extending through the back, with severe
ing. This attack was much more severe than any she ha
previously. I gave her remedies, with no effect, as she
vomit them almost as soon as taken. I was driven to givi
1-4 grain of morphine and this relieved her but very little,
proceeded to repeat the dose in about twenty minutes, follo
another in a short half hour. I do not think I ever saw a
suffer more pain than she did for about one hour. She wa
some better for the next few days but pain was more
constant. Jaundice was an increasing symptom.

At my suggestion, we had Dr. William H. Bishop of Ne
City come up for consultation, and after giving the case mos
ful consideration, he pronounced it gallstones, and advis
mediate operation. She was transferred to a sanitarium a
operated upon by me January 15th, with Dr. Bishop prese
we found a perfectly normal gall bladder but a carcinoma
ing from the left side of the medium line to the right, surro
the omentum and colon, duodenum and common duct wi
hesions in all directions. These adhesions we liberated as m
possible, but the carcinoma involved so much it was absolut
removable. Taking a section, for microscopical examinati
closed the wound and told her husband she had but a few w
live. She made a good recovery from the operation, but
with great difficulty that the bowels were induced to mov
they had to be watched constantly, on account of great dist
with gases and consequently much physical discomfiture.
symptoms increased gradually.

June 21st, Dr. Nowell came and gave her her first inj
This was administered in the back, and in the course of
hours she had a decided reaction, considerable swelling a
duration, temperature 101, pulse 110. The symptoms gra

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d in forty-eight hours had practically disappeared. On she received her second injection in the right arm and was more severe than the previous one but lasted about ngth of time. July 1st she received the third injection action was very pronounced indeed, both locally and but after it subsided the patient began feeling better, ore nourishment and the gases in the bowels were less e. July 8th the fourth injection was given, with about eaction as was the one on July 1st, but her health was improving. July 22nd the fifth injection was given erable local swelling, some rise in temperature, but re- as marked as the two previous injections. August 4th the sixth injection, and the reaction was very slight in- ct hardly noticeable, and the seventh and last one was ast 29th, with no perceptible reaction. From then on ent time she has been perfectly well, eating anything she enjoying as far as one can see, perfect health. The perfectly normal, and her flesh and strength have fully No tumor is noticeable by palpation.

er case, Mr. E., carcinoma of pylorus, complete stenosis, d taken into the stomach for breakfast would be vomit- but slightly changed. Emaciation cachexia, and rapid- ealth. In September, 1913, a gastro-enterostomy was much relief, but after a number of weeks he began hav- ain, gradual failing health and weakness. In Decem- ved his first injection, with not much reaction, but three , after the second injection there was marked reaction; ng the third. His strength began to return and he has our injections, and is doing considerable work around He seems to be gaining gradually but constantly. ne is under observation now and should have treatments ons cease. I have under treatment at the present time ases, two postoperative carcinoma of breast, one carci- ctum, one of stomach, and one carcinoma of abdomen, tomy was obliged to be done for relief.

nnot tell what the ultimate outcome of these will be, but tly state they are all doing well, and all seem to be im-

ns to me that Dr. Nowell has given to the profession and nass of unfortunate human beings a possible chance for y of health where only failure confronted us before.

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INDUCED PNEUMOTHORAX IN THE TREATMENT O PULMONARY TUBERCULOSIS*

BY JOHN HUDSON STORER, A.B., M.D.

Visiting Physician to Metropolitan and Hahnemann Hospitals

THE production of artificial pneumothorax was first sugges after the clinical observation of the fact that a pleu effusion occurring during a pulmonary tuberculosis was appare productive of an improvement in the symptoms, due to the le in the lung tissue itself, and the drawing off of that fluid prod a recurrence of those symptoms. Forlanini in 1882 proposed in 1888 actually demonstrated that the production of an artif pneumothorax by the injection of nitrogen gas into the ple cavity had an effect similar to the effusion, that is, an abeyanc the symptoms of tuberculosis. Carson, as early as 1821, and Ad in 1887, had both proposed the same method, but neither had his ideas into execution. In 1898, Dr. John B. Murphy of Chi published, independently of Forlanini, his method for injectio the gas.

This treatment is very extensively used in Leysin, Switzerl and a visit there last summer awakened my interest in this me of prolonging the life of the consumptive after reaching the stage of the disease. Leysin has a wonderful location; situa as it is, about 4500 feet above the sea level on a small platea the valley of the Rhine, it is sheltered from the north and winds by mountain ridges some 2000 feet high. Leysin is a of hotel sanatoria for the exclusive use of tuberculosis pati and the population is about 1500. While here I was able to obs about 75 patients taking the gas injection treatment and to l the technique of its administration.

The principal object to be attained by this treatment i bring about and to maintain as high a degree of pressure wi the pleural cavity as is compatible with the comfort and safet the patient. That is, sufficient gas must be injected into the ple space to keep the lung under pressure and, as nearly as poss at rest. In this way abscess cavities are emptied of their cont and bleeding vessels controlled. By approximating the wall these infected areas and removing much of the irritating mate we favor the formation of fibrous tissue which soon takes the p of diseased lung. After this emptying process has gone on f short time, a marked diminution of tubercle bacilli in the spu

*Read before the Homoeopathic Medical Society of the Coun New York, May 14, 1914.

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monstrated. The results which we would naturally ex-
low such a procedure are usually attained: the tempera-
luced, by reason of less absorption of toxic material, and
n, though temporarily increased, soon becomes less in
Comparatively early in this course of treatment patients
vorable response, manifested by an improvement in their
ndition—an increase in weight and appetite—and seem
to recurrent attacks of colds.

e, up to this point, purposely omitted one of the most im-
ndications for this treatment, namely haemoptysis,
of severe or uncontrollable character. Here the injec-
trogen gas into the pleural cavity will produce results
xtremely gratifying.

ases in which this treatment are indicated are those in
er methods of treatment have failed to arrest the pro-
he disease, especially those in which one side is involved
greater extent than the other; also those cases having
haemorrhages, or with cavity formation. Where both
diseased, that lung is chosen for treatment which shows
nt to the greater extent, care being taken that the amount
ministered does not too greatly embarrass the untreated
e extent to which the better of the two sides may be in-
admit of this treatment is still an open question, varying
th the individual views of the operator.

mount of gas used and the frequency of injection depend
amount of adhesions, the pressure or absence of haemor-
d the height of the temperature. We usually find that
rature will fall to nearly normal in about 48 hours after
on and will remain so until the gas has been absorbed
derable extent; then the temperature will begin to go up,
s the indication for another treatment, whether after two
o weeks. Of course, should a haemorrhage occur before
temperature, we would have sufficient cause for injec-
after one or two injections the haemorrhages cease, and
epend upon the rise in temperature for our indication.
then say, in summing up our indications for another in-
at we watch for

Haemorrhage
ise in temperature
oss of positive pressure in pleural cavity.

amount of gas used might be limited to a considerable
adhesions, but later, when these are slowly broken down,
nt of gas at each injection is increased.

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The contra-indications to treatment are:

A—Too great an area of disease,

B—Other severe complications, as, a bad cardiac condition

The dangers to be encountered are:

A—Air embolism

B—Emphysema

C—Infection.

Air embolism is the most important by reason of its ser ness.

Emphysema may occur from the faulty introduction of needle outside of the parietal pleura, forcing the gas up into neck, down into the arm, or even over to the other side of body. A less common but more serious accident takes place gas is forced into the loose connective tissue between costal pl and the subcutaneous tissue of the neck, causing pain or pres on the oesophagus.

Infection may be caused by the introduction of pyogenic ganisms on an unsterile needle, if the lung tissue is injected thr clumsy introduction or manipulation of needle; and lastly using such a degree of pressure that tearing adhesions will lung tissue asunder.

Why use nitrogen gas? Because it is more slowly abso than any other innocuous gas. It is estimated that in the nor pleural cavity nitrogen is absorbed at the rate of from 80 to cubic centimeters per day. After a few months treatment the diminishes to from 25 to 50 C. C.

Technique. Brauer's method was to make a small inci through the derma, dissect down to the parietal pleura and t troduce a large canula into the pleural space; then through canula he introduced a ureteral catheter, through which the was injected. This method gave him the opportunity to explor extent of the space, but was necessarily more troublesome and p ful to the patient. Personally I prefer the simpler method gested by Forlanini, that of direct puncture.

The site of the puncture varies with the choice of the oper and necessarily depends upon the condition of the lung and ple If I find upon examination that conditions permit, I choose a p in the sixth intercostal space, just in front of the anterior axil line. This must, however, vary with the number and exten adhesions; and many times multiple punctures must be made fore a space free enough from adhesions can be found. The X has proven of some value in helping to decide this question. W a suitable place is found, iodine is used to sterilize, and e

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anesthetize, an area about an inch in diameter, and the
refully inserted. When the point of the needle is felt
ral space, the mercury manometer will record a negative

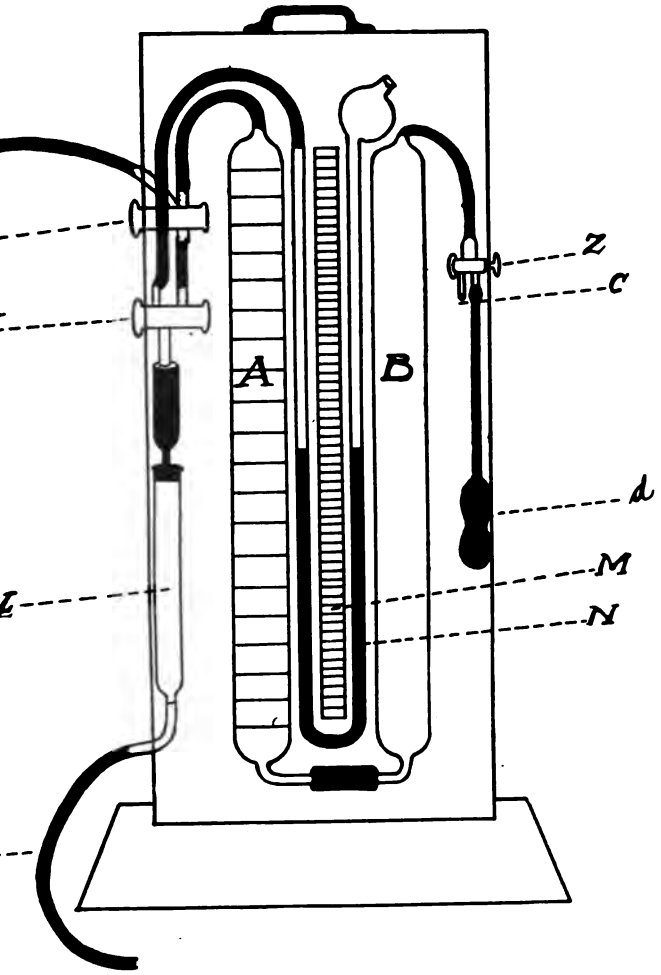


FIG. 1. M. N.

linder for Nitrogen Gas.
linder for Bichloride of Mercury.
-Mercury Manometer.
lter Tube containing stirile cotton.
e through which cylinder A is charged, controlled by stop cock X.
be through which gas is injected, controlled by stop cock Y, which also controls manometer.
uble stop cock, controls normal air pressure (c), and forced air pressure through bulb (d).

The amount of fluctuation of the mercury will depend
force of respiration. Negative presure is greatest on
ation, and approaches the zero mark as the breath is ex-

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pired. The needle may enter the abdominal cavity, a b
pleural adhesions, interstices of the lung, a bronchus, or a
vessel. If the needle is in lung, the mercury will oscilla
the mean pressure will be zero; and if the breath is held
full inspiration, the column slowly falls to normal.

The manometer (See Fig. 1 M.-N.) is an extremely imp
adjunct in the administration of this treatment, for it sh
its variations the following:

1. When the needle is in the pleural cavity.

2. The size of the cavity by the degree of fluctuation
spiration.

3. If needle is extra-pleural; or, in an adhesion, no mo
will be observed: or, if at this time a small amount of gas is
to pass through tube, a high positive pressure will be shown
gradually falls to normal as gas diffuses through the tissues.

4. The manometer indicates the absorbing power
pleura, and so controls the amount and frequency of inject

5. A sudden fall of pressure would indicate a breakin
of adhesions. Great care should be taken that this does n
pen through the use ot too much force.

To brieffy reconsider the clinical effects of this tre
directly after an injection:

1. There may be some dyspnoea on exertion.

2. Occasionally epigastric pain, due to the stretching
phragmatic adhesions.

3. Cough and sputum may be temporialy increased.

4. Temperature may rise slightly, falling to normal
hours.

5. Weight soon begins to increase.

6. Most important of all, the haemorrhages cease.

To recapitulate the conditions which result from the int
tion of gas into the pleural cavity:

1. The walling off of the diseased lung and rendering
mobile.

2. The lung is surrounded by an antiseptic atmosphe

3. By exerting continuous and prolonged pressure, the
lung becomes inactive, and the subsequent formation of a
harmless, fibrous mass prevents the absorption into the body
products of mixed infection organisms, namely, tubercle
streptococci and staphylococci.

In conclusion I wish to relate the brief history of one
cases I have had under treatment, one which is very inst
and is similar to many of those I saw in Leysin.

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nt F. P., age, 25; residence, Los Angeles, California. He d a severe cold Nov. 10, 1912. On Jan. 7, 1913, he had haemorrhage, and a few days later went to Phoenix, From the time he reached Phoenix on Jan. 10 he had one haemorrhages a day. Temperature ranged from 99 to 102, out 108, respirations 28. The amount of blood raised om 1 to 6 ounces. He had the usual treatment of mor- ice bag to chest and rest. This continued until July after having a severe haemorrhage early in the morning, ecided that artificial pneumothorax treatment should be red. At 10 a. m. 500 cubic centimeters of gas was in- o the pleural cavity. He had two more haemorrhages be- s time and July 22, when an injection of 1200 C.C. was After this the haemorrhages stopped, temperature 98.6 to n Aug. 28 the patient received 500 C.C. of nitrogen, and later the temperature was 99, pulse 96, and respirations He also began to show improvement in his general con- On October 9th, and November 3rd, he was given 900 and of gas respectively, and on November 7th left Phoenix York. He stood the trip wonderfully well, temperature normal, cough and expectoration slight, and appetite Since his arrival in New York I have administered the pneumothorax treatment five times, the patient is now up nd in greatly improved condition, and has had no re- of the haemorrhages. I should like to call attention in y to the two haemorrhages which occurred after the first tions; had more gas been injected at either of these treat- r instance, the 1200 C.C. that was used at the third in- he haemorrhages could have been stopped immediately. seems to me to be a particularly good one for our pur- lustration, for it shows how severe and frequent haemor- ay be before treatment, and what excellent results can be by persisting in the careful administration of artificial norax.

mb Ave., New York.

PERNICIOUS VOMITING OF PREGNANCY*

BY RALPH J. YEATON, M.D.
Brooklyn, N. Y.

rman and Doctors:

e the history and treatment of but one case to present, reviewed the more recent literature on this subject,

d before the Kings County Homoeopathic Medical Society.

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simply to recall to your minds cases forgotten and experi passed through. In doing this, there is a hope of stimul discussion which will produce suggestions and recommenda regarding medicinal and suggestive treatment, or induced tion; when should it be done and how long to wait. Appar here is a wide field for discretion and experience.

Etiology.—Most authors classify this subject at present the general heading, "Toxemias of Pregnancy." The vas ount of literature accumulated proves the condition is no pendent upon a single aetiological factor. Some cases are ly allied to hysteria, belief for this being such are often by suggestion and moral suasion. Neurosis has been c demonstrated. According to Pick occurrence is one in cases of pregnancy.

The more prominent factors in the causation migh classified: 1. Reflex from genitalia, as reflex irritation in c abnormalities of generative tract, as in cancer, retroflexed u deep cervical tears, endometritis, inflammatory processes no less affecting the tubes and ovaries, especially with adhesion dramnios, etc.

2. Disease of stomach and abdominal disorders, as ulce tubercular lesions.

3. Nervous system.

4. General metabolism disturbed, clinical picture of mia. Some express belief that intestinal auto-intoxication the vomiting.

The liver has a lot to do with the condition. The cl in it have been just lately studied, changes probably du basal cause of toxaemia. One author speaks of the "liver of nancy" as being related to the "kidney of pregnancy." condition has been laid to the thyroid, adrenals and de corpus lutrum. It is interesting to note in passing that it lieved that Charlotte Bronte died of this condition an that abortion was first induced in 1813.

Pathology.—One observer, writing in 1886, states the no pathological changes. Of late years the condition is attr to toxaemia of pregnancy for autopsy shows lesions of kidney and other organs identical with those in eclampsis liver, often larger or smaller, shows a diffuse hemorrhagic tis with all the findings characteristic of acute yellow at Thrombosis, fatty degeneration and bile stasis may be p The kidney shows all changes from so-called kidney of preg to acute parenchymatous nephritis.

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oms.—This condition rarely begins suddenly. At first the simple form of vomiting of pregnancy. Nothing tic at first. Time of commencing variable. One ords 43 cases in which the vomiting first appeared—weeks, 15 first month, 9 first and second months, 5 sec-ird months, and so on to 2 in sixth and seventh month. illness the urine may show small quantity increased rea increased even to four per cent, acetone, indecan, ts, albumen, blood and urobilinogen and sugar.

tient vomits very frequently, and vomits all or nearly d drink, the smallest quantity often is sufficient to sis. There is usually no appetite, even going to an food. The regurgitation occurs constantly during s, day and night, preventing sleep. Abdominal pain, bout edge of ribs and pelvis, mostly located in the nich are sensitive to touch. During this stage also s of insufficient nutrition, emaciation, debility, certain henomena, drawn face, slightly jaundiced skin and , ptyalism and usually little or no fever.

Stage.—Most all previously mentioned symptoms are Temperature is slightly elevated, pulse usually n, mucous membrane becomes dry. Great thirst. and fetid, odor very plain in the room.

tage.—Vomiting is less in quality and frequency, a at is apt to be deceitful, the temperature rises, syn- occur, also cerebral symptoms, neuralgic pains, dis-ght and hearing, strabismius very often, delirium eath is generally inevitable.

ust first decide when the vomiting becomes serious e pernicious. It seems proper that when the stomach nd there is complete evorexia and the general health one may or must conclude physiologic vomiting has the pathologic.

is.—The diagnosis is not easy, for one must diagnose n the first two or three months of its duration. The cause of vomiting, basal and adjuvant must be ere must be a differentiation of vomiting due to or nicious by pregnancy from vomiting having no con- existing pregnancy such as will occur in the absence . That the diagnosis is not always easy is proven by takes, as made by Trousseau when after induction of opsy showed cancer of the stomach. Another of the tubercular peritonitis, and of Beau, tubercular

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meningitis. Morgan, of Chicago, relates a case in which a in extremis from emesis, threw up a ball of cotton, swal produce abortion.

Prognosis.—Statistics differ and are all uncertain, ideas of observers differ as to what constitutes hypereme records: 118 cases with 46 deaths. Another states: I serious condition, ends fatally in 50 per cent subjected t medicinal treatment. Another: When temperature goes u usually results, no matter what treatment has been e Most agree condition is more frequent and more fatal para. One observer (Carl Braun) states he has seen cases of pregnancy, yet never saw a fatal hyperemesis; Clintock easily collected records of 50 fatal cases.

Treatment.—The treatment of these cases according observers falls into about four general divisions: (1) M (2) Suggestive, (3) Gynecological, (4) Obstetrical.

Medicinal.—Homœopathic medication, any drug fron to zinc. Hamlin especially commends ant. crud., ars. a bry., cocculus, conium, cup. ars., gossypium, ignatia, ipe bich., nat mur., nux vom., phos., puls., sepia, sulph alb. Cocaine, iodine, hlc., chloral, bromides, antipyrine, co morphine are some recommended by our other friend classify their medicinal treatment as follows: 1. Local a ies, 2 Mechanical drugs, 3 Motor depressants, 4 Exter edies. Stomach washing also is of use. Amongst the lat dies recommended are suprarenal extract by Retandi, 1 serum of healthy pregnant women, by Freund, 1909, an 1911, to stimulate the anti bodies. Most of these seem had some little success.

Suggestive.—Pure neurosis: rest in bed, aviodanc citement, moral suasion, verbal painting of horrible p patient of abortion and its results.

Vitality has often been maintained by nutritive re mata and thirst relieved by high retentive saline rectal in

Gynecological.—Knee chest position to admit air vagina. Painting the cervix with carbolic acid and g with silver nitrate (Sims), belladonna, iodine, and s slight dilatation of the cervix; this the last before an

Obstetrical.—Unfortunately, many times, most of th used will be of no avail, the condition will steadily beco severe and the uterus will have to be emptied to save hope of saving life. This should be done before cond comes desperate. Here arises a delicate point—when

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Experience, discretion and literature must all be
ay. You may wait too long, then death will follow,
the uterus were emptied. The uterus may be
for some time it may be believed that the original
ght have been continued. How long to wait is the
ature, especially when you know that therapeutic
cure most cases if performed early enough. Wil-
therefore, to empty the uterus as soon as vomiting
. The toxemia deserves serious consideration. Hof-
"If glycosuria results after ingestion of two ounces
st of the glycolytic power of the organ (liver) is at
this proves that the liver is attacked, and has be-
" Pinaro says: "Empty the uterus when the pulse
Another observer: "Presence of urobilinogen in
determined by "Ehrlich'e aldehyde test" (para-di-
o-benzuldehyd Hcl-H20-(12-H50H) is cause for the
uterus." This first and last are simple tests.

line of Patient's History and Treatment

April, 1914, I was called to visit a Mrs. S., 29 years
ed. Her condition: slight yellowish hue to her skin
ght general dull headache, very whitish coated
ant nausea, vomiting about once every half hour;
he had been in that same condition for a week.
r liver and intestinal canal contained the causal
et and therapeutic measures tending toward amel-
e employed. Her condition during the next two
ghtly aggravated. She had been on a sofa most of
now had to take to her bed. The patient suggested
day she believed condition was due to pregnancy.
last menstrual flow appeared at the proper time,
was not so profuse as usual. Bimauual examina-
slight enlargement to the antero-posterior fundus,
ams states, occurring at any time during the child-
od should be regarded as presumptive evidence of
ntil such a possibility has been conclusively elimi-
ft, doughy feeling, especially the lower segment of
most a Hagar's sign. The lower part of the vagina
ypical hue described by Chadwick. No abdominal
I asked the patient why she suspected pregnancy,
l this history:

husband is 57; has had three full term labors, nor-
nen one self-induced miscarriage by a catheter; then
n normal labor. One six months' premature labor

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followed this, later two miscarriages. Thereafter her ute
an 18 months' vacation till this present pregnancy. A litt
detail about her six months' premature labor: She says
gan to vomit at her seventh week, it kept up until delivery
vomiting was the same as this vomiting, except lighter
treated at home, then went to a hospital, was treated di
and medicinally and stomach was washed; modified her
toms so that nausea was present all the time, vomiting onl
erect; lost 20 pounds in weight; came home, was the
months when she was delivered; child lived but a shor
Therefore when this present vomiting continued over such
period, she suspected pregnancy. Peculiar, this vomiting
with air-hunger.

The fourth day, Mrs. S. was given tablets containing
Apparently no effect. That evening a hypodermic of m
sulp. gr. 1-3. Mrs. S. was drowsy for three hours and
about hourly only. The fifth day her temperature be
go up, reached 101, salivated, offensive, heavy odor in th
traced to her breath. Blood began to appear in streaks
vomitus. Pulse 130. Extreme thirst, no relief by re
salines. As Mrs. S. vomited every teaspoonful of medicat
even tablets, she received a hypodermic of morph. gr. 1-2
little effect was noticed.

Sixth day. Out patient's picture: Urine from night
sp. grav. 1030. Very concentrated acetone bile pigments,
think to try urea. Vomiting day and night at f
intervals, very little sleep, no nourishment, as nothi
even a teaspoonful of water remained in her stomach.
ature 105.5; pulse 130. Conjunctiva very yellowish. Sk
nounced yellowish hue. Physically very weak. Hoarse.
light, glairy mucous, streaked with blood at intervals.
soreness over entire abdomen, probably due to vomiting,
also her relaxed palate. Did not retain enemata. Fecal
light at times, at other times normal in color. Salivation
culiar, offensive, heavy odor to her breath. No particula
to the ejected material now, though very bitter at first
thirsty, lips and tongue dry. Vomiting had now contin
days. Believed by examination and history that we had
of pregnancy and particularly pernicious vomiting of pre
with which to deal, as examination failed to reveal an
causal condition. Consent was obtained and under anae
her uterus was curetted; found, judging by material re
a 6-8 weeks pregnant uterus. Nausea stopped in 12 hou

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ade an uneventful recovery since, although her color ome normal until nine days after curettage. Mrs. apparently good condition, except has not regained rength.

Discussion

der Luhe said that he had used cuprum arsenicosum omiting of pregnancy, both arsenic and cuprum have ns indicated.

yd said that he would like to know what success had ed from bicarbonate of soda when there was acetone .

: I had one case of vomiting in a woman who had r four normal labors; she was about forty years of rst time I saw her her skin looked like leather, saliva from the mouth, tongue dry and brown, temperature hready, the whole condition resembling septic poison- very large doses of bicarbonate of soda, even one- but she finally aborted herself. Another case, a wife who had lost several babies, and this time she aby. The doses of bicarbonate of soda were pushed carried through.

kefeller: I have had a few cases of pernicious vomit- pregnancy and found that the trouble was due to of the uterus. Remedies had been given without ne of the cases. I have placed these women in the osition and used tampons to replace the uterus. After n for a while I have used larger tampons and later bber pessaries bent to fit the part. Later I have re- soft with a hard rubber ring and kept the uterus about the fourth month.

en: I believe there is nothing that will explain the ne of the cases. I remember one case in which the s so severe that I could do nothing. I had Dr. Black- en Dr. McCorkle, and finally we had to empty the was so weak we feared she would die on the table. is a wrong thing to carry a case to that extreme. If losing strength, and becoming thinner, with the pulse ould not wait, and I want to go on record as favoring e uterus before the patient is too much weakened.

r: There is one other remedy which I know was Winchell in a severe case, and that was apomorphia, n half a glass of water. It acted wonderfully.

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Dr. Allen: Dr. Given has mentioned the important p these cases, we should not wait too long. The simple vomi one thing and the pernicious condition is another. The ential diagnosis is in the fact of how the patient is stand whether she is retrograding under the vomiting or not, a minute you are satisfied that she is retrograding the quick uterus is emptied the better. High saline enemas will som stand between the patient and the poison for a short tim sometimes the Murphy drip will carry the patient throug keep the case out of the pernicious class. When a case be go down it is like a snow ball going down hill, and the diffi accumulate rapidly. Most of the cases that are treated recover.

Dr. Lloyd: It has been clearly demonstrated that and yellow atrophy of the liver have one common point of and where there is a nephritis there is developed every ev of acute yellow atrophy of the liver. Upon this differen might be described the difference between the perniciou and the simple or reflex.

ADVENTITIOUS AIDS TO DELIVERY*

BY GEORGE PARKER HOLDEN, M.D.

Attending Physician to the Yonkers Homoeopathic Hospital and M

I WILL PREFACE this paper with the statement, to w challenge exception, that the masterly management of ob cases requiring artificial assistance for delivery frequently sitates an accuracy of judgment and a mechanical dexterit the part of the accoucheur that is not exceeded in the de formance of most of the operations of major surgery. Ho the exigencies of the situation are such that most general tioners expect or are obliged to engage in this class of wo quently under most unfavorable conditions, and are supposed quit themselves creditably. We are thus forced to the con that much of the current practice of obstetrics must leave n be desired in the character of the surroundings, in the exh of felicity of judgment and certitude of manipulations.

It may be that the platform of a medical society is the nized rostrum of science rather than of sentiment, but I a gentlemen, what man with any eye for beauty and heart for

*Read before the Homoeopathic Medical Society of the State York, at Albany, April 14, 1914.

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ıce can officiate without fear and trembling at the ad-
t delectable quintessence of helpless loveliness, that po-
dle of benediction not only for the individual parents
humanity as well, embodied in healthy babyhood, and
ghty compassion bestows upon a disenchanted and dis-
vorld to guarantee its constant regeneration, spiritual
umerical. And as for the mother, the whole of civilized
s ever spontaneously accorded the woman in her travail
reverence, the tenderest sympathy and the most effi-
ppreciative assistance with which the occasion may be

ıas naturally come about that obstetric practice is at
ead and despair of many members of our profession,
of those possessed of both the mentality to recognize
n and the conscience to feel it.

espite the limitations of even the most expert in this
d soul-trying field, any honest doctor who has been
nedicine for twenty years and still continues to attend
confinement, has by this time formed some definite op-
formulated some definite lines of action to meet some
nplications not rarely encountered; and for him, at
serve as an unerring guide to what it is best for him to
of stress. He may think that he knows what would be
ing for any physician to do in the circumstances; he
ny event, know what it is best for him to do, or, if there
ı for choice, what he can best do.

ose now to consider the subjects of the application of
rsion, craniotomy, symphysiotomy and pubiotomy, and
ection, briefly summarizing what indications for me
election of one or another of these methods of adven-
tance, and what my own experience has taught me con-
manner of applying the same.

as concerning forceps, I note a tendency to apply them
oon nor as frequently as I did in earlier years of prac-
ny brother practitioners for whose obstetric ability I
al respect seem to agree with me here. In this con-
ften think of a statement made by Prof. Garrigues, that
normal pelves, with continuation of fetal and maternal
naternal pains of normal vigor, 12 hours for a multipara
a primipara are suitable periods within which to re-
interference. I am also impressed with the fact that
cy of traction is a factor not sufficiently emphasized in

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the usual practice, due to too great haste to complete the d after instruments are applied.

I believe that use of the axis-traction forceps is not g enough in the high operation.

I have learned that delay in dilatation of the cervix wit tinuance of good pains, in a large proportion of cases spells of the head to rotate—that is, it means an occipito-posteri sentation; and I have long wondered just how frequent is th tine practice of making a high application of forceps to th without previous diagnosis of the position of the presentatio committing the outrage of dragging the unrotated head through the pelvis. There was a time, not so very dim a tant in the past, when I thought that such a matter as the ac diagnosing of the position of the occiput as evidenced by th anelles and the direction of the sagittal suture, before appl of the forceps, followed by use of the instrument in such a m as to rotate the occiput to the front by combined twisting an tion, was a feat restricted to the skill of the exceptionally obstetrician. This idea was confirmed by a conversation had with a friend, of the dominant school of medicine, a go low, and a man of considerable experience in both surgic obstetric practice. When I began to have a feeling that p my occiput posterior cases should be earlier diagnosed and before delivery of the head, as a matter of routine practic that this procedure should constitute a most useful part of pertoire of the every-day obstetrician, I asked this friend i proportion of such cases he adopted this maneuver. He s me in reply by making use of a phrase that I may translate lows: "Oh, Hades! that's too accursed scientific for me; I' too glad to deliver them in any old way!" With greater exp of added years and multiplied cases in my own practice of s ful accomplishment of a procedure often not very difficul answer, and coming as it did from one of his real ability, s grow more and more lamentable in retrospect.

In thus rotating the head, if the axis-traction forceps is the handles are used in making the twisting motion; the trac course, always for traction. And I have not found the soli instrument essential, as thus far, in a goodly number of have yet to slice off any ears through use of the open blades.

I prefer version to application of the forceps to a head movable at the inlet, and I waste no time in trying to fi second foot after I have hold of one.

As I understand it, craniotomy on a child not known to s never to be considered, and symphysiotomy has no place

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day practice; but pubiotomy I feel has a very well de-justifiable position. There is probably more disagree- than relating to other operative measures. After the nding the revival of symphysiotomy some 20 years ago, was experienced and the procedure was discarded. Then rms of pubic section through solid bone were proposed itute operation, to be discarded in turn. But more e pendulum has swung back again and not a few eminent ns have accorded a clean section of the pubis to one side physis, clearing the urethra and doing no damage to the useful and definite place amongst the operations of mid- To my mind it is indicated, preferably after the method rrett of Chicago, as published by him in 1910, when the terior diameter of the brim is not under 3 1-2 inches; ally in cases of podalic version with delay of the after- ad. Dr. Barrett's procedure is in cases of an antero- contracted brim or apprehended excessively large fetal v a heavy silk ligature subcutaneously under the pubis inch lateral to the symphysis. He has a Gigli saw in He then proceeds with the version and in case of delay ead, which we all know is prolonged at imminent risk to the child, he attaches the saw to the silk ligature, draws and under the bone, when it takes only a few seconds to an section clear of the joint and subcutaneously. The is beautifully neat and expeditious and practically nd without danger. No sutures are used afterward. cing the ligature, use is made of Barrett's special large dle, made by V. Mueller & Co., of Chicago. If we re- itoris and urethral meatus as representing two angles of eral triangle, then at about the point where the third d come at either side, between and near the upper bor- e labia minora and major, a small stab wound is made lpel and the needle's eyed point here entered. Being hugging closely to the underside of the bone as it passes v upward, there is no risk of injuring any vessels. At on the mons veneris where it pouches the tissues ahead tly at the superior border of the pubic hone, a second stab nade through the skin which permits the point to emerge the abdominal surface. The after care of patients sub- his operation has proven very simple. A sand-bag is either side of the patient and a broad adhesive strap front of the pelvis. If a vaginal tear has occurrer, it is d a strip of gauze carried up to the bone and left for . It is not even essential that the dorsal position of the

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patient be maintained, in many cases a simple many-tailed ban being applied and the patient permitted to lie either on her or back at will. Bony and not cartilaginous union is secured. patient may usually sit up at the end of two weeks.

Cesarean section. I firmly believe is not done in a great nu of cases where it should be the operation of election. I am ju fully in accord with those who maintain that it requires less upon the part of the operator than is often needed in the sati tory performance of a difficult version or forceps delivery. a living fetus and a pelvis having an antero-posterior diamet brim under 3 1-2 inches it is the only thing that should receive sideration, and when we consider the brief period of time req to perform it and the comparatively slight shock and amou hemorrhage involved, it may well be the operation of electio some cases requiring speedy delivery where there is a but sli contracted pelvis or no contraction at all.

I would not advise a beginner at the operation to give consideration to any transverse fundus incision or to any inc low down toward the cervix in the vicinity of the bladder, or to other pretty maneuvers. I would advise him to proceed b and with only such speed in any individual case as will e clean, decisive work; to make a median skin incision five or six es long extending not much below the navel; to make a vertica in the uterine wall beginning high up toward the fundus, so when the uterus contracts down the site of its cicatrix wi carried beyond and below that of the skin so that the latter not be superimposed upon the former; not to bother his head a any special device for controlling hemorrhage by compressio the urterine arteries; and not to worry about what parti pattern of suture he adopts. But do let the operator provide self with a good level-headed assistant who steadies the uter holding it at the sides between the palms of his hands. So and delivered through the skin wound before making the ut incision, with towels drawn snugly around, behind and beneat uterus to prevent blood and amniotic fluid from escaping int abdomen. the operator and assistant have perfect control o situation, through pressure between the hands and tempo packing of the emptied uterus with gauze. In regard to the ter of dilating the cervix from the intrauterine aspect to facil drainage in those cases where the operation is done before the of labor, the testimony of men who have had much experien that the procedure is unnecessary. The most favorable ti perform the operation is, nevertheless, after labor has comme

Unite the muscular wall of the uterus with buried uninter

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f No. 2 chromic catgut extending only to the mucosa and t one half an inch apart. Sew the peritoneal outside continuous plain gut suture of size No. 1. Close the abind with continuous sutures in layers, using No. 1 plain peritoneum and skin and No. 2 chromic for the muscle. ou have followed this technique in about a dozen cases en be competent to modify it if you choose, but very ill not.

ginal cesarean operation, or hysterotomy, seems to me ost limited in scope of any of the procedures already th the possible exception of pubiotomy. But I have availed myself of the procedure in cases of eclampsia, evia or concealed hemorrhage, where haste was necesrigid os constituted the sole barrier to rapid emptying us. If, for any reason, the cervix cannot be drawn t the operation may be aided by sight the procedure is ated. The vagina should first be thoroughly dilated oved hand introduced in the shape of a cone, and after ncision of the mucous membrane at the cervico-vaginal median incision of the anterior lip alone or of both anosterior lips is then made. Occasionally, with a small ay be advisable to add a longitudinal cut through the cosa which joins the transverse one in the form of an but usually the transverse incision of the mucous memfficient to permit of pushing the vaginal and bladder rd out of the way. Pressure should be made at once toward the uterus and upward toward the bladder, and difficulty is experienced in separating the bladder by th a gauze sponge, because on account of the vascularity pregnant state the tissues separate readily in a fashion different from their behavior in the case of a non-pregs. If exceptional difficulty is experienced in pushing erior wall and attached bladder, snipping the tissues ssors is preferable to exerting too much force.

actor inserted between uterus and bladder and pulled a small gauze sponge forcing the bladder upward pubes, holds it out of harm's way. A volsella forceps either side of the external os steadies the cervix and sts the accurate splitting of the lower uterine segment lian line. By carefully guiding the points of the cervix can be split without rupturing the membranes. ion is then usually completed by version, after removal ella forceps.

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If vaginal hysterotomy be done not later than the end eighth month, only anterior splitting of the cervix is necessar the later growth of the fetal head renders advisable incisi the posterior lip as well. In this case the maneuvers alrea scribed are repeated for the posterior mucosa at the pos cervico-vaginal junction, and the rectum and peritoneu pushed back by a gauze sponge.

The placenta is removed either manually or by the meth Credé. As the bleeding is usually no greater than by any method of rapidly emptying the uterus, tamponade is not oft quired but is resorted to if necessary.

Continuous sutures of chromic catgut No. 2 down t mucosa for the deeper, and plain No. 1 for the mucous in will meet the requirements. The vaginal mucous flaps shou be sutured so tightly as to prevent drainage due to oozing, temporary small rubber-tissue drain may be used under th at one corner.

Several normal labors following this operation have d strated that the cicatrices are sufficiently strong to stand quent labor without rupture.

A final thought concerning extrinsic mechanical aids livery, of a simpler nature than these surgical procedures adaptable to facilitation of normal labor.—Is this not a matte has been too little regarded? Certainly the prominent in the varying effectiveness of expulsive pains in ent individuals is the vigor or lack of it with which they co their abdominal muscles. It is common practice among of the less civilized, semi-civilized and savage peoples to rec to their full value the part these muscles play as an auxilia in delivery. This is seen in the squatting or semi-squ positions assumed by the parturient, in order to exert th dominal muscles to the best advantage, and in such other me as placing a board across the abdomen with a sympatheti helpful neighbor perched upon either end, taking a turn arou abdomen with a large bandage which is drawn taut by ass at the ends pulling against each other, or in the practice woman leaning the abdomen forward and against the clasped of the attendant who stands behind and whose arms enfold

Now the query that presents is this: If these measures, as some of them are, prove of gratifying assistance among p of well-developed musculature, how much more welcome some such auxiliary service prove with the corseted wom highly-civilized countries, whose abdominal muscles exist anatomical designation rather than as an effective muscular

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iceable control of the will of the owner! Not only have ır parturient patients undeveloped muscles, but further, position commonly assumed is one of least assistance in of what they have.

riter has a vision of some simple sort of sling contri- wing across the abdomen, with hand-grasps so placed tient's pulling with her arms automatically increases the f the abdominal band, with the woman placed in an in- ral squatting or semi-squatting position; and he suggests w practitioners of the truly ancient, noble and highly art of midwifery, that they put their combined wits to report results at the next meeting of the State Society. s but that it mikht be possible to develop a posture des- come famed as the highly-efficient American method!

I OF PATIENT AS AN AID FOR ROTATION AND DESCENT OF FOETAL HEAD*

ed Rupture of Membranes as a Cause of Dystocia

BY W. H. ABBOTT, M.D.
Brooklyn, N. Y.

s s short paper which deals with some very simple things bstetrics. My plea for presenting it is that the rela- f the size of the foetus to the size of the pelvic canal is and a difference of a centimeter or a few tenths of a counts for a good deal, and simple measures often ially to the accomplishment of delivery. I have seen the f procedure which I shall present assist decidedly in the of labor. The two things which I wish to emphasize to the position of the mother as an aid in the descent on of the foetal head are, first, the placing of the mother le toward which the occiput of the foetus is directed; e use of Walcher's position.

nechanism of normal labor consists of moulding engage- ent of presenting part, internal rotation and extension. rements are absolutely essential to the progress of labor. these, there must take place flexion and external rotation, last named movements will follow easily.

nt and internal rotation take place simultaneously. This

* before the Kings County Homoeopathic Medical Society.

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has been compared to the expulsion of a bullet from a rifle But in the case we are dealing with, the barrel is short and proceeds through an arc of less than 180 degrees. The m forces producing descent are caused by the contraction uterine and abdominal muscles. The forces causing rotat produced partly by the contraction of the muscles of the pe and partly by the "bore" of the pelvic canal.

Take now for example a fœtus in the L O. A. position generally be found that the axis of the uterus points in lateral direction which puts the child's body in a position o ed flexion upon the head.

The expulsive force of the muscular contractions is upon the child's body in the direction of its longitudina If the body is over-flexed upon the head, the effect of this ex force upon the fœtal head which is the presenting lost because it is not directed upon the head in the directio corresponds to the axis of the pelvis.

The advantage gained in placing the mother on that ward which the fœtal occiput points is that the direction axis of the foetus is changed by lessening the degree of and changing it more nearly into the direction of the axi pelvic outlet. The principle of physics involved is that t bined forces of the muscular contractions are directed u body and head of the fœtus so that the expulsive force nearly in the direct line of the axis of the pelvic outlet.

The position is useful only in vertex presentations. occiput positions are generally not very difficult, but wh are the use of this method will often be found a considera and even in normal cases may hasten rotation and descent the cases where we want the greatest assistance are in the posterior positions. If this method is used in these pos will not only tend to aid in the mechanism of labor, but it w decidedly to prevent the occiput from rotating in a p direction and becoming a persistent occiput in the hollow sacrum, which every obstetrician dreads. When the m lying on her back with the foetus in an occiput posterior there is a strong tendency for the forces of gravity to di occiput into the hallow of the sacrum. I urge, therefore, of this method in all L. O. P. and R. O. P. positions.

We shall now refer to the Walcher position. A good written about this, but it is rather an uncomfortable positio the patient in. However, when it is indicated, if the circu will permit, it is a distinct aid.

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been demonstrated by a number of obstetricians that position will increase the size of the conjugata vera eter in length, and that this has proved sufficient to engagement of the presenting part which otherwise ccur. I shall not dwell on this because it has been much, I merely mention it as one of the positions that or.

ond part of my paper has to do with the tardy rupture es. The distinct purpose of the membranes during ilate the cervix. When this act has been accomplished, waters has served its function provided the presenting gaged. If the presenting part has not engaged, we eave the membranes intact until we have determined urse we shall pursue to deliver the child. But when ing part has engaged, if the fore waters consist of a ity included within a tightly stretched membrane hav- munication with the after-coming water cut off by the f the fœtal parts against the wall of the pelvic canal, nes now become a hindrance to the progress of labor presenting part can not advance without dragging full contents of the after-coming membranes, and this rge a mass to advance through the pelvic canal.

his stage, the membranes are ruptured, the pre- t can advance independently of the after-coming fluid, narkable sometimes to see what rapid progress will be

ntly after the delivery of a child, you have all seen a of amniotic fluid following. If this had to be dragged pelvic canal with the fœtus, you can easily see how it uct the progress of labor. The whole point that I am regard to the rupture of the membranes refers to a ched amniotic sack with a small amount of fore-water. condition presents itself, it is often a decided advantage he membranes. With this cause for dystocia out of the will place the patient on the side as indicated in the f my paper, you will generally find that what seemed labor in spite of the patient's hard pains, will be con- a comparatively easy normal delivery.

ort of a Few Cases, Illustrating the Above Principles:

aw in Hahnemann Hospital, Philadelphia, a primipara, 6, with fœtus in L O P position, placed on the left side uch of the time as was possible after engagement took

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place, go through a normal mechanism with labor complete about 26 hours.

2. I had a patient in Cumberland St. Hospital who had in labor through the greater part of the night. When I can duty in the morning I was told that she had had full dilata for about 2 hours, but that she was making absolutely no prog She was a multipara past 30 years old, fœtus in L O A posi small fore-waters with tough tightly-stretched membranes. placed her on the left side and ruptured the membranes. or five good hard pains were all that were necessary to bring head down with complete internal anterior rotation, and a delivery followed.

3. Less than a year ago, I had a patient, multipara, abou years old, who had been pregnant 3 years previously. Histo that labor showed an instrumental delivery of a baby weighi or 15 pounds (according to the report given me) the baby' being destroyed in the delivery. My examination of the pa showed fœtus in L O A position, pelvic measurements a little normal, both external and internal. After dilatation was pleted, I found a small bag of fore-water, pains were strong not much progress being made. I ruptured the membrane, p patient on left side, after which pains began to diminis efficiency I administered pituitrin, the pains became very tive, and within half an hour we had a normal delivery of a pound baby.

4. I used the Walcher position with a patient a little a year ago to facilitate the engagement of the head. Patien multipara, history of previous normal labor. After puttin in Walcher's position, the head became engaged after 4 or 5 pains and progress from that point was very rapid.

Discussion.

Dr. Fiske: Dr. Abbot's paper is valuable in that it ca our attention certain principles which we sometimes are a overlook in the course of our obstetric practice, principles should always be in our mind, and which are so often misdir They should be in the mind of every obstetrician so that we bring to bear the utmost efficiency on the part of the patient ourselves; little details that frequently solve appartently di problems. The principle is a thorough understanding of th lation of the fœtal size to the canal, and the thorough measure of every case to determine these relations should be the principle We have no right to practice obstetrics without k ng how to obtain these facts in each case, and if we are not

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ıe them we should find them out by some means. The oint in the study of these cases is the relation of these nts to occiput posterior positions. I venture to say that ıan ten per cent. of occiput posterior cases are delivered severe lacerations, and possibly less than ten per cent. o confess to less than five per cent. of my own cases are ithout laceration. I had one night before last where ry effort to bring about rotation, but it was impossible. real sorrow to hear any one say they do not have them. ole which places the patient in the position on the side ıe occiput presents is one that may assist the rotation nal position, and should not be forgotten. When we of labor misdirected, and when the expulsive forces are direction of the canal, a binder over the fundus will give a firmer artificial wall and a better guidance. I the Walcher position and make it a rule to have the ıme that position during every labor. It is an uncom- sition and tires the patient quickly, and we should do we can to save the patient's strength after the pains . Abbot mentions the use of pituitrin. My experience rin inclines me to believe that it should be limited to hen we have full dilatation, and its use previously is e. Often if it is used when there is full dilatation it e use of forceps. I believe it should not be repeated nce. The points about the rupture of the membranes l and vital. The bag of waters should press in front of d out behind it, and if it is not doing proper work the gotten rid of the better.

nken: The Walcher position is only useful when the aged at the superior strait, and if it is used later it only is at the expense of the external diameter.

dford asked if any one had seen any bad effects upon om the use of pituitrin; he had lost one baby after the all dose of that agent.

len: I have never seen any bad effects from the use in the second stage of labor, and it would be harder to t had any effect on the baby.

lford: This baby was all right for three days and then rapidly. The nurse said she had seen another case aby had died after the use of pituitrin. In my case it some circulatory condition.

aton spoke of two cases in which the babies had been e for thirty-six hours, but both had lived, after the use

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A CLINICAL EXPERIMENT IN THE TREATMENT PROLAPUS UTERI.

BY WALTER S. RINK, M.D.
Brooklyn, New York

THE WRITER presents this subject this evening for t pose of bringing to your attention a method of tre for its relief, which has resulted in producing much com the patient and consequently, great satisfaction to himself.

We all recognize the fact that the mechanical treatm "Falling of the Uterus" consists of the application of ta the ring, ball, cup and other pessaries, assisted by the p assumed by the patient and as a final resort, a surgical ope The first named has been more or less useful but in gene particularily satisfactory, owing to the fact that tampons remain in place very well and the necessity of their frequ plication is too troublesome. The ring and ball pessaries they are commonly used, will often drop out of the vagina, es ly if the perineum has been lacerated and not repaired, a co existing in so many women, which makes them absolutely as supports. The cup pessary is uncomfortable to wear, much irritation and requires frequent removal and adjustu trying ordeal. Allow me to quote from Dr. Skene's w "Diseases of Women." "There are several degrees of pr uteri which have been variously described. While autho ignate the most important stages of descent by degrees, it be understood that practically there is no line of demarkat tween the degrees. According to this arrangement, wh uterus sinks so that the cervix rests entirely on the pelvi it is named prolapsus of the first degree; when the uteri has become vertical or coincides with the axis of the out cervix appearing at the vulva, the second degree is present in the third degree, the organ is partly or wholly outside troitus." It is the last two degrees that I would call your at to, however, not disregarding the first degree, for it is usua aggravated form of prolapsus which compels the patient for advice and relief at the hand of the physician, for h existence is one of discomfort and suffering, caused by t trusion of the cervix from the vagina, the cystocele with its constant irritation of the bladder, and rectocele, all impair comotion and bringing about a condition approaching inva Several years ago I began the treatment of prolapsus uteri use of the Gehrung anteversion pessary and have continue

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ving during all this time that the idea was original with had never heard of or observed it referred to in any work eases of Women", but while preparing this paper, I con- r. Kelley's work on "Modern Gynaecology" and there ention of the method, which places my claim as to its y in a state of suspension, but having given this method ir trial and being convinced of the good it can accomplish. w present it to you in detail for your consideration and n.

instruments necessary are a bi-valve speculum uterine robably uterine dressing forceps, together with two or ferent sizes of the Gehrung pessary, varying in number o 90. The speculem I prefer is one hinged at one side only. ent is placed in the dorsal position, the limbs flexed. Af- ducing the speculum and exposing the cervix, pass the to the uterus. Retaining the sound in the uterus, you re- speculum, passing it over the sound through the open side. ssary being lubricated, should be introduced by holding left hand with the smaller curve pointing to the vagina. of the pessary being antero-posterior and its greater curve o the right of the patient, the right hand supporting the control the cervix.

r passing the pessary well into the vagina, the sound be- sed backward and somewhat upward, to prevent the cer- getting between the bars, which it is very prone to do, you otate the pessary a part of a circle outwardly and by ressure the remaining portion of the pessary will pass ne vagina and rest on the pelvis floor. The sound which found under the greater curve of the instrument, should ved and the cervix will drop into a like relation with the the upper bar preventing it from protruding at the orifice of the vagina, which as you know is shorter than the wall. For this reason also, as well as the direct pressure instrument, cystocele is overcome and by tension exercised osterior wall of the vagina, rectocele too, is relieved.

ches of warm water, containing some cleansing prepara- advised for daily or every second day use for bettering the oeal discharge. The pessary is allowed to remain for 2 ths, when it should be removed for 2 to 3 weeks to prevent irritation to the soft parts or a possible ulceration, at ne it can be replaced and the same procedure followed as My claim for this method of treatment of prolapsus uteri ciency in relieving aggravated cases far in excess of other generally used and do it without material damage to the

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tissues, although the pressure of the pessary will sometimes
sulcus or groove in the soft parts.

I do not claim that it will restore the uterus to its
position, nor would I claim successful results in cases wh
complicated by growths connected with the uterus or wh
hesions are present as the result of old inflammatory con
It has been my experience also, that moderate degrees of
tion of the perineum do not preclude its adaptability a
fulness.

Discussion.

Dr. Pierson: I believe and you believe and we all belie
my friend and neighbor Dr. Rink is right perhaps in a
number of cases of prolapsus of the uterus, but that does n
the case. The great objection to the pessary is the irritati
pressure and in many instances it is the cause of cancer.
said nothing about the age of patients. In a patient of ad
age it would be justified to use this or some other form of
cup, but in the younger patients where the operation is so
done and where there is such a large percentage of good
under strict asepsis, I believe there is no question that the
tive measure is curative. What causes prolapse? You c
the perineum and not get it. The round ligaments
stretched. The elasticity and the muscular activity of the
ligaments give way and the life of the ligament is gone.
pessary acts as a temporary relief. I do not believe in a
a patient to go on for a lifetime with that means of attempt
port when the repair can be so easily made. In certain c
advanced age I approve of the pessary and they are a gre
send to the suffering women.

Dr. Ranken: I had an interesting case at the Cumb
street hospital recently where a young woman wore a pess
a year. Dr. Braynard saw the case with me. It was t
demonstration of the dangers of wearing a pesesary too long
have ever seen. There was a cyst in the anterior wall
uterus. I called up the physician who had placed the pes
position and he said that the patient had been told to come
thirty days but had not done so. If Dr. Pierson had ad
traabdominal pressure as one of the causes of the uterus sli
would have been one of the strongest points. The pessary
best you can do where a patient will not submit to operati
the patient is entitled to the best curative methods. In an
it should not be allowed to remain too long without being su
it is not doing harm.

Dr. Peckham said that she had seen a patient at the Me

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had worn a pessary for three years and two months. placed in position just before the patient went on a and she had been told to visit a physician while she have it removed for a time. When the patient ap- e doctor's office on her return she said that it had emoved. The doctor tried her best to remove it but wedged , it could not be taken out, although it could It was finally removed by instruments after severe hout rupture.

on mentioned a case where the pessary had been left ears and when it was removed it was holding up a e of a goose egg.

nson: I think the best cases that Dr. Rink speaks of d in mild cases where there is a good pelvic floor it me temporary relief, but in my opinion the stretching sary would still further break down the floor and ce prolapsus. The present day method of operation se cases, and even though a patient objects to opera- be willing to allow it if she can be made to understand for it. I think the use of a pessary a great mistake.

: You surgeons look at this from your own point of answer I can only state my claims over again. I ient who has used this pessary for six years, and I asionally for two weeks at a time. Operation from int is the best but if a woman will not submit to it going to do? I had a woman come to me for rheu- years ago who had had a falling of the uterus for amining her I found the cervix and uterus protruding ina. I placed a Giron pessary and it held the pro- up perfectly. That was in the latter part of 1912. me later and said she was going to Baltimore to live e what she could do when she got there. I gave her ary to show the doctor where it was. In her absolute comfort. As far as damage to the tissues is u must watch the patient and see what the pessary is perience is the best teacher. Dr. Kelley's work came and my patient had this treatment about the same rs ago.

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ADDRESS OF THE CHAIRMAN OF THE BUREAU MATERIA MEDICA AND HOMOEOPATHIC THERAPEUTICS, AMERICAN INSTITUTE OF HOMOEOPATHY, 1914*

BY WALTER SANDS MILLS, A.B., M.D.

Professor of Medicine, New York Homoeopathic Medical College Flower Hospital; Physician to the Metropolitan Hospital

A BY-LAW of the American Institute of Homœopathy says chairman of each bureau in his address shall in a resume of progress in discovery in the special field to which bureau pertains." This is the bereau of Materia Medica and eral Therapeutics. So far as my reading and observation go, I been unable to find any great therapeutic advance or disc made during the past year. The work done seems rather to been in more clearly defining the place of discoveries already

In disease due to infection by a specific organism much is being done by many observers to develop a curative agent the products of the disease itself. From these efforts have into vogue various sera and vaccines.

The most important of these is the diphtheria antitoxin. seems to have a decidedly curative value; it also seems to some service as a prophaylactic.

The various tuberculins have some value as diagnosti but less value as curative agents. For therapeutic purpos best observers recommend beginning the use of tuberculin in of one-millionth of a millegram—equivalent to the 6x homœo potency—and not repeating the dose for two or three wee more, or until the effect of the last dose has ceased to act.

Flexner's sera for acute poliomyditis and for meningiti some curative value.

The typhoid antitoxin seems to be of value as a prophy Its results as such in the army have been little short of mar A complete reading of reported cases where typhoid antitox been used as a remedy have failed to convince me that it ha advantage over the homœopathic remedy.

Anti-streptococcic serum has apparently produced go sults in some pus cases.

In a general way it may be said that these preparations and vaccines—are of more value as preventative agents th curative agents, excepting as noted above.

We are all familiar with the great variety of symptom may appear in different cases of the same disease occurr different individuals. We know that no two cases of pneumo

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fever, or of any other disease entity are exactly alike. recognized as a fact, it is fair to assume that there ne difference in the resulting discharges or products of in different cases. If the product of the disease varies cases, why should a serum or vaccine produced by one pected to act as a curative agent in all other cases? I pinion that if there is any value at all in this method t, that the preparation used in a given case should be rom the discharges of that particular patient in order best results. In other words, the most logical thing carry out the method of auto-therapy suggested by Dr. Duncan, of New York.

eri seems now to be firmly established as a disease the eating of polished rice. By feeding the victims rice the disease is both prevented and cured. For ery we are indebted to our army surgeons in the Phil-

nly new drugs of paramount interest that have been in the past year or two are salvarsan and neosalvarsan e of syphilis. Hailed at first as sure specifics they are simply as valuable adjuncts. It will take years to as- o their proper places. Even the most thoroughly treat- syphilis may exhibit tertiary symptoms in the form of taxia, general paresis, or some other condition many the original infection. Only after a large number of d with salvarsan or neosalvarsan have lived for at least rs without further manifestation of the disease can dies be given their proper rating in the treatment of rotean, persistent and terrible of all diseases—syphilis. peutics is the science and art of healing—the treatment In the use of drugs for therapeutic purposes homœo- ds supreme today. The great advances in medicine past half century have been in pathology and in finding of disease. The knowledge so gained has been of ines- ue in the prevention of disease. It has been of very in the cure of disease. The external manifestations of objective and subjective symptoms, have not been a knowledge of their ultimate cause.

his is where the indicated homœopathic remedy is so It fits the symptoms, the only evidence we have that s sick. The knowledge that typhoid fever is always specific organism that msut enter the digestive tract to is of use, because then we can take intelligent measures

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to keep it out. After the germ has once entered the body a patient become sick, then the peculiar symptoms produce call for bryonia, or baptisia, or arsenic or some other r The typhoid bacillus has no direct relation to our choice remedy, nor to the results attained by its use. And so w other diseases. There is no way to recognize disease except manifestations, its objective and subjective symptoms. The erly indicated homœopathic remedy that most closely fits a case by the objective and subjective symptoms found in its genesis is the one that gives the best results; similia si curentur.

PYORRHEA ALVEOLARIS

Its Cause and Effect

BY CHARLES J. HAAS, D.D.S.

Attending Dental Surgeon, West Side German Dispensar
Formerly Chief of Oral Surgery Clinic, New York School of Me

PYORRHEA Alveolaris, or Rigg's disease, is especiall mon among adults, being responsible for the loss of otherwise healthy teeth, and the indirect cause of not a f more or less seriously affecting the general health, encourag it does the growth of pus producing germs. It attacks the supporting the teeth involving the bony socket and gums, characterized by inflammation, recession of the gums, a most instances a discharge of pus from the pockets surrou the affected teeth.

That the disease does not attract the attention of the p in its early stages, is due to the fact that the teeth do n come loose or painful until it is well advanced.

The local causes due to calculus and its consequent unh environment yield readily to treatment, except in those where the loss of alveolar process has been so great as to r the tooth's natural support.

The systemic causes are those having for their orig gouty rheumatic diathesis, ptyalism (from any cause w ever), Bright's disease, and others; also those conditions h for their initial cause a weakening of the vitality due vancing years, with a consequent impairment of the ca circulation, and the lowered power of resistance to diseas

The treatment in all cases is to place the teeth and generally into an immune condition, so that all work s

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rk, fillings, etc., may be subsequent to prophylaxis, of course, the relief of pain in aching teeth. Intelli- umentation, the removal of all calcareous deposits, as ad peridental membrane, curetting the alveolar border essary, are the first steps to be taken.

ging with antiseptic solutions must be done with care containing astringents are likely to seal up the pus Gum massage and the use of high frequency currents ne current referred to being a very high frequency al type easily taken and obtained through a machine w Frequency Vitalizor. It is, of course, absolutely that the patient assist the dentist in home treatments, ted, for pyorrhea will recur in any mouth that is not n.

genous vaccines have also been successfully employed ber of systemic cases to augment the local work. Such ever should be treated with the assistance of the phys- ney are obviously beyond the reach of the dentist, who treat the local conditions; and the benefit derived from ment will be an improvement in the local conditions, ess permanent, according to subsequent care.

on Avenue.

ARTHRITIS DEFORMANS

A Limited but Favorable View of One Case

BY F. ST. CLAIR HITCHCOCK, M.D.
New York City

OMPANYING are the photographs of a single case of e arthritis deformans, which has been carried to its con- ne patient having died of other causes.

a cripple with joints like rock, this unfortunate sufferer tually enabled to walk up and down three flights of Upon recovering from her severe infliction, her pastime it or crochet. Finally she took to making beaded purses fully delicate designs.

author will never forget that day when after he had e patient's bedroom, she suddenly panted, "there!" right m. Alone and swiftly she had risen from her chair and him unsuspected clean across that large room. It had ht and we had won.

gloriously we had won!

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as a cruel sight, this last autumn to see such a brave soldier
under still another insidious and foreign foe. September
a month of quick changes from heat to cold, sun to
withal much wind.
poor victim, who formerly had been able to live only in
om, had learned to love fresh air. Sitting comfortably
y window, intent only upon her fancy work, she contract-
ific cold which developed into bronchitis and mastoiditis,
ecting to include her larynx, heart, pleura of both lungs
w other trifling details. Death soon followed.
precarious condition two years previous, at the time of
during a cold storm, had permitted her to get pneumonia
reaken her heart a great deal. Before this attack, her
d been brought up from a barely pulsating shred of an
a very substantial type of heart indeed.
e last winter, this smiling individual sewed a button and
ne upper edge of my fur overcoat collar. It takes strong
ply a needle through a pelt and cloth. Yet these fingers
e all like stone.
e are a couple of letters which happily the author has
to find. In neither one does there appear any reference
atism or pain, which alone is evidence of her great im-
nt even at those times.
"troublesome cough" alluded to in the letter of October
2, was a bit of grippe.
Rev. Dr. MacArthur referred to in this letter, was her
d had seen her continually throughout her affliction and
I regret the failure to get pictures of her when she was
t her best, smiling and happy. But then, sun, wind, rain
r procrastination lost us our valuable opportunity.
adison Avenue.

TYPHOID PNEUMONIA

BY AUGUSTUS VON DER LUHE, M.D.
Brooklyn, N. Y.

OT mean typhoid fever with pneumonia as a complica-
but pneumonia with typhoid symptoms. This can be
d from other forms from three symptoms. 1. Where the
es not compare properly to the degree of temperature;
he pulse might be from 90 to 100, and the temperature
. 2. A hemorrhage from the nose or blood in the stools.
acter of the stools, for they are loose, frequent voiding

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or being involuntary almost black and offensive. If two of th three symptoms exist in your case you can be positive it is phoid. You certainly in some cases have the restlessness shifting of position in bed. In your prognosis to the patient positive and show a bold front to your patient by assuring that he will get well, and will never have to feel bad effects fr it. To the wife or parents, tell them that it will take a few d to be sure what the outcome will be.

A physician in dealing with the sick is like a pilot tha directing a vessel through the storm into a harbor. It wo not do to show the white feather to the passengers or crew. it is in case of a doctor, if the patient realizes he has doubts; face looks troubled or his hands shake. He or she will courage and give up hopes. The secret that some very sick almost helpless cases recover is due to the positiveness of doctor. Take some hints from Christian Science. Some y ago, I treated a minister who had typhoid malaria. I told every day of my attendance he would be sitting up in three we from the date of my attendance. And so it was. Three y afterwards I met him, for his church was out of town. He to me: "Do you know what cured me? It was your positiven for I had given up all hope."

My motive for writing this paper is to show the remark result in one of my cases. All I depended upon was the indic remedies and their prompt response.

Before I relate the case which will close the paper I speak of the diet in such a case. Remember not to recomm anything to the patient he does not care to eat. The true in case of typhoid pneumonia is milk and fresh eggs to keep the strength of the patient. But my patient could not take th He said milk nauseated his stomach—neither eggs agreed. T is a possibility he was sensitive to sulphur, that gives the ye color to the yolk. So my diet during the period of the he of his fever was chicken, lamb and clam broths, and did on these. When there was no diarrhoea I allowed him gr fruit and oranges.

Treatment. In treating typhoid, as well as in all form pneumonia, I would avoid five things: 1st, alcohol; 2nd, phine; 3rd, poultices; 4th, coal tar products, and 5th, serum

1. Alcohol. That is in the form of stimulants as whi or wines. The most of the brilliant and famous minds of Engl France and Germany have learned and realized that alcohol no nourishment or positive strength for the sick, but only

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narcotic. An inflamed tissue needs all the rest it can
ou give whiskey it will stimulate the heart's action,
the circulation of the blood so that it acts as an irri-
inflamed surface.

rphine deadens the action of the absorbent vessels,
es can not have their proper effect. What pain you
eumonia that is severe and persistent can be over-
the indicated remedy. Also using dry heat, as salt
chest.

ultices, such as flax seed. When they cool, chill the
the chest and thereby aggravate the inflammation.
ags work like a charm against pain, as you find in
umonia, and will also reduce the inflammation.

al tar products; because from the depressing action
rt.

rums. These are the false lights along the shore of
a medica, which are leading many skeptical and un-
omœopathic physicians astray. It is a lazy way of
apparent cure—because it does not require time or
elect the indicated remedy, which makes a positive
duty as physicians is not simply to make an apparent
lso not to plant germs into the human system that may
t in the system until an exciting cause may cause it
to the detriment of some organ, causing diseases,
se can be dated back to the time the serum was in-
the venous circulation. A true homœopathic physician
ar or tremble to treat any form of pneumonia. His suc-
beyond that of any so-called up-to-date scientific old
, who treats often the human system as if it was only
machine—holding disease is caused from a chemical
ng on in the human body, so all you have to do is to
ject something that will conteract the bacilli or

s the biggest farce known to true science.

se of typhoid pneumonia that will verify every state-
ade above: A young man of twenty-five, light com-
ight in build and has enjoyed good health; noth-
is family or his own history had revealed a
is blood; always led a pure, upright and consistent
life. He is connected with a lecture bureau,
compelled to take a trip to Huntington, L. I., on Thurs-
5, to arrange for a lecture. While on the train at 11
was taken with a severe chill that lasted some time;

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followed by aching all over his body, severe headache the left chest, short breathing. Feeling it would be best home, he took the first train home at 4 o'clock p. m. imagine what he must have suffered on his way back. I after 6 in the evening. His temperature was 105 1-2 in to the symptoms stated above; his distress was mainly o side and across the kidneys, revealing congestion of the Gave gelsemium 200. The next morning was called ea of the aching had passed away but there was backach tense pain on breathing or moving on the lower half o chest—looking as if we would have pleuro-pneumoni 100, temperature 104 2-5, respiration 40. Bryonia m. in gave him great relief and contraindicated pleuro-pneu

Feb. 7, 8:30 a. m. Pulse 96, temperature 103 9-10 tion 36. Had during the past 24 hours 16 movements bowels, dark and offensive stools, inclined to be involhemorrhage from the nose the night before, very restless to change his position in bed frequently. Diagnosis, pneumonia. Gave rhus tox 3. One dose stopped the and did not return during his illness but once, when was again given. 9 p. m.: Pulse 92, temperature 102 piration 25. Same remedy.

Feb. 8, 9 a. m. Pulse 92, temperature 101, respi Restless all night, only a few short naps, rhus tox 3. Pulse 108, temperature 104 2-5, respiration 40. A very noon. Rhus tox m.

Feb. 9, 8:30. Pulse 90, temperature 102 7-10, r 24. He was raising rust colored sputae. He complained have sleep. Same remedy. 8:35 p. m.: Pulse 96, te 102 3-10, respiration 24. He said he must have sleep or never stand st. Bell. 3 and rhus t 3 hourly.

Feb 10, 8:30 a. m. Pulse 100, temperature 101 7-1 tion 30. Slept some but was not satisfied. Bell m, rhus p. m.: Pulse 88, temperature 102 1-2, respiration 3 remedy.

Feb. 11, 8:30 a. m. Pulse 88, temperature 101 1-2, r 36. Complained of soreness and heavy pressure on che m. Was called in a hurry at 6 p. m. Pulse 102, temper 7-10, respiration 40. Complained of so much pain in t of the heart, which was beating rapidly. Acon. 30 an The aconite in a few hours removed all that pain and t of the heart became more normal. Then discovered potency had the most prompt effect in his case.

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12, 8:40 a. m. Pulse 96, temperature 102, respiration had been five typhoid stools through the night. Rhus pped that, also phos. The two together worked better lone. 8:20 p. m.: Pulse 92, temperature 101 3-10, res- 8. Slept well all afternoon and felt refreshed. Same

3, 8:30 a. m. Pulse 78, temperature 99, respiration 36. ll through the night. Same remedies. 8:30 p. m.: emperature 102, respiration 36. A good day, sitting up ame remedies.

4, 8:30 a. m. Pulse 80, temperature 99 7-10, respira- lept all night. R. & R. 8:45 p. m. Pulse 78, tempera- , respiration 28. Complained of a bruised feeling over Arnica 30 and rhus t30. The arnica removed that ing also arnica salve, which was kept up several days he soreness had left.

5, m. Pulse 72, temperature 98, respiration 22. Rhus Night: Pulse 78, temperature 99 9-10, respiration 26. 30.

16, morning. Pulse and temperature normal, respira- Rhus tox 30.

17, morning. Pulse and temperature normal, respira- Complained of perspiration over the whole body. China

18. Perspiration less and felt stronger. China 3.

19. Improving; sitting up in the room. China 3.

20-25. Gave lycepodium m to clear up the lung.

b. 25 he still felt some soreness on breathing. Bryonia l all this.

Feb. 19 he was up all day, gaining strength and fine

arch 2 he took a business trip into the Catskills and in less than two weeks feeling perfectly well, that is ronger than he had for some time before his sickness.

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North Americ
Journal of Homœopat

Editors

EUGENE H. PORTER, M.D., D.P.H. HILLS COL
ROYAL S. COPELAND, M.D. WALTER S. MILL

EDITORIAL

HOMOEOPATHY AND ITS PRACTITIONERS

THREE or four years ago a play by Augustus Thoma long run in New York—the name of it escapes the w which had as its central theme this: The power of sugges

A young woman whose mother had died during infa been reared by a maiden aunt, sister of the girl's fathe mother had been an actress and the marriage, although in every particular, had not had the entire approval of the family. The maiden aunt, thoroughly good but narrow in the extreme, was in constant terror lest her niece sh something wrong. She was constantly telling her niece th that or the other action was wrong, but what could one ex the daughter of such a mother? After being obliged to l this sort of talk for years, the girl at last concluded she all wrong, she could not possibly be good, and in sheer tion she eloped, or prepared to. It was the result of the c suggestion that she was always wrong, and so she alm wrong.

To point the moral one of the characters, in perfect was told he was sick, several of his friends suddenly bec licitous of his health, and in a short time he imagined he w Then he was shown it was the result of suggestion.

The moral to be applied here is obvious. Every litt some good Homœopathic brother becomes alarmed about

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Homœopathic School. Then he becomes pessimistic
ıd thinks pessimism until he begins to believe pessi-
the result of suggestion.
ı a one stop and examine the facts. Let him read the
nedicine. Let him study the writings of the most
ld school authorities of today. Then let him read
nded opponents have to say of the influence on medi-
of Homœopathy. Let him begin with Hahnemann
writings of the master minds of Homœopathy since
s time. Let him study the history of Homœopathy
utions from the beginning to now, this year of grace

anything that the pessimist can find in all this to
is pessimism? We think not. Medical practice was
re Hahnemann's time. This is the age of therapeutic
ahnemann's teachings and the success of Hahnemann
wers had a profound effect on the development and
nedicine, and the end is not yet.
eginning of Homœopathy many of the most profound
nedicine, the foremost physicians of their time, were
Hahnemann's teachings. Every Homœopathic prac-
oday has reason to be proud of his intellectual

hospitals and dispensaries today giving poorer re-
ıose of the old school? Compare the work of those
ıe town. Are our colleges turning out less well-
dents than the old-school? Examine the ratings of
State Boards of Medical Examiners. Are Homœo-
cians mentally or morally inferior to those of other
they command less respect in their respective com-
ı their clientele lower in the social scale? We think

us who can go back a quarter of a century or more
are proud of our heritage. We have seen our insti-
equal of any. We have seen them always in the
progress. So long as these are Homœopathic insti-
will remain so.

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Some day, perhaps, there will be no distinctive Hom
institutions. But that time will not come until Homœopat
ciples are generally accepted. So long as drugs are us
cure of disease, just so long will they be used by a c
increasing number according to the homœopathic law.
possible that it be otherwise.

Let every Homœopathic brother put himself in th
mental attitude toward his belief. Let him try to pra
cording to Homœopathic principles. In the slang of
"Throw away your hammer and buy a horn. Quit k
toot." Then the Homœopathic School will take care of

THE FOOD VALUE OF BOB VEAL

THE marketing of bob veal, that is the flesh of i
calves, for food is generally prohibited throughout
ed States, and to some extent in foreign countries, as an u
cle for human consumption. Just when the flesh of a calf
be bob veal and becomes ordinary veal and thereby ed
marketable is settled by law or laws, and, as is often th
this country, the regulations of the different states show
able variation. Thus veal can be transhipped in i
commerce under the national regulations if it is the flesh
weeks old calf; a Pennsylvania farmer or butcher can s
weeks old veal to his fellow citizens, but the New York far
feed his calf until it is four weeks old before it can be
food; but the Pennsylvania veal or the New York veal
considered bob veal in Arkansas and Missouri, where the
is six weeks.

The New York State Veterinary College at Cornell U
has conducted an investigation lasting over four years
age question as affecting bob veal, and has come to the c
that the Federal limit of three weeks could well be acc
all the states in the Union. Digestion experiments with
gastric juice showed that bob veal and market veal we
equally digestible, both slightly more digestible than bee
was shown to undergo decomposition more readily than
market veal than bob veal. The percentage of water in th

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ined by the freezing point, the specific gravity and dessi-
oved to be the greatest in bob veal with a line of differ-
in the middle of the fourth week, but the flesh of calves
four weeks old was more like so-called mature veal than
sh of less age.

ould hardly be consistent to reject veal on account of its
water content when oysters and fish, having a higher per-
f water, are counted edible; and again a young calf even
two weeks old is really more mature than a squab, for
ncy prices are demanded.

etermine any deleterious effect it might possess as a food,
was fed to seventy-five persons ranging from two to sev-
s of age. With one possible exception no harmful effect
uced, and the evidence is not clear that the attack of diarr-
is case resulted wholly or in part from partaking of bob
e the individual in question ate some bob veal on other
without a recurrence of the trouble.

iew of the foregoing record there would seem to be no
ny the Federal limit of three weeks should not be adopted
states now having a higher age limit. Indeed the Cornell
tors say that the age limit may be safely reduced to two

economic factor in the case is two-sided. On the one hand
lation of this country is increasing and the number of
imals decreasing, and therefore every effort should be
encourage or induce the farmer to allow his calf to grow
e or two year old beef and thus increase the available
several hundred pounds. But there are farmers who will
their calves because it would interfere with their general
plan upon which they depend for a livelihood, as for in-
hen the farmer sells his milk under contract or makes it
er or cheese. If one male calf were destroyed each year
farm in New York State before reaching the mature veal
weeks), it would mean, according to the New York State
rian College investigators, a loss of 10,068,350 pounds of
e meat which at ten cents per pound, represents a value
than a million dollars.

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There are many poor people in this country who cou to buy this meat at this price; foreigners particularly are to obtain it, as many of them have been in the habit of us the countries from which they came. But even if the m mains closed on account of unwise regulations, there is no this tremendous food waste, for this interesting investiga shown that the farmers themselves can safely and profita sume two weeks old veal.

NOTES AND COMMENTS

Homoeopathy at Yosemite

Lucky Californians! Fancy having the chance to to sleep by the music of Yosemite Falls if the prosy rea long-winded paper takes the edge off your wide-awakene California State Homœopathic Medical Society met in famed Yosemite Valley for its annual session on June 10 program was provided, but ample opportunity was affo the enjoyment of the marvels which Nature has so lavis vided at this place. The sessions were held in the Cedar but arrangements were made for most of the doctors a wives to rough it in "Camp Lost Arrow" at the base of Falls.

The Finger Nails and Tuberculosis

Dr. Walter E. Nichols, of Pasadena, says that broad finger nails are often associated with a disposition to tube often the nails curve longitudinally and tend to reach do the finger ends. The color under the nails of these indiv not normal, but blue or bluish at the base, with the rest of bluish-pink or whitish.

BOOK REVIEWS

The Pathogenesis of Salvarsan Fatalities. By Sanatats- Wilhelm Wechselmann, Directing Physician of the Dermatolo partment Rudolph Virchow Hospital in Berlin. Authorized t by Clarence Martin, M.D., First Lieut. M. R. C. U. S. Army, Mo. Published by The Fleming Smith Company, St. Louis. Price $1.50.

Every physician using salvarsan or neosalvarsan sho this little book and study it carefully. Many fatalities ported with complete autopsy findings. The author ma ning comments on these as he goes along. He closes his b the following precautions to be adopted in using salvar

1. The most exact technique.
2. A dose carefully adapted to the individual cas
3. The most exact chemical and microscopical exa

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e when employing salvarsan, particularly when the reatment is employed.
conjoint use of salvarsan with heavy mercurial treatgerous. If mercury is used give it following salvarbefore.

dy Reference Hand-book of Diseases of the Skin. By George kson, M.D., Professor of Dermatology in the College of Medical Department of Columbia University, New York. ion, thoroughly revised. 12 mo., 770 pages, with 115 en- 6 colored plates. Cloth, $3.00, net. Lea & Febiger, Phila- New York, 1914.

venth edition of Jackson's book on Diseases of the ns considerable new matter. The preface says 257 described. Part I. describes the anatomy and physe skin and appendages, gives a short section on lesions, therapeutics, and closes with a schematic classifica- II. describes the various diseases in alphabetical author evidently thinks little of radium though he Erysipelas he says requires local treatment which be important. The reviewer looks on erysipelas as disease with local treatment unimportant. However, concise and is a valuable one for the average physicion.

Surgery: General and Operative. By J. Chalmers DaCosta, D. Gross, Professor of Surgery, Jefferson Medical College, Pa. Seventh edition, revised, enlarged and reset. Octavo s, with 1085 illustrations, some of them in colors. Phila- London; W. B. Saunders Company, 1914. Cloth, $6.00, net; o, $7.50 net.

w and handsome volume seems to be a very complete of present day surgery and surgical technique. The what to do in such emergencies as unconsciousness phyxiation or smoke asphyation are particularly valfact that this well known work has reached a seventh erhaps all that is necessary to say in the nature of ation. The mechanical part of the book is well done. is thin so that the size of the volume is no greater rdinary medical book of a thousand pages, whereas has more than fifteen hundred.

lor Nurse, by Charlotte A. Brown, R. N. Instructor in the Hospital and Boston Lying-In Hospital Training School for Superintendent of the Hartford Hospital Training School. nn. 208 pages, illustrated. Cloth. Lea & Febiger, New iladelphia, 1914.

tle book with its well chosen illustrations is, on account icity and clearness, an ideal volume for the student author, from her years of experience as a teacher, has e ability to so grade her work that she has emphasized ne subjects for primary workers.
alifications (mental, moral and physical) of the nurse ed in the first chapter followed by a short discussion er food, diet, clothing and exercise for the young contemplates entering this profession.

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In the chapter on temperature concise instruction for the different uses of the thermometer and a short cause and effect of a rise or fall of temperature.

The different methods of administering medicine weights, both Troy and Metric, and a list of abbre given to demonstrate the remarks on bandaging and given complete instructions as to her duty as assis surgeon.

The preparation of the patient before and the ca anesthetic is especially good. A short talk on hemorrha epilepsy, hysteria, poisons and other antidotes, fract dislocations and foreign bodies in the eye, ear, nose given under emergencies. At the end of the book is a glossary.

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ENTERIC (TYPHOID).

BY E. PETRIE HOYLE, M.D.,
London, England.

been bourne in upon me in lecturing to students at the
n Medical College of the Pacific and more lately to the
the London Medical Missionary School, at the London
ic Hospital, that they could grasp therapeutics and
gy better when drug actions were "displayed" in close
e comparison—tabulated when possible—according to
parts affected, or their specific actions in various phases
ase.

ear at the London Homœopathic Hospital I thus display-
ated comparison the drugs usually called for in enteric
found that every missionary was going out into countries
ct to this disease.

easure it gave, and the ease with which they mastered
, when so displayed, at once set me to tabulating the
f remedies suitable to malaria also, which, of course,
much more labor than the tabulation here set forth for

before me now some letters from missionaries all highly
e of this method, which I have never seen attempted

uestion which astonishes and puzzles all beginners in
y is that we do not lay more stress on "microbes" when
pharmacology and therapeutics.

ell to clear the field of "carping criticism" right here!
paths, each and every one of us, recognize the role (as
he latest word on bacteriology, which we all study as
allopath), BUT (I spell "BUT" in capitals) notwith-
ne microbes—bacilli or cocci—our medicines act cura-
te of—or in the presence of the most virulent microbes,
comparative mortality statistics will bear witness
drugs do this much more successfully when
the Law of Similars (homœopathically) and ac-
our accepted dosage, whether in "high or low" potency,
s of "dosage" act (in some phases one or the other
nore efficacious at times than the other), hence members
s of our school should be ever ready to run the whole
'potency" when they choose a remedy for its homœo-
on, bearing in mind that we always avoid any dosage"
or can aggravate, or add a "drug disease" on top of, or
the disease as presented by nature.

mœopaths it is ever how little medicine can we give

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which will successfully stimulate "Nature's vital reactive forc
aid Nature to repair or repel."

In allopathy they seem to seek a drug or dosage which
select out and destroy microbes—in situ—forgetting or ign
that such a powerful dosage may actually go beyond such a
jective (if that can be accomplished), and actually destroy
vital tissues, forces, or even injure an organ, so that they
substitute or create an organ disease.

To any neophyte who may read these lines, we will add
his benefit, what we all know, that the drugs we use have previ
obtained actions well known, exact and precise, which may
general or only local action.

To such neophytes it is necessary to state that all our d
are tested first on healthy—volunteer—human provers, who
personally tested them and suffered therefrom. Hence, whe
name the following drugs we know absolutely what actions they
cause and cure.

If the resulting action is not what we wish, then it is wis
suspect our individual judgment and selection rather than d
the law of cure.

To any allopath who may doubt, or be unjust to himself
sneer, we suggest that such a one ought first to "test" our s
ments carefully and conscientiously before condemning, and
an one ought to be encouraged by our unbroken testimony o
years, and also by our evident truthfulness and desire to b
mankind generally.

Perhaps the greatest stumbling block I experience
students' minds was the malarial plasmodium and its well k
cycle of incubation.

Did not this cycle want a dosage huge, strong and eve
most repellant to the patient? How else could the "enemy
routed?

And it was almost as bad in enteric! Only I faced them
the fact of the ever-changing therapy of allopathy, which po
to the fact that they, the honest allopaths, were at least not
satisfied with their medicaments and line of treatment, whils
had a certainty to work on if the individual talent can adjus
relationship of disease symptoms to drug symptoms.

Against this slaughter of the invading hosts, in situ, I al
pointed out the warnings of the allopaths themselves, and no
singular instances of this is shown than on pages 908-915 o
Clifford Allbutt's (Regius Professor of Medicine at Camb
University) "System of Medicine by Many Writers," here s
ing of their treatment of cholera Asiatica.

I will speak of their "Antiseptic Plan," as he calls it, (w
means the direct slaughter of the microbes, in situ, and he is s
ing for the guidance of the profession, please remember),
antiseptic plan aims at neutralizing the poison in the intest
Acids and Germicides of many kinds have been administered
this view, but this plan may simply result in adding poison,
ritant to irritant, in hindering a process of salutary decompos
or in destroying the leucocytes or innocuous organisms and

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hich may be doing good work. Practically the plan has
ıre cholera."
s also his concluding testimony of the four other "plans"
ied (small) for the guidance of the profession. "All
." he says, and I think our and their recent and century
ill bear this out.
t says of cholera: "About one-half of those attacked
ra recover (or die) with or without treatment (which
edicines" or "germicides," and this is sad reading,
for those attacked). What if the Homœopaths were to
orld that patients "stood the same miserable chance—
thout medicines?" What would happen?
then, is a typical instance of "attacking the microbes
and its acknowledged failure! It is a different thing
te Nature (by raising the opsonic index) to thwart the

r average mortality rate in cholera is about 16 per cent.,
f allopathy stands at about 50 per cent. (here confessed
per cent. (Sir Wm. Osler says 30 to 80 per cent.) and
averages have remained contant, to date, with the allo-
pite of the cleverest endeavors of highly trained pharma-
emists and laboratory experiments, and the 16 per cent.
ce Hahnemann first outlined the homœopathic treatment
sease in 1833, we have a right to claim a "superior
f therapeutics (and one which on the face of it carried
mount of exactness) even in the presence of microbes—
s—including bac. typhosus.
omœopaths are just as keen as anybody or any school in
s, that is, the "prevention" of enteric (or any other

m. Osler (Regius Professor of Medicine at Oxford
and late ditto of Philadelphia and McGill's) has said
Homœopaths are wide-awake," which is honorable testi-
yet his pronouncement has not yet led to a satisfactory or
any, enquiry into our methods by the allopathic school.
why and wherefore" is a sad commentary on the status
fession, and one which needs the pressure of "public
o rouse them from their Lethargic Neglect of the rights
lic!
this preamble we go on to the comparative tabulated
ne various drug actions of some few drugs in most com-
y us in the treatment of enteric, registering the fact that
ledge the rule of the bacillus typhosus (as known to the
-date bacteriology). and yet we feel confident that we
e help to use in this disease, and one that is easy to ad-
easy of comprehension by the profession or the laity,
ansport, and easy to take! The laity, when medical
t obtainable, are counselled to try Homœopathy, guided
ms (symptomatology) alone. Many laity have done so
h marked successes!
"keynotes" of the following scheme were chiefly
ı the following works: Nash's "Leaders in Typhoid,"

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a most valuable mono-graph, and to which I
those who want further enlightenment and safety, an
pleasant and profitable reading; also many "keynotes"
taken from Professor Dr. W. A. Dewey's "Essentials
pathic Therapeutics" and his "Essentials of Homœopath
Medica" and his "Practical Homœopathic Therapeutic

When cases of enteric are under homœopathic car
beginning, the very severe phases of this disease as he
hardly ever appear, and to illustrate what I mean I will
Nash's Leaders in Typhoid (page 6): "In my earli
I visited Dr. Adolph Lippe and asked him if he found t
that he recommended for typhoid hæmorrhages twenty
fore as efficient now as then. He answered in his usua
tic way: 'I don't know. I don't have any cases of h
any more.'"

This one instance will explain why we do not see
the most serious phases of this disease any more.

Homœopathy simply reduces the virulence of this o
acute disease by raising (stimulating) the natural vit
of the patients, raising the opsonic index of modern m
lance.

Hoping that this "comparison" may reach the
students of homœopathy and help these, and also reac
who are laboring, perhaps with layman's skill in the ba
the world, and there are thousands of such, I sub
self, ever a student, urging the propagandism of ho

84 Holland Park, London, W, January 1, 1914.

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		Dull, Drowsy, Dizzy. (3 classical "D's" of Gelsemium. Tremblings.	
Mental State and Delirium. Facial Appearance.	Face red, but *turns pale on rising,* or sitting up.	*Drowsy* with *red face,* mind *less clouded* than with Baptisia. Looks very ill.	*Drowsy,* with dull, dark, or red face, *mind very clouded. Face,* "*besotted.*" Eyes stupid and with heavy, drooping lids.
Delirium.	About affairs of the day, or business.	Mind generally dull, stupid, apathetic rather than delirium.	Mind wanders. Falls asleep while answering questions. Fancies himself dismembered. "Cannot get parts together." Great mental depression.
Bowels.	Often constipated.	Neither constipation nor diarrhœa.	Diarrhœa. Yellow, offensive.
Decomposition.	Not marked.	Not marked.	Appears early in Baptisia; unusual fœtidity.
Mouth and Tongue.	White or yellow, parched. Parched lips. *Great thirst for large* quantities of water. (Arsenic for sips only.	Tongue, thinly coated or not at all. Tongue *trembles* when attempting to put it out. No thirst.	Sordes on teeth. Fœtid breath. The only remedy of the three with *dark, well defined* streak down the middle at this stage.
Urine.	Scanty, high colored (generally).	Profuse (generally). Sudden desires.	Scanty, dark, offensive.
Fever.	Fever with typical great thirst for large quantities of water—often.	Afternoon exacerbation. No sweat, sometimes feels very chilly. Pulse full, flowing.	Afternoon exacerbation. Fever of greater intensity with offensive sweats.

N. B.—Dosage from *O* to 200. In other words—any potency will do, if it be the correct choice. All symptoms of each or any drug may not be present but the nearer the disease picture "the surer the relief. Beware of continuing a remedy if improvement is apparent. Let nature alone. It will pay!"—(Nash.) Careful toilet of the mouth twice a day at least. When improvement continues give dose

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of Sac Lac or few drops of alcohol in water for mental effect on the patient. Review the case daily or twice daily, to see if change or repetition required. Beware putting thermometer in mouth, as patient may bite it unconsciously. (Axillary temperature is at least one degree below the mouth. Rub Axilla dry before placing thermometer.)

SECOND STAGE OF INVASION.

The three foregoing remedies, Bryonia, Gelsemium or Baptisia, may be called for in the second stage of Enteric, especially if they were not used early enough in the "prodromal" stage, hence *their characteristics* must be studied at any time of the illness—on lines of purely Homœopathic prescribing: when their "Stimulations" will cause the severity of the symptoms they cover to be satisfactorily reduced. The following drugs—also want careful study and *comparison* in their many individual phases, which are very likely to arise for some hours to a few days!

DRUGS FOR SECOND STAGE OF INVASION (ENTERIC).—Con'td.

The many "objective symptoms" given are of the greater value for guidance, for often it is impossible to obtain coherent expressions from the patient.

	Rhus Toxicodendron.	*Phosphoric Acid.*	*Arnica*	*Lachesis.*
General State. Mind, Deelirium, etc.	Great restlessness (like Arsenicum album, but Rhus has not got the Ars. *prostration*). Cannot lie still. Must toss and change, as if temporarily better (relieved) from some movement. (Rhus tosses whole body, whilst Ars. can only move head and limbs on account of weakness.) (Bryonia lies still and is worse from any movement.) Rhus patient sinks down to the foot of the bed repeatedly. Great pains in limbs and back and spleen. Desire to escape (opium.)	Stupid, indifferent, apathetic. Lies on back very still. *Torpor.* Does not want to talk; *answers very slowly, but rationally.*	Indifference to everything. Patient does not know, or care, that he is ill. More profound depression than Phos. Acid. Goes to sleep while answering questions (like Baptisia). The stupor and apathy is the same as Phos. Acid, but there the similarity ends. Weak, weary, *stupid;* complains of sore and bruised sensation. Forgets the word he is saying (half said). Face and head hot, body cool (Phytolacca). Nose bleeds. Bruised feeling all over body. Com-	Practically useful in the second stage only. Mutterings, stupor, or almost complete insensibility; sleepy, loud breathing, with mouth wide open. Restless, dislikes anything round the neck or chest. Throws off covers from upper part of body (Hyoscyamus throws all covers off the whole body). If sleeps, symptoms are aggravated on waking. The more he sleeps the worse he feels or complains. (Lycopodium awakes very cross and often *cries* or

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DRUGS FOR SECOND STAGE OF INVASION (ENTERIC).—Cont'd.

	Rhus Toxicodendron.	*Phosphoric Acid.*	*Arnica.*	*Lachesis.*
Bowels, Abdomen, Urine.	Involuntary diarrhœa (like Hyoscyamus). Yellowish-brown stools of offensive and decomposed odor, but not so offensive as Baptisia. (Stram.: Stools smell like carrion and are blackish.) Abdomen tympanic, and sensitive over the iliocæcal region.	Abdomen distended and bloated, stools often contain undigested matter (Intestinal hæmorrhage at times.) Much rumbling and gurgling and painless diarrhœa. Often pale yellow, watery, light colored, even white (Compare Verat. Alb.)	Stools and urine are apt to be involuntary. Brown to white diarrhœa. Abdomen distended. Sore sensations and to touch.	Stools (often involuntary) very offensive, whether formed or not. Indicated in hæmorrhages from the bowels, which are apt to be of dark blood. (But hæmorrhages may occur from any orfice of the body.) This decomposed blood looks like *charred straw.*
Face, Mouth, Tongue.	Mouth dry as a board, brown, cracked. Tongue has a shape of a triangle, with the tip pointing backwards. (Bapt., dark line down centre.)	Tongue dry, teeth covered with sordes, (like Arsenic, Baptisia and Colchicum and Lachesis.) Face stupid, with fixed, glassy stare (opposite to Stram., which has desire to talk and wild look.)	Brown streak down middle of tongue (like Baptisia). Putrid breath. Lower jaw drops (in extreme conditions of stupor).	Dry, cracked lips. Black mouth, tongue and teeth (sordes), can't protrude tongue, as it catches on lower teeth. Tongue trembles when protruded (like Baptisia). Dropping lower jaw.

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DRUGS FOR SECOND STAGE OF INVASION (ENTERIC)—Cont'd.

	Arsenicum Album.	*Carbo Vegetabilis.*	*Muriatic Acid.*
General State, Mind, Delirium, etc.	Useful late in the disease when *vital forces seem* exhausted. Any motion exhausts completely and makes the patient worse. *Restlessness, Anxiety, Anguish;* burning sensations. Excessive thirst for little at a time (sips). (Bryonia, great thirst for large quantities.) Restlessness shown by constantly moving head and limbs. Can't move trunk because of great weakness. (Rhus tosses whole body.) All symptoms worse about midnight or especially at 1 a. m. (Compare Carbo Veg., Mur. Acid, but Ars. prostration has *anguish* and *restlessness.*) Cold sweat (Verat. album) and delirium. Fever intense.	Useful in extreme cases of collapse, pulseless, paralytic condition. Features deathly pale, sunken, cold, with hæmorrhage from any or all orifices. Rattling breath (often showing threatened paralysis of lungs). Lips, tongue, nose and extremities very cold, (especially lower limbs). Cold sweats on limbs. Cyanotic blueness of face. Difficult breathing; wants to be "fanned." The prostration is beyond that of Arsenic, indeed the whole picture is different. (Improvement created by Carbo veg. is well carried on by China off. The China collapse comes at the end of decreasing forces; China is complimentary to the convalescent state.) (Camphor and Veratrum album have also very sudden collapse.) Carbo veg. prostration *lacks* the anguish and restlessness of Ars.album.	Rather like Carbo veg., useful in seemingly hopeless cases. Febris stupida. Patient sinks to bottom of bed (Rhus). Like Carbo veg., this remedy *lacks* the extreme anguish and restlessness of Ars. alb. Groaning in sleep. Muttering unconsciousness. When awake lower jaw drops. Cannot move body. Heart feeble—pulse intermits every third beat. Cold extremities. Bed sores.
Bowels, Abdomen, Urine.	Watery diarrhœa; brownish, dark or bloody. Very offensive. Great prostration may be marked after effort of stooling.	Abdomen meteoristic, rumbling, gurgling. Diarrhœa with cadaverous smell and often involuntary.	Putridity of stools, which are involuntary, while passing urine. Bleeding from anus itself. Stools often watery.

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etc.	half open. This state may alternate with wild delirium, loud talking, or attempts to escape (Rhus tries to escape.) Leading keynote *Stupid State.* Intense sleepiness—*with acute hearing;* clocks striking, and cocks crowing at a great distance, keep patient awake. Low stertorous breathing. Hot sweat (a bad omen), and very high fever.	all organs of sense. Delirium continues while awake. *Sees persons who are not, and have not been present* muttering to them. Staring at surrounding objects and *reaching into empty space* for them. *Picking of bed clothes. Twitching of muscles.* Jerks his head up suddenly from pillow. (Subsultus tendinum.) Sleeplessness (with or without staring eyes; or constant sleep with mutterings—one tendency of Hyoscyamus is to *discard all* clothes. (Lachesis—uncovers upper part of body only.)	tensity. Here we have *raving* that is something awful. singing, laughing, grinning, whistling, praying piteously or swearing hideously, and above all remedies. *Loquacious.* Throws himself into all shapes, crosswise, lengthwise, or like a ball, or stiffened out by turns. *Later.* Complete loss of sight, hearing; speech with dilated pupils, and drenching sweat, which brings no relief, and death must come soon if Stramonium does not change this. Stramonium is most wildly *Loquacious.* Hyoscyamus most insensibly *stupid.* Belladonna stands halfway between the two.	por *interrupted with occasional sharp screams.* Spells of whining and general trembling, which is continuous and so violent as to shake the bed. (Compare Zincum.) Its use is late in a badly conducted case. *Skin* hot and dry or profusely sweating.	*Sudden collapse* (the Carbo veg. has sudden collapse after gradual weakening. The China has gradual collapse Verat. alb. has the most sudden—*unexpected* collapse. Verat. alb. *especially* on *ore* has *cold sweats, especially on* forehead. Cold breath. Hippocratic face; nose pointed and cold; blue and white round mouth. (Useful in cholera with these symptoms.) (Camphor has same *sudden* collapse with total absence of sweat. It has icy dry chill, yet notwithstanding the chill—camphor cannot bear to be covered.)

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Keynotes: Comparison of Drugs, also for the later stages of mismanaged or complicated Enteric.—Continued.

	Opium	*Hyoscyamus.*	*Stramonium.*	*Apis Mellifica.*	*Veratrum Album.*
Bowels, Abdomen, Urine.	Stools involuntary. Urine generally contained.	Urine retained, suppressed sometimes involuntary. Paralysis of the sphincter ani and vesica. Sometimes both stools and urine involuntary. (Mental symptoms must decide—any other doubt.)	Stools loose, blackish, smelling like *carrion* (compare Rhus and Baptisia) or no stool or urine, but here (and elsewhere) the mental symptoms must dominate the choice of drug. Mental symptoms aggravated when stools and urine stop. Mouth quite raw.	Abdomen distended, sore and very sensitive to touch. Stools foul, bloody, often involuntary. *Anus* sometimes.. remains *open* (like phosphorus), or abdomen may be very sunken (like a soup plate) with no stool and scanty or suppressed urine.	The typical stools of this drug (see cholera) are gushing, explosive, rice water, in varying degrees of intensity. The general conditions guiding here (as elsewhere) in the choice of drug. Sudden collapse with *icy cold sweats* being the key.
Face, Mouth, Tongue.	Face dark red, bloated; low stertorous breathing.	Tongue red, or dry, brown cracked (may be paralyzed: puts it out slowly on request and forgets to draw it back in again, or cannot put it out at all. Sordes on teeth and cadaverous smell from mouth.			

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	will pick and bore into raw surfaces, causing them to cry out, but still they keep on picking and boring. (These conditions also seen in scarlet fever.) High fever and delirium is not a counter-indication for a few doses to be given to relieve this distressing symptom.	twitching. Deathly cold to knees and elbows. Hippocratic face. Impending paralysis of the brain. Pulse so weak and quick it can't be counted and intermits altogether at times, useful only late in the disease.	will overcome the very trouble—some meteoritic distension of the abdomen and the accumulation of gases which cause pain, often accompanied by loud rumbling. There is generally a tendency to constipation, and delayed exanthum; the mental characteristic is very cross, especially on waking, when children will wake up scolding, screaming or irritable. Urine is scanty, high colour, and often has a red, sandy (uric acid) deposit on standing. General aggravation, all symptoms in the late afternoon, (4 to 8 p. m., is another marked characteristic of great value in Lycop.)	sudden stopping of loose stools a few doses will generally relieve) with widely dilated pupils which do not respond to a bright light. Hearing very slow and weak.	*miliary rash has not appeared*, give a few doses of this drug, which has been often clinically proven of value, then proceed with the properly selected remedy as before.

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	Nitric Acid.	*Arnica.*	*Terebinthinum.*	*Geranium Maculatum*	*Hamamelis Virginica.*
Hemorrhages.	Bright red blood, evidently from ulcerations in the intestines (Peyers Patches). Active hœmorrhages. Think of its action on general ulcerations.)	*Bright red blood*, but *clotted.*	Hœmorrhage *with extreme tympanitis.* Bright red tongue, which is smooth and glossy, as if deprived of all its papillæ.	We obtained this from the Boers. They boil some of the root in milk. We give some of the *O* (Mother Tincture) or ix to 6 x generally used in fairly low potency. (Not well proven but used on clinical evidence.)	*Very dark venous* blood, generally with very great *soreness* in abdomen, use internally and lay cloths wet with strong dilution over the abdomen.
		Lachesis. Hæmorrhages of dark blood-like charred straw.			
	Millefolium.	*Alumina.*	*China Officinalis.*	*Adrenalin.*	*Other Remedies*
	Bright red, fluid continuous, painless hæmorrhage. (This is valuable for such symptoms from any part of body.) Absence of anxiety on part of patient.	Blood passes in *large, coagulated masses* (clots), resembling liver.	*Profuse* hæmorrhages where there is *fainting* from loss of blood, ringing in ears, loss of sight, and especially valuable in convalescence when the effects of the loss of blood are	Think of this, if the other remedies are not at hand, or should any hæmorrhage persist, through wrong choice having been made; (not proven, but clinically found useful.)	*To bear in mind.* Thlaspi Bursa Pastoris, Cinnamon Tea (infusion). Dilute vinegar in small sips.

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Septicæmia. Dr. Burnett, of London, always gave this with marked reduction of the septic invasion, and a perceptible lowering of the fever. (Dr. Kroner, of Potsdam, has told me of a series of eleven cases of puerperal fever (consecutive) all cured quickly with only Pyrogen 10x. This is mentioned here to prove its value over sepsis). Give it a trial in Low Septic States, where the *fever* seems to be burning up all vital force—even as an intercurrent for a few days.

SULPHUR

In some cases the heredity of the patient calls for one dose (or several doses) of Sulphur, before the otherwise *indicated remedy* will act properly. If such be found to be the case, then give a few doses of Sulphur 6x—12x—30—or higher, and then revert to the drug indicated. The value of this measure has been proved "clinically" times without number.

ANTIMONIUM TARTARICUM

In some cases the amount of phlegm seems to prevent the lungs from absorbing the required oxygen. It is legitimate to prescribe a few intercurrent doses of this drug to clear away the obstructed phlegm. (Do not give low, as it is a heart depressent in doses prescribed by Allopathy.) The symptoms are marked cyanosis; coarse rattling breathing; coughs but can't raise phlegm.

GENERAL NOTES.

The utmost care must be taken to disinfect all "ejecta" and whatever object has been used by or near the patient (or in the room) including the nurse's own hands (especially) and garments.

There must be no routinism in prescribing! Observe the "picture" of the disease, presented by the individual case, and prescribe that drug which most nearly has caused these symptoms in the healthy "prover," or those symptoms gleaned from "accidental poisoning," which *graver symptoms* we have classified and recorded faithfully, for guidance in just such grave cases, as above outlined, for it cannot be expected that all the above symptoms could be the (too heroic) work of even enthusiastic "provers."

The *potency* is not of the greatest importance; but if you have selected "the most nearly resembling drug" it is sometimes wise to change the potency, before rashly changing the remedy—or even to suspend all medicine for half a day—in such cases which are not "in extremis."

But the *quality* of the drug must be beyond suspicion and from stock of proved value!

84 Holland Park, London, W., Jan. 1st, 1914. (Medical Century)

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ELATERIUM, SQUIRTING CUCUMBER

BY A. C. PUTNAM, M.D.
Marshall, Mo.

This remedy is by no means a new one, but was us
before Homœopathy was ever known, it having been used
ancients in angina, dropsy, gout and sciatica or applie
cataplasm in hemicrania.

The tincture is prepared from the fruit.

The character of the pain seems to be the red string
remedy, sharp sticking.

This remedy seems to have an especial affinity for t
cous membranes, although it has some decided action o
muscular and organic portions of the body.

The first action of the remedy seems to be stimulati
lowed by intense depression.

In the mucous membrane of the eye we find sticking
inner canthus of left eye as of a splinter.

In the alimentary tract, beginning with the mouth,
bitter taste, tongue coated with dirty brown fur.

Spitting of large lumps of yellow matter apparentl
the stomach, a feeling as if the mucous membrane of th
rior nares and upper part of the œsophagus were swollen,
panied with much thirst.

We come now to the greater field of action for Ela
the stomach and bowels.

Constant nausea and disposition to vomit. Vomi
greenish watery substance with great weakness.

The signature of Elaterium is too obvious to be misse
fuse, watery stool, coming out with a gush, which is th
characteristic of the drug, is plainly typified in the explo
means of which the ripe fruit scatters its seeds.

From palpation the bowels seem as if knotted.

Frequent vomiting with great morning weakness.

Frequent dull olive-green, watery stools, streaked witl

Great pain in abdomen with constant urging to st

Frequent, copious, watery stools with cutting pain
abdomen after taking cold by standing on damp groun
exertion.

Squirting diarrhea.

Urinary Organs.—Constant heat at neck of bladd
extreme pains during micturition, inducing even convuls

Suppression of urine with cramps and neuralgic pa

Chest.—Difficult breathing with sharp pains at lowe
of right shoulder blade with great heat under shoulder b

Limbs.—Sharp, shooting pains extending from shou
tips of fingers.

Sharp pains in fingers of left hand to their extreme

Deep seated, tearing and gnawing pains in hips and
in course of sciatic nerve, extending down to instep and
ities of toes.

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ps in soles of feet with arthritic pains in great toes.
algic pains involving whole right side of body from
o foot, with swelling of right knee.
ression of urine and bitter taste in mouth.
ind Elaterium very helpful in chills when suppressed
e or some other "sure shot ague cure," which appears
ther form, as an urticaria all over the body, billious or
fever. Chilliness with continued gaping and quivering;
and soreness of the limbs, pain under shoulder blades,
of back, cramps in the legs and soles of the feet.
ning and gaping with a sound resembling the neighing
e. Profuse lachrymation and coryza. Violent tearing
ughout the head, more especially in the vertex.
, cutting pains in the bowels, and extremities, the
oting to the very tips of the fingers and toes, then shoot-
again into the body.
ea, vomiting and copious discharge from the bowels,
aracteristic color and consistency.
us sweat with gradual relief of all symptoms.
the mental symptoms that are caused by this suppres-
characterized by an irresistible desire to wander from
en at night, or fear of some approaching disaster, but
what, are relieved by this sweat.
of action, 7 a. m., 12 to 1 p. m. and 5 p. m.
remedies with which you may be called to compare Ela-
r characteristic pains are Argentum nitricum, Hepar,
c acid, in diarrhœa; Calcarea, Chamomilla, Dulcamara,
chata, Rhus toxicodendron and Sulphur. This is a list
re important, although not a complete list of remedies
e called on to compare, but if you master this list it will
a good working capital and Elaterium will relieve you
deal of mental anguish and your patient actual intense
—Medical Century.

AN ARSENICUM CASE.

By J. ROBERSON DAY, M.D.
London

(From Homoeopathic World)

C. W. C, came to consult me on November 20th, 1911.
n attack of influenza at Christmas, 1909, and in February,
luent coryza commenced and has continued on and off
e. Her nose streams with clear water as she expressed
like a tap." She has lost all sense of taste and smell.
s "horribly stuffed," sore and raw. She sneezes very
in the morning the nose streams with clear watery mucus.
ition has been subject to exacerbations, and at times has
gh, even at night, accompanied by a feeling of suffocation.
tion was so bad it prevented her doing anything, and
ts worst, her only resource was to stick a handkerchief in

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her collar, and spread another on her knees to catch the dr
she sat playing the piano!

The treatment hitherto had been singularly unsucces
as frequently happens in such cases, the doctors advised c
air. She lived at Newcastle, but was advised to leave for
where she now lives. Local treatment had been employ
form of Glycothymolin sprays, and inhalations, and the
membrane of the nose had been cauterized—alas, witho
She had also been sent to Switzerland and the South o
for change of air.

Physical examination revealed much congestion of th
membranes of the nasal passages, and swelling over the tu
but there was no occulusion of the nasal passages. He
health was reduced from the long continued drain on her r
pulse sixty-five, dropping beats occasionally, and gene
bilitated and anæmic; feeling always very tired and u
sleep in the afternoon, although at night her sleep was g
the cough did not keep her awake. The lymphatic glan
neck were enlarged, corresponding with the affected
area.

With such a vivid drug-picture as this lady prese
merest tyro in Homœopathy could not miss the indicated
the polycrest, which so completely covered all the sympto

From the Materia Medica Pura we see Arsenicu
specific action on the mucous membranes, causing wateri
eyes, burning with tears, frequent sneezing and fluent co
charge of acrid fluid from the nose. Severe fluent coryza
at night immediately after lying down. Great exhaus
treme weakness and weak pulse. Uncommon prostra
weakness of the limbs, which compels him to lie down.

When I next saw her, on December 15th, she was ent
in praising the treatment. She was wonderfully better,
had ever done so much good. The profuse streaming
nose had entirely ceased, and she was able to breathe mu
up and down the nose. The taste and smell had not yet
but there were times when she could smell very faintl
cough had ceased and now she is able to sleep well.

She was very thankful for the relief, and singing th
of Homœopathy, as indeed, she had great reason to do.
visit I changed the medicine to Cinchona 3x thrice daily
exactly met the debility, and her symptoms, and after ta
prescription a few days, her husband wrote, "she see
better in herself and more cheerful, and I have noticed e
the last two days a marked improvement, she being able to
without getting so tired. . . She eats and sleeps well."

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CONTRIBUTED ARTICLES

UNDERFEEDING OF INFANTS

BY HENRY BREWSTER MINTON, M.D.
Brooklyn, New York

CH has been written and so much has been said on the ject of infant feeding that it is difficult to add anything ile and almost impossible to say anything new. Many of s already said are hardly worth while and many are by so elaborate a technique that they are quite useless tical man.

nt feeding has been made a science and has been given cal a character that it has left many a general practi- pelessly unable to comprehend it and has led many a into pitfalls from an excess of zeal for his mistaken nsion of its practical application. The subject should inly set forth that the average mind can understand it and I therefore hold that for practical purposes it e divested of everything save the simplest essentials and salient facts should be set forth in language which none to grasp. One of these essential facts I have taken for ct this evening. The baby must have enough to eat. In stem of infant feeding that should be the first essential. er principle of any system is enough food under any cir- es and as digestible as possible. Not a digestible food ny circumstances and enough if possible. There are iods when from acute illness less food can be digested nilated than is sufficient for the maintainance of nutri- ibrium but such periods must be short and ought to be

amount of food necessary for the infant during the first nths of its life is considered to be 100 calories to the

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kilo of weight. When one begins to deal with such statem
this nine out of ten of us do not comprehend the fact s
it becomes a practical working basis upon which to det
whether an infant does or does not have enough food.
not weigh our babies in kilograms and the caloric values o
ing quantities and qualities of milk are confusing. The st
is more comprehensible if it is stated as fifty calories
pound which is almost the same thing as 100 calories to th
It is much better to make the formula perfectly compreh
than to make it minutely correct. It is but a working hy
sis at best. Why not adopt a perfectly simple standard
ounce of the top 15 ounce milk to each pound of the child
or its equivalent as a minimum. Whole milk is usually
less than 4 per cent fat and gives a caloric value of ab
calories to the ounce. One ounce to the pound of the i
weight of such milk is a starvation ration. It is not enou
a baby to live on. The top 15 ounces of the bottle is a
per cent fat and one ounce gives about 34 calories. 35 c
to the pound is the maintainance requirement. Thus one
of top 15 ounce milk to the pound of the baby's weight
a maintenance diet only. To provide a full diet it is neces
use larger quantities than one ounce to the pound or riche
than 15 ounce top milk. Thus for the first three months
ounce of 16 per cent cream to the pound may be used. F
second three months one ounce of a 12 per cent top milk
pound is adequate. For the third three months one ou
8 per cent top milk to the pound plus the amount of su
milk necessary to bring the sugar up to 6 per cent will
It is not, however, my object to detail at this time a meth
properly adjusting the food values in the babies' diet
clearly state an irreducible minimum below which lies star
If then we make the statement that a baby must have a
one ounce of top milk to each pound of that baby's weig
have at once a practical basis on which we may test in an i
the adequacy of any formula. A flat tablespoonful of sugar
is of about the same value as an ounce of top milk and ma
allowed for. An illustration may be considered. Given a c
eight pounds with a feeding for the day of less than eight
of top milk or its equivalent of milk sugar at a tablespoo
the ounce the fact is at once apparent that the allowance
adequate. We often determine inadequacy of diet by l
weight, but why wait for loss of weight and loss of wei
often attributed to indigestion or other consequence of th
vation and the inadequate diet is continued or even reduce

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consideration is not how little a baby can take and live, much he can digest and thrive. It is universally con- t diluted cow's milk is more easily digested than whole the infant and dilution of a milk appropriately rich in ecome the basis of milk modification in infant feeding. ority holds that high proteid is injurious, another that is detrimental, another that starch is undesirable, and ner points out the injury from excess of sugar. We may e proteid, the fat, and the sugar on scientific principles uce unscientific starvation. This is one of the common- in modified milk feeding when the infant is not gain- t.

ated temperature, loose green stools, sleeplessness, fret- rying, loss of weight, are more often caused by insuffi- d than by high proteid, by high fat, or by high sugar eding of infants upon modified milk. The proposition have adopted as my subject is absolutely essential to The baby must have enough to eat. It is of small mo- well he digests a starvation diet. It is essential that that the diet is adequate. The baby must have at least e of top milk or its equivalent to each pound of its That is the minimum. That is the maintenance diet only. se was admitted to my service in one of the hospitals on wing diet, prescribed by a physician for whose attain- have the highest respect except in matters of infant The baby was well, two weeks old, and came as a It weighed 6 pounds and 8 ounces. It had been weaned ed on a formula which allowed it three ounces of whole ted plus half an ounce of sugar of milk per day. The ould have had at least six and one half ounces of top ree ounces of whole milk and half an ounce of sugar urnishes 120 calories. The baby's maintenance diet re- 34 calories and a full diet demanded 330 calories. A 20 calories was then simply starvation and to place a by on such a formula as an attempt at weaning was inaugurate a long course of malnutrition probably lead- e grave.

her case. The mother with the doctor's knowledge had baby nothing but water for a week because the baby digest anything else. Prior to the water diet I was told ything had been tried but nothing agreed. The present hing so emphasizes the advantages of the reduction of undesirable elements in the diet that an exaggerated attached to the dilution of milk and babies are starved

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in an effort to feed them. Unless the caloric requirement infant is considered and the value of the diet ascertaine some basis the adequacy of the feeding cannot be assu is certainly best to figure out the caloric values of the cording to well known and recognized methods but a rea plied minimum standard, such as the one I have suggest valuable standard. One ounce of top milk to the pound minimum. Never feed less than the maintenance diet exc very short periods when acute illness demands it.

If we consider the energy value of human milk and c it with the possible modified milks the danger from reduc teid, reduced fat, and reduced sugar is evident. Huma averages 719 calories to the litre with a maximum of 87 minimum of 567 calories. This we must imitate in ou fications. Proteid one per cent gives 41 calories to th two per cent gives 82 calories to the litre. That leaves from 800 calories to be made up from sugar and fat depend whether we imitate the maximum or the minimum values man milk. Seven per cent sugar which is as high as we to prescribe furnishes 287 calories to the litre. There t mains 200 to 500 calories according to the grade of milk tain to be derived from fat. Two and two-tenths per c gives the former and five per cent fat gives the latter. then becomes a very important element in determining t quacy of the energy value of the formula. As soon as or the sugar is reduced in the formula the energy value fa it falls with reduced fat twice as fast for each per cent re as it does with sugar. The only alternative then with the reduced formulas is increased quantity over the amount th would receive from the breast. This is a common fault wi ficial feeding. It is necessary with the usual formulas larger quantities than with breast feeding. This cannot be increased without detriment in young infants to a point formulas of low caloric value will give adequate nutrition

Too large quantities fed means debilitation of the st vomiting, indigestion, and resultant disturbances of nu Too little food means starvation. It may be slow but it The symptoms of starvation are vomiting, green stool, dia rise of temperature, crying, restlessness, and loss of Do not reduce the strength of the feeding to cure them. that the baby has enough to live on and so modify this that the infant can digest it. If the baby has less than one of top milk to the pound of its weight or the equivalent sugar a tablespoonful to the ounce do not reduce the quant

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baby who gets a starvation ration is going to die while has colic, curds in his stool, vomits, and has diarrhoea, herwise fails to perfectly digest an adequate ration may recover and live.

about 12 to 15 per cent of the caloric value of an in- od is added to its weight in growth. The remainder in metabolism. A reduction then of its food intake cent brings its prosperous growth to a standstill. If being fed eight bottles a day and one is cut out without ionate increase in the others 12 per cent of its food is have seen one case where nothing was wrong with the ave that the physician had ordered the night feeding ied and had thereby inaugurated a period of weight which the baby did not recover for several months.

baby is being fed upon 6 ounces of a 12 per cent cream y diluted to meet the requirements of a supposedly rmula and is reduced to 6 ounces of a 12 per cent fat lly diluted, the energy value is reduced about 15 per the child is transferred from a formula upon which it e to one upon which it cannot grow. The energy pro- lue of the food, the heat value, or as it is commonly caloric value of the food is not alone sufficient informa- which to judge the sufficiency of a food. The upbuild- e tissues cannot be accomplished without proteid. In eding the proteid of the milk is essential for growth. this that the additions to the body structure are made. nd sugar are possible of replacement by isodynamic of each other, but the proteid cannot be replaced by the purposes of the upbuilding of the tissues, that is y say, for the repair of the wear and tear upon the ma- nd the extension of the plant. Of the proteid intake per cent is added to the body weight in growth. The m of an infant may be maintained in equilibrium on a hich 5 per cent of the energy is supplied by proteid and and carbohydrate. This necessary amount of proteid ed by one-half an ounce of milk for every pound of the veight. If then we wish to replace part of the fat of by sugar in any form or by any carbohydrate food it sible to reduce the milk given less than this limit men- at is, one-half ounce to the pound of the child's weight tain the infant's metabolism in equilibrium, no matter the caloric value of the food may be. If we expect the grow rapidly the proteid must not be reduced to this The calf doubles his weight in 47 days and cow's milk

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contains 3 1-2 per cent proteid, while the human baby his weight in 180 days and human milk contains 1.6 proteid. A comparison of the rate of growth of the you the proteid content of the milk of the species shows a relation between them. Rapid growth cannot be expecte proteid even though the sugar and the fat be abundant ther, if the proteid is below the necessary 5 per cent of caloric value of the required food no growth at all is In order then that an infant may have enough food, tha it be not underfed, it must take in the twenty-four h less than one ounce of top milk, that is top half of the b every pound of the baby's weight. Half of this may be by sugar, one tablespoonful to the ounce, if desired, but for the proteid cannot be reduced less than that whic nished by half an ounce of milk for each pound of the weight.

These facts are ordinarily expressed by the statem an infant requires during the first three months 100 ca the kilo; during the second three months 90 calories to and during the third three months and over, 80 calorie kilo. A maintenance diet is furnished by 70 calories to If we divide these figures by two they may be applie pound. Five per cent of the energy of the food must be from proteid. It is quite true that this necessary proteid obtained from other sources than milk, but it should be d understood that the proteid of the various cereal or sug on the market is very low when milk does not enter make-up of the solution. The practice of giving too li to infants is not uncommon. It is the first step in man most cases of difficult feeding. The period when most sults is in the early days of the infant's life. Milk should ent in the maternal breast on the third day. Often it is the infant starves for a period on sugar and water or s less digestible. Or the milk is poor or insufficient in quan maternal nursing is prolonged in the hope of establishing quate supply, and again the infant starves for a period. given an artificial feeding which is made dilute in orde may agree, and again the infant starves for a period. given too strong a food which makes the baby sick and is starved as a remedy. With so many contingencies to the infant whose mother is unable to nurse it there s little doubt that many undergo a disastrous period o feeding. It is a disaster which none should be subjecte is a disaster from which they cannot recover in less

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It is a disaster which none should encounter for none
e fed less than one ounce of top milk for each pound of
ght. These quantities are the absolute minimum. They
the maintenance diet only. They do not provide for
growth. To give less is starvation.

THE CYSTOSCOPE*

BY LOUIS RENE KAUFMAN, M.D.
New York

T 1807 Bozzini of Frankfort examined the bladder
ough a tube illuminated by a candle. Further experi-
the study of the bladder made slow progress and finally
the instrument which is the parent of all modern cysto-
vented by Nitzl of Frankfort in 1876 to 1879; from his
t dates the evolution of the perfected and delicate me-
of the cystoscope of today which affords a continuous
l view of the bladder, vesical manipulation and instru-
with comfort to both patient and operator Howard
blished his technique for catheterization of the uterers
nale by his instrument in 1893 and the same year for the
L. Tilden Brown produced a cystoscope for ureteral
zation in the male; and finally in 1897 Albarran discov-
deflecting lever which has made possible the prismatic
ystem instrument now in such general use. Thus the
e is a composite instrument really having its beginning
ry early model of Nitzl and now having reached a very
hanical, electrical and optical perfection in the instru-
wn to you. There are two general types in use, the in-
rrected or lens system, and the direct instrument, and
many models of these two types, of which the American
ls over the European cystoscope.

instrument may be used by anyone accustomed to surgi-
iples requiring experience and training in elementary
ks, and above all extremely patient and gentle technique.
ic examination is of undoubted value in the proper
ation of symptoms referable to the urinary organs, not-
hat group of cases in which urinary examination dis-
her pus or blood without definite data as to the source
It is the accurate and indispensible element in vesico-

*onstration on phantom bladder of catheterization of ureters
ments at a regular meeting of the Alpha Sigma Alumni Asso-
Brooklyn, May, 1914.

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renal lesions for the diagnosis of which it is as needed Roentgen ray in the study of osseous lesions, or the stet in pulmonary diseases.

,While it may safely be used by any practitioner, the cyst does not possess an inherent power by which the observe finds the ureter in every case or interprets the field of visi it requires continued practice and thorough familiarity. A ingly the practice of cystoscopy is not so common as it be, for while no man will undertake the treatment of ves renal disease without study of the urine, he will not sub patient to cystoscopic examination although very often the



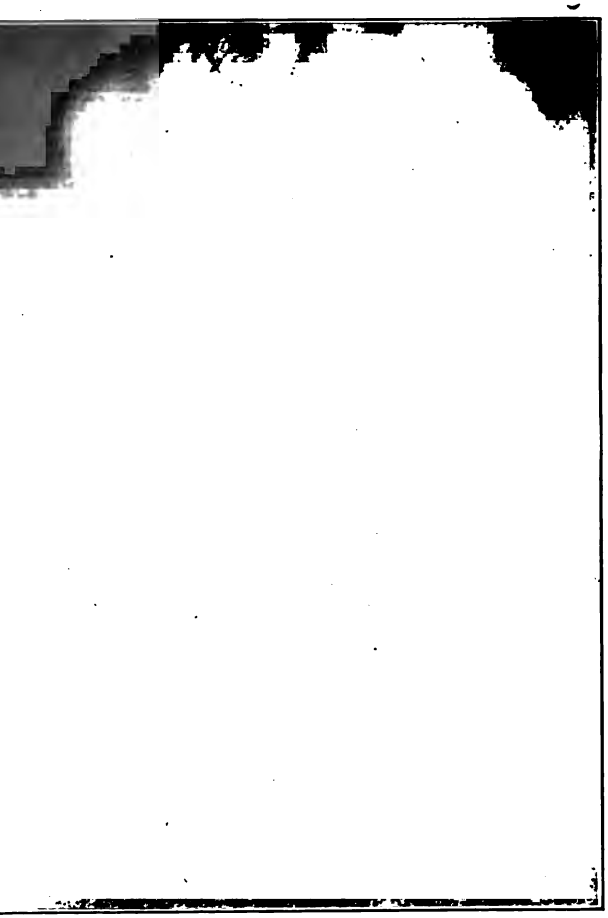
Fig. 1. Tuberculosis of Bladder, secondary to lesion of kidney an unilateral. From a water color made by Dr. Philip Schmahl of N from direct view through the cystoscope. The ulcers are seen cluste the mouth of the right ureter; a catheter is shown in the ureter whic induration and peculiar pathological change designated as the Fenw hole ureter, pathognomic of renal tuberculosis. Patient cured of al lesions by nephrectomy. Patient of Dr. W. H. Bi

is vastly more efficient than the urine analysis. Surgeo especially gynecologists, however, are submitting their p to cystoscopic procedures almost as a routine. For insta recent gynecological literature vesical symptoms are being not as reflexes but as independent symptoms requiring ind study.

Nevertheless, one must not expect too much from the scope, for while by it alone we may often establish the di in other cases, and they are numerous, we must consider other elements from history to laboratory data. There a nite contraindications to cystoscopy, which are briefly:

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nococcus infection of the genito-urinary system.
rked inflammatory conditions of the urethra, bladder,
seminal vesicle epididymis or of certain pelvic types in
e.
nounced septic states, especially pelvic.



Showing two catheters (bismuth) in the ureter; case of tubercu-
hrosis, left sided, in which the tumor was first mistaken for
agnosis made before operation. Nephrectomy through left rectus

cf Dr. R. A. Stewart.

rictures below No. 26 F. unless dilatable.
e other hand, the indications are definite for cystoscopic
ons in:
l hematurias or pyurias not urethral in origin.
gns and symptoms of vesicle, urethral or renal lesions.

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3. Preceding operation on the kidney (urethral cath
tional and functional tests).

4. Renal and vesical tuberculosis.

5. Malignant invasion from lesions outside of the bla
kidney.

6. All calculous disease of kidney, bladder or ureter,
with X-ray study (pyelography, etc.).

7. Prostatic hypertrophy, tumor in the male and man
lesions in the female.

For instance, in pelvic lesions of the female there



Fig. 3. This skiagram demonstrates a certain method of locating
of the kidney and ureter. The cathet r introduced to the pelvis o
ney was injected with 10 c.c. of 12 per cent collargol, which show
opaque shadow of the shape and size of the pelvis of kidney and
out the course of the ureter.
Patient of Dr. W. H. Bishop.

associated renal ureteral or vesical disease marked by th
pathology and diagnosed only by a close cystoscopic stud
applies especially to carcinoma. Metastasis to the
may be present without other evidence than that afforded
early changes seen through the cystoscope, such as hype
of the vessels, infiltration of the trigone with distortio
marked elevation, etc. In catheterizing the ureters for the
tification for a surgeon preceding hysterectomy for ca
the body of the uterus, I have seen a large nodule of the
with characteristic changes in the mucous membrane in a

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ented no vesical or urinary evidence ascertained up to operation could cure her with such advanced metastasis. ale I have seen a patient treated for seven years for osterior urethritis and prostatis because of shreds in who had multiple small papillomata of the bladder and urethra that were causing the urinary findings and the all of which disappeared with these symptoms under n. Other cases have been reported in detail from which lustrating this paper are taken.*



ase of vesico-vaginal fistula, the result of an accouchment force in Skiagram of pelvis showing a very small pelvic basin with lumbar he two ureters are shown by means of Bismuth catheters; the dicated by the fine wire-line, the vesical opening of the fistula ted at the loop of these two fine lines, one arm of the loop pass- e urethra to the fistula, the other from the vesical end of the fistula to appear in the vagina.
of Dr. E. G. Tuttle.

xamination in the majority of cases may be conducted other procedure of this sort in the office or at the bed- e patient, including catheterization of the ureters and onal kidney tests. I believe it is safer to give urotropin oses just before and after the cystoscopic examination. ugh of the drug administered we are certain it is l in fixed amounts. I employ 2 per cent alypin as a sthetic, one or two ounces slowly introduced through

England Medical Gazette for February, 1914.

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a large catheter which is used to anaesthetize the withdrawing the catheter.

Local anaesthesia permits of thorough work in unless its capacity is reduced below 150 c.c. and th should always be ascertained; in such a case and in instances general anaesthesia is required. Alypin ha such excellent results that I have had to use general very much less often than with other preparations. ments are sterilized by boiling with the exception of th and sheath of the cystoscope and urethral catheters immersed for fifteen minutes, eye piece included in t per cent of the 40 per cent solution; they are then rin acid solution 2 per cent, the catheters being siphon solutions. The patient should be draped so as to pr tamination of the instrumental field and in the fema be best accomplished, in addition to the usual drapery applying two large gauze pads wet in weak bichlorid labia so that the vulva hair is effectually concealed essentials for successful work are thorough and al cautions and extreme gentleness and patience in all tation.

There is no danger to be feared, however, from scope, of pain beyond discomfort, nor of infection; slight danger from ureteral catheterization of both infection; and there is positive danger in perform graphic tests of infraction or mechanical and cystol to the kidney. Training and experience, careful obs a rigid technique, with care and gentleness of mani gether with a close study of all the other aids in diag the cystoscope makes possible render the instrument ble in the diagnosis and intelligent treatment of all lesions.

150 West 80th Street.

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IERICAN INSTITUTE OF HOMOEOPATHY

ATLANTIC CITY, JUNE 29-JULY 3, 1914.

sident's Preliminary Address at the First Business Session

ZING THE AMERICAN INSTITUTE INTO A FEDERAL GOVER.MENT.

BY DE WITT G. WILCOX, M.D.

n, rather than law, obliges your President to make a
r address appertaining to such matters as affect the
of the Institute. To that end I will plunge at once
ubject and try to go deep enough and stay under
h so that I will not come up entirely dry.

Denver meeting you instructed the President-Elect
ate a plan relative to the employment of a Field
In conformity therewith I reported to the Trustees
ecember meeting a plan briefly as follows:

we employ as Field Secretary or Business Manager
called a General Secretary) a non-medical man of
tested business ability, possessing a special gift of
n; that he be paid a salary commensurate with such
h the understanding that if he accomplished, the first
in previously agreed upon results, his employment
continued for five years with a rising scale of salary.
g he would have the incentive to do better work each
ggested that his scope of work be as general adviser
agement of our finances; that he be the business man-
Journal and push that publication to such an extent
come a source of material revenue to the Institute;
nage the exhibits of the Institute, making them also
source of income such as has been done at this partic-
g; that he be an itinerant promoter, visiting the vari-
d local societies where help may be needed to strength-
ganizations; that he be ever ready on the ground in
tile legislation, or for the advancement of helpful legis-
short, to be the Institute's monitor, promoter, solicitor
er. There are many more services which such a man
er, as will be seen in the unfolding of my plan for
Federal Government.

one who in the least has made a careful study of the
nd its relation to the cause of homœopathy in gen-
ghout the United States, it must appear evident that
lack of real organized, concentrated force for accom-
at apparently is and has been the aim of the Institute.
ry president has sought to make the Institute a more
gency in winning for homœopathy the place to which
ed. It seems to me the defect is fundamental. Men
ies exert power according as they are given power.
ute has never been organized on a basis which could
exert more than a very limited power.

e Burford of London in speaking of world-wide hom-

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œopathy said: "The compelling power of organi
armament of a minority cause."

Our late President McClelland once said: "
homœopathy has not been organized as one and in
as a series of subcauses, each hedged around by its
limitations."

Again Dr. Burford says: "Homœopathy can
continued with any prospect of success on the wat
partment system. The compact whole is always gre
constituent parts in a state of separatism."

Suppose we view our homœopathic profession
States with its associated institutions as an assembl
gent, law-abiding, but disassociated citizens seek
themselves into one nation governed by a central
let us see what material we have at hand in this afor
pathic profession for the formation of a miniature
First, we have approximately 15,000 homœopathic
the United States who might constitute the citize
miniature nation. In studying the history of these p
that they have made an attempt to organize th
many separate governmental centers. For instan
thirty-six state societies all separate and indepe
another. These become thirty-six little kingdoms,
own set of laws and rulers, but with no attempt at

In addition to those thirty-six independent ki
are ninety-six little subkingdoms in the shape of co
societies which in the majority of instances are again
of the major kingdom in the same locality. These a
independent laws and rulers. Now these kingdoms
doms are quite rich in property. They own or contr
palaces, or in less romantic language, general hospit
not in any sense federated one with another. E
feudal castle maintaining its independent existence.
to these fifty-seven palaces or general hospitals, the
five lesser palaces, or private and special hospitals, e
on the feudal system.

Here the question arises, why should these 15,0
peaceable citizens feel the necessity of organizing th
a nation? They are not molesting others. They a
earning a living and bringing up their families de
should they bother themselves with the question
government, and all that its maintenance involves?
is conclusive; they are now and ever have been thr
common enemy, an enemy which is determined to
thirty-six independent kingdoms, their ninety-six l
doms, their fifty-seven public palaces, and their thirt
chateaux, an enemy which was once apparent and
open, but always unrelenting. Now that enemy is
ous in that it is subtle and unseen, but just as de
enemy succeeds in destroying the independent kingd
people, it will take them all captive and oblige the
citizens of its own government with an annihilatio

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and customs. Now it is much easier for this enemy to
ese small and detached kingdoms than it would be to
e central confederated kingdom.
another interesting question presents itself. How does
tion of citizens, numbering 15,000, having no central
t. perpetuate itself? Are their numbers increased by
, or is it by a natural birth rate? There is practically
ation, and strange as it may seem, this highly developed
aceable citizens has reached that advanced state of civi-
which they bring forth their kind, not by the laws of
on, but by means of the incubator and brooder.
se they have ten, called "Medical Colleges." In former
had more, but a number of them did not seem to work
ecause so large a per cent of the chicks failed to hatch
discontinued. Others could not get eggs enough to
ncubators going, and still others could not afford to hire
mpetent men to stir the eggs. But from the ten remain-
tors a goodly quantity of citizens is hatched with reg-
d of excellent quality. Now it is interesting to note
ese 15,000 citizens whom it is desired to crystalize into
ith one central government there are only about half
ho ever have sworn allegiance to any of the thirty-five
ingdoms or to the ninety-six subkingdoms. They are
t be termed individual feudalists. They are not rebels.
e they fools. They are either ignorant of their danger
bull headed.
ty years ago this spring an attempt was made by these
o desire to protect themselves to create a central form
ment. It was splendidly conceived and masterfully
but it has never attained the full measure of its con-
This body, the American Institute, has never been able
e into one nation these people who sprang from one in-
ho were warmed in a common brooder, who speak one
have one common thought, are inspired by one common
d are striving for one common goal. It therefore holds
ous position in that it seeks to be king over 15,000
whom but 20 per cent have sworn allegiance thereto, and
re are thirty-six distinct kingdoms all unfederated. It
ans there has been a lack of systematic effort to unify
opathic profession of the United States and bring all
ndid units of societies, hospitals, and colleges into one
assailable whole; a unit which not only will make itself
le but will at the same time make the individual hom-
hysician forever secure in his field of endeavor.
omœopathic physicians of the United States are not
g to be thus united under one strong central govern-
they are anxiously awaiting the time when such shall
lished. They are simply awaiting to be inspired by a
re, or driven by a Bismarck, or led by a Moses who has
romised land. Here then in my humble opinion is the
of our cause at present. It needs leadership. It needs
on. It needs federation of all independent principali-

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ties into one strong central unit, whose power must br

How can we federate our forces and make the I governing and directing force of the homœopathic First and emphatically, we must begin with the ne chicks, just as they come from the incubator, and make Institute citizens out of them before they get dried.

There are few if any better organized institut world than the Roman Catholic Church, and howev little sympathy we may have with its aims and obje admit that when it comes to a piece of perfect workin it is hard to beat. Its fundamental power lies in p youth for sustaining the church. It is injected into their mother's milk that their soul's salvation de loyalty to the church and the big letter in loyalty is a systematic giving of cash to the church. Not only give as long as they live, but after they are dead t must give to get them out of purgatory, and the more leave behind the deeper apparently are they in purg takes more to get them out.

We should begin with our freshmen and pound t them until they are seniors that their medical edu about three times what they pay for it, and as soon established in practice it is their duty to begin to mak in part at least. To do this they should contribute five year to the central government which protects them them to follow their calling without interference or i

It is a growing surprise to me to note how few h graduates possess a knowledge of the existence and o Institute. A good per cent of them seem never to ha it. They are taught to be loyal to their alma mater, their instructors, to honor their profession, but the m the colleges, whose existence makes possible the caus pathy in this country, is scarcely mentioned.

A little girl looked her kitty in the eyes and sai I know you, and I know your mother, and I know y but I don't know your father. I guess he must be man."

I should imagine from the meager knowledge of our graduates possess concerning the Institute, th as a "traveling man."

Now as to the manner of creating this central which is to unite into one family or nation all of pathic physicians, all of our state and local societies general, private, and special hospitals, and all of o Until we do so federate our institutions and unite ou physicians the Institute will remain an uncrowned few subjects and circumscribed power.

First: Every dean of a homœopathic medical co see to it that every graduate of his college joins t upon graduating. This will not be a difficult task if have been nursed from the bottle labeled, "American

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years. If it were constitutional I would make his grad-
onditional upon such an agreement.

ond: We must get all of our state societies to become
ted part of the Institute.

rd: We must get all of our local and county societies to
a part of the state societies.

rth: We must get all of our general hospitals to become
ted part of the Institute.

h: We must have every one of our colleges an integral
he Institute.

an be effected in some such manner as this: Create an
Senate. Let the members of that Senate be composed
, one representative from every hundred members, or
thereof, from each state society; second, a representative
ery homœopathic general and state hospital in the ratio
epresentative for every hundred beds or fraction thereof;
ne representative from every recognized homœopathic
of the United States.

ke the qualifications for such senators to be: first, a mem-
ne Institute for at least three years; second, a member of
society for at least three years; the hospital representa-
st have the same qualifications, plus being a member of a
staff for at least one year; the college representatives
e plus being a member of the college faculty for two

to the manner of selecting those senators. This must be
the respective state societies by at least a two-thirds
vote. It must be done in the same manner by the hos-
ff with the approval of the trustees. It must be done in
nner by the college faculty.

next question is, how are the state societies, the hospitals
colleges to be induced to join the federation? By giving
presentatives such a voice in the management of the cen-
ernment, namely, the Institute, and by bestowing upon
ieties and institutions such material benefits as will make
ir great advantage to join the federation.

to the function of the Senate. It should meet yearly at
e time and place as the Institute. It should have power to
he place of meeting and to elect the Trustees of the Insti-
t not its president and other officers. By electing the
s, it would give the various state societies, hospitals and
a direct management in the executive part of the govern-
It could choose more justly the place of meeting as it
e composed of members from every state of the Union.

Senate should set a uniform standard which should pre-
all state societies as to requirement of membership. It
set a uniform standard for all our homœopathic general
s, in fact all hospitals which might wish to join the feder-
y agreeing upon certain essentials which go to make a
ss hospital, such as the training of nurses, the require-
internes, the qualification of staff members and superin-
s. It could become a clearing house for the location of

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internes and pupil nurses, making equitable distribut
those which had an over supply and those having
trustees of a hospital belonging to the federation wo
likely to take suggestions for improvement and a
from such a Senate when made as a general prop
when made directly to them by their own staff. Thus
follow a general and uniform hospital betterment in
stitutions.

The Senate also would have general supervision
leges doing much the same work for which the Coll
was formed, but by having the work done in the Sen
part of the central government, it would more clo
all the homœopathic interests, and, moreover, the
he done with clothed authority, as the Senate would
power to insist upon maintenance of standards. In
would be sub-committees as in the United States Se
work would be specially centered upon certain matt
committee on hospitals, colleges and state societies.

There is still another great inducement for ever
ety, hospital, and college to join this federation and b
ed in the Senate, of which I shall speak later.

Let us now for a moment consider the advantag
to the individual physician in thus creating a central
and unifying all our homœopathic interests under its
there is the feeling of confidence engendered in, and
power when thoroughly organized and judiciously ex
homœopathic physician is entitled to the same feeling
cian that he has as an American citizen, i. e., a g
protection wherever he may practice, with a confid
power of his government to make good that guarantee
have a feeling that he is part of a magnificently org
tution which will forever guarantee perpetuity to
When he becomes a part of such an organization
have to hang his head and say, "I am from Arkansas
damn you."

But that is not enough, here is another. As a
societies which join the federation under this new a
will be of uniform standard in professional requ
follows that every physician joining a state society
matically become a member of the Institute without
simply by paying an additional fee. I would not ma
ship in a state society obligatory to becoming an Ins
ber, but I would like to make every state member
member automatically. I would carry this federati
ther. I would have every state society which was a
the Institute federation seek to induce all its count
societies to become federated with the state society,
as such societies did become so federated, and did
professional standards up to that of their state soci
make every such member of a local society a membe
ally of the state and Institute federation.

You may not know it, but it is a fact that the

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our physicians who are members of local and state soci-
t who are not members of the Institute. Yet they are
and should be such members, and would be were it made
easier.

v there should be some pecuniary reward given to physi-
no are liberal and progressive enough to join local, state,
ional societies, and it could be managed in some such way
Make 20 per cent discount in the annual dues of all phy-
who are members of two or more homœopathic societies,
vhich shall be the American Institute. For instance, let
ne Dr. A is a member of the Queen's County Society and
annual dues; that he is a member of the New York State
and pays $3 dues; that he is a member of the Institute
s $5 dues, making a total of $10 per year. Now, instead
ounty and state societies collecting said dues and thus
ing work and making unnecessary expense, let the Insti-
asurer collect the entire sum of $10 less 20 per cent,
$8, and rebate to the county and state societies their
ve amounts less 20 per cent. If we could in this sort of
ork secure to the Institute 50 per cent of the physicians
now members of state or local societies, but not members
nstitute, we would double our present membership. There
Iassachusetts about 600 homœopathic physicians. Of these
e in the State Society 452. There are in the Institute
leaving 205 who are members of the state society but
not members of the Institute, and leaving the number of
are not members of either. By this arrangement I be-
could get at least 100 of the state members and possibly
he non-state members to join the Institute.

pertinent question will ever obtrude itself: How is the
be supported? What will be the sources of income to
ernment?

st, membership dues; these should be paid by 8,000 phy-
nstead of 3,000 as now. This should aggregate $32,000

ond, by good dividends from the Journal, for with an
d subscription come increased advertisements. Here
our business manager would more than earn his salary.
should net $3,000 yearly.

rd, by extensive and well managed exhibits such as this
s demonstrated. This source should pay us a minimum
0 annually.

rth, by individual pledges and endowments which should
,000 yearly.

h, by a direct tax upon each state society in return for
fits conferred by the central government, and those bene-
d be made appreciable.

v as to this tax. I would make the tax as a stimulant to
en the Institute and the state society jointly rather than
rce of revenue. I would tax each state society twenty-
ts per head for every member of the respective state
who was not a member of the Institute. I would go fur-

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ther and have the senators make it a law that every state belonging to the federation of the Institute should in t all of its local and county societies which belonged to t federation a tax of ten cents per head for all homœopat sicians living in the jurisdiction of said county or local who were eligible to membership but who had not joined œopathic society of any nature. By this method there w an incentive to strengthen the state societies and m strengthen the Institute, and the Institute would be as an income either in the form of a tax or by addition bership.

We never outgrow our Sunday School days in wa wards for well doing. If we can't have a painted card name engrossed upon it we gladly take cash as a su Hence it might be well for the Institute to pay to ea society a premium of $100 when it has secured 90 per its membership for Institute membership.

Now comes the culminating feature of all this plan o zation. Without the organization there can be no suc nation, and without the culmination the organization w unstable. Up to the present, our efforts in securing f perpetuating and extending the scope of the Institute ha spasmodic, sporadic and asthmatic. Up to the present th amounted to little considering the great amount of t effort consumed. Yet the one great thing which the homœopathy needs more than anything else at this pa juncture is money. Given that with organization and w accomplish anything. We could establish the medical ancy of homœopathy, and we can get all the money we we but go after it in the right way.

Let us note for a moment how the leading demomina the Christian churches secure their millions of dollars f and foreign missions. While each church is apportione ulated amount that it must raise, based on its members environment, yet the big gifts and bequests are secured work. First, these churches are organized somewhat u plan I have outlined for the Institute. They are federated a millionaire philanthropist is to be approached for a d the wise heads of that federation follow a carefully co plan in presenting the matter to him. Usually a repres committee has the matter in hand and it is presented wit force, dignity and authority which that entire denomin the country can put forward. The claim for a bequest in the name of a world-wide cause and not for some lit affair like an ell to a Chinese bungalow. When you as lionaire for funds to build an ell, you usually get what for, "to 'ell with the bungalow."

I feel sure that our great sources of income whic be used in making homœopathy better known and throughout the country and the world, must be secured such way:

First, let our Senate apportion to each state society

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n which must be secured by contribution from generous
Here again is where our General Secretary would prove
pful. But let the big bequests be secured as I have sug-
namely by a body of our strongest men meeting by ap-
nt our many wealthy donors to charity, and present to
claims as a nation-wide cause. Show them the inesti-
enefits to be derived by the establishment and endowment
opathic institutions. Let there be put into the appeal
force, all the dignity, and all the backing which comes
united profession, extending from the Atlantic to the
nd from the Lakes to the Gulf. And here I would say
slogan should be $100,000 at least for every one of our
ical colleges, ten full time paid professors for the same,
inimum of 100 students for each college. Let that entire
part of the Institute Senate, with the co-operation of the
of Medical Education. Then let the hospitals come in for
o rata share of such contributions as have been secured
ital work.

this federated work need not in the least interfere with
vidual efforts on the part of persons or trustees in secur-
s for their respective institution; that would become an
al right with every college, hospital and state society to
and secure such funds as they saw fit. The idea is to
ig things by team work and then make an equitable dis-
of such funds as are secured.

recapitulate, allow me to formulate briefly my ideas on
ng the organization of the Institute: First, a President
ers elected as now, by the membership at large;

nd, a group of Trustees with duties substantially as now,
by the Senate; standing committees practically as now
ere the Senate would do the same work through a sub-
ee. As for instance, new membership committee, inter-
e and interstate committees. This work could be better
the Senate;

d, a Senate composed of representatives chosen by pop-
tion from all of the thirty-six state societies, the fifty-
neral hospitals, and the ten medical colleges; the meeting
Senate to be held annually at the time and place of the
meeting; the making of an effort to secure all said soci-
spitals, and colleges into such a federation; the discount-
early dues to such members as were connected with state
l societies; the taxing of state societies as per non-
members; and the securing and disbursing of funds for
itute itself, for the colleges, for the hospitals, and for
titutions of medical research as might be established;

rth, the employment of a business manager who would
r the direction of the Trustees, who should devote all
toward advancing the interests of the Institute, and
after its financial interests.

should no doubt find it necessary the first year or two to
ome one of our members to take hold of this work of
zation and give to it as much time as possible, for it

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would mean considerable travel, much consultation, and of clerical work that would be enormous, yet I am con work could be done and I feel sure we have the men ca willing to undertake its accomplishment. True it is we our splendid forces together for greater accomplishme signs of the times are set for concentration of effort, of forces, continuity of purpose, and centralization The net results thereof must of necessity spell success.

THE SECOND business session of the American In Homœopathy opened Tuesday morning at 9 o'clock. A ble portion of the time was given to action upon propos ments to the constitution and by-laws. A telegram was Guy E. Manning, of San Francisco, Cal., sending gre best wishes to the Institute from the Pacific Coast memb to attend. George Burford, President of the London Int Congress wired "Heartiest good wishes for a brilliant cessful assembly."

AMERICAN COLLEGE OF SURGEONS. Dr. James C. Cleveland, chairman of the committee on College of Su ported the work of that committee for the past year.

"The American Institute of Homœopathy," said "has been placed on the same basis and given the sam tion as the American Medical Association, Clinical C Surgeons of North America, and other societies. Thr ary societies of the American Institute of Homœopathy, The Surgical and Gynecological Society, the Obstretric and the Ophthalmological, Otological and Laryngologic are admitted and classified with the fifteen other soc recognized by the college. Your committee believes the intention of the Board of Regents of the America of Surgeons to see that the homœopathic societies have resentation on both the Board of Governors and the Regents. Your committee therefore recommends that ican Institute of Homœopathy pass a resolution end American College of Surgeons and promise their suppo moting the objects and aims of that organization."

Treasurer T. Franklin Smith reported a balance on side of the ledger larger than ever before, regardless c that the expenditures were much in excess of former

The Board of Censors reported the names of 163 of which 58 are 1914 graduates.

ELECTION OF OFFICERS. The election of officers r follows:

President, Byron E. Miller, Portland, Ore.; First ident, Harris H. Baxter, Cleveland, Ohio; Second Vice- Mary E. Mosher; Trustees (to fill vacancies): James Chicago; Charles E. Sawyer, Marion Ohio; W. E. Reil Mo.; Censor, J. B. Garrison, New York.

COUNCIL ON MEDICAL EDUCATION. The report of t on medical education was presented by the chairman, Geo of Des Moines, Iowa, and embodied the following points

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ıe result of the Institute placing all its propagandistic ıcational work in the hands of the council on medical ɔn for five years has enabled the committee to formulate iate a program of action which for the first time in the ɔf this committee has begun to show gratifying results.

ɜt: It has made easier the securing of pledges from the athic profession and laity because the committee could hose contributing what would be done with the money.

ɔnd: It has made possible the obtaining of interest and ı of the business men because the committee could show nd how the money was to be spent.

rd: It has by its concerted efforts been able to search ɔhilanthropist and present ideas at least of the happiness of ʏing and the benefits accruing therefrom.

rth: The year's work was completed and published, he colleges and statistics, and distributed to the Boards ation, the faculties and the press.

h: Beginning of inspection for the grading of hospitals ɔurpose of using the hospitals for internes and further to eliable statistics.

th: Uniting the homœopathic profession in Kansas City nity, incorporation of a body to take charge of a new col- d hospital building; selection of Board of Directors to arge of distribution. Preparing the way to raise money, ıding during the coming year, meanwhile buying new ap- and bringing present college up to the standard re- nts.

enth: Establishing in Ohio State University, a college of athy with six full-time professors, and a dean, and se- ın appropriation to pay salaries of professors and assist- Affiliation between Cleveland Pulte Homœopathic College Ohio State University so that these two colleges will re- hts and privileges and the Alumni of these two colleges nown in future as O. S. U. The currriculum is being d and the faculty selected and the college will be pre- ɔ receive students at the opening of the university next

Committee suggests: First, that the work of reorganiz- forces of the Kansas City College, now under the direction Arthur Warren Smith, be continued.

ond, that a survey of the several states be taken for the of determining the men and property.

rd, to complete the work of inspecting and grading hom- c colleges and hospitals.

dnesday afternoon was given over to recreations and and the local entertainment committee threw the lever h speed and had a variety of diversions. The program t 2.30 p. m., at the Atlantic City Yacht Club and included ance, cards and a deep sea sail. Many availed themselves pportunity to "get upon the sea," which seems to be the ire of those living inland. There is a certain desire or with many who visit the sea to long for a ride upon its

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turbulent bosom. Those in attendance at this meeting opportunity to satisfy that craving and will remember th with pleasure or otherwise.

That night no scientific sessions were held, the enti ning being devoted to Fraternity and Alumni dinners.

The selection for meeting place for 1915 has not yet b cided upon, but the choice rests between New Orleans, La Beach, L. I., and Portland, Oregon.

The Board of Trustees favors Long Beach, wh other cities have strong supporters among the members Institute. The Panama Canal in the south and the San Fr Panama Exposition are strong attractions while the acces of Long Beach and the probability of a very large att are urged as a plea for the East.

The invitation from New Orleans comes through Harper, of New Orleans, and in addition to the commodiou ters, adequate hotel facilities and the salubrious salt air f Gulf of Mexico, he adds as an extra inducement, the ope the Panama Canal, which takes place in 1915. "This," s Harper, "is the greatest engineering feat of the twentie tury, and is destined to open a traffic to and through the of unknown proportions. New Orleans will be the gatewa Panama Canal, and those visiting the San Francisco Ex could have the advantage of an all-sea route, a most de trip through the canal and up the Pacific Coast to San Fr We want and need the Institute in the South."

Greeting From Over Sea. The following greeting w to the American Institute of Homœopathy by the Inter Homœopathic Council, through Dr. George Burford, w president of the London International Homœopathic Cong 1911.

'The fabric of Homœopathic Internationalism grows much history in International Homœopathy has been mad past year will be brought to light at the assembly in Au The Hague, Holland. There plans for concerted action laid to make the wheels of the homœopathic machine go ro

"But actually the center of gravity in the homœ cause lies in the United States. The forces which control largement of homœopathy converge at the meeting of the ican Institute. Among you is the real dynamic, which upli impels the homœopathy of the entire world.

"It is our business to make homœopathy prevail. Tha prevail, whether we help it or not, the laws which govern development have decided. International homœopathy ha to stay; and we are brethren in the twin cause of homœopat humanity."

ABSTRACTS OF SCIENTIFIC PAPERS

(Collated from the Daily Bulletin published in the Atlantic City Review.)

"The Present Status of Homoeopathy" was discus fore the initial meeting of the Bureau of Homœopathy

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vyer, of Marion, Ohio. During the course of his paper,

mœopathy as a principle and homœopathic physicians
nct school have a particular use at this time. All other
f medicine have changed their forms of prescriptions
methods of applying drugs many times. Today, homœo-
lows the same methods used by Hahnemann. The prin-
ve been tried so often and so often proved that there is
question as to the results.
mœopathy has relieved the public of the necessity of
d dangerous drugging. It has taken many of the things
ve heretofore wrought us danger and risk and has put us
ful, systematized, regulated basis of administering drugs
ific end. In the near future all drugs that heretofore
n administered empirically will be given according to
of Similars. Before we have reached another epoch in
ice of the healing art, the homœopathic fraternity will
wn the world by scientific observation, by careful re-
telligent fraternity, positive physiological and anatomi-
es which may be brought about by the homœopathic
prescribed according to the symptoms alone, and out of
come homœopathic recognition.
this country today there are 15,000 doctors, registered
lated, recognized homœopathic physicians, with a clien-
er seven millions of people. These doctors have shown
are the equals in intellect, heroism, thoroughness, prac-
and up-to-date methods to all who are practicing medi-
surgery in the United States.
en there are nurses trained in our institutions and these
ns themselves. Homœopathy is far from being defunct.
eopathic fraternity first set the pace for higher standard
l education. We are willing to compare our colleges with
utions of learning.
want the public to know that homœopathy is the most
and best form of practice of medicine extant."

AINS HOMOEOPATHY. A method whereby homœopathy
presented to the regular school of medicine, so that the
of that school might become interested in homœopathy
it a part of their curriculum, was outlined in an address
ames C. Wood, of Cleveland, Ohio. It was discussed by
es E. Walton, of Cincinnati, and Dr. O. S. Runnels, of
olis.
necessity of such a work is imperative, according to Dr.
t should be prefaced with an introductory chapter, show-
y what modern homœopathy is and, above all else, show-
homœopathy is not.
young men of all recognized schools of medicine of
said Dr. Wood, "are thinking in a language different
of 30 or even 20 years ago. It is a language of chem-
ols, cubic centimetres and of precise and accurate data.
t advancements made have created a new school, which
e for its basis, first, premises which are logical, and,

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secondly, conclusions that are applicable at the bedsi

"Such a work should be in the nature of a book with a thorough knowledge of internal medicine and a practical clinician. Other requirements must also b above all, he must be broad enough to keep constantly reader the thought that the homœopathic physician is a physician and that he is ever ready and willing t dealing with disease any and every method that mod has proved useful.

"The interne, whose work has long been oversh the more dramatic achievements of the surgeon, is ag into his own. The modern surgeon is one whose missi thing more than a wielder of the scalpel. He must, i to obtain the best results, take cognizance of all the f go to make recoveries.

"Such a work, if published by some well-known house of the older school, would be the means of excitin osity of the more liberal-minded of that school, thereb about a much better understanding between the two cl of medicine. It would likewise result in untold g manity."

"Lie Down," Says Wells. Dr. G. Harlan Well professor of medicine at Hahnemann Medical Colleg delphia, in an address before the Bureau of Homœ clared that the alarming increase of heart disease in was due largely to the fact that people of the present t lie down often or long enough. In part he said:

"Heart disease and degeneration of the arteries are longed strain. The modern tendency toward strenuosi ly responsible for this, inasmuch as it fails to allow lation to lower itself.

"Few people stop to consider the terrific strai upon the heart. Actually the organ lifts about 150 than four feet from the ground during the average wa of the ordinary human being.

"The heart beats average 72 a minute. The blood being weighs about 12 pounds. The heart has to lift t from the feet to a height of at least four feet. This the strain. The earliest people lolled around every c they got.

"People of today fail to do this. They remain in position for long periods and do nothing to relieve th the heart. The savage usually lies flat on the groun eats. Every time he halts he usually spreads himself back on the ground. People of today rarely recline, a couch is handy. They sit down and relax the muscu that holds them erect, but they do nothing to relieve th the heart.

"Lolling around so that the heart would simply ha the blood through the arteries and veins instead of ha it would relieve the swelling feet and legs, which is

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of heart troubles. It would allow the blood which has one point to become redistributed and revived.

ple would do well if they would manage to lie down for n the afternoon at a point about halfway between their our and the time they retire for the night."

SOUTH A FIELD. Below the Mason and Dixon line there eld for homœopathic physicians, according to Dr. A. L. of Anderson, S. C., who yesterday told the homœopaths ll of the South to homœopathy." In part, he said:

re are thirty-one millions of people in the South who can ted. It is the marvel of every new family, accustomed fts of the old school that medicine so pleasing in taste ckly effect a cure.

re is plenty of illness in the South, but by observing nitary and hygienic laws, one can live better and more nan in any other portion of the republic. Money is stributed over the rural sections. The possibilities of agriculturally are being appreciated now as they never before. The cotton manufacturing industry will be so long as the human family continue to wear clothes. e unheard of and property is increasing in value. soil, the climate, the industries, the people are calling pathy to come and set up practice in this fair and pro- and."

RIMENTS IN DRUG PROVING. Dr. Edwin Lightner Nesbit, Mawr, who was director of the Constatine Hering Lab- r Research at the Hahnemann College in Philadelphia, o the members of the Bureau of Materia Medica and Therapeutics of the Institute the experiments in drug hich he conducted at the college last year.

ty-five students of Hahnemann volunteered to undergo when Doctor Nesbit issued his call and organized the Team." Eleven were selected and coffea cruda tincture t .4508 per cent. caffein) to the 200x dilution and three ns of caffein, ranging from 2x to 12x, were used.

experiments represented eight separate provings and ntrol" studies each, making a distinct and original mon- on the drug studied in the particular strength used. ining the exact routine of the experiment, Doctor Nes- ded by saying:

ving drugs upon human subjects is a complex and deli- osition. Human provings can be made safely and sci- , but the work must be undertaken seriously and on a mensurate with the magnitude of the enterprise.

high time for homœopathic practitioners, singly and y, to stop talking homœopathy and get down to rock ork: (1) By scientific research in human pharmacody- 2) by careful clinical verifications at the bedside. Oth- s special field of practice, so long distinctively our own be pre-empted and developed by others.

uch work as scientific drug provings being generally in colleges and institutions called homœopathic? The

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experiment at Hahnemann represents the serious purpose a
of a group of students and graduates working collect
erect a framework for studying the experimental effects
and other medicinal substances upon human subjects. A
working structure must finally rest securely upon certain
mental considerations in dealing with human life, wheth
in health or disease."

Radium in Cancer. Dr. William H. Dieffenbach,
York City, presented to the Bureau of Materia Medica and
al Therapeutics of the Institute a paper in which he discu
present status of Radium in the Treatment of Cancer.
his address he said:

"It seems particularly desirable to present this su
you at this time as the public press and monthly magazi
disseminated exaggerated information and misinformat
this subject which ought to be corrected and modified.
portant also to warn the profession against preparation
are foisted upon the public based upon the reputed effic
radium.

"These preparations are usually composed of one
radio-active minerals and have received proprietary name
of these can be honestly labelled as 'radium' for while th
be a minute amount of radium metal contained in the
therapeutic action depends upon other substances. S
practically sulphuric acid pastes masquerading under othe

"Radium as such, is now certified by many gove
including our own, and the activity of any special pre
can be ascertained and its value as a remedial agent ju
comparison with known preparations, the efficiency o
has been tested in practice. Many failures can be attri
the lack of knowledge of physicians as to the exact ac
the special tube or disc of radium used.

"Thus several instances have come to my notice wh
utable dermatologists have used radium of apparently
fectly known activity for short exposures and the lesions
instead of improving have grown worse. It thus can be
understood why such physicians will honestly state th
consider radium of no value in malignant conditions, w
fault lies with their own lack of knowledge of correct do

"Only recently the estate of a deceased physician
for sale two small tubes of radium which the doctor had
his practice. Careful tests had shown that the radium w
low an activity as to render it almost valueless for the
abnormal growths. If the exact dosage in milligramm
of radium of stated activity, with the time of the repe
the dose could be given in each successful case, the p
would soon have data upon which to base efficient the
and this desideratum cannot be too strongly emphasize
dual action of radium corresponds with the action of X-
other physical agents and furnishes a basis for dosag
must be adhered to.

"After a massive dose of radium has been given fo

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oses, it is imperative to wait at least three weeks, pre-
our before repeating treatment. If the treatment is re-
o soon, necrosis supervenes and the reparative scar tis-
results from properly applied radium rays will be pre-

far as at present determined, radium acts within the
its radiations only, so that it is impossible to effect a
ich the rays do not reach in a homogenous manner and
ient dosage. It is clearly shown that cancer cells dis-
the heavy radium discharges are not amenable to its
action and will continue to flourish.
ese limitations we have been in a measure able to over-
invoking surgical aid and after the incision buried the
ube in the infected tissues. Another method tested was
tion of gelatine solutions containing radium into the deep
The latest method which I am testing in inoperable con-
the introduction into the growths of radium metal by
phoresis, applying a known solution of radium by
the positive pole if the galvanic current for fifteen min-
the whole of the tumor using as high a milliamper-
e patient can stand. It has apparently proved inhibitive
l cases of inoperable mammary tumors and will be tested
accessible lesions.
dium in proper dosage has been found specific upon local
s such as keloids, warts, moles, fibroids, birth marks of
. In deep seated lesions much still remains to be accom-
efore claiming efficient results with radium. The exact
s of radium have not yet been encompassed.
malignant conditions my experience of twelve years in
and application of radium has dictated that whenever
is not a superficial one and is approachable by the knife,
gery invoked to remove as much of the diseased tissue
le and follow at once with radium or the X-ray in mas-
s. The use of radium and X-ray must be given in suffi-
l massive doses to secure inhibition and fibrosis for mild
fficient treatment is merely conducive to early recur-

e past decade has shown forward steps in the conquest
s and vibrations of short wave length such as are secured
ium and Roentgen rays have become the helpmate of the
n this dread disease, and in many instances have suc-
vhere surgery could not be utilized. We have every
look forward with optimistic anticipation for the study
tions and short wave vibrations and any one day may
rth some new physical manifestation and aid along lines
ch in this direction."

ATION OF HOMOEOPATHY TO MODERN MEDICAL PROGRESS.
lationship of Homœopathy to Modern Medical Progress,"
by Dr. W. B. Reilly, of Fulton, Mo., before the Bureau
eopathy, was an appeal for the standing together of all
ns. After declaring his faith in homœopathy, Dr. Reilly

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"Discovery after discovery in the vast field of r surgery has enabled us to clear away many myths Theories of pathology and treatment have been wip theories of medicine have been upset and torn down a to correspond with new discoveries with the sole Homœopathy. Homœopathy is the specialty of inter medicine and so far as we are able to learn, the only its kind. The teaching and promulgation of this t more than 100 years ago. Since then discoveries h more light to the pathology of both disease and Pathologists and laboratory experimenters answer f œopathic remedy when tested and tried out in the latest scientific truth and the result is ever the same.

"We must labor with and not antagonize all search. We recognize the fact that we are only a pa army of medical progress and can claim as our exclu this progress, only the development of internal curat as represented by the homœopathic law and practice

The homœopathic law has stood the test of a hu of mighty progress with ever-increasing laurels, and ery reason to believe that it will stand to the end o measured and tried out in the light of truth."

Bureau of Clinical Medicine. Under the Burea Medicine Dr. J. P. Cobb, of Chicago, read a paper on logenous Leukemia. The subject dealt with the B ment in Leukemia. . Dr. Cobb said: "Splenomyelo kemia is cancer of the blood. The value of benzol notice at Johns Hopkins, has proven to be a cure fo similar to that which it produces. These conditions particulars identical with splenomyelogenous leuke proof of the homœopathic law of cure."

"There is a tendency to relapse," said Dr. C treatment is not continued to a point totally correcti state and many cases of sudden death have occurred dicious overdose. Best results are obtained by the c of benzol, X-ray and the indicated homœopathic re has a tendency to raise resistance of the patient.' followed with a report of a case having unusually count which was reduced to a normal cell balance i and held a normal state for 3 months. This was acc a complete weekly examination at every stage of it "Other types," he said, "do not respond to this trea

Dr. Frank C. Richardson, professor of nervous di Boston University, spoke on "Crime," before the Clinical Medicine and Pathology. In part he said:

"In their zealous exploitation of the 'white sl the social evil, eugenics, etc., legislators and reformers lose sight of primary social influences, the removal of go farther towards social defense than any penal co be able to draft. For example, does it not seem th sive campaign against crimes of lust might reasona the suppression of the present mode of dress almost

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by woman? Why should we ignore or treat as a joke which profane our civilization and are an indecent as-on our common sense? Admittedly designed for the mi-monde, the costumes worn by our women would seem st every expedient tending towards sex attraction. There eems to exist a rivalry as to how far the female form nay be publicly disclosed without infringing the law indecent exposure. Remove just a little drapery and is left to the imagination.

we recently said in criticism of the present mode before ral Federation of Women's Clubs, 'no matter if the back ed nearly to the waist line and the limbs nearly half way nee, if only the style be followed, health and suggestive- lost sight of in the craze to be in fashion.''

oman is the natural and acknowledged custodian of It is she who fixes the standard of modesty, different in d countries, but always sufficiently well defined. She cross the path of passion the lines limiting on the one e license of masculine approach, on the other the liberty ine concession. To a certain extent man may blamelessy t whatever privileges she is pleased to accord him without g himself to consider too curiously their consistency of eral tenor of her decrees. It is her discretion in such that must in a large degree preserve the race from cer-ess. When, therefore, she shamelessly violates this sa-st which nature and society have confided to her, it is e expected that she will lose that without which her nd grace are but a curse—man's respect.

careful observer can fail to conclude that the modern constitute a social ulcer which is a serious menace to and a potent factor in the production of crime. That ern dancing method has been the acknowledged avenue oral downfall of large numbers of wives and daughters e been led captive by this craze of syncopation and laying nds, there can be no doubt. As one of our ablest writers d of the waltz: 'It is a war on physical health; it is a man's moral nature; this is the broad avenue through housands press into the brothel. The dancing hall is the of the divorce courts, the training ship of prostitution, luating school of infamy.' This is lurid language, yet ter only saw the play of Hamlet with Hamlet left out. tango did not exist in his day. Olans Magnus tells us young people of the North danced among naked sword nd pointed weapons scattered upon the ground. Our eople dance among far deadlier dangers than these. nces defy description and unfortunately they are too fa-require it. The very pose of the dancers suggests im-nd the various steps and movements are contrived with ingenuity to excite the instincts of sex to action.

ld to this the hot and heavy air breathing upon the wrig-votees in sensuous gusts of varying perfumes as scores of robes stir it into fragrance—the nudity of busts and arms

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—the contour of limbs, more than suggested by the tigh
ing silk, and they must indeed be sluggish in their sensi
not stirred to an emotion more suitable for the conjugal
That the modern dance will be reformed is certain, but
reform will be slow in coming is equally certain, for i
opposed by those who are optimists through ignorance, a
those who know the veiled and subtle pleasure of the
the hesitation and the one-step, and find the fruit on th
knowledge too sweet to be forbidden.

"The modern so-called feminist movement by whic
are pushed forward into the vocations and activities of
courages them not only to participate in non-domestic
in politics, but also to imitate the vices as well as the m
man, and cannot fail to have a deleterious effect upon t
welfare. The tendency of this feminine unrest is to
the sentiment of domesticity, that quality of home-maki
should be innate in every woman, and to wean away
maternal instinct, which, in its fullest developments, d
to relieve the battle of life of its hardness, its hopeless
its brutality. The hope of the nation lies in a renaissan
home life and the awakening of women to the grandeu
mission to 'mother' the weary world. Such a reform w
stitute a sociologic influence tending to decrease crime a
the ballot far more surely than will legislative enact
woman suffrage. Physicians have better opportunity
generality of men to impress upon the public conscience
gers arising from errors of living and thinking. The
of medicine no longer consists in alone dealing out
powders. The physician must concern himself with
cation of the people as the first step in the prevention
evils which lead to moral and physical sickness."

Venereal Diseases. That there is a tremendous a
"bunk" in the social order, and a dearth of honest and
cal minds to start a sane and safe line of educ
syphilis, was the assertion of Dr. Alonzo C. Tenney,
cago, in an address delivered before the Bureau of
Medicine and Pathology. "The truth, the whole t
nothing but the truth on this important problem is
want," he said. "The syphilitic patient is still
attitude of the tubercular patient of a decade ago.
ceals his malady, regarding it as a disgrace. He
his infection and culminates his career of ignorance by
ting his misfortune to the unborn. In this connection
express my belief that all laws proposed regarding the
of venereal diseases and the issuing of 'certificates o
prior to marriage will avail us nothing of lasting valu
making the concealment of any infective disease groun
vorce and a basis for separate maintenance or liberal
to the injured party, would put an end to the great ma
suffering which our reformers would eliminate. The
of the parties should be filed with the license, proper
and enlightenment will soon overcome these conditio

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ing of sex hygiene in the schools, medical inspection of
en, the eight-hour working day and the abolition of child
will still leave 50 per cent of the defectives, degenerates
nsane upon our hands, so long as this fester is permitted to
n in the blood of our people."

NFANT FEEDING. Dr. Joseph Pettee Cobb, Deon of the Hahn-
Medical College, of Chicago, in an address before the Bu-
of Pedology on "Infant Feeding" startled his hearers when
clared:

There are born in the United States two and one half mil-
abies each year; half a million die before they are a year
One-fourth of all deaths from all causes are of infants dur-
neir first year of life; of these sixty per cent are due to
-intestinal diseases, while at least twenty per cent more
digestive disturbances as contributory factors in their ill
.

In other words, one-fifth of all deaths from all causes are
ants under one year of age, and these are due to one prevent-
ause. No parallel to this frightful economic waste can be
anywhere, even in spendthrift America.

Can we point with pride to the methods employed in the
ge household during the second and third years of life? Sum-
norbidity is due to improper feeding and if the resistance
child in the second year was as low as it was during the
the mortality would be higher in the second year. Neither
rofession nor the laity have been generally aroused to the
tance of systematic feeding for the second and third year.

The agencies already aroused on the subject of infant feed-
nly touch the borders of humanity. The great mass is still
dent upon the instruction of physicians and nurses and
others of the preceding generation.

The greatest error in infant feeding today is lack of at-
n and study given to maternal feeding by the physician
ly in charge of the feeding, lack of real knowledge of the
s food supply, ill advised weaning and unnecessary and
s scouring out of baby's mouth.

There is a marked tendency in the artificial feeding of
ts to swing back from all the fads and fancies which have
developing in the past years, to the more normal standards
proximating as nearly as possible the food that babies were
ded to live upon."

NATION WIDE EDUCATION. Dr. Reuel Benson, of New York,
tary of the bureau of pedology, in an address before that
advocated the formation of a national society of physicians
e distinct purpsoe of educating parents as to the nature of
gious diseases. He declared that there should be a more
rm relationship between physicians in the role of educa-
During his address he said:

"How can the physician teach what he does not know him-
How many of our so-called authorities give us any definite
about the transmission of contagious diseases? What is the
ate effect upon the public mind of the contradicted fact,

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the gospel of one year becoming the fallacy of the ne
not the mystery of the older generation of physicia
for the public mind than the half-knowledge of the p

"The medical profession has a great future befo
cational work. There is a lack of information on
and the need could be met by a national society—5
pathic physicians reaching 500,000 people in this co
ing in such a campaign and distributing bulletins wo
stupendous results."

X-RAY IN HUNGER PAIN. Methods whereby orga
testinal tract can be photographed by means of t
such a way as to show their exact position and a de
the part played by the so-called "hunger pain" in
eases were given before the bureau of clinical medic
thology by Dr. Roy Upham, of Brooklyn, N. Y.

Ordinarily great difficulty is encountered in
exact position of the stomach and the intestines. P
ditions combine to force the stomach into unexpect
beneath the diaphragm. In gastric cases where op
necessary, success depended upon accurately locati
rious sections of the organs.

Dr. Upham has had great success by adminis
which is saturated with bismuth. This protographs
X-ray picture, and through its use it is possible to
of pictures showing the exact position and shape o
digestive apparatus. In this way the abnormal pl
cated and operations performed with the least dan

The so-called "hunger pain" plays an import
work of this kind, and presents one of the most intric
to modern surgery. It is much misunderstood by pa
selves, and there are known cases of deaths after oper
on the patients' complaints alone. The photograph
out of the question.

The pain is not always a diagnosis of duodenal
due to a motor spasm of the stomach and not to exce

MORE LOVE—LESS EUGENICS. "Less eugenics a
fashioned love is what the race needs. When love
factor in marriage, eugenics will take care of itse

Thus did Dr. J. Richey Horner, professor of
nervous diseases of the Cleveland Homœopathic M
lege, of Cleveland, Ohio, conclude his protest on "S
Sex Education and Eugenics," delivered before th
Sanitary Science of the American Institute of H
During his talk he said:

"The question of sex education is really as o
question of education and hygiene along any line.
methods to be pursued in its teaching, the time
taught, and the place where best results are to be
by individual instruction to the child before it rea
of nine and in the home.

"The first lessons must be given in the cradle.
dience can be taught. Then comes respect. A

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point is that parents should keep in mind that they are
nstant observation. They should live so as to engender
children fullest respect. If the child does not hold
er in respect, it will hold other women likewise. Here
eginning of the protection of girlhood and womanhood.
boy and girl this protection long before they are nine
d, and you will have built your foundation and upon
will be ready to build the superstructure as to sex life.
or girl without this foundation is not going to be helped
res or instruction given in a crowded schoolroom.
e home is the ideal place for this education. The teacher
must handle the thousands of children who come from
here this foundation is not, and cannot be, built. Instruc-
wever, should be given to the individual and not to the
a whole.
believe that we need go no further than this and that the
vides for this generation, the young people of today, and
at are to follow. It seems a very simple question and one
s not need the excess of discussion and publicity which
given it.
e promoters of eugenics have lost sight of the fact, in
husiasm, that results can only come through education,
eation takes time. It is certainly not a question of legis-
Legislation never controlled and never will control the
of the individual. In order to be effective legislation
universal.
is a start to have the laws of Wisconsin declare for the
principle, but they are not and cannot be effective un-
laws of Illinois do likewise. It is a question in this
which if made the subject of any legislation at all, must
the subject of national laws.
r will the mere passing of laws amount to a great deal.
ple must be educated up to a willing acceptance of that
should go only so far as to determine that there is no
le doubt of the health of the woman and the man. A
study of heredity is impractical and useless.
e man who is in love with a woman will not allow any
as possible heredity to stand in the way of marriage.
nan who loves a man will do pretty much as he says.
follow the love which has been aroused by her almost
intuition. That will be her guide. She does not decide
When the head and the heart disagree the heart wins
me. That is truly sometimes the tragedy of love. Still,
no real marriage without love. Mere mating savors too
the animal.
an-made laws are going to have little to do with the suc-
ugenics, for it is going to be a success. Woman herself
to be the chief positive force. The woman of today is
g different from the woman of yesterday. She in recent
s come to a fuller sense of her function in society. She has
d a keen sense of human values and with her born inter-
ildren she has become the logical force in eugenics.

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"Eugenics and education must go hand in hand. tion continues and the public becomes more and mor with the consequences of marriages of persons who are health of the prospective husband and wife will exe powerful influence and love will move within a narro of vision with reason moving within the wider.

"A very important element in making eugenics e that there shall be a willingness on the part of those and another is the question as to the examiner to ma and unbiased decision. If the parties who are to marr willing to be bound by the results of the examinatio will be ineffective. It is not within the power of an woman to prevent deceit. It goes without saying that desire to marry and not being in sympathy with the eu will voluntarily or involuntarily conceal such points history as they think will have a tendency to prevent ing of a certificate. The examiner must, therefore, mak decision upon insufficient data. It can thus be very unjust decision.

"So long as men are attracted by beauty and v strength there is no need to be alarmed for the futu like in women what is most womanly. Women like in is most manly. We all know exactly what that mea will always be thus. It cannot be changed any more t an can take on man's form and men can take on woma

"The young man will seek the maid for all time just as he has done since the beginning of the race. If right one, she will be glad, and in the time after all rights and all her personal rights, whether she claim not, will have no effect upon her wifehood and her mo nor upon the devotion to her husband. Less eugenics old-fashioned love is what the race needs. When lo prime factor in marriage eugenics will take care of it

Leprosy. Dr. Frederick M. Dearborn, of New Y presented a paper on "Leprosy in the United States. early part of his address he deplored the poor team wor public officials, physicians and the press in the matter information concerning lepers. Continuing, he said:

"The physician should know that within the bou the United States proper there exists between 500 and These cases had their inception in leprous countries our bounds, hence the disease is not epidemic with u well authenticated instance has leprosy been known to caught in populous centers like New York, Philadelph go, San Francisco, Paris, London, Vienna, or Berlin, w radic cases can always be found. These cases are us eign born in endemic localities or if American born for an appreciable period in leprous countries. Despit that leprosy is due to a specific germ and is contagious vorable circumstances, it has been well established that hygiene and proper methods of personal living, such a

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r less degree in civilized countries, render the chance ion remote in our country.

ers can be treated with some degree of success as dis- or hospital cases. There can be no argument that seg- is an ideal and efficient treatment when leprosy is ram- when it suddenly breaks out anew, or where the prevail- is tubercular. Within the United States it has not been to segregate because of the relatively small number but whenever possible hospital treatment should be , as is done in our large seaport cities.

reasons aside from the contagiousness of the disease, ers should be properly lodged in municipal, state or hospitals, where they can get the advantages of every gienic, physiological and medicinal agent. As long as single chance of contagion, it would seem that hospi- vision, not necessarily segregation, was the prudent our country.

the course of 14 years, five lepers have been discharged Metropolitan Hospital of New York City. It is mani- proper to claim wonderful cures because of these cases, only a long period of years of observation can be con- levertheless, it illustrates the advantage of careful hos- tment. I would ask for a sane view of the leper and I feel that interest may be aroused upon proper pre- of the phases of the cases and their treatment."

gh he did not mention the name of Early, the famous o has been in various parts of the country, and created cussion and agitation, there was little doubt that Doctor was referring to his case when he prefaced his ad- follows:

e degree of popularity which a medicinal subject arous- ds in a large measure upon the prevalence of the sub- ssed, the originality of the subject, whether it be thera- otherwise, the results obtained or the amount of mys- erstition and speculation that can be developed. The sually fomented by the lay press, which usually lacks or medical censorship, but solely desires to arouse mor- sity and falsely mould public prejudice. There can be more pathetic in an enlightened age and in a civilized han the spectacle of a lone individual afflicted with a ase, being driven hither and thither, treated as a loath- ature with no one to protect or trust him and nowhere away from where he may happen to be. The matter aggravated from both the unfortunate's standpoint as rom the view of the body politic by the newspaper pub- en such matters. An intelligent discussion and appre- the facts, per the press route, might arouse in the prop- uthorities the necessity for concerted action, but nothing ccomplished by appealing to the morbid curiosity of a informed public. I lay stress on the above remarks be- have had some degrading examples of poor teamwork art of the proper moulder of public opinion, the press,

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due, I believe, to ignorance upon the part of the auth
a desire to avoid responsibility, as well as from ineff

PHYSICAL THERAPEUTICS. For the purpose of s
relation of food to health and disease, Dr. Beecher
Hartford, Conn., president of the National Society
Therapeutics, meeting in conjunction with the Americ
of Homœopathy, urged upon the members of his
the necessity of founding a bureau to be known as
of Dietetics. The matter was one, he declared, to be
medical societies and schools. He also urged the
the organization bureau of Psycho-Therapy on the
the society was devoted to physical therapeutics,
bureau had to do with therapeutic measures that we
opposite of physical.

He also urged upon the members the necessit
serious consideration to the problem of maturity and
this connection he said:

"We do not yet certainly know what is the n
pressure for middle life and old age. We must dete
high blood pressure exists, the reason therefor.

"It will be exceedingly helpful if it can be ascer
what type of case is most liable to apoplexy. The
the artery is of less importance than the pressure wit
causes of arterio-sclerosis and high blood pressure a
known. It is highly probable that alcohol is one of
convinced that overeating, especially of animal food
portant causative factor.

"After reaching maturity less food is needed
the younger and more active years; yet few people
and continue to eat as heartily as when young. Beyo
the stress and strain of modern life with its anxiety a
especially the latter, are a cause of premature aging

"The treatment of high blood pressure is not at
isfactory. The main resources at our command are
the total amount of food consumed, if it be excessive
to take away all meats; coffee and alcohol are forbidd

"To arrive at proper preventive methods for th
regularities of later life, it is necessary to go to th
of life. It is hardly necessary to affirm the import
first nine years of life upon the entire life. It is
supreme importance that the opinions formed by chil
be clean and solid ones. Children must be started ri
early years to prevent disaster later on. Then self-
be possible in manhood and maturity, and a sane, ser
will crown life, even though one's arteries become har

TIED ARTERY IN BRAIN. Dr. Newman T. B. Noble
land, Ohio, in an address before the Surgical and Gy
Society of the American Institute of Homœopathy, sa

"The treatment of cerebral hemorrhage comm
appoplexy is, as a rule, unsatisfactory. This is true
the location of the bleeding vessels. Physicians in th
also at the present, have been obliged to adopt a w

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their treatment of this very common and serious
.

e patient's chances for recovery depend upon the amount
rrhage and its location.

dical treatment has a very limited effect, if any at all,
olling the amount of blood from the ruptured vessel
ie cranial vault.

elieve that surgical procedure will in many cases do
this serious condition. What is apparently the first case
l to be treated by a surgical operation came to my care
ervice at the Cleveland City Hospital.

e patient, a man of about sixty years, was brought to
ital in a semi-unconscious condition. His left side was
paralyzed, memory gone, and no history of traumatism.
l non-surgical treatment was given. The next day the
s were exaggerated, together with some rise of tempera-
a rise of the blood pressure.

e symptoms were carefully noted during the day. Late
fternoon I decided to operate. A Cushing decompressive
n was made on the right side of the skull over the motor
hen the dura was opened much clotted blood was found.
s were removed with a spoon.

e middle meningeal artery was found bleeding. This
as tied off and the wound closed. The patient did well
operation. In two days he could again move his left
his left arm fairly well. He recovered consciousness in
e same length of time. His memory also improved. He
hospital in good condition three weeks after the
n."

ESTABLISHES HEART ACTION. Dr. James C. Wood, of
d, told of a most interesting case of recovery after ap-
leath from anaesthesia. The patient was undergoing an
al operation when breathing suddenly stopped, the pulse
ared from both wrists and the neck, the pupils of the
ted, the skin became blanched and to all appearances
ent was dead. All the ordinary methods of resuscita-
e resorted to without avail.

er approximately five minutes, as a last resort the right
as carried into the upper abdomen grasping the heart
the diaphragm. The operating surgeon placed his left
er the heart on the thorax and with both hands massaged
t. This was continued vigorously for at least three min-
ore any pulsation was detected.

n a peculiar thrill was felt which in a few seconds devel-
o regular pulsations. After the heart action became reg-
operation, already half done, was carried to its com-
without any further difficulty. The abdomen was closed
sual way, and the convalescence of the patient was unin-
d by complications.

Y USE OF ETHER. Before the Surgical and Gynecologi-
ety, meeting in conjunction with the American Institute
œopathy, Dr. J. W. Hassler, of New York City, discussed

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the problem of the use of anaesthetics. The difficu
ministering ether by the inhalation method and th
severe effects upon patients were brought out, toget
general discussion of the various other forms of anae

Dr. Hassler advocated the administrating of e
venously. This is performed by allowing a seven a
per cent of ether in normal saline solution to flow throu
culation. It is placed in the body through a vein in
leg which is opened and it is allowed to flow rapidly t
til the patient is in a surgical narcosis. Afterward,
cient amount is administered to maintain the proper
relaxation.

It is claimed for this method that the patient
shock from the operation, and so far in over three hu
in which it has been used nausea and vomiting have b
The patient also awakens without the usual effects e
by the inhalation method. Preliminary narcosis is p
either giving any one of five drugs about half an hour
administration of ether into the veins.

Medical "Moses" Heralded. Dr. Claude A
of Ann Harbor, Mich., in discussing infected wound
that saline solutions as a wash accomplished more
septics in many instances.

"It should always be the first principle," he sa
here to the strictest attention to cleanliness and freedo
troducing bacteria from the outside into an alread
wound. Antiseptics are of little value in combatin
in a wound for the reason that the bacteria which co
tact with them have accomplished their work and
carried along in the discharge. The microbes that it
to destroy are imbedded in the tissues where the a
unable to reach them. They also do positive harm b
the delicate cells which are thrown out by the tis
mechanically removing the discharge nothing is bett
normal saline solution. It has the added advantage
to encourage a better flow of lymph with the atte
tective qualities.

"There will rise up out of the field of investig
one who will prove to the scientific world that for ever
with its myriad of symptoms, there is an attenuated
matching those symptoms, is able to call forth a recesa
part of the body cells for cure of that disease. This
ciple of action will be carried into the field of preve
cine, and the production of immunity will be produ
small dose of the single remedy. It will afford many
today, to stand out as among the constructive scien
times."

Defective Eyes. Dr. James A. Campbell, of St.
in speaking before the American Homœopathic Ophth
Otological and Laryngological Society at the Hotel Den

"We know that schools for the mentally defective
ing good results from general hygienic surroundings

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ethods. We know cretinism is helped by internal remedial
It is my belief that those who suffer from what is char-
as congenital defective vision are susceptible to improve-

is is a small group whose defects seem to be the result of
velopment of the eye as a visual organ, which is often as-
with diminished brain activity and mental acuteness.
tion of such eyes show anomalies of refraction as mixed
ism or lens defects, abnormal optic discs of colored and of
shape. The head is usually large in size and angular,
general frame seems to be overdeveloped. Glasses will
certain amount of improvement and many rest with that.
is usually better than the other. Decided improvement
ted, however, from general and local treatment extending
several years."

ACKS HANKERCHIEF. The lowly pocket hankerchief came
ondemnation at the hands of Dr. J. Ivimey Dowling, of
N. Y., president of the American Homœopathic Ophthal-
l, Otological and Laryngological Society meeting at the
nnis, in conjunction with the convention of the American
of Homœopathy

or Dowling said in part: "Research concerning the re-
nasal accessory disease to rheumatism, cervical adenitis,
of the tonsils and other contagious or infectious diseases
its your attention. Research is not for us all, but the
nstruction of our patients is a duty that every one of us
should perform.

e average patient is woefully ignorant of two things.
the proper means of blowing the nose and the disgusting
ntially evil use of what I term the 'Family Handker-

e nose, when blown in the Val Salvas method of inflating
is likely to cause infection of the ear on such side as a
struction exists. Patients do not comprehend this danger.
e, the necessity of teaching them the proper way, which is
one nostril lightly closed while blowing through the op-
They will, therefore, free the nasal chambers and other
f secretion, without danger to the ears.

ncerning the 'Family Handkerchief,' I merely wish to say
found in the homes of the wealthy as well as in the house-
the lowly. It may be an embroidered creation, in the
ance, or, in the second instance, it may be the soiled apron,
the mud bedraggled skirt that may bedeck the tenement
That this is no figment of fancy may be easily proven by
ng some such family article to the laboratory investiga-
erms will readily be discovered and therein may be found
n for baby's cold or other disease.

public is informed concerning tuberculosis, infantile pa-
and other diseases, but such ailments as head colds, the
lowing of the nose and the 'Family Handkerchief are
glected. As president of this society, I urge physicians
inate such knowledge in the best way possible and to the
tent."

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Doctor Dowling also recommended that Homœopa
fined a "therapeutic drug specialty, primarily gover
law of similiars." This will be acted upon later and v
presented to the American Institute of Homœopathy
tion.

CROSS EYE. A common ailment was the topic d
Dr. Edgar J. George, of Chicago. He declared that
the cause and the treatment of squint eye had been
and indefinite with no fixed rule to enable the occulist to
cases scientifically.

The accepted theory concerning the movement of
is erroneous, according to Dr. George. It has been
the eye rotates on an axis from side to side and up and
real motion of the eyeball he declared was an oscillation
of motion being at the point where the vision is best

The child who developes a squint is born with son
the eye muscles. This defect may be covered up so
child is well and does not use the eyes for prolonged and
The eye may cross if the child becomes ill and nature
to keep them straight, or when at school, because the
fatigued by study and it is too hard work to keep them

Dr. George declared that not infrequently the rea
squint is in a muscle of the eye which appears to be str
necessity, he pointed out is to show how much squint
which muscle is at fault.

For the success of operations to correct "cross
muscles require time to adjust themselves and the r
must be operated upon. It may be necessary to le
muscle if it is too short; to take a tuck in the muscle
long; or to lengthen one muscle and tuck another.

Instruments which hold the muscle firmly so tha
twist and which will show the exact measurement of the
the amount to be lengthened or tucked, are necessary to
of this operation. Types of these instruments, which a
to be of great service in this kind of eye surgery, we
during the talk. The history of a number of successfu
was also given.

THE MEISSEN SOCIETY. One of the most artistic an
affairs of the season was the Japanese tea, given Thu
noon from 4 to 6 o'clock, at the Marlborough-Blenh
ladies. The ballroom was transformed into a beautif
tea garden, with palms hanging vines of Japanese
large, gaily colored parasols. The favors were pr
painted silk fans.

The tea, ices and cakes were served by maids i
costumes appropriate to the occasion. The splend
of the hotel played several selections.

One of the most enjoyable features of the aftern
delightful playing of Miss Amy Titus Worthington, o
of her own composition, "A Dream of Life," an allego
ture in four compositions as follows:

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Dance of the Water Spirite.
Gypsy Scenes (a dance).
(b introspection.)
Valse a la Salon.
Sunset.

E MEISSEN OFFICERS. The Meissen met Friday morning at lborough-Blenheim for yearly election of officers. Mrs. M. ngman presided at the meeting. Mrs. Harry Sands Wea- Philadelphia, acted as secretary pro tem., and Mrs. Gordon ago, as treasurer pro tem. The officers elected were: nt, Mrs. Walter Gray Crump, of New York City; First Vice- nt, Mrs. M. D. Youngman, of Atlantic City; Second Vice- nt, Mrs. R Milton Richards, of Detroit, Mich.; Secretary, B. Brown, of Denver, Col.; Treasurer, Mrs. J. W. Harris, er, Col.

place of meeting for 1915, was deferred until the December of the Board of Trustees. Considerable dissension and on arose over the selection of Long Beach as the place and the matter was referred back to the Trustees tructions to reconsider the other places extending the in- . Other cities will now be considered and the hope of ority of members is that the Institute will go to Portland, St. Louis, Mo., Chicago and New Orleans will also be in the

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North Ameri
Journal of Homœop

Editors

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EDITORIAL

THE INSTITUTE AT ATLANTIC CITY

THE members of the American Institute of Homœ attended the recent meeting af Atlantic City u carried away impressions of a quite mixed character. an ample supply of more or less scientific papers, son were worth the journey to Atlantic City to hear; ar and file probably and justly regarded this as the c tunity afforded by the Institute's meeting.

The business meetings were unduly prolonged an uable time was unwarrantably consumed. The presid ing address advocating a federation of homœopathy and institutions was quite long and crowded with to tail to be digested as read. It would have been b abstract had been presented, with printed copies of dress available for detailed study. A tremendous time was wasted in trying tc convince the board of tr whatever may be the merits of Long Beach, the major present at Atlantic City felt that the Institute should the Atlantic seaboard next year, and preferably t Oregon, if satisfactory arrangements can be made fo tute there. Also the Institute was robbed of time fo ive work by the discussion of that hardy perennial resolution, to the effect that membership in the A. M. patible with membership in the A. I. H. Dr. Stout h pathy of the North American in his struggles with th with which homœopathy in Florida is beset, but it how the resignation of few or many homœopaths from is going to be of any real assistance to him.

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e election of officers was a queer piece of business. A good
riends of Dr. H. D. Schenck, of Brooklyn, were desirous
g him elected president, but he refused to allow his name
resented as he had pledged his spare time to the Alumni
tion of the New York Homœopathic Medical College and
Hospital. Had he been nominated, there was no doubt of
tion. As it was, a formal vote was given for the only
, Dr. Byron E. Miller, of Portland, Ore., whose chief
o the office would seem to be that he is a resident of the
here a majority of the Institute at the time of nomination
l the meeting would be held next year.

DeWitt G. Wilcox's reputation suffered at the opening
on Monday evening. The address of welcome had al-
onsumed considerable time, when he rose to give his pres-
address, and he talked so long that he drove quite a
rt of the audience from the hall. The address itself was
tary, dealing with a number of unrelated subjects, and
eral opinion was that his remarks on eugenics were very
ut of place in such a meeting, while his bitter attack on
M. A. left a bad taste in many mouths. Coming events,
, cast their shadows before. Perhaps some idea of what
ng to happen in the evening pervaded the membership of
itute in the morning when nominations for officers were
in, for for the first time since we have had a board of
, the retiring president failed to be even nominated.

er heated debate it was resolved that the trustees be
o confer with the incoming president and trustees before
g where the next meeting shall be called.

usually good reports of the meeting appeared in the news-
the Atlantic City Review devoting one whole page daily
nstitute Bulletin. This forms the basis of the more ex-
report of the meeting printed elsewhere in this issue.

ancially the Institute is in better shape than it has been in
ars; this is largely due to rentals from the exhibit space
tic City, the trustees having adopted the policy of taking
of exhibits themselves.

attendance was good, the total registration being 1,105,
h 580 were members of the Institute.

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Dr. E. Petrie Hoyle, a delegate from the Internati
œopathic Council, was a distinguished visitor, as was
Florence Guernsey, the well known club-woman, daugh
late Dr. Egbert Guernsey, of New York. Dr. Hoyle is a
scious of a mission—the despoiling of the allopaths, a
escape no opportunity to hit the head of any such tha
itself.

A STATISTICAL STUDY OF MEASLES

IN THE American Journal of Public Health for A
article with the above title by Frederick S. Cru
author states that measles is the one disease to which al
susceptible. That the case mortality is from one to six
or more. He has collected statistics from twenty-two
covering a five year period and recording 32,626,651 deat
number 366,262 died of measles, considerably more tha
cent. In the United States deaths from measles comp
per cent. of the total mortality. The total number of de
measles in this country is approximately 10,000 per year.

The mortality is found to vary greatly at different t
wise the incidence of the disease. Crum states that epi
cities occur every two or three years, or after the additi
population of a large number of children who are non-im

The constant presence of measles in a community
make it less virulent. Reference is made to the great
when measles strikes a new community. He cites the
case of the Fiji Islands, where measles was introduced in
speedily carried off 20,000 of the natives—one-fourth of
population. He says that in 1911 an epidemic occurred i
an American possession, and killed off about ten percent
habitants. The natives of the South Pacific Islands drea
more than any other one disease.

All races seem equally susceptible. The disease
preference as to sex.

As regards age, from 80 to 90 per cent. of the dea
measles occurs before the age of five. By far the highest
is in the second year.

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incidence is greater in the cities than in the country dis-
Any place where numbers of people are congregated seems
pose to outbreaks of measles. It occasionally breaks out in
nd barracks. In the Civil War, our author says it was some-
ecessary to disband whole companies of troops from rural
on account of measles. This was not true of troops from
es The latter had become immune through having had
during childhood.

the cities in this country measles tends to increase at the
cold weather. The author says this is partly due to child-
ing together for school, partly because they are housed up
The author thinks that measles is considered too lightly
laity and even by some part of the medical profession.

NOTES AND COMMENTS

Antityphoid Vaccination in the Army During 1913

e results of typhoid anti-vaccination in the army during
e quite remarkable. Major Russell reports on them in the
of the American Medical Association. There were but
ases of typhoid fever with no deaths in that year. This
the entire army of over ninety thousand men.

Massage for the Complexion

usalemy communicates to Presse Medicale for September
s observation on massage in China. He remarks that the
e complexion of the young Chinese women is due not to a
enamelling, as has been suspected, but to a most careful
lation of the face done by expert masseuses, who begin by a
pinching of the cheeks between the tips of their fingers,
lasts fully ten minutes, then apply lotions on absorbent
then an unguent, and finish by kneading the cheeks with an
delicacy of touch, always proceeding from the nose and
sures of the lips towards the ears. This is a harmless and
ogically correct process which can be recommended in cases,
nan they should be, where the physician is consulted con-
a faded or otherwise unattractive complexion. (Exchange.)

opathic Materia Medica and Homoeopathic Institutions

public hospital under the control of a homœopathic staff
held an examination for candidates for interneship. The
in question is a large institution and receives patients
g from all classes of disease. In view of this, the two
ns in Materia Medica seem to the NORTH AMERICAN to be
arrow, and considering that the candidates are medical

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students whose time is so taken up with a multiplici
that they should only be expected to know the indic
prescription of the most commonly used drugs, it w
though the examiner had lost a sense of proportion.
were as follows:

1. Give the characteristic indications of Nux
hysteria.

"2. What mental disease, is Kali phos. useful

On general principles it would seem as though t
be framed to indicate the candidate's ability to pre
ergencies, and one could hardly predicate that nux
kali phos. are emergency remedies.

With questions of such narrow scope as this it
that the students from any college might fail to o
marks in this subject, and yet such a result would att
to the college or its staff in the eyes of those acquai
facts; if anyone is to be held up to scorn, it should b
and its examiner.

BOOK REVIEWS

The Homoeopathic Pharmacopeia of the United S
edition, revised. Cloth, 680 pages. Price $3.25 Ne
under the direction of The Committee on Pharmacopeia o
Institute of Homoeopathy by Otis Clapp & Son, Agents,
Street, Boston, 1914.

Thirteen years have elapsed since the second e
American Institute of Homœopathy's Pharmacopeia w
this third edition was ordered published by the natio
tion at its meeting last year in Denver. The char
clude the omission of a footnote dealing with the r
physical measures of the drug content in attenuation
the addition of ten new remedies and the omission of
used, and such minor details as changes in chemical
atomic or molecular weights. In future editions th
some of the tables in Part II instead of some remedies
for new matter should be considered by the Pharm
mittee.

Progressive Medicine. A Quarterly Digest edited by
Hare, M.D. Vol. XVI. No. 2. Six dollars per annum.
Philadelphia and New York.

This volume presents a digest of the newest litera
ing hernia, the surgery of the abdomen, gynecology, d
blood, diathetic and metabolic diseases, diseases of
gland, spleen, nutrition and the lymphatic system,
mology.

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LECTIONS OF AN ABSENT MINDED THERAPIST

BY OLIVER SLOAN HAINES, M.D.

e years since a famous specialist in nervous disorders
ıy attention to the fact that I was an absent-minded
t. The occasion upon which this accurate diagnosis was
ppened to be my failure to recognize syphilis as the under-
ctor in an obscure brain lesion which I had been treating
omœopathic lines without success. Thereupon we gave
m iodide, which helped more than my remedies; yet did
e. I subsequently learned that the specialist was also
g from my own ailment because at the autopsy of my
we saw at once that he had not needed medicine, but an
eration. A surgeon told me after the autopsy that the
was one that might easily have been removed and that
ent might have been saved.

careful watching, when I have had the chance, I have
the conclusion that this malady—absent-mindedness, is
ead among the members of the medical profession, and
is not uncommon for them to overlook the really para-
features of the case, not uncommon for them to fail to
those fundamental elements of a case which control
derstanding of it and their ability to treat it successfully.
te recently a member of the high dilution wing of our
nformed me that the graduates of my alma mater all suf-
om this malady, in fact, were born with it. But, as my
ution friend is himself almost dead professionally from
ppears to be the same thing, we may conclude that it
no class, neither high nor low dilutionist, neither prac-
nor specialist.

, gentlemen, it is hurting homœopathy, and that is the
ve should consider it most seriously in its relation to this
department of therapeutic art. I know that this society
every ready to fight anything that retards the progress
eopathy.

the benefit of those of you who just now for the first
lize that you yourselves may be the victims of this dis-
us remember that it may be just as easily acquired by
concentration upon one subject as by simple inattention
characteristic aimless wandering of thought. My high
friend contracted his through intense concentration
ne subject; and, was miles behind the times before he
it.

eems so natural for the human mind, unless coerced, to
n any subject presented to it; either in an aimless, in-

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attentive way; or, else to concentrate all its power u
single phase of the subject. The mind that is not compell
does much systematic work. Therefore it is only by
effort that one gets breadth of view; and, at the sa
a correct appreciation of the special aspects of the su
quiring minute attention.

The weakest spot in all medical practice is lack of
investigation. The weakest spot in the practice of ou
therapeutic system is our a prori presumption that we
the remedy our patient requires; and our unwillingness
ceed with the analysis of the case to that final sifting
dial measures—to the point where we can clearly an
takably perceive that there is a similimum that exactly
necessities of the case.

The absent-minded man presumes instead of find
and nothing makes for failure in the practice of our th
art like a priori assumptions which do not rest on t
and substantial basis of facts and experience.

If one will put his a priori presumptions to the ordi
of repertorial analysis, he will be astonished; and the
sure to be his conviction that it is very difficult to s
remedy that will cover every phase of a morbid pictu
that is what homœopathy demands of her practitioners.

And while we cannot say that the absolute accurac
prescription is always the sole determinative factor in
cesses; still it is the thing that we can control. And
perpetuity of homœopathy has been discussed from e
gle, you will have to admit that it will be our results
count. Favorable results and a judicious publicity for
will help along our special therapeutic system as much
thing else you may mention.

The phenomenal growth of our school in its earlier
due to no other factor so much as to the grateful prais
thousands of people who, having failed to obtain relief e
found it in the simillimum and having found it told oth
rapid rise to a great school of therapeutic specalists
due to our colleges, nor to our literature, nor yet to our
influence in the land; it was due to the results obtaine
our growth should be much more rapid today than i
the past; because we do much better work in a general
we could have done fifty years ago. We ought to be do
better work in our own special way, but I sometimes
are not.

It is my firm conviction that what is most needed
our school is greater accuracy in the prescription. We
thing else today quite as well as any other class of med

If you wish to be convinced, ask every new pati
caused him or her to consult you professionally, and
often they reply, "Because I have not been satisfied wit
obtained by my former physician." It is just the same to
was in the beginning of our school, only we have forg
factors that have made us great, and it does seem that

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ion of the potentiality of the single remedy homœopathi-
plied, and greater accuracy in the prescription would help
st now.—Hahnemannian Monthly.

SOME HOMOEOPATHIC HEART REMEDIES

Y FRITZ C. ASKENSTEDT, M.D., LOUISVILLE, KY.

organs of the human body lend themselves as well to
ion and study as does the heart. Inspection, palpation,
tion, each affords a considerable amount of information
g its functions; and the more recent methods of exami-
sphygmomanometry and graphic tracings, have added
racy to the diagnosis of heart disease scarcely dreamed
decades ago. Each symptom has acquirred a new im-
d the varying syndromes of heart disease can be traced
asonable certainty not only to the particular tissue or
nvolved, but often to the exact locality and extent of the
With increased accuracy in diagnosis, homœopathic thera-
has gained in precision of application, for in the light
ewer physiology the haze of disconnected heart symptoms
l in helter skelter fashion in most of our text books is
rystalized into the shape and form of well-defined cell

For this therapeutic advance due credit should also be
xperimental pharmacology. While it is true that the
of the laboratory may not unreservedly be applied to
cases, yet they may aid us in rearranging the symptoms
materia medica into their proper settings of relationship
rdependence based on a common cellular pathology, and
der the provings of our heart remedies—even the very
rovings—capable of an amplified scientific interpretation.
way a closer insight into the physiological action of our
es can be obtained, and we are enabled to select with
facility and precision the similimum that will reach the
perverted metabolism, wherever located. It is readily
l that the present teachings of pathology and diagnosis
many respects unsatisfactory, and always will be; but if
athy is to make progress it will be in the direction of a
telligent drug pathogenesy, long since advocated by
and Burt, and every day of advance of pathology and di-
promotes a more rational and accurate use of our drugs.
is conviction, the following accounts of drug effects have
mpiled, the symptoms having been gathered exclusively
mœopathic text books, while the order of sequence of
pearance and the anatomical pathology is largely derived
d school works on pharmacology.

different functions of the various tissues of the heart
seem expedient to classify the remedies according to
lective action upon these tissues. Such a classification
pted by the table seen below. Some remedies, as arsenic
sphorus, which seem to act equally upon all the cardiac

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tissues, have been classified merely as myocardial. S
sidered they are not heart remedies, since they have
affinity for the heart or its nerve centers, but the s
their action to that of some infections producing fatt
tion of internal organs, with gradual failure of the
fies us in including them at this time.

ACTION OF HEART REMIDIES

	Myocardium	Cardio-Inhibitory System	Cardio-accelerator System	
Acids.	D			DC
Aconit. napellus.	S,TD	SC,TDC	SE,TDE	S&DC
Ammonium.			SC	SC
Amyl nitrosum.	S	DC		D pow
Arsenic. album.	D			DM
Baryta muriaticum	S			SM p
Belladonna.	D	SC&DE		SC b
				tor
Coffea.	S?	SC		SC
Conium.		S&DE		SE
Digitalis.	S	SC&E		SC sl
Gelsemium.		DE		
Glonoin.		DC		D
Kalmia	S?	S?		
Lachesis.	D?	S?D		D
Lycopus virginicus	S	S?		
Naja.	D?	S?D		D gre
Opium.		SC		SC in
Phosphorus.	D			DM
Potash salts.	D			D
Secale cornutum.			SE,TDE	SE I
Sodium salts.			S	S
Spigelia.	S?			
Tabacum.	S&D	SE&DE		SE p
Veratrum viride.	S	SC,TDE		S&DE

"S," stimulates; "D," depresses or paralyzes; "C
"E," peripheral endings; "M," muscle fibers; "T,"

In the study of our heart remedies a few cardi
newer physiology of the heart should be borne in mi
here be briefly stated. Unlike other muscular tissue
cle fibers of the heart, when perfused with blood or
capable of generating their own stimulus, and are ther

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tract spontaneously. The individual cardiac muscle fibers een found to possess five special functions, viz:

Stimulus production, the power of the fibre of producing ulus which can excite it to contract.

Excitability, the power of being able to receive a stimulus.

'onductivity, the power of conveying an impulse from and er cells.

'ontractility, the power of contraction when stimulated.

Tonicity, the power to retain a certain amount of residual ction when the active movement has ceased.

ne exercise of any of the first four functions mentioned is iately followed by exhaustion of that particular function, radual but rapid restoration. This induces a rhythmic con- n of the myocardium, even when stripped of all nervous

ne excitability is greater in the auricles, especially at the s of the great veins, than in the ventricles. If the auricles ddenly severed from the ventricles, the latter will assume hm—after a pause of inactivity—much slower than that of ricles. The auricles transmit their impulses of contraction ventricles over the auriculo-ventricular bundle (bundle of a narrow bridge of muscular tissue of peculiar type, begin- n the right auricle and extending to the apices of the ven- —and thus set the pace for the contractions of the whole When the integrity of this bundle is impaired the im- travel more slowly, and may occasionally fail to reach the les (partial heart block), with consequent failure of the ular contraction. If the continuity of the bundle is en- destroyed all the impulses from the auricles become ar- and the ventricles assume a rhythm of their own (about the minute) entirely out of harmony with the auricular tions (complete heart block). Again the auricular sys- nay be broken up into an irregular flutter or into mere r contractions, thereby bombarding the ventricles with es and throwing them into a most rapid and confused y (delirium cordis), often the forerunner of death and mes produced by the protracted stimulation of the heart digitalis. At other times, an abnormal irritation of the o-ventricular node or the body of the bundle, which nor- possesses greater excitability than the ordinary myocardial will result in a premature contraction at this point, giving an ascending and descending impulse causing auricles and les to contract simultaneously (extra-systole) or at nearly ne time, several varieties occurring. This contraction oc- o early after the preceding normal contraction, and owing diminished period of rest and restoration, the myocardium le to contract with the usual amount of vigor and a small vave results, sometimes so small as to be imperceptible to pating finger. This is the usual cause of intermittent pulse. f tonicity leads to dilatation and, at times, is exhibited by rnating pulse. In the latter instance a large and a small

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wave alternate, but each occurs in its normal position this respect the small wave differs from that of extr which occurs prematurely.

While the heart seems capable of maintaining its ow and nutrition independently of the nervous system, thi serves as a means of inter-communication between the h distant organs. Its nerve supply is derived from the sym nervous system and from branches of the vagi, whose fibers arborize around nerve cells in the cardiac gangli are distributed to the heart in groups, principally in the the auricles. From these ganglion cells non-medullate pass to the fibers of the heart muscle. Each system has supreme nerve center in the medulla—a cardio-accelerato for the sympathetic, and a cardio-inhibitory center for th Stimulation of the sympathetic nerves supplied the heart an increase in the force and rate of the contractions, increased conductivity of the auriculo-ventricular bund posed to this is the action of the vagis, which when sti retards the beats of the heart, reduces their force and lo conductivity of the bundle even to the extent, when ov lated, of producing complete heart block, finally arres activity of both auricles and ventricles in diastole. N both systems are subject to constant tonic stimulation fr centers in the medulla. Paralysis of the center or termin of the vagus abolishes the natural inhibitory function of t and results in an acceleration of the cardiac movement ysis of the accelerating center in the medulla, the exis which is hypothetical, not having been positively demo will reduce the activity of the heart. Reflex action of nerves is also known to provoke acceleration by inhibito tion of the vagus, and, at other times, to retard the heart by vagus stimulation, and in this way the heart, as we blood vessels, is made to respond to the call of distant or

The especial affinity of some remedies for certain st of the nervous mechanism of the heart has been well Aconite, veratrum, digitalis act predominately as stimu the vagus center; tabacum, conium, gelsemium paralyze t lion cells, around which the vagus arborizes; while be paralyzes the nerve endings of these ganglion cells an stimulates the nerve endings of the sympathetic syste selective action can be utilized in the diagnosis, as well peutics, of certain cardiac affections. For example, an in heart block due to a reflex or direct action on the vagu temporarily removed with physiological doses of atropin by paralyzing the terminal endings of the cardio-inhibit tem, prevent the inhibitory stimuli of the center from the heart muscle. A block due to disease of the auricula ular bundle would remain unaffected. In the same wa abolish extra-systoles of a reflex origin.

The teachings of physiology and clinical medicine us in formulating the diagnostic hints given below for

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f facilitating the study of drug effects and disease syn-
, but, on account of their limited scope and isolated po-
these aphorisms are not to be regarded as infallible guides
ıe clinician will give careful consideration to all the symp
eek a rational explanation for developing syndromes, re-
g no rule infallible, and trace, as far as possible, the evi-
of disease to their remote as well as to their more apparent
. In like manner the study of drug action should be pur-
Since no drug provings have been made to the extent of
ing anatomical alterations of the valves, such disorders
een left out of consideration in this essay. After all, our
f alleviating the results of valvular disease depends upon
ility to bring about muscular compensation.

e following syndromes express well-known pathological
ons:

pid heart beat, with increased force and augumented
l pressure, is a result of direct stimulation of the myo-
n (full strophanthus effect), or it is due to inhibition or
of the vagus stimulus (belladonna).

pid heart beat, with feeble force and lowered blood pres-
produced by loss of muscular tonicity—dilatation (arsenic,
orus).

Very rapid heart beats (160-200), with marked irregular-
vidence of auricular fibrillation (digitalis).

derately slow and feeble heart beat points to vagus stim-
(veratrum viride).

derately slow heart beat, with increased force, is the re-
simultaneous stimulation of the vagus and the myocardi-
offea).

ry slow heart beat (about 30 per minute), of considerable
s almost always due to heart block (digitalis, squilla).

termissions of ventricular systoles, the auricles beating
ly (best recognized by polygram), are evidence of partial
lock (digitalis, lycopus).

nstantly varying intervals between the ventricular and
ar waves (v-a interval, best recognized by polygram) in
vein show a disturbance of the relation between functions
vagus and of the sympathetic (tabacum).

ra-systoles (recognized by auscultation or polygram; often
pating finger) are due to abnormal irritation of the auri-
ntricular node or bundle. This irritation is usually local
ia), but may be reflex.

ternating pulse is the result of diminished muscular toni-
ntimonium tartaricum).

w heart action, with dilatation of blood vessels, indicates
tion of depressor branch of vagus (glonoin).

When estimating the action of the heart by the radial pulse
fect of the blood pressure on the pulse wave should be
red.)

discussion of the individual heart remedies space permits
ıe best known drugs and their salient features to be in-

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cluded. The advance made during the last few decad
perimental pharmacology has made necessary many a
in the elucidation of drug action, while many old views
come established as facts no longer subject to controve
solete ideas of drug action, some of which have crept
homœopathic text books, have been discarded. Since
effects on one organ isolated from those of other parts m
inadequate for the selection of the homœopathic remedy
scription of the action of the remedies to follow is mea
to suggest their homœopathic indication upon the broa
of the general drug action and the total symptomatol
fully dealt with in our text books on materia medica.

Aconitum Napellus

Aconite attacks all nitrogenous tissues, affecting pa
the central nervous system, the nerves, and the muscles.
special affinity for the endings of the sensory nerves,
at first, a smarting and tingling of the skin and muc
branes, followed by diminished sensibility.

The first noticeable effect of aconite upon the hear
rect stimulation of the myocardium, giving rise to a q
and strong pulse. This is soon overcome by a more mar
ulation of the cardio-inhibitory center, which greatly
both the force and frequency of the heart beats and, a
of this reduced cardiac activity, the blood pressure f
withstanding a stimulation of the vaso-motor constricto
sense of chilliness is experienced. In toxic doses, paraly
inhibitory mechanism follows, and there is a marked a
tion of the iritability of the cardiac muscle accompanied
ened contractility and conduction. The heart's action i
gradually weakening, and eventually its rhythm is in
by extra-systoles, auricular filbrillation and heart block

Under the moderate doses of the provers the chi
often followed by a reaction of dry heat, restlessness, f
thirst. The thermo-taxic or heat regulating function is d
so that the temperature of the body tends to fluctuate
temperature of the surroundings, a lack of balance ob
all fevers. The vaso-motor center, at first slightly st
becomes depressed, permitting a dilatation of the sm
pressed and consequent arterial hyperæmia.

The powerful but ephemeral action of aconite upon
ous system and circulation renders it indicated in cases o
hyperæmia or acute infections attended by chilliness,
by arterial and bodily excitement, sensations of tingling
fear and fever. It is evident that a slow pulse—out of p
to the amount of fever—and a low blood pressure, as is
pneumonia, is no contraindication for the use of aconit

In diseases of the heart, it should be considered
in connection with the myocarditides of acute infectio
matism, pneumonia), even in the advanced stage mani
extra-systoles, auricular fibrillation, and heart block.
in the cardiac region;" "pressive pain about the heart;

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f heart, with anxiety;" "precardial anxiety" are subject-
ptoms under aconite suggesting myocarditis.

Amyl Nitrosum

s remedy is an analogue of Glonoin, and is even prompter
ction. It has a direct and pronounced paralyzing effect
e muscular wall of the arteries and veins, especially those
ead, neck and abdominal organs. The coronary arteries
ate. There is flushing of the face and neck, a sense of
and distension of the head, ringing in the ears, vertigo,
n of the mind, sometimes violent headache and even un-
sness. There is more flushing, but less throbbing than
lonoin.

action upon the heart is less marked. The pulse is
ed through inhibition of the vagus center and possibly
direct action on the heart muscle. There is rapid lower-
rterial tension, and by a reduction of oxidation consider-
l of temperature. Although the walls of the pulmonary
re scarcely affected, the respiration becomes labored and
ossibly due to the low blood pressure. The keynote for
l is "flushing of face and neck, with heat and perspira-
same, accompanied by cold hands and feet." Its homœo-
ses are in the treatment of functional cardiac disturb-
ith vaso-motor paralysis, especially of the face, as at the
ric. It is also of value in hypertrophy of the heart.

Arsenicum Album

destructive action of arsenic upon protoplasm in general
ved upon all the tissues of the heart, especially upon the
lium. Endocarditis and myocarditis, with fatty degener-
nd dilatation, are its most important lesions.

pulse may be slow, weak, or irregular, but more often
rowing gradually feebler and finally becomes thready.
pitation is worse at night, and attended by anguish.
principally to paralyzing effect of arsenic upon the mus-
at of the arteries, especially the mesentric vessels, the
ressure is progressively reduced and the stomach and
become congested. There is a sensation of burning in the
s elsewhere; also marked dyspnœa, hemoptysis, and, in
parts, dropsy, due to increased permeability of the
es.

enic is most frequently indicated in fatty degeneration
tation of the heart from protracted fevers, as typhoid,
pyæmia, and from various anemias and in old age.

Baryta Muriatica

s mainly upon the muscular coat of the arteries, which
rfully stimulated, resulting in a considerable rise of blood
. Under its continued action changes take place in the
closely resembling the Moenckebery type of arterio-
. The muscle fibres of the middle coat first show degener-
en the elastic fibrous tissues and, later, the internal tunic
econdary plaques of connective tissue proliferations.

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These degenerative changes in the tunica media pr
fatty degeneration, connective tissue formation, and e
fication. In the weakened places aneurismal sacs app
arteries most susceptible to the degeneration are the en
and the vessels of the neck. The cerebral and renal art
also become involved, though less frequently.

The symptomatology of the salts of baryta is so str
dicative of senility that long before the time of hist
search—yes, even at the time of Hahnemann—these reme
used homœopathically for the infirmities of old age.
worse on lying down; dry or moist cough; vertigo, as
thing was turning around; mental feebleness and loss
ory; constipation or bloody stools are some of the sym
baryta muriaticum, easily accounted for by the vascular
ation.

It has proven one of our most valuable remedies i
orders of aterio-sclerosis.

Belladonna

This remedy first stimulates the cerebrospinal cen
paralyzes all different nerve endings and the non-m
nerve fibres of the cardiac ganglia acted on by the va
effect upon the heart is, first, a brief period of retar
action, from stimulation of the vagus center, which is
by a rapid, full, bounding pulse, due to paralysis of the
of the inhibitory system; later the pulse becomes so
direct depression of the heart muscle. Stimulation of
motor constrictor and dilator centers causes a contracti
arterioles of the abdomen, while other arteries dilat
directs the flow of blood from the abdominal cavity to m
ficial parts. Thus belladonna produces an active cong
the skin fauces and brain, manifested by redness, by t
by pain and delirium. Its power is well known thr
provings. The arterial tension may or may not be rais
dation of tissue is increased, as shown by a rise of ter
and an augmented elimination of urea.

As a heart remedy its use will be found in endocar
myocarditis of eruptive fevers, and various functiona
larities attended by the characteristic rapid, full, bound

Cactus Grandiflorus

Experimental research in old school hands has fail
tain marked pathogenic action of cactus upon dogs. It
however, necessarily follow that the human heart is e
fractive to its influence, nor that a remedy of weak p
power is inert as a therapeutic agent. From the provi
Rubini and four others it is inferred that cactus influ
heart's action mainly through the sympathetic system.
motor ganglia are also involved, especially the first
ganglion, giving rise to active congestion of various
notably the brain and lungs. Hemorrhages of the no
stomach and bowels have been observed. The leading

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is a sense of constriction as though from an iron band
art and lungs. The pulse is usually irregular and rapid.
pain in the apex region of the heart, shooting down left
nds of fingers.
us differs in its action fron aconite in presenting less
symptoms, and from digitalis in producing an active in-
passive congestion.
linical uses are to be found principally in palpitation
vous excitement, from the abuse of coffee or tobacco.

Coffea

as a stimulant to the whole nervous system, especially
and psychic functions. It also acts directly upon the
whose excitability and endurance are augmented. In
ntal animals the heart beats are increased, both in
nd force, by direct action on the cardiac muscle, but
eration does not usually obtain in man. Here the inhib-
ter of the medulla is more markedly stimulated, suffi-
counter-balance the action of the drug on the myocardi-
reduction of the pulse rate usually results, with increase
of the systole. Palpitation may be experienced. The
or center is stimulated and the consequent contraction
teries raises the blood pressure. The temperature is in-
n some cases.
a is especially indicated in that class of neurasthenic
who, from pleasurable emotions, suffer nervous over-
and hyper-æsthesia, insomnia, profuse urinary elimina-
itation, high blood pressure, and cardiac hypertrophy.

Digitalis

ably no heart remedy has been more thoroughly studied,
ntally and clinically, than has digitalis. By its well-
tion as a stimulant of the cardio-inhibitory center and
of the heart muscle, it has become typical of a large
heart remedies, including strophanthus, squilla, helle-
er, apocynum, convallaria, adonis vernalis.
action of digitalis is the result of the opposing forces of
on of the myocardium, increasing the rate and duration
stoles, and of the vagus prolonging the diastoles and
he heart; the vagus being stimulated, both at its center
eriphery. In frogs myocardial stimulation prevails, and
es are increased in duration at the expense of the dias-
the heart becomes tetanized. In the higher animals,
her hand, the inhibitory action usually prevails, so that
les are prolonged, and the heart, when finally arrested,
. Dosage and individual susceptibilities determine the
digitalis in man. In physiological doses the heart action
retarded by an increase in the duration of the diastoles,
gus stimulation, but the stimulation of the muscle invig-
contractions, even to the complete emptying of the ven-
hich normally does not occur. The pulse is retarded,
strong. Although the output at each systole is greater

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than normally, the circulation may be impeded c
the retarded heart action. Large doses considera
with the normal propulsion of blood, both by depre
diac function through vagus stimulation and, as o
advanced stage, by over-stimulating the heart mu
thrown into violent activity preventing proper fillir
tricles and thus favoring the accumulation of blood i
Extra-systoles, heart block, and, finally, fibrillation
cles and ventricles develop before the heart stop
seen that while in diseased states digitalis may act
to a circulation impaired by loss of muscle tonus,
conditions, as in our drug provings, the circulati
embarrased by the drug action, and hence the ma
recorded as a result of venous congestion. As has
the digitalis pulse may be slow and full, with inter
heart block, owing to a prevailing inhibitory actio
other hand, in a later stage when myocardial stim
nates, the pulse will be found very rapid, intermitte
systoles, and ultimately it emerges into the irregul
rium cordis.

In regard to the vaso-motor action of digitalis
noted in man and lower animals. In the latter
pronounced, mainly through direct stimulation o
fibres of the arteries, and, to a lesser degree, by s
the vasomotor center in the medulla; while in man
tion of the arterioles is much less perceptible, all e
absent in many cases.

The symptoms of digitalis are such as indicate
ous engorgement of the lungs (air hunger, pulmo
dry cough, hemoptysis); of the liver (enlargement
ash colored stools); of the kidneys (scanty, dark,
of the extremities (coldness and dropsy); of the b
with great anxiety and faintness). Of the same i
more general symptoms: great weakness, cold cl
sickly deathlike expression; nausea and vomiting.
are usually aggravated by movement.

Digitalis should be considered in all chronic ca
cardiac compensation, especially when attended by
or auricular fibrillation. In threatened (lengthened
or complete heart block in chronic heart disease, i
indicated.

Glonoin

Acts speedily through the cerebrospinal nervou
especially on the muscle fibres of the arteries and
general vaso-motor paralysis, and by depressing th
the pneumogastric nerve sometimes increases the
The dilatation of the smaller arteries gives rise to a p
bing, especially in the head, and to a greatly lov
pressure. The congestion of the brain is often attend
and a sense of pulsation, not the severe throbbing
The mind is depressed, as under veratrum viride, b

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s are less prominent than under the veratrum. The of glonoin is a painless throbbing or pulsation in the dy. This remedy is to be thought of in disturbed heart due to cerebral congestions, apoplexy, epilepsy, or sun- hen the vaso-motors are inhibited.

Kalmia

remedy has been studied but little, experimentally. It acts through the vagus, which it stimulates, and direct- the heart muscle, causing a slow, weak pulse, sometimes d irregular. There is palpitation of the heart with anxi- ppressed breathing, made worse by exercise. Shooting also felt above the heart, extending into shoulder blade eft arm.

distinctly a rheumatic remedy, and should be thought e rheumatic affections of the heart, producing extra- or heart block. It may also be indicated in angina

Lachesis

primarily upon the cerebrospinal system, especially the rve, through which it affects the throat, larynx, lungs t. It also induces paralysis of the vaso-motor nervous hough less so than other snake poisons, and causes de- ion of the blood. The pulse is accelerated, often unequal ittent. There is a cramplike pain in the region of the th anxiety. Lying down causes suffocation. There is aggravation of symptoms after sleep and from touch. its vaso-motor action it produces heat and redness of burning of palms and soles of feet. This renders it an valuable remedy for the palpitation and hot flashes during the climateric or in neurasthenia. It is also threatening heart failure from diphtheria or asthenic s typhoid, pyaemia or septicaemia.

Lilium Tigrinum

uces cardiac irritability through reflex action—prob- biting the vagus—arising especially in the generative There are fluttering and palpitation of the heart, a pres- in the heart, often a sensation as if the heart was in a vice, or alternately grasped and relaxed.

especially suited to nervous women, with uterine ante- nd subject to attacks of palpitation.

Lycopus Virginicus

few animal experiments have been done with lycopus ain its physiological action, but provings warrant the hat it causes stimulation of the vagus, with slow, weak en as low as 46); then through direct muscular action beats become quick and irregular. That its continued oderate doses would lead to hypertropy is apparent. he stage of arrhythmia the blood pressure is lowered.

symptomatology is like that of digitalis: slow or rapid,

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irregular pulse, with venous congestion. There is, ho
pain under lycopus while digitalis is almost free fr
muscles and articulations are especially painful.
is scant and contains oxalate of lime crystals. The
tic symptoms of lycopus is a marked protrusion of

The remedy is of great value in functional disc
heart, in exophthalmic goitre, in rheumatic heart aff
or without hypertrophy and extra-systoles.

Naja

Its general action is closely similar to that of
it produces more marked paralysis and less convulsiv
than the latter. The pulse may be slow and irregula
and force (probably from brief primary stimulation
later becomes weak and thready. The vaso-motor sy
alyzed and the blood pressure greatly reduced. Ther
pains in the region of the heart, palpitation and flutte
toms are made worse by the use of stimulants; bette
ing in the open air. These modalties serve to ind
in the disease mentioned under lachesis.

Opium

Acts primarily on the cerebral centers, profou
sing the respiratory and stimulating the cardio-inhib
In this way marked retardation of respiration and
are produced. Through insufficient aereation of th
to the depressed respiration, the vaso-motor center of
is stimulated and the blood vessels contract (except t
and neck, which are dilated), resulting in a consi
of blood pressure. The blood pressure may fluctuate,
varying effect of the asphyxia, on the one hand, and
retarded circulation, on the other.

The brain shows evidence of marked congestio
stupor; the face is flushed; pupils contracted; resp
and stertorous; pulse at first full and slow, later sof
urine is scant, the skin moist.

While not distinctly a heart remedy, opium is
cerebral paralysis when the pulse is slow, vascula
first high, then gradually sinking.

Phosphorus

Produces fatty infiltration and degeneration (?)
muscles and arteries. It is more prone to affect th
of the heart than arsenic, whose action is principal
left. The heart sounds become nearly equal in len
tion), and systolic murmurs are heard over the heart
arch of the aorta. The pulse is rapid, weak and soft,
by motion. The patient cannot lie comfortably on t
Blood pressure is reduced. Hemorrhages, due to ru
degenerated arteries and a hemolytic action of phosp
in various parts.

In fatty degeneration of the heart in tuberculo

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hoid fever, acute yellow atrophy of the liver, or in perni-
emia or old age, phosphorus will prove a valuable remedy.

Secale Cornutum

s remedy has a special affinity for the endings of the
etic nerves connected with the thoracic and lumbar
nerves, in physiological doses stimulating and in toxic
aralyzing them. As a result of the stimulation of these
tor nerve endings of the abdominal cavity and of the
ere is a rapid rise of blood pressure. The high blood
stimulates the vagus center and consequently tends to
the heart's action. But this influence upon the heart is
an counterbalanced by a stimulating effect directly on
athetic nerve endings, and, though alterations may occur,
liac action is most frequently accelerated and increased
. The leading expression of the pathogenesis of secale
fore vaso-motor stimulation and a high blood pressure,
e veins are dilated and engorged with blood.

secale patient has a rapid or slow and intermittent pulse,
dimness or vision, dilated pupils, nausea and diarrhœa;
piration is difficult, hemoptysis frequent; the tempera-
subnormal, the skin dry and cold, with more or less for-
over the body, and gangrene frequently results. The
tion has some resemblance to digitalis, but the blood
is higher and the nervous symptoms more prominent
ecale. The high blood pressure and amelioration from
ferentiates it from arsenic.

remedy, as suggested by its symptomatology, has been
seful in neurasthenic disorders attended by high blood
and in arterio-sclerosis.

Spigelia

action of this remedy has not been carefully studied.
s symptomatology it may be inferred that it acts as a
t directly on the heart muscle. Its affinity for fibrous
lsewhere renders it probable that it also attacks the en-
um and the pericardial membrane. Upon the blood vessels
ttle or no action.

appearance of symptoms is prompt and usually attended
pain. There is violent palpitation resulting in hyper-
as evidenced by the symptom, "unusually violent palpi-
f the heart that the prover could hear the pulsation, and
s could be seen externally through the clothes." Motion
tes palpitation and brings on dyspnoea. There is a con-
of the chest, with anxiety and difficult breathing. Cut-
ring beneath left nipple, extending to region of scapula
arm, worse during deep inspiration.

remedy is indicated in myocarditis, endocarditis, peri-
and all hypertropies of the heart, especially when of a
ic character. As an intercurrent it may be used in angina

Tabacum

s remedy has a dual effect upon all the cardiac tissues

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involved, a stimulation of short duration, followed
It first attacks the cardiac ganglia around which
fibers of the vagus arborize. A brief period of stimul
the heart's action for a few seconds, after which
rhythm is regained, and as the ganglia become pa
heart beats increase in rapidity. The vagus center i
lated, but this effect is not so well marked. The
action of the heart is augmented by a direct stimu
cardiac muscle, but as depression follows the pulse i
force and frequency. The ganglia of the vaso-moto
at first, powerfully stimulated, causing an immense
arterial tension; but after a short period of stimulati
ies relax and the blood pressure falls to the norm
often below it, owing to the weakened cardiac acti
ments with rabbits have shown that nicotine has a
produce calcareous degeneration of the aorta, sir
atheromatous plates in man.

Sudden collapse, deathly nausea and cold clamm
symptoms of tobacco vividly remembered by most m

It is indicated in cases of acute cardiac collap
arterio-sclerosis in patients not accustomed to the us

Veratrum Viride

Acts as a stimulant on the brain, especially on
inducing paralysis in toxic doses. It stimulates the
producing a retardation of the heart action and co
crease of the output. At the same time, the vaso-
is also stimulated and, the peripheral vessels contra
in blood pressure ensues. Later, if toxic doses are e
terminations of the vagus are paralyzed and the hea
slightly stimulated, resulting in a quickened heart
the blood pressure is lowered from a progressive d
the vaso-motor center, following its stimulation.
tory center undergoes a similar change of stimulation
sis, and the temperature is usually lowered, due, pro
reduced circulation. If convulsions set in, the tempe

The first stage is manifested by a very slow and
increased respiration and blood pressure, while the
is recognized by a rapid pulse, slow respiratory mo
a low blood pressure. There is an intermediate pe
which stimulation of some functions persist while d
others has developed. The dilatation of the arteri
to arterial congestion of the lungs, stomach, liver
spinal cord. This may go on to actual inflammatio

Vomiting of mucus; cough, with mucus expector
ed pupils; coldness and convulsions are some of
symptoms of veratrum viride.

In congestions this remedy does not show the
and fever of aconite, nor the active delirium of bell

Veratrum viride is to be considered in the hea
usually functional, of pneumonia, gastritis, ecla
apoplexy.—Medical Century.

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CONTRIBUTED ARTICLES

THE NEED AND USE OF A REPERTORY

BY ERASTUS E. CASE, M.D.
Hartford, Conn.

materia medica is a rich inheritance from the pioneers homœopathy. It includes symptoms obtained by self- ing physicians and their friends in proving remedies, also ymptoms, some of the greatest value, which were removed, ed, by remedies administered to the sick, and recorded by observers. Its magnitude, some 300,000 symptoms, ap- e student.

e patient, whose condition has been investigated by all dern scientific methods, has the right to a better chance than is afforded by the knowledge of remedies that any nd can retain. Hahnemann justly said: "When we have ith an art whose purpose is to save human life, any neglect me master of it becomes a crime." Through the accumu- abor of many earnest men we have means for mastering medica, of finding every symptom it contains for use. cessity of a repertory is self-evident; the practical use of rves consideration. This essay shows methods followed ong experience, and its purpose is to give suggestions to ers, which would have been welcomed by the writer forty go.

questionably the best two repertories were compiled by nghausen and Kent. Illustrations of their use are selected ecords.

the study of chronic, obscure diseases, with mixed symp- Boenninghausen's repertory is the safest guide.

I.

woman, aged fifty years, had the appendix removed and ing kidney attached eighteen months previously. She the hospital again, was told by the surgeons that no op-

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ration would be of benefit, and was sent home to
was diagnosed cancer—too weak to sit up.

Symptoms: Stitching pains about the umbilicus
food. Obstinate constipation with torpor of rectum
red, no sugar or albumen. Dry cough hurts lumbar
side, worse from motion, cold air, lying on either si
without narcotics. Vomits food if much is taken at
thirsty.

Nux vomica was so well indicated that a dose of
to act while a study was made with Boenninghausen
Allen's Slips, with this result:

	Bell.	Bry.	Merc.	Nx.V.
Stitches	3	4	4	3
Stitches, umbilical region	3	4	1	3
Stitches, worse after eating	3	4	1	4
Thirst	3	4	4	3
Constipation, torpor of rectum	3	4	3	4
Urine red	3	4	3	2
Cough dry	3	4	3	3
Cough, hurts lumbar region	3	3	3	4
Right side	4	4	3	4
Worse from motion	4	4	4	4
Worse from cold air	3	3	3	4
Worse from lying on side	1	4	3	2
Worse from narcotics	4	2	2	4
	40	48	37	44

Of fifty-two possible points bryonia had forty
vomica forty-four, pulsatilla and sulphur forty-two
donna forty, sepia thirty-nine, mercurius thirty-seve

After taking nux she had some natural sleep an
food with less pain. New symptoms came: Pain
when waking from sleep. Eyes so lame that it h
them. These are strong indications for bryonia, the
ing the highest claim for use in the study.

In three weeks under the influence of bryonia
able to eat and sleep fairly well and strong enough
the house.

New symptoms appeared: Constipation with ine
ing to stool. Faint stomach at 11 a. m. wishing hus
come home to dinner. Soles of feet so hot at night t
uncovered.

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these are characteristics of sulphur, a remedy that was
at in the study, and sulphur completed the cure. That
e than three years ago and she is still able to care for
e and family in a good degree of health.

nould be observed that in the treatment of this case
ann's instructions (Organon, Art. 169) were followed,
econd and subsequent prescriptions to give the remedy
r by the new symptoms.

II.

ninghausen's repertory may also be used quickly for
nditions as in the following illustration.

an aged thirty-five years was taken in the early evening
ere pressive burning pain in the occiput, worse from
wn, worse from heat; greatly relieved by eructations.
uch attacks two or three times a month, and they keep
ed one or more days.

	Ant.	Car.	Grap.	Ign.	Ka.	Lyc.	Sang
om eructations	4	4	4	4	4	4	4
	1	4	2	3	3	2	2

ef from eructations was so prominent and peculiar that
aken as the leading symptom. Under that rubric seven
had the highest degree, viz., ant. tart., carbo veg., graph-
tia, kali carb., lycopodium and sanguinaria. Carbo veg,
the highest degree as affecting the occiput. A moment
s sufficient to learn that carbo veg. was worse from lying
d from heat.

ose of carbo veg. was given. The pain decreased, was
gone before the next dose was due, and he went out
ening entertainment without suffering. Better yet, it
y weeks before a recurrence of headache.

III.

common use and acute conditions Kent's repertory is
l and was used in the remaining studies.

achinist aged sixty-five years came from the hands of an
ol surgeon, who urged prostatectomy as the only relief.
er had been necessary for several weeks. There was fre-
ging for micturition even when the bladder was empty.
force the passage of a few drops of urine, and these felt,
d, "like a red hot wire running through the urethra."
as severe pain in the glans penis while these drops were
The lumbar region and hips were so weak that it was
for him to sit or stand upright.

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	Acon.	Act. s.	Anac.	Ca
Urination, during, pain in glans penis	1	1	1	
Urination, frequent urging	2	1	1	
Urination burning in urthra	2			
Urine, retention	3			
Urine dribbling				
Weakness lumbar region				
Weakness hips				

The curative remedy must cover the peculiar nary symptoms of the patient (Organon, Art. 15 the peculiar pain in glans penis while urinating the leading symptom. Six remedies have that aconitum, actaea sp., anacardium, cascarilla, o prunus sp. All of these excepting cascarilla hav urging. aconitum and oxalic ac. have burning in u ox. ac., and prunus have retention of urine. Ox. have dribbling urine. Oxalic ac. only has the symptoms—weakness in lumbar region and hips.

He passed urine naturally the third day after given, freely in a week, and has had no trouble in then, fifteen months.

IV.

A brick mason aged sixty-five years has been i a long time. He has vertigo with obscured vision in the open air; also burning pain in the head a 1 a. m., which continues until morning with sleep is relieved by hot applications. He has taken larg doses of quinine for twenty years.

	Ars.	Chin.	Ka.c.	Nu.v.	Ph
Vertigo walking in open	2	2	2	2	2
Vertigo with obstructed vision	1			3	2
Sleeplessness after midni't	3	1	3	3	
Pain in head, burning	2	1	1	1	3
Pain in head, better from heat	1	2	2	2	
Pain in head, worst at 1a.m.	3				
Abuse of quinine	2				1

The peculiar vertigo while walking in the op prominent under eight remedies, viz., arsenicum a kali carb, nux vom., phosphorus, pulsatilla, sepi

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hese excepting china and kail carb. have obscured vision
tigo. All but phos., sep., and sul. have sleeplessness after
t. All excepting pulsatilla have burning pain in the
is pain is relieved by heat in ars., chin., kali ca., nux v.,
the aggravation at 1 a. m. belongs to ars. only. Five of
medies, ars., phos., pul., sep., and sul. have been found
eful after the abuse of quinine. Arsenicum covered
ptoms and cured the patient.

V

ill foreman aged forty-seven years has palpitation of the
orse after eating, especially worse from going up stairs
l. He also has lumbar pain and soreness, worse when
om stooping, and worse while lying upon the back. His
ten deposits a sediment like brick dust. He is too weak
.

	Cal. c.	Lyc.	Na. c.	Na. m.	Nit. a.	Pul.	Thu.
ion after eating	3	3	2	2	2	3	1
ion from ascending	3	3	2	2	2	1	2
ack, worse rising n stooping		2		1			
ack, worse lying it		2					
d in urine	2	3		2	2	2	1

ause of the absence of any very peculiar symptom the
ns of the palpitation were taken as the leading symp-
These have in common seven remedies, viz., calc. carb.,
t. ca., nat. m., nit. ac., pul., and thu. Aggravation of
he while rising from stooping belongs to lyc. and na. m.;
y is worse from lying upon the back. All of these reme-
epting nat. c. have red sand in the urine. Lycopodium
the symptoms and cured the man of his ailments.

VI.

vidow aged sixty-four years, matron in public institution,
stipation, for which she takes physic daily. The stools
and knotted, and there are stitches in rectum during
She has external congested haemorrhoids, not bleeding.
akes in the morning with bursting pain in the occiput,
s continues through the forenoon with dimness of vision.

	Ars.	Asar.	Cycl.	Gel.	Sul.	Ver.v.
dim with headache	2	1	3	1	3	1
ursting pain		1			2	
ursting pain, occiput					1	

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Stools knotted	1	2
Stools dry	1	
Stitches in rectum	3	1
Haemorrhoids external	1	

Dimness of vision during headache was taken as peculiar symptom. Under that rubric are found six viz., ars., asar., cycl., gels., sul., and verat vir. Asar. have bursting in the head; in sul only this is located in put. Ars., cycl., and sul have knotted stools; these a ars. and sul. Ars., cycl. and sul have stitching pain i Ars. and sul. have external haemorrhoids; congested hoids belong to ars., sul. and verat. v.

Sulphur only covered the symptoms, and it cured t of constipation as well as the headache.

It is possible for any one of even moderate ability vate his power of observation, elicit the symptoms of and make a good choice of remedy. Just here a note ing should be sounded. When the remedy is chosen, on at most a few, doses should be given, then wait for th of the vital force, which is always the power that cure remedy was correct the patient will be better. Then provement stops give the remedy that is indicated by toms then present. The continued use of a well-selecte is apt to produce an aggravation. If it is the similin almost certain to do so, and this frequently happens afte dose. If an aggravation follows, it is an indication remedy was rightly chosen; then stop all medication patient will improve. If the remedy was incorrect the no betterment, and a new study should be made.

No reference has been made to potency. The curat of the higher potencies is more certain and speedy tha the lower. A careful trial of them will convince any ope physician of this fact.

VERIFICATIONS

BY DANIEL E. S. COLEMAN, Ph.B. M.D.
Prof. of Materia Medica in the New York Homœopathic Medi and Flower Hospital, New York.

THE GROWTH of our school must depend upon its results rather than upon purely theoretical discuss too often unnecessarily complicates the homœopathic pri introducing visionary flights of the imagination origi

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nantic mind. Our work lies in their practical demonstra-
l this work must continue. A good cure does more than
purely abstract argument.

se few verifications are taken as an example of the ordi-
ults obtained by the homœopathic physician. An oc-
remarkable achievement is far less important to the life of
athy than insistent, good results in our every day practice.
n to prosper must be of universal adaptability. The
of materia medica must do all in his power to simplify our
pathogeneses and to place before those entering upon the
homœopathy a practical working method for the cure of
Too often the student is crowded by other subjects out of
ortion and out of all reason to their practical usefulness.
es his mind, capable of retaining a certain amount of knowl-
y, from the more important matter of materia medica and
peutic application.

ccurred to me last winter that it would be a good plan to
inic at the end of each lecture when I would prescribe be-
class for students requiring treatment. Also I invited
bring in cases preferably those in which the "old school"
d. Lastly, I asked different members of the class to ac-
me upon my hospital rounds that clinical verifications
demonstrated in cases like pneumonia, rheumatism, and
ute diseases.

February a student brought in this case: Male, age 51.
e for forty-one years without obtaining relief. The best
Johns Hopkins and other well known institutions were un-
l. Symptoms: Sense of pressure as from a dull weight
ght supra-orbital region, sensitiveness to touch. This was
y present. First on Fridays, then on Wednesdays, he
ave severe pain starting in right supra-orbital region and
g over the entire head. Pain increased in severity until his
would become so excruciating that he thought he would
reason. The slightest noise or jar was intolerable, could
stand the faintest whisper. Confinement to bed was
one day each week. This he never escaped for forty-one
℞ Gelsemium gttx in half a glass of water, half hour
neals, and at bed time. The remedy was prescribed two
fore the weekly exacerbation. He had only slight trouble
and has been entirely free from it ever since, excepting
er he had discontinued the medicine for a time. Ehere
faintest suspicion of pain.

e, 41. Similar case with a Monday exacerbation. Two

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drops of the tincture of gelsemium four times daily were before obtaining results.

The late Dr. William E. Wells, a famous dentist, tol the following: A physician friend had suffered from neuralgia so long and severely, obtaining no relief from a ment experienced that he concluded to commit suicide. along the avenue with head bowed in painful contemplat family's shock and grief at his act, he glanced up and doctor's sign. Almost mechanically he entered and was us to the presence of an old, dried-up physician resembling tion mummy, who turned out to be a botanical practicione relating his case, he was given a bottle of dark brown medi directions to take thirty drops and repeat in an hour if The pain stopped after the first dose, but the second was make sure. He never had a return and cured some of patients with the remedy. It was gelsemium.

This large dose was in great excess of what we would it shows the value of this drug nevertheless. Frequent verifications with small doses proved to me its great value ralgic remedy.

This case may seem to verge on the roman ic, becaus seemingly lucky finding of the botanical doctor. There is ly no such thing as luck and those who believe this fallac that the natural law governing the great fact o casuali suspended like the by-laws of some society. Remember t tion of a romantic place given by a Newark, N. J. man: " where you aint."

Gelsemium has served me so well in cases presenting acteristic symptoms, languor, weakness, trembling, dim v (I cured two cases of hysterical amblyopia with it), that second to no drug in the materia medica.

Regarding the potency, I have obtained results from ture up. I agree with the majority that its acts bett tincture or lower dilutions. Sometimes I have obtained results from the 30th however. He who is hidebound i tencies will fail to accomplish all that homœopathy can trum mur. 30th cured a woman with recurring headache teen years duration. At first it lasted only one day; lat three. She had dimness of vision from sunrise to sunset. vision remained after the headache was cured. This almo ly disappeared under causticum 3rd.

We all know by experience the value of spigelia, iri lar, sulphur, etc., in the recurring headaches and I wis demn any empiricism in our prescribing.

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ny pneumonia patients are treated at Flower Hospital dur-
winter and early spring. The only deaths in my recent
onths' service were two old women with chronic nephritis,
d in moribund state. It was the nephritis rather than the
nia which caused death. Phos., rhus tox., bry., apis and
ave been most often indicated this year. Our patients re-
promptly, the temperature falling by lysis, the usual termi-
f homœopathically treated cases.
r results with typhoid fever have been similarly gratifying.
hus tox., gel., bry., hyos. and opium were the chief remedies.
pure "key note" of rhus tox, its triangular red tip, has
d a number of times this spring, not only in pneumonia but
natism and other complaints. The red tip would disappear
atient grew better.
"old school" physician called me to a case of pneumonia
ated with œdema. The child's condition was such that he
I would not arrive in time to see her alive. I asked if
as anything that his school could do. He answered that he
he "end of his rope," and if I could cure her he would be-
homœopathy. I said I would do my best, but that he must
t of it absolutely. He replied that he would be "delighted
o as he had had quite enough of it, in fact decidedly too
I prescribed lycopodium 30th in repeated doses upon the
g symptoms: dyspnœa, motion of alæ nasi, great accumula-
mucus, œdema of lungs. The child improved at once and
of danger in a few hours. My doctor friend reported the
one of his own societies giving homœopathy the credit.
t winter I cured an old gentleman ninety-two years old of
al pneumonia with antimonium tart 6x trituration. Symp-
great accumulation of mucus in the chest with inability to
I have verified this characteristic numerous times.
dema of the lungs has cleared rapidly for me under anti-
tart. The prostration, pale face, cyanosis, cold sweat,
a with inability to raise the accumulation are strong lead-
this remedy. I prefer the 12th or 30th potency in œdema
ungs. Apis is another important drug in this condition
erized by suppressed or scanty urine, absence of thirst,
ess, dyspnœa, and a "sensation as if every breath would be
" One old lady suffering from pneumonia presenting these
ms improved at once under its action, the fever falling by
came normal in about 24 hours. She received the 6th
. Other drugs like phos., bry., dig., sulph., sang., kali carb.,
., etc., may be indicated in œdema when their characteristic
ions appear We must treat the patient, not the disease.

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I have examined hundreds of heart cases during n
the Flower and Metropolitan Hospitals as well as in
practice and I consider that physiological medication i
a vast number of times when the homœopathically indic
would do much better work. No one will deny that
with broken compensation may require medication ain
about contraction and a man of clinical experience
tinguish such. I always feel, however, that when
measures become necessary that we are drawing near
behooves us to consider each case on its merits, avoidin
ment in cases of a dynamic character.

Digitalis has for its most characteristic symptom
due to stimulation of the vagus. At first the beat is st
of the increased tension resulting from contraction of t
Later, the cardiac muscle becomes exhausted from d
ous action upon its fibres and we get a real intermitte
and finally a quick pulse. I prefer kalmia for a pri
weak heart especially if complicated with rheumatic
shifting character. Aching of the left arm and tumu
ing visible through the clothing are important symptor
has tumultuous beating visible through the clothing
from kalmia in having a quick pulse. Spigelia is mo
kalmia more rheumatic. All three of these remedies
good work for me. I use digitalis tincture gtt X in ha
water, 3 at a dose. Kalmia the same. Spigelia in the

Those familiar with the proving of cactus grand.
Rubini and his wife in 1862 can not but feel the stpu
statements following the recent experiments upon gu
the College of Physicians and Surgeons, New York.
of the experimental scientists learn that it is necessary
action of a remedy upon the healthy human body bef
applied curatively, one school of medicine, and one
exist.

"Sensation as if the heart were grasped by an ir
a symptom I have verified many times. Some cases ha
acute and relief followed with a promptness that wo
tonished a guinea pig experimentor. Aching and num
left arm is another strong "key note." Also from lyin
side.

Two cases by way of illustration:

Female, age 30. Conscious, heavy, constricted f
the heart, numbness of the hands, surging feeling over
times feels as if she were dying, convulsive action of

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ion, can hardly attend to business. Physical examination an aortic stenosis and mitral regurgitation. Pulse 91 and Under cactus tincture gtt X in half a glass of water 5ii four aily she improved rapidly and all her subjective symptoms ared. She writes that she is perfectly well being absolutely m disagreeable sensations.

vas called the other night to a case of angina in which the tive sensation was very marked. She was relieved after a es and had no sensation whatever in less than an hour. I ctus grand. every five minutes. Same dose as above.

ris is indicated for cases of tachycardia. Other symptoms, dyspnœa, irregular pulse, vertigo, etc., may be present.

e report of a few cases may interest as this drug is apt to ected.

se 1. Dec. 4, 1913. Girl age 9. Symptoms. Fainting spells daily, screams with sharp pain in the heart, great weakness. murmur heard at the apex and transmitted under left Diastolic murmur at second right intercostal space trans- to neck. Pulse 126, very weak and irregular. ℞ iberis tinc- X in half glass of water 5ii half hour before meals and at e. Dec. 22nd. General condition much improved. Only ting spell since Dec. 4th. Before that, thirteen in eighteen Pulse 120 and much stronger. ℞ Iberis continued. Feb. 8, arked improvement. No fainting spells since Dec. 25. Had ween Dec. 22nd and 25th. Probably due to the exertion of to my office from out of town. Is active, cheerful, has five pounds. Pulse 100 and very much stronger. June Continues well. No fainting spells in about six months.

se II. Girl, age 9. Pulse 104. Systolic murmur distinctly over apex and under left scapula. ℞ iberis tincture gtt. X glass of water 5ii q.l.h. In a few days the murmur could not d and the pulse was 88. She seemed in perfect health when ged.

se III. Woman about 60 years of age. Secondary dilata- e to chronic parenchymatous nephritis. Pulse of 140 was l to 96 in a few days.

nave prescribed laurocerasus, in the same dose as iberis, ccess in cases characteristized by cardiac cough, dyspnea and s lying down, sitting up.

mbul 2nd has relieved cases of cardiac asthma.

ataegus has done some excellent work for me. Weak, rapid dyspnœa and dropsy are leading indications. I can mention few cases out of many helped by crataegus.

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Case I. Female, age 40. Systolic murmur at ap
ted under left scapula cardiac area increased. Dyspn
est exertion, weakness so great that she could not go
tend to business. 2Crataegus tincture gtt V four times
all her subjective symptoms and she is now well and
course the murmur remains, but it causes no inconve
lady has sent me many heart cases as a result.

Case II. Male, age 79. Cardiac dyspnœa, pal
weakness. Greatly relieved in a short time from cra
ture gtt V four times daily

Case III. Female, age 78. Great dyspnœa and w
to be propped up in a half sitting position, pulse so
termittent and weak that it could hardly be count
murmur at apex, transmitted under left scapula. Cr
ture gtt 1 to 3 in a teaspoonful of water q. 2 h. She re
week, and her heart is strong and regular today. Th
a year a go. I have great regard for this remedy, beca
was instrumental in relieving the distress of my poor
Dr. Pierce, in his last illness. It helped his sufferin
any other medicine.

I have used many other remedies according to i
heart affections, such as ars., ars. iod., apis., phos., na
but time does not permit recording cases. My aim is
average illustrations to show the efficiency of homœop
conditions.

A few nervous cases:

Case I. Female. Left sided hemiplegia follow
hæmorrhage. Leading characteristic: red triangular t
℞ rhus tox. 6th q. lh. The red tip began to fade in
and motion returned and steadily improved.

Case II. Female, age 45. Dec. 7th, 1913. Has l
ly losing power to walk, and is now obliged to use a
on to the walls. Knee jerk exaggerated. I prescribe
four times daily on the indication, "paralysis begi
lower extremities." In three weeks she could walk w
or holding the wall. She ceased to improve after
remedy. I gave her more, but she has not reported a

Case III. Male, age 89. Senile dementia. Pati
come very noisy at night. Feared being left alone, be
wanted to run away, would shout "fire" and "murde
of his voice. These violent symptoms would alterna
stupid. I did much to quiet him with hyoscyamus
nurse, one of great experience with insane patients,

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stitutional, said that she never saw any remedy act with such

ase IV. Some years ago I cured a case of true epilepsy. The sis was confirmed by two "old school" physicians, one of rable prominence; the other an oculist. She was treated romides for two years. When they were stopped she was worse. Symptoms: Prodromal itching of the skin, things to be getting far away, head turned to the left, loss of con- ess and spasm, in which she drew up legs and kicked feet, and shut hands, purplish color of the face, stertorous ng, laceration of the tongue, dilated pupils. Following the there was nausea, weakness, dull pain as if bruised in the and neck when lying down or from touch. Attacks had ed after using eyes. She had been fitted to glasses. Diagno- firmed by a well-known homœopathic oculist. I prescribed nna 30th, repeating the dose sometimes q.2.h., sometimes mes a day, then gradually diminishing as she grew better. ntinued belladonna and gave natrum mur. 30th for a short ecause of great nervousness and palpitation of the heart. I re- belladonna again later. She gradually improved. I pre- belladonna on March 5th, 1906, and on May 14th, 1906 d her last attack. At first she would have a number of con- s daily.

ase V. Male, age 39. Neuritis of right arm lasting four . No effect from "old school" treatment. Trouble increas- il he could not move hand or arm. Pain was intolerable at preventing sleep and causing restlessness. Contracted sleep- an open window. He was confined to bed when I was call- t before that time fear was a prominent symptom causing look under the bed and in the closet before retiring. R 3rd in repeated doses. The next day he was much im- having been able to sleep the previous night. On the sec- y, pain on motion only, and on the fifth day he could move and arm without any pain. He progressed rapidly to com- ecovery. I gave aconite in the 3x for a time also. I men- is case to show that we should not ignore aconite in sub- or chcronic conditions when indicated, which I have verified er occasions.

ay Fever. Case I. Female, age 40. Attack stopped prompt- lachesis 30th. Characteristic indication, after sleep. I gave prophylactic a couple of weeks before the expected return llowing year. It did the work. She was delighted and made ite down the name of the remedy in case I should die. Finally

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it ceased to act, and ars. iod. became indicated. Strang
that when she took six globules moistoned with the 30th po
lachesis it did not help but twelve globules would.

I have absorbed, stopped or helped many cases of hay fe
ars. iod. 3x trituration. It has the thin, watery, excoria
charge and sneezing so characteristic. Dr. Pierce prefe
6th as a prophylactic.

Chromic kali sulph. is a new remedy which I have
three or four times. I am much pleased with its action.
you to an article by Dr. Marsch in the Homœopathic Re
January, 1912. He prescribed the 1 x, 2 x and 3 x. He
to use it from the irritation it caused the nasal mucous m
Of course other remedies like ars. alb., allium cepa., kali io
sabadilla, etc., may be indicated, as I have reason to kn
point is homœopathy can cure or relieve hay fever.

The power of the homœopathic remedy in surgical c
is too often neglected. It was appreciated by the elder
Gilcrist and Edmund Carleton. I have caused tumors of t
(not cancer) to disappear under conium 3rd when the ch
tic symptom "stony hardness" was present. Stitching pa
other leader. Phytolacca when the breast is very sen
takes on a bluish color. Iodine is another remedy that I h
with success. I have one patient 76 years of age pres
genuine carcinoma of the breast of ten years' duration.
no cachexia. I stopped the sharp shooting pains with co
Later hæmorrhages appeared, some very profuse. Millefol
ture gtt X in half glass of water 5i every five minutes
them absolutely. After the first dose the blood would drop
never failed to cease after the second. Finally the odo
very offensive and external deodorants proved of no value
6th, later 3x, upon the indications. Ulceration with th
discharge and bluish color of parts. Kreosote not only st
extensive ulceration, the destroyed portion sloughed away
moved the odor as well. It is significant that after receivi
dicated remedy her general health improved. She is in s
condition that I told her family that I expected her to
she is over eighty.

This case shows what homœopathy can do to relieve
nant disease, the cure of which will come, and in certain
come, not from the experimental scientist in his labora
from the practical homœopathic clinician at the bedside.

Male, age 17, first, second and third toes of left foo
in a press, requiring amputation. Three unhealthy ulcer

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r operation. Patient suffered great pain and had very lit-
p. These failed to heal in over three months' treatment.
ichthyol, calendula, aluminium acet. locally; hepar
ugs used were bi-chloride of mercury, creolin, balsam of
nux vom., silica and calendula internally and morphine hy-
ically. Re-amputation was considered. I prescribed arnica
ong with a dilute external dressing of the same remedy up-
indication, "Fear of being struck by those coming towards
He grew better at once and was completely cured in nine-
ys.

male, 59. Nephrectomy performed. One kidney removed
tic degeneration. Much pus and serum present. The other
condition. One and a half years later its capsule was re-
and an anchorage performed. The surgeon said if she had
kidney he would have removed that also. Two years later
idectomy for gangrene. At my first visit she was very ill,
evidence of pus absorption. An "old school" doctor
ed her case as tubercular kidney. Symptoms: Chill and
fter eating, cough with dirty, white or yellow expectoration
id taste, great dyspnœa, fever, chill, very profuse offensive
weats, dribbling of urine and smarting during passage, pro-
llow leucorrhœa, constipation with no movement without
great gastric distress could eat only certain things, worse at
ht and from cold, better from heat.

inary examination: Quantity 37 oz. in 24 hours. Sp. gr.
Reaction, neutral. Urea, 1 per cent. Total solids, 1,7242
Pus cells, epithelia from convoluted tubules containing fat
s and globules, uric acid gravel, complete and incomplete
hosphates. Diagnosis. Chronic (catarrhal) interstitial
is.

e improved rapidly under arsenicum 6th. Later I gave
0x because of the extreme sensitiveness to cold. Today,
ars hence, she is in extremely good condition. A few other
s were given during this time for acute conditions, but ar-
6th and silica 30x, especially the latter, were the means,
e, of saving this woman's life.

e use of arnica, calendula, hamamelis, ledum, hypericum,
x., ruta, symphytum, etc., is an old story to the homœo-
surgeon. A sprained ankle only slightly helped by rhus
nproved rapidly under radium brom. 30x. Carbuncles
id not yield to surgical measures have cleared after giving
um, anthraxicum, etc. One of the most rapid cures was
ith arsenicum 200th. The burning was intense and the re-

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lief from heat marked. No benefit was obtained from for measures.

The serous fluid remaining after pleurisy has been by the action of the indicated remedy, chiefly sulphur 30

In closing I wish to impress the fact that our pra crease because of our results, and the school will advanc of the results of the entire homœopathic body. It is nec devote much attention to the art of prescribing, however. leges should be filled with students thirsting for hon knowledge. It can best be done by practical demonstrat

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HEMORRHAGE AFTER TONSIL OPERATION

BY H. LELAND FIFIELD, M.D.

Eye, Ear and Throat Surgeon to the Syracuse Homocopathic

Syracuse, N. Y.

EFORE describing to you the method which I ha useful in controlling hemorrhage from the tonsil you will allow me to mention the method which I use for of the tonsil, for I believe there is no operation in the main of surgery having so many modifications as tonsile if you prefer tonsilotomy, which has of late given pla more efficient and more satisfactory tonsilectomy.

The operation which I use is a combination of son best methods in use today and is in general use at the P uate Hospital, where it is called the Sheedy operatio the patient has been properly anæsthetized, and let me it is the most difficult part of the operation to get suffic cosis. I start first with a whitehead mouth gag which w in position remains in situ until removed, then with a t grasp the tonsil and rotate toward the pharynx until line is noticed at the anterior pillar; at this point which a half-inch below the supra tonsilar fossa, a slight nich in the capsule of the tonsil with Boetcher scissors. This cutting that is done; then by blunt dissection the capsu arated from the pillars, being careful to rotate the ton front as we approach the posterior pillar. Now if the c is complete a furrow will be noticed around the whole t

A snare is now slipped down over the tenaculum wire engages in the furrow or ring made by your when the snare is placed draw up until a slight tensio then taking the tenaculum in one hand and the snare in exert medium traction downward and backward and at

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sh home the snare and you have the tonsil enucleated with sule.

e have now come to the point where we should look for hage. In the large majority of cases, fortunately, a firm e between the pillars is all that is necessary to stop the g. If, however, there is oozing or pronounced bleeding few moments, I sponge out the depression between the and place between them a cylinder of closely woven gauze has been saturated with antipyrin 20 per cent. in castor -fourth inch thick and seven-eighths of an inch long, de- g on the age of the patient and size of the throat. This y held by long artery forceps and pressed well into the ion; then, with a Kurz's tonsil suturing forcep take a in the posterior pillar. If you find it difficult to get pos- to the pillar, a short retractor can be used to pull the forward. After the needle has passed through the pillar the cylinder of gauze with the needle and then pass it the anterior pillar. This ligature should be placed well is tied. Then a second suture is taken and tied with re- the hemorrhage. In adults it may be necessary to put in itional suture.

have used this method where I remove the tonsils under næsthesia and even in cases where there is no hemorrhage eness is much less, and the membranes which invariably hen no packing is used are eliminated.

cases where we have hemophilia this method will be to give good results, but in these cases I would urge you normal serum, which is supplied by Mulford in conven- m. I never feel safe in going to a tonsil operation without of serum in case it becomes necessary to use it. The two of hemorrhage we meet are that caused by a severed ves- that due to a lowered coagulability of the blood.

e plan I have outlined is not of so great advantage where ilotomy has been done, owing to the fact that in most nly the portion of the tonsil which was beyond the pillars emoved, and the remains being adherent to the pillars, the s are placed with difficulty.

remember a case in which the family physician had done ilotomy, assuring the family that it was a very simple ion. There was a constant oozing which failed to yield to rine and other styptics. In this case I sutured the tonsils ome difficulty and without gauze and after half an hour morrhage ceased.

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I want to suggest to the men who are doing tonsil use of peroxide sponges. These should be dipped in and rendered free from superfluous fluid. With these a the blood is easily mopped away as well as any clots w prevent us from seeing the bleeding point. It is of in that the clots are removed for hemorrhage will usually where the clot is left.

I think the majority of operators are inclined to s patients back to bed without being certain that all ble ceased. Perhaps it may impress the family if one is a an operation in from eight to ten minutes, but if you l fully for hemorrhage you will find that it takes more will pay in final results.

When I see the patient before operation I try to if any of the patient's antecedents have suffered from hemorrhage from slight injuries. This data will be fo useful and as it is the unexpected that invariably hap will be looking for hemorrhage with the means at h prompt relief.

I always use some form of calcium for a few da operation as a precaution and I find that bleeding is l where this drug has been used.

614 South Warren Street.

PHILOSOPHY AND SCIENCE

An exposition of its natures and functions.

BY M. CARL BECK, M. D.

New York

WE CANNOT truly be said to know what a thing is, not know how it has come to be what it is, and to w things it is most nearly related. Thought has been s "raw material" of which all knowledge is composed. thought there can be no knowledge. The question as to t of thought can be, I think, answered without penetratin region of metaphysics, if we take it to consist in the perc the mind of how something is related to something else, o writers express it, "all thinking is relationing." Take th idea of all—the consciousness of thought. In the propos think," there is the perception of distinction between s which is the conscious self and something which is not scious self, and thus we have a relation of co-existence:— that two unlike things exist at the same time.

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That is true of the simplest thoughts is equally true of the complex. All that the mind as an organ of thought can do tell us with ever increasing definiteness how things (or, more ...ly, ideas of things) are related to each other. It is from ...nship thus stored in the individual mind, that the definite ...which we call judgment are formed. Of these judgments ...are false, some we perceive from the earliest dawn of intel... to be true, and some to occupy a sort of no-man's land, ...which experience alone can reclaim them. By pretty general ...t metaphysicians give to the sum of true judgments the ...knowledge, and it is in this sense that it will be used in ...resent paper. The question as to the criterion of truth ...ot here concern us. We assume that there is a vast store ...gments of whose truth, to those familiar with the evidence ...s relatively, no doubt whatever. This then is knowledge in ...idest sense—the knowledge which is the property of no ... individual but of the race—human knowledge.

...pproaching still closer, we recognize knowledge as falling ...road divisions—scientific and unscientific.

...mmon knowledge is that which refers to the simplest and ...bvious relationships around us. The knowledge that water ...subjected to a certain heat will presently boil; that food ...s life; that exercise is healthful; that the apparent position ...s varies with the time of year—all these refer to the simp... every-day phenomena.

...o matter how great the number of such truths possessed by ...e mind, such a body of knowledge would still be unscien...

...t if by putting questions to nature in the form of experi... ...ve reduce this knowledge from the general terms in which ...xpressed, to terms of greater definiteness and particularity, ...nowledge now acquired is no longer unscientific but sci... Thus, not satisfied with the ordinary phenomena of boil... ...ater, we should ascertain that the appearance of the so... "steam" is uniformly dependent upon the pressure of the ...nding air and the heat to which the water is subjected; ... ordinarily taking place at 212 degrees F., that "boiling" ... due to a balance of the inward pressure of the air and the ...rd pressure of the steam; that with a pressure of say 50 ...pheres, water may be heated to about 510 degrees without ...g, and by means of an air pump, may be made to boil when ... cold; that steam is an invisible gas, the visible vapor being ...l by the condensation of the steam into particles of water

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upon its contact with air; that water (except betwe
expands when heated and that this expansion is du
vigorous vibration of the particles of which it is ma
heat is thus a mode of motion. Now in what respe
illustration differ from such simple statements as those
It differs in the first place—it deals with things beyon
of the casual observer. The acquisition of such knowl
that by somebody the rational faculty has been delib
ployed with a specific object, that a definite metho
adopted. Thus we have the first great characteristi
that it supplies knowledge of things beyond the scop
thougtful. But there is a second equally important c
of knowledge.

Science is not only knowledge by reasoning; it
knowledge in a classified form, it is arranged, systema
is this arrangement effected? It is in accordance
far reaching truths to which a great number of sm
stand related. Science introduces us to the great co
Natural Law. It has been said that all ideas, when
analyzed are found to be the perceptions of relatio
as laws are ideas, they also must tell us of how thin
lated to each other. All bodies, unless supported, wil
ground. This simple relationship of succession, this
that a certain phenomenon will undoubtedly follow a
phenomenon, is one of the simplest possible example
changeableness of relation of things as they appear
cause it is so simple and generalizes experience whic
childhood on, we give it no special name, it is simpl
truth.

Suppose however, we have to deal with th
more complicated. From a careful study of the sk
that certain orbs resembling somewhat in appearanc
differ most strikingly from the latter in movement.
pearance has no relation to the time of the year.
ments are now forward, now backward, some appe
loop-like curvs. Everyone knows what an almost infi
of observations had to be made before these movemen
reduced to order, before the small truths were seen
of general truths, as for instance, that the planets (
the earth) move in orbits having the form of an ellip
the sun occupies one of the foci. And it is further
how even the three great laws of Kepler were finall
part of a still wider generalization; for Newton's law

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tion (viz: that every particle of matter attracts every other
. directly as the mass and inversely as the square of the
e), is true alike of the descending snow flake on the earth's
, of members of solar systems, and of the ponderous double
rforming their revolutions round common centers of grav-
countless millions of miles distant from our system. The
o be noted concerning this illustration and the preceding
The difference is one of degree, not kind. Nothing can
the strength of our conviction that an unsupported body
l to the ground. Equally strong, to those familiar with
dence, is the conviction that attraction is an essential
y of all matter, and that as long as it is matter, it will
n to the law of attraction. Here, then, is a typical law
has been defined by Herbert Spencer, "a uniformity of
s among phenomena." It is under such laws or princi-
at the classifications of science are made, and the myriad
hich form the great body of science are all ultimately
Giving them a popular description rather than a strict
on, I think it will suffice for our present purpose to think
ce as the knowledge which is reasoned and classified.
e now come within sight of that of which we are in search.
ce and knowledge, which may be called ordinary or unsci-
embraces all the true judgments formed by the mind,
lace shall we assign to something so obviously related to
dge as philosophy?
will be seen at once that philosophy cannot be said to be
contained (as science) of true judgments. We may cor-
speak of a sound philosophy or an unsound philosophy.
ak of a sound science is a misuse of terms, for that only
ce which is known to be true to all familiar with the
e. But philosophy is placed under no such restriction.
losophy worthy of the name is largely made up of demon-
true judgments. But it also embraces other judgments,
which are waiting for verification and some of which are
dly beyond verification. It will thus be seen that the
n as to the essential nature of philosophy is one of some
xity, composed as it clearly is, of true, unverified and un-
le judgments. Let us see if by the help of a few illus-
s some leading feature may not be discerned.
hen Thales teaches that the spirit of all things is water,
enes that it is air, Pythagoras, the mathematician, that
mbers, what is the aim which each philosopher exhibits?
to turn from the consideration of things as they exist

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individually, in all their infinite diversity, to one idea v
plies to all, to establish a likeness amid unlikeness, t
what is special or distinctive to what is common or gener
Descartes having lost all other convictions, lays down th
mental axiom to give unqualified assent to no propositio
those the truth of which is so clear that it could not be
he has precisely the same object in view.

From an infinite number of individual opinions o
tion is drawn to a single opinion which must either di
indirectly be related to all opinions. Shakespere counse
to one's own ideal as the basis of right dealing with oth
giving us a maxim whose generality of application, it
sible to exceed, for the self is the ever-present factor in
duct. In like manner Darwin, the naturalist, having be
the almost infinite diversity of form and function v
knowledge of the world of life supplied, ponders his m
facts and evolves his great principle of natural selecti
survival of the fittest. By this general idea, plant, ins
mammal, which were thought to pursue their own c
life with little mutual disturbance, are seen to be closely
ent upon each other for existence—points of differenc
evidence of unity. Herbert Spencer applying the do
evolution to the mind of man and society, seeks to show
mental character is, like the physical, the result of na
lection. By this principle the different attributes so c
istic of the mind at different stages of development ar
are placed in relation to one underlying general idea.

Wherever the term philosophy is rightly used, the
find in some form, this process of generalization, the do
of principals, the subordination of details. Thus we mig
of a philosophy of art, meaning thereby the principles
less generally recognized by all who have striven to s
cally cultivate a sense of the beautiful.

A philosophy of history might deal with such a gen
ciple as the influence of external nature upon the temp
A true philosophy of education must start with an answ
general question: What knowledge is of most worth? an
thence to an examination of the many principles pert
its inculcation; as for instance, the effect on the mind
of cramming, natural aptitude, variety in subjects stu
the like. A philosophy of politics would seek to discove
damental principles of right government, dealing first
proposition of the greatest good to the greatest number

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n it. Or finally, a philosophy of life would be altogether gless without some answer to the great questions almost in their generality: Where is man? What is man? r does he go? Thus we see, that wherever the philo- spirit is present, there is to be found a generalizing or g of thought. We are asked to assent or dissent from eading idea to which a great many other ideas stand

d now, how does this generalized thought stand in relation n? Some of the philosophic generalizations, it is almost s to say, are as absolutely true as the simplest facts of o qualified person would think of calling into question the gravitation, the principle of the indestructibility of mat- conservation of energy, the continuity of motion, the chemical affinity, the connection of protoplasm and life, great many other generalizations which force the culmi- points of different sciences. Such ideas are amongst the t, nay, are the g reatest treasurer of knowledge. But in the ature of generalization there is a certain proneness to Relationships which are remote from ordinary observa- ve long to wait for verification by experience and are ependent on more limited testimony. As illustrating a phic generalization, which unquestionably contains a large, those best qualified to judge, tell us, a vastly preponderat- ment of truth, I know of nothing better than the theory ution.

olution may be roughly described as a change of something he indefinite to the definite, from the incoherent to the co- from the simple to the complex. That such changes are on around us, and have gone on, since the formation of th's crust, is as certain to those willing to take the trouble mine the evidence, as the simplest truths of nature.

the attainment of the earth's form (to go no further back) uccession of various forms of life, in the development of all s, in the mind of man, in human society—is to be recog- nis change, this progress from what is ill-defined and vague t is well-defined and specialized. All it is here necessary t out is, that this doctrine of evolution, this masterpiece osophic thought, though undoubtedly true in its appli- to some phenomena was still classed as unproved in its application, until recently. Today it is natural law. It for instance, be doubted that many well-marked varieties ts and animals have been called into existence mainly by

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a change in their physical surroundings; or, in other word in consequence of the intense struggle for existence w always going on, those individuals which have a slight adv over their fellows, live to propagate their kind, the slight ences becoming accumulated with each succeeding gene and ultimately producing an assemblage of individuals, a ing a certain feature which distinguishes them from the stock. This, I say, is now as much part of human knowle here understood, as is the fact that the many distinct br domestic animals have been called into existence by the se action of man. What is certain as to the origin of some va is almost as certain as the origin of some races of plan animals.

When we come to the origin of species, the certainty degree less, though the evidence and testimony is still over ing in favor of the theory. When, however, we take a stil view and suppose that the same physical forces, working a tofore, are capable of producing not only all the genera, families and orders of plants and animals but man, and attributes, it must be admitted that however strong and g be the conviction of some authorities, we are no longer region of the actually proved, but have entered a new the sphere of belief. The doctrine which, in its most a form teaches, to use the words of Tyndall, that "the mind was once latent in a fiery cloud, that all our philosophy, science, art—Plato, Shakespere, Newton, Raphael are moment potential in the fires of the sun."—such a doctri by its most ardent supporters can hardly at present be as part of knowledge.

For the purpose of this illustration it matters not a point individual students draw the line between knowled belief. We have simply to recognize that evolution, thou doubtedly true of some phenomena was, until recently, wh plied to a wider range of phenomena, still a generalizatio ing for verification. Finally, as to generalizations, wh admittedly beyond verification. They are almost syno with Ontology, the science of being. It aims at discoverin things really are, as opposed to what they seem, and the mate causes.

This has been a fruitful theme since the time of Plato species of philosophy discusses such questions as: What is Is it finitely or infinitely divisible? What are space and Are they entities or non-entities? What is force and can

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h a vacuum? What is consciousness and does it annihilate
mary distinction between subject and object? What is the
Such questions as these naturally suggest themselves at
ages of intellectual development to all thoughtful minds,
ay an important part in the formation of beliefs. By a
reponderance of opinion it now seems to be admitted that
tion on these subjects cannot attain its object—that of
in themselves and their causes we not only know nothing,
er can know anything.

r. G. H. Lewes in his "History of Philosophy" uses the
ynonomously with ontology and metaphysics thus alto-
excluding the more positive generalizations. This he does
ntly, and in compliance with popular usage.

many other writers on kindred subjects, it is taken for
l that that only is philosophy which systematically deals
ne constitution and operations of the mind itself rather
ith the generalized results of inductive research. Meta-
ans are always philosophers, no matter how mutually de-
e their fundamental principles may be.

the beautiful word "philosophy" is to be restored to any-
ike its ancient significance it is obvious we must cease
loy it thus for metaphysics—a department of thought
ubsidiary to philosophy. If philosophy is to have any re-
at all to wisdom it is clear that it must at least embrace
general truths about which there is practically no doubt,
r necessary it may be for it to take account of generali-
, the truth of which is not quite so obvious. The services
ed by metaphysicians may have been great, but it would
ly be going too far to claim for them a monopoly of
n.

om the illustrations now given, the position occupied of
phy would seem this: On its extreme positive side, it
into science through the higher scientific principles. On
reme negative side it approaches religion, for religion
to bring about the grand realization—the apprehension of
nite by the finite.

lying then as heretofore on illustration rather than on
s definition, I would simply describe philosophy as syste-
generalization having for its object the increase of knowl-
Wherever knowledge or true judgments are lost sight of,
ainment of wisdom is no longer the object and generali-
degenerates into mere flights of fancy. For it must be
bered that even in its least positive form—that of meta-

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physics—philosophy seeks to elucidate truth, and is in a measure successful, despite great difference of opinion individual thinkers. It is, I submit, only on the notion of ophy here dwelt upon that such dissimilar minds as those of and Darwin, Descartes and Hegel, Shakespere and H Spencer, can be linked together. It is only by the aid o a conception that we can rise above the verbal symbol which each employs and recognize one common feature.

And now looking at philosophy a little more closely, w that in the main it falls into one of two divisions—intel or moral. By intellectual philosophy is meant that, in t mation of which the purely intellectual faculties are con are in order once more to keep clear of metaphysics, I th may broadly consider the intellectual faculties to embrac powers as memory, abstraction, imagination and reason distinguished from the powers of feeling and will. Of intel philosophy, the illustration already given will suffice.

Moral philosophy has now to be considered. Mor ethics, is the department of knowledge which deals with an actor. It traces the effects of conduct; it aims at sh what acts are, in their ultimate effect, bad, and what in th timate effect, good, and, as a consequence, what ought an ought not to be done.

Least general of all the generalized knowledge influ conduct are the short rules, adages, proverbs, etc., fami all. Doubtless many of these so-called wise laws are inac and misleading, presenting as they often do, but one side truth. Those which survive will usually be found of value. in order of increasing generality, we have the moral laws

With the origin of the moral code, at present recogni all civilized people, the present inquiry has nothing to do. apart from their origin, the modern philosophy claims the laws as coming within its domain—they pertain to know If we except one law or injunction (which is not obeye moral laws conform exactly to the idea of philosophy here b forward; they are lesser generalizations of the fundamenta that the highest good or happiness of an individual is only able by consideration for others as well as self. To take a instance—the law against theft. If individuals did not c to recognize the rights of property, all social order would an end, and an advanced social state with its multiform pl would be impossible. Thus it seems to be with other mora their basis is one of usefulness to society. And no one

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ink of proposing a law, however limited in its operation, should curtail the pleasures of the individual, and did not same time promote the common well being.

aving the moral laws, let us see if philosophy does not fur- me still wider generalization, some truth which is related conduct. We speak of conduct as being good or bad. e this discrimination? There is in the science of physiology principle known as the law of relativity. Stated in the t form, it is this: That in order to feel anything, it is ry that a change take place in the currents passing n the nerves of the body; or, in other words, an impression n the mind by outward circumstances is strictly depend- on the previous mental state. Thus, our consciousness of is a result from a transition of cold; with an invariable ature a sense of heat or cold would disappear. We are ily quite unconscious of the pressure of clothing on our though we know that people accustomed to a state of (as savages) experience a vivid feeling on covering their for the first time. The watch-maker is unaware of the of his clocks, but instantly becomes conscious if they be ly stopped. What is thus true of the grosser sensations lly true of the higher operations of the mind.

ntinued iteration of a statement in the same tones and the same circumstances becomes less and less an object ntion, and finally passes altogether out of notice. The man ght hardly knows he thinks; to the unthoughtful, no labor ter than that of sustained mental work. The principle has en recognized. So long ago as the time of Hobbes, we ne distinct statement that "to be always sensible of one e same thing is to be sensible of nothing at all." And me immemorial, students of human nature have not failed gnize the most pleasurable or painful experience produces l less effect on the mind, the oftener it is repeated. This relativity is the soul of the fine arts, for it is in obedience at we enjoy all contrasts, whether of color or sound. Ap- o the question before us, it would seem to reveal a truth t importance though one so simple that the weak grasp of ined by the average moralist is somewhat remarkable. uth is this: That good and evil, being based on pleasures ains, are like them, strictly relative—in short, that evil ssary for the apprehension of the good. Those who pro- eat admiration for goodness, and at the same time have as as to the utilities of evil are, I submit, guilty of some ion of thought.

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What is "Good?" The highest ideal of mora
which it is possible for man to form, is that which is
counter evil (which is the same thing), pass through
of temptation, without doing violence to its princip
conduct; and we pronounce that character good preci
portion to the success of the achievement. The nobl
character is not to be sought where power is most
where that which is obnoxious to the feelings can be n
avoided—where desire is least obstructed. A being
man form to whom evil is unknown might conceivabl
he would not be a man. It is not clear that the loftie
of human nature, which have received the commenda
good in all civilized societies, and which we know wo
for the benefit of the race—is it not clear that these q
only exist as a result of some form of trial, i. e., as
the presence of will? It would be as impossible for
being to form a notion of good in a universe where evi
been known as it would be for a brain to form an id
where shade and darkness never were.

Such seems to be the light thrown by philosophy o
question as to the origin of evil. To say that the prob
solved would, in the presence of much apparently n
fering, be going too far.

It is, however, contended that the generalizations
upon, that good and evil are, like all other ideas, re
that to annihilate all knowledge of evil would be to
stroy all appreciation of good—this principle offers
explanation of much apparent suffering which, viev
other light is altogether without use of meaning.

Though phliosophy has thus far, for the sake of c
been considered under the two heads, intellectual an
must not be supposed that a line can be drawn absolut
ing the two forms; for this would imply that a simila
be drawn between intellect and emotion, which is ma
the case. A sound intellectual philosophy can not e
individual mind without profoundly affecting the en
therefore conduct. Just one illustration of this intere
A philosophic mind pondering the scientific facts con
laws of heredity and the influence of surroundings
things, might possibly arrive at the generalization tha
mon conviction as to the freedom of the human will
prejudice, that he is merely an exquisitely adjusted
Supposing, however, that he stopped short of this ex

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it must be admitte ' is somewhat repugnant) he could not be strongly impressed with the great, the incalculably influence of circumstances, such as birth and physical and conditions upon temperament, and therefore upon conduct. applied, what does this mean? It means that one man can o moral right to measure the responsibility of another, ersonal condemnation is unjustifiable. Thus, one of the of the virtues is seen to be part of a philosophic truth—unction to "judge not" has now for its support a biologic

e now pass from a consideration of what philosophy is to does, to philosophy as a real factor in the development of nd. Adhering, however, to the plan already laid down, be necessary to say a word as to the function of science. owledge which is supplied by science is necessary to com-ealth, i. e., health of body and mind. Science teaches us rd the human frame as a highly complex machine, any de-nent of the vital functions being the result of our ignorance mechanism or of th inherited imperfection. Such knowl-s the first great requisite to the maintenance of bodily which in its turn is the first condition of happiness. On ntal side, it is by science that we learn to reason well, ng sound conclusions from established premises. It is by only that we can arrive at a sound knowledge of cause fect—the necessary connection of some phenomena with phenomena.

is by science that we are introduced into a new universe. e function of science has also a negative side as well as a e. Science can never, as science, conduct us beyond the of the known. The distinguishing characteristic of the fic man or specialist, is thoroughness in detail. He, of is well acquainted with the higher principles, but so vast body of knowledge to which he is devoted that he is usually ively employed in its acquisition and diffusion. What is bit of mind thus acquired? It can hardly be denied that s rise to a distinct bias. Occupied so largely with the ac-on and diffusion of specialized knowledge, the specialist s little time either to the nature of knowledge itself or to gher relations of other departments of knowledge to his Instances of this will occur to all familiar with the general ns of many purely scientific workers. Thus, then, is seen adequacy of the study of specialized **bare** science. We may our lives to the acquisition of scientific truth, but unless

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this has been done philosophically, i. e., with system to the higher principles of all sciences, and to the fo science itself, we shall be very far indeed from the of that wisdom, without which the highest mental cu possible. This introduces us to the first function of which will be here noticed, namely, that it demonstr perfection of all knowledge Of truth there is no ab rion. A certain thing is true if something else is tru like manner, is dependent upon something else, and s nitely. All knowledge is, therefore, relative, i. e., fo ignorance. We cannot free our equations of the "kn this constant "x" symbolizing the unknown. Whene we are tempted in the pride of our little stock of think that the riddle of the universal is being steadily to the human intellect all is possible, we should do w the words of one of the profoundest thinkers of mod possibly the greatest personal representative of that edge on which we are prone to rely. From Mr. Herb we have the following explicit statements: "All a made to understand the essential nature of matter, f time and motion (on which all knowledge rests) de us to alternative impossibilities of thought * * * scientific ideas are all representative of realities tha comprehended. After no matter how great a prog colligation of facts and the establishment of generaliz wider and wider the fundamental truth remains as m our reach as ever. The explanation of that which is does but bring into greater clearness the inexplicable which remains behind."

The man of science, more than any other, knows ultimate essence nothing can be known. Fortunatel in the practical concerns of life, we can get along without this absolute criterion of truth. And philoso shown in what way the universe must be regarded as mystery, insists no less strongly upon the acquisiti which has to do duty for knowledge. To the gener "why should knowledge be acquired?" any philo show that knowledge gives rise, either directly or in happiness of a very high, if not the highest order. whether we are disposed to regard a state of hap Carlyle's "blessedness" (whatever that may mean) other state as the end and aim of life, it is clear that ition of knowledge is of the highest importance to the of intelligent creatures.

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he second function of philosophy then, is, that is affords st aid to the acquisition of facts. Facts to be easily assim- by the mind must be presented in a related form. Philoso- eneralizations are as lines of latitude and longitude in the through which experience is ever tracing for us our map owledge.

ach fact as it is acquired is seen to be nearly or distantly d to other facts, and thus, instead of having a succession of nected isolated impressions which have to be repeatedly ten before they can be remembered, we have a series of nations or groupings of definite and lasting form. In illus- n of this the bare mention of the science of botany will . There is perhaps no department of knowledge whose are more numerous, and which thus makes greater draughts faculty of memory. But aided by the theory of evolution, cent with modification, great numbers of otherwise isolated concerning individual species and varieties fall into their in the mind. The principles being once fairly grasped, facts, at least, will always be forthcoming to support them. it be here objected that systematic generalization would end to excessive theorizing, rather than the accumulation ts, it must be replied that the stock of truths which even ost gifted mind can acquire is relatively very small, and eing so, a good hypothesis must be preferable to an intellect- cuum. But it might be shown that general notions cannot xist in the mind without gathering facts confirmatory or vise. A hypothesis, however crude, always awakens inter- d this is the first condition of the acquisition of knowledge. losely allied to this function is a third: Philosophy unifies dual knowledge. An illustration will make clear what is neant by unification. A creature is said to be low in the of life in proportion as the several parts of its body are cap- f independent vitality. Thus a tree is a lower form of life n earthworm, because a portion cut from the body of the latter a temporary derangement of the vital functions—possibly In some of the crab tribe a lost limb is replaced by a new In the higher animals severe injuries to special parts are apidly repaired. Only when we come to man, by far the specialized of all, do we recognize something approaching etely interdependence of organs. A very slight injury to a ffects the whole; his well-being as an organism depends on derly performance of every function of his frame. It would hat this method of estimation holds good in the mental scale.

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The mind of man is by nature highly comple
rightly developed only in proportion as it calls into pla
faculties of which it is possessed. Something more tha
tion" is necessary. We do not, by virtue of its supe
or size, regard a shark as of higher organization tha
Is it not high time that we disregard that ideal of
telligence which makes of the individual mind a vast cy
the volumes from B to Z missing? Is there no radical
tween a man and a book? A true culture means info
information with individuality—life—it means in a w
fied, personalized knowledge to which we apply the ter
That development of this sort can only be brought ab
osophic principles is almost obvious. It is usually
stance to recognize a believer in the theory of evolu
there is present in his mind a principle which may be
infinite number of ways to the observation of anythi
altering conditions, a principle before which the arbri
disconnected flee. So with those generalizers strongl
other far-reaching principles. They all tell us of som
we feel has passed into their being, of something which
a half-truth, but which on that account is none the le
and hardly less inspiring. Carlyle, Goethe, Hux
Matthew Arnold, Emerson, in all such minds, widely
they may be in depth and breadth, do we recognize tha
of thought which marks the presence of the philosophic
they are social forces by virtue of this individuality.

And here it will be necessary to say a word regard
played by the Specialist. Without his aid discovery
partment of knowledge would cease. The present is p
an age of specialism and there are not the faintest i
its decline. But should we not do well to ask oursel
community of lopsided men is, after all, the highes
social state? Doubtless each individual has a spe
which he would do well for the sake of self and others
But excessive indulgence in one department is not prod
highest good Wisdom first, then special knowledge

Are we to take as our ideal those people who know
of something," but to whose judgement in some nice
one of the greatest questions of life we should not
taching the slightest weight? No philosophy woul
importance of specialism as a social factor. But th
ophical specialist no more illustrates the capacity of
than does one who exercises one muscle of his bod
the powers and beauties of the athlete.

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ourthly: Philosophy appeals to the imagination. This will
ly be deemed by some an argument rather against than in
of the cultivation of philosophy. Some minds there are
seem incapable of ever rising above the consideration of
. These are the "practical" men, the Gradgrinds of the
who believe that the proper subject to be studied should
gs capable of proof. It requires, however, but very slight
of the modern literature of thought to realize that beyond
main of knowledge, scientific or otherwise, there must ever
orderland in which Imagination, if it does not hold the sway,
t plays a leading part. From this point of view the lighter
ophy might almost be termed the "poetry of science" and
its utility would be to strike at the root af Art itself. Thus
hilosophy form a bond of union between the aesthetic and
tual faculties.

nus far the function of philosophy has been dealt with in
n to the development of the intellect. We now pass to what
haps the more popular idea as to its influence, namely, its
on the Emotional nature.

common parlance, a man is said to display the philosophic
when having experienced some sudden change of fortune,
lings are not apparently affected to an extent proportionate
change in his circumstances. This is rather a rough way
dging, and often leads to unsound conclusions. Thus, a
matic man, who comes into the world without fine sensibilities
ong emotions of any kind, often gets credit for great phil-
; whilst one of a naturally sanguine temperament never
es a similar reputation though far more deserving of it. Still
main this way of judging is sound. It recognizes the ex-
of some power, some influence whereby the mind, when sub-
to trial, maintains its balance.

ur fifth function then is that philosophy alters the quality
ing. In the lower races of man, and in children, emotions
greatest intensity occur on the slightest provocation. This
to the comparative simplicity of the mental organization.
tain object strikes the attention,—say a picture. Certain
represented awaken a memory of similar things seen in
, and great is the manifestation of feeling to which this recog-
gives rise The feeling will be of one kind, simple, and of
eatest intensity. Place the same picture before one who
something of the philosophy of art, i.e., one whose taste has
ducated through a knowledge of the principles of harmony in
light, shade, perspective, form, grouping and the like. There

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will not be awakened a simple feeling of great strength there will be an emotion of a multiform nature, the appreciation of many minute differences, an emotio tensity seems less because it is diffused among a grea secondary feelings, but which in total volume is pr greater than the vivid, transitory feeling awakened in t ed mind. This seems to be the secret of the influence o upon the emotional nature.

It is by means of generalizations that the mind i gard things from different points of view, and thus m effect. The non-generalizer, on the other hand, is a n vision. A thing strikes him as being wholly bad or absurd or grotesque, wholly unworthy of considerati essentially a hero-worshipper, having his ideals in who no wrong. Thus having no misgivings as to whethe ficial view be the right one, his feelings are proport tense. It would be interesting to trace out, did space way in which, under the influence of general truths, a ing passes into a complex one. One illustration Cruelty is a vice which may, broadly, be considered to all civilized people a feeling of abhorrence. Hence w of the lower animals being subjected to pain by the h sympathy is very strongly excited on their behalf. Bu pose the mind to have arrived at a strong conviction o truths, that the well-being of man is the first consid knowledge of the human nervous system can be grea by experiments on the lower animals, and that this incr edge leads directly to an increase of human happine such a mind be affected by the knowledge of scientific on living creatures? The original, simple, unthinkin will be qualified; it will pass into a complex emotion, a which pleasure in the increase of and of human happ the leading features. Thus under generalizations, w sight might appear to be gross cruelty is, when consi ultimate effects, an act of kindness. It is precisely edge of ultimates that philosophy gives, and in pro man is philosophic will his feelings be influenced less immediate and trivial, than by what is remote and ab function then of philosophy is not so much to diminis to turn it into several channels. A strong, simple emo a dispersed complex emotion.

The question will at once suggest itself—Is this gain? Are we less happy, or more, by reason of th

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nplex feelings, instead of simple ones? The only criterion seem to be experience—the testimony of those who have both forms. If intensity of pleasure and pain were more ble, it would clearly be to our interest to remain children or s. But despite all that has been said poetically, about these it would be hard to deny that manhood, as we know it, with re sober pleasures, and its sense of responsibility is the nearest ach to the ideal state. Otherwise, life must indeed, be re- l as a failure, and savagery better than civilization. I would t, with all diffidence, that it is the same with those who fluenced by large and general truths rather than by narrow e-sided views. No one having experienced the calmer though s real pleasures of far-reaching generalizations, provided he vinced of their truth, would be willing to return to a state of nce respecting them, no matter what the pleasures founded such ignorance might at the time seem to be .

ere another subject might interpose "If this be the function losophy, it strikes at the root of enthusiasm, which is essen- founded upon singleness of purpose and zeal." It would l, be sad to think that there would not ever be room in this for genuine enthusiasm. But false spirits are always abroad are sometimes mistaken for it. We too often associate en- sm with noise,, gush, fanaticism, regarding those only as en- sts who have a craze, i.e., specialists with a touch of insanity. such enthusiasm it is to be feared philosophy will have a ning influence, and it is just possible that the world may not y be the loser. But if by enthusiasm we mean an earnest astness of purpose founded upon mature deliberation, a keen re in the triumph over intellectual and moral difficulty, an e of all needless estentation or parade, warmth of feeling red by perfect self-control—then we may indulge a pretty ent hope that the progress of philosophy will not be found onistic to true enthusiasm—that there ever will be a place e enthusiast to play his great part in the work of reform by ffusion of truth.

What influences the feelings influences the conduct, for con- s action based on emotion: we do certain things because in do- em we experience certain feelings of pleasure, as, for instance, itement of some of the nerves, or a sense of a fulfilment of

Thus we come to our sixth and last function of philosophy, y, that it supplies ultimate principles of conduct.

Without some ground truths to which the majority of ques- can be referred, the mind becomes paralyzed by doubt, and

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as a consequence, the will is enfeebled, conduct is erra
The majority of the moral laws, written and unwritte
fundamental verities. Whatever doubts may arise a
points, we know that in the main that conduct will be
is in accordance with these generalizations. Experienc
mate test, shows that such conduct is best for the indi
society.

Another such ground truth, and one which, as it s
present writer, is the essence of moral philosophy, is th
already dwelt upon that good and evil are relative. If
clearly realized that (to use the common expression)
nothing bad that might not be worse," that judgments as
or evil of a particular occurrence formed immediately
are seldom true, never accurate—can we doubt that s
tions must have an important influence upon temperame
duct? For it must be remembered that of moral happ
everything else, there is no absolute criterion. Posses
greatest power sometimes gives rise to the greatest disco
secret of such happiness would seem to lie in the accur
ment of the mind or temper to its surroundings. This
be it remembered, is not synonymous with a state of c
great contentment implies inactivity, and happiness wo
a form of idleness, which is absurd. It is more near
the habit of mind, which shrinks not from life as a bat
counts upon disappointment and trial as necessary e
greater success—indeed the only success worth achievi
ways has an ideal ahead of the actual.

The question as to how far abstract principles of c
capable of sustaining the mind under trial or temp
part of a still greater question, namely, is man by natu
goodness or to badness or to neither? To those who
that the human heart is utterly depraved, delighting on
edness, all talk as to the sustaining influence of abstrac
will seem so much nonsense But happily there are indic
such beliefs are rapidly passing away. The germ of th
or unselfish feeling (which is the basis of virtue) must
far lower in the scale of life than man. The lowliest c
the care they bestow upon the rearing of offspring, sh
self-sacrifice is as primordial as self-preservation. The
state is rendered possible only by the development of
which takes into account the welfare of the tribe as w
individual. And so, with ever-increasing clearness we
brought to see that as man becomes more and more dep

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ial state, certain acts of self-sacrifice must become more and
atural to him, that consideration for others must enter more
ore into his daily thought. Thus, then to all except those
y under the influence of the theological bias, philosophy
air chance of appealing with success. If it is right in tell-
that to do good is at least as much part of "human nature"
o evil; that man finds that his purest happiness is associated
cts of virtue, that pleasure associated with evil is delusive
ansitory; that vice brings with it a large measure of self-
ment—it would surely be unsound to deny that such generali-
, constantly vindicated by experience cannot fail in many
t least, to deter from wrong doing, and from those displays
ing which mean only loss of power and self-respect. How
his influence may be must remain a matter of opinion.

ifferent minds are effected in different ways. The parent
s the obedience of the child by holding out hopes of rewards
unishments. But when, with the growth of the rational
he comes to see why he is required to perform certain acts
-sacrifice, the idea of reward and punishment becomes as dis-
l to him as any other form of bribery. A habit of mind has
cquired and the means employed in its formation are cast
To preach abstract principles of conduct to African savages
be absurd But the absurdity disappears when we appeal
milar way to those accustomed to regard things first by the
f reason and to invoke other faculties only where reason

he ground covered by the present paper being somewhat ex-
, it may be well to make a brief recapitulation. At the
it was advanced that all thinking is the preception of re-
and gives rise to judgments. True judgments are knowl-
nd knowledge reasoned and classified is science. The class-
ns of science are made in relation to Law, a law being "a
mity of relations among phenomena." Philosophy is system-
neralizations having for its object the increase of knowledge,
is composed: (a) of true judgments (b) judgments waiting
rification or (c) judgments beyond verification. Moral phil-
supplies generalizations necessary for the guidance of con-
nd its most general principle is that the knowledge of evil is
ary for the appreciation of good. The moral laws have a
f utility. The function of science is to supply knowledge of
plus general truths. The function of philosophy was treated
six heads: (1) It demonstrates that all knowledge is founded
ignorance, but, insisting on the necessity of knowledge as a

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means to the higher form of happiness, it (2) affords the b
the acquisition of facts. (3) It unifies individual knowl
this sense it is the counterbalance to specialism, which
carried too far. (4) It appeals forcibly to the imaginat
in a certain sense the "poetry of science." (5) It
quality of feeling, substituting a complex, for a simple e
great intensity. (6) It furnishes ultimate principles of
thus causing in minds of a certain type profound change
perament and character.

One concluding word. The foregoing exposition is
It is an attempt to treat consistently and suggestively
wide and complex subject. Nothing however, could b
away from the mind of the writer than the assumption
well informed upon the subject. Philosophers and Scie
rare indeed. But many may cultivate the spirit of ph
To more readily recognize the spirit—to better understan
tion as a factor in mental development, has been the ev
aim, and if this essay has been in the least degree instru
affording material for thought in the direction thus indi
immediate object of the writer will have been completely

MAKING RED BLOOD

BY F. ST. CLAIR HITCHCOCK, M.D.
New York City

ALMOST pleasant form of electrical treatment may b
from the very recent types of a very high frequ
chine built at the author's personal direction. It is on
add that the ease with which this machine may be run is
in his little girl's being able to set up the apparatus
herself as she did, for whooping cough. The "whoop"
pelled within 36 hours.

So smooth is the current, that the machine's fullest
may be taken without so much as feeling it. It is
diathermic, but withal possesses a full charge capable
a long spark which may be graduated from a soft effl
very long projection. The sparks should never be em
giving treatment.

Sparking is entirely unnecessary and I wish to
the remarkably pleasing results obtained in all cases sub
treatment.. It matters not whether the patient be ana
citable, lethargic, plethoric, or in greatest pain.

The only reason for the author mentioning the cha
the "spark" is that some electrotherapeutists desire to

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teristic. Treatment for the head and face will of course be by means of the glass vacuum electrodes of different shapes, rrent meanwhile being so adjusted as to render a smooth ardly felt—in fact, controlled down to no sensation what- with the vacuum tube still full of color. The glass vacuum nstalled in the "ground house" of the machine will glow when the patient sits in circuit by means of an attachment side. Therefore the positively penetrating phase of even ftest current is readily detected, when the vacuum tube de is applied with a current over the eyes, while the patient solutely nothing but the pressure of the tube. In muscular arities this has a beautiful result.

xcluding the head and rectum, where a suitable tube may be d without sensation of the current, all other parts of the nay and should be treated by virtue of the double placque l. A placque at the back of the neck and another over the en, will induce the desired relaxation of an overwrought and strained system. A similar treatment through the region liver and other portions of the abdomen, will regulate the and overcome constipation.

reating the kidneys in this same manner raises the output a in a congested kidney. Albumen and casts clear up in ne way

he pleasantest and the most astonishing results are also to erved in cases of tuberculosis pulmonalis. The subject ences the sensation of a gradual inflation of compressed or ted areas. A tremendous feeling of relief and internal ation is remarked by the patient. Breathing is immediate- ber, expectoration reveals the clearing of heitherto clogged-up es, and further observation of expectoration shows a de- in the catarrhal output, with an attending increase in bodily

.

uring all this the number of red blood corpuscles will be o mount up in every individual receiving this current. no in what part nor for what ever malady they be treated.

do not care in this paper, to raise the question of where the nt blood corpuscles may be made or proliferated, or whether ight possibly be raised by what is called "simple cleavage" original corpuscles. Four interesting findings, consequent tments, taken from entirely dissimilar cases, are as follows:

Treatment through lungs, spleen, and liver. Age. Weight 90 pounds. Urinalysis revealed granular and hyaline casts. en and low urea. (Tuberculosis, Pulmonalis.) Haemaglobin

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80 per cent. Red blood corpuscles increased 20,000 wihtin after treatment, and 80,000 over a period of three da further treatment. White corpuscles, which were hig dropped gradually to 6,300 while the red were steadily Red started at 4,000,000.

2. Treatment through heart alone. (Mitral Stenc White cells rose within 2 hours, but red cells did no 3 days later. White were still elevated.

3. Plain Anaemia. Kidneys treated alone, nec cluding a small portion of liver and spleen. Urea 1.1 and crystals of uric acid and oxalate of lime. (Slight of kidney). White corpuscles alone rose within 20 m treatment and were sill elevated three days later, when were also seen to be higher for the first time after this ment.

4. Treatment through long bones only. Was anaemia a year ago with success with this and other m no blood counts. Was then too stupid and hazy to or apply herself to anything. Was considered lazy. active in her art studies and walks and talks briskly. A and dysmenorrhoca already overcome. Now being tr with the improved type of the author's machine, after be from his office and at work for about six months. Wei Height, 5 ft. 9 inches. Urinalysis, Sp. gravity 1024. cent. (excellent). A few urates and uric acid crystal else of interest. Haemaglobin 75 per cent. (quite po

(a) Immediately before treatment, Red corp's White 5,100.

(b) One hour after treatment, Red cells 3,850, 6,000.

(c) Same hour one day later, no treatment since 3,850,000, White 6,200.

Thirty days later, and at the same hour. Treatme directed solely through the legs from shins, thus incl the lower portion of the pelvis. Also this is a hard v student. Haemaglobin 80 per cent increased. Red 4 creased White 6,100 increased. Increased in red 170,000. 30 slides counted to make each test.

For further observation or unbiased investigation fully recommend Mr. H. H. Tebault and three psysicia staff.

Case number (1) shows a decided destruction bacilli beginning immediately after treatment, since the

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sed in numbers at once, whereas, case (4) of simple anaemia an immediate increase of white blood corpuscles as well as acques, since both were abnormally low before the treatment. will be noted that the blood corpuscles reacted in an ideal r, under exactly the same treatment, increasing where it be necessary that they should and decreasing (whites) where apparent in case (1) that they were being called upon to do rk which the current seemed to accomplish in their stead.

Rhus Poisoning

y poisoning is one of the drawbacks to the enjoyment of a y vacation when undertaken by the susceptible city visitor. erable medicinal agents give more or less relief. In our n, the following are among the best:

queous solution of sodium salicylate and colorless hydrastis, applied.

queous solution of specific medicine lobelia, to which is added glycerine.

n alcoholic solution of lead acetate sometimes relieves tly.

n aqueous solution of ferrous sulphate is excellent. It has sadvantage of staining.

weak aqueous solution of potassium permanganate often s remarkably, but it, too, stains the skin and linen.

obtainable, fresh alder bark (alnus serrulata) in decoction, quick relief in many cases.

nother effective application is the so-called "Eclectic Wash" sed of lobelia, baptisia and zinc sulphate, a preparation which marketed under the name "Citcelee."

n every instance, if much skin is involved, the bowels should ot well opened to relieve the kidneys of some of the extra put upon them through insufficient cutaneous action.

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North Americ
Journal of Homœopa

Editors

EUGENE H. PORTER, M.D., D.P.H. HILLS C
ROYAL S. COPELAND, M.D. WALTER S. M

EDITORIAL

SOME SIDE LIGHTS ON OSTEOPATHY

DURING the first week in August the American O Association held its annual meeting at the Bellev Hotel, Phladelphia, when almost two thousand p gathered in convention. This number is remarkable considers that osteopathy is only about ten years old a exponents do not much exceed eight thousand all told in States and Canada. If the proportion held good in ho ranks, we should have had more than three thousand City instead of five hundred. One familiar with the s lopathic and homœopathic schools would have noticed proportion of women practitioners of osteopathy, and quently a man and a woman would be professional marital partners.

The practitioner of medicine is apt to class the oste the chiropractic and mechanotherapist and other mail-o but it must not be forgotten that in an increasing States, (such as New York, for instance), the osteop submit to the same standards of education, both prelim professional, as the allopath or homœopath, and answe questions before the licensing board. In other w standards of education are being gradually raised, a much the regular medical man disagrees with the diagn luxations and the therapeutic methods of the osteopa soon, if not at present, find him as capable of diagnosing himself.

The osteopath, like the Christian Scientist, has his inology, and often gives to words a different meaning

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they convey to the practitioner of medicine; but it must be
ledged that the basic philosophy of osteopathy is not far
he truth. The osteopath does not claim that the "sub-
n" of the vertebra or innominate or other bone is the im-
e cause of disease; according to his philosophy these "dis-
ents" affect the passage of nerve inpulses and interfere
ormal blood supply, and that these are the factors which
or or permit the development of disease. The physician
n hands here. With normal blood supply and free nerve
s disease is very unlikely to develop. The osteopath
bacteriology and admits the germ origin of many diseases;
rees with homœopaths in asserting that germs find little
unity for mischief-making growth in a healthy body. The
th avails himself of the Wasserman test for syphilis and
other tests for specific diseases.

e attitude of the osteopath toward questions affecting the
health, as expressed at Philadelphia, is up to the average
of ordinary practising physicians: by resolution the con-
advocated the registration of cases of syphilis and gonor-
nd modern methods for the prevention of transmissible dis-
ere endorsed.

e osteopaths have not allowed themselves to be hampered in
ing their fields of practice by the conservative traditions of
er schools of healing; from the start they have been active
licity, and there are agencies from which practitioners can
steopathic booklets and newspaper articles mailed to people
r several localities. Much of this printed matter is ex-
ant in its claims and narrow and illogical in its presentation,
brings business. Mindful of the propagandistic work
on by the International Homœopathic Council and the
l on Medical Education of the A. I. H., the homœopath is
ed from too free criticism of this publicity work.

one respect the osteopath has gone the homœopath one bet-
has taken the latter many years to get on the right basis in
urance examination field; indeed, there are companies which
yet recognize homœopathic physicians as capable examiners.
e old line companies refuse to allow examinations by osteo-

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paths, so they have formed their own company under the State of Missouri, and the American National Assu pany has, in the two years of its existance, written upw million dollars of insurance, with every policy holder an osteopath.

These few observations regarding osteopathy are its defence or advocacy, but only as a matter of infor our readers may be advised of the growth of this m What its future will be, it is hard to say. It would app great majority of osteopaths shun the treatment of ac and this has led many to frequent changes of locat stock of chronic in smaller communities is by no mean ible. It is inconceivable that osteopathy will survive and organization indefinitely, and there will probably adoption of the best of its practices by the general p medicine.

TRICHINOSIS

DR. M. H. SICARD reports on fifteen cases of th rare disease in the Medical Record of August six cases were found in the Second Division of Be tal in six months. He gives the histories of fifteen i

As is well known, the trichinae is found in the becomes infected by eating the meat of infected ho capsulated larvae are set free in the stomach by juices. After about two days the larvae reach adul small intestines. The female burrows into the lym the intestinal wall where she gives birth, on the aver young. These embryos then travel through the b or through the lymphatics to the striated muscles become encapsulated as larvae once more. The w takes about ten days.

Many cases present at first severe gastro-intes toms. Others do not. The onset may be more or le like a beginning of typhoid. Edema of the eyelids an nose comes comparatively early. There may also l the conjunctivae.

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hen the trichinae reach the muscles muscular soreness is
n. There is always weakness and prostration. According
ard the muscles principally attacked are those of the
thighs, biceps and neck, in that order.

here is always fever, and in Sicard's cases this showed
remissions of two to four degrees.

sinophilia is the rule. It runs up rapidly to as high, in
ses, as 50 per cent, even to 80 per cent. There is usually
leucocytosis.

e author gives no line of treatment. All of his fifteen
ere discharged improved.

NOTES AND COMMENTS

The European War

e great conflict so suddenly started in Europe and now
gress, the outcome of which no human foresight can
ill undoubtedly furnish a vast fund of knowledge that
e of inestimable value to future generations of physi-
and surgeons The millions of men in camp and on the
will offer problems of sanitation, of prophylaxis, of epi-
ogy, of disease and of wounds, never found on such a
ale in human history before.

the comparatively insignificant Spanish-American and
vars we learned how to control typhoid fever. As a di-
esult that disease has become almost unknown among
whereas before that time typhoid was ont of the most
e causes of death.

the Russo-Japanese war the value of antiseptic pre-
ns used by the individual soldiers themselves as soon as
ed was amply demonstrated by the Japenese.

conflict such as the present one, where it is estimated
ome eight millions of men are engaged on each side,
teach still further lessons that will be of benefit to
nd for all time.

Treatment of Coccygodynia by Injection of Alcahol

the Medical Record for August 22, Dr. F. C. Yeomans,
w York, reports a series of seven cases of coccygodynia
he believes, by injections of alcohol His method is
. as follows: The patient is put on the table in Sim's
n. The region of the coccyx is sterilized with iodine.
he fills a sterile syringe of two centimeters capacity with
cent alcohol. The needle must be of fine gauge and two
long. The operator inserts the right index finger into
ectum and locates the point of maximum tenderness by
er pressure with the thumb outside. The author says

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he has found this to be just below the tip of the co the midline or slightly lateral to it. He introduces th through the midline directly into the painful spot, and injects 10 to 20 minims. He then seals the punctu collodion, and neutralizes the iodine with alcohol. Th pain lasts but a few minutes, after which there is a d for a day or two. He has found it best to give from five injections at intervals of five to ten days.

Arsenization in Yellow Fever

Our good friend, Dr. Reginald Barclay Leach, o Texas, has once more got his theory of Aresenization as a ylaxis against yellow fever before Congress. He asks to commission appointed to investigate the subject so as to disprove it for all time. In commenting on this the Record says, editorially:

"The theory is based upon the principles of homo the 'symptoms' of arsenic poisoning being similar to yellow fever. A year ago the American Institute of pathy suggested to the American Medical Association trial be made by a joint committee of the doctrine of The suggestion was courteously received, but we ha heard that it has ever led to any practical results. If should adopt the resolution offered on behalf of Dr it would be opportune to appoint one or more homœo on the yellow fever commission and thereby a beginnin be made of a joint test of the doctrine of Hahnemann as of the theory of Leach."

BOOK REVIEWS

Practical Sanatation. A hand book for Health Officers and tioners of Medcine. By Fletcher Gardner, M.D., Health Com of Monroe County, Indiana, and James Persons Simonds, B Professor of Preventative Medicine and Bacteriology, Medica ment, University of Texas; lately Superintendent, Indiana S oratory of Hygiene 403 pp., illustrated. St. Louis, C. V. Mos pany. Price $4.00

While designed primarily for the use of local health this book is admirably adapted for use by the practit medicine and as a textbook for medical students. The n book of this kind among health officers is due to the fact average medical man has never been taught the viewpoin sanitarian on preventable diseases, for few professors of and sanitation in medical schools are practical sanitarian work of this size only the outlines of the subject can b Part I deals with epidemiology, part II with general sa and part III with laboratory methods. Dr. J. N. Hurty commissioner of Indiana, gives the book his commendatio introduction. This book deserves a large sale.

Surgery; Its Principles and Practice. For Students and Prac By Astley Paston Cooper Ashhurst, A.B., M.D., F.A.C.S., Inst Surgery in the University of Pennsylvania; Associate Surgeo Episcopal Hospital; Assistant Surgeon to the Philadelphia O Hospital and Infirmary for Nervous Diseases. Handsome larg

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l pages, with 7 colored plates and 1032 illustrations, mostly original. text. Cloth, $6.00 net. Lea & Febiger, Publishers, Philadelphia New York, 1914.

This new text-book of Surgery is designated to furnish the lation for the student of surgery as well as to meet the re- ments of the surgeon as a general reference work. Much space en to the underlying principles of surgery especially to the genesis, diagnosis and indications for treatment.

Three chapters are given to the discussion of inflammation and al infection and non-surgical treatment for these are given ail such as rest for the inflamed part, hot or cold compresses, er irritants, narcotics, active and passive congestion, massage, drugs etc., with a short discussion of the opsonic theory and nes.

The sections on fractures and dislocations is especially good vill be appreciated by those familiar with the author's ex- t monograph "Fractures of the Elbow."

The chapter on Surgery of the breast, chest wall, lungs and a are quite complete and the space devoted to genito urinary ry, gynecology and orthopedics is sufficient to meet the rements of the general surgeon.

The illustrations number over a thousand and are almost en- original being taken from the author's cases at the Episcopal tal of Philadelphia.

Under the head of abdominal surgery is given a very im- nt talk on peritonitis with a discussion of its pathology, al course and differential diagnosis.

Ochoner's treatment for diffuse peritonitis is carefully ex- ed as well as the methods of avoiding peritoneal adhesion.

t is undoubtedly one of the most important publications of the n any branch of medical science.

ssage of Health. By Russel C. Markham, M.D., Cloth, 123 pages, ents, net. Philadelphia. Boericke & Tafel. 1914.

Dr. Markham has culled from both the Christian Science and Thought philosophy and compounded his selections with Hud- philosophy of the subliminal self and Chittenden's low pro- liet, and has produced a proprietary that few physicians of cquaintance, unfortunately, will care to prescribe, although it afely be recommended in just such cases as Christian Science New Thought help. It is far better to follow the lead of Dr. ham, and take the best from these cults for use in appropriate than it is to pooh-pooh or ignore them altogether. This is not in itself, nor is it calculated to retain wavering patients. his reason every family physician would do well to have a of this book to loan to patients. The greater demand for the can, however, be created among the laity. The author's phil- y is based upon an interpretation of the Bible which ignores of the conclusions of the Higher Criticism, but it may not be ess helpful for that. We believe that something might be o advantage in the book as to the limitations of auto-sugges- and the need of always having a physician-adviser; and, too, eld of drug therapy needs more explanation than is given to it.

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On the whole, though, Dr. Markham has done good serv
field in which the average physician travels far too limite
too seldom. On page 39, 8th line, "255" should be "225."

Diseases of the Rectum and Colon and their Surgical Treatm Jerome M. Lynch, M.D., Professor of Rectal and Intestinal New York Polyclinic; attending Surgeon, Cornell Dispensary of the American Proctologic Society, New York Gastro-Ent Society, etc. Octavo, 583 pages, with 228 engravings and plates. Cloth, $5.00, net Lea & Febiger, Publishers Philade New York, 1914.

Lynch on Diseases of the Rectum and Colon presen that is now and useful. The systematic arrangement use of heavy type for center and side headings makes it find any subject quickly. Its illustrations are numer clear, and the work of an artist. The author has addre book particularly to those who have not attained well- experience in rectal and colonic surgery, and he has e the entire field, and has discussed the subject in full det has endeavored to suggest the many things which, tho parently trifling, may make or mar an operation. The cludes the preparation of the patient, the after-treatment, cations that may occur and how to handle them. It al advice as to mishaps to be avoided. In short, it is a pres of the best modern technique, and will be of great value the practitioner and specialist.

Blood-Pressure in Medicine and Surgery. A Guide for Stu Practitioners, by Edward H. Goodman, M.D., Associate in Me the University of Pennsylvania. Cloth, 226 pp., illustrated. Lea & Febiger, Philadelphia and New York, 1914.

The last 10 years have made the sphygmomanometer an part of the up-to-date physician's equipment and research i ually establishing the real clinical significance of high or l pressure. This monograph will be helpful for those wh resume of the findings of the researchists as well as a gen line of the subject. It discusses the physiology and no logical variations of blood-pressure as well as its significan principal disorders. One chapter is devoted to the effect and other therapeutic measures on blood pressure, and a the treatment of hypertension and hypotension.

Radium and Radiotherapy. Radium, Thorium and othe Active Elements in Medicine and Surgery. By William S. N M.D., Professor of Roentgenology and Radiology, Temple U Medical Department; Physician to the American Oncologic Hosp low of the College of Physicians, Philadelphia. 12mo, 315 pa 71 illustrations and 1 plate. Cloth, $2.25, net. Lea & Febiger, P Philadelphia and New York, 1914.

Dr. Newcomet in this very interesting book discusses physics and chemistry of radium and its allied elements discusses their therapeutic applications. He is very about accepting the European reports of the use of rad waters and emanatoria, although he mentions the successes It is unfortunate that no recognition of Dr. Dieffenbach's the proving of radium bromide and the subsequent use of stance in potency as a remedy is given. The book is well ill and well written.

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THE USE OF ALCOHOL IN MEDICINE.

CONRAD WESSELHOEFT, 2ND, M.D.

Boston, Mass.

lcohol in some form or other has been used since time im-rial. Old Chinese manuscripts contain records of drunken-he Egyptian monuments show the use and abuse of wine, and ld Testament gives ample record of its widespread use; in hroughout the ages it has played a part in the rites of almost religion. Insatiable man has gone on strengthening this cating beverage until through the process of distillation he tain to-day a practically pure alcohol. It is not the purpose s paper to take up the so-called temperance question, or the of alcohol in religious rites or in politics. As practitioners licine, we are continually brought face to face with the evil of intemperance, and the importance of the subject in pre-e medicine; but we will not touch upon the moral aspect of uestion except in so far as it influences us in the use of al-as a therapeutic measure. As such we must consider it from andpoint of a drug and of a food.

he alcohol which we have to consider here is ethyl alcohol, is a waste product in the activity of the yeast plant. This plant, which is air borne and almost omnipresent, produces ment which acts especially on certain sorts of sugars, splitting up into alcohol and carbon dioxide. This process is, however, mited. for when the alcohol has reached a definite strength warm, sugary solution, it in itself prevents the further ac-of the yeast. Therefore, in order to obtain a beverage which contain more than the 13 per cent. it is necessary to resort to er process known as distillation, which is familiar to all.

he different alcoholic beverages may be classified into three s:

Beers,—containing 4 to 7 per cent.; the various flavors, colors trengths being due to the different methods, and substances n brewing.

Wines,—containing 5-22 per cent., in which the ethers brought by processes of aging and the sparkling quantities play a important part. Red wines contain tannin, white wines tar-acid.

Spirits,—containing 40-56 per cent., in which the aldehydes a part. Fresh spirits contain a greater per cent. of the higher more toxic alcohols, which, however, become destroyed by . Cheap whiskies formerly contained a very dangerous in-ent, that of methyl or wood alcohol, but our present laws pre-this adulteration.

Having thus briefly mentioned the various forms in which ol is commonly given and the various biproducts to be con-

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sidered in its administration, let us for the time bein
these biproducts and devote ourselves to the action of al

Recent investigators teach us that alcohol is a foo
a drug. It is agreed by all that the disturbances caus
sive amounts far outweigh any nutritive value, but su
the case with any food. We have to consider therefo
macological action, and what its nutritive value is
moderate amounts.

Alcohol acts on all protoplasm; in other words, i
ficiently large doses a true poison to every living anima
ble cell. The more complex the cell is,—that is, the
it is developed,—the more rapid and the more marke
A 1 per cent. alcoholic solution immediately produces i
amoebae a narcosis which lasts several hours. When i
2 per cent. it stiffens them, and at 4 per cent. they d
examine cells immersed in a medium containing minut
of alcohol, we immediately see a retraction of the hyalo
is followed by an agglutination of the granules, and if
of the solution be increased we have a complete cess
tivity within the limiting membrane followed by dis
Taking up the effect of its prolonged action as a whole
organism, we find that in weak solution it retards th
plants. Especially is this true of seedlings.

In animals we have a common and striking exa
action in what is termed by dog breeders, "dwarfin
where puppies are given whiskey in their food in or
their growth and thus alter the breed. Prof. Rauber
Dr. Richardson of London and several others have
and extensive experiments shown that alcohol is a
paralyzing agent to protoplasm in all forms, and tha
parent in solutions of 1-1000.

The inference from all this work is that this s
action on cell life in plants and animals takes place i
body, where by means of the rapid absorption into the
the alcohol is carried to the various tissues and organs
this is confirmed by the fact that the pharmacologists
tries assign alcohol by the side of ether and chlorof
group of narcotic poisons.

The first effect of alcohol on the mucous me
subcutaneous tissue when given hypodermically,—is
tant action which gives rise to reflexes as with all oth
Let us now take up the general action as briefly as poss
that we may have an understanding of this drug befo
its therapeutic uses.

On the nervous system alcohol acts as a depressa
start. Now the action of any drug is selective, certai
affected more rapidly and more profoundly than othe
ingly we find that the cerebrum, cord and medulla are
successively. In the cerebrum we have a depression of
ling centers resulting in incoordination. Certain pha
still maintain that the excitement and exhilaration f
ingestion of alcohol is due to a primary stimulation, bu

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nced by Schmiedeberg and others that this is due to a selective essant action on the controlling centers, thus liberating the n of consciousness from the normal inhibitions is more satisry, especially since the careful experiments of Kraepelin have itely shown that a dram dose of alcohol always reduces the r of reasoning, the capacity to judge and memorize and the ional control. Kraepelin, however, claims that in the early s alcohol truly stimulates the motor functions of the brain, tting that even small doses dull all reactions which require v of judgment.

On the other hand, such increased psychomotor activities as uency of speech are explained by the followers of Schmiedeto be due to the blunting of the sense of fear and usually to e nervous stimulation from the environment, an explanation n seems far more reasonable. A very interesting point brought by Kraepelin's work is that the person on whom the experi- is made always feels and believes that he has done more and r work under the influence of alcohol, while as a matter of he has not. As regards the special senses, Kraepelin's exnents with small doses show a constant impairment in the racy of vision, hearing, smell, taste and touch. The results raepelin's work have been repeatedly confirmed by other obrs with the exception that the average minimum dose from h a depressant effect can be observed is nearer two drams.

The circulatory system is very promptly influenced, as shown ne flushing of the skin and a feeling of warmth. This is due r to a stimulation of the vaso-dilators, or a paralysis of the constrictors. Whichever is the case, it makes little difference a therapeutic standpoint, for whether it is a direct action on nuscular coat or an indirect action through the nervous systhe result is the same. The dilatation of the capillaries gives sation of warmth, accompanied by increased radiation of heat the body and a fall of body temperature from one to two ees and in large doses from five to nine, the temperature of kin being greater than that of the rectum. Most observers that this dilatation of the peripheral blood vessels after small is not accompanied by any alteration in the blood pressure ugh theoretically we should expect a fall; moreover, they no stimulation or depression of the heart's action.

The foundation for the view that alcohol is a circulatory ulant is the acceleration of the pulse during the excitement of ication, which may be readily explained by the increased mus- effort in the singing, laughing or the kittenlike playfulness riably seen in the first stages of a convivial evening at the e of Bacchus. To the finger the pulse may seem fuller, but phygmograph shows tracings of a similar type to those seen rtic regurgitation.

Jacquet has shown that the pulse rate is unaltered in man ided there is no excitement produced by the environment and in animals alcohol has no effect on the pulse rate until suftly large doses are given to affect the heart. The effects pro-

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duced on the heart are similar but proportionately mild those produced by choloroform, namely "weakening of the lar systole and later of the ventricular, with distention cavaties and slowing." The advocates of the theory that is a cardiac stimulant try to get around the fact that the no increased, by claiming that the force of the contra augmented, but as yet the evidence brought forth is so uns and so flimsy that it is unworthy of attention, (one man r stating the dose used in his experiments, i.e. Hammeter.)

It has already been said that the dilatation of the pe blood vessels has been found by most authorities not to be panied by any alteration in blood pressure, but in order to to the minority I will take up the experiments of Kochma found with a 50 per cent. solution of 15 per cent. alcoho in blood pressure reaching its maximum of 15 mg. mercury to thirty minutes after ingestion, returning to normal seventy-five minutes later. 70cc. of a 20 per cent. solutio slight rise followed by a fall. 50cc. of a 50 per cent. soluti a fall from the beginning reaching 10 mg. mercury, retu normal after sixty minutes. He claims that in the first exp the increased blood pressure may be maintained by repea dose every thirty minutes. He found, however, that the fr of the pulse remained constant unless sufficiently large do given to produce a fall in blood pressure. Moreover, he explain this rise as being due to increased force of card traction, but to a contraction of the splanchnic vessels, whi compensates the peripheral dilatation. Larger doses, he sh late the splanchic vessels, lowering the blood pressure besi ing as a depressant on the cardiac muscle. Rosenfeld and however, with careful experiments found at no time any inc blood pressure. The increased blood pressure demonstr Kochmann's experiments is simply the rise in pulse observ a cocktail, and is considered by most authorities not to be any direct stimulation of the circulatory system but to brought about by the irritation of the mucous membrane mouth, pharynx, œsophagus and stomach.

The same dispute arises about the use of alcohol on tion, which no doubt is increased in the excited stage. ments, however, show that without excitement the amoun inhaled is greater than before the drug was administered. theless this does not necessarily mean that the respiratory is stimulated, for the increase is no greater than that follo ordinary meal. Therefore, it may be attributed to incre tivity of the stomach; moreover the local irritant action of must be taken into consideration, which alone could easily for the increase by an indirect or reflex action on the res center. The results of various experiments show that the evidence that the respiratory center is directly stimulated question might be thought to be of purely theoretical inte this is not the case, for it makes a considerable difference the activity of the respiratory center is increased only to c the increased activity of the alimentary tract, or whether

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d air is augmented beyond this ratio, which has been suf-
ıtly demonstrated not to be the case.

Alcohol is considered by some to have aphrodisiac powers,
he increased sexual desire sometimes observed in intoxicated
ons is probably due to a weakening of self-control rather than
y direct effects on the generative organs.

As to the diuretic effect, it is unknown whether alcohol acts
ıe kidneys or not. Some spirituous liquors such as gin pro-
an increased diuresis which is due to other constitutents and
o the alcohol.

In those accustomed to the moderate use of alcohol as a
rage, the appetite is increased by the pleasant taste, especially
ıose containing bitters. Alcohol stimulates the flow of saliva
increases its solids and amylolytic powers. This is a purely
effect, because when injected directly into the stomach this
tion is in no way altered. A 10 per cent. solution, however,
ds the amylolytic powers.

On the stomach a one-half per cent. solution has no influence,
eyond this dilution the gastric secretions are greatly increased
in quantity, total solids and total acidity. This action is not
ly local because it is seen even when alcohol is injected into
ectum. When the alcohol reaches between 5 and 10 per cent.
proteolytic powers of the gastric juice are interfered with.
hol itself is absorbed very rapidly, and its presence seems to
r the absorption of other substances; the motility of the stom-
s increased.

The action on the intestine is less marked because most of the
ıol is absorbed by the stomach, but experiments show that the
eolytic powers of the pancreas are retarded by two-three per
alcohol. It is here that the acid substances of wines and
t liquors have a more detrimental effect than the alcohol.

To conclude, moderate doses, therefore, would seem to favor
ıcrease in the digestive processes, but after repeated consump-
the digestive processes become perverted and diminished.

We now come to the effect of alcohol on metabolism. Alcohol,
ou know, is oxidized in the body to CO_2 and H_2O, in fact any
ınt under 100 gms. daily is all burnt in this way, except 2 per
which escapes in the urine and expired air. A living or-
sm obeys two great fundamental laws which govern the uni-
e, namely, the laws of conservation of matter and energy.
rgy transformation in the body may be measured by means of
lorimeter. It is in this way that the food value of alcohol is
d.

It has been shown that when insufficient carbo-hydrates or
are supplied to the body, the proteids are drawn upon to make
l the deficiency, and the nitrogen eliminated rises; on the other
l, with superfluous carbo-hydrates and fats the body economizes
roteids and the nitrogenous out-put falls. Atwater, Benedict
Neumann have definitely shown by their classical experiments
metabolism that alcohol can replace a chemically equivalent
unt of fat in a minimum diet and that alcohol given with an
ady sufficient dietary leads to a further economy of the proteids,

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just as a superfluous amount of fat would do, and to a p
of the body fats. It was, however, also shown that alco
not tend to economize proteids during the first three to f
of administration, as it takes a certain length of time for
to accommodate itself to this new food stuff. Having a
dated itself, however, the oxidation of the tissues as meas
the oxygen absorbed and the carbonic acid exhaled is only
as it is by other foods. On the other hand, alcohol les
uric acid and ammonia nitrogen at the expense of urea.
considered by Paton, Eason and Beebe to point to a mod
of the functions of the liver.

To conclude, alcohol by undergoing combustion gives u
to the body and therefore is considered technically a food
here that opposition arises. Does not the alcohol require ar
of energy for its absorption greater than that liberated by
bustion? And, again, does not its action on the nervous
produce a greater waste of energy than it supplies? In
these two questions, Zuntz, Berdez and Geppert claim
shown by their experiments that such is not the case.
thusiast even goes so far as to assert that it is superior
foods in that it requires no digestion.

So far so good, but does the fact that a substanc
liberates energy in the body by undergoing oxidation ne
imply that it is a food? The answer to this question is to
you that poisons such as morphine are also oxidized in t
nor do they require digestion, but as yet no Atwater has
tionally encouraged the opium habit by proclaiming that m
is a food.

Let us go back a moment to the experiments of the la
Atwater and his associates. He asserts after careful te
fats, carbohydrates and proteids that man at rest must ha
an energy intake of 2,500 calories. Five hundred calories
fifth of the total energy requirement at rest may be give
form of two and one-half ounces of absolute alcohol c
ounces of whiskey or one quart of claret or one and
quarts of beer. Throughout the whole series of experimen
Atwater used this amount on the assumption that it was a m
amount. Moreover, he claimed that no symptoms or il
whatever were seen, even in total abstainers. As regards m
energy, he maintained that muscle cells can burn alcohol
do other food stuffs, but he also demonstrated that from th
point of ability to do strenuous muscular work, a man ca
as much work in the long run with alcohol as he can w
bohydrates. Alcohol may by diminishing the sense of fatig
a greater spurt during fatigue than could be made withou
this increased muscular output of energy is very soon foll
a decrease in muscular energy below normal, in exact rati
temporary increase. Moreover, the depression is of muc
duration.

What is the modern conception of a food and in what
does alcohol meet the requirements? Physiologically, a f
substance that can be utilized by the tissues of the body

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ay as to yield energy, or to furnish material for the production iving tissue, but it must not affect injuriously the normal nutri- processes of the tissues when taken in proper amounts. Ac- ding to Atwater, alcohol meets these requirements, but accord- to almost every pharmacologist of repute, alcohol does not and not meet the above requirements. Atwater's proper amount seven ounces of whiskey daily, from which he noticed no ill cts.

In the first place, Kraepelin has effectually shown the ill effects alcohol in dram doses in experiments as elaborate and careful any of those carried out in the State of Connecticut, where. to eat, no ill effects were noticed with what corresponds to two one-half ounce doses. In the second place, Atwater demon- ated a diminished endurance for strenuous muscular work when ohol was used in a liberal diet, and finally he most strenuously tradicted himself by advising against the use of alcohol in the of a normal healthy individual; in other words, Atwater recog- ed the injurious effects of alcohol on the normal nutritive cesses of the tissues when taken in what he termed moderate ounts.

A food as defined above does not mean necessarily an article diet but an elementary food stuff such as water, carbohydrate, proteid and the salts, all of which meet with the above require- nts, while many articles of diet do not, such as prunes. green bles, etc., which have together with their elementary food stuffs stances which have a definite pharmacological action. The bi- ducts of alcoholic beverages have been disregarded throughout s discussion and we have been considering whether alcohol is elementary food. The conclusions reached are that alcohol has yet not been satisfactorily proved to be such.

It is said that alcohol has a nutritive value which is its direct ion, and a drug value which is its indirect action. The nutritive ue is claimed from the energy derived from its oxidation. I intain that the drug action is the effect of the alcohol before s oxidized, therefore, the drug action, although imperceptible in nute doses, always precedes this nutritive action. But this oxida- n is a protective process on the part of the body. We know that rphine fiends are capable of oxidizing enormous amounts of rphine and that alcoholics can burn more alcohol than abstainers, other words, their power of oxidizing or resistance is increased. e energy thus liberated is made use of by the body and so far the calorimeter shows is the same as that derived from other ds and can thus be used to replace them in this respect. But ergy derived in this way is the result of a protective process the part of the body and not the result of normal metabolism. herefore repeat that alcohol is a drug and a drug only and never food in any complete sense of the word. As a drug, it protects body fats by liberating energy, and in this way it is of value diabetes, but in acute or long continued fevers this possible value ust be outweighed by its property of lowering the resistance and ting as a depressent, or at least the value of alcohol in these ses must remain decidedly doubtful until sufficient and proper nical research comes to our rescue.

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The common theory, that alcohol is a stimulant, a invaluable medicine and always a safe beverage in amounts is now obsolete and has no support from the mo tific studies in the laboratory and the majority of clinical is a deplorable fact that the laboratory results have guide majority of clinicians either to abandon or to use alcoh of promoting them to test its value at the bed side. Cer cians prompted by strong temperance motives look upon an invention of the devil and accordingly refuse without to call in the aid of his satanic majesty. Others guided a few laboratory results place alcohol with prussic acid ble poison of no practical use in therapeutics. On the o we find many men prescribing alcohol ruthlessly with t idea that as a food and a stimulant it always does good. is more, they take it for granted without watching the they would with digitalis. Such men frequently attribute toms of alcoholic poisoning to the disease when they are to the treatment, and with blind zeal they push the a further.

At the bedside of the patient we have to consider n action of alcohol in health, but also its effect on the re the body to the disease. Dr. Richard Cabot asks "Have to assume that the action of alcohol on lower animals or human beings is similar to the action in disease?" My that the properties of alcohol remain the same, but w guided by our knowledge of its action on the healthy org the probable results of this action on what we know actions of the body in disease. This is all we have to rel use of most drugs, and is all we should rely on in the use until sufficient clinical research will enable us to disre laboratory experiments.

Let us now turn to the various diseases which are benefited by alcohol. In the first place, the acute infe contagious diseases. There is no experimental evide ever increases the antitoxic or bactericidal powers of On the contrary it has been amply and repeatedly shown doses of alcohol in animals increase the susceptibility to diseases and lower the resistance. This is borne out b mon experience of "catching cold" after partaking libe coholic beverages. The leucocyte count as well as the op is reduced by alcohol. In pneumonia, for instance, La shown a decreased leucocytosis after its administration. leucocytosis and a high opsonic index are signs of resista part of the body, we should certainly do nothing to re For clinical evidence, Kellogg of Battle Creek reports pneumonia treated without alcohol, obtaining a morta per cent.

Dr. Townsend, after careful observations on a lar of cases of acute lobar pneumonia in children and infa that he is convinced that these cases do better without a

As regards other pyogenic infections such as sept surgical and obstetrical patients, alcohol is frequently g

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n these conditions with the idea of sterilizing the blood. Wurtz Hudel made a series of animals drunk and then examined the l which was found to contain streptococci, colon bacilli and r bacteria. From this we have the right to infer that alcohol no bactericidal influence in human blood and that even if it any good which might theoretically be done would be far out-hed by the lowering of the resisting powers. Delcarde of the eur Institute found that rabbits to which he administered alco-n his experiments in immunization against anthrax, died of disease, while the control animals which were given no alcohol l be vaccinated successfully.

Whiskey and brandy have long been advocated in the treat- of snake bite. Snake venom is excreted into the stomach. hol above seven per cent. destroys toxines and enxymes. There- why not give alcohol? It is only the excess of the toxin cules which are excreted into the stomach where they remain . The presence of alcohol would tend to destroy them, but ould also favor the reabsorption of what it did not destroy. s the toxine molecules which have already found their com-nents that are doing the damage. Hence, alcohol in the stom-is not only useless, but may be dangerous. The researches of ner, Sachs and others have shown that the toxic properties of e venom are due to hæmaglutins, hæmolysins, hæmorrhagins neurotoxins. Calmette produced antivenins by which he en-l animals to stand lethal doses without any effect. If we could a strong enough percentage of alcohol in the blood we might ble to destroy the toxins but we should also check the forma- of antivenin and destroy what had already been formed. eover, alcohol in doses necessary for this purpose would in-se the hæmolysis, and not only depress all the body functions, would also augment the depressant action of the neurotoxin. y are the victims of snake bite who have died from over-lming doses of whiskey.

As regards typhoid fever, Dr. N. S. Davis treated 1,100 cases out alcohol with a mortality of five per cent. In 1864, A. L. nis treated 600 cases of typhoid fever without alcohol with ortality of six per cent., the previous record with alcohol being nty-two per cent. The absurdity of considering alcohol as an rnal antiseptic in this disease is shown by a recent epidemic yphoid in Germany due to infected beer.

In diphtheria, Dr. Rotch, Dr. Holt and Dr. Jacobi all advise administration of alcohol in large quantities with some vague of enabling the body to better withstand the injurious effects he toxin. This idea is either an assumption from individual rvation, not backed by check cases without alcohol, or it is ely an accepted statement from former text books. I realize this remark is a bold one, but in this case I am not only backed the laboratory experiments but by no less an authority than Place, who considers alcohol useless in the treatment of diph-ria. The mortality of diphtheria at the Boston City Hospital tremendously reduced by the introduction of antitoxin, but as still further reduced by the abandonment of alcohol.

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In tuberculosis alcohol was thought to have similar po by the same illogical reasonings as those ascribed to it is by above named pediatricians. Fortunately, the leading authori have for some time recognized this fallacy. Dr. Vincent T. B ditch maintains that alcohol does no good in tuberculosis, but t it does distinct harm. Dr. Osler has the same views.

In the treatment of infantile diarrhœas, drop doses of bra are frequently used as an "adjuvant" to other methods. An structor in pediatrics was asked after a clinic what good the bra did. His reply was somewhat as follows, "Well alcohol isn stimulant and it may or may not be a food, but it's a damn thing for babies." Such a logical and scientific explanation adm of no opposing arguments; nevertheless opposite views are h on this subject. Dr. Townsend advises against the routine use alcohol in infants. He says that the treatment of diarrhœal disea is in brief, first, to obtain a cleansed and unirritated gastro-in tinal tract and secondly, to give a bland and unirritating food t can be easily assimilated, and that any food or drug includ alcohol which interferes with these two factors is distinctly a ha cap.

The continued use of brandy as a therapeutic measure in treatment of infants and children is one of the most pernici practices of this age. In hospital wards I have seen infants children who at first revolted against this medicine gradually quire a taste for it to such an extent that they would enjoy t doses of brandy. Is it not reasonable to assume that these child as they grow up should crave to satisfy this acquired taste? majority of these children are predisposed to intemperate ha by their inheritance. We should certainly not make this inher burden harder to bear by administering alcohol in continued d during the early years of life under the pretext of scientific m cine. It is a striking example of that insane inconsistency wh has always pervaded the medical profession. Pediatricians are airing their individual notions regarding the niceties and del cies of infant feeding, and stirring up the legislature to take s to decrease infant mortality are developing candidates for asylums and prisons by their unscientific and irrational use alcohol.

An argument brought forth by the advocates of the use alcohol in acute infectious diseases is that these patients ra show signs of alcoholic intoxication even after heroic doses. fact only proves that alcohol may act differently in disease t in health, but it in no way can be inferred that for this reaso is doing good. Dogs given sugar with alcohol do not get so dru but their organs suffer the same changes both in acute and chr alcohol poisoning.

Dr. Richard Cabot in his studies on the action of alcoho disease gives the following summary and conclusion:—

"1. In forty-one patients mostly typhoid fever . . neither the maximum nor minimum blood pressure showed variations that could reasonably be referred to the action of alcohol. . . The action of alcohol upon the circulation was

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"2. The same neutrality and apparent inertness of therapeu-
ses of alcohol in relation to temperature, pulse rate, respira-
ate, appetite, sleep, delirium and secretions (renal and cutan-
of 309 patients suffering from a great variety of diseases was
tal impression derived from 2,160 observations in these cases."
He goes on to say these observations are not interpreted
oving that alcohol is useless or useful in disease. Technically,
abot is right in this statement, but from a practical standpoint
wrong. He used the common methods of observation on the
observations which we are taught guide us as to the condition
patient. His patients showed no improvement; accordingly
ol was useless so far as could be ascertained by our common
ods of observation. Moreover, alcohol costs money. There-
if we prescribe alcohol in private practice the patient is put
useless expense. This never does the patient good but does
harm in inverse proportion to his income. For hospitals, the
f alcohol, according to Dr. Cabot's observations, would indi-
the useless draining of funds which could be better utilized
uch remedial agencies as we have far more reason to believe
nefit the sick. Most hospitals have economized in this res-
In 1899 the Massachusetts General Hospital spent $3002,
cohol, while in 1906 the bill was reduced to $738.
n 1862 the seven large London hospitals together spent £8000
cohol and £3000 for milk. In 1902, only £2800 was spent for
ol and £9300 for milk.
To summarize the action of alcohol in acute or chronic infec-
and contagious diseases, we have no reason to believe that
ol acts as an antitoxin, that it protects the tissues in any way
the toxins or that it acts in any way as a stimulant in such
es.
t is not the purpose of this paper to represent either side of
uestion. We are concerned with the present place of alcohol
erapeutics. So far we have not found a place for it, but as
l studied and easily obtainable drug it qualifies in antipathic
opathic therapeutics as a condiment, a stomachic and as a
ssant.
n diabetes alcohol may play an important role. The diabetic
not form sugar from alcohol, and moreover the oxidation of
cohol appears to protect the body fats. Prof. Naunyn, the
est authority on this subject, advises the use of alcohol in this
se, but states that when more than 50 gms. are taken daily
oxic action on the protoplasm out weighs any value it may
wise have. He brings out the importance of caring for the
ite and digestion, and points out that light wines usually
ase the appetite and improve digestion. Port wines, cham-
e, sherry and all liqueurs should be avoided, as they contain
uch sugar, and beers especially, as they contain readily ab-
ble maltose. Rum, cognac and whiskey, according to him, may
ven. More clinical observations are necessary to absolutely
lish whether these cases do better in the long run under such
ment. We have become skeptical of therapeutic conclusions
n from calorimeter experiments with alcohol, but we are

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bound to respect the conclusions of such an emine
even if we prefer to practice differently from him.

As a mild narcotic alcohol is often beneficial. A h
long been recognized as a valuable measure to quiet
anxious mind and induce sleep. This does not mean
should be given for chronic insomnia. Occasionally in
a moderate dose of alcohol, to one accustomed to it a
will sometimes diminish the cerebral excitement, and
slow a turbulent heart and give peace and comfort to p
and doctor.

In so far as alcohol is capable of soothing the incu
and giving him a passing sensation of well being,
allowed without hesitation, even though in other res
be detrimental.

It still remains a question whether alcohol sho
drawn from a patient accustomed to its excessive use
tremens is the threatened danger of suddenly withdra
from these patients. But the withdrawal is not usual
cause, for it must not be forgotten that the patient h
deprived of his daily activities. I find no cases rep
sudden withdrawal has been followed by delirium
vided his usual activities are kept up.

In regard to the treatment of delirium tremens
once started, Dr. Lambert of New York, after obs
several thousand cases treated with and without alcoh
that in every case it should be immediately and abs
drawn.

Unfortunately, alcohol is a drug which produces a
is of little importance except in those cases where the f
would most strongly contra-indicate its use. Lonely
women seem to be particularly predisposed to drift i
intemperance. In the past, physicians by unwise pr
injudicious statements have done much to promote al
it is well for us to bear in mind that alcoholism is m
and more of a menace to this country than any other
including tuberculosis and syphilis.

Externally alcohol cools the skin by its rapid eva
is a mild irritant. Its antiseptic properties are self-
the fact that it is a poison to all forms of life. Mo
applied directly it destroys toxins as it does enzym

To conclude, alcohol is in no sense a stimulant and
be used with the idea that it is. It lessens the natu
power of the organism against infection and incre
dency to bacterial invasion. It is not a food in th
elementary food stuff. The impression received f
statistics in regard to the use of alcohol in acute a
tinued fevers is that it is not only useless but does d
Whether it should be withdrawn from alcoholics su
acute disease remains doubtful. In delirium treme
servations indicate an immediate and absolute withd
local irritant and a peripheral vasodilator, a small d
sibly be useful when used with other measures in b

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ter circulation in such conditions as chill or fainting, but any e hot drink accomplishes the same purpose just as well, if etter. Any predisposition to intemperance is a strong contra- ation to its use. In pharmaceutics, alcohol is of the greatest since it takes up other drugs in solution, and serves as a pre- tive of their medicinal qualities. As a condiment, a stom- and true depressant, alcohol holds its proper position in naco-therapeutics. With these meagre qualifications alcohol remedial agent is justly falling into disuse among the scientific ers of the medical profession.—(New England Med. Gazette)

APOCYNUM

We are never without apocynum in our medicine case, and is no other remedy with which we can accomplish so much rtain well-defined conditions. We do not employ it as is used of old—as a hydrogogue cathartic— for by specific tion it proves to be a remedy for the very conditions for n such agents were once widely used. Besides, in the small it acts silently and much more kindly and arrives at the goal. In my medicine case apocynum is carried as a vascular ilant, diuretic, and heart tonic, all these properties com- g to make it the best and most direct agent to remove re- ble watery effusions. In the use of apocynum we keep ever ew the fact that it is a remedy in debility and is seldom or adapted to vigorous conditions or to active inflammatory itions of great scope. In apocynum cases the heart is acting y, the circulatory apparatus is lax and weak, the kidneys nefficient, and the capillaries are sluggishly emptied. To t where the pulse is strong and rope like, hard and quick, is vite either failure or an aggravation of conditions. The soft e pulse, with but little force, very like that requiring digi- is the circulatory indication for apocynum. To complete indication there must be that atonic state of the blood vessels h readily permits exudation into the surrounding tissues. then is the ideal condition in which we have found that its come from the use of apocynum. But in circulatory ob- tion and active fever or inflammation one need not expect dial effects from it. We know that some have used it with ted success in inflammation of the upper respiratory pas- s, but we have had no experience with it in such conditions. As with aconite, apocynum must be used thoughtfully. One not expect it to reconstruct worn out tissue or to restore aged vascular valves. We must not expect therapeutic mira- where structural disorders of the heart, liver and kidneys the underlying causes of effusion. Still it must be remem- d that where there is any life in these organs there is possible e action which may be increased by the adapted medicines. equently we find that apocynum has served us well when lity and subcutaneous leakage has been marked, even though e were structural wrongs present. We have repeatedly

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emptied tissues of enormous quantities of effusion, giving q
relief from urgent symptoms, shortness of breath, and enab
the hitherto dropsical patient to recline comfortably—a lux
that he had long been denied. Still it did not cure the struct
wrongs, as a valvular disease of the heart or a chronic nephr
but it has often kept the watery infiltration down to its lo
until death mercifully relieved the unhappy sufferer. Strop
thus, digitalis, cactus, apis, and convallaria all aid the ac
or work in harmony with apocynum, though as a rule it i
itself sufficient to remove the effusion. In ascites due to c
noma of the hepatic viscera we have found it only relatively v
able, it seeming to be less efficient in malignant disorders.
where no structural lesions are present and debility is the c
feature, we have relied upon it absolutely and with no re
to regret our course.

The patient relievable by apocynum presents the follo
picture: First, there is marked debility and then follows prog
sive infiltration of tissues with a watery exudate. The ey
are puffy, and the feet and ankles or other parts are swollen
pit upon pressure. The skin is usually blanched and smooth,
and glistening, but may be streaked with pinkish lines. As a
the case is not acute, but rather sub-acute or chronic. The
acute cases in which we have found it serviceable, or indica
were those of erysipelas, with local edema. But in these
less efficient than apis.

Relying upon the above-named indications we have c
dently used it in curable cases, and in known incurable mala
for relief of symptoms, whether they were a simple edema o
anasarca, or ascites or dropsies of the serous cavities. We
found it useful in post-scarlatinal dropsy and in effusions fol
ing malarial fevers, with splenic fullness. We also employ
functional disorders with watery accumulations due to vasc
weakness. Our friends of the dominant school have but la
come to realize what has been common knowledge to Ecl
physicians for many years—that apocynum gives tone and po
to a weak heart and blood vessels. Since the recent isolatio
cymarin from this and other species of apocynum, a prin
showing decided cardiac and diuretic action, I presume
many physicians outside the Eclectic school will come to k
something of the value of this good old Eclectic drug.

In heart disorders we find increasing uses for apocyn
employing it in some cases in which we once relied solely u
digitalis. The effects are equally as good and there is less
turbance to the stomach. It does not, however, meet as n
cases as does digtalis. It relieves the weak feeling and depre
of smoker's heart, and is useful in mitral and especially in tr
pid regurgitation, but is of little value in aortic lesions. It
parts strength to the rapid and feeble heart action, incre
arterial tension, quiets pulsating jugulars, relieves dyspn
clears up general cyanosis, and changes scanty and high-col
urine to a copious flow approximating normal renal activity.

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ties the tissues of accumulated dropsical effusions. It was ly well named by him who called it the "vegetable trocar."

In atonic stomach and bowel disorders and particularly in gas- and intestinal dyspepsia, such as the alcoholic tippler may e, with vascular weakness, it is a drug too often overlooked. find it to be of great value in arthritis, neuritis and sciatica, id other agents, where the characteristic edema is present, or n where but slight puffiness is present. Quite recently it has n successfully used hypodermically in several cases of sciatic rosis, but we have not had experience with it in this manner. It ne of the good agents to relieve relievable cases of hydrocephalus n spreading sutures, protruding fontanelles, and puffy eyelids. kidney disease it is best adapted to renal congestion occurring he second stage of tubular nephritis. When possible for the neys to respond, we find it a very efficient diuretic provided d-pressure is weak.

There is another class of cases in which we would feel at a without apocynum. It is in diseases of women, with debili- d circulation and lax pelvic viscera. In irritable, congested boggy uterus, with thin, watery leucorrhea and usually an ociated menorrhagia, apocynum is one of the best medicines can employ. The pelvic tissues are loose, heavy and sodden, edema appears at the extremities; and do not overlook its ne in uterine subinvolution, provided the organ does not con- debris that should be removed mechanically.

Then there is a general state of bad health in which apocy- n, in small doses, will prove of great value. There can be ected no particular disease, yet the patient is far from well. mperature is usually sub-normal, or may rise slightly above rmal at night. The tongue has a dirty-white coat; the appetite oor and capricious; the abdomen full and doughy; there are etations of gas and increased flatus and the vascular system plays an utter lack of tone. In these cases apocynum will ve a transforming agent and quickly put the patient on the to health.

As a rule we have found apocynum to act kindly and with- disturbing the digestive functions. Occasionally, however, r having been administered for weeks, it will suddenly nause- and purge copiously. It should then be withdrawn and re- ed at a later period, if needed. Cinnamon effectually covers bitterness of this agent and makes mixtures of it fairly agree- e. We have found the best results to come from doses varying n one-half drop to two drops of specific medicine apocynum. would not like to dispense with this agent, for which we find e use almost every day of the year.—Eclectic Medical Journal.

SPASMS.

Spasms, in little children, are among the most unpleasant ures of the ills of summer. While there are many and varied ses for them, the majority are of alimentary origin, and, of

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course, preventable. A little child fed upon peanuts, b
other indigestible things—only indigestible because of l
minution—is very likely to suddenly launch off into
to the great alarm of everybody. If of the other t
illness of some sort is to follow. If projectile vomiting
not preceded by nausea, one should be on his guard i
prognosis. But having the history of having been fe
gestibles mentioned, or foods spoiled by hot weather,
in assuming the spasms to be of gastric origin and tr
accordingly. Quickly emptying the bowels by means
has a double advantage—the removal of irritating deb
relaxing effect of warm water. If emesis is taking pla
encouraged by a mild emetic. For this purpose ten gra
dered ipecac is unexcelled. If the ejected gastric conte
sodium bicarbonate, with a little of sodium chloride, i
barely warm water will facilitate matters by overcom
and assisting in washing out the stomach by the eme
ensue. The baby should, of course be immersed in w
with a cold compress of water or ice to the head. The
be tested by the attendant's elbow, thus insuring agai
the delicate skin of the infant. Mustard is unnecessa
cause strangury.

Meanwhile, the nervous system is greatly disturbed
patient can be made to swallow, medicines of known an
power should be given. For years we have safely
the following, though a mixture; ℞ Specific medicine
specific medicine gelsemium ℥ ; potassium bromide,
℥iv. Mix. Sig. One teaspoonful every (10) minut
spasms are overcome; then every half hour for two or
and, finally, every two hours for a day, or lon
This has been the best universal treatment that we ha
ployed, and has been given regardless of indications
spasmodic action and increased temperature.

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CONTRIBUTED ARTICLES

PRESENT STATUS OF ANTI-SERA AND BACTERIAL VACCINES

BY HENRY ALLEN HIGLEY, M. D.*
Brooklyn, New York

N OUR day the biological treatment of infective conditions has almost run riot. You can hardly pick up a medical zine or daily paper without seeing the notice of some new serum or new bacterial vaccine. What I wish to do tonight take up the subject somewhat fundamentally so that when you of these agents you will be able to form an idea of what ought logically to expect of them.

Biology is not a static science in the sense that chemistry and ematics are accepted as static sciences, nevertheless that do- of biology with which we have to do has certain fundamental iples which have received the commendation of all authori- workers in this field, and a few of these we must study and late if we would understand them.

When the animal body is invaded by bacteria there is at once o sided combat inaugurated between the bacteria and the al body. The bacteria attack essentially by means of two s:

1. Exotoxin. This toxin is produced exterior to the bacteria e media or tissues in which the bacteria grow. In the invaded al these exotoxins produce a rise of temperature with the con- tant clinical symptoms.

2. Endotoxin. This toxin is contained within the bacterial nd is firmly united with its protoplasm and is only freed there- when the bacterial cell is disintegrated and broken down. In

*An address delivered at the Homoeopathic Medical Society of the ty of Kings, June 23, 1914.

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the invaded animal this endotoxin produces fall of temperature and symptoms of collapse, directly opposite to the symptoms produced by the exotoxin.

In answer to this invasion the animal body produces a large number of anti-bodies. Those which interest us are:

1. Bacteriolytic bodies and opsonins. The bacteriolytic bodies are directed against the life of the cell; they disintegrate the bacterial cell and break it down, freeing the endotoxin.

The opsonins act upon the bacterial cell, making it more susceptible to attack and disintegration by the leucocytes.

2. Anti-toxin. Anti-toxin acts directly on the exotoxin, nullifying its toxic action. No anti-toxins against the endotoxins have ever been produced.

To sum up then we have the invaded animal body producing bacteriolytic bodies and opsonins which act only against the bacterial cell, and antitoxins which act only against the exotoxins.

It is I think a self-evident proposition that any bacteriological method of treatment of infective conditions, to be successful, must follow the process which nature endeavors to carry out in combating the infection. That is, such biological treatment must assist the invaded animal in what it is trying to do,, and not be such treatment as will work at cross purposes. If such a conception be sound and of its soundness there can be no doubt, the next thing for us to consider is the manner in which the invaded animal body brings its defensive factors into play against the bacterial invasion.

When the animal body is invaded the first thing we have is the mere presence of the bacteria, and nothing else, in the tissues of the invaded animal. The animal body at once answers this by producing or increasing bacteriolytic bodies and opsonius to dispose of the bacteria. If the animal body is successful in this all of the bacteria are killed and absorbed and no infection takes place. If however, the animal body is not successful and some of the bacteria remain alive and grow, then and not until then does infection take place. The bacteria multiply and produce their exotoxin which causes rise of temperature with concomitant clinical symptoms. The infected animal now brings another defensive factor into play, which factor is anti-toxin, which is directed against the exotoxin to prevent the injurious action of the latter upon the body tissues.

When, therefore, we are in the presence of a full fledged infection we have on the one hand a large number of bacteria growing and multiplying in the body tissues and producing their exotoxin and on the other hand we have the animal body operating two de

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ive factors: trying to dispose of the bacterial cells by means acteriolytic bodies and opsonins and trying to nullify the effect ie exotoxin by means of anti-toxin

If the infected animal is to be successful in combating the infec what takes place and what always takes place? Simply : The infected animal produces enough anti-toxin to nullify ffect of the exotoxin, and as soon as this occurs the temperature and clinical recovery begins and continues so long as the toxin immunity is maintained. This is entirely independent ie number of bacteria that remain and continue to multiply he body tissues. While this antitoxic immunity is tained the bacteria become harmless so far as the infected al is concerned. The animal body takes its time, so to speak, dding itself of the bacteria by means of its bacteriolytic bodies opsonins. We have only to look at such diseases as typhoid r, diphtheria and tuberculosis to see the truth of these state- s. After recovery from all these diseases the bacteria remain and grow in the body tissues after clinical recovery for con- rable periods of time, and in certain cases throughout the re- ing life of the individual.

Antisera for the biological treatment of diseases due to bacteria be divided into two kinds: immune sera and antitoxic sera. une sera are produced by the inoculation of the bacterial cell. contain bacteriolytic bodies and opsonins. They are opera- only against the bacterial cell and not against the toxin. Anti- sera are produced by the inoculation of toxin. They contain anti-toxin. They are operative only against the toxin and not nst the bacterial cell. The strength of an antisera, whether an une sera or an anti-toxic sera is in direct proportion to the num- of bacterial cells or the amount of toxin which has been inocu- into an animal. Since the number of bacterial cells that can oculated into an animal is more or less limited, because of the toxemia which may be produced, it follows that the strengths nmune sera are relatively low. On the other hand, animals withstand large doses of toxin, provided that such doses are in increasing strength, beginning with a minimum dose. toxic sera therefore can be made of very high power.

Bacterial vaccines are merely masses of bacterial protoplasm. ddition to the bacterial protoplasm they may contain notable tities of endotoxin, provided the bacterum from which they nade is of the endotoxic variety.

Immunity to bacterial infection is of two kinds, active im- ity and passive immunity. In active immunity the anti-bodies produced directly by the host. In passive immunity the anti-

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bodies are inoculated from without. Immune sera tend to prod passive immunity to the bacterial cell and to the bacterial cell al Anti-toxic sera produce passive immunity to the toxin alone not to the bacterial cell. Vaccines tend to produce active munity to the bacterial cell alone. Since from the foregoin is evident that in the invaded patient we have at first merely presence of the bacterial cell, it is a foregone conclusion tha combating this stage of the invasion we may place reliance u immune sera and bacterial vaccine. After bacterial invasion taken place and the clinical symptoms are present we have in now infected subject not merely the presence of the bacterial but also the toxins which have been produced.

As we have seen in the foregoing it is evident now that natu way is first to combat the toxin, and the destruction of the teria in the body of the host becomes a secondary matter. The logical conclusion therefore that we can draw is that when an fection has once taken place we can only hope to get uniform sults by the use of an anti-toxic sera, and that here the use of immune sera and the bacterial vaccines are illogical. This has been realized for years by advanced workers.

The difficulty has been that it has not beeen possible to prod sera against the infection caused by the majority of micro-or isms. In fact only two have been produced up to the pre time. the anti-diphtheritic, and the anti-titanic sera.

In the absence therefore of antitoxic sera for the other bacte infections much has been made of various immune sera and terial vaccines, and success from the use of these has not been form, nor has it been such as to offer any hope that successful logical treatment in the presence of bacterial vaccines will brought about by such means. If therefore we are to look successful biological methods in the treatment of bacterial in tions it seems sure that we must place reliance in future only such biological products as are anti-toxic.

Discussion.

Dr. Lloyd asked Dr. Higley if he would make a clearer tinction between the anti- toxic and the immune sera.

Dr. Higley: The distinction is important. An imm serum is one which has no antitoxic property, which contains stances that are operative only against the bacterial cells. antitoxic serum is produced by the inoculation of toxins. It tains simply antitoxin. It has no power or force against the terial cell. The immune serum is used to dispose of the cell, antitoxin is used to dispose of the toxin.

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Dr. Love: Serum therapy is practically isopathy. I feel per-
lly that I would rather use the homœopathic remedy than the
m. I had a case of psoriasis in a man who was getting along
but his employer asked him to go over to New York to consult
ctor in that borough. He was injected three times with vac-
from which he developed a bacteraemia and died. He had
in good health before that.

Dr. Lloyd: I had a case called to my attention recently which
apparently grippe. It was finally injected for typhoid with
hoid vaccine. The effect upon the patient was so severe that
as three or four months before she recovered. With regard to
cines it seems that they are being used with a lack of knowledge
what they will really do or what they really are. The cases of
hoid which occurred in Brooklyn recently where a family was
cted with such severe results have been defended by the Board
Health, the officials of that department claiming that the in-
ions had nothing to do with the deaths.

Dr. Higley: I do not want to knock anybody, and you will
rve that in discussing this subject I have been very careful not
recommend anything. Antisera and vaccines have gotten into
commercial world but it is not so with autogenous vaccines.
cines are being made by all sorts of people of all sorts of
erial in all sorts of conditions. There can be nothing more un-
ntific or more harmful than the indiscriminate inoculation of
se substances. It is one of the worst processes that can be car-
out; one of the vilest processes. It ought to be stopped. It
nscientific; it is charlatanism. It is absolutely impossible to
ct a person by the inoculation of a typhoid vaccine, whether the
teria be alive or dead. If it could be done it would be a good
ng because then an antitoxic serum could be produced, but it
not be made. The typhoid vaccine contains a large amount of
otoxin which reduces temperature and prevents nature's method
m acting. It might be safe to inject vaccine to bring about an
nunity at the proper time and in the proper dose, but if you
culate a person with a large dose or if you inoculate a person
the incubative stage of typhoid you immediately free the en-
oxins and make the patient more susceptible to typhoid fever,
well as bringing about a fall in temperature and preventing the
y from killing off the bacteria. If you inoculate a person in
incubative stage you do damage. The production of vaccines
antisera has gotten to a stage where for the protection of the
blic and intelligent physicians some one has got to be in control
their formation. In the cases mentioned as occurring recently

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it is possible that one of two things happened. If any damage was done at all it was because the patients had contracted typhoid fever, and if they were then inoculated it brought about an endotoxemia. Or if they were not infected before the injection they were inoculated primarily by the vaccine which was a dangerous thing to do knowing that the father of the children had typhoid fever and there was danger of an infection at that time. I am not connected with the Department of Health and so have no direct interest in the defense.

Dr. Lloyd suggested that in the cases mentioned the Board of Health put up the strenuous proposition that it was all due to the doctor in charge of the cases, and to the proteid content of the preparation.

Dr. Higley: I think with a vaccine such as the typhoid vaccine the question of proteid differentiation would not be great. We all know that if a patient is sensitised to a serum and its proteid and later given that proteid the patient is depressed. By the use of the globulins you get rid of a lot of extraneous substances. I did not come here to boom sera and vaccines. My idea was simply to try to bring out the basic principles and to show that under certain conditions and with proper handling in the laboratory we can theoretically work it out all right, but so far as their use is concerned that is for the authorities to settlee. I do think that the whole field has got to be taken up authoritatively for the protection of the public and physicians.

Dr. Allen: I should like to ask Dr. Higley what is the relative value of a stock vaccine compared with an autogenous vaccine. The proteid substance that would be present in a stock vaccine, would it be the same as in an autogenous vaccine

Dr. Higley: I cannot answer the question properly because nobody knows how the stock vaccines are made. If you were able to get enough of the autogenous substance to make a vaccine, with the bacteria injected in a sterile way it would be the best. Wright claimed everything for the autogenous vaccine but believed that everything had to be fresh. Both of the vaccines have the same drawbacks, for when you undertake to make a vaccine as a rule there are various other organisms present, the streptococcus, the staphylococcus, and other bacilli. In some specimens it is not possible to pick out the organism that is responsible for the condition. The only way is to make a mixed vaccine and you may or may not get the right one, and that is why some do not work. With the stock vaccine the proposition is that from a culture you may get out a single organism and can get the culture properly made and if it is the bacillus that is causing the trouble the stock

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cine will act just as well as the autogenous. When your auto-ous culture shows a number of organisms then the autogenous ght give a nearer culture than the stock.

EFFECTIVE TEACHING IN OUR COLLEGES*

BY ROYAL S. COPELAND, A.M., M.D.

n of the New York Homoeopathic Medical College and Flower Hospital

A FEW months ago one of our leading journals printed an article on the Teaching of Homœopathy. The following racts are taken from that production:

"Under existing legal and educational conditions a college ching general medicine should not try to teach homœopathy."

"Homœopathy has no standing under the law. Introduced o the curriculum of a college compelled to teach general medi-e, it immediately becomes an element of discord, an interloper. rmony and progress under such conditions are impossible. In contest which follows, homœopathy invariably goes to the l, fighting for existence, and unable to do more than barely e her life. Fortunate, indeed, is it that she has, thus far, n able to do even that."

"Homœopathy must stand alone. A homœopathic college st become in fact what it is in theory and name, a College of mœopathy—and nothing else."

"The student of medicine must get his education in general dicine in colleges organized for teaching general medicine nothing else. He must give his undivided attention to that at task until it is completed. He must comply with existing s regulating medical education in order to get his license to ctice. The requirements of those laws are so exacting and extensive that his strength and ability will be taxed to their ost to fulfill them in the required period."

"The student of homœopathy, like the student of general dicine, must also be able to give his undivided attention to subject in hand, undisturbed by controversy, by hampering ditions, by lack of interest and sympathy in himself or his chers, or by lack of harmony among the members of his ulty. He must bring to his work a genuine interest in and ire for the truth as it is in homœopathy. He must, and will ne to the postgraduate school of homœopathy and its methods.

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*Read before the American Institute of Homœopathy, Atlantic , 1914.

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To such a school he will come intelligently, and when homœopathy is presented to him adequately, theoretically and practically, by teachers who are competent for their work and thoroughly imbued with the true spirit of homœopathy, he will be able to appreciate what is taught him. Students coming under such conditions will be teachable. They will almost educate themselves. They will require only intelligent and sympathetic guidance."

"In no other practical way can the necessary conditions be fulfilled save in the establishment of postgraduate schools of homœopathy. And these are necessary if homœopathy is to survive in its integrity; for homœopathy as an institution is doomed to extinction unless it takes measures to check the general degeneration and demoralization in its ranks. Legally, it is practically extinct now, as a result, not only of its own internal decay and disorder, but of a deliberate and far-sighted policy of extinction pursued systematically by the American Medical Association and other allopathic forces for many years past."

"Little by little, political and educational restrictions and exactions have been increased until already we find ourselves almost helpless, and the end is not yet. Some of our colleges have already succumbed. Others will soon follow. It is freely predicted by those in a position to judge, that in a few years, probably less than five, only three homœopathic colleges will remain."

"What then are our students to do? Where may an education in homœopathy be obtained? How are our ranks to be recruited? Is homœopathy to become extinct?

"The future looks dark, but to the eye of faith it was never brighter. A new day is beginning to dawn. Homœopathic education, in all its essential features, will revert to the methods of the early days, under Hahnemann, Hering and Lippe, typified in Hahnemann's school in Leipsic and later in the Philadelphia Postgraduate School of Homœopathy, organized by Dr. Kent.

"Personal instruction by preceptors will again come into its own. Students will be indoctrinated in homœopathy before they enter college. Postgraduate schools of homœopathy will be established and open their doors to willing, intelligent and qualified seekers after a true education.

"Young men, graduates of recognized colleges of general medicine, and some older physicians who have fulfilled all legal requirements, and are free to choose what methods of therapeutics they will follow, will come and fill their modest halls.

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y will be taught the pure principles and practical methods accepted and authentic homœopathy by men who are compe- t teachers and worthy followers of him whose name we all ght to honor and 'the last days will be better than the first.''

To my mind this is arrant nonsense. I love the man who l all this, but it would seem to me just as sensible to attempt make Baptists by sending the prospective theologian to a tarian church for four years and expecting a system of special ning for one year to counteract the alleged false teachings s indoctrinated. He has not eyes to see nor ears to hear fails to appreciate the relationship between our colleges and influence of homœopathy in any state or country.

In Great Britain, with forty millions of people, there are two hundred and twenty-seven homœopathic physicians. In many, where homœopathy was born a century and a quarter , there are but three hundred and thirty-one practitioners. re are no homœopathic colleges in Great Britain and Ger- ıy. In marked contrast to our weakness in Europe is the con- on in India and America. In these countries there are many eges of our kind of medicine, and, what seems to be the ıral result, there are multitudes of homœopathic practitioners millions of homœopathic patrons. Methodism has never ned to be weak and struggling, yet there are as many homœo- ic doctors in the United States as there are Methodist preach- —about fifteen thousand. In New York and vicinity alone e are nearly a thousand. In Boston, Philadelphia, Chicago, erever our colleges are found, homœopathy is influential and ular. Every person who is interested in the perpetuity of the œopathic practice should be interested in the continued exist- and the prosperity of the homœopathic colleges.

It is doubtless true that the curriculum of the average medi- college is crowded with what to the undergraduate student othing but worthless stuff. In my opinion, medical education suffered because of the rapid growth in the number and posed importance of the specialties. What a rapidly develop- science is medicine! In the evolution, we have added count- hours to the schedule. When we made, in New York, a review ur curriculum two or three years ago, we found that the senior dent had 60 hours in ophthalmology, 60 hours in dermatology, ıours in otology, 60 hours in rhinology, etc., etc. We were ng to make a composite specialist, instead of the old-fashioned, round, general practitioner.

This is all wrong; let us trim and prune the schedule and

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then there will be time for the right sort of instruction in homœopathic materia medica and homœopathic therapeutics. The criticism of the writer I quoted in beginning is just in that we do not drill the student sufficiently in the important part of our teaching, his homœopathy. In contriteness of heart I confess we have longed for the flesh pots and have been too prone to wander after the alluring and tempting wonder-workers of modern medicine, forgetful of our main business, the healing of the sick by Hahnemann's method of therapeutic procedure, as Dr. Krauss so often tells us, by "cure through symptomsimilarity."

Personally I am sick and tired of hearing, "Homœopathy has done nothing for general medicine," "Homœopathy has made no discoveries in surgery, no advances in bacteriology, no contributions to sanitation," etc., etc. Why should homœopathy do any of these things? Homœopathy is not a system of medicine: there is no such thing as homœopathic surgery; except in the most casual way, homœopathy, as such, has nothing to do with the laboratories or with sanitation.

It is understood, of course, that the physician, of whatever school, knows medicine, surgery, the laboratory teachings, sanitary science, etc., etc., and while these things are all taught, it is not the function of the homœopathic college to emphasize these common possessions of all students and practitioners. It is the duty and the one duty of the homœopathic college to teach and apply homœopathy. If the institution is rich enough and fortunate enough to be able to do original work, it should not, in my opinion, spend its money blindly following the methods of research laboratories, dog-surgery, or investigation of rare and interesting diseases. I fear we have had no program; we have drifted along, following the lines of least resistance. I have been just as guilty as anybody, but, in common with many that I have conversed with in Atlantic City during the past twenty-four hours, I have reformed. Hereafter, every dollar I can control, outside of the necessary expenditure for the most modern and adequate scientific training, every dollar will be spent for the advancement of our knowledge of the homœopathic method of cure.

Because we are homœopaths we are here, and because of our belief in the homœopathic method we have our colleges. Our business is homœopathy and our function is to train men in homœopathy. Let us do it.

When we adopt this program we shall have the students, and Heaven knows we need them. Last year we graduated 195 men.

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ng the same year 165 homœopathic physicians died. We must
ort our colleges and turn out trained physicians to fill up
anks and to push out the boundaries of our possessions. We
discuss—and with propriety discuss—the standards of our
ges. We may advocate higher standards, changed stand-
, or the same standards, but the compelling and domineering
is that no matter what their standards, the hope of the fu-
lies in the perpetuity of the homœopathic colleges. The
eration of any one of these fountain heads means that the
m of homœopathic progress must become that much smaller.
destruction of all the colleges would leave a result much
uncertain than attaches to Roosevelt's "River of Doubt."
e can be no doubt at all that without colleges homœopathy
distinct and commanding institution would cease to exist.
uth cannot be lost and a fact in nature cannot be set aside.
there can be no gainsaying the statement that the dissemi-
n of a truth depends upon the number of its witnesses. To
such advocates we must have places for their education
to educate them the colleges must be maintained.

The surest guarantee of our future lies in the support of our
ational institutions. In my opinion, the man who would advo-
closing the colleges is tremendously short-sighted or else a
or to the cause. If the former, we should pray with him,
with him, and stay with him, till he is converted; if the
r, we should banish him forever from our councils and strike
from our friendships.

We may not be pleased with the administration of this or
college. We may feel that its teachings are weak or defect-
We may deplore its failure to present homœopathy as we un-
and it. We may criticise it for its lack of scientific in-
tion. If we are displeased and our displeasure is well
ded, it is certainly our duty to make every effort to correct
ent defects. But, my friends, should we not see that every
of these colleges of ours must live and thrive! No college
ld be permitted to die until every sacrifice has been made to
it alive. This much we owe to homœopathy. Let it not be
that such a death came from the blow of a friend. On the
ary, let us bend every energy towards the upbuilding and
rment of our colleges. Thus will homœopathy live and
e!

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A CONSIDERATION OF THE ARGEMONE MEXICANA

BY JOHN A. BORNEMANN, Ph.G., AND DONALD MAC FARLAN, M.D.
Philadelphia, Pa.

QUITE recently I became cognizant of the fact that there was one species of the poppy family, and that the argemone mexicana, which had never been sufficiently proved to fully warrant its therapeutic use in disease. In order to obtain proper data on its natural characters, usual habitat, mode of growth, etc., I consulted my friend, Professor J. A. Borneman, of the Hahnemann College of Philadelphia, who very kindly supplied me with all necessary information. Following is the account furnished me and it is seemingly most embracing.

ARGEMONE MEXICANA

(Prickly Poppy)

Natural Order. Papaveraceae.

Description.—This annual weedy herb grows to a height of from one to three feet, the root being long and sub-cylindrical. Its stem is erect, branching and prickly bristled—hence its popular name—the prickly poppy. This stem, together with the rest of the plant furnishes a gamboge-yellow milky juice. Leaves, sessile, broadly lanceolate in general outline, sinuate-lobed, spiny-toothed, and blotched or striped with white along the principal veins. Inflorescence-solitary in the axils of the upper leaves, and terminal. Buds are erect and pedunculate. Flowers are large yellow, or rarely white. Sepals, two or three, roundish, acuminate, often prickly, very fugacious. Petals, four to six, i.e., twice as many as the sepals, roundish, more or less crumpled in the bud. Stamens indefinitely numerous; filliments filiform, greatly attenuated at the apex. Anthers, large, innate. Ovary, strictly one-celled. Style, almost none. Stigmas, three to six, stellate, radiate, purple, velvety on the receptive surface. Lobes reflected. The fruit is an oblong-ovate prickly pod, opening by three to six valves at the apex, leaving a skeleton of from three to six filiform placenta in the shape of the original pod-seeds, which are globular crested and pitted.

HISTORY AND HABITAT

The prickly poppy is indigenous to tropical and to subtropical America, from whence it has become scattered even as far north as Virginia, and has escaped from cultivation in many places still farther north. It grows with us in waste places and blossoms from April to July. The use of the oil of the seeds, the leaves and the petals of this species has been quite prominent

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ng the natives of all tropical countries in which the plant vs. Among the ancient Greeks the juice was supposed to be tive in cataract and in corneal opacities. In India the juice nployed in chronic ophthalmia and in primary syphilis. In same country it is curious to observe that the infusion is in strangury from blisters (of cantharis). The seeds are otic and are smoked with tobacco. In Mexico the plant is official in the pharmacopoeia; the juice being recommended, ed with water, for skin diseases and also for incipient opaci- The flower of the plant is used as a pectoral and narcotic. ava the juice is said to be employed as a caustic in chancres. he West Indies the plant is administered as a substitute for acuanha. The juice when inspissated resembles, in its phys- properties, gamboge. As a whole, the plant has generally conceded to be anodyne, detersive, resolutive, hypnotic, etic, diaphoretic, ophthalmic, anti-icteric and a hydrogogue artic. According to Rafinesque it appears to unite the perties of opium, gamboge and celandine.

CHEMICAL CONSTITUENTS

Morphia.—C17 H19 N03. There is considerable doubt that alkaloid exists in this species although Charbonnier reports presence from his analysis of the carpels and leaves.

Oil of Argemone.—This fat oil, obtained by pressure from seeds, is reported by Wittstein, but upon whose authority we unable to ascertain. He describes it as light yellow, still id at 5 degrees centigrade (41 Fahrenheit), of a slightly seous odor and raw taste. It is a drying oil and dissolves in or six times its volume of alcohol, and is easily saponified.

THE RESULTS OBTAINED FROM PROVING

The preparation used was obtained from the whole fresh nt, gathered while in blossom. The same was chopped up pounded to a pulp and weighed. Then two parts by weight lcohol was taken, the pulp thoroughly mixed with one-sixth of it and the rest of the alcohol added. After stirring the le well, it was poured into a well-stoppered bottle, and wed to stand eight days in a dark, cool place. The tincture rated from the above mass by pressure and filtration, has rownish-yellow color by transmitted light, no distinguishing r or taste and an acid reaction. In the proving, which was fully and violently succussed by hand the 6th decimal scale used after the method of Hering. In no case did the prover w he was making a proving.

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MIND AND SENSORIUM

Prover No. 1.—Late in the proving had a fainting spell which lasted five minutes. The prover was a young colored female (married). She lost consciousness in this spell and fell from the breakfast table. She complained of headache that morning. Remedy, in same prover, seemed to diminish her normal sexual desires. When so affected by the proving feels awfully weak and has a good appetite.

HEAD

Prover No. 2.—Improved a headache which was violent and throbbing. Cured a sharp through-and-through-the-temple pain. Later in the proving produced a dull morning headache. The headache was located in the eyes and through the temples. This prover took the medicine every half-hour. Still later the drug produced a "fierce headache and she complained of the head being very hot." On the 4th day the head of prover No. 1 become light and dazed. On turning she almost topples over. She complained of a great deal of headache through the temples and of a dull morning headache which wore away. She experienced a dull feeling on the left side.

BACK AND BODY

Prover No. 1 became sore all over the body—hurt her to lie down—she could not even turn over in bed because of such great soreness and stiffness. About the 4th day of the proving became weaker.

EXTREMITIES

Prover No. 1. Swelling in feet entirely gone (puffy before the proving). Prover No. 4: Rheumatic stiffness in neck better after 24 hours. On the second day, every half-hour the knees are better. Not so much swelling and tightness of the skin has gone down. On the third day, every half-hour rheumatic pains are gone. Pushing the remedy, however, the left knee very stiff in bed that night. Could move it with difficulty. The pain in this knee was of a drawing character. At this time drawing pains far down in the abdomen developed as if she wanted to have a bowel movement but could not have one.

SLEEP

Prover No. 1: Sleeping much better on the whole. It seemed to primarily produce in the prover sounder sleep.

Prover No. 3: Sleep much better than usual.

Prover No. 5: In this case, on proving, person slept for the first time since a gouty toe condition developed. It effectively stopped the pain which had prevented sleep.

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FEVER

Prover No. 1: Generally burning up with fever. This de-
ped later in the proving of the colored women. Condition
ciated with a fierce headache and a very hot head.

SKIN

In swelling and tightness of skin in a prover caused the
e to diminish. I believe this due to a renal mischief in the
er.

URINE

Prover No. 1: Passing less urine (primary). Before the
ing, experienced pains in passing. These removed in the
ing. Later still, still less in amount but the urine unchanged
lor.

Prover No. 2: In two days time, every two hours changed
color of the urine. Not so dark but passing the same amount.

Prover No. 4: After three days proving in a middle-aged
red woman (every half-hour) did not pass her urine from
t of May 14th at 5 o'clock 'till the next morning early.
was unusual with her as she suffered from nocturia and
narily had to void twice or three times during the night.
r on, in this woman on pushing the proving urine is being
ed more often and with an attendant marked costiveness.
was after the fourth day.

In a prover produced a darkish amber coloration of the
e. In another prover produced dark urine and a lessening
mount.

FEMALE

Prover No. 1: Induced catamenia, long overdue.

RESPIRATORY

Prover No. 2: On the third day, after taking every two
rs, seemed to loosen a cough which the prover had, lessened
cough. The drug seemed to effect a change in the character
he mucus. It became heavier. The proving enabled her to
g it up more easily. Before exhibition of remedy cough was
ng. Remedy stopped this.

THROAT

Prover No. 1: Sore throat. Throat very dry. Swollen un-
the jaw on left side. The sore throat hurt her to swallow.
nother prover seemed to have no good primary action in re-
ng a very sore throat.

STOMACH

Prover No. 1: Feels sick at the stomach—wants to vomit.
griping pains in the stomach (at the pit of the same). At

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the pit of the stomach the pains come and go and gripe her. Appetite better at first, now losing it on pushing the remedy.

Prover No. 4: Appetite is gone—much worse for she always eats heartily when she is ill. Since the medicine, does not want to eat or drink anything. These are all primary symptoms.

ABDOMEN

Prover No. 3: Raised up a lot of gas. This is unusual. Prover No. 4: On completion of about 72 hours after taking every half-hour belching up wind and passing flatus. This is unusual in so far as passing the flatus per rectum.

STOOL

Prover No. 1: Bowels bound. This is usual, however. Later in proving, bowels all right. Still later a little freer. Still later, more costive. Another Prover: Bowels are bound. Medicine given every half-hour and the primary effect of binding resulted after 72 hours. After four days, (Prover No. 4), every half-hour bowels are very bound. At this time the urine was passed more frequently.

MODALITIES. .

At noon she gets weaker. This occurs each day. Noticed this since proving. All this in Prover No. 1. As same was not seen in others this modality should be only tentatively held.

INDICATIONS FOR USE

Experience is the process of becoming expert through experiment. Few will deny this truism. And, in fact, reason divines as much. Nowhere will the validity be more telling or apparent than in a consideration of the curative sphere of any drug as evidenced by its disease-producing effects on the healthy human. The graphic recital of the inconveniences and anguish of an unsuspecting prover gives us a clue to the indication, in pathologic states, which is incomparably superior to any other method. It brings into a lively existence what may not inappropriately be called the definite sphere of its pathogenicity. It is really the subliming of knowledge through the school of experience. From these few detailed remarks it will at once be seen wherein lies the field for the use of the prickly poppy. It will be of good service in colicky cramp and spasm of the large and small bowel, be the same due to dietetic error, lead poisoning, or any other condition connoting a painful and active spasm of the canal. Like plumbum and opium, there should be an attendant costiveness, and if there is severe headache of a violent and throbbing or a dull character will be especially called for. In painful neuromuscular conditions, preventing sleep, it will be singularly homœ-

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hic. Its effect on common cold and respiratory diseases s minimal indeed and is not indicated here in my opinion. neumatic disease, associated with Bright's Disease it should uently be a remedy demanding serious consideration. Disease enting abdominal distention and the frequent passage of s also call for its employment, as will the other stomach ptoms brought out in the proving. I will conclude by saying I consider the drug as having splendid curative possibilities that it should in no wise be airily neglected.

A THOROUGH PROVING OF EUONYMUS ATROPURPUREUS*

BY A. L. BLACKWOOD, M.D.

Chicago, Ill.

Synonyms. Burning bush, Wahoo.

URING the past year observations were made of the action of this agent on twelve persons, most of whom were students of Hahnemann Medical College of Chicago. In the proving as at first used from the tincture to 30x potency, as we were ble to elicit any definite symptoms except in one case with ncies above the 3x, the higher potencies were abandoned those from the tincture to the 3x were employed. One of provers who took the 30x recorded several symptoms that e in accord with those observed in persons with the lower ncies. It is interesting to note that the brunettes were more eptible to its action than were the blondes. Of the eight dark plexioned provers each took but a few doses before they plained of headache, mental disturbances and much distress ne hepatic and renal region. The bowels were constipated. blondes in five drop doses of the tincture every three rs recognized it as a tonic. They felt fine, the appetite was eased; when pushed to 30 and 40 drops every three hours roduced a relaxed condition of the bowels; the stools were bright yellow and contained an excess of bile, and they experienced many of the symptoms of which the brunettes plained. None of the provers had any ill effects when the ving was over.

I am indebted to Clifford Mitchell, M.D., and E. J. George, ., for observations in their departments, also to T. Klueter

*Read before the A. I. H., Atlantic City, 1914.

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Paul, Assistant Pathologist of Hahnemann College, for the following report, as well as Boericke & Tafel for the supply of medicine.

Commencing April 16th five guinea pigs were given drug, three getting a proportional human dose, 1-60 of a drop, and two getting five drops each. At intervals of one, two, or three days, with exception of resting periods of a week, at two different times the guinea pigs were injected. The three getting 1-60 drop to commence were increased gradually to eight and twelve drops. Twelve doses in all were given with the following result:

1. A very marked increase of thirst.

2. A nice, fat, sleek appearance contrasted with pigs having the same care which are only common looking.

3. Scabby, irritated places at point of inoculation.

4. No increase in temperature.

At no time were pigs noticeably uncomfortable and none showed any sick effects whatsoever. Injected subcutaneously.

Mind: Confused, cannot think consecutively and has to make an effort to concentrate the mind on the work, despondent and low spirited, more pronounced the longer the medicine is taken. Irritable and cranky, swearing, mind foggy, lassitude, stupor, loss of memory, slowness to find the proper word in talking, unable to recall familiar names.

Head: Heavy frontal headache passing to the occiput, intense, heavy and tiresome, worse towards evening and makes one nervous and irritable, cannot endure it. Dull headache from any use of the mind. Sore, tired feeling with mental confusion, bruised feeling of the scalp, relieved by gentle pressure and massage.

Pain over right eye, it extends back through the head to a point opposite the ear, and seemed to go through the brain and not around the skull. Sensation as of an object lying in the brain tissue; this pain was dull and constant, increasing after each dose of medicine and diminishing until the next dose of medicine. Modalities relieved when in a cool draft, on covering the eyes or on using a slight amount of pressure. A pain was noted below the left ear, it seemed to be very near the surface. Sensation was that of someone pressing hard on the spot. The pain was constant and disappeared on lying down.

Eyes: Pain as if from over-strain of the eyes, pupils dilated, eyes ache.

Ears: Sensation of ringing.

Nose: Watery coryza, with yellowish tinge, nares stopped

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le taking medicine. Burning sensation as though cold was eloping.

Face: A few pimples appeared, but soon left after repeating drug and the complexion became clear.

Teeth: Dull aching in the lower maxillary.

Mouth: Dry with unpleasant pasty taste, dry burning and rting.

Throat: Parched and dry.

Appetite: No desire for food, but ate when it was placed re him; appetite better than usual (blondes), longs for salty gs, salt pork, bacon, salt fish, craving for acid fruits. Rel- s foods that had hitherto been distasteful.

Stomach: Nausea and vomiting. A pain was noted which ld come on and disappear after each dose of medicine. Belch- of gas occasionally. Thirsty but not caused by a dryness of mouth or throat, seemed to be more of a mental symptom, ld find myself going for a drink without being actually sty. No matter how large or small a meal the stomach seemed and uncomfortable following it.

Abdomen: Two hours after eating felt weakness and dis- s, chiefly in the umbilical region, stool constipated, light red, hard and knotty pieces, diarrhoea, yellow in color, rhoea alternating with constipation, profuse and attended nausea and a severe distress in the abdomen, sensitiveness he hepatic region, liver is increased in size.

Great amount of flatus. There was a pain noted in the minal region, this was a dull ache and constant with no f regardless of pressure or hot or cold applications. Slight bling could be heard at times, but not so very often. Be- the passage of flatus there would be slight cramping pains, e would increase in intensity if the pressure due to the flatus not relieved by the passing of flatus. The cramps were t and would come and go. The pressure would relieve them. y were intense through the mesogastric region. They were the kind that made one double up, but there seemed to be e relief from walking about. A feeling of fulness and some- t painful sensation through from bladder to back, pressure bdomen low down beginning third day and continuing as as the remedy was taken.

Stool and anus: Constipated and hard, light colored (in nettes); looseness of bowels, stools thin and yellow (in ades), they are profouse and contain an excess of bile and

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much distress in the abdomen, flatus and death-like nausea and vomiting.

Stools dark brown and for the first three days of taking the drug they were watery. When they became normal were still very dark brown and passed very rapidly. There were no lumps in the stools at any time and they were smooth and passed easy.

The anus was very sore during the first three days as long as the watery stools continued because they seemed to burn the anus. I was forced to use a damp cloth cleaning the anus because paper seemed to be too harsh and the burning was relieved for a time by the cold water. Sometimes I would have the feeling that I had to pass some fæces, but no matter how hard I would try nothing came, not even gas, and then at other times gas would come. The fæces were not bad smelling, in fact, could hardly detect any odor on close examination. Desire to defecate but no relief from bowel movement. Stool soft and mushy, but could not evacuate, lasted some days after I stopped the medicine.

Urine: Scanty and highly colored, red-yellow, acidity increased.

At times urine was passed very often and then again would not pass it for hours at a time, that is to say, that there was no regularity about the passage of urine, after each passage there was a pain just back of the acute spine of the pubis; the pain was not intense, but seemed as though two raw surfaces were being imbedded together. The urine is forced out rapidly and when the most has been passsed the remainder comes out slowly.

Male sex organs: Increased sexual desire, nocturnal erections.

Female sex organ: Menses too early and too profuse. Respirations labored, has difficulty in climbing stairs.

Chest: Constricted feeling in the region of the heart. Pain under ensiform cartilage.

Neck and back: Dull pain between the shoulders and about the renal and splenic region. Aching soreness in renal region (under) 12th rib, most on right side.

There was a pain in the lumbar region, which came on the fourth day after taking the drug, and was continued throughout the proving. The pain was a dull ache, did not increase or decrease, but was the same at all times. It was such that when I stooped to pick anything up I had to lean on something solid for support. This pain was a little better on lying down, but never did it entirely disappear.

Upper limbs: Sensation of beating of the pulse in palms of

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ıds, with feeling of fulness, this persisted as long as the rem- was taken and some days afterwards.

Lower limbs: Aching in all the joints, the pains were dull uncomfortable. The ankles were the most painful, my feet swollen and tired as though I was breaking in a new pair shoes.

Skin: Intense itching and burning, aggravated by hot bath.

Sleep: Drowsy feeling together with a general feeling of itude, was very sleepy, sleepy more than usual. An untroub- sleep, went to sleep readily and slept soundly all night.

Generalities: Felt perfectly well except in the places men- ıed, was not sick or what one might call uncomfortable at any e, as the pains were not intense, but dull and not so severe.

Modalities: Pain in back is relieved by bending backward, ominal distress is relieved by defecation. Better in open air after sleep, for a short time after eating. All pain seemed ɔe better on cool days and in bed.

Blood pressure: (This varied, but usually it was increased) ɔne case it was 100 when the proving was started and in two s was diastolic 145, systolic 175.

Clinical.

Case of migraine, Miss G., aged 28, suffers from a periodical headache every five days, lasting from two to three days.

Premonitory symptoms are light colored stools, at regular e, malaise and stupid feeling. Eyelids were swollen and blue. e puffy.

There is stiffness, aching, tenderness and soreness of occiput cervical region, often extending lower. Becomes intolerable makes me feel that if I could cut it open it would relieve the ssure. Worse in the right side. Meantime has spread to eyes, ehead and temples. Entire head is sensitive to touch. Tre- ıdous throbbing in head, especially the right temple. Head s very hot. Face anxious and pale or dusky and besotted. tongue is always coated yellow at base; dirty yellow-white ting anteriorly at times of headache, with bad pasty taste in ıth.

Appetite light ordinarily. Anorexia with headaches becom- nausea. After twelve hours or so bile passes into stomach en headache becomes intolerable. Vomits quantities of bile ch relieves headache, and is usually crisis of attack.

The bowels are regular daily, but movements were insuffi- ıt. At times of headaches the stools became light colored or ht have no movement one day. Always passed with some

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difficulty. Enemas are returned with much offensiv thick flakey pieces.

At time of headache urea and specific gravity of t low and the indican and acidity very high.

There is stiffness and tenderness of back, especi vical and sacral region.

There is high blood pressure, 130, becoming hig the headaches, 175. Tachycardia, pulse rate usually 8 100 or 110 with headaches. Tumultuous heart action body. Where the covers touch the feet or where crossed over another or the fingers touch the hand bing is felt. Throbbing felt, especially in head, preve all winter for several hours after retiring. This is better.

It is hard to explore new fields of thought at ti aches. Hard to study. Do things in a mechanical way. Do not want sympathy or any one to know I a makes me provoked. Worn out after a headache and desires to be alone.

Headaches came in spite of most abstemious livi most surely if I eat two square meals in the same pieces of store candy or rich food, or after heavy wo work or public speaking or during the anticipation strain. Better from cold applications, absolute quiet ness, also better from a certain amount of light walking. Worse from noise, light and jars, eating relieves and then aggravates headaches.

Euonymus 2x, four times a day, has corrected thi

Case No. 2.—Albuminuria. Mrs. W., aged 33, c sick headaches, which begin in the frontal region a upon the right side passing to the occiput. It is most exhausting and is attended with mental confusion cannot concentrate her mind upon her work, she is l and despondent, there is more or less anorexia, nau times, vomiting. The bowels are usually constipated a more or less hepatic disturbances and sensitiveness of region. A laboratory examination of the urine sho percentage of albumen, a deficiency of urea, hyalin an excess of bile and indican. Enonymus atrop, 1x, was administered four times a day for two weeks, w symptoms, including the findings of the urine, had proved. In eight weeks the urinary findings w and she had complete relief from all her symptoms.

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NASAL OBSTRUCTION AND ITS SEQUELAE

BY LLOYD H. CLARK, M.D.
Rochester, N. Y.

LL are familiar with the term nasal obstruction and have
L seen it evidenced in its more common variety in the form
mouth breathing. There is too the milder and more insidious
m which we have met and which we all have passed thinking
of no account. However, we now realize that all varieties are
y far reaching in their effects.

By nasal obstruction we mean any condition which prevents
free passage of air through the normal nasal route, and which
vents a free drainage of the natural secretions of the nasal
essory cavities. Among the contributing factors to this con-
ion are deflections of the nasal septum especially the high ones.
this is meant that the partition dividing or separating the
nasal chambers is curved to one side. thus making the space
one chamber smaller and the space in the other chamber larg-
than normal. Therefore, on the side of the septal convexity
re is too little room and on the side of the concavity too much
ich latter nature attempts to remedy by an hypertrophy of the
ddle and at times inferior turbinate. Hypertrophy of the mid-
turbinates with or without the formation of polyps may also
a cause of obstructed breathing.

Inhaled air enters through the upper portion of the nasal
sae and exhaled air has its exit along the lower half. There-
e, if a high deflection exists it is self evident that there must
a certain amount of interference with respiration. As a gen-
l thing the space posterior to the deformity is normal in size
sufficient air is not allowed to enter to fill this and, as Bal-
ger says,† a partial vacuum is created.

Where the air pressure is less within than without a dilation
the arteries and veins and an engorgement of the tissues re-
ts. The vitality of the affected parts is now lowered, a slight
ous discharge forms, and as a result of swelling of the mucous
mbranes which extends to the ostia there is an obstruction to
drainage of the natural secretions of the sinuses.

With a closure of these openings from a swelling of the soft
ues we get an exclusion of air from the cavities and an ab-
ption of the remaining air. Then nature in her effort to pre-
ve the equilibrium of pressure fills the blood vessels causing
erial and venous congestion . As a result of these conditions
sinuses become filled with a sero-mucous accumulation. The

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resultant discharges may be partially cared for thro
tural channels and the residue fall or trickle beckwa
naso-pharynx causing a constant low grade inflamn
very slight provocation and to a constant more or
rhinitis and sinusitis known to the laity as catarrh.

On the side of the concavity there is more space t
which nature attempts to care for by a compensator
phy of the mucous membrane of the inferior and mi
ates. The slight congestion continually present furn
tically the same general condition as portrayed above
posite side.

Anything which prevents normal respiration t
normal channels and anything which prevents the no
age of the cavities will create pathological conditions
The result does not stop here but is generally extend
less markedly to the adjoining structures. It is axio
fore, that normal nasal chambers tend to keep near by
normal.

As a result of the lowering of the vitality of
membranes of the nasal fossae and of that of the sinus
ostia these sinuses are very frequently the seat of chr
hal or suppurative inflammations and not at all infre
location of an acute sinusitis. The frontal sinus, fo
is frequently the seat of an acute purulent infection
gain access the more readily because of the lowered vi
parts. The resultant swelling is the means of closin
or completely the fronto-nasal duct, giving rise to an
tion or to a chronic frontal sinusitis.

However, the inflammation of a single cavity ra
and in acute frontal sinusitis we generally get a lik
at the same time in the anterior ethmoid cells and oft
the antrum as well. What has been said of the fron
said of any of the other sinuses for they are equally
a like condition. The ethmoids-anterior and pos
sphenoids, or antra may be involved separately or m
of a general involvement.

Through sinus disease involvement of the optic n
pressure or infection, choked disks, and various inflan
the orbit at times occur from apparently so remote a
ive a cause as a simple obstruction of the nasal foss

Chronic pharyngitis and laryngitis are more fre
result of some pathological nose condition than one w
thought suppose. The secretions which settle down

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alls of the pharynx have an irritative effect upon the mucous embranes of this structure as well as occasionally upon the ner lining of the larynx. This may give rise to a slight irritaive cough, to a moderate amount of hoarseness upon use of the oice and to a feeling of dryness in the throat. A good illusration of this was shown in Mr. Y., who came to me primarily ecause he had difficulty in transmitting sound properly through he nose. In noting his symptoms and upon examination we arned that he suffered from a chronic throat disturbance evienced by a congestion of the mucous membrane, by a hoarseess and roughness of the throat upon slight use of the voice, nd a constant desire to clear it. Proper treatment of the nose ntirely relieved the condition and the patient, who is a minister, an now speak indefinitely without any inconvenience.

The constant discharge of the nasal secretions howerer scant hrough the posterior nares into the pharynx naturally causes chronic irritation of the mucous membranes over which it ows. In this immediate locality is the orifice of the eustachian ube. The resultant swelling and congestion, however slight, ay involve the tube occluding its lumen, it may extend on into he middle ear causing a chronic catarrhal otitis media, or both onditions may arise. In any case the air is partially or comletely cut off and a congestion of the middle cavity results. A hronic catarrhal otitis media, insidious in its onset, slowly but urely develops with its attendant discomforts of loss of hearing nd the development of the much dreaded noises. Provided this ondition is allowed to pass untreated the changes in the air beome permanent with no possibility of future relief. In cases f simple chronic catarrhal or exudative otitis media the disease ay usually be arrested and at times slightly improved if the ose and throat, when there is reasonable assurance that these tructures are at fault, are carefully and properly treated.

H. O. Reik,‡ of Baltimore, has made a special study of the alue of naso-pharyngeal surgery in the treatment of chronic atarrhal or exudative otitis media. In a paper under the above tle which he published recently he cites 34 cases of this disease aken from his private practice which he has watched for a varyng length of time. He acknowledges the series not large, but evertheless feels warranted in making the following deduction, correction of the naso-pharyngeal abnormalities referred to ypertrophied turbinates, deflected septa, hypertrophied and ubmerged tonsils and adenoids—in uncomplicated cases of hronic exudative otitis media will almost certainly check the ad-

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vance of the aural disease, arrest progress of the deafness, and in some instances result in improvement of hearing."

Again, nasal obstruction with its attending weakened nasal mucous membrane predisposes a patient to an acute inflammation of the middle ear upon the contraction of an acute rhinitis through the lessened resistance of the parts to bacteria. This is serious in itself but if as a result an acute mastoiditis results it becomes still more so, thus menacing the life of the individual.

In diseases, especially the chronic ones, of the sinuses, the ears, and the throat, the patient should be subjected to a thorough nasal examination and any predisposing or possible causes removed. It is far better to be rid of these obstacles in the incipiency than after definite pathological changes have taken place and a return to normal is impossible. In the great majority of cases the patient is unaware of the etiology of the disease and if he per chance falls in to the hands of one who does not realize the importance of the treatment of adjacent structures, the trouble will continue unabated indefinitely. It is well for us to bear continually in mind that old saying that "an ounce of prevention is worth a pound of cure," and remember that it is far better and easier to relieve these conditions in their incipiency, especially those of the ear, than after they have gained a firm foothold.

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† Ballinger: Text Book—Diseases of Nose, Throat and Ear.

‡ Reik, H. O.—The Value of Naso-Pharyngeal Surgery in the Treatment of Chronic Exudative Otitis Media.

217 Alexander Street.

CLINICAL FACTS AND FINDINGS IN THE USE OF AUTOTHERAPY

BY A. CLEMENT SHUTE, M.D.

Pottstown, Pa.

IF SARCOMA is present our Materia Medica reads but one way. The question is instantly asked, whether the patient be a loved one or stranger—"How long can we defer the end?"

In March, 1913, Mrs. ——, the mother of five children, came to me for treatment, suffering with a sarcoma positively diagnosed by the microscope. It lay in the pelvis at the side of the vagina, and involved the hip and adjacent tissue. A leading surgeon of Philadelphia said it was an inoperable case, and that

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e would not live more than six weeks. On account of her eatly reduced vitality, he simply made an incision through the gina and put in a drain.

March 29th, I removed the drain and placed it in a sterile ttle with sterile water and agitated it thoroughly. After this assed the solution through a Berkefeld filter and injected 1 c.c. the filtrate subcutaneously. There was no noticeable inflamma- n or redness following the injection, but the patient resented e treatment. There was a very slight aggravation, but after ree days there was a marked improvement. April 6th, I re- ated the injection with the same result that followed the first. mely, no noticeable local reaction, but considerable pain at the int of injection. The improvement following this injection s the source of a great pleasure to the patient, her physician, d to her family. She changed from a bed-ridden invalid to a eerful mother. She was soon out of bed and down stairs, with ne help. On July 4th, she came down by herself.

Through the remainder of July and during August and Sep- nber she enjoyed the summer on the porch, feeling comfort- le, going out riding occasionally. Her appetite was good and e suffered no pain, her cheeks became rosy, in fact, her condi- n was so very good that her husband and her pastor, who alone ew, doubted the diagnosis.

The discharge persisted for a long time but was not offens- . It gradually diminished, and the wound healed. Her con- ion remained good until October, when she had a return of the in. The local induration had never wholly subsided. It now ew larger. It reopened the tumor. At first the discharge was ght but it grew in quantity. The patient refused further in- tions. The husband could not insist upon an injection against will. She gradually grew worse. We then informed her of condition and reminded her of the good results following previous treatment, but she was obdurate and refused the atment.

We very soon had to resort to anodynes and hypnotics, and took to her bed. The dreaded sarcoma brought its usual re- t. The end came the day before Christmas. Yet, we were nkful indeed to keep this mother with her family for upward a year.

Case 2.—A long distance 'phone call informed me of the ival of an heir, in the family of a former patient. The event k place seven days previously, and at the time of the call mother had a septic fever that was mounting rapidly. I

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called upon the patient at my first opportunity, taking with me my Berkfeld filter. I found the condition as noted over the 'phone all too true.

A trained nurse was using antiseptic douches regularly, and the patient was receiving the best remedies her old school physician could think of. The prognosis was grave. I got the nurse out of the room, and placed some sterile gauze into the vagina. I then placed the gauze with two or three c.c. of secretion into a cup of hot water, stirring it well, and then passed this through my filter, but my syringe broke in trying to loosen the asbestos plunger.

I then placed the filtrate in a half-glass of water and gave half of this to the patient to drink, with instructions to give the remaining half in a similar manner in two hours. I gave what I thought was the indicated homœopathic remedy. I gave what I knew was the autotherapeutic remedy. I received daily reports. These showed continued improvement, and a very happy husband who was anxious to pay the bill. It is ever so—render the service and you will be paid. I believe autotherapy cured this case.

Case 3.—The Pennsylvania Germans do not have an alphabet they recognize, neither is there a written language they employ, but one thing they do know, and that is to follow the doctor's directions to the letter. Mrs. R., a former patient, had moved five miles away, and had a physician nearer to her home to attend her, during parturition. I was called at 11 o'clock a. m. and found she had given birth to a child the previous evening at 7 o'clock p. m. The delivery was followed by three convulsions. Her physician gave the family but little hope. I surreptitiously placed some of the discharge from the vagina into a cup of warm water, disguising the appearance, and gave it to her to drink at one dose, and ordered heat locally. At 5 p. m. I found her sweating freely, and comparatively comfortable. She had had no more convulsions. I directed that she be rubbed dry and kept quiet, that is not to get out of bed and to save her strength. As there was no desire to void urine, I gave no instructions regarding the bed pan. As her temperature was 101 F. I gave her veratrum and belladonna. At 11 p. m. I was hurriedly called. The patient was supposed to be insane. I found the husband and another man holding the patient down in bed. The patient had insisted on getting on the chamber to void urine, as she could not in bed. This was contrary to the doctor's orders and so the husband and the other man were doing their best to keep her in bed and thus carry out the doctor's orders. Upon my arrival she promptly

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sed two quarts of urine and lay down and went to sleep. She l no trouble in nursing her child. I believe autotherapy cured s case.

Case 4.—Mastitis in my hands generally yields to the follow- prescription:

Rx—Amm. Carb. ..... oz. 1.
Aqua Dist. qs. a.a ..... pint 1.

Mixs.—Apply locally, hot, on flannel, covered with oiled silk.

The patient in this instance did not improve on this treat- nt. I then tried several other well known remedies locally hout relief. The breast was hard, tender and hot to the touch. hen placed a clean cloth over the breast and by gentle mas- ing the breast the cloth was moistened with the discharge m the nipple. I then placed this in a small vessel with some ter and agitated it. Then pressed the secretion from the th and gave it to the patient to drink. Presto! The fever ted within a few hours, at the same time the pain ceased and the end of twenty-four hours there was not a vestige of indi- ion that there had been any trouble. Both breasts giving k in normal quantities. This mastitis occured fourteen days er labor and was accompanied with pain in the left ovary and noderately high fever.

Case 5.—The next case clearly demonstrates again the great ue of autotheraphy as suggested by Dr. Charles H. Duncan.

Patient, Mr. H., aged 84 years, presented himself for treat- nt in June, suffering with frequent urination. It was at times ody in character. He had always led a simple life, being a nkard, that is a religious faith similar to the Quakers. He was ust and healthy till the present trouble set in. I prescribed at I thought were the indivated homœopathic remedies for his dition but with indifferent or no success. On July 10th I s again called, when I found a retention of urine, with dis- sion so severe that I could not pass a catheter into the bladder. romptly penetrated the bladder through the abdomen with a car. I withdrew urine mixed with much blood. Later in the I succeeded in getting into the bladder with a catheter having arge prostatic curve, and withdrew more bloody urine. Dur- the next few days I withdrew the urine many times often y after several attempts. I then consulted with a genito- nary specialist from Philadelphia by 'phone as I considered case needed immediate surgical attention. In the specialist's nion the patient needed immediate surgical attention. As patient was averse to an operation, I did not insist. July

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15th I filtered some urine through my Berkfeld fi
jected 1 c.c. of the filtrate hypodermically. There wa
ciable constitutional reaction or aggravation, althoug
no less trouble in passing the catheter. I could not p
first attempt. On the 19th I gave him another i
filtered urine into the left arm. This was followed
time in all my experience with authoreaphy, with a l
and lump that was hard, then there appeared itchi
and finally a water blister. In forty-eight hours this
up entirely, as the local manifestations were disap
blood became correspondingly less and the pain subs
there was less distress in the bladder, less stran
tenesmus.

The patient has a nephew who is a physician.
cian insisted upon having a genito-urinary specialist
which he did July 22nd. After a thorough physical
he said that it was his honest opinion that the patien
live a week unless he was operated upon. Up to this
had been no temperature. He slept well. He refuse
On the 25th I gave him filaered urine by the mout
after this treatment a most beautiful aggravation; f
thought too beautiful, as he was for a brief period de
some fever. In twenty-four hours, however, there wa
improvement manifested in every way. The blood
from the urine, his appetite improved and the mucu
duced in quantity. I then gave him china internally
out the bladder with a solution of chinasol. On Augu
mucus had all disappeared, and I could pass the ca
ease. I then withdrew the urine twice daily till Sept
the patient after thorough instructions began to pa
eter himself. Since then there had been no mucus
The urine is normal, but the patient is still passing t

This patient began taking treatment Sept. 15th
with high frequent rectal electrode to reduce th
prostate.

The writer has a complete record of all the case
in this paper.

I do not care if Dr. Samuel Swan did mention
logue in 1886 that "morbific matter will cure disease
duced it, if given in high potency, even to the patient
it was obtained."

I know that Burnett used baccilinum and cured
"Disease is cured with its own poison" is an ancie

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ing that has come down through the ages. It has remained Dr. Duncan to grasp the principle that underlies the cures de by employing this principle and transfixing it. I give credit homœopathy as giving the best curative means we have at command in certain instances, just as I do the galvanic and h frequency current in patients where they are indicated to p me get results. In the same way I use autotherapy. It has a ad field of usefulness in our armanentarium in fighting disease. us cure our patients no matter what method or mode of rapy it is necessary to employ, and spread the truth that no sician who has an open mind may allow a patient to die when re are means at his command that will save his life. I use otherapy successfully in all localized infectious diseases where n able to get the discharge, and I believe it is but a question a very short time when it will be universally employed in these ditions. I believe that it will be but a short time when we l wonder how we ever got along without it, just as we now nder how the old school gets along without homœopathy.

High Street.

SHORT RESUME OF A YEAR'S SURGICAL EXPERIENCE ABROAD

BY C. WINFIELD PERKINS, M.D.
Rochester, N. Y.

A YEAR'S visit and study in the various clinics and post-graduate courses of continental Europe will amply repay one who can afford the time for such an experience. A person without some knowledge of the foreign languages, such as nch and German would be exceedingly hampered in such undertaking, and be only able to get, at its best, a superficial wledge of the immense amount of scientific work that is being e in the clinics of Paris, Berlin and Vienna; not including smaller places as Berne, Zurich, Magdeburg, and Munich, re much commendable scientific work is being accomplished. only sorrow at this present writing is to feel that all this great k, which has been given us by the old world universities and ics will be suppressed and retarded by this useless and horrible that is now existing.

After spending three months in Paris, one can be but ressed by the great amount of excellent research work being e in that great metropolis. Many American physicians, for e reason, fail to get the best out of medical and surgical

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Paris. The attendance for a week or so at the various clinics in Paris gives one, at best, only a superficial knowledge and leaves one with a very limited vision of what is actually being accomplished by the great hospitals of this interesting and beautiful city.

Paris from time immemorial has been a medical center, and at the present day all the post-graduate students from the Orient and South America terminate their medical and surgical studies at the University of Paris. The University of Paris includes in its faculty many of the great French clinicians and surgeons. These men are distributed all over the various hospitals of Paris.

Paris has always been a liberal thinker, in Science, Art and Letters. Any new scientific theory or investigation has always been listened to with great freedom and broad mindedness, and it has only met with opposition so long as it has been proven false. Hence, our beloved Hahnemann, after being driven out of Germany; settled in Paris and he was received and honored until his death. After his death he was so honored and esteemed as to be buried at the famous cemetery of Pere La Chaise, only a step from the tomb of the famous literary giant, Rousseau, and equally famous musician, Chopin. True, it is a fitting place for this magnificent man to lie in eternal sleep.

Many are the hospitals of Paris, some twenty-five or thirty, old famous buildings with modern equipment. For example, the great modern hospital of La Pitie, near the great hospital Sal Petriere, where the famous Charcot and Raymond gave the world their profound knowledge and investigations in mental and nervous diseases. At La Pitie, Walter and Baumgartner, both excellent surgeons, operate bi-weekly. Here, also, during the University's session, Babinski holds a clinic every Saturday to a full amphitheatre of eager post-graduate students. I had the good fortune to be able to attend two of his lectures, and was charmed by his excellent demonstrations and interesting personality. When you visit the famous Hall of Velpeau, Lucas, Championiere at the Hospital Laraboisiere, a thrill of reverence comes over you, when you consider what these famous men have done for surgery in the past. Here, Marion at present operates and does most excellent work on the kidneys and prostate. Unquestionably, the Frenchmen have lost none of their old-time brilliancy as surgeons and clinicians.

Martel, in his own private hospital, with great dexterity, can remove from the skull, with his automatic trephine, a bone flap in one minute, and also do a beautiful gastro-enterostomy in a

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ry short time. It is well worth a long trip to witness his mar-ous technique. Many of the French and Continental surgeons ually only remove their coats when operating, and then slip into gown. Rarely they remove their linen collars. This would em rather strange, as compared to American clinics. They are very cool and courteous in the operating room. This is rather ntrary to the prevalent opinion of the French temperament. the Hospital Necker, where formerly the great clinician, chard, taught, Chevassu and Legue are very clever operators. ar Necker is the Hospital Des Enfants, where you may see rmisson, a delightful teacher and operator on surgery of chil-en. He holds public clinics twice a week, both for students d post graduates.

Many of the French surgeons do practically all their own ork with one assistant and anesthetist. Trays of surgical in-ruments and dressings are brought in separately for each indi-dual operation. The nursing system in the hospitals of Paris s not developed the efficiency that one sees in either the Amer-an, English or German hospitals, but I understand there has en great progress made in recent years for improving the stem.

The Hospital Laenec has such capable and well-known sur-ons as Hartmann and Lacene. Hartmann is particularly known r his research work on the genito-urinary system and Lacene gynecology. Professor Reclus, at the Hotel Dieu, has developed system of local anesthesia to a very skilled and efficient de-ee. Many major operations are now done successfully under cal anesthesia when the shock to the system from a general nesthetic is to be considered, and not speaking of the end re-lts of an anesthetic on the kidneys and liver, this method rtainly appeals to one as very practical. There seems to me a rge field for this type of work in America. The Hospital Broca as Professor Pozzi, who is well-known the world over for his ork in surgery and gynecology. He still operates very success-lly and I had the pleasure of meeting this charming man, and he ferred with much feeling to his hospitable visit to America me years ago. His private study contains many autographed hotographs of the famous surgeons of the world.

I should not leave Paris without referring to Widal at the ospital Cochine and the famous Pasteur Institute, where Metch-ikoff and Roux are still doing research work. The Marin Clinic f Monsieur Quinton is of special interest. Monsieur Quinton is n eminent biologist and member of the Sorbonne, to whom I was

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introduced by our eminent confrere, Dr. Arnulphy. Monsieur Quinton has had wonderful results from the injection of iso tonic sea water. This clinic was crowded daily with the worst specimens of diseased children. The fact that the clinic was crowded was sufficient evidence of the efficiency of this treatment. His results, especially in the treatment of infants' diseases, are truly wonderful. Professor Quinton has proven there are thirty-three elements in the human body, and that iso tonic sea water contains twenty-nine of these elements. Its action is also claimed to be entirely homœopathic. This clinic was by far the largest and most interesting children's clinic I have ever witnessed. It is unfortunate, I think, that this system of treatment has not been put to a practical test in America.

The use of Radium has been practically abandoned in Paris, and many of the eminent men, such as Professor Beclere, say that better and more successful work can be accomplished by the use of the better known X-rays.

There is a highly developed system of post-graduate study associated with the University of Paris. This work begins in the fall and extends through the winter months; most of the courses are gratis and under the control of the Faculty of the University of Paris. All the eminent men in surgery and medicine lecture in the courses throughout the year. The foreign physician is admitted at all times to these courses, and treated with greatest courtesy everywhere. Very few of the professors speak English and a knowledge of French is necessary.

After Paris, I spent a delightful week in Berne, where Kocher is Professor of Surgery at that University. Prof. Kocher, a hale and active old gentleman of seventy-four, is still filled with energy and enthusiasm of a young man. Such men as Sahli, Kocher and his sons, have made the University of Berne famous. To hear this modest little man speak of his 12,000 operations on goitre gives one the impression that surely he must have developed the technique of this particular operation to perfection.

After taking a delightful trip through the Bernese Oberland to Interlaken and Lucerne, a short stay was made at Zurich, meeting our esteemed confrere, Dr. Mende, President of the International Council of Homœopathy in 1912. I also spent a week with Prof. Sauerbruck at the University of Zurich, and saw him do his very clever work on the lungs. This work is done under local anesthesia and internal compression. The ribs are resected posteriorly, the chest wall allowed to collapse and by this method an atrophy and compression of the tubercular cavity is obtained.

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a result the opposite lung often develops a compensatory hy-
trophy.

From Zurich through the wonderful mountain regions of
tzerland and the Austrian Tyrol, we arrived in Vienna and re-
ned there four months. Vienna for years has been the center
post-graduate studies the world over. The whole north and
ensive regions of the east come to Vienna for their medical
surgical treatment. Hence the clinical facilities are enor-
us. As many as nine different languages are often spoken by
various patients. The American Medical Association usually
sists of about 150 physicians and surgeons who come from all
r the world for post-graduate study. This society is well
anized; meetings and discussions are held every week during
winter months; lectures are often given before the society
well known professors of Vienna. A membership in the asso-
ion is sufficient requirement for entrance to the various post-
duate courses. To visit these clinics, study and come in per-
al contact with such men as Von Eiselsburg, Wertheim, Shau-
Lorenz, Von Frisch, Sukerkandle, is certainly an inspiration,
experience for future medical and surgical work. At Von
elsburg's surgical clinic, with his corps of assistants, one can
at almost any time any variety of operation. The manage-
t and general appearance of the clinic is decidedly American
ts atmosphere. Von Eiselsburg, who has visited America
eral times, probably has introduced many American ideas
methods.

The clinic of Hochenegg, in an opposite building, is also of
eme interest, especially for his work on rectal cancer. He
s a modified Kraske operation by forming an artificial ex-
al anus. This is done temporarily, or permanently, depend-
entirely on the involvement of the diseased bowel. The two
er segments of the sacrum are removed, the peritonæum of
sigmoid and lower rectum is stripped off, the bowel pulled
n, the diseased area resected, the ends of the sigmoid united
an artificial anus formed. Prof. Hochenegg has a record of
operations of this character, with surprisingly good results.
It would seem it is hardly necessary for me to speak of the
k of Sukerkandle, who is noted the world over for his work
he kidneys and genito-urinary system. When you meet these
and become personally associated with them and their work
can but be impressed by their thoroughness, and capacity
detail.

The respective technique of the different clinics is as good

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as you see any where, while the two new Frauen clinics, such as the Shauta and Wertheim clinics, have modern equipment and buildings that have not an equal anywhere.

Such men as Prof. Stoerk, Frankel, Erdheim, cannot be overshadowed anywhere as teachers in pathology. Every case that dies, or specimens that are removed during operations, has a personal examination under one of these men. I understand an average of 15 post-mortem examinations are made daily in the Allegemine Krankenhaus.

In gynecology, Prof. Wertheim has 600 specimens of his well-known operation for carcinoma uteri; he claims the mortality is ten per cent and a non-recurrence of the disease after five years in sixty per cent of the cases. Prof Von Frisch and his assistant, Blum, are head of the Department of Genito-Urinary diseases at the Polyclinic. Their work is very well known.

The X-ray screen examination work I desire to make special reference to, especially in regard to the work on gastro-intestinal diseases by the Kienbock Holcheneck and Haudeck clinics. This work is of special interest. The high efficiency and well-known diagnostic research work of these three clinics is known the world over, and the development of this type of diagnosis is largely due to the researches and efforts of these special men. I cannot help but feel that the screen work for stomach and intestinal diseases as yet done by these men is the finest development of radiology that has yet been produced. This fact in America is just beginning to be realized.

The Orthopedic clinic of Lorenz one may see under this able teacher and his assistant, Wernsdorf, in a few day's time. Every known condition of orthopedic surgery is diagnosed and treated. Contrary to the opinions of some men, I think Prof. Lorenz and his clinic lead the world in orthopedic work. Prof. Lorenz impresses you not only as a charming personality, but a broad, liberal man, interested to the fullest degree in his work.

After four months experiencing the rigors of a very disagreeable climate, and many dark days of rain, fog and snow, on the first of March we arrived in Berlin, where we were introduced to a beautiful day and clear, cool atmosphere. Berlin has fast become the medical center of Europe, and when you consider the wonderful progressive and commercial spirit of the Germans and what they have done in building this wonderful city in the last fifteen years, it is truly remarkable. The American Association in Berlin consists of about 60 American physicians and sur-

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ns. They have very comfortable club rooms and an organized
ety.

In surgery the post-graduate work, which is given by Prof.
ausen, surgeon to the Polyclinic Charite Hospital, Berlin,
far one of the most practical and best courses of the kind
I have ever seen. This work is done principally as experi-
tal work on dogs, and also much work is done on cadavers
the patients from the out patient department of the poly-
c. Prof. Axhausen, as all Germans, is a very thorough and
ient teacher. The work by Profs. Franz, Bumm, Koerte, Rot-
and Israel is well known. Prof. Koerte is a skilled operator
perfect technique. The gynecological work of Professors
m and Franz is too well known to be commented upon. Prof.
el is a man of seventy odd years and his skilled work on the
ney is known the world over. The field of local anesthesia
er Prof. Keppler, at the Bier Clinic, has been developed to a
high degree. There is no general shock to the system of an
sthetic. This feature alone should give this method due
ideration in the clinics of America. The muscles and nerve
ks of the area to be operated on are blocked off by one half
ne per cent solution of novocaine and adrenaline. The well
loped team-work of the Professors and their assistants in
he clinics is a feature that is always prominent, hence much
ecomplished when each man works in his own special depart-
t. The Germans unquestionably help lead the world in many
gs, surgically speaking. In pathology, Professor Johann
is a worthy successor to the famous Virchow.

After two months spent in the different clinics and post-
luate courses of Berlin, we departed for London, where a
of three weeks was made, visiting our genial friend and con-
e, Dr. Petrie Hoyle, who has done so much for Homœopathy
world over. Sir Arbuthnot Lane, Sir John Bland Sutton and
Victor Horsley, are three of the most interesting surgeons in
don. Everyone knows Lane for his bone and intestinal work.
John Sutton, a noted pathologist before a surgeon, is a clever
onstrator and a surgeon of great ability. Sir Victor Horsley
nown especially for his work on the brain.

As the year was practically spent in Europe, we sailed on
e 13th for America, and fortunately escaped the terrible cat-
sm that is now consuming and eating out the hearts and very
ls of what we thought was highly civilized Europe. The
ble effect of this horrible business is not only now being felt
will be for years to come. My only hope, as a result, is that

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the world will be rejuvenated and realize the fruitlessness of militarism.

A FEW CASE REPORTS

BY WALTER SANDS MILLS, A.B., M.D.

Professor of Medicine, New York Homoeopathic Medical College and Flower Hospital

DURING the past summer I have been on service at the Flower Hospital. Notes on a few of the cases may be of interest.

Case 1.—A policeman, aged 53 years. The patient was admitted to the hospital July 27. He had had intermittent attacks of what he supposed was pain in the stomach for a few hours. The pain was acute while it lasted, making him double up. He thought he had eaten something that disagreed with him. He had vomited. When I saw him there was some soreness over the gall bladder and he still had occasional acute pains. I prescribed calcarea carbonica 200 potency. He had no more pains. My diagnosis was gall stone colic. The house physician was inclined to be skeptical both as to diagnosis and treatment. But the pain stopped, nevertheless; and a couple of days later jaundice appeared, which confirmed the diagnosis. Bryonia was given for the jaundice. The patient was discharged cured on August 4.

Case 2.—Apropo the above case I had another in private practice which developed August 23. This case was that of an old lady who has been a patient of mine for ten years or more. During that time she has had at least half a dozen attacks of gall-stone colic. Each attack is ushered in with nausea and vomiting, each time she attributes the trouble to the last thing she has eaten, whatever that may be. In most of her attacks—I have several times reached her during the height of the agony—in most of her attacks the pain is so acute that she becomes delirious. My invariable and sole treatment has been calcarea carbonica 200 in water, a teaspoonful every five minutes until the pain is relieved. Rarely has the colic lasted over half an hour. After a few doses the colic ceases, the patient falls asleep and sleeps two or three hours. Of course, there is some soreness for a day or two, but the colic is gone. Only once has the patient developed jaundice.

I can imagine some "Doubting Thomas" smiling at this re-

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t. How does the calcarea act? I do not know. How does drug act? In this particular case I have the complete confidence of my patient which is always a valuable asset. Once had to get some one else who gave her morphine. The pain s subdued, but I had to give calcarea for a return of the ic next day. This present attack started at 6 p. m. I was out reach and another physician gave morphine without avail. eached the patient at 10 o'clock and in less than an hour the ient was asleep with calcarea. It so happened that a druggist d a trained nurse, with some others, were dinner guests at the tient's home. I was told that no homœopathic medicine could ve worked like my medicine did, that I must have used some werful hypnotic stronger than morphine. What I actually d was calcarea carbonica 200, five drops in half a glass of ter, a teaspoonful every five minutes.

I would also like to add that if this patient were a younger man and otherwise in good health, I would advise operation prevent recurrence. Unfortunately, or perhaps fortunately, eration is out of the question.

Case 3.—Man aged 45, admitted to hospital July 10, suffering m right sided hemiplegia and aphasia. This patient was ven arnica. After the first few hours his aphasia began to clear , and when he left the hospital he had no difficulty in talking. s leg improved so that he could walk. His arm was still paral-d. He was in the hospital about four weeks.

The interesting point about this patient was that twenty ars ago he contracted syphilis. The Wasserman test was posi-e. The patient neither smoked nor drank. He was married, d no children, and lived a normal life. I have no doubt that e physician who treated this man for syphilis years ago con-dered the case cured. After we found syphilis still present ercury was given, and his family physician was informed of e diagnosis.

Case 4.—A man aged 34, entered the hospital early in Sep-mber with the same symptoms as Case 3, only in lesser degree e also had contracted syphilis years age. He was given one se of salvarsan which seemed to hasten the disappearance of mptoms. He left the hospital in good condition at the end of o weeks.

The prognosis for both of these cases for this attack is good. ut I am of the opinion that sooner or later each will have nother similar attack more severe and finally fatal.

Case 5.—This was a man aged 66, also a case of hemiplegia

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I do not know whether he had ever had syphilis or not. It is more probable that his trouble was due to the gradual changes that take place in the arterial system with age. He gradually got worse and died in about three days.

Cases of hemiplegia that show no signs of improvement within a week may remain stationary a long time, but the majority get worse and die within a few days, or at most within a few weeks. Cases that do show signs of improvement within a few days, like Cases 3 and 4, many of them, get back to an almost normal condition. But practically all eventually have a recurrence sooner or later and die.

Case 6.—This was a young German, admitted June 30. He had a bad heart lesion and was tremendously dropsical. We all expected him to die. Infusion of digitalis gradually eliminated the general edema, until toward the end of August it was all gone. He was allowed to be up and about. He suddenly became insane and had to be transferred to a city institution.

The books tell us this sometimes happens in these cases, due to deranged cerebral circulation. I do not recall that I ever saw it happen before. I have frequently seen such patients delirious at times, but if the edema disappeared the mentality cleared up likewise.

Case 7.—This was a man aged 25. He had typhoid fever with a relapse. The case was typical throughout with one exception. All during his illness he was troubled with a succession of boils. There were many of them that had to be opened and treated surgically. They were on his back, in the axillae, and on the buttocks He was admitted July 21 and dismissed cured September 14th.

I have met with an occasional relapse before. I have seen one other case complicated as this was with boils.

Case 8.—This was a man aged 26 years. He was brought to the hospital about three hours after taking a large but not exactly known amount of bichloride of mercury. The poison was taken on Tuesday about noon. A physician hurriedly called gave milk and whites of egg. When brought to the hospital about 3 p. m. the stomach was washed out. For the first twenty-four hours the patient complained of his throat; it hurt to swallow, and it hurt to talk. That improved after a day or so and caused no further trouble. He complained of some pain in the back. The first day half an ounce of urine was gotten by catheter. After that none. There was complete suppression.

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uretics and hot packs were tried without avail. All this time mentality was good.

Friday it was decided to try decapsulation of the kidneys. Ralph A. Stewart decapsulated one kidney that afternoon. e kidney was large and congested. When freed of its capsule. swelled some. The second kidney was not operated for fear shock. It was thought best to wait, and if any improvement owed to operate the second kidney later.

About half an ounce of urine was gotten twice during the ceeding twenty-four hours. Then nothing.

All of the time there were frequent bloody stools, in fact ny of the movements seemed to be nothing but blood. They re involuntary part of the time, at other times not.

The skin felt cold and clammy, nevertheless the patient com- ined all the time of being too hot. There was very little rise temperature. The patient seemed to suffer an air hunger. craved air and took deep breaths to get it.

Except for the last twenty-four or thirty-six hours the mind s clear. During that final period the mind wandered at times. died Monday morning at two o'clock, perfectly conscious, of hunger.

The patient was a great, strong chap, formerly a college lete, perfectly sound and healthy in every other way. It s a pathetic thing to see such a man doomed from the start.

Bichloride of mercury destroys the secreting portions of the dneys. The death is due to accumulation of matter that other- se would be eliminated by the kidneys. This process is slow t sure. The case is hopeless. If the mind were affected this uld not seem so bad. Or if the poison killed quickly it would t seem so bad. But to know one is helpless to give relief, and ve to watch and wait for a week for the end is heart breaking.

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North American Journal of Homœopathy

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EDITORIAL

THE 1915 MEETING PLACE OF THE A. I. H.

THE NORTH AMERICAN'S report of the Atlantic City meeting of the American Institute of Homœopathy last June announced that considerable opposition developed during the Institute week to the plan of the Board of Trustees to call the 1915 meeting to order at Long Beach, N. Y., and that it was finally resolved that the selection of the next place of meeting be deferred until after the new officers and trustees came into power, and that the first place to be considered was Portland, Ore., and the second, New Orleans. It is understood that this matter will come before the Trustees at their meeting during the first week of October, so that some discussion of the question is timely in this issue.

Since the meeting at Pasadena it has been generally understood that the 1915 meeting, occurring during the Panama-Pacific Exposition year, would be held in Portland, Ore. At Pasadena, Portland's representatives asked for the meeting in 1915, and reference to this informal invitation and the equally informal understanding that it would be accepted, have been made at each of the succeeding meetings. It was generally expected by the members of the Institute that the customary formal invitation would be sent to the Trustees this year, but for some reason it was not received by them; and curiously enough, there was no representative of the profession in Portland at Atlantic City, nor did letters or telegrams addressed there elicit definite or satisfactory replies. At Atlantic City the question in many members'

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minds was whether Portland, for some reason or other, had decided she did not want any conventions in 1915. This however, cannot be the case, since her representatives at the national osteopathic convention at Philadelphia in August conducted a strenuous campaign, backed strongly by the city itself, to secure the selection of the Rose City as the place of meeting for that organization in 1915.

Under the arrangement whereby the Trustees finance the expenses of the meeting out of the receipts from the exhibitors, it would seem as if the by-law requiring formal invitations has been made practically a dead letter. The invitation implied a desire or willingness to entertain; but the local committee met the expense by renting space to exhibitors. So that, the fact that no formal invitation was in hand from Portland, need not in itself estop the Trustees from selecting that city as the meeting place for 1915. On the other hand, if the local profession and the people of the city say they do not want the Institute to visit it next year, it would hardly be wise to decide to go there.

The selection of Portland would naturally be based upon the thought that that city is on one of the best routes to or from San Francisco, and that a large number of the members of the Institute will want to visit the Exposition next Summer. Since the discussion of the subject at Atlantic City the European war has broken out, and its effect upon this country must be forecasted as closely as possible. Is the consequent business depression going to affect the incomes of the members of the Institute so that many who planned to go to the Pacific Coast will feel unable to take so expensive a journey? Or, on the other hand, will the impossibility of taking customary European trips make San Francisco a natural alternative in 1915, so that a stronger tide of western travel than was expected, will take place?

If Portland seemed to be indifferent at Atlantic City, in the matter of securing the 1915 meeting, New Orleans was very urgent that the Trustees select that place, and New Orleans is still of the same mind and is doing all it can legitimately to secure the vote of the Trustees. New Orleans speaks as a representative of the South, and points out that while the Institute has been

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West a number of times, it has never been South; it is urged that homœopathy in the South needs the publicity and propaganda that an Institute meeting would give. All this must be allowed, and if these considerations are to decide, then the call must be issued for a New Orleans meeting. The Trustees, however, will probably feel that they must look at the question from all points of view. The attendance that can be secured at a meeting is a factor to be considered. While New Orleans is on one of the routes to San Francisco, and the city has attractions strong and unique enough to warrant a visit, the average man or woman would not choose a route by way of New Orleans in June or July. Some may fear the plague, although the outbreak of that disease has been so well handled by the city, state and national public health services as to make any uneasiness on that score seem unwarranted.

As for Long Beach, it should be mentioned only to be condemned.

In the first place, the Institute has no business to meet in the East in 1915, since its last meeting was held at Atlantic City, and the 1916 meeting will naturally fall to the East on account of the International Homœopathic Congress. In 1915 the meeting should be held in the West or the Middle West or South—anywhere but in the East. But if in the East, Long Beach is not the place. It is a New York suburban real estate development with three or four hotels, a mile or two of board walk, a moving picture theatre—and sand and water. It has all the rawness of a real estate development in its early stages, with comparatively few houses looking very much out of place in the Sahara-like stretches of sand surrounding them. If the Institute must come East next year, there are many places well worth visiting —as for instance, Saratoga Springs, or Niagara Falls.

The chief argument in favor of Long Beach adduced by the one or two Trustees who were strongly committed to going there, was that its nearness to New York would make it possible to obtain as good display of exhibits as was on hand at Atlantic City, and that the Institute needed the money. Certainly the Institute needs the money; but the idea that the exhibit of 1914

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n be duplicated in extent in 1915 is pure assumption and ignores me very important facts. The factor which must not be overoked is that in June last the Institute meeting at Atlantic City llowed immediately the week of the A. M. A. in the same city. onsequently there were a number of exhibitors who ordinarily not come to Institute meetings who contracted to exhibit in 14 because they had their exhibit and representatives right on e ground and were willing to try an exhibit to the Institute der the circumstances; and during the A. M. A. week, several hibitors who had not contracted with the Institute, arranged take space when they learned that a good number of fellow hibitors would have displays there. The A. M. A. is scheduled meet in San Francisco next year, and unless the Trustees de-de to have the Institute go there the following week, the favorle circumstances of 1914 will not be duplicated. Granting that is were to happen, the Institute exhibit of 1915 would still be naller than that of 1914, for there is no use in shutting our eyes the fact that many exhibitors freely expressed their disapointment at the patronage given and interest shown by the Instiite members and declared they would never take space again. this connection it must be borne in mind that while exhibitors the A. M. A. meeting have the opportunity of meeting three four thousand physicians the attendance at an Institute meetg is limited to three or four hundred, and yet the space rates re about the same.

To sum up, the NORTH AMERICAN believes that the 1915 Institute meeting should not be held in the East, and particularly, hat a meeting at Long Beach, N. Y., is an unthinkable proposion. If Portland, Ore., cares to have the Institute go there, the Trustees should have very strong reasons for deciding upon any ther place. If Portland is indifferent about the matter or does ot want to have the Institute go there, the claims of New Orans must be very seriously considered. If both Portland and New Orleans are deemed too far from the center of population, here is the whole Middle West to choose from.

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DIET IN TYPHOID FEVER

THERE was a discussion at the last meeting of the American Medical Association on diet in typhoid fever. Dr. L. F. Barker, of Johns Hopkins, read the leading paper on the subject. The remarkable part of Barker's paper is that liberal feeding seems to be a new thing to him. At any rate, it would seem as though Barker's use of liberal feeding was new.

It is now more than twenty-five years since Strumpell's Practice of Medicine was translated into English by H. F. Vickery and P. C. Knapp of the Harvard Medical School, and was edited by Prof. Frederick C. Shattuck. In the first American edition Shattuck advocated liberal feeding in typhoid fever. Since then the writer has used it in his practice and in his hospital work.

Manges, of New York, has advocated liberal feeding for twelve or fifteen years. Some five years ago Coleman, of Belleview Hospital, published some of his results in liberal feeding of typhoid, and that seems to have been the starting point of Barker's experiments. Coleman's paper was based on the newer studies in metabolism and his work was done in calories, so in a way it was perhaps more definite than the work of some of his predecessors.

Dr. William H. Van den Burg and Dr. Walter Sands Mills, of our school, have utilized liberal feeding for a number of years.

Some of the remarks of Barker may be given as additional evidence in favor of a liberal diet. He says:

"Protein may be taken in sufficient amounts as eggs and milk . . . . . Eggs may be taken raw or beaten up with milk, or as soft boiled or coddled eggs.

"The carbohydrate may be given partly as milk, partly as bread or toast (with butter), and partly as lactose added to the milk, cereals and orange-albumin. Coarse cereals with cellulose residue are to be avoided. Dry toast or zwiebach buttered, if thoroughly chewed by the patient, may be used without harm. Boiled rice and mashed potatoes may be given as variety. . . .

"Fat may be tried in the form of cream, of butter, and of yolk of egg."

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In commenting on this, Barker says: "The great gain from beral diet consists in the lessening of emaciation, the shortening f convalescence and the prevention of exhaustion phenomena fter the disease has run its course. Most patients lose 5 or 10 ounds even on the high-calory diet, though now and then a atient can maintain his weight. In the Johns Hopkins Hospital e have been struck with the better appearance of our patients uring convalescence since we fed our patients more liberally. ince convalescence can be shortened and emaciation prevented, ere is good reason to believe that post-typhoidal psychoses and ost-typhoidal neurasthenic states will be less common than nder the old regimen."

These conclusions only bear out those arrived at by all who ave utilized a liberal diet in the feeding of typhoid fever atients.

NOTES AND COMMENTS

Workmen's Compensation Acts and Malpractice Suits

The various Workmen's Compensation acts which have been force for some time in several States have naturally deprived torneys of a lot of litigation, since the injured workman re- ives his compensation automatically, so to speak, instead of the result of a lawsuit. The lawyers must live, however, and is said that in those States where Workmen's Compensation s been adopted actions against physicians for malpractice in eating patients have been very much increased. The attorney, stead of looking up the case against the employer, now looks the case against the physician. If this be so, it behooves the ysician who has professional charge of an injured workman be on his guard and see that the hungry lawyer finds no umbs on his doorstep.

Auscultatory Inflation of the Colon

In the New York Medical Journal Dr. Musser, Jr., describes new method of inflating the colon for diagnostic purposes. irst he makes sure that the bowel is empty. Then he uses a ff metal tube, inserts it as far as it will go with comfort, and ng enough to project outside about two feet. An air bulb is ed on the distal end of the tube. The patient is prone with domen exposed. A bell stethoscope is used and the abdomen scultated as the air is pumped in. When through the air is owed to flow out the tube.

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Plague in the United States

A few cases of plague were discovered in New Orleans during the past summer. An immediate campaign was started against plague infected rats. All out-going trains and vessels were freed from rats and made rat-proof. The campaign against plague infected rats and ground squirrels still goes on in California. The Public Health Service in co-operation with the local authorities has charge in each place.

BOOK REVIEWS

Nucleic Acids: Their Chemical Properties and Physiological Conduct.—By Walter Jones, Ph.D., Professor of Pys ological Chemistry in the Johns Hopkins Medical School. Published by Longmans, Green & Co., London and New York; pp. 115. Price, $1.00.

The author discusses first, the chemical properties of Nucleic acids; second, their physiological conduct; third, the purine derivatives of human urine. The subject has to do with metabolism and is a valuable contribution to the fast-growing literature of physiological chemistry.

Diseases of the Heart.—By John Cowan, D.Sc., M.D., F.R.F.P.S., Professor of Medicine, Anderson's College Medical School; Physician, Royal Infirmary; Lecturer in Clinical Medicine in the University of Glasgow; Examiner in Medicine, Rayor Army Medical College. Octavo, 458 pages, with 199 illustrations. Cloth, $4.00, net. Lea & Febiger, Philadelphia and New York, 1914.

This book contains the latest information on that all-important organ, the heart. The author has given the histories of many cases in the text to add to the clarity of description of different cardiac conditions. There are also numerous charts and sphygrographic tracings.

These comparatively newly discovered conditions—heart block, auricular flutter, and auricular fibrillation, are discussed at length. The book makes interesting reading and will repay careful study.

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A STUDENT OF HOMOEOPATHIC MATERIA MEDICA*

BY GUSTAVUS A. ALMFELT, M.D.

Some ten or twelve years ago I was a total stranger to Hom-pathy. My first experience with the materia medica was any-ng but pleasant or encouraging. In fact, I felt preety much e a man being suddenly dropped off into the midst of a great known wilderness—without roads or paths, or even a compass guide.

Turn which way I would, there was nothing but a seemingly surmountable mass of symptoms, and symptoms, and symp-ns, with a bewildering sameness in character and expression; thing definite or distinct to hold onto; no road that would lead a given point; nothing that would indicate the direction of travel—only purposeless jumping from place to place.

I still remember the first homœopathic lecture that I ever ard; it was on aconite. The teacher said that this drug had e special centers of action upon the human body, through the ebro-spinal system; that it would produce hyperæmia, con-stion and inflammation of five of these centers, paralysis of e remaining four, with general fever and intense general pains.

Then followed some suggestions as for what diseases this dicine would be suitable—rhinitis, pharyngitis, laryngitis, bron-itis, pleuritis, pneumonitis, meningitis, metritis, cystitis, hepa-is, enteritis and inflammatory fevers generally. I left the class ling that I had learned something valuable, and should try fix these congestions, inflammations and so on in my mind.

Next day there was a lecture on belladonna. It was stated at this drug has twelve special centers of action through the ebro-spinal system; that it produces hyperæmia, congestion d inflammation of about five of these centers, paralysis of four five, stimulation of one or two, besides high temperature and ense pain.

Then, as before, followed an application of its use in disease, d to my astonishment there was a repitition of nearly the same seases I had heard under aconite—hyperæmia, congestion and lammation, with the same "itises" as the day before.

I left the class somewhat confused and bewildered, and won-red how I could tell when to use aconite and when belladonna, they seemed to produce about the same symptoms and to be ed for about the same diseases.

Then followed a lecture on bryonia, with a repitition of arly the same story—four centers of action through the cerebro-

*Read before the Wisconsin State Homoeopathic Medical Society, Milwaukee, 1912, and the Society of Homeopathicians, Chicago, 1913.

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spinal system, congestion and inflammation, pains and fevers, with a long string of bronchitis, pneumonitis, pleuritis, etc.

And so it would go on day after day. More remedies added, more centers of action, more congestion and inflammation, more fevers and pains, and more confusion and perplexity in my own mind.

I began to doubt the sincerity and value of the whole study; could not see any sense or meaning to it, and was just about to give it up.

If all these medicines produce so nearly the same symptoms, and are suitable for so nearly the same diseases, why use so many? Would not one or two, or a few, do just as well? Or if they are all useful; there must be a better way of studying these remedies—some means by which we may learn to know one from the other, and feel certain that in this case bryonia is the only remedy, and that aconite or belladonna would not do.

In this frame of mind I turned to my text-books on homœopathic materia medica, hoping they would clear the matter for me; but was again disappointed. The smaller ones presented the subject in about the same way that I was getting it in the classroom; and the larger ones (such as Cowperthwaite's "Hering's Condensed" and Allen's "Handbook") tabulate, as you know, the provings on the various organs and parts of the body—from the head down to the feet.

Such a study may be profitable to the advanced student, but it is anything but encouraging for the beginner. True enough, it gave me a somewhat different view of medicines, but still left me more confused and bewildered than ever.

I could not see how it would be possible for me to remember all these symptoms of the mind, the head, the eyes, the ears, the nose and the throat; nor this long string of chest, and heart, and stomach, and liver, and bowel symptoms—so much alike in the various remedies—to say nothing of the sexual organs (male and female), the extremities, bones and skin.

I thought my memory pretty good when compared with that of other students—at least such had been my experience in the past—but homœopathic materia medica was evidently too much for me.

The fact that the subject was entirely new to me may have had something to do with my difficulty in mastering it. Yet I was sincere in seeking this new knowledge; and if there really was something of value in homœopathy, something superior to the old way of using medicine, I was willing to dig for it, and study harder than ever if need be.

The manner in which the subject was presented to us made it uninteresting and difficult to grasp. So, after all, perhaps the trouble was not so much with my memory and brain as with a faulty system of teaching. All we got was this dry symptom-study of materia medica, without head or tail; the real homœopathy, its basic principles and philosophy, we were not taught.

In one lecture we were told that homœopathy is a system of

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dicine based on the idiom, "Similia similibus curantur," which supposed to mean that a medicine will cure the same kind of nptoms in the sick that it would produce in a well person hen taken for proving purposes), and that the medicines used e milder and less poisonous than those of the old school.

This was true as far as it went; but it left out the essentials real homœopathy. The meaning of potency, its relative ength in the high or low, and its true "modus operandi" upon e human organism, were not touched upon. The reason for ing the single remedy, or alternations of two or more in combi-tion, was never explained. The "Organon" of homœopathy s not taught—only mentioned as being "too old and out of te."

This kind of studying was like studying "Hamlet" with mlet left out, and thus it lacked sense and meaning and object. And yet I kept on, and a little later was introduced to Dr. len's "Keynotes of Materia Medica." This was a far more lightful way of studying a remedy. The temperament and or "idea" gave me something to hold onto—something defi-e, that I could see and understand. I enjoyed reading these le keynote "sketches," and would practice them on people d patients whenever and wherever I was given a chance. I n found, however, that they would not work as laid out in e book.

Pulsatilla would not cure all the blonde, fleshy, mild and rful women of their ailments; nor Sepia the dark, irritable, n and scrawny ones, and so I was "up in the air" again.

This does not imply that there is no virture in the keynote dy, nor in Dr. Allen's little book. On the contrary, it is a od little collection of valuable symptoms; but useful only to e advanced student who knows how to place these keynotes in ir proper relation to the remedy as a whole. But they surely e incomplete and misleading to the beginner. The tempera-nt and color "idea" is unquestionably of less value, because hough it may be true that a remedy will act better in a certain ype" of patients, yet it can not produce changes in color or mperament.

Next I tried the "card system" of keynotes, introduced by ne of the older homœopaths. This "system" of studying ma-ia medica may have some merit, and be useful to students ving nothing else to study; but even at that it is too much emory-stuffing" to be of lasting value. As you well know, ngs memorized may slip away, and be forgotten when they are st needed. On the other hand, matters that we understand l always remain a part of our knowledge. In the old days, en little else but materia medica was required of the homœo-hic physician, it might have been possible to memorize all "keynotes" and provings in such a way that they would ain in the mind and be useful in prescribing; but in our day student has so many other subjects to master that he can ote only a small portion of his time to materia medica. And

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as the human mind needs tangible things to "hold o
only natural that the student of materia medica shou
the habit of associating remedies with diseases, and t
comes a "pathological prescriber," while in the earli
might have turned out a "keynote prescriber."

And so it went on for three years and a half of
course—no interest aroused, no grasp on the subject,
into real homœopathy.

It was only after circumstances brought me into P
materia medica class at the old Hahnemann that a br
better day dawned upon my study of materia medica
œopathy. Those of you who have heard him teach
books know that he has evolved a "system" of his ow
ing materia medica—entirely unlike anything I have
or seen on this subject.

I know that many good homœopathic physician
and take exceptions to this "method" of teaching,
students do not like it; but the one who earnestly see
and understand homœopathy will certainly enjoy and
it. I know I did; and in four months learned more ma
ca than in four years before.

His teaching does not directly tax your memory,
to your imagination and understanding, and makes
"pastime" of the materia medica study.

It was a real pleasure to listen to his character
the various remedies, making each one stand out cle
tinct from all the others. He puts the remedy before
a way that you see it as a whole; see the strong leadi
standing out like the skeleton framework of a buildin
curves and shades and smaller parts put in where th

The leading characteristics of the remedy, the ge
apply to the prover or patients as a whole, and its mo
clearly brought out, the particulars and keynotes
their places.

Now it was no longer a matter of hyperæmia,
and inflammation, but a study of character, modalities
shades. Now I began to see some form and order in h
Now I began to see when to use aconite and when t
donna, even in the same diseases and "itis."

Of course, this kind of study may not interest
who is out for the easy things and "tricks;" who st
cine as he would a trade or a business—for its comm
only. But to the seeker after truth; the student o
principles; the one who is not satisfied with anythin
the best, it certainly is a great thing.

Only a genius could work out a method of teachi
It is plain and easily comprehended, and its arrang
plan strictly scientific and in accordance with the law
opathy. It reveals a masterly grasp of the subject as a
bears evidence of a profound study of man and life in
sickness. It is an evident fact to every logical mi

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ole is greater than the part; that as disease deranges man his inner being, in his life forces, so must a remedy be taken from its effects upon this inner life, the whole of man, and n there worked out into parts and details. Thus are classified symptoms of a remedy or a patient into two main groups—erals and particulars—and these again into common and uliar.

A general symptom is one that applies to the patient as a ole, and may be expressed by the patient as "I am irritable," am sad," "I am restless," or "I am cold," or "I am hot," or want sweets," or "I dislike this or that." Thus a general ptom may apply to the innermost of man, his loves and reds, or to his intellect and understanding; or to his sex ure, which comes next in importance; or to his appetite, as ressed in desires and aversions; or it may apply to his rela- to heat and cold, air, motion, etc.

A general symptom may be common or peculiar, and is of greatest value in prescribing, the value being greater the e peculiar it is, and the nearer it applies to the innermost man. A particular symptom is one that applies to a part of body, such as the head, the heart, the lungs, the stomach and els, etc., and may be expressed by "I have a headache, a pain my heart, or a stomach ache," and may be of great or little ue in selecting the remedy, depending upon how peculiar or mon it is. For instance, a stitching pain in the chest is a mon sympton in pleurisy, and would be of little value in cting the remedy for this disease; but if the pain would be ter by pressure, or by cold applications, or by deep inspira- s, then it would be peculiar, and of some value in selecting the edy.

A common symptom is one common or natural to a disease, thirst in fevers or pain in inflammations, and is of little or value in prescribing.

A peculiar symptom, on the other hand, is one that is rare, sual, and stands out prominently amongst other symptoms, h as no thirst in fevers, or great thirst for cold water during hill, or head relieved by cold while body is so chilly that the ient wants to sit over a register or a fire if he could. A uliar symptom is of the greatest value in selecting the remedy, ause it eliminates all other remedies not having this peculiar ptom, this value, however, being modified by the fact of the ptom applying to the patient as a whole or only to a part.

And now let me give you a few outlines of aconite according his method of teaching, and then you may tell me whether this not superior to the hyperæmia, congestion and inflammation thod—or the pathological, if you please.

The first thing to note is that aconite is a short and sudden ing remedy. It comes suddenly, acts shortly, and may leave t as suddenly.

Then we notice its violence of action, and consequently its fulness in strong, robust people when taken suddenly ill after

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an exposure to a dry, cold wind or something similar. It acts best in cold, dry climates, during the winter season, but is also useful in hot weather.

Suppose a strong, healthy person who has been exposed to a cold, dry wind while thinly clad, or who gets suddenly chilled after having been sweating, should be taken with a violent chill within a few hours after exposure, followed with a high fever, dry heat, highly flushed face, great thirst and a dry, hard cough, with a sharp pain in the chest. There will be a call for a doctor right away, and on reaching the patient the first thing the doctor will notice is the great restlessness, fear and anxiety of the patient. You can read fear and anxiety in every line of his face. He thinks he is going to die, and that before the next morning. He is also exceedingly selfish. "I am very sick, and will die if you don't do something for me right away!" he cries. He wants lots of sympathy; and the family stands around feeling as fearful as he does. You see his flushed face, notice his high, full pulse, take his temperature, and on further examination find the lungs congested, friction sounds over the painful area, restricted, shallow respiration—all evident symptoms of a beginning pleuro-pneumonia.

Now you put a powder of aconite, any potency from the 30th up, on his tongue, and dissolve another powder in a few teaspoons of water, a teaspoon to be given every half-hour for a few doses, with instructions to give him all the cold water he wants and keep things quiet around him, and you will find that in a few hours the storm will begin to go down, the turmoil settle into peace and quiet, and the patient go to sleep.

When you call next day you will find the temperature less, pulse less rapid, respiration better, less pain and less congestion; but the thing you will particularly notice is his freedom from fear and anxiety. The patient will look at you with an easy expression, and say: "Doctor, I am better."

This is an aconite case clear and simple; any other remedy could do no good, but would even be harmful. But, mind, it is the sudden oncoming, the fear of death, the anxiety and restlessness, that makes it an aconite case, and not the hyperæmia, congestions and inflammations, nor the fever. These symptoms are found in all similar cases, and cannot form the base of the prescription.

Now, is this not a better way of using Aconite than to use it for all fevers, and then in the tincture 2x or 3x? The former is scientific and explicit; the latter routine and guessing.

Or let us take a child that has been out playing on a clear, cold winter day. The child is apparently well when going to bed, but after a few hours' sleep, usually before midnight, it will wake up suddenly with a hoarse, croupy cough and choking. There will be a "hurry call" for the doctor, and on getting to the bedside he will find a robust, healthy-looking little "chap" sitting up in bed, struggling for breath; his face expresses fear and anxiety in an extreme degree. He will cough hoarse and croupy

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d choky, and you feel and the mother feels that there is fear d anxiety in the air.

You ask the mother how long he has been sick, and she will l you, "He was well this evening going to bed, and after sleep- a few hours woke up this way." You may ask what he was ing during the day, and she will say, "He was out playing etty rough, without coat and hat, and got a little heated before ning into the house." Here is another aconite case, and a little wder of the 1m. or higher will make him breathe easier in a v minutes. The fearful expression will begin to leave the face d before long he will lie down and go to sleep nicely and sweet-

But it must have the sudden oncome, the great fury, the treme fear and anxiety. Without these symptoms aconite will no good.

Or let us take a case of diarrhœa or dysentery during the hot ason. You may be called in the early night of a hot summer ason, to find a robust, full-blooded man sitting on a commode aining and passing some thin, watery stools, or it may be ar blood. He has pain in his bowels and is nauseated; may en vomit blood. He will look at you in great agony and say: Doctor, this is awful! It came on all of a sudden this evening, d I will surely die before morning if you don't do something ick!" He is fearful, anxious and thirsty for cold water. He suffering intensely, and his fear and suffering is felt all around n.

You may ask him what has happened, and he will say: "Oh, thing. It was a hot day; I got sweaty and drank lots of cold ter; had my supper and went to bed feeling all right. Then of a sudden I woke up with this pain and diarrhœa, and I mply can't leave this commode!" Here is another aconite case you. But it is not the diarrhœa, the stool nor the pain that kes aconite. It is the suddenness, the fear of death, the anxi and restlessness and the fury of the attack that spells aconite.

These are general symptoms pertaining to the patient, and e whole is always better than a part. A few broken doses of onite of a potency high enough to make an impression will on relieve the fear, the straining and the pains, and he will able to go to bed again.

This little sketch does not exhaust aconite by any means; ly illustrates this method of studying a remedy. It is an order- method, it is plain; it is scientific, and it is absolutely reliable, know your remedies from this standpoint.

And now, ladies and gentlemen, when I look back over my rly experience as a student of homœopathy (which, I think largely that of every student in our homœopathic colleges), d think of what it might have been had we been taught by com- tent teachers from the start, I can not but have a feeling of mpathy and regret for all these young men and women who are ving to practice homœopathy. It is no wonder that they be- me "mongrels," "pathological prescribers" and "all kinds" prescribers. The competition in practice is close, the "knock-

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ing" from the regulars constant—and here is this young doctor trying to demonstrate the superiority of a science he knows little or nothing about! He must "make good," and having a poor knowledge of and less faith in his remedies, he is driven to other measures that will give some kind of results that he may keep his patients—and then homœopathy is considered a failure! His training in materia medica was unsystematic, unscientific and uninteresting. The philosophy of homœopathy is unknown to him; the homœopathic clinics he attended were either guesswork or "mongrel" prescribing. And after all this, what can you expect!

Homœopathy suffers in reputation; people lose faith in it; the "old school" laughs at it and say it is dead, and if we can not do better in the future, there will be no plausible excuse for homœopathy existing as a separate school of medicine. Now, please do not misunderstand me. I have no personal grievance; nor do I find fault with anybody in particular. I am discussing systems and means, not personalities. I believe every teacher is trying to give and teach to his best knowledge and ability.

It is because I see the drift of things—see the results of our inferior teaching and realize what it will eventually lead to—that I call your earnest and sincere attention to this matter. It is because I know what real homœopathy is and what it can do that I raise my voice of protest against the prevailing systems of teaching in our schools. In fact, I believe that of all discoveries of the ages homœopathy is the greatest, because it brings to man that which is dearest and greatest to him—namely, health. Man of today is only the sum total of everything that is good and bad and diseased in his parents and in all those gone before him.

Disease is mainly the result of transgressions of laws of life and being; and these results accumulate and pass on from generation to generation, forming "miasms," or constitutional tendencies to physical or mental degeneration in one direction or another.

The cell activity and the structures and organs of the body as a whole are only what the inner life of man makes them; and this life can not express itself in a normal and healthy body as it should as long as it is held down by these "miasmatic" poisons or disease bonds. The great army of chronic invalids or semi-invalids around us is ample evidence of this fact.

No crude drugging, no external treatments and no surgery can liberate the life force from these bonds of disease. Only potential remedies that operate on the same plane with the life will accomplish this, and homœopathy is the only system of medicine that offers remedies of this kind. But medicines must be used masterly and conscientiously to accomplish it. No one can do this without understanding the fundamental principles and having a thorough training in the art of their application.

Our young men and women are not getting this kind of training in the homœopathic colleges of the day; and if this, the greatest and grandest of all medical teachings, shall be perverted and lost to generations to come it will be our fault.

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It would be a great pity, it would be a shame—yea, it would a sin!—if we should let homœopathy degenerate in our hands o something not even worthy of a name.—Medical Advance.

ECHINACEA

JOHN FEARN, M.D.
Late of Oakland, Ca.

The dried root of the Brauneria angustifolia (Linne) (Echin-a angustifolia, DeCandolle) Heller.

Echinacea angustifolia, according to King, grows in the estern States from Illinois to Nebraska and southward through issouri to Texas, thriving best in rich prairie soil; that which ows in marshy soil is of inferior quality. It is known by the mmon names of narrow leaved purple cone flower, cone flower, d (erroneously) as black Samson.

Specific Indications and Uses.—Wherever we have depraved nditions of the fluids of the body, whether the result of the in-oductions of poisons from without, as in the case of bites from nemous reptiles, rabid animals, or due to imperfect digestion d assimilation within the body, poisoned wounds, and injuries ich destroy the life of the part; also in adynamic fevers.

Therapy.—I believe that no remedy ever introduced into e practice of medicine, has gained such extensive use or ac-mplished as much good in the same period of time as echinacea. introduction and by much experimental use, it is a purely lectic remedy and the names of Meyer, King and Llyod must er have the credit of placing it in the therapeutic position here it stands today amongst progressive physicians. But the estion might be asked, in all the praise bestowed on this rem-y, are there none who cry failure? Yes, there are! But we ink that these failures can be accounted for. First, by the ct that wrong plants or roots have been gathered; second, the ots may have been gathered from poor soil, or poorly prepared; third, the prescriber may have been wrong in his prescribing, he may have expected too much. About the time specific hinacea was put upon the market, our medical society was in ssion. Echinacea came up as a subject for discussion. I was en carrying a line of specific medicines. The doctors asked e whether I had echinacea in stock. I told them no, but I ould have it. I at once telegraphed Lloyd to express me a mber of pounds till I could get it by freight. It came quick-and the lot was very soon in the hands of physicians. I was us the first to bring it to the Pacific coast. I have had it under bservation and in use ever since and it has rendered me great rvice. King, Webster and Ellingwood and Smith have written ry instructively on this remedy, and those not acquainted with e drug might think that these men were drawing on their im-ginations; certainly some of their cases seem little short of the iraculous. But I believe careful use of the drug will soon con-

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vince you that though "Black Samson" may not be the true name of the drug, yet it is indeed a Samson in the fight with disease. The agent is used both internally and externally.

Echincea is advised in the treatment of scarlet fever, diphtheria, spinal meningitis, pyosalpinx, appendicitis, boils, hemorrhoids, phthisis pulmonalis, pulmonary gangrene, snake and spider bites, etc., and wherever we have septic conditions and tendency to local death.

If ever there was a remedy that could claim the properties of being an alterative and antiseptic, this is certainly such an agent, and if we study its action closely we shall see how it accomplishes this work. In fevers it brings down temperatures; in fevers of an adynamic type with obstructed circulation and tendency to sepsis, it brings about normal circulation and overcomes sepsis. It acts on the three great emunctories, the skin, the kidneys and the bowels, thus opening those great flood gates for the elimination of poisonous matter, and while breaking down and eliminating poisonous matter in this way, it is a good appetizer and improves digestion, so that while tearing down it also builds up. In fermentative dyspepsia, in diarrhea, in dysentery and in cholera infantum, with ill-smelling discharges, it is a great healer and sweetener.

In diphtheria and malignant sore throat, with ulceration, it is a most useful remedy, but use it with any other of our indicated remedies. In post-nasal catarrh and catarrh of the head, with ulceration and great fetor, use it freely internally and by spray or the Birmingham nasal douche; it reaches and cures.

Taken into the mouth or applied slightly to the tongue, it gives rise to a tingling that has always reminded me of aconite. It promotes the flow of saliva quite freely, the action continues sensibly down the esophagus, and I believe its influence in this way extends through the alimentary canal. In those cases of dyspepsia where the eructation of gas from the stomach and the discharge of flatus from the bowel is very fetid, it is a potent remedy, destroying fetor and putting an end to auto-infection.

Dr. Tuchler, of San Francisco, found echinacea to relieve the excruciating pain of a cancer of the fauces. Others speak of its pain-obtunding properties in cases where the blood is depraved. Professors Farnum and Felter call attention to the rapidity with which it overcomes the odor of carcinomata.

Some physicians advise it as an injection in specific urethritis and vaginitis; it relieves the pain, cleanses and heals. In a good degree it seems to possess one property in common with calcium sulphide—that is its power to limit the formation of pus. It is on these grounds a capital remedy to use in preparing patients for operations in cases of pyosalpinx, etc.

Ellingwood gives the record of a case which had been diagnosed as psoriasis, the result of vaccination. The hair fell out, there was a diffuse skin disease, with loss of the nails, also the thick skin on the palms of the hands and the soles of the feet, together with a destructive iritis of the left eye and corneal ulcer

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f the right eye. There seemed little hope of life, and yet this an made a good recovery except that the left eye was lost. chinacea was used freely, with phospho-albumen and syrup f iodide of iron. Who will say that the age of miracles is past?

For bed sores and fever sores it is a great sweetener and aler. A homœopathic physician, of Missouri, was one of the rst I saw use this remedy, and he had almost unlimited faith in ecific echinacea in ulcerated sore throat and old tibial ulcers.

Echinacea acts powerfully upon the glandular system in ammary inflammation, and in inflammation of the lymphatics ywhere it is a great remedy. In blood poisoning I have had rand results with this drug again and again, where septic isons were absorbed in the finger. I have been called where e pain was severe and a chain of enlarged glands could be aced from the hand to the axilla; the cases looked serious; the rts were bathed with hot alkaline solutions, then the arm was essed with the remedy, and good doses were given internally ery two hours. The next day the danger was past, while other tients in the neighborhood with the same trouble and treated e old way, died. It seems to have the power to kill poisonous aterial, make new blood, and from that new growths. In one se a young man got his hand poisoned. It was neglected until e case looked serious. An abscess formed, the index and second gers were badly involved, and the abscess spread down into e palm. First, free vent was given to the imprisoned pus, it as then washed out with dilute echinacea, and wet dressings the same were applied. He made a splendid recovery.

In cases of crushing injuries, where the integrity and life the part seems to be gone, there is nothing better. A young an in one of our wholesale houses passed through a manhole go into the basement. The steel door fell with great force, prisoning the thumb and fleshy part of the hand, between the eel door and the sidewalk. On examination the thumb, where joins the hand and for some distance either way, seemed crushed a pulp. When I spoke of amputation, he begged me to try d save it. Echinacea and proper splints were relied upon, and made a splendid recovery, with good use of the thumb and nd. These two cases were really severe and serious cases, and t what a comment on human nature when I say these two men ere closely related to the nine lepers healed by the Saviour! ey neglected to reward the doctor except by words! Words!! ords!!! Where people are able to pay, thanks neither satisfy e stomach nor clothe the back.

Echinacea is one of the clean out and clean up remedies. is, as Ellingwood says: Sallow, pallid and dingy conditions the face and skin disappear, and the rosy hue of health is ap- rent. And the beauty is, so far as I know, there are no toxic evil results following even the use of large doses. When you are eating the sick never forget this remedy where sepsis shows elf.

In syphilis and in syphilitic skin diseases it is one of our eal remedies. In typhoid fever the Eclectics, in the wards of

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the Cook County Hospital in Chicago, have proved this to be a great remedy. The disease has been much shortened in its course and the death rate is the lowest known.

I have said nothing about it as a remedy for snake bite, because I have had no experience with it. But I have studied the literature on the subject, and I believe it to be a true remedy if taken in time, using it locally and internally . Dr. H. C. F. Myer used this remedy as an antidote to the venom of the crotalus horridus, and says it stands without a peer. He gives the history of 613 cases of rattlesnake bite, in men and animals, all treated successfully. He had such confidence in the remedy that he injected the poison of the rattler into the first finger of his left hand. In six hours the swelling had extended to the elbow. At this time he used the remedy internally and locally. In four hours the pain, swelling and trouble were gone.

Dose.—Of specific medicine echinacea from gtt. i. to gtt. xxx, or even gtt. lx. I would rather give the medium dose, say gtt. x. in glycerine and water and repeat every one to three hours.

Echafolta.—An alcoholic solution of a resinous principle obtained from brauneria angustifolia (Linne), (echinacea angustifolia, DeCandolle) Heller.

This article is a purified form of echinacea. I said years ago, that leontin was blue cohosh with the dirt taken out. So we may say of echafolta—it is echinacea with the dirt taken out. It is free from extraneous substances, such as chlorophyl, extractive, and other plant dirt.

Theraphy.—Echafolta is a beautiful preparation, and especially useful as an external application to fresh wounds, cuts, sores, and as a wet dressing after operations, capital and otherwise. I have used this article extensively and consider it one of the triumphs of pharmaceutical skill. As a wet dressing, it can be used in the proportion of Echafolta ʒiv, aqua destillata to ʒiij. It can be used for all the purposes for which we use specific medicine echinacea.

I have found it very good in phthisis pulmonalis. A good way to use it is in gtt. x at a dose. It can be given in syrup of wild cherry or in simple syrup of eriodictyon glutinosum, or syrup of the hypophosphites. I have given it in gtt. x at a dose in such vehicles every two or three hours, and under its influence I have seen sputum loaded with bacilli, in two months so changed that there was no bacilli to be found and the patient's health so improved that she could sleep well, eat well, and was able to leave the house and take exercise in the open air, the only other remedy being strychnine sulphate in tonic doses. It might be said that the strychnine did the work, but from this and other cases I give the credit to the tonic and antiseptic power of echafolta.

There is one peculiar thing I would note. My son, J. Radford Fearn, M.D., who has used echinacea extensively, tells me in trying to switch from echinacea to echafolta, at my suggestion, that he finds that echafolta gives rise to nausea. I have never seen

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nor had this experience. The remedy in my hands has worked pleasantly and effectually.

Dose.—My doses have been generally about ten drops, repeated as needed.

Echofolta Cream.—This is an elegant preparation, carrying the healing and antiseptic properties of echinacea angustifolia. It comes in a collapsible tube, is of good consistence, and possesses a resinous odor. It is a valuable addition to the grip of the physician, especially in country practice.

Therapy.—This forms a very nice unguent for fresh cuts, and, after they have been thoroughly cleansed, to old sores, syphilitic, tibial or bed sores. It makes a nice dressing for piles, chapped hands, chilblanes, sore nipples, boils and carbuncles. In cases of tender spots in the urethra, it can be applied to them, as I have done, with the greatest advantage.

Some time ago, a surgeon, who had performed a tonsillotomy on a young man, consulted me as to a sore on his index finger. At the time of the operation, several weeks before I saw the case he had wounded the finger with the tonsillotome. In spite of care it would not heal. He was afraid it was syphilitic. The edges were hard and indurated. I did not feel confident about it being syphilitic, and yet, to say the least, it looked suspicious. I ordered echafolta cream to be applied, and under its use the wound did well and all induration disappeared. This agent has a wide field of usefulness.—Eclectic Medical Journal.

LOBELIA—INDIAN TOBACCO

B. H. BALLMER,
Cincinnati

The leaves, tops and seeds of Lobelia inflata are the parts of this plant used in medication. Lobelia is an annual plant which grows wild in our fields. In height it stands about two feet. Its flowers are many, small and blue, and it imparts a peculiar burning taste when first taken into the mouth. The plant should be gathered in the fall and dried in the shade.

Its active principle is lobeline. This occurs as a liquid alkaloid and is very poisonous. Lobelia is an anti-spasmodic, sedative and diaphoretic when given in small doses. In medium doses it is nauseant, expectorant, relaxant and emetic. In very large doses it causes great relaxation of the muscular system and a sense of impending death.

As an anti-spasmodic it is regarded as one of the leading remedies in spasmodic asthma, and in convulsions it has produced most favorable results. It stands next to anesthetics in this line. Give it by the mouth or rectum. In whooping cough it arrests the spasmodic spells of coughing. By its action the air passages are cleared and respiration becomes easier.

As a sedative it is valuable in all forms of irritation of the respiratory tract. In doses of ten to thirty drops it is most ef-

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fective in angina pectoris, neuralgia of the heart and spasm of the bronchi. It makes a decided impression on the nervous system, seemingly having a specific influence on the pneumogastric nerve and the parts supplied by it. It is also especially good in dermatitis, which is caused from ivy poisoning. As a sedative, lobelia ranks between aconite and veratrum. When combined with macrotys it makes an excellent remedy in angina pectoris.

As an expectorant it shows its effects where a large quantity of mucus is secreted and there is lack of power to remove it.

As an emetic it ranks first in the materia medica because of the thoroughness in its action. In increases the peristaltic movement of the stomach and intestines to such an extent that old mucus which has a tendency to cling to the walls and which no other remedy has been known to remove so effectually, is thrown off, thus cleaning up the alimentary tract and restoring to a degree the normal functional activity. The remedy should be given in these cases in small doses frequently repeated in order to get the proper effect. What is most desired then is to get the general influence of the remedy in the blood and not simply its local irritant influence upon the stomach. By correcting the abnormal circulation, secretions in the gastro-intestinal tract are corrected.

Lobelia is one of the most powerful vital stimulants in the materia medica. It not only strengthens the circulation and improves innervation, but by its influence upon the sympathetic nervous system it also stimulates the vegetative functions to greater activity. To get best results here, give it in one drop doses.

"It stimulates the nerves controlling digestion and secretion, and makes the whole sympathetic system more sensitive." —Locke. It increases the flow of urine and augments other secretions. The countenance is animated, eyes brightened, and the senses rendered more acute. It is especially useful in diseases where there is capillary congestion. In bronchitis, pneumonia and laryngitis, chronic catarrh, coughs and all forms of irritation its merit is unmistakable.

Lobelia has also another important virtue. It relaxes the tissues and favors expectoration. In rigidity of the os uteri, vagina or perineum, given in small doses of one to three drops every fifteen minutes until nausea is produced; the parts are completely relaxed, thus aiding those cases of difficult labor where the os is thick and rigid. Lacerations are prevented as the result of the relaxation of the perineal muscles.

Recently it was discovered, in the opinion of some, to be a specific antitoxin in diphtheria when given hypodermatically. The results have been very remarkable. In several instances it has been employed after repeated injections of the serum antitoxin have had no effect, and the patient's condition improved rapidly.

"In large doses lobelia has a toxic action." Poisoning

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curs seldom but when it does occur there are symptoms of eat burning in the fauces and stomach, gastric distress, purg- g and vomiting, great anxiety, pronounced muscular relaxa- on, profuse sweating, with great debility, convulsions and ath.

Indications.—A full, oppressed or small, feeble pulse; pre- rdial oppression, oppression in chest and around the heart, th difficult respiration; pneumonia, with extreme dyspnea; gina pectoris; rigid os uteri and obstinate convulsions, espec- lly if hysterical in origin.

The average dose of the crude drug is 7 1-2 gr.; of the fluid tract, one to thirty drops, and of the specific, one to thirty rops, depending on the indications.—Eclectic Medical Journal.

POTASSIUM CHLORATE

JOHN HERBERT HOPKINS, M.D.
Rushmore, Ohio.

While thinking of a subject to write upon and present to this, ir honorable State Society, my thoughts drifted to one of the ob- lete drugs; that is to say, it is foreign to a great many physi- ans and not used in their practice at all.

This drug or salt is potassium chlorate. If I had not proven myself that this salt has a valuable place and distinct usage in e practice of medicine today, it would not have been selected as subject. Therefore, whatever is said for or against this potas- im salt has been verified by definite clinical experiences and anifestation of its efficiency.

The properties of potassium chlorate are alterative, stimulant id antiseptic, but its usage should be confined to its local effect on any mucous surface throughout the body, but that mucous rface should show accumulation of mucous patches, mucous m, follicular formations, ulceration or any formation upon the ucous surface spoken of as a coating. It acts more admirably on a moist coat of the mucous surface than a dry. Hence, we ink of it in follicular tonsillitis, follicular pharyngitis, stoma- tis, ulcerative tonsils, cold sore throat, and, combined with udanum, says one authority, it is very efficacious in hemorr- oids; and, in diphtheria, I think that up to a few years ago, it as the most dependable remedy when combined with tincture of loride of iron known to the medical profession; and today, I ink that if its effect was more clearly understood it would still e used in all cases of diphtheria.

In the use of the potassium salt, I would advise every pract- oner to use the saturated solution from the crystals and not om the granular or powdered form, and in so doing he will ever get the irritant effect upon the gastric mucosa. I would so advise that this remedy should almost exclusively be used as local remedy and never given in any great quantity to get con- itutional effect. I know there are a few conditions in which it is

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almost a specific, but its action must be carefully discerned. For instance, in typhoid fever with sordes appearing upon the teeth, it should always be used, but as soon as the sordes disappear and mucous surfaces are cleansed, it should be discontinued at once. Also in infantile stomatitis (aphthae and thrush), it is a remedy par excellence, but watch the dose. Give it small enough. A large dose given to children internally will carry mucous patches, follicles, etc., down through the intestines, followed by violent intestinal discharge accompanied by a nephritis that may result in death. Never administer potassium chlorate when you have a clear mucous surface, for there is no other condition where the physician or his patient will reap any benefit whatsoever. There must be some accumulation upon the mucous surface somewhere that should be removed. In vaginitis, leucorrhoea, endometritis and cervicitis, when combined with muriated tincture of iron, it is of inestimable value.

Allow me to impress upon you again that potassium chlorate is a local remedy for local pathological conditions and its value has been demonstrated by the earlier Eclectics, and of which, I am proud to say, my father was one, and I remember when a small boy the success my father had in repeated epidemics of diphtheria with this salt combined with tincture of iron, but always using it locally, combined, as I have said.

Now, in conclusion, I entreat of you to remember you should not lose sight of the great systematic alteratives in combination with this salt, but use it as a local remedy as I have directed you and I am sure that you will be more than satisfied with the success that will crown your efforts.

TINCTURE OF CAPSICUM IN THE PNEUMONIA OF ALCOHOLIC SUBJECTS

The method of treatment of pneumonia by capsicum is of American origin. The Journal de Medecine (September 9, 1906) states that it is valuable in those cases which are marked by intense delirium. A decoction of capsicum annum may be used, or a tincture, diluted with water (1 to 30 or 45). A dessertspoonful of this is to be given every two or three hours; or the tincture may be prescribed in doses of twenty drops several times a day. When the action of the heart becomes weak and the nervous phenomena are marked, the dose may be increased to a quantity sufficient to control them. The patient's condition improves and he is enabled to sleep quietly.—New York Medical Journal.

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CONTRIBUTED ARTICLES

THE INJURIOUS POSSIBILITIES OF PURE FOOD*

BY JOHN P. SUTHERLAND, M.D.
Boston, Mass.

I CANNOT claim to have had any experiences as an internist or general practitioner that differ materially from those of my colleagues, but it so happens that in my efforts to cure some of the chronic conditions that have come under my care, it has been seemed necessary from the diagnostic and therapeutic standpoints to seriously consider the possible pathogenic influences of diet. My attention was primarily directed into these channels some twenty-five years ago by reading an interesting and illuminating book on "Diet" by J. Milner Fothergill, the popular and able English physician who later himself succumbed to gout. During this interval of a quarter of a century the uric acid idea became exceedingly prominent as an etiological factor in the production of chronic disorders and Professor Haig's dietetic treatment was initiated and attained practically a world-wide reputation. "Vegetarianism," also, has been very much to the front and has been advocated ardently and enthusiastically, by some who have argued from the firm foundation of physiological chemistry, but chiefly by those whose arguments have been founded on sentimental or humanitarian grounds, or ethical or religious convictions or who have been mere faddists. Salisbury's "Beef Plans," a method of treating many chronic and obstinate conditions by the use of an exclusive and even raw meat diet also held sway temporarily and made many converts, as well as victims.

*Read before the Hughes Medical Club of Boston, and after revision before the Homoeopathic Medical Society of the County of New York May 8, 1913). Now printed after further revision.

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Unfortunately for the medical profession, and more unfortunately for suffering humanity, there has been no universal acquisition and diffusion of knowledge concerning what constitutes a rational and truly physiological diet. From time immemorial people have eaten for food such things as have come their way, or such things as have been dictated by convenience, by fashion, or by economy. It seems an anomalous state of affairs that humanity has not yet learned, even in this intensely scientific age, what we should eat, and in only a vague way has learned why we should eat. Some medical writers who aim to instruct the public by popular articles in magazines and newspapers, claim that in the subject of diet man should follow his inclinations; should eat whatever he wants to, that he can get, in any variety and quantity; in short that he should be guided by his appetite, desires, cravings, palate or as they say, by his "instinct." What utter confusion, unhappiness and desolation would be brought about in individual and community life, in the development of character and morals if man were to be guided in all the affairs of life by his appetites and desires, his "instinct" or which is much the same thing, his "moral depravity!" If instinct and appetite are trustworthy guides in eating and drinking they are equally trustworthy in these other affairs and relations of life.

Man is a rational being—although the evidence does not always point convincingly to that fact. Man, however, is so equipped that all his actions may be and should be in accordance with knowledge. He is not a mere animal to be guided by instinct, he should be led by reason. Of all animals, man alone has the power of acquiring and applying knowledge, in a broad sense, to daily life. In this all-important matter of food for the natural body I cannot help feeling that needed knowledge may be acquired by a suitable study of physiology and chemistry, and by following the hints so generously given by Nature herself.

In these days of wide-spread interest in collegiate and national athletics, in Marathon races and Olympic games, everyone is familiar with the term "training table." It is probably true that tradition rather than exact physiologico-chemical knowledge prescribes the menu for such a table, but it is practically universally recognized that a certain and regulated diet is necessary to bring one up to his physical best and enable him successfully to endure the strain of training and competitive contest. If an athlete "breaks training" in diet or otherwise, disastrous results and failure are looked upon as certain. Humanity's attitude toward this question emphasizes the fact that the diet ordinarily made

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use of is not the sort calculated to get one into, and keep him up to, his best form. Logically then it may be assumed that "the diet ordinarily made use of" may be or is positively injurious and this question becomes permissible since life is full of tests requiring strength and endurance of body and of mind, Why not keep in continuous "training" dietetically and otherwise?

In these days, also, when "science" is being turned to economic uses, people generally are more or less familiar with the investigations carried on and the educational work attempted by our national "Department of Agriculture," by our various state Agricultural Colleges and Experiment Stations. The rural population hears much about and appreciates the value of potash, ammonia, nitrogen, lime, phosphates, etc. It knows something about the feeding of plants, and realizes the necessity of a well-balanced ration if a good crop is to be secured. It is becoming known that too much of one thing in the soil will make all stalk, blades and leaves but produce no fruit; that an excess of something else will burn the roots and perhaps kill the plants; that one kind of soil (nutriment) is needed for potatoes, another for asparagus, another for fruits, etc. That is, the health, vitality and productiveness of plants have been and are being scientifically studied and the acquired knowledge put to practical use. The farmer knows how to fatten hogs, chickens or geese economically, and how to feed horses and "stock" so as profitably to utilize their various possibilities—but poor neglected humanity! Efficiency, avoidance of disease and nutrition (diet) have not yet been usefully consociated.

In this brief presentation of views it will be impossible, of course, to go into details with any sort of thoroughness, but there are a few ideas I shall offer with the hope of exciting a discussion which will result in our mutual acquisition of knowledge.

First let us prepare for a discussion of the subject by formulating our conceptions of food. What are we to understand by the word itself? Dunglison, who is still an authority in the medical world, under the word "Food" simply refers us to "Aliment."

His definition of "Aliment" is "Food: any substance which, if introduced into the system, is capable of nourishing it and repairing its losses." The Century Dictionary tells us that Food is "What is eaten for nourishment; whatever supplies nourishment to organic bodies; nutriment; aliment; victuals;" etc., also "Anything that sustains, nourishes and augments." These definitions while in the main satisfactory lack the definiteness and precision needed for our present purposes.

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If we turn to biological studies we shall find that the physical basis of life is the chemical compound called protoplasm, and that life manifests itself through certain functions or properties of protaplasm which are called irritability, nutrition, growth, reproduction, conduction and locomotion. "Nutrition," that marvelous property of life, consists of taking into an organism substances from without, organic and inorganic, disintegrating them and recombining them so as to form the organism's own protoplasm. The entire chain of disintegrative and constructive processes plus the production of energy and the elimination of waste matter constitute metabolism; and metabolism consists of simple and complex physico-chemical processes which are under the direction and control of vital force. Nutrition, as far as thought or language is concerned, may be expressed in chemical terms, and it is to chemistry, physiological chemistry especially, that we must look for knowledge concerning our subject. For our purposes we may conclude that food is the material, elementary or compound, organic or inorganic, from which vital force may construct protoplasm and maintain its efficiency.

Nature has given us, if we can read her language, interpret the handwriting on the wall, only one perfect food for mammalia during extra-uterine life, and that is milk, "each after its kind." After birth, during infancy, the most active and important period of development, milk furnishes all the ingredients for the construction of protoplasm, and milk may be looked upon as the type of food necessary for the later growth and activity of the mammalian body. Food, therefore, must consist of water, carbohydrates, fats, proteins, and mineral salts in due proportion and quantities.

If we turn for a moment to the pathogenic aspects of food we shall find that medical literature is remarkably silent on the subject. Among the laity, however, certain aphorisms exist which show that this phase of the food problem has attracted attention. For instance, an old saying has it that "Men do not die; they kill themselves." Also, "Many men dig their graves with their teeth;" "Diseases increase in proportion to the number of chefs;" "What is one man's meat is another man's poison;" "More people die from overeating than from starvation;" "Much meat, many maladies;" "Quick to the feast, quick to the grave;" "Feastings are physicians' harvests;" "As a man eateth, so is he;" and so on. Apropos of the last a small boy who was being taught that he made himself by his food, asked, "If a cannibal eats a missionary, will he become a Christian?"

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As I have said, the pathogenic aspect of food has been curiously, and I think, unwarrantably neglected by medical writers, and unnecessary confusion exists in medical circles concerning the injurious possibilities of food on the one hand, and the effects of a disturbed or vicious metabolism on the other. The difference between the two is, however, easily and clearly definable. In the latest (the 1912) edition of Osler's "Principles and Practice of Medicine" we find a short section devoted to "Food Poisoning" and we naturally turn to it with the expectation of finding something instructive on the subject, but the examples cited refer to infected food in which the food forms simply the vehicle for poisonous parasites, germs, fungi, and the products of putrefaction, or to poisonous things like poisonous mushrooms which are eaten by mistake for the edible varieties. In the case cited it is the parasite, germ or putrefactive product that poisons and not the food itself. On the other hand, in a totable book by Winfield S. Hall entitled "Nutrition and Dietetics" (1911), we find a section on "Nutritional Disturbances Due to Food" which presents the pathogenic possibilities of food in a clear and logical manner. And here let me emphasize the fact that it is pure, that is unadulterated, food that Dr. Hall refers to. For instance, to quote a paragraph from Dr. Hall's book to illustrate my point: "Overfeeding:—This occurs especially in the first few months before the baby and the breast have become adapted to one another. The baby gets either too much milk at proper intervals or more commonly too much at too frequent intervals, or else its tolerance for fat is lower than normal. Regurgitation and vomiting are commonly the first symptoms. Occurring immediately after feeding, it may be considered a physiological process of getting rid of an excess of food. Sooner or later it comes on some time after nursing, and is then part of a dyspeptic condition that manifests itself further, if unchecked, in undigested, curdy, greenish, slimy, sour, and irritating bowel movements that are greatly increased in frequency. With this there are discomfort and restlessness, shown even in the short intervals of sleep by the drawn, anxious and twitching face. The child seems hungry, sucks its fingers, and eagerly looks for the breast, that is only too often given still more frequently. Periods of colic that are excedingly painful and cause the child to draw up its legs and scream pitifully, occur as a result of the increased gas production and distension of the intestines, making it difficult and painful for the gas to pass on. The buttocks are excoriated, often ulcerated. Thrush is apt to appear in the mouth. Eczema of the

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cheeks, scalp, and body is common. The child becomes pale and flabby and loses in weight. Fever and intoxicaton naturally follow in severe cases, unless the condition is relieved. The fat is, doubtless, the chief disturbing element." And again: "Underfeeding:—This occurs if the mother has an inadequate supply of milk, or more rarely, if it is of poor quality. There is, naturally, no evidence of indigestion, and yet a failure to gain normally in weight, or what is more serious, an actual loss. A very suggestive symptom is constipation, that is rarely ever due to any other cause in breast feeding. The baby is commonly quiet and 'good,' often 'too good,' and may become listless and apathetic. If the lack of food is marked, it finally becomes pale, inactive, weak, cool to the touch, emaciated, with soft and sunken abdomen, and depressed fontanelle, and may not nurse or even swallow when food is introduced into the mouth. The bowel movements may become greenish or greenish-brown and slimy looking, as in infants on a simple water diet. * * * The baby often nurses quite indifferently, and then cries because it is not satisfied. Excessive crying and apparent hunger are far more characteristic of overfeeding than underfeeding."

Dr. Hall then directs attention to the disturbances caused by fat when given in too large quantity; by starch as used in certain "baby foods," or when used too early in life before preparations for its digestion have been completed; by the excessive use of sugar in artificial feeding; and by the too free use of protein. He also discusses the subjects of "Food Intoxications" (differentiating these from bacterial infections), of "metabolic bankruptcy;" of lack of toleration of breast milk or artificial foods. and the dietetic regime by means of which these conditions may be best overcome. This book by Dr. Hall brings out more clearly than any other book with which I am acquainted the pathogenic potency of an unbalanced diet or of a diet unsuited to a given child, and the therapeutic value of a diet adapted to the peculiarities of the individual infant.

It has long been recognized that rickets and scorbutus are typical instances of nutritional disturbances brought about in infants by an unbalanced diet. The food administered in such cases may be pure—too pure and sterile perhaps—but is lacking in some important ingredient and the results are disastrous. Probably in no branch of medicine has physiological chemistry done so much to decrease suffering and prolong life as in the department of infant feeding, and it is my firm conviction and contention that a rational application of chemical knowledge to the

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feeding of adults will prove as life saving as has been the case in the feeding of infants. Incalculable misery and unhappiness may be prevented and human life still further prolonged, its usefulness and comfort vastly augmented, by the suitable adaptation of what is called food to the needs of the individual body. The quality and quantity of food should be intelligently scrutinized and rationally estimated if the human body is to accomplish the greatest amount of work with the minimum of wear and tear to the organism. From the standpoint of dietetics the human body should be regarded as a machine or engine and fed with as much care as a man, for instance, will feed his automobile engine.

An enumeration of the abnormal conditions directly traceable to an unbalanced ration or an improper supply of food will include many forms of indigestion or dyspepsia, flatulence, diarrhea, constipation, obesity, certain varieties of what is called rheumatism, gout, gall stones, renal and vesical calculi as well as endogenous and exogenous forms of auto-intoxication, acidosis, varieties of arterio-sclerosis, anemia, chlorosis, and even apoplexy, as well as many forms of that protean disorder called neurasthenia. And it is the concensus of opinion at the present time that a widespread and fatal disease occurring in Asia and Japan called beriberi is due to the removal of mineral salts in whole or in part from rice during its preparation as a food. Also the enfeebled resistance that permits the body to fall a prey to many infections, tuberculosis for example, is probably due in great part to an improper feeding of the body The list is far from complete but these conditions are cited simply as examples of the disorders that may owe their existence chiefly if not wholly to errors in diet.

One would hardly be so rash as to claim that insanity and cancer, both of which conditions are increasing with deplorable rapidity as may be shown by reference to health statistics, mortality records, hospital reports and medical literature and experience generally, are directly due to improper food, but how about the predisposition or the vital resistance which permits the development of these forms of suffering and disease? It is a matter of common knowledge that the most successful treatment of the lamentably frequent disease, tuberculosis, is based upon upbuilding of the body's resistance and recuperative energy by improving its nutrition. Suitable food, and fresh air by means of which the body is oxygenated and therefore all its functions stimulated, bring about this improved nutrition and the increased resistance based thereon. Considering what can be adduced as

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proof of the pathogenic and therapeutic influences of diet in beri-beri and tuberculosis, rickets, scorbutus and other diseases, it is certainly not far fetched to claim that there is an etiological relationship between an unbalanced or unsuitable diet and insanity and cancer, in so far at least as the development of susceptibility is concerned, and that this subject should be more seriously and assiduously considered than has been the case.

I wish now to call your attention to what I call distinctly pathogenic agents among the most widely used foods. There are three of these agents to the too free use of which I attribute many ills, and to the excessive use of which I am decidedly opposed. These three things are granulated sugar, white flour, and meat or the flesh of animals.

Granulated sugar represents the crystallizable element of the juice of the sugar cane and the sugar beet obtained by the evaporation of the watery constituents of the juices, the product being "refined," "bleached" and "crystallized." No one can deny that it is an unnatural food for nature does not give it to us in its artificial form. It is a highly concentrated sweet, and capable when used with the ordinary freedom among the well-to-do of "spoiling the appetite," of producing fermentative disorders in the gastro-intestinal tract, and of upsetting hepatic functions with an acknowledged ease and certainty. Its ultimate effects upon metabolism I do not think are sufficiently recognized or as yet known. No one would think of taking a quart or so of the thin and limpid sugar-cane juice at a meal. To do so would be considered excessive, and yet many teaspoonfuls of the concentrated juice in the form of sugar are taken at every meal by the average individual. No wonder sugar is hygroscopic, for the water which forms its natural solvent has been artificially driven off by evaporation, and it is not unlikely that its hygroscopic property plays a part in its etiological possibilities. Sugar, as we know, enters largely into the preparation of the so-called foods, or more precisely, the culinary products and confectionery which find their way to the tables and stomachs of civilized people, and it is among civilized people that we find the greatest number and variety of diseases. I recognize the fact that human breast milk, the highest type of food for the rapidly growing human organism, contains a relatively large amount (6 or 7 per cent) of sugar, but it is lactose, not cane-sugar, and it is the only carbohydrate in milk, starch being absent. I recognize the fact that a form of sugar is found in liberal quantities in other foods, such as corn, beets, carrots, turnips, sweet potatoes, and practically all fruits

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and berries, but in these foods the sugar is in a natural combination and proportion. It has been put there by a nature wise beyond our comprehension, and I am convinced that if we take it as nature has provided it we are not likely to use it to excess. I recognize the fact that all the starches we eat are converted into a form of sugar in the process of digestion; that a sort of sugar is stored up in the liver and in the muscles; that sugar is a fuel food of high value; in short that sugar is a necessity to the well-being of our bodies; but once more I contend that we should use in reasonable quantity the natural and not the artificial product if we wish to avoid discomfort and disease.

White sugar has been manufactured in large quantities for only about fifty years, and during this period there has been, if statistical and other information be trustworthy, a notable increase in the prevalence of mental, nervous, intestinal, nutritional and other disorders, not necessary to enumerate.

The principles which underlie my criticism of the prevalent uses of cane sugar apply with equal force to my criticism of the use of white flour. It is an artificial product and in its preparation much of the mineral matter associated with it in its natural state is removed. It is exactly on a par with the polished rice that is the asserted cause of beri-beri. In the milling process something essential is taken away, for the mineral salts have been reduced fifty per cent, and the proteins have been reduced seventeen per cent. When we realize what a difference a fraction of one per cent of fat or sugar makes in infant feeding we can readily believe that the large reduction in salts and proteins brought about in the milling of white flour must be capable of seriously affecting the health of those who habitually use in large quantities white flour as a food.

The following quotation from the "Encyclopædia Britannica" is here introduced because it contains some statements of facts which are undoubtedly truths, and because it reflects certain popular opinions which I think are not sound.

"Qualities of Flour: There seems to be at present some conflict between public demand, as indicated by the increasing attention paid to the production of a fine, strong, white flour, and the current of scientific opinion expressed, though with some hesitation and doubt, in favor of whole meal or flour in which the richly nitrogenous outer portions of the wheat are retained. The fact that the outer portions of the wheat are richest in nitrogenous principle, and that also in a peculiarly active form, is indisputable; but it has not been satisfactorily determined whether

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the nutritive value of that portion of the grain is exactly measured by its chemical composition. The condition of the nitrogenous substance, the amount and irritating nature of the ligneous tissue which accompanies it, and its peculiar influence on the other constituents of the wheat grain may and probably do affect its value. It is certain also that white flour is deliberately preferred by the laboring population, whose instinct is probably right, and it is also preferred by and for many purposes indespensable to the baker and cook."

The points I object to in the preceding quotation refer, first, to the "irritating nature of the ligneous tissue which accompanies" the nitrogenous substance of the wheat grain. It is a frequently expressed opinion that the hulls of grain (the ligneous tissue) and the cellulose of vegetables are "irritating" and injurious and should therefore be removed from these otherwise valuable foods. If the word "irritating" were used in its physiological sense of "stimulating" I would not object to it, for the cellulose of vegetables and the ligneous tissue of grains are both very useful as a natural mechanical stimulant of the peristaltic action of the intestinal tract, and if these substances were allowed to form a regular proportion of our diet, such as is suggested by nature, there would be no need for the enormous expenditure of millions of dollars per annum for, and the almost universal use of, laxatives and cathartics. This would mean not only an immense saving of the hard-earned wages of the laborer, but it would also mean a freedom from the injurious effects which attend the habitual abuse of cathartics.

Secondly, I object to the idea that the "instinct" of the laboring population is "probably right." As I have suggested, it is my opinion that the physical salvation of the human race is to be made sure by the acquisition and practical application of a rational judgment founded on knowledge of good and evil and not upon any blind following of that uncertain thing called "instinct."

I quite unreservedly approve of many of the statements attributed by Mr. Alfred McCann in a lecture recently reported in the Boston daily press as follows: "Mr. McCann gave the mineral constituents of true grain food as twelve—iron, phosphorus, potassium, magnesium, manganese, sodium, sulphur, silica, fluorine, chlorine, iodine, and lime. Each of them, he asserted, has its own essential food function, and it is the filching away of 75 per cent, by the screening of wheat to remove the bran and tailings, the polishing of rice and the pearling of barley, that pre-

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vents more than a small portion of these life-giving elements from reaching the population.

"The lecturer quoted figures to show that in 1910 there were in America 15,000,000 children of the school age physically defective in one way or another; 1,000,000 tuberculous, 6,000,000 with enlarged glands and 10,000,000 with poor teeth. He insisted that many of these conditions could be traced to defective bread."

"Of the 600,000,000 bushels of wheat produced in the United States yearly," said Mr. McCann, "not 1,000,000 reaches the human family as nature intended it should."

White flour enters to an unreasonably large extent into the diet of the average person. It is found in the ordinary white bread, biscuits, rolls, muffins, crackers, cake, pastry, pies, and as a thickening in gravies and soups. I acknowledge that these things are whiter and flakier and possibly more attractive therefore to the eye, and unfortunately are considered more palatable by the "instinct" of the laboring population than the same articles made with or from the whole or natural wheat flour, but these are no reasons, by any means, why white and bleached flour should be so universally used by people who should be intelligent and rational.

Once more I make the claim that a wise and beneficent nature dictates that we should use as food the grains, vegetables, and fruits she has so wondrously and laboriously combined for our sustenance and physical development.

If our present purposes permitted, it might be profitable to consider at this point the variety, composition and food value of the cereals so bountifully supplied by nature; the tenacity with which they hold on to the vital principle as manifested under congenial circumstances by the growth and productiveness of grains which have lain buried with mummies for thousands of years; and the constructive metabolism of plant life as opposed to the destructive metabolism of animal life; but the merest reference to these subjects will have to suffice.

My third point, the pathogenic properties of meat or animal flesh, there is not time at present to elaborate. Briefly, my objection to the average meat diet is based on the fact that animal tissues, possessing as they do a destructive metabolism, are more or less charged with waste and excrementitious matter and chemical compounds, some of which are distinctly toxic, and which may prove toxic to the animal producing them, if they are not eliminated, as well as to those who freely partake of them as food. It is my conviction, founded on my personal chemical analysis

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of decoctions of meats, my limited biological studies, and my experiences as a general practitioner in diagnosing and treating chronic diseases, many of which are unclassifiable conditions, of chronic rheumatism and gouty states, headaches and various manifestations of "nervous" disorders and lowered resistance to malign influences generally are attributable to a too free consumption of meat. I recognize the fact that meat contains certain useful nitrogenous elements and compounds, as well as soluble mineral salts in an assimilable form that are valuable as foods. These things, of course, are not objectionable. It is the toxic elements and possibilities of meat that I object to. And since proteins and easily assimilable and necessary mineral salts are accessible in milk, eggs, cheese, grains, vegetable foods, nuts and fruits in an abundant variety and quantity, and since these articles of food do not contain the waste products of animal life, it seems to me, from the physician's standpoint they should be substituted for the customary meat diet.

To be a little more explicit, it is to be taken for granted that you are conversant with the exceptionally brilliant and original investigations into animal metabolism and the toxicity of urine conducted a quarter of a century ago by Bouchard. Certainly every member of the profession is familiar with the more recent work of Von Noorden, whose name has become almost a "household word" among the intelligent laity, and whose demonstrations in connection with the toxic influences of a vicious metabolism has practically given rise to the aphorism, "Man is the generator of his own poisons." Profession and laity are thoroughly acquainted with the terms "uraemia," "uraemic convulsions," "uraemic coma," "uraemic headaches," "uraemic vertigo," "auto-intoxication," etc., and it is well known that deficient elimination as a part of a disturbed metabolism is chiefly responsible for these and allied conditions. It is known that the chief organs for the elimination of tissue wastes are the kidneys. It is known that the elements of the urine, which is an excretion, not a secretion, pre-exist in the blood and are not found in and by the kidneys, although the kidney epithelium may help to combine certain elements. And it is known (vide Bouchard and others) that the urine even of healthy animals is distinctly and fatally poisonous to other animals as well as themselves. The exact nature of these poisonous agents—for there are doubtless many—has not yet been ascertained, but skilled chemists and physiologists are at work on these problems. Years ago on making chemical analyses of simple aqueous solutions of fresh butcher's meat,

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liver and kidney, I found, as expected, many of the constituents of urine. These findings confirmed conclusions arrived at during rather elementary studies of biology (embryology, histology and physiology) and may easily be repeated by even the tyro in the technique of medical chemistry. It need not be emphasized that by universal consent urine is not to be looked upon as a food. So much, all too briefly, on the meat question.

The "Therapeutic Aspects of Food" is too large a subject for our present consideration. Some of them, of a negative character at least, may be logically deduced from what has been said. Others of a more positive character possibly may be brought out in the discussion which it is my hope may be instigated by the statements and opinions expressed in this inadequate treatment of my subject.

UTERINE INERTIA

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WHAT are the physiological influences that initiate uterine contractions? Why do these influences or forces sometimes fail partially or completely? What can we do to regulate or intensify them when they are inadequate? And, furthermore, how may the surgical side of our art be employed to the best advantage when the ordinary means fail to accomplish the desired purpose? These are the practical questions I have propounded for myself and which I shall answer as well as I can in the remarks which I shall present on this occasion.

One might suppose that everything had been said on a subject so fundamentally related to the phenomena of parturition. Obstetric science and art is as old as the human race. The forces of nature have been studied by the most astute and discriminating observers for ages. I occasionally take from my bookshelves a volume containing the case records of the practice of the greatest and most original of all English obstetricians, William Smellie, during the period from 1751 to 1764, wherein is recorded the histories of 531 cases of labor attended and operated upon by Smellie himself. I sought to know how this great man interpreted the forces of nature, and what he did to meet perversions of these forces at the bedside. These histories are as interesting and instructive at the present day as they undoubtedly were to the men of his own and later times. From a perusal of these clinical

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histories I am constrained to admit that up to comparatively recent times little advancement has been made in obstetrical science and art. The introduction of chloroform and the use of the obstetric forceps inaugurated the first great epoch in obstetrical practice; next came the era of asepsis and antisepsis and coincident with that the principles and practices of modern surgery were gradually added to the art. At the present time the sciences of physiology, pathology and experimental biology bid fair to open to our vision a wider and more comprehensive knowledge of the vital processes concerned in gestation, parturition and post-partum phenomena, and as a necessary corollary of this, a more intelligent practice than we have hitherto possessed.

Many theories as to the influences which tend to cause the onset of labor have been advanced. For ages the view of Hippocrates held that during the latter part of pregnancy the unborn child was forced by hunger to place his feet against the fundus and so force his way out of the uterus to gain required nourishment. Galen was the first to deny the fetal movements to be the cause of labor and assigned the action to the contractions of the uterus which gradually dilated the cervix uteri and then forced the foetus out of the uterus with the aid of the abdominal muscles. Since the days of Galen many theories as to the cause of labor have been advanced. Irritability of the uterus increasing with the advance of pregnancy and most pronounced at the recurrence of the menstrual epochs; thinning of the partitions between the glandular structures whereby the way is prepared as the time of labor approaches for the easy separation of the dense inner stratum of the decidua; the ready response of the uterus to stimuli reflected from the peripheral extremities of the spinal nerves to direct local irritation; the presence of blood surcharged with carbonic acid in the uterine vessels; the reaction of the uterine muscle from the tension to which it is subjected by the growth of the ovum. Some of these influences play accessory roles, but none of them is now believed to be the essential cause, the primum mobile of this vital process.

Researches made during the last two or three years by German physiologists tend to show that the onset of labor and its regulation after it has once begun depends upon hitherto unknown and unsuspected substances circulating in the mother's blood. What these hypothetical substances are we do not know, nor have we any definite knowledge as to their origin, whether derived from the foetus or the ovaries, or possibly developed de novo in the maternal organism.

Physiological experiments tend to show that metabolic pro-

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cesses within the fetal body are capable of developing substances which produce a sort of systemic intoxication in the mother's blood, which while not harmful to the parent seem to be specific in their effect in producing uterine contractions.

As the result of a series of experiments, or studies, on gravid rabbits in which fetal serum had been injected, Von der Heide decided to try the same course on women. If the effect of human fetal serum on pregnant human females is analagous to that of the lower animals it is to be expected that uterine contractions will result from the injection. Von der Heide injected fetal serum intravenously in 26 gravid women using various quantities and in certain cases repeated the injection. I cannot give details of the results, but Von der Heide is certain that fetal serum is capable of inducing labor when injected intravenously and intra-muscularly. According to his view labor is an anaphylactic process, human fetal serum acting as foreign proteid does. Fetal serum produces contractions of the uterus in both primary and secondary inertia. Other investigators have had results which were quite as convincing as were those referred to by Von der Heide when fetal serum was used intravenously.

Prof. J. Whitridge Williams states that he has been able to confirm to a certain extent the conclusions of Von der Heide although he admits that it is too early to express a positive opinion concerning the correctness of this hypothesis. Another substance which nature makes use of to augment and stimulate labor is pituitary extract derived from the infundibular portion, or posterior lobe of the hypophesis cerebri of the pituitary gland, the so-called "pituitrin" of the physiological laboratory. This discovery was made by Dale in 1906 and his researches were published in the pages of the Journal of Physiology. It is interesting to note that the pituitary gland increases in size, weight and color during pregnancy, and its natural secretion increases just as the thyroid and mammary glands do. After parturition there is an involution which is complete at the termination of the lactation period. Considerable work has been done experimentally to demonstrate the action of the hypophyseal extract. In the non-pregnant uterus of lower animals there is an increased activity of muscle action but contractions are weak. There is very slight response of the uterus in early pregnancy over that of a non-pregnant one. Abortions cannot be produced by the extract alone, though when started by other means the process is hastened. The nearer term the greater effect resulting from the injection of the extract. There is an increasing susceptibility of the uterus to the action of pituitary extract as pregnancy advances;

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the nearer term the stronger the contractions produced; the maximum effect is seen during labor at term and the effect increases from a minimum at the beginning to a maximum at the termination of pregnancy. The human uterus is affected in a similar way to that of the lower animals. But there seems to be a variability in individual susceptibility to the stimulating effect of the extract. In normal labor the extract from the woman's hypertrophied hypophysis no doubt acts as a powerful aid to the act. In cases of inertia there seems to be little doubt that there is a deficiency either of the birth substance (the fetal antigen) or of the pituitary extract. Administration of the extract from the lower animals supplies the deficiency. These are the conclusions of the physiological experimenters up to the present time. The results observed from fetal serum are interesting from a scientific standpoint but probably will yield no practical result. Not so with pituitrin. As we shall see later on this product seems destined to be of great practical value.

Inertia uteri may be primary; that is to say, uterine action may be feeble from the beginning, incompetent, and ineffective; or uterine action may begin favorably, but after a time the forces grow feeble or cease altogether; in the latter case we speak of it as secondary inertia. Deficient power may be due to an inherent defect in the muscle fibre itself; it may be fatty, thinned, attenuated, and feeble; or the trouble may lie in some fault of innervation; these two conditions are quite apt to coexist, as for instance in the case of a woman who has borne a large family of children rapidly; she comes to her confinement in poor condition, anaemic, thin, worn out and exhausted from hard work and poor food. The uterine muscle in such women is primarily weak, and innervation is defective. We see women of this class frequently in the Flower Hospital. The most marked cases of secondary inertia are due to fatigue from disproportion; either the pelvis is a trifle small or the head of the child is relatively large, the result is the same; fatigue and cessation of labor pains partially or completely. Occasionally the driving force (uterine action) is misdirected; the axis of the uterine canal does not correspond to the axis of the pelvic inlet, the expulsive power is transmitted in a line posterior to the normal axis of the parturient canal, hence some of the expulsive power is lost. This occurs in cases of relaxation of the abdominal wall with overhanging abdomen (the pendulous belly) as sometimes seen in a relaxed multiparæ. In such cases primary inertia is observed from the onset of labor, or secondary inertia results from exhaustion due to ineffectual efforts. Over-distension from twin pregnancies or from an exces-

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ve quantity of liquor amnii (hydramnios) is a veritable cause of ertia, usually primary. As a result of the distension, cohesion f the muscular bundles in the uterine wall is lost, hence weak ction, delay and exhaustion. The severe pain incident to the ilation of the cervix uteri in hypersensitive individuals will occaonally inhibit uterine action through reflex influences and laor will practically come to a stand still. Again, a "dry labor" hile in itself not a cause of inertia uteri, may so prolong the rst stage as to induce a marked degree of secondary inertia rough muscular fatigue, as well as nerve exhaustion from proracted pain. Abnormal adhesions of the membranes to the marins of the internal os, predisposes to secondary inertia. Multile myomata, old adhesions about the uterine appendages, and resh inflammatory areas act in a similar manner.

The most serious form of secondary inertia in the first stage f labor that we have to contend with is that in which the uterus as begun its work in a normal manner, but after more or less ersistent and violent action the forces flag, the bag of waters ruptured, the liquor amnii drains away, the body of the uterus ecomes contracted and retracted around the body of the child, contraction ring is formed, while the lower segment of the uters remains relaxed and flabby no longer affected by the feeble nd inefficient contractions, perhaps indeed the contractions have eased altogether. Such a condition as this may be due to one f several influences, viz., a transverse presentation, a brow or a ace presentation, or perhaps a slight degree of disproportion beveen the pelvis and the presenting head; so far as the result is oncerned it makes no difference whether the pelvis is one in hich all the diameters of the inlet are slightly diminished (as those comparatively common cases of the justo-minor type) in the simple flat pelvis or in the generally contracted flat varity; the termination is the same in all, viz., maternal exhaustion. he wise man is the one who will recognize these conditions beore the mother reaches this state of extremis, and does whatever ay be necessary before it is too late.

Uterine inerta in the second stage of labor is generally more angerous to mother and child than inertia during the first stage, ith the exception of the conditions I have just spoken of, viz., ose due to disproportion or malposition or malpresentation peiliar to the first stage. So long as the membranes are unrupured, inertia during the first stage is generally considered of ttle consequence. In most cases this is no doubt true, but I am onvinced that inertia during the first stage, even with intact embranes is not without danger to the child. I have seen two

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cases of Caesarian section performed during a prolonged first stage where the presence of meconium in the liquor amnii, and marked slowing of the fetal heart prior to the operation showed that the child had been in danger. In all cases of inertia whether in the first or second stage the danger to the child is from prolonged cerebral pressure and interference with placental circulation.

Another danger to be apprehended from prolonged uterine inertia which I think is not sufficiently recognized is an increasing mortality and morbidity on the part of the child, the latter not being recognized until later in childhood. Impaired mentality due to cerebral hemorrhage at birth is now and then seen. In this connection I cannot too strongly urge the importance of auscultation to determine the rapidity and quality of the foetal heart beat during labor. By employing this simple precaution at intervals of an hour, especially in prolonged labor, the physician can keep himself accurately informed as to the condition of the child. A foetal heart beat which falls to 100 per minute, or runs up to 160, or alternates between the slow and high, shows the child is in danger, and delivery is demanded.

The treatment of inertia uteri in its various phases is an exceedingly broad one and embraces the widest knowledge of the physiology and phenomena of labor, and the maturest judgment to know when to apply the resources of our art, as well as how to apply them, and equally to know when to let the patient alone. It is highly important that the physician should remember that the gravity of a case of labor is not measured by its duration alone, and that interference is not indicated unless objective signs of danger to mother or child are apparent. Or to be more precise and bring the case within the realm of the absolutely safe, the aim should be to anticipate the danger point and thus be prepared to act in the interests of both patients before the period of danger is actually reached. With the above qualifications well in mind we may proceed to specify directions as to methods of procedure in case assistance is demanded.

If inertia is primary, that is to say if no adequate contractions have occurred one should seek the cause. If mechanical like an over-distended uterus from an excess of liquor amnii or from twins, labor may be started actively by draining away the fluid by puncturing the membrane high up on one side by means of a long silver probe; if due to malposition of the foetus this ulation combined, maintaining the improved position by a propshould be corrected by external, or external and internal manipperly applied abdominal binder; if due to a pendulous abdomen,

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well-fitting binder will again prove useful by bringing the uterus into its proper position and so compel the expulsive forces to act in conformity to the axis of the birth canal. If the cervix is rigid, or pains do not start, or the bag of water has been emptied hours before, or the breach is presenting, or in dry labors when the child is in bad condition we may start labor, or increase weak pains by the introduction of a rubber bag. In simple inertia when nothing exists to prevent the onset of labor or its natural increase except feebleness of uterine muscle or defective innervation, rupture of the membranes, provided the cervix is soft and dilatable, will often suffice to set labor in motion more actively. We have many homœopathic remedies which are of great value in uterine inertia and there is a distinct place for them in this class of cases. Caulophyllum, cimicifuga, pulsatilla, causticum, kali carb., gelsemium, cuprum aceticum and many others have been shown over and over again to have undoubted virtues in regulating and intensifying uterine action. In some women the pains of the first stage of labor are so distressing that uterine action is in a measure inhibited thereby, and no progress is made. Chamomilla has a marked influence in enabling the patient to bear her pains with greater fortitude, lessens nerve irritability, regulates the forces of labor and so facilitates delivery. Hot water douches against the cervix promote dilation, and stimulate contraction. But there are cases all too often met with in which none of our remedies will be of more than temporary benefit. A little more power is manifested, but the increased force is not enough. In spite of all we can do the nerve and muscle tone seems only adequate to the task of dilating the cervix, perhaps not even that. The immediate result is an exhausted, perhaps hysterical woman with labor only partially completed. If these patients are allowed to continue their fruitless efforts the remote result will be a nervous and physical wreck for a year or two after the birth of the child.

The exact form of assistance to be rendered in these cases depends upon an accurate diagnosis as to the cause of the difficulty.

Non-engagement of the head of the child due to disproportion, however slight, can only be determined after a careful measurement of all the pelvic diameters taken in conjunction with the test of labor. If the latter has been permitted to continue until nature has exhausted her efforts or nearly so, and yet the head has not entered the cavity of the true pelvis it is time to do a Caesarian section rather than later after frequent manipulations have brought about infection. Surely a section in competent

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hands is better than a version or a high forceps if mother and child are in danger from inertia due to the causes stated. Of course the state of the cervix uteri, the presence of a retraction ring, the degree of contraction and retraction of the uterus with relation to the body of the child, and the mobility of the latter as well as the strength of its heart beats, would all have a bearing in determining the propriety of version as compared with the risks of a section, as would also the degree of engagement of the head at the superior strait help one to decide as to forceps vs. version, or versus Caesarian section. These are highly debatable questions, and can only be determined on their respective merits. The rule used to be: "When in doubt, turn." With our present knowledge and experience the cases in which we are in doubt should be very infrequent, but when there is grave doubt do a section as offering the best chance for both mother and child.

As has already been stated if the inerta is due to fatigue in consequence of the resistance afforded by a rigid or slowly yielding cervix call to your aid the valuable influence of the elastic bag, preferably of the Voorhees type as the best for general use.

If the presenting part has descended to the pelvic floor and resistance here proves too much for the over-worked forces to overcome now is the time to use the forceps before the maternal soft parts and the fetal brain receive an undue amount of pressure.

The treatment of uterine inertia cannot be considered as up to date, which does not include more than a passing notice of pituitary extract. Obstetrical literature has contained many references to the use of pituitrin by physicians in all parts of the world during the last two or three years.

I think it will be conceded by all practical obstetricians whatever their special predilection for drugs that anything we can administer which will augment the force of uterine contractions when inertia threatens and thereby enable the patient to accomplish delivery without instrumental aid and without injury to the mother or the child should be given. That this substance has some contraindications and some danger is quite as certain as that it has virtues of undoubted value. My own experience is limited to only ten cases; in these it was of signal benefit, and no unfavorable symptoms were noted.

Pituitary extract should have no place in normal labor; its use should be confined in obstetrics to instances of primary and secondary inertia, and to secure uterine contractions after Caesarian section when it is said to act more promptly and vigorously than ergot. In relaxation in the third stage of labor (post partum

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emorrhage) it acts less reliably than ergot for some reason nknown. The drug acts best at full term, in the second stage of bor and also when administered shortly after spontaneous or rtificial rupture of the membranes. Theoretically the remedy uses intermittent contractions of the uterus, but practically hen full and repeated doses have been given, and too great sistance to delivery exists, these contractions approach to the ntinuous in character, and clinically must be so reckoned with. uch complications as premature separation of the placenta, fatal mpression of the foetus, and even uterine rupture can readily ke place; in one case that has come within my own cognizance, e mother died within one hour after the hypodermic injection one ampoule of pituitrin, of what was diagnosticated as acute latation of the heart. Inertia, primary and secondary, with the ginal cervix still present, and only one or two fingers dilatation, ould be treated not with pituitrin but along other well recog-zed lines until the case shall have at least advanced toward the d, and more safely and conservatively into the second stage of bor.

When the cervix is soft and dilatable and nothing to prevent vorable progress except inertia, pituitary extract renders val-ble aid.

If, however, resistance is great and the prospect is that it ll be difficult to overcome, or in primiparæ with small vaginæ d firm pelvic floor, or where labor is likely to be prolonged on count of a right occipito or mento posterior position, the pitu-ary extract should be given with caution, watching the effect refully and not repeating the dose unless the indications point rongly to its use.

The precaution stated by Prof. Clifton Edgar is a safe rule guide one in the use of this drug. He says: "My present plan which I have reason to fear a too great resistance in the cervix, gina, or vaginal outlet, or in a malposition, is to give a small ntative dose of the drug repeated if necessary. My object ing not a prompt so-called brilliant termination of the case by mpestuous contraction with possible danger to the foetus and ft parts, but rather to bring that presenting part within easy nge of a simple forceps operation."

Most cases of inertia in the last part of the first and in the cond stage will be promptly delivered by pituitary extract, its tion being more positive in multiparæ than in primiparæ. It ts best at full term, in the second stage of labor and if given ortly after spontaneous or artificial rupture of the membranes.

The remedy is not useful in the induction of labor; it fails

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to initiate contractions. But if given some time after the introduction of gauze or a bougie, or a hydrostatic bag the remedy distinctly aids the other means. It should be stated with emphasis that the use of pituitrin in the first stage of labor is a dangerous practice, liable to cause death, or deep anesthesia of the foetus, separation of the placenta, uncalled for laceration of the cervix and possibly uterine rupture. While the effects are positive they cannot be relied upon in every case. The drug should never be employed in any stage of labor unless anesthesia is at hand for immediate use, or preparations are complete for immediate delivery if we are to avoid uterine rupture. To sum up the action of this newly found nature's remedy: It has positive virtues as well as positive dangers, and should be used only with a full knowledge of all these qualities.

THE AMERICAN TWILIGHT SLEEP

BY HERBERT C. ALLEN, M.D.
Brooklyn, N. Y.

IN THESE days when twilight sleep has been so vaunted in the magazines and newspapers and where so little has been said of it in the medical journals, it has produced a peculiar psychological effect upon the laity which has placed physicians in the position where women are demanding that twilight sleep be administered to them with perfect ingorance as to what they are requesting and with childish fearlessness of the danger which it might entail.

In our obstetrical experience enjoyed at the Cumberland Street Hospital in Brooklyn where material is abundant, the experiments which we have carried on in the last few months by administering the popular twilight sleep of scopolamine and narcophin side by side with what we have chosen to call the American twilight sleep which consists in the administration of nitrous oxide and oxygen, not carrying the patient beyond the stage of analgesia, have been instructive.

In comparing these two methods of relieving the pain of child-birth we have been greatly surprised with the success of the latter method as compared with that of the former.

So far as we can learn never has nitrous oxide and oxygen been used in this way, but in searching the literature I find that Dr. A. E. Guedel of Indianapolis used nitrous oxide and air in the year 1913 with some success.

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We would have you understand at the start that we claim
othing of a discovery but are simply applying a method to our
se which has been used in other lines of medicine and dentistry.

It must be conceded that all forms of twilight sleep known
day are applicable in selected cases of both multiparae and
rimiparae and these must be of a normal character and normal
resentations, with every expectancy on the part of the obstet-
cian that the case would normally deliver itself within eight
ours.

Those of you who are familiar with the scopolamine sleep
e at once struck with prolongation of the second stage of labor
hich seems always to be the consequence of its administration.

Again, you always observe the asphyxiated condition of the
abe at birth and those of you who have watched twilight sleep
its course know full well the care and the anxiety of the long
ours of watching that are often necessary to bring the case to
safe termination.

With proper administration of nitrous oxide and oxygen not
eyond the analgesic stage we have found that most of the try-
g experiences of scopolamine sleep are the reverse under this
ethod.

It might be well here to state that we carry out the best
ethod advised by the Freiburg men in this administration of
opolamine and narcophin.

The American twilight sleep has been administered to a
umber of cases in comparison with an ample number of the sco-
olamine sleep and we find in nitrous oxide and oxygen that the
econd stage of labor is shortened or normal but never prolonged
ecause the patient is able to use voluntary efforts which are lost
minimized in scopolamine sleep.

Another advantage is that we bring our patient to the normal
eriod within ten seconds of administration and that her respira-
on and pulse are not made abnormal and the foetal heart is not
ecreased at any time. Indeed our patient is not asleep, for a
onversation can be carried on with her and questions answered
fter administration and it is only by this that the proper stage
f analgesia can be recognized together with the condition of the
upils. Of course it is understood that the room be as quiet as
ossible as all noises are exaggerated.

We use only the nasal inhaler and we begin by telling the
atient that she is not going to sleep but that she will not feel
ain if she follows the instructions which we give her. She is
old to breath normally through her nose and that she may feel

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a tingling sensation in her hands and feet or that she may feel as if she were floating through air.

The sensation is rather exhilarating than oppressive and we would not advise any obstetrician administering gas and oxygen who has not first had it administered to himself so that he can better recognize and appreciate the condition in which he finds his patient in the several stages.

At the start we give our patient 95 per cent gas and when the pupils dilate we gradually reduce the percentage of oxygen until the pupils just begin to dilate from normal, reminding our patient all the while that she is not to go to sleep and requesting to see her tongue, and if we think that she is getting beyond the stages of analgesia, the oxygen is increased and the nitrous oxide decreased and the patient is immediately conscious.

When the patient's conversation becomes rather thick-tongued and slow, this is the stage for which we strive.

Few men outside of the internes and several members of the hospital staff have witnessed this administration in our hands One man has suggested that it is spectacular to witness a patient under the influence of nitrous oxide and oxygen using all her voluntary efforts of expulsion and with the head stretching the perineum to the utmost, telling us both then and when the babe was born that she felt no pain and did not know when the child came into the world.

The babe is not cyanosed at birth, the ruptures to the perinei are very much lessened because they stretched normally without the tension caused by the excruciating pain and restlessness of the woman at this juncture, and there is no sleep stage following the birth, either of the child or the placenta as there is in scopolamine.

The first few cases in which we employed this method were badly bungled because of our lack of knowledge and appreciation of its use and the condition produced in analgesia, and we use the word bungled advisedly not because there were any fatalities but because of the comfort and results to our patients which we now obtain.

We find the patients vary in their susceptibility and that it is necessary to administer from 65 to 85 per cent nitrous oxide and from 35 to 15 per cent oxygen to hold the patient in this analgesic stage.

In the near past two primipara on the same day at the same stage of labor were given, one the scopolamine sleep and the other the nitrous oxide, and were allowed to progress in their

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normal way. The scopolamine sleep was administered to the one at 5:50 p. m. and the babe was born at 11:17 p. m. of the same day. The other primipara was given nitrous oxide and oxygen at precisely the same stage of labor at 10:30 p. m. and her babe was born at 11 p. m. Both were having pains at two minute intervals at the time that each received their treatment. The scopolamine patients' interval became five minutes almost immediately. The gas patient progressed with her two minutes interval with the use of voluntary efforts whereas the scopolamine sister used no voluntary efforts whatsoever, and we could if time were permitted, show you many other instances of these peculiar comparisons.

We feel that the use of pituritrin in the scopolamine sleep is dangerous to the child and we believe this because of the prolonged second stage of labor. The placenta has an opportunity under pituritrin to become blanched and the child suffer so that we have discontinued the use of this drug in scopolamine sleep.

Pituritrin is used without danger and with benefit during the second stage of labor in the gas and oxygen variety.

Gas and oxygen has been given continuously from four to five hours in the analgesic stage without any bad effects noticed to the present date and now at the Cumberland Street Hospital any normal case that presents itself to us for delivery receives one or the other form of twilight sleep.

These results have been attained and comparisons made at a tremendous sacrifice of time and loss of sleep and those who have witnessed both methods of twilight sleep state that the administration of gas and oxygen is preferable to the scopolamine variety.

In my service at Cumberland Street Hospital where we have from 40 to 60 cases a month, there is ample material for experimentation and no fatalities have occurred to date among the children or the mothers.

Two children were badly cyanosed with the administration of pituritrin in the scopolamine variety but with two or three days of careful attention their lives were assured, so far as this condition was concerned, for the future.

We are able with the American twilight sleep to carry on a conversation with the patient and allay any misgivings as to her fear. She lies quiet, follows our instructions and no diminution in the light is necessary, and we find where the patient can speak English and understand the same, and even among the foreign and ignorant, that they learn almost instantaneously that by

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beathing through the nose, pain is obliterated and they rest comfortable in the stage which they do not understand but do not fear because of the possibility to converse and make their wants known.

It is only fair to say that patients addicted to liquor or the drug habit do not take the gas and oxygen in a low percentage of the gas. More gas is required for such a patient to keep them in the desired stage.

We use no injection of morphine prior to its administration.

Multiparae are those who most appreciate twilight sleep of any form. We find primipara who suffer even slight inconvenience are apt to magnify the condition, being unable to make comparisons with former labors.

What gas and oxygen hold in the future for complete anasthesia under these circumstances, this paper cannot discuss, but we believe that the American twilight sleep is robbed of the dangers and also of the prolongation of the second stage of labor as well as the loss of cyanosis to which the child is subjected in the scopolamine variety.

We invite those of you who are interested to visit us at Cumberland Street Hospital where this can be demonstrated when the proper case presents itself. I shall be glad to place your names upon the telephone list and if you are willing to be called night or day we will gladly invite as many as can be accommodated in turn to witness this form of relief during labor.

It would not be fair in closing to pass from this discussion without expressing in public my thanks to our superintendent, Miss Laurence, who has attended us night and day in every experiment that we have made, and at times when we have been discouraged because of our lack of knowledge she has encouraged us with her untiring efforts, and if any one is responsible for the success which we enjoy today, we owe it to her, as also to Doctors Hazen, Gould and Cavanee, all of whom have given us their aid and support in every detail.

171 Lefferts Place.

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"PAINLESS CHILDBIRTH" FROM OBSERVATIONS OF "TWILIGHT SLEEP" OR "DAMMERSCHLAF"

(Narcophen—Scopolamine Anesthesia)

BY M. W. McDUFFIE, M.D.

Attending Obstetrician Hahnemann Hospital, formerly Assistant Professor of Obstetrics, New York Homoeopathic Medical College and Flower Hospital
New York City

THE interest stimulated in this subject of "Painless Childbirth" at the present time is commendable. We, as physicians, have been altogether too callous and insufficiently active. Many are yet so. To illustrate: Recently a patient in one of our hospitals with a simple contracted pelvis, after nineteen hours labor, was given "Dammerschlaf" successfully for an additional twelve hours—remembering nothing of this ordinarily painful ordeal from 11:00 p. m. to 11:00 a. m. The remark of one of the doctors was: "What did you accomplish aside from giving the patient a night's rest?" If not callousness, what can you call it?

American women, I believe, owe a vote of thanks to Miss Marguerite Tracy for arousing interest in this subject. And, although we as physicians do not like to admit so, it is a fact that a woman, through a lay magazine, has reminded—and forcibly so—the profession of America as to its duty.

Criticism and denunciation when given with knowledge and when deserved, is desirable. We must, however, take exception to severe and unwarranted abuse and underhanded insinuations from those who do not take time to investigate and see for themselves. Many object to any method for the relief of this painful ordeal. For instance, in talking with one physician he said: "I believe that women should bring forth in pain and suffering for thereby her appreciation and love of her child is increased." Such rot! He forgets the great number confined under ether and chloroform or gas and oxygen. I wonder what would be his state of mind if, when passing a calculus, his physician should say: "You must have this pain for thus you may appreciate health and life."

Painless childbirth by the use of morphine-hyoscine anesthesia, was first brought to our attention by reports from the clinic of Kronig and Gauss at Freiberg, Germany. In 1907 Gauss reported on the first 1000 cases. This method at the time, was taken up by many American obstetricians and the verdict in

*Read before Clinical Club of New York, Oct. 15, 1914.

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general was good but dangerous in private practice. (See article by Dr. G. F. Butler on Hyoscine Anesthesia in Obstetrics, American Journal of Obstetrics, August, 1907, page 171.) We, ourselves, at that time, made observations on 30 cases, but discontinued the treatment as a routine for three reasons: restless excitement of the mothers, effect on the babies, and the increased time necessary for each case. We have, however, since found that our dosage at that time was at fault.

Professors Kronig and Gauss by their great perseverance and patience, have now from observations in over 5000 cases eliminated the objections and dangers of their earlier method and given us a technique whereby it is possible to bring about, practically speaking, in 80 per cent of the cases, a painless childbirth with less lacerations, less forceps deliveries, less shock to the nervous system, less death rate among the babies, and a more normal convalescence than heretofore. It behooves us therefore to gain a knowledge of this method and the Freiberg technique.

With this end in view we have therefore, made observations in various hospitals of Greater New York, and in private practice, on this treatment. And at this time, we desire to thank Dr. Kurt Schlossingk, from the clinic of Kronig and Gauss, Freiberg, Germany, who has done such excellent work at the Jewish Maternity Hospital, and who is introducing the technique of this treatment here in America, for many courtesies extended.

In our observations we found that narcophen is now being used in place of morphine, as it has a less constipating effect; does not cause nausea, and has less effect upon respiration. Narcophen is a combination of narcotine and morphine meconate, half and half. In experiments on cats it was found that by giving morphine convulsions were produced, but by giving narcotine first and then the morphine, this was prevented. Therefore the combination of narcotine and morphine called narcophen. The dose of narcophen is 0.03 centigrams or 1-2 grain.

When we consider that narcophen is three times stronger than morphine we may deduct that when narcophen is not available 1-6 gr. of morphine is the dose to use. In the Freiberg technique, narcophen is occasionally repeated but in one-half the first dose, namely, 0.015 centigrams, or 1-4 gr. In repeating morphine, therefore, 1-12 gr. should be the dose.

In a search for data, we found that this dosage was absolutely safe, both for mother and child. No matter whether given just before the birth or hours before. The foetus does not take

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up as much of the drug as we would expect, due to the selective power of the placenta. The effect is greater when given many hours before delivery than when given shortly before, as the absorption has had time to take place. Therefore, when giving morphine the dose should be in proportion to the time of expected delivery.

Dr. M. W. Kapp, of San Jose, Cal., has suggested another morphine derivative, which he has used with success, namely, heroin 1-12 gr., by hypodermic, followed if necessary, in three hours by 1-24 grain.

In the Freiburg technique scopolamine (Stable) is now being used in place of hyoscine. These two drugs would seem identical, both chemically and physiologically, although clinically with hyoscine there is more flushing, restlessness and excitement, but this, we believe, is not because of difference in the drugs, but due to a difference in their purity.

Most unfavorable reports on this treatment we find from cases in which the technique has not been followed. Larger doses, for instance, having been given in many cases than now advised. The toxic dosage is one millegram per single dose or three millegrams in twenty-four hours or 1-20 gr. The dosage recommended with the Freiburg technique is so far under this dosage that the the danger is nil. Symptoms of poisoning such as too great excitement, marked restlessness, would call for discontinuance of the "Dammerschlaf." We have seen no such case in which this has been necessary. The baby shows scopolamine symptoms, such as dilated pupils, etc., but none which contraindicate its use, and which pass off quickly.

Scopolamine is a sedative diuretic, and is quickly eliminated from the system in these small doses, and if necessary to discontinue the twilight, as for instance, in uterine inertia, same is accomplished very quickly. This is perhaps, more so in labor cases than would be the case in other conditions where the drug is used, due to the increased energy generated by the labor pains. More frequent catheterization during labor is necessary in this treatment due first to the diuretic action of the drug, secondly, because the patients are lying down in bed. Our personal observations as to the effects on the mother's kidneys are not satisfactory to us as yet, for the reason that in most of the cases seen, while care was exercised as to the examinations before, the examinations after were not of catheterized specimens. However, there were few cases of casts. The albumin present could be

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accounted for by the presence of blood—being postpartum. This, however, was but a trace. This question is the only one of doubt to our minds at the present time, although reports would seem to show conclusively that the treatment is not harmful, but benifiial to the kidneys, being recommended particularly in pre-eclamptic and eclampsia cases. In our series but four such cases were observed, and they were successful, both for mother and child. In two cases, however, with no signs whatsoever beforehand, blood pressure normal, and urinalysis negative, nephritis developed, whether from treatment or whether a latent nephritis developed as a result of the labor, which as we all know may be the case, it is impossible to state. We would emphasize this point in particular, careful examination of the catheterized specimens after delivery, both in ordinary deliveries and in those treated; thus, and only in this way may we reach a true and unbiased opinion.

A word as to pituitary extract. This extract in from 1-2 to 1 c.c. doses, which is so powerful in bringing about uterine contractions, as used in the ordinary way, is frequently of service with this treatment towards the end, but remember its contraindication—nephritis—especially if repeated doses are necessary, as pituitary is an irritant diuretic, differing from scopolamine which is a sedative diuretic. In your twilight sleep cases all obstetric proceedures as in ordinary cases, are indicated and advisable, such as hot compresses to the perinaeum to assist dilation, oil douches, coaching of the patients to bear down, the use of enemas, colonic irrigations, etc. Above all a knowledge of obstetrics is essential.

The percentage of death rate among twilight babies which I have been able to gather is under 3 per cent, while the death rate from several New York Hospitals, general service, is over 4 per cept, thus favoring painless childbirth.

The Freiburg Technique

1. Complete examination of patient, especially pelvic measurements.

2. Contraindicated if doubtful foetal heart sounds, uterine inertia, placenta praevia, or cases which need surgical interference.

3. Best given when patient is in labor with pains about every five minutes and dilatable (three fingers).

4. Room. Semi-darkness (twilight), quiet, but not absolute quiet. Lights shaded with blue paper shades. Ordinary bed or obstetrical bed with mattress divided in the middle. Drop-

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light, convenient for examining progress. Ordinary obstetric outfit.

5. First injection. Note pulse, color, respiration, foetal heart sounds, frequency and duration of labor pains. Inject narcophen 0.03 centigrams or 1 c.c. of a 3 per cent solution hypodermically in thigh and without removing the needle, inject through same 0.0045 (1-133 grs.) decimilligrams of scopolamine (Stable).

One-half hour after first injection again observe the pulse, respiration, foetal heart, color, frequency, and duration of labor pains, and note patient's general condition as to restlessness and quiet. Danger signs would be in the mother's very rapid pulse or extreme restlessness and excitement. In the child unusually slow or very rapid foetal heart, that is, if continued. We must remember the variableness of the foetal heart, whether taken with or between pains. There's a difference.

Second injection. Before giving this injection, and those to follow always observe pulse, respiration, foetal heart, frequency and duration of labor pains, and note condition of mother as to color, restlessness, quiet, etc.

In the second and subsequent injections, the narcophen is not repeated except in occasional severe cases. If it is repeated the dose is one-half 0.015 centigrams (1-4 gr.). The second subsequent injections are scopolamine .0015 decimilligrams (1-400 gr.), or 1-2 c.c. of ampoule preparation, given at an average of hourly intervals.

From the second injection on, success or failure with this treatment depends upon the experience and observation of the obstetrician. It is the ability to determine whether the patient is in a state of amnesia or not. They, practically speaking, all have analgesia from the first dose but amnesia may not come until the third, fourth, or even the fifth dose; usually between the third and fourth doses. We must remember our object is to keep the patient midway between consciousness and unconsciousness. If they are aroused from this midway plane even though for a few minutes, by a sudden shrill noise or by an unusually severe pain at the last as the child's head is born, they may reconstruct the whole period of the labor and failure result. Gauss has called these sudden arousings to full consciousness "Isles of Memory." These we must avoid. Ether or chloroform may be used in these cases for the last expulsive efforts or in case of low forceps, even as in ordinary delivery, though not absolutely necessary, and if given, in much smaller amounts than usual. The great majority of cases will not need more than four to eight in-

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jections, to complete the labor. The average delay varies from one to four hours which is of advantage to the mother, giving the parts time to relax, therefore less lacerations, especially cervical. And as a result of this important fact, women will be better off, and gynecologists much poorer.

We have not observed any cases of postpartum haemorrhage from the treatment. After-pains seem somewhat increased. The patients, mentally and physically, are in much better condition than is usual.

The postpartum exercises taught to each patient are excellent and no doubt hasten the recovery. They are:

1. Patient lying flat on back, pillows out from head, hands clasped behind neck. Have patient raise herself alone or with slight assistance from the nurse or doctor to half-sitting position. Then by supporting on hands, patient gradually lowers herself to the horizontal.

2. Extension and flexion of arms against resistance.

3. Limbs drawn up. Knees forced outward and inward against slight resistance. This exercise is called the perineal massage.

4. Legs flexed and extended against resistance. These exercises are begun in the first twenty-four hours for a few times each, and increased to five minutes duration night and morning. The patients are allowed to sit out of bed in twenty-four to forty-eight hours, in a comfortable chair for fifteen minutes if desired. Involution is certainly hastened and general convalescence much aided by these exercises.

After delivery we should note time of birth, asphyxia, oligapnoea or not, time for separation of the placenta, and total duration of labor.

This method of painless childbirth will bring comfort and relief to many, but we must not forget that it is but artificial. Normal painless childbirth as brought about by fruit and vegetable diet, hot sitz baths, exercise, and the use of such drugs as macrotys, michella and cortex ulmi, during pregnancy, is after all the method par excellence. However, many patients are not so cared for during pregnancy as to have a natural and comparatively painless birth, and for such cases this method is truly a great blessing.

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GLANDULAR TUBERCULOSIS

BY ALFRED C. WALLIN, M.D.
New York

GLANDULAR Tuberculosis is the subject as given to me; but I am taking the liberty of cutting it down to tubercular adenitis, or scrofula—the term used in days gone by.

By tubercular adenitis we mean tuberculosis of the cervical lymph nodes. The disease, as we all know, is caused by the tubercle bacilli of Koch.

There are several different types but the types concerning us as causing tubercular glands are the bovine and the human.

W. H. Park of New York says that of 45 cases 25 showed the human type and 20 the bovine. Kerley says English and German writers agree that a larger percentage are caused by the human type. The Royal Commission of England investigated 64 cases of supposed human tuberculosis and found bovine bacilli in 14 cases; the 14 being glandular cases.

William Litters examined 9 cases of primary tuberculosis adenitis and found 5 of them due to the human type and 4 to the bovine; also proved that the bovine type was more prevalent in childhood than in adult life. In childhood we find the tubercle bacilli have a great predeliction for lymph nodes. A proof is that the bovine type is quite a common cause of this form of tuberculosis. An infant up to the age of two years seldom develops glandular tuberculosis for the reason that a large per. cent are caused by bovine infection coming from cow's milk.

Park and Krumweide say that in children the bovine causes a marked percentage of cases of cervical adenitis. It also causes a large percentage of alimentary tuberculosis in cases limited to children.

Avenues of Entrance.—Respiratory, alimentary, genito-urinary tracts, and skin.

Genito—Urinary and skin in general.

Portals of Entry.—Eisendrath classed them (1) the faucial tonsils. (2) pharyngeal tonsils or adenoids. (3) tuberculosis of temporal bone, (4) carious teeth, (5) tubercular lesions of the nasal and buccal mucous membranes.

Many recent articles emphasize the importance of nasal pharyngeal adenoids and tonsils as the primary foci of cervical adeni tis. Jacobi, years ago, pointed out that adenoids were more often the entry of infection than the tonsils.

Predisposing causes of tubercular glands are air containing

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tubercular bacilli; and food infected with tubercular bacilli. Predisposing conditions: (1) adenoids, (2) hypertrophied tonsils, (3) post-nasal catarrh, (4) carious teeth, (5) stomatitis and diseases of the gums, (6) influenza, (7) measles, (8) whooping-cough, (9) broncho-pneumonia, and possibly a tubercular diathesis, (10) eczema of the scalp, (11) otitis media.

Adenoids are thought to be the cause more often than tonsils on account of the narrowing of the respiratory passages. Lartigan found 15 per cent of all adenoids tubercular.

Steiner and Neureuther report tuberculosis of the lymph glands in 299 cases out of 302 autopsies, also bronchial tubercular glands in 286 out of these cases.

The percentage according to the report of Muller in 500 autopsies on children who had tubercular lymphadenitis was as follows: (1) bronchial glands 81 per cent; (2) mesenteric glands, 57 per cent; (3) mediastinal glands 11 per cent; (4) cervical glands 9 per cent; (5) retroperitoneal 7 per cent.

Rillet and Barthez found tubercular lymphatic glands in 312 cases out of a total of 488 autopsies. Babes found that more than one-half of the autopsies performed during eight years revealed the presence of tuberculosis of the lymph glands.

Muller found glandular tuberculosis in 126 cases out of 800 autopsies. At the Budapest Children's Hospital, 50 per cent of all lymphatic glands were found tubercular.

Bonney noticed during the past few years a large number of cases of enlarged glands near the angle of the jaw in children following influenza and tonsilitis. He also says tubercular adenitis may be either uni-lateral or bi-lateral; in the last event the process is usually more pronounced on one side.

A characteristic feature of this condition is the chronicity of its course. The submaxillary group of glands are more frequently involved. It is very common to detect a chain of small nodules extending along the anterior or posterior border of the sterno-cleido-mastoid muscle.

Robertson found 8 per cent of all adenoids tubercular. Stone believes that tonsils without much enlargement or local manifestations are frequently the infecting foci.

Age in Tuberculosis of the Lymph Nodes.—Holt says that the age at which we find tuberculosis of the cervical lymph glands is from 3 to 10 years and that the bronchial glands are nearly always infected. Kerley says that most of the tubercular cervical lymph glands are found between the ages of 2 and 8 years.

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Charles N. Dowd at St. Mary's, Roosevelt, and General Memorial Hospitals, operated on 465 cases of tubercular lymphatics of the neck and found only 15 cases below the age of 2 years. Between the ages of 2 and 17 years he found 80 per cent. This statement agrees with Fischer who tabulated 1484 cases. reported by 19 observers and found 3 1-10 per cent under 5 years of age.

Cornet's analysis of the autopsy records of the Berlin Pathological Institute for 15 years showed a single case of tubercular cervical adenitis out of 486 cases from birth to the end of the first month. Second to 3rd month, 6 per cent; 3rd to 5th month, 10 per cent; 6th to 9th month, 17 per cent; 9th to 12th month, 27 per cent; 1st to 2nd year, 26 per cent; 2nd to 3rd year, 29 per cent; 3rd to 4th year, 31 per cent; 4th to 5th year, 22 per cent.

Wohlgremuth found that out of 4900 cases 297 were under 10 years of age; that 60 per cent of these were infected with glandular tuberculosis.

Muller, Babes, Huebner, Newman, Still, Hand, Simons, Scheiber, Jacobi and Holt report that statistics of children showed 22 to 40 per cent of glandular tuberculosis under the age of 5 years. Foreign statistics show a little higher percentage than in this country. Nearly all observers agree that lymphatic glands are the primary foci of infection, the lungs being secondary.

Heredity is not thought to be of much importance as a predisposing factor, while the acute infections involving the mucous membranes are supposed to be.

Pathology: Dowd says the first glands to be infected are the upper set of deep cervical glands. Kelley says the subpartoids.

The diseased glands are isolated, firm, smooth, globular or ovoid and devoid of pain. If they become acutely inflamed they may become painful and tender.

Suppuration, with redness, fluctuation and abscess formation may follow. This may spread from one gland to another and keep the condition going for several years, until finally tuberculosis develops in some other part of the body and the case ends fatally.

Symptoms.—Rachford contends that simple anemia in young children with the history of exposure to tuberculosis is suggestive of lymph tubercular nodes. This type of anemia is secondary and of the chlorotic type. He found from his dispensary records that 45 per cent of neurotic children were actively tubercular,

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abnormal dwarfishness, failure of health, loss of weight or failure to gain weight, loss of appetite, night sweats, bad chronic hypertrophied tonsils and adenoids, catarrhal conditions of the nasal and post-nasal cavities, failure of menstrual functions in older girls. Among the first is a gradual swelling of the glands which persists in slowly increasing, painless not even tenderness which may continue for weeks and months until some intercurrent irritation when we may have the swelling increased with tenderness and pain, low fever; the external surface hot and red which gradually goes on tc suppuration. These swellings may appear in the occipital group, mastoid group, the parotid group, submaxilliary group, submental group, or the deep cervical glands.

The deep cervical are the ones generally affected and generally the swelling appears in front of the sterno-cleido-mastoid muscle about the middle. At first the gland can be palpated about the size of a cherry or olive; is movable, elastic, firm tumor. If the gland is destined to suppurate inflammation and adhesions develop and involve the skin and break down and discharges through the skin. This may be kept up for weeks or months and may develop a fistula.

Diagnosis of Tubercular Cervical Lymph Glands.—The glands involved are readily palpable and the question arises as to whether their enlargement is due to inflammation produced by the tubercular bacilli or some other micro-organism. The age of the patient, the length of duration, together with the general history, the location of the swelling, slow course without any apparent cause, slowly caseating, softening and finally suppuration, followed by a sinus formation and scar tissue, often in conjunction with blepharitis, phlyctenular keratitis, coryza, chronic nasal catarrh, eczema of the lip and face.

We next think of doing a von Pirquet test which we consider the most reliable, safest, and simplest test of performing. L. Hammond and S. Wolman used the von Pirquet and conjunctival tests on 1500 patients and have arrived at the conclusion that the value of the reaction is now well established in the sense that only patients who at some time were infected by tubercular bacilli can react. The test shows a large number of healthy people have been infected, but if the test remains positive, even when the infection has been overcome, it is of importance to the clinician only when the patient is still in his infancy. Reaction during the first year or two, shows that the patient was only recently af-

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fected and must be strengthened for the combat with the invader.

If the test is negative and the child moribund or suffering from measles, any suspicion of tuberculosis is dispelled. The conjunctival test in conjunction with the von Pirquet, both being positive, is considered a strong proof.

The Moro test is another safe reaction that may be used. After all, the only positive proof is finding of the micro-organism which, as a rule, can only be done in operative cases where a section of the gland can be obtained. In glandular cases constitutional symptoms as a rule are not marked. Should they be marked, we would naturally think of other involvements. Upon the proof of tubercular conditions elsewhere we would also base our diagnosis to some extent as to the glandular condition.

If suppuration has developed the discharge should be examined. We would look for the primary foci such as bad teeth, stomatitis, ulcerations of the mucous membranes of the mouth, hypertrophied tonsils with a catarrh of the mucous membranes and the post-nasal catarrhal condition, otitis media, mastoiditis, eruptions affecting the scalp, skin, tongue, or lower lip. Conditions following German measles, broncho-pneumonia, scarlet fever, infections affecting the scalp during a case of diphtheria, infections of the neck during dyphtheria, infections of the axillary and upper chest and infections of the hand or limbs which might be specific.

If the sputum is obtainable, in some cases, it may be wise to examine it. also the stool, also the blood. Examine for enlarged spleen. In case of simple adenitis, one is apt to have higher temperature. If the adenitis is persistent, it is looked upon as tubercular. These inflamed glands may coalesce and form a large tumor mass. X-ray not much use as a diagnostic factor in plates.

Differential Diagnosis.—Special features aside from the existence of tuberculosis elsewhere relating to a differentiation from the enlargement of simple inflammatory adenitis are lymphatic leukemia and Hodgkin's disease.

The persistency of the mass without acute inflammatory signs particularly in the absence of such exciting causes as the acute infectious diseases, poor health, sufficiently characterizes the condition to excluding a simple glandular abscess. Absence of leucocyotis which always accompanies lymphatic leukemia is easy to determine by examination of the blood. It is sometimes difficult to differentiate accurately between the lymphatic tubercular lymph nodes and lymphadenoma or Hodgkin's disease.

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In general, it may be stated that in the latter condition, suppuration rarely takes place and the glands are usually firmer, harder, and less tender than in tuberculosis.

Although they may attain a large size they are more often discrete, less adherent to one another and to the surrounding parts and rarely fuse into large masses, but tend to preserve their individuality, and as a rule are somewhat movable under the skin. The condition is less frequent in children though it may occur at any age.

In Hodgkin's disease, the site of enlargement is usually in the lower part of the neck, while the reverse is true in tubercular cervical lymphadenitis. Tuberculosis may exist in both conditions, fever may be present in either case. It is probable that the opthalmo-tuberculin test when the diagnosis is obscured will help out.

There have been several cases reported presenting clinical pictures of Hodgkin's disease which were found to be tubercular at autopsy.

Sternberg and Musser are quoted by James as being of the opinion that the glandular enlargement of Hodgkin's disease is tubercular in character, thus explaining the regular fever which so often is present.

Drs. D. M. Reed and W. B. James, however, report negative results from inoculation experiments and careful study of glands in a number of cases in Hodgkin's diseases.

Lymphadenoma is usually congenital, grows rapidly, no limiting capsule, softer and not tender, and less inflamed, no nodulation, is rare and belongs to the young adult life more than to children and more than one gland affected and all glands begin to grow at once, and no extension to other glands.

Sarcoma involves several glands, grows rapidly unless removed. Generally terminates fatally in a few months.

Kerley says in case of possibility of mumps the parotid gland is involved and swelling is situated close to the ear with the space posterior to the lobe filled in by that portion of the parotid gland.

Carcinoma secondary and very unusual in children. Leukemic hyperplasia is general and not inflammatory. We always have a blood condition and absence of leucocytosis. If we have a condition pointing to syphilis it is best to do a Wasserman.

Prognosis.—Fischer's table of 1273 cases shows 57 per cent cured, 21 per cent recurrence, 13 per cent died. Dowd also reports operating on 100 favorable cases without a mortality and

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scars scarcely to be seen. Freedom from recurrence in 75 per cent; ultimate recovery in 90 per cent; less favorable cases the ultimate cure about 70 per cent and cases treated other than surgical, chances of improvement much less and greater possibility of their recurrence. The diagnosis being based on history and the bacilli in the discharge from the abscesses.

Otis, by the tuberculin test obtained positive reaction in 62 to 69 per cent. Many cases recovered after surgical intervention.

Neglected cases are a menace to the life of the patient since they may be followed by diffusion of the bacilli and development of a fatal form of disease.

Holt says that 1-2 of the tubercular glands suppurate. The external nodes are never the cause of death. Prognosis is always good excepting cases where tuberculosis developed elsewhere. Then the prognosis depends upon the other conditions.

Dowd reported 309 cases treated by operation. Of these 65 per cent apparently were cured, 18 per cent were living and presented evidence of tuberculosis, local or general. 16 per cent died.

If the gland is destined to suppurate the peri-glandular inflammation and adhesions form more extensively in the deeper glands than in the superficial. These soon implicate the skin, suppurate and discharge. In time the affected glands mat together into an irregular swelling being undistinguishable individually. One after another discharge often through different openings.

Prophylaxis should be both to protect the patient and others in case there are complications of pulmonary tuberculosis. See that the patients have proper air, sunlight, food, milk and meat. Look after the condition of the post-nasal cavity, adenoids, tonsils and throat in general.

Treatment of Tubercular Lymph Nodes.—The general treatment consists of a tonic and supporting measures, supplemented by local procedures which works very well in incipient cases. There is also a class of cases suited for surgical interference together with the post-operative treatment by X-ray and tuberculin. For the incipient cases, we will begin with the out door air which means out door treatment altogether and may be mountain air or sea air, which the French and English have become to believe a great deal in. The English have founded the Royal Sea Bathing Hospital at Margate, England, where they have done some good work.

Dr. Brannan, the prime organizer of the Sea Breeze Hospi-

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tal, where we all know of the good work being done every day.

France, through her various seaside sanitoria during the past 20 years treated some 60,000 of this class of cases with a favorable result in 59 per cent. Of the 59 per cent, 43 per cent were glandular cases.

Medical Treatment.—Cod liver oil and maltine, one of Dr. Winter's favorites. Is good in cold weather especially.

Butter is a good way also of giving fat.

Syrup iodide of iron from 5 to 20 drops after meals is good.

Creosote drops 1 to 3, 3 times a day.

Arsenic in the form of Fowler's solution, drops 1 to 3, 3 times a day with plenty of water.

Arsenic and arsenicum iodide, 3x.

Hypophosphates, iodine, guaiacol, drops 2 to 5 internally every 4 hours to be given on sugar.

Locally can use guaiacol.

Dram to the ounce of lanolin rubbed into the gland well twice a day. Also can use ungentine iodide 5 to 10 per cent.

Some preparation of iron manganese can be given.

Hepar, sulphur, mercurious, silicea.

If indications of suppuration, if catarrh and cutaneous eruptions are present can use graphites or sulphur.

McDuffie gave garlic, 20 drops of the expressed juice or a drop of the essential oil, 3 times a day. He also made poultices of the crushed bulbs, one part to 3 of lard and applied locally. He also gave phosphorus.

Specific medications, such as tuberculin, which is unquestionably good in many cases.

Bandelier and Roepke in their new book say that in the cutaneous test they observed an increased reaction in surgical cases, but a negative action in fungoid tuberculosis. They also say that the cutaneous test as method of treatment is the best one to use, that it fullfils the first axiom in all medical treatment. Not best to use too large doses at first, but can get up to it gradually. Can be used in conjunction with other methods. It is believed that some day it will limit and in some cases replace the surgical measures. It is thought to be essential in fungoid cases.

Kramer considers it the most important curative agent in glandular tuberculosis. Storch, Bohmer, Peiper, Jochmann, Scherer, Ullmann, Dumas, Lawson, Floyd, Latham, Heubner, Boginsky, all agree that small doses of the old tuberculin is good in glandular tuberculosis.

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It is thought to be good in conjunction with the Bier treatment. Schlossmann says we should use large doses for some time, but begin with small doses.

A child can take 1-10 to 1-2 as much as an adult.

The subcutaneous method when used before the enlargement is noticeable will produce a reaction in the glands.

Iodoform inunctions and iodoform 3x internally.

Lewman believes that along the Great Lakes we can get good results, also Morris thinks that the country air is good with plenty of diversion, recreation and exercise.

We must not leave out the fact that we must have plenty of rest and sunlight. The diet should be nutritious and easily digested, such as eggs, beef, meat juice, fresh vegetables, cereals and ripe fruit.

Surgical Treatment.—X-ray has been used as a guide when to operate and in fungoid cases. Simple incision made over the fluctuation and no greater in length than is necessary and made transversely is thought to be the best one, although some good results are produced with the horizontal incision, guarding against blood vessels.

The incision may be made with a blunt pointed scissors and a groove director. When well opened can curette.

Mayo used iodoform emulsion, or tincture of iodine and closes the wound. Can use zinc chloride 40 grains to the ounce, or can pack with iodoform gauze.

Jenners reports from Children's Hospital in Berne, show results of 69 per cent cured, 21 per cent developed tuberculosis of the lung, 8 per cent of other organs.

Van Norder found that 28 per cent developed tuberculosis elsewhere.

Breslin, Finkelstein and Fischer varied from 10 per cent to 30 per cent.

Wohlgremuth reported cured from no operation 24 per cent, incision and curetting 63 per cent, extirpation 70 per cent.

Dowd operated 100 cases from the St. Mary's Roosevelt and General Memorial Hospital and private cases, of incipient cases, thoroughly removed the glands, and had no deaths. All healed except four cases, 90 per cent recovered. He also says we should not fear the scar and should choose the transverse incision in most cases.

Should look out for the internal jugular vein, spinal accessory, and facial nerves, the sterno-cleido-mastoid muscle and thoracic duct. May get paralysis of the depressor labi.

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Locally can paint the throat and tonsils with iodine or potassium iodide; should look over the teeth.

External treatment of the Glandular Swelling.—Can apply iodine, ichthyol, or resorcin ointment.

Bonney has seen X-ray applied to the swollen glands with good effect, but says should be used with great care and that it is contra-indicated if softening and caseation has begun where he advises surgical interference.

Sahli believes tuberculin good in incipient cases, but should not be used to too high tolerance, if the patient is not already overloaded with the tuberculin.

Cutaneous reaction is better than the injections. It acts by stimulating natural healing, to increase the anti bodies and to produce the tubercular amboceptor.

Summary.—First the disease is a serious one and often leads to development of disease elsewhere in the body. 2nd, records from thorough removals show better results than partial removals or palliative measures. Prognosis better in children than in adults.

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North American Journal of Homœopathy

Editors

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EDITORIAL

A BIOLOGIC CRIME

WHEREVER our sympathies may lie and irrespective of in which direction our individual prejudices may lead us in any discussion of the conflict now raging in Europe, it would seem that no student of biology could subscribe to the doctrine that has been put forth, that war is one of nature's processes for the enforcement of her mandate that the fittest shall survive.

Anyone who is at all conversant with the facts, knows that the men chosen "to be food for powder" are not the weaklings and defectives, nor those whose procreative ability has passed its prime. The fighting lines are composed of the pick of the men of the several nations, men from eighteen to thirty or thirty-five years of age, who, according to the theory of evolution, are most fitted to be the progenitors of the best human stock.

Many of these will die on the battle field or in hospitals without leaving any issue to inherit their exceptional virility; a very large proportion of the remainder will be psychic and physical wrecks as the result of the tremendous strains to which war subjects them, and if they procreate upon their return to civil life, their children must reflect their deteriorated condition.

The damage will not be limited to these combatants; wives and sweethearts and daughters will be torn with anxiety until peace is concluded, and will never during their child-bearing period of life, regain that serenity and poise which conduces to mental and physical perfection in their children.

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The dislocation of the economic situation will cause many women and children to suffer from lack or nourishment, even to semi-starvation; this must affect the children subsequently borne by the women and the children of the next generation. The disastrous effects of the war upon the women and children so unfortunate as to come within the sphere of operations of the hostile armies need not be argued.

If it be granted that many, perhaps the majority, of those now bearing arms will eventually return to the pursuit of arts and crafts, more physically fit than when they "joined the colors," will they, thereby, make the best fathers because able to insure greater physical perfection in their offspring? By no means, for a splendid physical inheritance is not the only desirable quality in children; we want our babies to be more than perfect animals. Their psychic inheritance should be as perfect as their physical; and the possibility of this in the case of the future children of combatants is in the inverse ratio to the duration of the war.

War does not strengthen the finest qualities of men; all its tendencies are for the liberation of their brutal instincts and passions. Self- control, learnt through many generations, gives way very readily to lust and fury; and military strategy is so inextricably interwoven with cunning and deceit and the doctrine that "all's fair in war," that ethical standings are no longer observed, and might is right. Men whose high principles have thus been laid in the dust, who have become accustomed to setting false values on things and viewing everything through the morally-beclouded lenses of military exigencies, cannot be expected to become the fathers of perfect children.

From whatever point of view we look at it, the only conclusion must be that any war, especially one so wide-spread and one waged with such diabolically perfect instruments of destruction as the present European cataclysm, is a biologic crime the effects of which will be clearly traceable through many generations.

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A COSTLY BAD COLD

THE danger of neglecting a "bad cold" is often pointed out to the layman by his physician, but the point of view is usually wholly personal and individualistic. The advice to remain in bed or to stay at home is given because to do the contrary may lead to the patient suffering from complications, often of a very serious nature. There is a social view, however, which is equally important, and perhaps more important, as many people are liable to be involved. Many colds are communicable, and, moreover, an apparent cold may be the early stage of measles.

The danger to the public of neglecting a "cold" of this sort is well illustrated by an incident narrated by the Kansas State Board of Health. A farmer living in a little town, which can be called A, developed a "hard cold," and spent two days going from store to store telling his neighbors how bad he felt. The next day, scared by the appearance of an eruption, he called it "measles" and tacked up a sign on the house. But the horse had already escaped from the unbolted door, for within two weeks 28 of his sympathizing friends also had measles, and two weeks later there was another crop of 28 cases, to be followed by another crop, this time of 30 cases at the end of another fortnight. By this time all the non-immunes in the little town had been attacked, so the epidemic burnt itself out.

One of the first 28 cases, however, visited a house in the city of B, and the child of the household conveyed the disease to its school, with a result of 90 cases distributed among 43 families.

Also a visitor in A from the city of C was the cause of 100 cases among the children of that city, and a pupil from D coming to C for county examination, took no precautions on returning home and 30 cases occurred in D.

From this one "bad cold" contracted by the farmer while on a business trip to Kansas City, 306 cases of measles developed. Contrasting with this, there were individuals exposed during these epidemics who stayed at home and thus prevented the spread of the disease beyond their immediate families.

In the instance cited there was no neglect on the part of a

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physician at the start; the farmer did not know enough about the danger of "hard colds" to consult a physician or to keep his cold to himself. It is such people that public health authorities are trying to reach through their educational efforts, but the family physician should not leave such work entirely to such agencies—each should be a teacher as well as a healer.

HOURS OF SLEEP NECESSARY

THOMAS Edison, of electric light fame, in an interview in the New York Times of Sunday, October 11, gave it as his opinion that people sleep too much. He expressed the belief that in the course of time human beings will not sleep at all. He told how at one time a group of his men worked 150 hours a week on a certain problem over a considerable number of weeks. Edison's theory seems to be that sleep, destroying continuity of thought, prolongs and interferes with the concentration necessary to solve great problems.

To a lesser degree every one is aware of this and unconsciously acts on it. Many times one gets interested in what one is doing and the hours for sleep slip by unnoticed.

Physicians consider eight hours sleep in the twenty-four about the average amount necessary for the ordinary human being of adult life. But to this of course there are many exceptions. Apparently some persons require more sleep than others.

It is said that Napoleon averaged only four hours sleep out of the twenty-four. It is on record that our own Hahnemann, who accomplished a tremendous amount of work, for years went to bed but once in forty-eight hours.

It would be of interest to know the sleep habits of the great in history. Those who have done most surely cannot have been the longest sleepers.

A clear conscience, a good physique, an interest in one's work with plenty of it to do, will enable one to be refreshed after a few hours of dreamless sleep. And it is surprising how little sleep may be necessary under those conditions.

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NOTES AND COMMENTS

The War and the Drug Market

Physicians who are large users of synthetics made in Germany or of preparations made from crude drugs procured from Europe are going to be seriously affected by the present war. Many of the manufacturing laboratories have shut down and the gatherers of drugs have shouldered muskets. If supplies were available in the country of origin, the situation would not be much improved, for transportation is impossible or very limited.

The more closely the homœopathic physician adheres to the teachings of the fathers, the less disturbance to his routine and his pocket book will he suffer. A large proportion of his remedies is of native plant origin, and of the remainder, the quantities he need use to procure satisfactory results are not such as to give him much occasion for worry for fear he will be unable to replenish his stock. Even the rise in the price of alcohol should not materially increase his burden.

Wright's Solution: A Substitute for Antiseptic Solutions

Dickinson, of Jersey City, says in the Medical Record (June 20, 1914) that in his service at Christ Hospital he has used Wright's solution

Sodium citrate	0.5
Sodium chloride	3.0
Distilled water	100.0

for the past two years to the exclusion of other antiseptic solutions, in conditions where irrigations or wet dressings are indicated.

BOOK REVIEWS

Electricity in Diseases of the Eye, Ear, Nose and Throat, by W. Franklin Coleman, M.D., M.R.C.S., Eng.; Ex-President of and Professor of Ophthalmology in the Post-Graduate Medical School of Chicago; Ex-President of the Ophthalmological Society of Chicago, Professor of Opthalmology in the Illinois School of Electro-Therapeutics, Chicago, Etc. With 595 pages and 156 illustrations. Price $5.00. Published by Fourier-Herald Press.

No other allied therapeutic measure has been so abused, so empirically applied and so wickedly misapplied as has electricity. Our specialists, particularly, have "dabbled" in its use and too often, we fear, have done harm rather than good. It is refreshing, therefore, to have an expert present the profession with a reliable guide to the beneficial use of this agent.

Dr. Coleman considers first the physics of electricity and

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describes the technic of its application. Having perfected his student by drilling him in the fundamental principles of the subject, he proceeds to the therapeutic application of electricity. In this respect the book is eminently practical. It describes what is accomplished and, what is more important, perhaps, at least to the physician, in how the best results may be produced.

An interesting feature of the work is the case record, each pathological condition treated being emphasized by the narration of a series of patients treated, giving in detail the progress of each case and its final outcome. Parts are devoted to diseases of the eye, of the ear, of the nose and throat. One expects an expert to be enthusiastic regarding the virtue of an agent under such perfect control as is electricity in the author's hands. We may not go so far in our belief of its universal efficicacy, but doubtless we could were we as well founded in its value. In any event, the book is timely and should be in the library of every well-informed physician, especially in the office of the specialist in those diseases.

A History of Laryngology and Rhinology, by Jonathan Wright, M.D., Director of the Department of Laboratories, New York Post-Graduate Medical School and Hospital. Second Edition, Revised and Enlarged. Octavo, 357 pages, illustrated. Cloth, $4.00 net. Lea & Febiger, Philadelphia and New York. 1914.

What can make the professional man more loyal to his high calling, more useful in his daily walk, and more determined to succeed in the battle with disease and grim death, than a study of the professional achievements of his forebears in medicine? We too much neglect the historical features of our noble art. We should not be mere kindergarteni, weakly applying the lessons taught us in the grades; we are members of a rapidly progressing and ever broadening profession.

It is true that the historical work, as compared with books devoted to practice, have little value to the busy practitioner, yet to the thoughtful man, who gives himself occasionally to study and reflection, it will give hours of delightful reading. It is filled with fascinating facts, told in the inimitable way of the famous writer. Beginning with Egyptian medicine and continuing down the ages to the present day, the author has given us a remarkable story. The specialist in nose and throat diseases, and the progressive practitioner will be the better informed if he carefully reads the book.

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INTERNATIONAL HOMOEOPATHIC REVIEW

THE TREATMENT OF PNEUMONIA.

BY FRANK F. CASSEDAY, Ph. D., M.D.,
of Portland, Ore.

I believe the rank and file of the medical profession today welcome truth from every source. They need it in their battle with disease and death.

Not long ago there was a paper in the New York Medical Journal upon the treatment of pneumonia with small doses of phosphorus. The writer claimed excellent results from its use. Many physicians will administer phosphorus to all their pneumonia cases. Some of them will recover, but in many cases no good will result from the use of the phosphorus. Why? Simply this: If phosphorus is indicated it will cure or assist in the cure; if not indicated it will not only do no good, but will do positive harm.

The writer of the paper alluded to announces this use of phosphorus in doses of from 1-500 to 1-1000 of grain for pneumonia, bronchitis, and tuberculosis as a new remedy.

Homœopathic physicians have used phosphorus in this way for over one hundred years for bronchitis, pneumonia, and tuberculosis.

The writer of the paper mentioned treats phosphorus as a specific. If he prescribes phosphorus as a specific he is doomed to bitter disappointment, but if he prescribes phosphorus according to its indications as the homœopathic physician prescribes he will find it an excellent remedy if indicated.

The search for specifics is futile. There is absolutely no such a thing as a specific medicine for any disease. Even cinchona bark and its derivatives are not specifics for malaria in its manifold forms. There are many remedies which will cure malaria in its various forms more promptly and thoroughly than cinchona; however, I may have something to say about malaria in another paper.

When is phosphorus indicated in pneumonia?

Phosphorus is indicated when the patient exhibits something of a typhoid condition, and the tongue presents a dry appearance, with a dark-brown coating upon it. It is also well adapted to cases of catarrhal pneumonia.

But even in true croupous pneumonia, when the sharp pleuritic pains of bryonia are not present, when the attack has not been caused by exposure to dry, cold winds, and when the patient is of a tall, spare build, phosphorus is usually more efficacious than bryonia. The general symptoms calling for phosphorus are: Tall, slender people, with fair, sanguine temperament, sensitive, disposition, and lively perceptions. One great indication for phosphorus is a sensation of weakness and emptiness in the abdomen; this aggravates all other symptoms. Especially useful in period of red

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hepatization, with brick-dust expectorations, with or without hemorrhages.

When is bryonia indicated for pneumonia?

Bryonia is useful, not in the beginning of the attack, but after the synocal form has been reduced by aconite or some other remedy. The sovereign remedy for all inflammations that have advanced to the stage of serous effusion, if accompanied with sharp, stitching pains, greatly aggravated by motion, relieved by rest, and worse at night. Suitable for people with a choleraic temperament, bilious tendency, dark hair and complexion, with firm fleshy fibre.

When is aconite indicated in pneumonia?

Aconite is not always indicated in pneumonia, and should never be given as a routine memedy. Carrol Dunham says that aconite may be useful (if indicated) in pneumonia and other inflammations and may do heroic work. He considers the time to administer it to be during the stage of arterial excitement, prior to that stage which is characterized by local deposit; if promptly and judiciously used, it may cut short the disease. The special symptoms calling for the use of aconite are: Great anguish of mind and body, restlessness and disquiet that cannot be allayed, high fever preceded by a chill, with burning heat and dryness of the skin, full and bounding pulse, and a deep redness of the face; labored respiration, full pressure and weight on the chest, or stitches in the chest during a deep inspiration and during motion; dry, racking cough, with some tenacious, blood-streaked expectoration; headache; intense thirst; scanty and high-colored urine; the recumbent posture on the back; and physical signs pertaining to the first stages of the disease.

The grand sphere of aconite is found in all diseases which emanate or have their starting point from the cerebro-spinal nervous system, and are of a congestive, inflammatory, or rheumatic character.

Great fear and anxiety of mind are important indications for the use of aconite. The aconite patient is fearful of many things—fear goes through the entire pathogenesis of aconite. Great thirst all the time—aconite patient cannot get enough cold water. Pains insupportable at night. All pains and other symptoms worse from warmth and better in the open air. Especially adapted to diseases within its scope brought on by dry, cold west winds.

When is veratrum viride indicated?

Veratrum viride is indicated in pneumonia as a supplementary remedy to aconite. It is indicated where there is high temperature, very rapid, hard and strong or intermitting pulse; flushed face; labored respiration; dry and hacking cough with abundant and bloody expectoration; red streak through the center of the tongue; and sinking faint feeling in the pit of the stomach. It lowers the pulse and the temperature with great rapidity when indicated, and although the respirations may not be so markedly affected, the dyspnoea is never distressing to the patient, even in bilateral cases of pneumonia. It is especially indicated in the first stage. Warm sweating is an important indication.

Tartar emetic is indicated in the stage of resolution, where

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there is oppression of chest and difficult breathing. The pulmonary inflammation is on the decline, and the vesicles as well as the smaller bronchial tubes seem to be full of a viscid secretion, not tinged with blood, which the patient finds the greatest difficulty in raising. Tartar emetic is therefore especially suited to the form of broncho-pneumonia so common in infancy and old age. The dyspnoea is accompanied with wheezing and rattling of mucus in the air passages. The expectoration may be completely suppressed, with fits of suffocation and a spasmodic cough, or if bronchial catarrh is present and the hepatization persists, there may be a considerable quantity expectorated, but only after much effort. It is particularly valuable for pneumonia following whooping cough, emphysema, or delirium tremens; and where gastric catarrh complicates. The general symptoms in addition to those mentioned are: A livid or pallid countenance; a frequent pulse; a lowered temperature; a loose cough with great anxiety; and a cool, moist skin. A wonderful remedy when indicated. It has brought many an infant from the jaws of death. But if given in too strong doses it will paralyze the pneumogastric and kill the child. The preparation known to homœopathic physicians as dilutions of from the 6th to the 12th decimal dilution, with alcohol, or triturations with sugar of milk, or as much diluted as proportion of 1 part to ten or twenty thousand, will work marvels Sometimes it must be given in water, dilution or trituration—10 drops or ten grains in a glass of water and dram doses given sometimes at ten-minute intervals. Many times I have sat at a bedside for hours through the dark hours of the night battling with capillary bronchitis (or broncho-pneumonia, as you may choose to term it) in small children and come out victor where physicians with old methods had failed. Again I say, do not get the false idea in your mind that even tartar emetic will cure every case of broncho-pneumonia. Select your remedy and stay with it. Cut down your doses. This is the age of little things, and the modern physicists are showing and counting atoms, and electrons—presumably the smallest thing in the world. The ultra-microscope shows us particles of gold in a hydrosol of gold solution far beyond the ken of the best microscope-whirling and flying about, as Becquerel says, like gnats in the dome of a cathedral. The physicists have demonstrated the marvelous activity of matter in a condition of divisibility far beyond the ken of the most powerful microscope. The human body in its laboratory deals with matter in an extremely divided state. Imitate the body methods, and lessen your doses. You will be surprised and gratified with the results.

Arsenic is not often required for pneumonia, but if the condition assumes a graver aspect it may be demanded. It is indicated where there is extreme prostration, restlessness, pallor of the face, coolness of the surface, periodical exacerbations, considerable dyspnoea and an irregular pulse.

Other remedies which may be demanded are: Sulphur, mercurius, hepar sulph., iodine, bromine, lycopodium, chelidonium, ammonium carb., kali carb., sanguinaria and rhus tox.

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Belladonna hyoscyamus and opium are the chief remedies for the delirium which frequently complicates pneumonia. They are to be considered merely as intercurrent remedies, when delirium is due to arterial or venous congestion. When the upper portion of the lung is involved, and the delirium traceable to circulatory disturbance, and not to blood change, and especially, if there are head symptoms, like throbbing cartoids, great flushing, belladonna may be given at once, and with better effect than aconite.

Hyoscyamus is especially valuable in pneumonia, with delirium not so violent in form as belladonna. There is less congestion, but more nervous excitement, with talkativeness and hallucination under hyoscyamus.

Opium is useful in pneumonia of drunkards and of the aged, but especially in children where there is great cerebral depression from congestion and threatened dissolution. The patient does not complain; the respiration is labored, slow, stertorous, or even entirely suspended; the face rapidly becomes cyanotic; the eyes are immovable; the lids ahlf open; there is coldness of the surface; an irregular or almost imperceptible pulse, and stupor. But give the opium in the 3x to 6x dilution in water—never give the tincture. Or make a dilution of opium, hyoscyamus, or belladonna as follows: Reduce the tincture to a dilution of one part to one thousand of water or alcohol. Of that dilution put ten drops in half a glass of water and give teaspoonful doses at intervals of from ten minutes to half an hour, stopping entirely when delirium ceases and condition improves. A powerful dose of either of these three drugs may kill your patient| The small dose gives you a chance to save a life. It is worth a trial.

The best dose: Taking a green drug tincture or powdered drug as the starting point, all of the drugs enumerated above do their most efficient work in doses in proportion as follows: 1 to 5,000, 1 to 10,0000, or 1 to 20,000.

These can be purchased in any reliable homœopathic pharmacy, made in dilutions, trilturations, and trituration tablets on the decimal scale. Phosphorus is best in a trituration or tablet in third, sixth or twelfth trituration and given in doses of two to four tablets or four-grain powders.

Generally speaking, earthy and metallic drugs are best given in powder or tablet form; vegetable drugs are best given in fluid form. (Therapeutic Review)

HOMOEOPATHY IN THE ANIMAL KINGDOM*

BY F. E. STOAKS, M.D.
Onawa, Ia.

In the short time allotted we can only confine ourselves to the most prominent and useful of the drugs derived from the Animal Kingdom.

There are about 39 remedies that have been considered by our homœopathic authors on Materia Medica, many of which

*Read before the Hahnemann Medical Association of Iowa.

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have not had a complete proving, although most of them are prescribed almost daily by the physicians of our school. By making a careful study of the animal drugs as a whole, we are impressed by their profound and destructive action upon the blood, producing vital and sudden changes which effect the vital force by producing very clean cut and characteristic symptoms which we wish to consider today, both in their respective individualities and in comparison with other drugs having similar action.

We will consider first moschus, which has its most characteristic, hysterical spasms of the chest, nervous suffocative constriction especially on becoming cold. Hysterical palpitation with dyspnoea, prostration and fainting, the patient exclaiming, "I shall die, I shall die;" greatly excited; laughs immoderately, or cries or scolds till her lips turn blue. Eyes stare and she falls down fainting and unconscious with complete exhaustion. Hyoscyamus has a more quiet or stupid hysteria. The face of hyoscyamus is pale and sunken, while that of belladonna is red and flushed. Stramonium has laughing, singing or crying or swearing, with great loquacity and jerking the head from the pillow. Belladonna has starts and jumps when falling asleep or awakening.

Mephitis. This drug acts first upon the nervous system, producing local spasms which makes it useful in whooping cough, with laryngeal spasm with a distinct and well marked whoop, but the catarrhal symptoms are not prominent. Corallium rubrum has a crowing respiration which is impeded, the child becomes blue in the face. Drosera has hard barking cough followed by much expectoration which causes vomiting, worse after midnight. Mephitis is useful in asthma of drunkards and consumptives. Here it resembles sticta and rumex. In mephitis symptoms are relieved by cold air and cold water.

Castoreum.—This is another animal remedy, little used but should be thought of in pains from exhaustion in menstrual colic with pallor and cold sweat. Here we can compare veratrum alb and arsenicum.

Lac Caninum.—The "Lac" family come in for consideration as animal medicines. Lac caninum in acute articular rheumatism, diphtheria and scarletina, should not be forgotten. Its characteristics are alternation of the pains from side to side, from limb to limb and changing of position from side to side somewhat like rhus tox. In comparing this remedy we will think of lachesis and lycopodium in diphtheria and in rheumatism, of rhus tox.

Lac defloratum may be compared with gelsemium and veratrum in nervous and hysterical headaches when there is profuse flow of urine which does relieve the pain. Here also sanguinaria and iris come in for comparison.

Corallium rubrum should be remembered as a valuable remedy when indicated. It has the well known "minute gun" cough, may be compared with drosera in whooping cough. It is useful

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for the eruption which resembles syphilis by its assuming a coppar colored appearance. In chancre having a coral-red hue. Spongia is classed under the head of animal drugs, however it is usually considered in the Materia Medica among the Halogens, so we will not consider it at this time.

Coccus cacti we will next consider. Its principal use is in whooping cough when it is worse in the morning. Its paroxsym ending in expectoration of long, stringy and ropy mucus, resembling kali bich., the catarrhal symptoms predominating. Senega is similar but the expectoration is more like the white of an egg, but not ropy, and worse toward evening.

Sepia, one of our most reliable sheet-anchors, especially in diseases of women, is a product of the Animal Kingdom. I will here give five characteristics by as many of our best authors, which makes it very reliable as an indication. "Sensation of bearing down in the pelvic region with dragging pains from the sacrum; or feeling of bearing down of all the pelvic organs." Hahnemann. "Labor-like pains accompanied with a feeling as though she must cross her legs to keep something from coming out through the vagina." Guernesy. "Pain in uterus, bearing down, comes from back to abdomen, causing oppression of breathing; crosses the limbs to prevent protrusion of parts." Hering. Prolapsus of the uterus and the vagina, with pressure as if everything would protrude." Lippe. "Experience has shown its value in cases of ulceration and congestion of the os and cervix. Its use here supersedes all local appliances." Dunham. We should compare sepia with murex, the difference being that in murex there is great, almost uncontrollable sexual desire while with sepia there is aversion, in prolapsus; and in murex there is more soreness or "womb consciousness." Helonias is very similar and should be studied here, also platina, which has great sensitiveness of the sexual organs. Lillium has some of the sepia characteristics, viz., weight, with feeling as if the pelvic contents would press out through the vagina if not prevented by the hand or by sitting down. The sepia is not so painful, more of the chronic condition, while lillium is more intense and distressing, always keeping in mind the sepia cachexia. Sepia resembles sulphur in its faintness and flashes of heat, but they are associated with the sepia symptoms, and has not the characteristic burn of sulphur. Sepia has a sensation of a ball or weight in the rectum. The urine has a sediment like clay adhering to vessel, with pressure on the bladder and frequent micturition such as is usually found in prolapsus of the uterus; the urine is very offensive. The child always wets the bed in the first sleep in enuresis. This symptom I have verified many times. Sepia is very useful in chronic gleet of the male, with the characteristic "drop discharge." In cases especially of long standing, if not given too low or too often, will supersede any injection. Sepia is similar to pulsatilla in the mental state of the female, the woman being tearful or sad, but sepia differs somewhat in that she is totally indifferent to her house-

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hold duties or in the care of her family. This is a key-note of sepia. Ignatia and hydrastis should be compared in the symptom "painful sensation of goneness or faintness." It is similar to calcarea in that milk disagrees because it sours easily in the child's stomach. Sepia is similar to sulphur in skin symptoms. It has burning after scratching. It has acarus itch and herpes circinatus and brown spots on the skin. It vies with sulphur as an antipsoric.

Lachesis.—This great remedy is a remarkable drug in many ways. It has very prominently the general characteristic—the deep and profound effect upon the blood elements of all the animal poisons, and its range of action is wide. First, we find it very useful for the after-effects of sunstroke, especially in this headache. In this headache we should compare it with glonoine and natrum carb., which have the throbbing pressure on the vertex. Compare, also, cactus grand. The patient seems to "sleep into the headache." In typhoid fever the tongue is very dry and purple and it is very hard for the patient to protrude it out of the mouth for catching on the teeth. Compare with gelsemium, which has more of the nervous type of fever. The throat and neck are very sensitive to the slightest touch or pressure (sepia); everything about the throat distresses the patient, even the weight of the bed covers. Has difficulty of swallowing liquids. Pain runs up into the ears. In tonsillitis, the swelling and inflammation begin on the left side and extend to the right (sabadilla); reverse, lycopodium. Pain aggravated by hot drinks; (reverse, sabadilla). It should be studied in any disease where the force of the disease is spent in the throat, viz., scarletina, pneumonia or typhoid fever, when the great characteristic is present, hypersensitiveness to pressure or constriction in any part of the body. The stool of lachesis is dark and offensive, like decomposed blood or charred straw. In the uterine region the pains are relieved by flow of blood from the vagina repeated in a few days. Pains in the ovaries going from the left side to the right side; (reverse, lycopodium). Hot flashes in women at the menopause, here compare with crotalus and creosotum. The least thing that interferes with breathing, even the collar or anything about the neck or chest seems to suffocate. In this symptom lachesis practically stands alone. Cough during sleep without consciousness, (compare chamomilla); in short, dry, heart cough think of lachesis, especially when the great charactestic is present, a sense of constriction (cactus). Sleep aggravates all symptoms—seems to sleep into an aggravation. In very weak patients, as soon as they go to sleep the breathing stops and they awaken (compare digitalis and grindelia). In all inflammatory conditions having blue or purple appearance, even to a gangrenous degeneration, lachesis should be studied. In anthrax when this characteristic is present, lachesis will give wonderful relief and should not be repeated too often. Compare tarentula.

Naja tripudiens is another animal remedy that should be

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studied in connection with heart troubles. Impending paralysis of heart, as shown by extreme weakness; cannot even move for fear the heart will stop beating.

Crotalus is similar to lachesis and should be studied in connection with it.

Apis. We have in this remedy one of the most valuable in the Materia Medica, itc characteristics being well marked. The itching, stinging and burning in all affections. Similar to agaricus. We will find these three conditions in affections of the eyes, ears, face, tongue, throat, anus, testicles and ovaries, when relieved by cold applications and aggravated by heat. Compare with arsenicum. Mucus membranes appear transparent and glossy. In throat troubles and also in uterine and vaginal troubles with this characteristic appearance it will do wonderful work. In skin affections with the characteristic pains, and even when these are absent, if they appear bladder-like and full of water. Apis should be compared with kali carb., cantharis, arsenic and apocynum. In hydrocephalus of children it will often save the baby if we will recognize the peculiar cry and other evidences of effusion of water upon the brain. Do not be afraid to give it in the higher potencies and not too often. The last of this class of drugs for our study is:

Cantharis. We think oftenest of this remedy in urinary difficulties, although its usefulness is by no means confined to this trouble. The great characteristic is frequent micturition with burning and cutting pains, and when we find this condition we can prescribe cantharis with confidence. The urine scalds and is passed drop by drop with extreme pain. Constant desire to urinate, passing but little at a time, often mixed with blood. Associated with these symptoms we may often have vomiting with violent retching. This first condition should not sidetrack us in prescribing cantharis. In affections of the air passages when the exudation is thick and tenacious. Compare here hydrastis, kali bichr., and coccus cacti. When kali bichr. fails think of cantharis. Violent tenesmus (merc. cor.) and extreme burning pain (sulph. ars.), When these symptoms are present in erysipelas, dysentery, gastritis and in throat affections it is a very useful remedy. It should be carefully compared with apis in skin affections. Cantharis produces blisters or blebs, while in apis the skin is more oedemasus and has a glossy appearance. Arsenicum is similar in the burning pain. So, also, is sulphur. Another characteristic of cantharis we should not forget is the grayish, scrapings-like exudation from the bowels. Compare colchicum. It has the restlessness of arsenicum though not so prominent.

I have found it a great help to me at the bed-side to be able to compare these remedies and differentiate carefully, because it is absolutely essential to accurate homœopathic prescribing, and we all know this means success. Group study, giving the characteristics of each drug the preference. Patience, persistence,

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not too frequent repetition, avoiding alternation and combination, the single remedy and the minimum dose, will bring success for ourselves, relief to our patients and therefore praise for homœopathy.—(Iowa Homœopathic Journal.)

ANTIMONIUM TARTARICUM.

BY WALTER SANDS MILLS, A.B., M.D.

Professor of Medicine, New York Homoeopathic Medical College and Flower Hospital; Physician to the Metropolitan Hospital.

Antimonium tartaricum, or tartar emetic, is a tartrate of antimony and potash invented by the alchemists. It is soluble in fifteen parts of water. The original provings were made by Hahnemann.

According to Boericke, "its therapeutic application has been confined largely to the treatment of respiratory disease where the symptoms of rattling of mucus with little expectoration has been a guiding symptom. There is much drowsiness, debility and sweat characteristic of the drug, which group should always be more or less present when the drug is prescribed. Gastric affections of drunkards and gouty subjects; cholera morbus; sensations of coldness in blood vessels; tremors all over; lumbago"

My own use of antimonium tartaricum has been confined almost entirely to respiratory disease. I will report some verifications.

Case 1. The patient was an old man of 75 who was in a collapse from edema of the lungs. He suffered from dyspnea. The respirations and pulse were rapid. There was rattling in the chest. Antimonium tartaricum made him much more comfortable for a few days. He died suddenly within a week.

Case. 2. A boy baby aged seven months, with whooping-cough. When I was sent for the child had been sick for several weeks. I was sent for because he was in convulsions. The lungs were choked up, and all kinds of sounds could be heard with the stethoscope. Antimonium tartaricum relieved and finally cured.

Case. 3. Woman aged 52. This patient had hay fever during August, for which arsenic was given. By the middle of September the hay fever had gone, leaving a general bronchitis with loose cough. Antimonium tartaricum promptly cured it.

Case. 4. Girl aged four years. This child had whooping-cough. She had sambucus first. After three weeks she had kali bichromicum for the thick, stringy mucus. After another few days, this child coughs and chokes many times through night; does not sleep well; worse at night; makes her angry to cough; antimonium tartaricum gave immediate relief and the child promptly recovered.

Case. 5. Man aged 50 years, a hard drinker. On October 18 he was taken with pneumonia. No unusual trouble occurred until October 25 at 6 p. m., when I was sent for in haste. My notes read: Has coughed almost constantly since 2 p. m. (four hours). Raises quantities of foul smelling stuff. Whole left lung except

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apex seems involved. Respiration rattling as though dying. Hot perspiration. Looks like he would die. Cough, cough, cough. In very serious condition, at that visit I gave antimonium tartaricum for the first time. October 26, at 8 a. m., my notes read: Delirious through night. Now much better. Breathing easier. Cough has let up. Still looks badly. I fear he will die. At 3 p. m. lung sounds much clearer. Rattle gone. October 27, much better. From then on he slowly recovered. Other remedies were given as indicated during his tedious convalescence, but he never again had any alarming symptoms. I think the antimonium tartaricum saved his life.

Case. 6 A baby girl aged two years. This little patient had pneumonia of the right lower lobe. My notes read: Child is drowsy. Breathing wheezy. Respirations shallow and very rapid —80. Coughs a good deal. Eyes half open and showing white when she sleeps. Can cry. Seriously ill, doubt if she pulls through. I gave antimonium tartaricum. She was better on my next visit. The remedy was changed six days later to bryonia. She was then convalescent, and recovered.

I have used antimonium tartaricum frequently as an intercurrent remedy in pulmonary tuberculosis, where there was frequent loose, rattling cough and much dyspea. It will give such cases much relief.

Occasionally I meet with a chest condition where ipecac and antimonium tartaricum both come to mind. Ipecac has fine rales, tartar emetic coarse rales.—(New England Medical Gazette)

TUBERCULINE IN INCIPIENT PULMONARY TUBERCULOSIS*

BY L. C. MCELWEE, M.D.

St. Louis, Mo.

It should be borne in mind that tuberculine is strictly homœopathic to tuberculosis. There are not many peculiarities of tuberculosis which will not find their counterpart in the clinical pathogenesy of tuberculine as published in Guiding Symptoms (p. 350, Vol. X). This pathogenesy has been published since 1879-1885. Whether Dr. Koch, of Berlin, got his idea of the curative possibilities of tuberculine from our colleague, Dr. Burnett, of Brighton, England, or not, we are unable to say, but it was not until the summer of 1896 or some ten or eleven years after Dr. Burnett that Dr. Koch startled the world by asserting that he had discovered a cure for pulmonary consumption. But though he announced with such sang froid that he had a cure, he failed utterly to show anybody a cured patient. If action and a surmise may become the premises, the conclusion is easy that he sneered at the infinitesimal doses of Dr. Burnett as insignificant, and butted in with the usual brutal allopathic dose, which,

*Read at Kansas City.

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as we remember, it was as much as five mg. to begin with, and that repeated twice a week! Small wonder is it that the subject of such abuse was hurried on to a certain but untimely end. And worse than that, all the ordinary tubercular facies were strangely aggravated! Somehow the "regulars" have finally "discovered" that drugs may make a well man sick and even a sick man sicker under certain circumstances, but unfortunately they have not yet "discovered" what these certain circumstances are. But they are learning, and by and by may "discover" what we Homœopaths have been teaching and practicing for more than 100 years. For example, Dr. E. S. Bullock, of Silver City, New Mexico, has learned by experience (see Journal Medical Association, June, 1911) that "no dose of tuberculine larger than a millionth milligram (6th decimal) is safe to begin with," and "occasionally marked reactions will be witnessed in afebrile cases in so small a dose as 8-1,000,000 mg. In such cases it becomes necessary to start with the .000,000.1 mg." Thus it will be seen that Dr. Bullock is far in advance of his colleague, Dr. Koch, in that he inclined a willing ear to the precepts of that wonderful teacher, Experience. Dr. Burnett used both the proper remedy and dose, but with his many cures as evidence he could not catch the popular ear, and the world in the 19th century repeated the tragic errors made in the first of having ears but hearing not; in having eyes and refusing to see. Somehow humanity is always much alike, and even now will listen only to what it wants to hear, and even what it wants to hear must be said by some one in the popular favor. "Is not this the carpenter" is as fatal to its subject today as it was in far away Nazareth in Galilee two thousand years ago.

It must be remembered that it is upon the similitude of the pathogenesy of tuberculine to tuberculosis (i.e., its homœopathicity) that its curative action depends. But in these days this fact must be restated in current parlance. Nowadays "immunity" is the hypothesis which sums up all the arcs into the completed circle, and in turn, reduces that completed circle to an approved medical square. What was aforetime known among Homœopaths as an "aggravation" is now approved by the "regulars" as the "negative phase." We once obtained "improvements" which lasted a greater or less length of time. To be "scientifically correct" now we must allude to such as the "positive phase," i.e., when the "opsonic index" is high. The comfortable fact remains the same, however, that the patient is benefitted regardless of the change of nomenclature.

Accordingly, when too much tuberculine is given (or when the dilution is too low) we add to the condition of the patient an identically similar condition, the sum total of which, together with his pathological state, becomes manifest by an intensification of the present symptomatic manifestations, moreover, the actual pathology is perceptibly increased and we induce a "negative phase." The addition of tuberculine, besides augmenting the present symptomatic manifestations, has the peculiar faculty of

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arousing and awakening an added power of systemic opposition to the disease, and we have an aggravation or the negative phase intensified. The vis medicatrix naturæ is thus stimulated above its usual capacity so that within a comparatively short time after the excessive dose a sharp conflict is set up as manifested by a distinct rise of temperature and the vital forces, if sufficiently strong, rise to the occasion and repulse the new invasion, which will subsequently be marked by a lower temperature, whereupon the positive phase ensues until the reactionary quiescence of the vital spark allows a natural negative phase to again assert itself. Now and only now is the time to repeat the dose of tuberculine when a reaction has occurred. This will greatly intensify the natural negative phase and the reaction will be severe in direct proportion to the ability of the system to oppose the new invasion and the amount of tuberculine administered. Tuberculine thus given will phase after phase follow each other throughout the treatment, negative and positive, negative and positive. But the amplitude of the positive wave will depend upon and be in proportion to the depression of the negative. When the time arrives that no negative phase follows the administration (hypodermic) of a dose of tuberculine the subject is then said to be cured or immunized. This hypothesis is not a glittering platitude but works out quite satisfactorily in actual practice.

In purely incipient pulmonary infections one can cure fully ninety-five per cent of all cases in about three months. When the tubercular process involves other structures than the lungs, e.g., the bones, the cure is usually much quicker. But the tubercular infection which in its incipiency seems to be pure does not remain pure very long, but becomes mixed with the staphylo- and streptococcus and other pus forming organisms. We believe that the characteristic facies of consumption are mostly, if not entirely due to this superadded, i.e., (mixed) infection. This assumption will easily explain why all cases are not improved by the administration of tuberculine alone, and also why it is of no apparent service at all in other cases.

Please give particular attention to the following because we believe that the slightest misunderstanding of the following paragraph might lead to most disastrous results and thus defeat the very purpose for which it is written. It must constantly be borne in mind that tuberculine improperly used is a most dangerous remedy. One may easily kill his patient with it notwithstanding all his good intentions. This warning applies especially to the pretubercular infections, the especial field of tuberculine. When the infection has become mixed as is manifest by bloody or blood streaked expectoration, rise of temperature, chills, night sweats, loss of weight and appetite, we have another sovereign remedy in mixed infection, phylacogen, as prepared by Dr. A. F. Schafer, of Bakersfield, Calif. The results following the administration of this remedy are nothing short of marvelous according to our experience. Two c.c. hypodermically is the usual initial dose. Within thirty minutes the reaction usually begins to show

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itself. This is mostly in the form of a chill of variable intensity and duration followed by a decided rise of temperature (3 or 4 degrees Fahr.), which subsides in about six hours, to be followed in the most (favorable) cases by a morning subnormal temperature, sometimes as low as 96 degrees F. Occasionally this reaction is accompanied by such adventitious symptoms as intense flushing of the face with a smoothing sensation with more or less cardiovascular disturbance, nausea, vomiting or griping in the abdomen with purging, eruptions on the skin, etc., etc. But while these manifestations are annoying and undesirable, the ultimate benefits to the patient are so great that he is not only willing but glad to endure them and the local pain and soreness caused by the injection for the benefits derived. When I say that phylacogen acts in a given case of tuberculosis as an intercurrent antipsoric dose in some chronic cases, the homœopaths will the better understand me and it. By a judicious use of it all of the gruesome symptoms are abated.

In addition to tuberculine and phylacogen the homœopathic constitutional remedy ought always to be most diligently sought. This will usually be found to be one of the deep acting antipsorics and one which we have usually found was indicated in some complaint of infancy and one also which the patient never once received. Calcarea carbonica or calcarea phosphorica, silicea, kali carbonicum, natrum muriaticum or sulphur, possibly baryta carbonica, will most often be found to be of signal service as inter currents in promoting the favorable action of the tuberculine. This latter fact gives rise to a distinct suspicion that there may be a possible antitoxin action on the part of the tuberculine and possibly the phylacogen also, although this action is not usually assigned to either. Sometimes the "indicated remedy" alone will be sufficient to cure, but this is not often the case. Whether from faulty selection or otherwise is not to the point, for the staggering clinical fact remains that the patients taking the similimum alone usually continue to decline unless pulled out by tuberculine assisted by phylacogen, assisted by organic iron with nucleine.

The curable cases are, of course, the incipient cases. Then what is an incipient case. Our experience is that it is not the case usually so named by the text-books. Not that we wish to "sling mud" at the text-books, for they are all right in their way, but in order to avoid the possibility of diagnostic quibbling of carping purposeless criticism, they assume that no case is tubercular until the tubercle bacillus can be demonstrated in the sputa. To be sure no one will question the diagnosis in the face of such a finding, but the plain inference from that fact is that ulceration and breaking down of tissue must be taking place at the time. And it must be equally obvious that the tubercular involvement has existed for even a considerable time prior to the tissue destruction else the general rule of an incubation period in infectious diseases is utterly discredited. In fact, it seems to be tacitly generally agreed that all who develop tuberculosis were

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infected previous to or about the second year of life. The infection lying latent subject to the dominion of the via medicatrix until some great physical or mental ordeal, sometimes shock or some kind of systemic infection reduces the vital resistance sufficiently to permit the growth of the tubercle bacillus. While it is beyond doubt that the text-book incipient case is still curable, the cure is mostly difficult, tedious, and delayed. The diagnosis of early, tedious, then, must rest on clinical evidence. For the most vivid imagniation could scarcely depict a case without symptoms of any kind previous to expectoration containing blood or tubercle bacilli. Fortunately for the diagnosis the clinical evidence is sufficiently ample. Our observation has been that an incipient case is characterized by a variety of evidence. Most often it assumes the form of persistent "nasty cough" which holds on and on after all the other symptoms of the previous attack of "bad cold," grippe, pneumonia, typhoid fever, or other exhausting conditions have cleared up. "Home remedies" and maybe a doctor or two have failed to benefit the patient while the cough hangs grimly on. We wish to admonish all who have such a patient with such a history to immediately make a critical examination for physical evidence in the patient's chest. Do not allow absence of hereditary taint to influence you or delay the examination at all. No ordinary consideration should be allowed to prevent such a quest. Only the slightest degree of dulness may be detected by the gentlest percussnon in a very quiet room and may be none at all. But an increased vocal and tactile fremitus, increased spoken and whispered voice sound, and some crepitation and maybe rales with possibly restricted movement of the chest walls will usually be sufficient to establish the diagnosis, especially if conjoined to a daily rise of temperature (not much difference, however slight). Loss of weight together with the foregoing is of especial significance. Another symptom said to be of much significance is the disappearance of the radial pulse of the affected side when that arm is raised straight above the head or carried behind the back. I have verified this symptom a number of times. When it is possible to obtain a radiograph made by an expert it will often reveal quite clearly lymph nodular involvement at the apices or root of the lungs and the denser shading if present probably means tubercle bacilli invasion of the lung tissue proper. We should not, personally, pay great heed to the X-ray plate unsupported by clinical manifestations. In doubtful cases one can feel fully justified in giving 1-2 to 1 mg. of tuberculine hypodermically for purposes of diagnosis, but two or three weeks must elapse before any other dose is given more especially if the reaction has been somewhat asthenic.

Occasionally a patient's attention will first be called to something wrong by spitting a little blood or there may be an outspoken hæmorrhage. Bloody expectoration should be presumed to be tubercular unless it can be traced to the nose, gums or throat, organic heart disease, actinomycosis or malignancy. Certainly no such case should be allowed to leave the office until

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after a thorough examination of the chest has been made, which will probably reveal the seat of the trouble. An accentuated second heart sound is said to mean much and to be present in practically all cases. But since this is a matter of comparative intensity of sound it will be only of service, and, therefore, guiding to the most skilled expert.

There is another distinct mode of onset, one which is often seen and one which is particularly misleading. The patient's attention is first arrested by one or more rigors followed by fever and sweat. The chills are often recurrent and usually assume the tertian type and so closely simulate a malarial ague that almost any one might be excused for overlooking the lung condition for at least (and most) a week. But if the attack be not suppressed by quinine or the "indicated remedy" in that length of time, no further time should be lost in making a critical examination of the chest. The "nigger in the fence" will be easily located and counter proceedings must be promptly instituted. Lest we be misunderstood we wish to state that it is necessary to have practically all of each group of symptoms above named at one and the same time before the diagnosis of tuberculosis is justified on clinical evidence alone. Any one may have any one and may have some two of either group and not have tuberculosis. It is the patient with one or more whole groups of those symptoms who often, if not usually, develops unmistakable tuberculosis later on. Once the diagnosis is made it should be frankly stated to the patient, because there is no condition where the entente cordiale should be so full between the patient and physician as this.

The first thing to do for a patient is to order him to bed* where it were best to remain for at least a month with all the possible advantages of unlimited open air and home sympathy and surroundings. I regard it as nothing short of cruelty to order a patient to a change of climate among strangers where, nowadays, he is mostly unwelcome both by state and community. There are not many (if any) advantages of a change of climate, but there are many disadvantages if the change be even possible. An incipient case as herein described will usually yield to tuberculine, hypodermatically administered, in gradually increasing doses in a comparatively short time. But the proper time for repetition of the dose is the sum total of the art of its use. We have found the clinical themometer the sole arbiter of that question. The patient's temperature should be taken four times daily, at 8 a. m., 12 m., 4 p. m., and 8 p. m. After a dose of tuberculine in febrile cases there will often follow a "reaction" or rise of temperature indicating that the natural negative phase has been intensified. This usually subsides in three or four days to the normal or thereabouts and so remains for another similar period, when it usually begins to rise again. This is the termi-

*This statement differs from what we wrote a year ago, but we are sure that it is better practice.

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nation of the positive phase and the time to repeat the dose, certainly not before. And so on as one phase follows another throughout the treatment. In the afebrile cases it is apparently safe to repeat the dose once a week or ten days, gradually increasing the dose about 33 per cent each time. After a while a dose may be reached which will cause a sharp rise of temperature. This patient has then reached the point of toleration for this drug and the last dose was too large. Careful record must be made of this dose and then drop back at least ten doses and come up again as before, when it is usually discovered that the previous point of tolerance may be passed without any reaction, indicating increased immunity. But the reaction from the maximum dose must have all subsided for at least a week or more before the smaller dosage may be resumed. It is the febrile cases where the phylacogen appears to such advantage. It seems to divest the case of the mixed character of infection, thereby leaving the pure tubercular infection to be dealt with. The same rule for the repetition of tuberculine is to be observed with the phylacogen, although the dosage of the latter in much larger. As yet it has not seemed necessary to prescribe any particular regimen. But whatever food taken should be most nutritious and prepared in such a way or to tempt the patient's appetite.

It is urged that the patient should be made to realize, if possible, the tremendous importance of eating well, and that they must eat. Whatever they crave and relish most will usually be sufficient in calories; if not, then the deficit can be supplied, usually by proteids or fats. Alcoholics are generally interdicted and sleeping should be in the free open air. The latter may be easily accomplished at the convenience of the patient under the supervision of the family physician. The length of time required for a cure will, of course, vary with each case, but three months seem to be sufficient to cure the cases in their earliest incipiency. And the time of cure is extended according to the time of involvement in the curable case. For all incurable cases great palliation may be confidently promised. Most or all of their horrible features can be abated and their progress toward the inevitable cheered and their misery so assuaged that they sink beneath the Stygian flood without being fully aware that they have yet reached its shores.—(Medical Century.)

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CONTRIBUTED ARTICLES

TYPICAL CEREBRAL LESIONS

BY RALPH I. LLOYD, M.D., O. of A. CHIR.
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THE title is "Typical Cerebral Lesions." It would be more exact to say "A Few Cerebral Cases with Typical Symptoms." Objection might be made because in some of the cases presented to you there is no exact diagnosis or no exact localization. That, however, will not invalidate the claim of "typical" in the particular case for unfortunately there are many cerebral cases which are too complicated on the one hand or too vague on the other to permit of accurate diagnosis.

The first case presented is that of Mrs. A., aged 23. While present at a meeting, she felt an irresistible impulse to sneeze and not wishing to disturb her fellow worshipers, held her mouth tightly closed. This procedure muffled the sneeze but the patient felt the full force of the spasmodic expulsion "in her head," as she expressed it. Immediately thereafter she found to her horror that she could not see. In an hour a severe headache began which continued for two days. It was of the type described as "a tight band around the head." Five hours after the accident, there was sudden vomiting, which was repeated 17 hours after the first attack.

Three days after the accident; patient, now free from headache and vomiting, calls for examination as to cause of loss of vision. Inspection shows both pupils dilated ad maximum and that they do not contract upon exposure to light nor during accomodative effort or adduction. Her vision is 15.70 for each eye. A plus 2 dioptre lens brings her vision to normal for the distance.

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With this correcting glass she can read Jaeger test type No. 6, but with plus 4.50 dioptre lens she can read test type No. 1. No paralysis of any external eye muscle existed. Her field of vision was normal and there was nothing abnormal in the interior of the eye to be seen with the ophthalmoscope.

The third nerve or motor oculi supplies the circular fibres of the pupil, the muscle of accomodation, the superior, internal and inferior recti; the inferior oblique and the levator palpebra. It would not seem reasonable to assume that a disease process could select from an entire nerve trunk just the fibres which supply the first two muscles and allow the others to escape. Clinical experience of many observers stamps this deduction as correct. So we look to the nucleus of this nerve for an explanation. It is located in the floor of the aqueduct of Sylvius and is divided into an anterior and upper portion and a posterior portion; each of which is subdivided into cell groups. Edinger and Westphal have demonstrated that this anterior portion is given over to control of the pupil and ciliary muscle. It is composed of a central mass and two lateral contiguous masses.

Is it not reasonable to assume that the immediate cause of the symptoms was a small hemorrhage in this sub-nucleus? The continuous headache and sudden attacks of vomiting would indicate that the lesion was of some consequence. The transmission of pressure from the thorax is rather interesting to me. Whenever a sufficiently large portion of the skull is removed in the living human being, the effect of sudden inspiration in reducing the actual size of the brain is striking. This reduction in size is due to retardation of the arterial outflow from the thorax and the creation of negative pressure on the venous side. This rythmical action of the thorax must be a great factor so far as the venous flow is concerned and I have wondered whether the decrease of this function is not one of the pernicious influences which act upon the heart in pneumonia.

In case of spasmodic expulsive effort like this muffled sneeze, a great strain must have been thrown upon every blood vessel in the body but particularly upon the blood vessels of the brain, a pulpy mass surrounded by unyielding walls. This patient made a recovery in one month and was given gelsemium.

The next case is the first of a group of similar cases characterized by a loss of relatively similarly placed vertical halves of the field of vision. The right half of each optic tract supplies the right half of each retina; the left supplies the left half of each retina. Therefore, any lesion posterior to the optic commisure produces

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this peculiar symptom of homonymous hemianopsia. Sometimes the patients realize that they can not see to the left or to the right, as the case may be; but not infrequently they say only, they do not see well.

The different writers upon this subject do not mention the fact and my further experience may change my present opinion, but it seems as if lesions on the left side of the brain disturbs the patient more often than those occuring on the right. Most of the patients who have had moderate symptoms associated with the loss of the half fields have been right sided lesions. A sample of the mild case is that of Mr. S., aged 49 years, who, while riding on the subway became dazed and could not see. He remained on the train for about 15 minutes, by which time he was able to walk home. The next day he noticed he could not see to the left

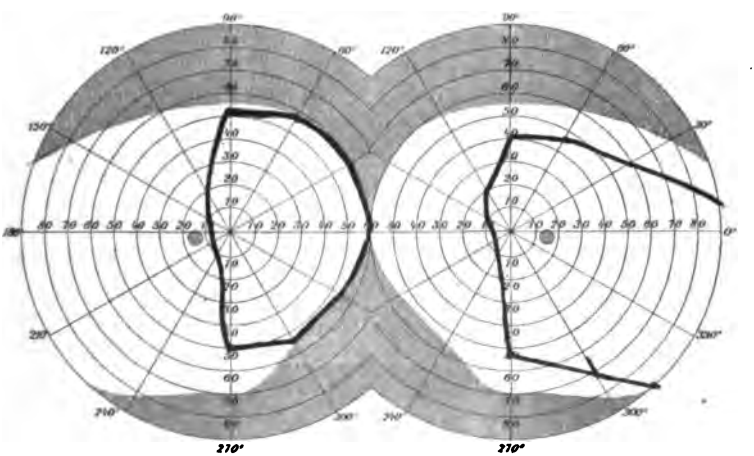


Illustration No. 1

but felt well otherwise. Examination revealed the fact that he had left homonymous hemianopsia. (See illustration No. 1) His arterial pressure is 130 mm. There is no inco-ordination. Both knee jerks are reduced but left is more vigorous than the right.

Where is the lesion and what is it? If a lesion be located in the optic tract but anterior to the optic radiation, a part of the pupil control arc is interfered with, as one part of this arc is located in the optic nerve and optic tract. The other part of the arc is the third nerve or rather that part of the third nerve which controls the fibres of the pupil. So, if the lesion is in the optic tract, a small pencil of light thrown on the blind half of the retina produces no effect on the pupil. If the lesion is in the structures posterior to the tract, the blind half of the retina still will

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send impulses for the pupil arc, the lesion being located behind the arc, so to speak. In this particular case, both halves of the retina are sensitive so far as the pupil arc is concerned. So we say this lesion is well toward the cortex. What is the lesion? Low blood pressure would rather negative apaplexy. The absence of heart lesion or other embolic source would turn our minds from embolism. Thrombus perhaps. But it seems to me that we neglect often to consider one of the common lesions but not often suggested as a cause for "loss of blood supply" and that is obliterating endarteritis.

Another case even more free from disturbance is that of Mrs. C., who arose one morning and found she could not see to the left. She did not even call her physician.

Here is yet another. Mr. B. felt out of sorts. He is about 80 years of age. Vomited once or twice but was not confined to his bed. His physician treated him for bilousness. A week or so later, called because he does not see well and an examination demonstrates the fact that he has lost the left half of each field of vision.

In direct contrast is a case in which we have other symptoms which make the case much more seroius so far as the evil effects are concerned, but these additional symptoms are of material assistance in localizing the lesion. The patient is seriously ill and the loss of the half field is apt to escape notice. Mrs. B. A. had a stroke, was unconscious for some time. When she recovered the movements of her right arm were irregular and unreliable. Her right leg was wobbly. Knee jerk on the right was much increased. Her memory is bad and she is unable to give her address correctly. She pronounces correctly but the figures are never quite correctly associated. Her attention wanders. The right half of each visual field is missing. (See illustration No. 2.) In this case, it is safe to say the lesion is located along the course of the optic radiation as it passes from the optic thalamus to the occipital lobe; nor far from the internal capsule and so located that the lesion interferes also with fibres passing between the center for visual memory and the sight center in the cuneus of the occipital lobe.

If a person has suffered the loss of one half of the visual field. it is not so unusual to observe a second attack on the opposite side of the brain. The patient is then left blind or with telescopic vision.

Mr. B. has been getting more and more unsteady in his gait for two years. Arterial tension 200 mm. Urine Sp. Gr. 1019. Hyaline casts and a few pus corpuscles. He complains that he

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does not see well. The loss was sudden but unattended by severe symptoms. Examination shows a left homonymous hemianopsia. Within a month he suffered a loss of the second halves and was totally blind. He had amnesia, without hemiplegia or hemianesthesia so we feel that his second lesion was placed a little further back perhaps than the preceding case. After the second attack, he lost strength rapidly and soon died.

Mrs. C. had previously lost the left half of each visual field, with very little disturbance. The second attack resulted in temporary right hemiplegia and hemianesthesia; her memory was poor. She recovered except the loss of the two visual fields, which was total, a small central area excepted, giving the well known condition of telescopic vision.

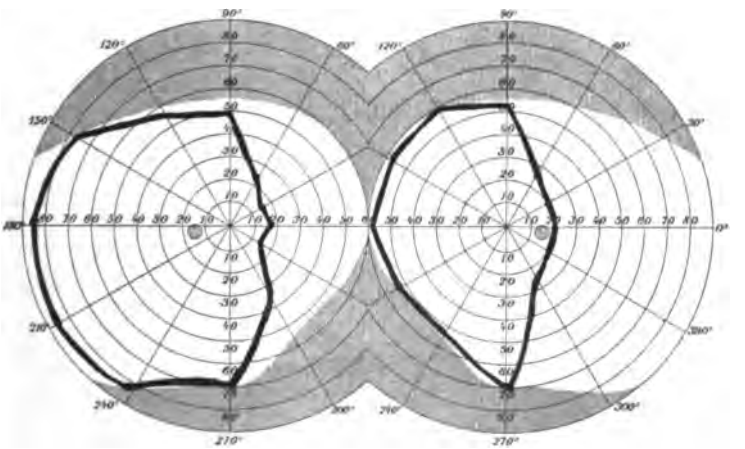


Illustration No. 2

Telescopic vision permits the patient such a small central area of near vision that it is not of much use, but at a distance, say of 100 feet or more, this same area would include such objects as a horse and wagon. The explanation of this phenomena is not satisfactory. Some claim the macular fibres have a higher center than the cuneus and consequently escape destruction. I would suggest that all elderly patients suffering indefinite symptoms such as disturbed vision or bad memory or vertigo, etc., might be examined for loss of the visual half fields. It can be done effectually and quickly. The examiner sits opposite the patient. The patient and the examiner cover opposite eyes, that is, the patient covers the right eye and the physician the left. The distance between the eyes should be about 18 inches. Then the physician uses his free hand and carries it out to the side, then gradually

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brings it toward the center with the fingers moving slightly. His own eye will tell him when the approaching fingers should be recognized and it is usually necessary to test out only the four main radii of the imaginary circle; up, down, in and out. This will aid in clearing up some vague cases.

If the patient has lost only one half of the field of vision, he can read the normal line on the test card, unless there be some other reason for the inability. If he has lost the left halves, he will not be bothered nearly so much as if he had lost the right halves. In this last case he will find it difficult to read his paper or book. This results immediately in complaint on the part of the reader. The act of reading is very complex and to read comfortably and well, one must have a macular field large enough to

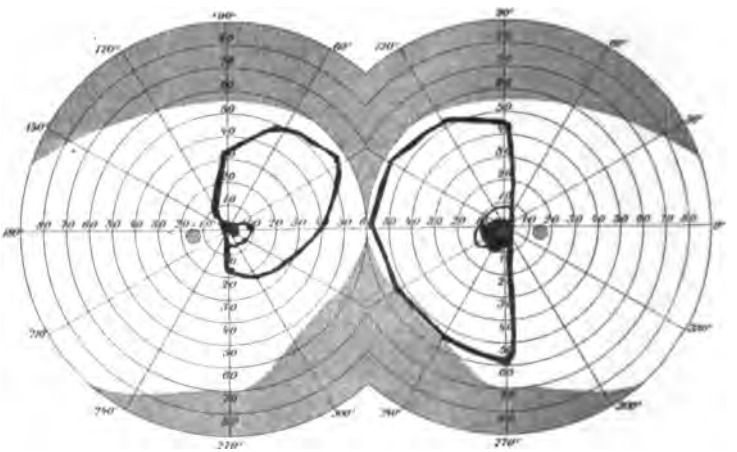


Illustration No. 3

see at a glance about four letters of average type. At the same time, the peripheral retina is acting as guide for the shift of the eye, which takes place with amazing speed, and also gives a hint of the conformation of the letter or word groups which are next to come into direct view. We read not letter by letter (or should not) but are more particularly guided in recognizing words by the well known forms of letter groups, and also by the association of the meaning. Experimenters have fastened an indicator to the human eye, and traced it's passage up and down and around words and letters. The results indicate that in case, for instance, the definite article "the;" the macular field may recognize at a glance the familiar grouping of t and h, the peripheral field would suggest that there was a third letter and the shape of it, which facts would immediately enable us to recognize the "the" without

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actually having seen or having been conscious of seeing all the letters. And so it goes with larger words and letter groups. So if our patient has lost half of his visual field, his macular field is reduced. He is unable to take in as many words at a glance. This will annoy the patient, whichever side is lost. Most people read from left to right, therefore the guiding influence of the periphery which enables the patient to keep his place and assists subconsciously in suggesting the word groups next in order would be lost for the majority of readers only when the right half fields were lost. The Hebrew reads in the opposite direction and the opposite would probably be true in his case.

While discussing the loss of vertical halves of the field of vision, it might be of interest to call attention to the cases in which

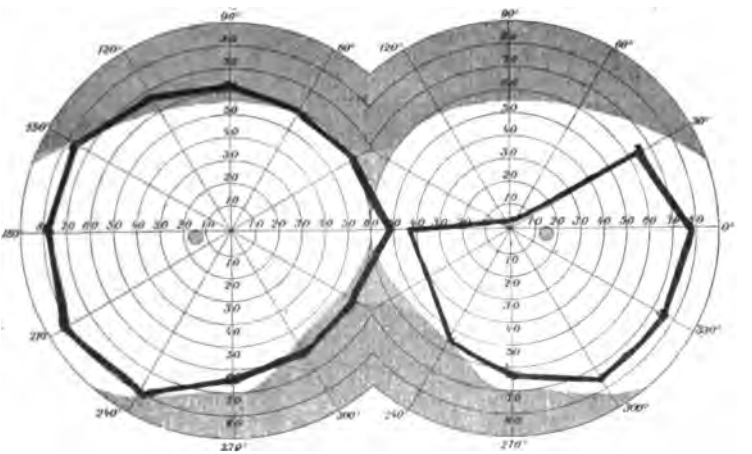


Illustration No. 4

there is the apparent anomaly, loss of both outer fields and retention of the inner half of each field. This condition is typical of pressure upon the optic commissure where the fibres cross to the respective inner halves of each eye and since the eye is a compound lens, sees images to the outside of outer field. Hence pressure of the commissure results in inability to see to the outer side but retention of the nasal fields of eye. This record (see illustration No. 3) is of a case of pituitary disease which has been operated upon for relief of pressure symptoms by the same route as the operation upon the Gasserian ganglion. The pains in the head were relieved but the atrophy of the optic nerve is progressive and the patient will likely become blind.

The next record will show the loss of the upper half of the field of vision of one eye. (See illustration No. 4.) The peculiar

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loss, the crossed and uncrossed macular dorsal bundele and the crossed and uncrossed dorsal of one eye only, the upper half field, suggests a lesion of the optic nerve between eye and commissure. These cases are usually specific and although our patient denied syphilis, the Wasserman was positive, and the patient then acknowledged the infection. The loss of the upper half of the field of vision is very annoying to the patient. The phychologist has demonstrated that we habitually see only the upper half of each letter we look at, neglecting most of the time the lower half. So this patient finds it difficult to read with the affected eye alone. Fortunately, he has no difficulty with the other eye and reads well with the one.

This case demonstrated beautifully the effectiveness of the Wernicke pupil test which has been mentioned earlier in this article. In a dark room, a pencil of light thrown on the blind half of the retina of each eye produced no pupillary reaction, but the reaction was prompt when the light was thrown on the active portion of the retina.

The next case is that of one of the most eminent men of his line in the country. After many successful years of brain effort, he feels tired, does not see well, either near or far. His step is slow, he has lost his vim. He is given a year's leave of absence at the age of 62 years. His vision is 15-20 for each eye. Can read Jaeger test type No. 2 with proper glass for reading. His optic disc is pale and the arteries and veins of the eye are somewhat pale. The temporal arteries are tortuous and hard. The visual fields are concentrically reduced. This gentleman is one of a type often seen and the question asked the oculist is: "Am I going to lose my vision?" The contracted field and pale nerve and moderate loss of vision prove the presence of optic atrophy, which is but a part of a process or rather the result of changes in the blood vessels. Most of the cases do not become blind for the reason that the atrophy is usually slow and before the atrophy becomes annoying the patient is usually no more. In this particular case, the patient lived 1 1-2 years and died of apoplexy.

The next type of case is interesting because it demonstrates the theory of pernicious effects of scarlet fever and meningitis. A lady calls, and having had a little experience with the lip readers and their peculiar intonation we realize at once that she belongs to that class of deaf and dumb who have, through the skill and infinite patience of their teachers, learned to read the lips and speak with distinctness although the ear, the warder of speech, is deaf. She complains of poor vision and examination of the

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optic nerve shows moderate atrophy. The history reveals an attack of spotted fever which infection has traveled from the brain along the sheaths of the auditory nerves and destroyed the hearing. No catarrhal deafness could be so complete as the auditory nerve type. In all likelihood, the same process accounts for the optic atrophy and an examination six years after the first confirms the opinion that it is now stationary.

The next case of interest is that of a gentleman who had a chancre 4 1-2 years prior to illness. He suddenly became unconscious upon the street and remained so for two days. Upon awakening, he complained of double vision. Severe frontal headache and loss of power in left leg. Left knee jerk increased. No anesthesia could be found. Tactle and temperature sense O. K. No astereognosis. Right eye turns in and does not move to the right well. Left leg is weak and wobbly but patient can walk. The eyes move well together except the limited excursion of the right eye to the right. The test with candle in different directions discloses uncrossed diplopia aggravated to the right. Here we have the typical crossed paralysis, right rectus, externus and the left leg. At once we conclude the lesion is in the course of the fibres of the sixth nerve as they pass through the motor tract, which will decussate lower down, the sixth nerve control fibres having crossed above the lesion to reach the nucleus; thus accounting for the crossed paralysis.

Mention was made in the beginning of typical cases in which the diagnosis or localization or both was not made. I have heard papers read and afterward heard the criticism that the impression was given that the reader had no difficulty in diagnosis. To prove that such is not the intention, will call your attention to a little girl, aged 10, who is sent because of severe headache. Vision is somewhat reduced but the interesting feature is the fact that there is double choked disc. Wasserman was negative. Von Pirquet was negative. No kidney trouble or diabetes. The severe headaches, projectile vomiting and weakness continued. The vision faded and patient became blind. Decompression had been refused and the patient died in six months, suffering from, we believe, a brain tumor; but where?

Paralysis of the third nerve on one side and hemiplegia on the other is characteristic of lesion of the crura cerebri. Here is the case of a man suddenly becoming unconscious and on awakening, finds his left arm and hand useless and his tongue turns to the left when he puts it out. There is ptosis of the right eye-lid and paralysis of all the right eye muscles except such as turn the

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eye out, and out and down. He is a sufferer from nephritis. This is a typical case and I think there would be no question of diagnosis by anyone, but the aypical is often irregular and the case complicated. Another case of lesion of the crura cerebri is presented to show the opposite. A little girl, aged 8, has suffered with nephritis ever since an attack of scarlet fever three years ago. Suddenly she began to vomit and the vomiting is so serious and continuous that it becomes a menace to her life. During one of these vomiting spells, her right eye begins to pain and gradually protrudes until in the course of twenty-four hours the eye lids can no longer cover it. The vomiting has ceased but the exposure of the cornea to the air results in ulceration and removal of the eye is recommended. She is sent to the hospital and suddenly suffers an attack of hemiplegia, losing the use of the left side. The right eye is removed and after another attack of vomiting the little one dies. An autopsy reveals a large lesion of the right crura cerebri and considerable hemorrhage which has clotted beneath the tentorium and pressing upon the cerebellum. If the right eye had not been forced out of its socket by the post ocular hemorrhage the paralysis of the right third nerve would have solved the question of location of this lesion and although it may be truly said proper localization would not have assisted in altering the course of the disease, physicians are always striving for all the information they can get concerning any case, be it hopeful or hopeless.

By doing less, we neglect our duty and though in cerebral localization as in other branches of the art, disappointment because of the complexity of the situation often is and will be our lot; nevertheless, with increasing satisfaction is the general practitioner probing into what was formerly considered the unknowable.

450 Ninth Street.

THE PREVENTION OF TUBERCULOSIS IN EARLY LIFE*

BY CRAWFORD R. GREEN, A.B., M.D.
Troy, N. Y.

TOO MANY medical men a discussion of tuberculosis is much like a discussion of politics or religion. There has been so much said and written about it that it is easy to fall into the bad habit of looking upon it as something thoroughly threadbare and trite and uninteresting. Yet, like politics or religion,

*Read before Homoeopathic Medical Society of N. Y., Oct. 15, 1914.

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it is so vast and important a subject and one so intimately associated with our daily lives that there is always a new point of view arising and a new angle from which to approach it. Thus, a subject in which one has become somewhat disinterested because of his very familiarity with it may unexpectedly assume renewed interest and regenerate a very active enthusiasm.

When your chairman asked me to address you upon the prevention of tuberculosis in early life I did not respond with avidity. A superficial consideration caused me to feel that the ground had been so thoroughly covered and so much had been said and done in the matter that all that was left to do was simply recapitulation and repetition in a new form, for which labor there were many others much more competent than I. Indeed, so excellent have been many of these expositions it seemed that any further elaboration of the same material was uncalled for and distinctly a waste of time. But as I thought more deeply and reviewed some of my own experiences, I asked, and greatly doubted, whether the fruit of our labor was proportionate to the labor spent. There seemed to be a weak point somewhere in our offense, and I was interested to know just where the trouble lay.

One cannot go very far into the subject without realizing that it is a real and very vital subject to every one of us. It is one that very closely concerns the daily lives of the children in our own homes, no matter how well we may be able to surround them with every safeguard at our command. I do not intend to offend you with statistics, but it will suffice to state that they show that the incidence of tuberculosis in childhood is far greater than we commonly realize. The great menace of tuberculosis in childhood lies in the fact that the undeveloped organism of the child is particularly susceptible to all infectious diseases, and that, therefore, the well child may easily acquire tuberculosis by coming in intimate contact with a child whose tuberculosis has been unrecognized, or with a tuberculous adult either inside or outside of the home. The forms in which tuberculosis manifests itself in childhood are of special interest. Tuberculosis of the respiratory tract is relatively uncommon in early life, but tuberculosis of the abdomen, the glands, the bones, and the meninges is seen all too commonly. One of the saddest features of this disease lies in the fact that a rapidly fatal form may easily result from infection by one that is unrecognized because comparatively mild. Still states that twice at least he has known tubercular meningitis to occur in children who had been apparently in good health until this illness, but who had been living recently in close

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association with children having tubercular glands in the neck. The disease is so widely disseminated and appears in such unexpected quarters that for every child the danger is a real and ever present one.

It is not my intention to discuss those causative agents with which you have all been surfeited. You all know what a menace we have in the milk of tuberculous cattle; you know the dangers of long continued respiration obstruction from such agencies as adenoids and diseased tonsils; the dangers from the common drinking-cup and the family handkerchief; from neglected measles and whooping-cough; from flies and domestic pets. All these predisposing factors, and many similar, we are attacking valiantly and with commendable success, and it is unnecessary on this occasion to dwell on them to any length.

But after we have destroyed all tuberculous cattle; swatted the fly out of existence; removed all adenoids and diseased tonsils; abolished common drinking cups and domestic pets; done away with the deadly handkerchief; and perfected the cleaning of our streets—are we then to feel that our children are secure against this terrible plague? By no means, for our work is only well begun.

Opposed to all the beneficent measures enumerated, and many others of their kind, there stands the grim and sturdy warrior—environment. The child who is free from all the hazards that have been mentioned and yet lives in a damp, dark dwelling which is never ventilated and into which the sun never shines is far worse off than the child who breathes the fresh air and is bathed in sunshine, however much he may be neglected otherwise. Michelet has well said: "La fleur humaine est, de toutes les fleurs, celle qui a le plus besoin de soleil." We are to see whether the human flower in the form of the child is to blossom in the sunshine that God meant for all, or whether it is to continue to fade and wither in the dark, dingy tenement which man has erected as a monument to selfishness and greed.

Our philanthropies toward childhood are steadily increasing. Everywhere we provide milk stations for the proper nourishment of artificially fed infants; we build school houses that are models of sanitation; we conduct open-air schools; we examine our school children and rectify their defects; we give courses of lectures to teach people how the child should be reared; we endow nursing societies to visit the homes of the poor and teach them how to live; but after we have done all this, we have done but little to-

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ward the prevention of tuberculosis so long as the greater portion of the lives of a considerable number of children must be spent in the foul atmosphere of a dark and over-populated home. Nevertheless, one should not disparage any of the noble work that has been done and is being done along these lines. Many lives have been saved and an endless amount of suffering prevented by our efforts. But we must remember that while we are saving some by educative measures hordes of ignorant immigrants are coming to our shores from countries where one-third of the working class has been estimated to be tuberculous whom we cannot immediately reach by the measures that we command. These people are by the nature of their previous existence and opportunities amenable not to reason, but to law.

Were these inhabitants of the slums simply to have their tuberculosis and to die of it, the problem they present would not be so formidable. But, as Jacobi succinctly says: "Before they die they infect their neighbors; and their neighbors, in the capacity of seamstresses, servant girls, laundresses, cooks, teachers infect you and your children and your friends' children." It has been estimated that fifty thousand families, at least, with three to six children each, live each in one light room and one or two small, dark holes.

These people have no idea of sanitation. They know nothing of contagion or the manner of contracting disease. They have no clearer idea of germs than they have of Heaven—how can anyone who is absolutely uneducated appreciate that there are in his midst living dangers that he cannot see? They attend no lectures; they do not read; they do not understand what is told them regarding these things, even though they appear to do so. We may go into their homes if we will, and preach against the use of common towels and dishes and spitting on the floor, and all else so valuable, but even granting that the labor be not altogether wasted, we cannot introduce sunlight where there are no windows, remove dampness from the walls, or provide fresh air where there is no ventilation.

Those of us who think about things at all are quite ready to grant that we are still in a very crude state of civilization; and it requires no very deep philosophy to conclude that in time these conditions will be eradicated through the fact that such domiciles will not be allowed to exist. It is indeed inconceivable that the day will not come when every human habitation will have light and sunshine abundantly. The reformers who have fought for better housing for the poor have often been called impractical

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dreamers. But in the round of our daily work, we are apt to forget that the realities of today were all the dreams of yesterday. Better housing, yes, right housing, is bound to come. Not only will our tenements be built so that light and air will be assured to all, but overcrowding will doubtless be eliminated by requiring a standard number of cubic feet for every inhabitant in a given domicile.

Is there, then, anything in the face of existing handicaps that can be done to protect our children beyond a continuance and a furtherance of the heroic efforts that are already being made? I have a conviction that there is. When one crosses the frontier of a foreign country he is not asked any too ceremoniously whether perchance there may be in his luggage anything he ought not to have there, nor is the matter deferred until he appears in the interior publicly displaying the smuggled goods. The customs officer simply examines the luggage and makes sure. Similarly, I believe we should not disregard the presence of tuberculosis until we are asked to consider it or until some far-gone individual appears at a hospital or sanitarium for relief. We should go into the family—into every family—and find out whether or not tuberculosis is harbored there, and if it is, to arrest it on the spot.

I believe that at least once in every four months—three times a year—every member of the community should be compelled to submit to a physical examination just as regularly as he pays his rent, or his taxes, or eats his meals. I can see no more reason in allowing individuals to go about sowing the seeds of sickness and death in the form of germs than there would be in allowing them to carry about at will fire-arms or sticks of dynamite. Those who so desire could have this examination made by the family physician; those who are not certified for by the family physician should be examined by examiners appointed by the board of health. In all cases, after such an examination, where tuberculosis is found among those living in intimate association with non-tuberculous, the infected individual should be isolated with no more ceremony than we isolate small pox or scarlet fever, at least until we can teach him all that must be done to safeguard the lives of those with whom he lives. We have put much time and money and energy into the writing and publication and distribution of tracts and pamphlets and books upon what the tubercular patient ought to do and what he ought not to do, but they are not worth the paper they are printed on unless they are read and digested and the knowledge gained thereby put to prac-

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tical use. There are thousands of sets of Shakespere that people pay good money for, but never read.

To examine everyone for tuberculosis three times a year will doubtless seem to many to be practical only in the sanitation of Utopia. Is there any innovation that would not at some time have seemed Utopian? Is it so long ago that it would have seemed Utopian to test all cattle for tuberculosis and destroy the tuberculous? Or to examine all public school children once a year and to provide the means of correcting their ills and abnormalities? Or to limit by law the age at which operatives may work and the number of hours they may work, thus greatly minimizing the horrors of child labor? There is, indeed, no end of accepted conditions in our social life that to previous generations would have seemed so idealistic as to be quite impossible.

But, even so, says the economist, it will be prohibitively expensive to provide for such examinations. When we consider the enormous cost of sickness and death from this disease and the cost of supporting those depending on the afflicted, I believe it would be inordinately cheap. All those in the better walks of life would be examined by physicians of their own choosing at their own expense, just as is now done in the case of the required examination of public school children. As for the lower classes, would it not be far less expensive for the State to examine them and educate them and cure them in incipiency than to support them and those that they now invariably infect in sanitoria, hospitals and alms-houses for the rest of their days? I have no figures to submit, but I have no doubt as to what the balance sheet would show.

If there is anything that nature teaches us it is that she means to equip every child with the potential power to grow and develop into robust health. We have talked much about the handicaps of the child who is born into the slums, but these handicaps, when we investigate them closely, turn out to be attributable not so often to the work of nature as to the ignorance and brutality of man. We have made much of the comparative mortality among the upper and the lower classes from infantile diarrhoea, but it has been clearly shown that there is no greater mortality among the exclusively breast fed babies in the tenements than among those in the most luxurious homes. We have made much of the comparative mortality in the upper and the lower classes from contagious diseases, but the children of the slums were not born with lessened resistance but acquired it through improper nourishment and lack of care. Similarly, it used to be

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thought that many children were born with tuberculosis, but it is now known that those children were not born with the disease, but either develop the pre-tubercular condition called scrofula as a result of unhygienic conditions such as dampness, lack of ventilation, underfeeding, and exposure, or else directly contract the disease at a very early age from an infected environment.

If, then, the child is born into the world untainted with disease and able, if only given the chance, to develop into a robust, useful citizen, it should be held as our bounden duty to see to it that every child has the equal chance with every other child that God intended for him. We are making much of heredity these days—perhaps too much. Euthenics should properly precede Eugenics. We should put our house in order before we furnish it. No child should be held responsible for his humble birth—society should guarantee him air, sunshine, freedom from needless infection, and the chance to live.

25 Second Street.

CERVICAL AND OTHER TEARS*

BY ELIZABETH JARRETT, M.D.

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I FEEL very guilty in venturing to speak before the Bureau of Obstetrics this evening on any subject other than that which is now obsessing the public mind, namely, the so-called "Dammer Schlaf," or Twilight Sleep. It took a good deal of courage to pass that subject by in favor of one much more ordinary, though likely to be of greater immediate practical value to us as obstetricians, namely, obstetrical tears. While in the language of most of the lay articles in favor of this new method of painless birth, women are dramatically described as going through the "valley of the shadow of death" in each and every confinement, a statement which we must acknowledge has more of poetry in it than truth, we must admit that many women after their first confinement travel for years, a road beset with pain, discomfort, and often real invalidism, due to inattention on the part of the unskilled accoucheur to the details of prompt repair of lacerations of the birth canal. An extra hour of work following labor would so many times prove to be the "stitch in time that would

*Read at the New York Homoeopathic Medical Society.

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save nine." And although so much has been said and written on this subject that it would seem almost presumptuous to venture to add any word to it, yet over twenty years of practical obstetrical work on my own part and of observation on the work of others leads me to believe that a word or so can yet be driven home without hurt to anybody. My subject is, therefore

Unusual Tears of the Birth Canal

As to perineal tears, per se, I shall say little. They are of course the ones most commonly met with, and it would almost seem as if the last word had been said about their repair. For the last few years I have, however, been adopting a method for their prevention, which, while not at all new, seems to be not in general use, and I do not understand why. A woman who came to engage me last year said, "You are the doctor who sews the patient up before she is torn." The method I refer to is that of placing 2, 3 or 4 stitches in the perineum before the head is born. Many years ago some one called my attention to this little trick, but as far as my personal observation goes few obstetricians are using it. I find it extremely simple and very valuable.

The patient is not usually told that any stitches are being taken. I wait until the head has reached the perineal floor and begun its dilation. If the case is a primipara, or if in my judgment there is danger of a tear, I slip two fingers of the left hand into the vagina, and with a proper needle, beginning at a variable distance from the anus, I rapidly insert, usually 3 chrome gut or silk worm sutures at equal distances from each other, straight through the thinning perineal tissues into the vagina and out again on the other side. They are placed according to the degree of thinning out the perineum has undergone, from one half to one inch to the side of the middle line of the perineal body. Of course, they are not tied, but are clamped and simply left hanging. If there is any bleeding, as there may be if the tissues are thick, the next pain which brings the head against the part, stops it, combined if necessary, with counter pressure from a hot pad.

This little manoeuvre is not only a great saving of time to mother and doctor, but is a great aid toward better healing, as the stitches bring the torn surfaces at once into immediate approximation. Moreover, we have all observed two other effects not looked for as part of the manoeuvre—1st: The stitches, preplaced thus, seem to prevent or limit tears. One cannot speak with positiveness on this point, but the observations of myself,

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the house staff and the senior class, all push us to the conclusion that these stitches have actually prevented tears where tears seemed inevitable. They seem to support the yielding tissues and limit the extent of the tear.

2nd.—The tears that have occurred have all been median line tears. This may be a coincidence only, but none of the rough, jagged, lateral vaginal tears have been observed where these pre-partum sutures have been inserted. It has been a matter of great satisfaction to me to feel that I have any control over the nature and extent of the tear, and when after a long labor all one has to do is to clean up the perineum, approximate and tie three sutures, the sense of satisfaction is very great. The objections to this procedure are so trivial that personally I have ruled them out.

There is no chance for mistaken judgment in thus approximating badly torn and jagged edges of tissues not yet contracted to their normal state. The stitches have been placed carefully, evenly, while the tissues were still intact, and a tyro could tie them after the labor and with proper care get perfect results.

Another set of tears which has hitherto given me much trouble are the cervical tears. For 15 years I met with none, or if I did, I did not recognize them as such. Of recent years I have met a great many, all in the hospital, and under all conditions. As the first two or three followed instrumental interference, I was prepared to blame the forceps for them, but this proved a fallacy. The cervix will tear and tear badly in a labor that has apparently progressed in a perfectly normal manner, where there has been no interference of any kind and where the cervix has thinned out and absorbed as a well behaved cervix should do.

A severe cervical tear is one of the meanest accidents one has to contend with during labor. Just as one is prepared to rejoice over the successful outcome of the careful and painstaking delay in the delivery of the head, insuring the perfectly preserved perineum, a serious outpouring of blood, following the delivery of the placenta, and sometimes preceding it, points to trouble above, and so accustomed have we become to these severe tears that almost while the left hand on the abdomen is excluding a condition of uterine inertia by finding a well contracted fundus, the right hand is inaugurating the first step toward staunching the serious loss of blood, by grasping at once the two lips of the cervix between the fingers and drawing these down. The diagnosis is at once settled; catching the lips causes the flow of blood to cease almost immediately. We keep ready now

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in the hospital a separate set of instruments, sterile, etc., ready for immediate use, called the cervical set. Two long forceps, such as are used for sponge holders, will answer temporarily, the two halves of a placental forceps work better. The sharper, as do the smaller instruments, tear the friable cervix; the broader bladed forceps may bruise more, but are more effective in holding the lips. A very large curved needle and two vaginal retractors complete the set.

Let no one think it an easy matter to hold the lips of a cervix after labor, either by his fingers or to get them within the grip of a forceps. The anterior lip which immediately after the expulsion of the placenta is large, long and thick, is easy to grasp with the fingers or instrument, but the posterior lip is most difficult to grasp and hold. It seems so much shorter and thinner. It is much overlapped by the anterior.

The advice to push the uterus down so strongly from above I do not like. This seems to separate the torn surfaces of the cervix, and is liable to carry the tears even higher and up into the body of the uterus. To get the suture in with the uterus pushed down as little as possible is my plan. With the two lips of the cervix drawn well to one side, and either a vaginal retractor or the fingers in the vagina, drawing the labium aside, the cervix can be sufficiently well exposed to admit of any one with a little dexterity getting the first stitch well up into the apex of the torn triangle, which apex is often at the very roof of the vaginal vault at one side or the other. The first stitch taking up the tissues rather deeply, usually terminates all hemorrhage from that side; but two additional sutures are put in for safety from hemorrhage, as well as to close the avenues of infection. Many a cellulitis owes its origin to deep cervical tears, neglected or infected. The operator must not attempt to coapt the two sides of the cervix accurately, or rather, he must observe that the anterior lip of the cervix immediately after labor is much longer that the posterior, and much thickened. He may approximate the tear, but not attempt to make a lip look normal. The stitches are always taken from above down which should help proper approximation, and need not be tied very tightly. The hemorrhage ceases with simple approximation. After finishing one side, one frequently has to do the same for the other side, and might as well complete the job anyhow if there is a tear of any extent. It is surprising what a perfect cervix results. Let no one imagine that these tears are simple matters to handle, especially if they are not lateral. It may sound easy to say "grasp

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the cervix" or "expose the cervix and repair," but the abnormal size, the irregular lengths of the lips, the softness and friability, combined with an irregular tear and a field constantly deluged with blood, makes it anything but a simple matter until you have mastered the situation once or twice.

Many, fearing infection from too much handling following labor, advise against repair and use pressure against the torn cervix from before and behind by vaginal packing, but I do not like the method, (except for an emergency), and would be afraid to be very far away from a case which had been severely torn if no stitches had been placed. I feel quite sure that a case of impending uremia, where I delivered a child by the feet and packed around the cervix could have been saved, at least from immediate death from hemorrhage, if one or two stitches had been taken when in my absence the second hemorrhage occurred, or if I had myself repaired the cervix instead of packing in the beginning.

Not as much attention has been given to tears about the clitoris and urethra as to my mind they deserve. Often this part of the vaginal outlet will be seriously torn while the perineum remains intact. In some cases the mucous membrane is simply scraped aside as it were, and a long line of superficial fine gut sutures are needed to close what might prove an avenue of infection; but often the deeper tissues are torn and the hemorrhage is very profuse. It is useless to try to capture any bleeding points, the whole structure in this region is loose and very friable, and artery forceps only tear away. Deep pressure of the soft tissue against the pubic bone will stop all flow, of course until fine deep sutures can be applied. The finest possible needle and finest catgut is all that is necessary. Careful coaptation is very necessary, as otherwise the patient suffers much nervously on recovery, from pulling sensations. Sometimes these tears are very near the urethra, and may involve it. I have never had the ill fortune to tear into the urethra, but I have had tears so close to it that it was necessary to place a stiff catheter in the urethra while making repairs in order that the sutures might be guided away from the urethra and not accidentally pierce its mucus membrane.

Deep Vaginal Tears

While tears of one or other vaginal sulcus are quite common, requiring immediate and careful attention, deep tears, involving one of the larger arteries of the vagina are not so common and are usually co-existent with some more extensive damage. For

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example, in a case which occurred last winter, after some minor tears had been repaired, the flow of blood, sharp and arterial in nature, demanded further examination. The cervix was intact, the perineum not much injured, but an arterial spurt from somewhere high in the vagina kept us guessing. It was possible to determine its exact locality only by exclusion, the field being constantly submerged in blood; the artery could therefore not be caught, but by taking a few deep sutures high in the posterior wall behind the cervix the flow was staunched. The cause of a tear of this nature was not revealed to me until next morning. The labor had been slow—the woman was short, thickset and comparatively small; the child somewhat large, for her, though only 7 lbs. 4 oz. I applied forceps late in the second stage with no difficulty, and with the exertion of no force, delivered the child. During the very first pull, always a tentative pull, to judge resistance, a pull too easy to my mind to cause any damage to either mother or child, there was heard and felt a cracking such as might occur with a cranial injury. Nonplussed that so slight pressure should have hurt the child, we gave it the most thorough examination, but could find absolutely no injury. It was a perfectly normal child. The woman was then, as I have said, carefully examined and all tears repaired, the last being the deep tear high up and behind the cervix. She was then turned in bed, the usual post partum attention given, and left with the nurses for the night. We speculated as to the cause of the sound we had heard, but did not discover its cause that night, there being no complaint of pain or disability on the mother's part. Next morning, however, the patient reported pain in the pubic region and inability to move her limbs. Examination of the pubic region, vaginally, showed considerable separation of the pubic bones. When the pelvis was held together by assistants on either side, the limbs could be lifted voluntarily though with difficulty. The unusual cracking sound was now explicable. Only a few hours had elapsed between the injury and its diagnosis (labor having been terminated late at night and the first visit made at seven a. m.).

Adhesive straps were applied at once, holding the entire pelvis in a tight grip, until something better could be provided.

Dr. Crump advised an ordinary surcingle with a metal handle over the tubes to assist the nurse in lifting the patient, but the patient's husband happened to be an engineer and as soon as the nature of the trouble was explained to him he supplied two broad pieces of belting with buckles, which were applied around

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the pelvis; one really would be enough taking as its center of pressure the trochanters. A smooth metal handle was made, half circle in shape, the base the width of the belting, and a rope was tied through this and carried up to a pully in the ceiling, enabling the woman to help lift herself in bed when the time came for that to be permitted. The contrivance was very simple and could be managed at home by anyone with a little mechanical skill. The lying in was normal and the recovery perfect, so much so that we could hardly keep the patient in bed as long as we thought advisable. The highest temperature was 100° the morning after delivery and on the seventh day 101° due to bowel sluggishness.

On the fourteenth day she was carefully lifted out of bed and made to stand on her feet. She could not walk, of course, but she could lift each foot from the ground. In two days more this was again tried and she was made to move forward by shuffling. On the 18th day she stood alone and shuffled forward alone without support. Thinking it best to let the union grow stronger before attempting any more, she was sent back to bed. She left the hospital on the 23rd day, walking down a flight of stairs.

Another curious accident, not exactly a tear, came under my care several years ago. As it is a rather rare occurrence it may interest you. The patient, a primipara, had a long, tedious, but normal delivery. After the child was born we noticed a bluish, bruised look at the side of the anus. The days following labor were normal, but about the 4th day a very nasty odor was noticed. The lochia was normal in color and did not seem to be in fault. The woman made no complaint, and temperature and pulse were normal. Douches did not improve things any. Finally, I prepared to examine the vagina, but before placing the speculum, slipped in two fingers, gloved, and felt about the vaginal wall. On the left side my fingers slipped into a soft mass which broke up and was removed, allowing the fingers to dip deeply into a hole in the vaginal wall. This was squeezed clean and further exploration of that side showed that the rent extended very high up, and was bridged across by a band of vaginal tissue, perhaps an inch in width. The odor of the decomposing blood was unspeakably foul. The cavities were kept clean and the whole thing healed very rapidly, with no effect whatever upon the patient generally. An artery must have ruptured during labor and the blood was poured forth, dissecting down to the bruised skin surface and up into the vagina, until by its own pressure the flow was staunched. The vaginal tissues,

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however, had given way, though the clot remained undistended, until my fingers broke it up. The outpour must have been slow and continuous. No hemorrhage had appeared vaginally.

I have thought many times since last winter of Professor Hirst's method of leaving all tears until a week or so after labor for their repair, and while his method shows many advantages, it has seemed to me the disadvantages so far outweigh the advantages as to make the plan impracticable, for the most part, in homes and often in the hospital. While we all know that the exact coaptation of parts is made difficult by edema and swelling of the soft tissues, this subsides so very quickly after the pressure of the child's head is removed that it would seem better to make the necessary repairs within a short time, at least after labor, rather than wait a week, when the parts have either to be re-denuded or granulations removed and when the torn tissues have undergone considerable retraction. With care at the time of labor to secure coaptation of the torn ends of muscles, and closure as far as possible of every avenue of infection, the dangers to the mother cannot but be less than to leave her for a whole week unattended in this respect. The question needs to be balanced and weighed in each individual case. Personally I would delay the repairs only in cases where the woman was not in condition to stand any further handling at the time of labor.

THLASPI BURSA PASTORIS: SABADILLA

BY HARRIET W. HALE, M.D.
Brooklyn, N. Y.

I FIND that this insignificant little weed which grows around the old fashioned farmers' front yards, known as "Shepherd's Purse," has a virtue all its own, as have all of our drugs, properly used.

In my class lectures on materia medica I found that Dr. McMichael had compared thlaspi with other hemostatics as "hemorrhage from anywhere, even pulmonary hemorrhage."

During my early years of practice I prescribed this drug for all of the symptoms which most of the books tell about, viz.: epistaxis, menorrhagia, metrorrhagia, etc., but met with no marked success, although I used it in all potencies. I regretted to have to acknowledge to myself that it gave no result. I have since concluded that the hemorrhages probably were not of the passive type, which is the characteristic point, and which was the type I wit-

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nessed in pulmonary hemorrhage in all of the cases coming under my notice.

Within the past year I have been called upon to treat a small number of these cases. In the first two cases I resorted to all the regularly called for drugs, as the symptoms applied: aconite, arnica, china, ferrum phos., hammamelis, hydrastis, ipecac, millefolium, but did not get a cessation of the hemorrhage. I then placed both patients upon thlaspi, using the tincture on pellets, giving every hour, and the result was so satisfactory that I have used this drug in similar cases in preference to other hemostatics.

All the cases I have used thlaspi upon have been old, tubercular cases, which, with one exception, had been spitting and raising blood for weeks, and one had been raising blood for four months. The relief to the patient mentally is equal to that obtained physically. I believe the tubercular subject has little fear of his disease till he sees blood, and then his nerve deserts him, but when two or three days have elapsed without a sight of blood he seems to be willing to take up the fight again. In my experience I have obtained results in a day or two, and mostly after the third day, when all evidences of blood streaked sputum have disappeared.

The one exception which I have mentioned was a maid brought into my office hurriedly frightened almost to death, who had been spitting and raising blood for a week, each day an increase over the previous day till she was having mouthfuls come up, a mouthful with each cough. I sent her home to lie down, with thlaspi to take every hour. In two days she was coughing without raising blood, and there were no streaks of blood in the sputum. After three days without seeing any blood she considered herself cured and started in to do the family washing. She worked four hours at this hard work and had quite a severe hemorrhage. As the girl had no friends in this country to whom she could go while being treated, I advised that she be taken to the hospital, which was done. The other cases had the privilege of lying in bed and when hemorrhage ceased they got up, and in no case has there been a repetition of hemorrhage.

Sabadilla in Hay Fever

I have had quite a long experience with sabadilla. In the families of graduates in medicine there are always some members who will allow themselves to be experimented upon, and I had a relative who for a number of years had suffered with hay fever, beginning with the daisies and rounding up in October. She kindly allowed me to try all of our remedies for this condition, and each year I would renew my attack with ardor and vigor. I

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assure you I administered drugs conscientiously and faithfully, and the patient was very patient with me. This continued for several years when we both gave it up, I think each with our own regrets.

One day, some six years ago, a relative of one of my colleagues came to me saying that her doctor was away and her attack of hay fever was on. Remembering my unsuccessful experience I was at a loss. I have in my possession a copy of Jones's rhymes and that little volume caught my eye. I looked it over for an inspiration and found sabadilla. A few months later my colleague asked me what I had given for this particular case of hay fever. I could not recall what it was for some time and I put myself through a process of reasoning and hunted up Jones again.

The report on the case was so encouraging that I began systematically to use it, trying it out in all potencies up to 6x. I sent some to my relation to try. It was the fall and she was having attacks of violent sneezing with its accompanying symptoms. The drug took immediate effect, lessening the severity of the attacks but did not clear up the case entirely, and it ran a modified course through Golden Rod. However, in the following spring I had her take sabadilla when the paroxysms of sneezing came on, and every time it would cut the paroxysm short, till the inclination was gone, unless she came in direct contact with the pollen, and it was then a very mild sneeze without evidence of the other symptoms.

Since then I have had many patients respond to sabadilla. In most cases I have used the tincture, in some 1x, 2x, or 3x. Some respond more quickly than others; some cases will not yield at all. Some patients who do not respond will yield slightly to other indicated drugs, some of the symptoms clearing up, and then be entirely relieved with sabadilla.

I try to get my patient prepared before the expected attack by having the medicines on hand and at the very first symptom begin using. I direct them to take a pellet every ten or fifteen minutes during the attack, and I assure you it is most gratifying in most cases to note the results.

Boericke's Materia Medica devotes nearly two pages to sabadilla, and Allen's Encyclopedia has about fourteen pages.

When reading over the provings you get a complete picture of hay fever, in addition to diarrhoea and a nightly cough.

306 Decatur Street.

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A FEW OF THE MOST IMPORTANT REMEDIES FOR DIFFICULT DENTITION

BY F. H. LUTZE, M.D.
Brooklyn, N. Y.

CALCAREA carbonica: Children who are fair fat and flabby; dention slow and painful, large open fontanelles, perspiration during sleep, especially on the occiput, wetting the pillow far around, abdomen large, stools hard, large, like chalk or thin, whitish; feet cold and clammy, stockings damp. The gums are pale, and shiny, and the erupted teeth are often decayed and so painful as to prevent the child from chewing any solid food; must be fed on liquid food only, the least pressure on the teeth causing them to cry out with pain. Digestion and assimilation are imperfect, as shown by the light-yellow stools, which are formed but contain much undigested food. Marasmus may occur (Kreosotum).

A Case: A child, while erupting the molars, which came very slow, had a deep ulcer in the middle of the left outer cheek, which had resisted all treatment for months. The fontanelles were still open, profuse perspiration on the head and stools formed but white as chalk. Calcarea carb. cured all in less than a week.

Kreosotum: The teeth are black when they appear and show spots of decay down to the gums, which are infiltrated with a dark, watery fluid. The pains are worse at night. Kreosote vies with calcarea carb. in marasmus; the abdominal pains of kreosote are worse from motion, relieved by rest, either sitting or lying and by drinking cold water (clinical).

Silica: Resembles calcarea carb. and follows that remedy well. The perspiration on the head is profuse and sour, fontanelles, especially the anterior, are open, stools difficult and recede when partly expelled. The head is large and the gums protrude and the child pulls at them.

Chamomilla: Child is cross and cranky, must be carried when awake, to be soothed; cough at night during sleep without awaking, the cough is harsh, hard and rough, the child seems to be chewing between the frequent spells of coughing. One cheek red, the other pale; diarrhoea like chopped eggs and spinach; gums red and tender.

Phytolacca decandra: I have found this remedy more often called for than any other. Ulceration of the inner surface of the cheeks and margins of the tongue, with thick, tenacious, stringy, ropy saliva(mercurius). But the one great characteristic sympton of phytolacca, an objective one, which we can see and the

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mother or nurse feels often too severely is the irresistible desire to bite; they bite frequently and severe enough to draw the blood. Phytolacca has never failed me to cure, when that symptom was present. The biting is vicious, similar to belladonna and these patients often have the hot head like belladonna, but the latter was never followed by good and quick results, like phytolacca. Other remedies have the symptom, but not nearly so pronounced, it is more of a clinching of the teeth or of pressing them together. These are: Aconite, ambra., ananthera., apis, bufo, camphor, cannabis indica, causticum, cobalt, cocculus indica, cuprum., hyoscyamus, iodine, laurocerasus, lycopodium, manganese, mercurius iod. flavius, nux vomica, phytolacca, podophylum.

Almost every case of this kind had also some diarrhoea with this biting with the other symptoms; the stools are sometimes green, but usually light yellow like in petroleum, but the diarrhoea of petroleum occurs always in the daytime, never at night, whereas the diarrhoea of phytolacca may occur day only or day as well as night, which is very necessary to remember, especially when we do not obtain all the symptoms, which is not often the case. As Dr. James B. Bell has not included phytolacca in his small, yet great book on diarrhoea, dysentery, etc., I will give the symptomatology of phytolacca according to his scheme.

Stools: Light yellow; thin, dark brown; copious discharges of blood and what looks like the scrapings of the intestines; watery, greenish yellow or dark bloody matter; bile, liquid dark brown, mushy; loose, light yellow, very loud; soft, mushy with undigested food, dark, lumpy, hard; soft, papescent; watery, involuntary stools; dysenteric stools.

Aggravation: Mornings 1 to 2 a. m. till after breakfast; 9:30 a. m.; afternoon, 2:30 p. m.; 7 p. m.; at night, till 2 p. m. during the day; during dentition; from motion (vomiting)

Amelioration: Mornings, after 2 p. m.; at night, (abdominal pains); before stool, sensation as if diarrhoea would set in; sickly feeling in the bowels, griping; ineffectual desire for stool; heat in the rectum; pain in the transverse colon; at 7 p. m., constant dull pain or violent cramping about the umbilical region; vomiting worse from motion; the abdominal pains disappear at night.

During Stool: Straining, griping during the day, painless at night; pains constant, did not cease for a minute; griping pains moving about in the abdomen; pains in the stomach on pressure.

After Stools: Very severe tenesmus, could not leave the stool for a long time; faint feeling; permanent hemorrhoids; a peculiar sensation of heat in the rectum with burning feeling in the stom-

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ach; at midnight a severe neuralgic pain shoots from the rectum along the perineum to the middle of the penis followed in a few minutes by a neuralgic pain in the big toe.

Case 1. A boy, aged 9 months, while teething has a high fever, 104°, head hot, hands cold, seems stupid, drowsy, but irritable. Gave belladonna 30. No improvement following after a few days and the case seeming rather obscure, lacking symptoms, I called on a friend for help. The Doctor examined the boy very carefully, and when he pressed on the right ear the child winced as from pain and the doctor concluded the boy was suffering from some disease in the ear, very likely an abscess, but he agreed with me that belladonna was the indicated remedy. It was therefore repeated and a slight improvement followed, which was, however, only of short duration. A few days later the mother told me that the baby bit her frequently and very severely. Then I gave him phytolacca and he got well in a day.

Case 2. A boy, aged 8 months, and teething, had a diarrhoea, stools green, offensive, four to six stools daily, and only during the day; he also bit the mother severely when nursing. A few doses of phytolacca cured all and permanently.

Case 3. A boy, while teething vomited all food soon after taking it, then seemed weak and drowsy, until an old school doctor recommended egg albumen mixed with a little water and coffee. When this was retained and he improved (he had become emaciated in the extreme, gradually other foods were given with continued improvement, but at two and one-half years of age, when I saw him, he could not speak a single word, although it was evident that he understood all that was said to him. I gave him aethusa cynapium and he soon commenced to talk. A change of food will help and may be necessary for a cure, but this alone, without the homœopathic remedy will never cure. I do not claim that aethusa caused this child to talk, but it is at least a peculiar coincidence.

Diarrhoea From Homesickness Cured by Phosphoric Acid

I wish to correct an error in the report of this paper, read by me in this Society last February and published in the NORTH AMERICAN JOURNAL OF HOMOEOPATHY in May, 1914. Phosphoric acid was the curative remedy in the case. One of the symptoms for this remedy as stated by Dr. Minton in the discussion of the case is "Diarrhoea without loss of weight." The report makes me state that I made the prescription on this symptom. The patient had been under the care of allopathic physicians for over two years and had lost much weight, in fact, was very much ema-

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ciated and the prescription was made on these symptoms, as stated plainly in the paper:

1st, Homesickness; 2nd, aggravation from emotion, and, 3rd, aggravation in the early morning.

We can only prescribe on the symptoms we find present in the patient, and the characteristic symptoms of the remedy are very often only prominent by their absence. The symptoms of the mind are the most important of all symptoms, and "Homesickness" at once the cause of the diarrhoea and the patient's most valuable and important symptom, had persisted in spite of the useless and harmful treatment of the allopathic physicians for more than two years. This symptom, and the aggravation from emotion, even a pleasant one, and the aggravation in the early morning, were all the symptoms obtainable and were sufficient to lead me directly to the Homœopathic similimum (Dr. Hering used to say: "Any chair can stand firmly on three legs," meaning three good symptoms were sufficient for a Homœopathic prescription), the rapid cure following after but a few powders of phosphoric acid proved the correctness of the choice, for nothing but the Homœopathic similimum can produce such results.

Taking "Homesickness" the patient's most important symptom as a starting point, we find the following remedies having it (see Dr. Kent's repertory, page 51): Aurum., bell., calc. phos., CAPSICUM, CARBO AN., carlsbad, Causticum, centauria, Clematis, drosera, elaps, eupatorium purp., helleborus, hippomanes, hyoscyamus, IGNATIA, kali phos., lachesis, magnesium carb., magnesium mur., mancinella, Merc. vivus., Natrum mur., Nitric acid, petroleum, PHOSPHORIC ACID, plantago, pulsatilla, sachrum lact., senecio, sepia, silica, staphisagria, veratrum. (Remedies in capitals have this symptom most characteristic, those beginning with a capital have it in the next degree, the rest have it in the third and lowest degree.)

Of all these remedies only merc. vivus., nitric acid, petroleum and phosphoric acid have diarrhoea aggravated in the early morning (see Dr. Jas. B. Bell on Diarrhoea, Dysentery, Etc., page 231-232) and phosphoric acid is the only remedy having aggravation from emotion (see Dr. Jas. B. Bell on Diarrhoea, Dysentery, Etc., page 228). Hence phosphoric acid is the only remedy of the above, having all three symptoms and homesickness in the highest degree. It is the only similimum among them all.

According to Dr. Hering's fine work, "The Symptoms of the Mind," only capsicum and phosphoric acid have diarrhoea from homesickness, but capsicum has redness of the cheeks from home-

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sickness, and lacks the aggravation of the diarrhoea in the early morning; and from emotion this patient's face was very pale.

DISCUSSION OF DR. HALE'S AND DR. LUTZE'S PAPERS

Dr. Baylies: Dr. Hale's remarks in her paper that in her experience the hemorrhage for which thlaspi bursa pastoris is remedial is of the passive type. The proving made of it by Dr. Malcolm MacFarland of Philadelphia, and presented with comments and cases by Dr. Fincke in the Transactions of the International Hahnemannian Association for 1895, shows: That the cases for which it is indicated and effectual, are accompanied by much nervous and mental irritability, physical weakness or prostration, and that the hemorrhage is aggravated by motion and necessitates rest. It has been used from ancient times for hemorrhage from all the organs. Although not recently in common use it has been used during the past four hundred years.

It has been notably employed with success in uterine hemorrhages preceded by chocolate-colored leucorrhea, griping in the uterine region, bearing down sensation, with prolapsus and soreness of the uterus or cervix: the symptoms being aggravated by standing or walking.

It has cured epistaxis, pulmonary, renal, uterine and intestinal hemorrhage. Drs. Rademacher and Dudgeon found it beneficial in hematuria with uric acid sand. Rademacher was of the opinion that the sand originated in the tubules of Bellini, or in still finer vessels, and that the cure was not chemical or mechanical, but the consequence of the healing of these vessels.

In the homœopathic selection of this remedy, many peculiar symptoms may be considered. The gastro-intestinal symptoms in the proving of thlaspi are, some of them, similar to nux vomica. So is the dysuria with constriction of the neck of the bladder before urinating. Also cramps in the stomach, and doubling up colic before the menses. The bearing down in the uterine region is worse walking and standing. while that of sepia is better walking, worse standing. The genital organs seem drawn up into their proper place after taking thlaspi. The weakness of the lower abdomen and womb are also relieved by it.

Dr. Hale has cured a number of cases of hay fever with sabadilla, and finds in the proving of this remedy a picture of the disease. Dr. John H. Clark, in the Dictionary of Materia Medica, has often relieved cases of hay asthma, though it does not cure the diathesis. I have had no experience with it. The catarrhal symptoms often correspond.

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Dr. Lutze gives characteristic objective symptoms in dentition in which subjective symptoms cannot be obtained. We have the desire to bite on something hard or the hard biting of phytolacca. There is stringy mucus, saliva sometimes adhesive, similar to that of kali bichromicum. The grasping of the gums in silica is interesting as contrasted with the sensitiveness of the gums in belladonna and calcarea. In cases of marasmus in which kreosote was indicated, I have observed the strong appetite and relish for the rind of smoked ham. I would like to know if others have noticed amelioration in kreosote cases from drinking cold water.

The doctor seems to have made out a good case for the use of phosphoric acid for homesickness with diarrhoea. Some of my cases cured by this remedy have, I am quite sure, been subjects of emaciation and loss of weight.

The distinctive characteristics of silica and calcarea, which in some points are alike, are very important. They seem to be prominently, the sensitiveness of the gums under calcarea, the reverse under silica; the retained and receding stool of silica; the desire to be uncovered by calcarea, to be warmly wrapped by silica.

Dr. Blackman: There is one condition for which thlaspi has not been mentioned this evening, and that is for use in the uric acid diathesis, especially where there are repeated attacks of calculi and a red sediment in the urine. My first experience with thlaspi was about fifteen years ago with a patient who had had several attacks of calculi, and at my meeting with her was having another. This was passed later and upon examination proved to be uric acid formation. She had had a history of pinkish sediment in the urine. A sample of the urine was examined by a pathologist and he said there was a pyelitis and probably a calculus in the kidney. She was treated with thlaspi for three months and was cured. I have had this patient under observation for fifteen years and she has not had another attack. I have used thlaspi in hemorrhages from the kidneys and in a few cases in hemorrhages from the uterus and I have seen it do good work. It has not been thoroughly proven and sometimes I have wondered whether it was indicated or not.

Dr. Love: I have the greatest respect for the prescribers of homœopathic remedies in hay fever, but as to the curability of that disease my success has not been such as to make me believe that it can be cured. I should like to ask what might be expected in cases of hypertrophied turbinated bones.

Dr. Hale: I am very glad to know of the varied uses of

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thlaspi. I have had some cases of hay fever that have not returned, and also have seen others only relieved.

Dr. Lutze: I had one case of severe asthma but the patient lived at a distance and I did not see him for years. He was under allopathic treatment and had used all kinds of narcotics. I took away the narcotics which relieved him a great deal. On the symptoms I gave him kali carbonicum which relieved him, but he was not entirely cured.

Dr. Mills: I have used arsenicum in cases of hay fever in the last fifteen years. It keeps the patient comfortable but the condition returns the next year. I have verified phosphoric acid in homesickness. It is an unpleasant condition. Regarding what Dr. Blackman has said about thlaspi in calculus, I have had that trouble and went fourteen years without a return. I used calcarea carb. It is one of the conditions of which there is always the possibility of a return.

Dr. Fiske: I think prescribing for hay fever is like trying to cure conjuctivitis due to a foreign body in the eye without looking in the eye. I have had very little experience with hay fever; perhaps I see two or three cases in a season. I have yet to recall a case that did not show some deformity of the nasal bones and I have yet to see a case that was willing to undergo the proper local treatment in the nose, with or without the remedy. I think the deformity should be treated first and the remedy used afterwards. I believe that every case that is treated by the specialist and then treated by the homœopathic remedy can be cured.

CONSTIPATION

BY FRED J. E. SPERLING, M.D.
Wilkesbarre, Pa.

DURING Hippocrates' time, one treatment was prescribed for constipation, and that was by purging. In addition to this, the doctor instructed the patient to avoid garlic, cheese and hot bread.

Aretaeus, three hundred years later, made a serious attempt to put pathology on a firm basis, and advised massage instead of purging.

Celsus, in 100 A. D., was the first to use enemas instead of purgatives. He described the uses of aloes in constipation.

Alexander of Trallex, in the seventh century, laid down some

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valuable facts relating to drugs, stating that opium caused constipation, and that in diarrhoea it should be used with caution.

Paulus Aegineta later suggested the using of rhubarb as a cathartic.

In the tenth century we found senna and licorice used with success.

Chronic fecal retention or habitual infrequency or inadequacy of the evacuations of the bowels bears such a constant causal relation to a variety of morbid phenomena that its prevention or cure is now known to be absolutely essential to the proper functional activity of every organ in the body; in other words, observation has proved that a normal state of the organism as a whole cannot possibly endure while an excess of excrementitious materials is retained in the intestinal tract.

The systemic disturbances which may result from the absorption of toxic substances produced by bacterial putrefactive processes taking place in the intestines vary from the most insignificant to the most serious, from a simple hebetude or langour to a dangerous autointoxication; consequently, the prevention or cure of habitual fecal accumulations is always requisite, sometimes vitally essential to the general welfare of an individual.

It is now universally regarded as certain that habitual constipation almost invariably bears a causal relation to the perversions of metabolism resulting from the absorption of products of intestinal fermentation, and that normal digestion, assimilation and excretion are practically contingent on a proper periodicity of intestinal evacuation.

When metabolism is normal, a number of acid products of the disassimilation of proteids, fats and carbohydrates are formed as intermediary bodies which either undergo further oxidation, or failing this are eliminated.

When, however metabolism is perverted, an abnormal accumulation of these acids, particularly oxybutric and diacetic, occurs, the alkalinity of the blood becomes subnormal and frequently the condition of acid autointoxication develops.

In almost every instance of perverted metabolism leading to this form of autointoxication, there is a history of chronic constipation; indeed, habitual retention of feces contributes to the development of such a large group of symptom-complexes that prevention or cure constitutes one of the most important obligations of the clinician.

When the bowel is in a healthy condition, the stools will be expelled with little effort and without mechanical assistance.

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The stools will be soft if our food is of the proper kind and properly digested.

When constipation results we find that the movements are less frequent than normal; that the movements are dry, hard and expelled with difficulty. Insufficient muscular contraction in the intestines from the lack of energy causes some very severe cases of constipation; consequently the fecal masses are allowed to remain so long in the intestines that all the water is absorbed, permitting to remain a dry, hard mass.

Again, there often comes to our attention cases where the food has not sufficient residue to produce peristalsis. It is essential and of the greatest importance that the bowels operate regularly. A large percentage of the cases we meet are due to constipation. In order to maintain good health we must have proper elimination. The elimination must be regular or there will be a reaction upon the entire system.

Habitual constipation may arise from either deficient hepatic or intestinal secretion. Also is produced by inadequate muscular action of the large and small intestines. Insufficient peristaltic movement of the intestines occurs mostly in the aged or where from maintaining one position during work the abdominal muscles are rendered motionless, tumors, dislocated womb, distended bladder, two frequent physics, ulcerated teeth, lack of exercise, failure to attend the call of nature, are some of the common causes of constipation.

The kidneys must do their work, the skin must perform its duty and the intestine eliminate its waste product. Insufficient excretion by any of these organs results in the overtaxing of the other organs.

The skin has a certain amount of work to do each day and does its work well; however, we cannot expect it to eliminate poisons which are supposed to be disposed of in other channels. When the intestines are impacted with faeces, the collateral circulation is cut off and stagnated circulation results, being extra work on the kidneys, liver, etc.

I found from my recent investigation that Bright's Disease often follows chronic constipation. In cases of chronic constipation the blood becomes loaded with toxic materials, deteriorates and consequently there is a decrease in the number of corpuscles.

The common symptoms of constipation are offensive breath, coated tongue, drowsy, tired and sleepy, loss of appetite which is usually caused by the food not being properly digested, headache, dizziness, etc.

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All laxatives have their proper place in the treatment of constipation; hawever, they should only be taken by the instruction of a competent physician. As a rule a patient goes to a drug store for a laxative. The druggist usually prescribes a drug or collection of drugs which are very active and usually produce the desired results. Consequently, the bowels are inactive for a few days, due to the vigorous action of the drug and a repetition of the remedy is necessary. This method of curing constipation usually causes an acute case to become chronic. The patient at last comes to the physician, stating that he has taken a score of drugs, tried this and that, and the other laxative with the result that he still suffers from constipation.

TREATMENT

In most cases of constipation where there is no mechanical obstruction, I have found that the dietetic treatment is of the highest importance. Drink water freely and regularly. By the assistance of a mild, unharmful laxative, many stubborn cases have been cured. An agent should be used where there are no reactions following its administration. Always examine the rectum. Correct any defects such as deformities, contracted rectum, fissures, hemorrhoids, growths, etc. Always bear in mind that constipation may result from external pressure such as corsets, tight waist bands and improperly fitting clothing. Secondly, a neglect to attend to the call of nature. Thirdly, lack of exercise due to confinement in office. If any of the above are the cause, the same can be easily corrected.

The usual cathartic as a rule produces a watery evacuation and permits to remain within the intestines irregular masses of impacted faeces.

Drastic vegetable carthartics are always unadvisable, since they cause griping, irritation, and general depression, and in time gradually lose their evacuant power. This is the beginning of the cathartic habit.

Purges often cause the absorption of fermentative products, which is not produced by saline effervescing salts.

Saline laxatives are preferable, if they have to be resorted to, since they increase secretions, and exert a mechanical effect upon the faeces.

By this effervescing effect, the fecal accumulations are softened. Too, when given for any time it does not cause any depletion of the blood or physical depression.

The plain Epsom salts are to be avoided. It is best to administer the compound saline mixture before breakfast.

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We have found that the diminished muscular action of the intestines is a result of deficient flow of hepatic or intestinal fluid.

We learn that atony of the intestines causes a reduction of the secretory action of both the liver and the intestines.

Owing to this condition existing, always prescribe a remedy which is a mild, hepatic stimulant, which has the property of increasing the secretions, one which will remove this obstinate impaction. Use a drug which increases the mucus, stimulates the impulsive muscles to action and excites the torpid circulation in the blood vessels.

For a toxic constipation, rectal dilatation has been recommended either by cones or tampon made of absorbent cotton wrapped in cheese cloth and tied by a string. A tampon must be large enough to cause some distension to the rectum. Insert the tampon through the proctoscope by means of a long pair of forceps. Allow the string to hang out of the rectum so that the tampon can be withdrawn. Allow this tampon to remain in the rectum for several hours each day, increasing the time from day to day, or allowing same to remain until the desired result is produced. Discontinue if severe rectal irritation ensues. As the case improves lengthen the interval between the insertions.

BUSINESS MAN'S CONSTIPATION

As mentioned above, many cases of constipation are caused by a lack of attending to the call of nature. Being in the office with unfinished work to perform, when nature calls, it is put off until the business is finished, then the call of nature is forgotten. As a result the patient becomes habitually constipated.

Instruct the patient to attend the call of nature regularly, and impress this in a way that he will not forget. Then advise him to take a large draft of water for breakfast, followed by two apples that have been peeled. Use apples at each meal.

Inject into the rectum after meals, a few ounces of glycerine, and as a rule the bowels operate in ten to thirty minutes.

At the end of a week you find the call of nature responding without the glycerine and then the injections can be stopped.

Cold rectal injections have been very useful in cases where a stimulation was necessary. Give a high rectal injection of cold water once or twice a day. A treatment for ten days tones up a paralyzed nerve. A laxative should be mild, given in small doses and gradually diminished when not required. Abdominal massage is an excellent aid in connection with a properly prescribed remedy. This will tone up relaxed muscles.

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Galvanic interrupted current. Use about 100 interruptions per minute. Apply two small hand sponge electrodes, saturated with water over the abdomen and follow the course of the colon; keep electrodes 3 inches apart. Apply for five minutes using about 20 ma. Changing the poles aids materially. Give three treatments a week for three weeks, then once a week for a few months until decided improvement takes place. Faradic current has not been of much use in my experience.

The electric vibrator has given excellent results. This can be used for ten minutes and three treatments a week can be given until results are seen.

The electric-static wave current has given the most admirable results in the application of electricity. The patient sits on the chair on an insulated platform. A ball electrode covered with cloth, is connected to the positive jar and inserted just far enough into the rectum for the electrode to be held in place. The negative pole is grounded. Give treatment with spark gap closed and then gradually open it until you have a four inch spark. Give treatments every other day at 20 minute sittings. This method is ideal since it is painless and massages all of the abdominal muscles and organs.

Remedies. A remedy which I have been quite successful with is cascara. In chronic cases I give it in very small doses after each meal and continue same for a week or so. The only bad feature this drug has is its bitter taste; however, this can be overcome by mixing a few drops with sugar of milk. When the evacuations are normal, I continue a still smaller dose for a few days until there has been established the habit of regularity. In cases of children a purely mechanical action is often desirable in the severe forms of chronic constipation. An agent is to be selected that is not absorbed, nor affects the chemical conditions present in the intestines; one that acts as a lubricant and softens the faecal movements.

In my practice I always prescribe a homœopathic remedy which has constipation as a symptom. Such remedies as the following: Aesculus, alum, aloin, bryonia, calcarea carbonica, carbo vegetabilis, cascara, collinsonia, graphites, hydrastis, sulphur, lycopodium, mercurius, magnesia, nux vomica, natrum muriaticum, opium, phosphorus, pulsatilla, plumbum, sepia.

It is advisable to always prescribe in connection with the indicated remedy, the regularity to stool, the ease of mind, the free use of water, carefully selected diet, electricity, massage exercise, etc.

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If I prescribe a remedy which does not give immediate results, I first of all prescribe the use of enemata. Soap and water usually answers the purpose. If this fails or gives too much discomfort, then I prescribe a mild laxative. These must be avoided as much as possible. When a little care is used and a repertory is used, ninety per cent. of our cases will be cured. Constipation is not a disease but a symptom and we must diagnose the disease.

For infants give a mild massage, carefully selected diet and the indicated remedy. Giving bryonia two or three doses in A. M. and nux vomica two or three doses in P. M. is worthy a trial. This alternation of remedies has given me excellent service. An enema may be given if necessary; castor oil only in urgent cases where a rapid emptying of the bowels is necessary.

For older children my practice has been to give olive oil twice a day. Give one teaspoonful of olive oil in a wine glass of cold unfermented grape juice. Prescribe a half hour before the noon and evening meals.

Three Dont's. Don't create the physic habit. Don't think you need a physic after a banquet; a few need it—excessive eaters. Don't think you need a physic when you believe you have a cold (unless you used a dangerous allopathic drug).

"Constipation is the healthiest symptom a person can have. Everybody must congratulate himself if he has no worse symptom than this. Experience shows that individuals of costive habit become very old and remain very strong. Purging is worse for constipation than most of us realize."

CONSTIPATION OF INFANTS

Constipation of infants is a very common cause for parents to consult the physician. Very often we determine the cause of constipation by the character of the stools.

Case 1.—In many cases we find the dry, hard, offensive stool, and we notice colic, gas and general discomfort. With these few symptoms we are led to believe that the cause is due to faulty protein digestion.

Here we can see the excellent results derived by using Mellins Food, the knowledge of which most physicians are familiar. Three level tablespoonsful of Mellins Food to each pint of the modification is sufficient carbohydrate portion to thoroughly attenuate or modify the casein of the milk. Gradually increase the Mellin's food to five teaspoonfuls until the stools become soft and smooth.

Case 2.—When we have imperfect fat digestion the stools

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are light gray, shiny, greasy and at times soap-like, and there is a marked loss of weight.

The stools differ from the protein stool by being of a sour odor and not offensive. As this condition increases, we have the urine become very strong, the odor being distinctly ammoniacal. To correct this defect is to remove the fat, which either passes through the system directly or indirectly, due to absent digestive powers.

To relieve this, we must remove the cream from the milk before using. Then add to this milk from three to five teaspoonsful of Mellins Food.

STARCHY FOODS

Very often the physician, without much thought, prescribes starchy foods or gruels. Avoid this, and use Mellins Food, or any other reliable food. I am safe in saying that in infants the starch should be avoided.

The starch digesting apparatus is incomplete in infants and cooking will not assist in any way.

Case 3.—These cases of constipation are those where digestion seems perfect and the infant looks well. This may be due to insufficient muscular contraction of the intestines, probably due to the lack of energy.

The fecal masses remain so long in the intestines that the liquid portions become absorbed, leaving a dark, hard mass difficult to expel.

This difficulty is overcome by giving Mellin's food, which contains the maltoses and dextrines.

These ingredients have a tendency to restore the intestinal walls to their normal activity.

My reports on constipation are not merely a supposition, but are based on ten years observation in the treatment of infants.

Prescribe the indicated homœopathic remedy.

My success and experience has been with Mellin's food; other foods can be and ought to be tried and used.

My experiences with Malted Milk will be published later.

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North American Journal of Homœopathy

Editors

EUGENE H. PORTER, M.D., D.P.H. HILLS COLE, M.D.
ROYAL S. COPELAND, M.D. WALTER S. MILLS, M.D.

EDITORIAL

PORTLAND, OREGON, 1915

THE NORTH AMERICAN is glad to learn that the Board of Trustees of the American Institute of Homœopathy decided at its special meeting on October 10th, to hold the 1915 meeting of the Institute in Portland, Oregon, from Tuesday, July 6, to Saturday, July 10, inclusive. It also notes with satisfaction that the efficient chairman of the Transportation Committee, Dr. C. E. Costain, has already issued an announcement of a special train running in connection with a most attractive itinerary.

The NORTH AMERICAN commends the action of the Trustees not because it accords with its own editorial expression, but because it believes that it carries out the wishes of those who are most likely to attend the 1915 meeting.

The decision reached seems to have caused some hard feelings on the part of one or two of the Trustees who apparently feel that the Trustees were under obligations to accept and adopt the reports of certain committees, irrespective of the wishes of the Institute membership.

In the November issue of the Institute Journal the Secretary, Dr. Sarah M. Hobson, reports the meeting of the Board at which the above action was taken; in her capacity as Editor, she adopts the familiar policy of "watchful waiting," i. e., she strikes a neutral attitude, and evidently fails to regard the decision as "un

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fait accompli," and urge hearty co-operation in this decision of the Board of Trustees which but registers the wish of the majority of the members at the Atlantic City meeting.

The reason for this attitude is made plain by certain open letters in the Correspondence department of the Journal.

First, there is a letter from Dr. Joseph P. Cobb, one of the Board of Trustees and a member of its Finance Committee. This letter starts out with the remarkable assumption that because there is no provision in the by-laws for holding a special meeting of the Trustees, and three members did not attend the meeting in Chicago, therefore that meeting was not a meeting but a conference! Anyone at all familiar with corporation law can see at once that the author of such a dictum has constructed out of parts of two well established rules, a third, which has no bearing on the legality of the meeting in question. When the by-laws specify that meetings of the Trustees shall be held at certain times, those meetings must be held, but it could not be successfully contended at law that special meetings of the directors of a corporation could not be held as often as and whenever the exigencies of the corporation's business demanded, and the business transacted at such special meetings would be the acts of the corporation, provided they did not contravene the laws of the State and the meeting conformed to one of two well-established principles—first, due notice of the meeting, such as is customary or specifically provided for directors' meetings must have been given to the members, or, second, failing due notice of the meeting, those absent from the meeting must file a "waiver of notice." In the instance in question, it is not contended that due notice of the meeting was not served upon the individual Trustees, so that no waivers were required from the absent members, and the meeting was perfectly regular inasmuch as there was a quorum present to transact business.

It follows, therefore, that the place of meeting for 1915 is no longer an open question, inasmuch as the Trustees have legally decided to hold the meeting in Portland. This action needs no ratification at the December meeting of the Board, and the only way to modify it would be for a Trustee who voted in favor of Portland to move a reconsideration of the question.

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Dr. Cobb appends to his letter "an analysis of the Treasurer's Report," which is distinctly ex parte, inasmuch as not all the money's passing through the Treasurer's hands are accounted for in it.

The second letter is one from Dr. Arthur B. Norton, chairman of the Finance Committee, to Dr. Cobb, published presumably with the consent of both parties. The third, which may be considered at the same time, is from Dr. Norton to President Byron E. Miller. Dr. Norton is disgusted because the Trustees have decided in favor of Portland, and refuses any longer to be a member of the Finance Committee. (And, by the way, Dr. Norton does not seem to share Dr. Cobb's fanciful notion as to the illegality of the Trustees' meeting.) Dr. Norton's grievance is that the Trustees have failed to support the Finance Committee (thereby passing "a vote of lack of confidence," says Dr. Norton), and by so doing have ignored "the interests of a large number of our stockholders [or members]," being "swayed by a very small minority." He goes so far as to pay his fellow members on the Board the very doubtful compliment of expressing in public his belief that "at the bottom of their hearts the majority still feel it is a mistake to go to Portland, but that they did not dare to go contrary to the sentiment stirred up for personal and political reasons *by a very few.*" The Secretary's report does not state the names of those Trustees who voted in favor of Portland, but the NORTH AMERICAN submits that it is up to Dr. Norton to publicly apologize to them, and possibly resign from the Board of Trustees where he surely must have made himself a persona non grata by this expression.

Dr. Norton says that as Trustee he considers himself morally obligated to act as he honestly believes "best for the organization *as a whole.*" A commendable sentiment, but what about the wishes of the Institute membership? The wishes of the membership are expressed at its Annual Meeting. If not, then Dr. Norton has no moral standing as a Trustee, since he was elected to that office by a majority of those members present at an Annual Meeting. Perish the thought that the "best interests of nine-tenths of our members" not present on that occasion and who had *not been*

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consulted" were sacrificed by Dr. Norton's election "at the demand of about one-tenth!"

Dr. Norton's objection to the Trustees' action is based upon his belief that a meeting at Long Beach would result in greater financial profit than one held elsewhere. He understands that with a meeting at Long Beach, "$3,000 added to our treasury was guaranteed, that men in the best position to judge (sic) believe it would have been $5,000." As to these figures or any others, the NORTH AMERICAN is "from Missouri." But, be it noted, that the returns are predicated on a meeting: no meeting, no $5,000; not even $3,000. And yet those who make it possible to hold a meeting by their attendance, are to sit quiet while a Trustee, or Trustees, elected by them, ruthlessly ignores their wishes as to where that meeting shall be held! Dr. Norton intimates that the selection of Portland by the majority of the members present at Atlantic City was accomplished by "the swaying of the attendance by oratory;" Dr. Cobb writes of "the wide-spread discussion concerning the place of meeting and the pressing influence which had been brought to bear upon the Trustees in favor of Portland or New Orleans as the next place of meeting." Really, Dr. Cobb and Dr. Norton ought to get together and compare notes before they rush into print.

However, all said and done, the Trustees have decided to hold the next meeting at Portland, Oregon, so let us all drop further discussion of the matter right here, and pull together to make the Portland meeting a big success from the scientific standpoint, from the social and recreative standpoint, from the propagandistic standpoint, and—yes, from the financial standpoint, if the Finance Committee will get right to work and point the way.

WOOD ALCOHOL

THE dangers of wood alcohol as an adulterant of various drinks is well known. It is also common knowledge that occasional cases of poisoning are found in breweries and other places where wood alcohol is used for cleaning or manufacturing. The extent of the use of wood alcohol is perhaps not fully ap-

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preciated, neither is the profession at large aware of the numbers of workmen necessarily exposed to its fumes.

The report of an investigation made by Dr. H. H. Tyson and Dr. M. J. Schoenberg, of New York, and published in the Journal of the American Medical Association is therefore of interest.

The authors state that more than 8,000,000 gallons of wood alcohol are manufactured each year. About 2,000,000 workers are exposed to its fumes in the various trades. Among these workers are painters, glaziers, varnishers, launderers, shoemakers, barbers, printers, lithographers, woodworkers, piano makers, furniture makers, dye-workers, brass-workers, goldsmiths, silversmiths, harness makers, hat makers, book-binders, etc.

Of course the amount of exposure varies in the different trades, but all are exposed more or less to the fumes of wood alcohol.

Taking the above into consideration, Tyson and Schoenberg made a number of experiments on animals to see what effect, if any, the inhalation of wood alcohol had. They used wood alcohol and the refined product known as Columbian spirits. The results of the use of each was the same. The experiments are detailed in full, together with the post-mortem findings. In summing up the authors say:

"We consider methyl (wood) alcohol to be a true hemotoxic. It has a decided effect on all tissues, producing degenerations, and under certain conditions amblyopia or death. In the eye it produces first a toxic edema of the tissues, which, with the increased viscosity of the blood interferes with its free circulation. The tissues, being deprived of their nutrition and oxygen, succumb to the effect of the toxin, and degeneration of the ganglion cells and nerve fibres ensues. Acidosis occurs as indicated by the results of the titration of the aqueons and serum, and by the determination of the electroconductivity of the blood."

These results were obtained by subjecting animals to the same atmospheric conditions as to heat, moisture, etc., as workers in the trades are subjected to. The vapor from the wood alcohol was mixed with the air breathed.

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The authors think that frequently deaths from the long continued breathing of the fumes of wood alcohol are put down as due to chronic diseases of various kinds. They assert that they have known deaths from wood alcohol to be put down to pneumonia, meningitis, heart disease, gastritis, hepatitis, etc.

In closing, Schoenberg said that although a clear clinical picture had not been worked out, yet judging from their experiments, "the clinical symptoms would be nausea, vomiting of blood, headaches, disturbance of vision produced by slight toxic edema of the retina and optic nerve, and they ought to be looked for, together with some changes in the blood."

PELLEGRA

THERE were some papers read at the 1914 meeting of the American Medical Association on "Pellegra" that are worthy of comment. The first was the report of the Thompson-McFadden Pellegra Commission.

The first year's work led the Commission to the following conclusions:

1. That the ingestion of Indian corn as the cause of pellegra was unsupported by the evidence.

2. That pellegra was an infectious disease.

3. There was no evidence that flies had a part in the transmission of pellegra.

4. Contact or the contamination of blood was thought to be necessary for its transmission.

5. No specific cause had been found.

The report of the Commission for the second year's work may be summarized as follows:

An intensive study was made of the five thousand odd inhabitants of Spartanburg County, South Carolina. The complete histories of 847 cases of pellegra occurring in this county were studied.

1. It was found that the disease occurred with greater frequency in the larger centers of population, especially the cotton mill villages.

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2. It was found most often in women of 20 to 44 years of age, old people of both sexes, and in children from 2 to 10 years.

3. All the evidence seemed to point to the home as the place of infection.

4. Insanitary sewage disposal was the rule where the disease was most prevalent.

5. There was found no evidence of inheritance.

6. Hygienic and dietetic treatment gave good results, but a return to old conditions brought on a recurrence of symptoms.

A second paper by Public Health Service surgeons reported on attempts to transmit pellagra to monkeys. Eighty-two monkeys were experimented on. Of these eight died. In four death was due to causes other than pellagra, four were doubtful. Only one of the survivors showed any symptoms of pellagra, and there was doubt about that.

A third paper was on treatment, which summed up consists of rest and a liberal diet.

THE HEART IN PNEUMONIA

DR. Robert N. Willson, of Philadelphia, read a paper with this title before the recent meeting of the American Medical Association. For a long time many clinicians of experience have recognized that the heart was the organ to be conserved in pneumonia. At least that was the opinion of the writer, and has been what he taught. Some of the discussors of the paper, among them men well-known, seemed to be surprised at Willson's statements.

The main point that was feared was the development of an endocarditis, always a dangerous and frequently a fatal complication in pneumonia. Willson, however, states that the myocardium, the muscular tissue of the heart, is always affected. In every fatal case of pneumonia examined by him he found the muscle of the heart to show evidence of inflammation when examined microscopically. From his observations he is led to believe that myocarditis is a part of every case of pneumonia that recovers, and that the heart never completely recovers its muscle tone.

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As additional evidence of this Willson says that in a study of the blood pressure of several hundred cases of pneumonia, he has found the pressure universally low. He believes this to be due to the defective myocardium.

Still further, Willson calls attention to the fact of the great mortality of pneumonia when it occurs in persons with pre-existing cardiac disease.

Willson's paper is important because it calls attention to a point often overlooked, the need of conserving the energy of the heart in pneumonia. He thinks the myocarditis due to the toxemia of the disease. The best way to lessen that, in his estimation is to keep the bowel thoroughly emptied. He believes another conservative measure to be plenty of clean, fresh, warm air. He urges fresh air, but it must not be cold air.

NOTES AND COMMENTS

Diet and Cancer

Dr. L. Duncan Bulkley, in a recent paper in the *Medical Record*, states his belief that meat eating is productive of cancer. He says "an absolutely vegetarian diet, with the exclusion of coffee and alcohol, in conjunction with proper medicinal measures, has repeatedly resulted in the disappearance of cancer."

BOOK REVIEWS

The Practice of Surgery.—By James G. Mumford, M.D., Lecturer on Surgery in Harvard University. Second Edition, thoroughly revised. Octavo volume of 1032 pages with 683 illustrations. Philadelphia and London. W. B. Saunders Company, 1914. Cloth, $7.00; Half Morocco, $8.50.

This is a very interesting book to read. The author begins with appendicitis because it is the most frequent and altogether the most important condition that the general surgeon has to treat. After appendicitis the other abdominal and pelvic surgical conditions are taken up in order. In fact, the author discusses all surgical conditions and tells how to operate them. The part of the book devoted to minor surgery is particularly valuable. Every physician of necessity does some minor surgery, whether he does major surgery or not. Dr. Mumford has given a very readable and full exposition of the way minor injuries should be treated, and

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the reasons underlying the methods advocated. This part of the book alone would make it worth the price to any general practitioner. The author writes in a conversational style that is easy to read, holds the attention, and is convincing.

Manual of Obstetrics.—By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia. 12mo of 463 pages, 171 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $2.25, net.

This is a small, concise, up-to-date book on obstetrics, written by a well known authority who has written a large and popular treatise on the subject. The work contains the essentials of modern obstetrics, written by an expert. The contents are good throughout. There is an especially valuable chapter at the end on the medico-legal aspects of obstetrics and the obstetrician. All in all, this is the best small book on obstetrics which has come to the reviewer in some time.

An Epitome of Pediatrics.—By Henry Enos Tuley, A.B., M.D., Late Professor of Obstetrics, Medical Department, University of Louisville; Editor Louisville Monthly Journal of Medicine and Surgery; Late Chairman of Section Diseases of Children, American Medical Association; Ex-President American Association Medical Milk Commissions, Etc. New (2nd) edition, revised and enlarged. 12mo, 324 pages. Cloth, $1.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914. (Lea's Series of Medical Epitomes.)

This little book is a compend of pediatrics. It contains the essentials of the subject. There is considerable space devoted to the all important subject of infant feeding and the methods of various authorities are given. The anatomy and physiology of infancy are given. There is a concise description of the various diseases that children are specially prone to. Altogether, the book is useful for the medical student who wishes to get the essentials of the subject.

The Practitioner's Visiting List for 1915.—Four styles: weekly, monthly, perpetual, sixty-patient. Pocket size; substantially bound in leather with flap, etc.; $1,25, net. Lea & Febiger, Publishers, Philadelphia and New York.

This handy little memorandum book is a gentle reminder that Christmas is coming. And the reviewer might say, in passing, that if any patient or friend of a doctor happens to see this notice, that The Practitioner's Visiting List for 1915 will make a most useful Christmas present for the doctor not owning one. Moreover, the doctor will have to use it every day of the year to note his calls, appointments and accounts in, and the donor will be duly thanked and blest, mentally, by the receiver for exactly 365 days in 1915. Besides the blank pages for records, there are 32 closely printed tables, antidotes to poisons, suggestions as to remedies, and other valuable information.

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INTERNATIONAL HOMOEOPATHIC REVIEW

HOMOEOPATHY AND THE WAR

(The Homœopathic World, England)

The tale of activity distinctively homœopathic in relation to war service grows daily. Quite a number of our colleagues are at work abroad. Dr. Petrie Hoyle is in charge of an independent Red Cross unit in Belgium, where also is Dr. Renton and where our friend, Dr. Van den Berghe, has sole charge of one of the hospitals in Ghent. Dr. Borland is at work abroad; Dr. Ramsbotham has volunteered, and as we write, has joined Mr. Dudley Wright, Dr. Hare and Dr. Cunningham, who are in charge of a unit for work among the French wounded. At home, Colonel Deane, Dr. Cooper, Dr. Marriott and others are busy, and Dr. Ashley Bird is in charge of a hospital train, whose duty it is to carry sick and wounded to their varying destinations after they are landed. Mr. Attwood, Secretary to the L.H.H., is serving as Captain in the Royal Field Artillery; Dr. Robertson is a Major in the Army Service Corps, and Dr. Rowse is in Malta in the R.A.M.C. medical officer in charge of transport. As citizens, needless to state, homœopathists have their full share of relatives and friends under arms, but the matters mentioned above concern us in our particular capacity as followers of Hahnemann. But this is not all. We have our own trained nurses at work and beds set aside in Homœopathic Hospitals, and there are two further schemes deserving of every encouragement and support. So far, sickness as apart from wounds has been noticeably absent, much to the credit of the Army Medical Corps, so that the physician, as apart from the surgeon, is less needed. But it is too much to hope that there will not be work for him also, and to meet this emergency if it arises (an emergency with which Homœopathy is especially fitted to cope), Dr. Tyler is organizing as we write a medical unit which shall be definitely homœopathic. Besides herself, we learn that Dr. Mabel Hardie, Dr. Lang and Dr. Dishington are in charge of the work, so that there will be no question of the purity of the Homœopathy. Even, however, among the sequelæ of wounds there are opportunities for homœopathic prescribing, and the International Homœopathic Council (whose British members are to act as Emergency Executive) are arranging to facilitate the systematic collection of experiences among the homœopathists of all nationalities. This should result in a body of statistics of inestimable value. Now all this work requires time, energy, devotion and money. All must be forthcoming for the honor of homœopathy, and for all we confidently appeal. Inasmuch, however, as it is not always easy to determine which need is the most pressing, we urge all those who cannot give freely to all these causes, to give their subscriptions to the Central Organization, the British

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Homœopathic Association, at 43 Russell Square, W. C., stating, if they will, the cause which they prefer, but leaving the Central Body free to decide finally where the money can best be spent. In this way any tendency to overlapping will be averted and any gifts will prove reinforcements to the "firing-line" of Homœopathy.

HOMOEOPATHY IN ANTWERP

By the courtesy of Dr. George Burford we have the honor to print a letter from Dr. Petrie Hoyle, written in the latter days of the Allied occupation of Antwerp. Dr. Hoyle was early in the field with a hospital unit, and needless to say with the flag of homœopathy flying. His letter speaks for itself, and we supplement it with a few details from the pen of Dr. Burford.

"British Field Hospital for Belgium.
Ambulance Du Boulevard Leopold, 99.
Sunday—*I think*—Sept. 27 (?)

"DEAR DR. BURFORD:

"We have been two weeks here in harness, and it seems as many months. On the 12th inst. we received over 150 cases between 5 p. m. and midnight. We worked all that night until far into Sunday night. Three days ago we received 'orders' to clear out every case that could be moved to the convalescent homes and hospitals, because of an impending battle. This p.m. (3 p.m.) we received one load and hear that we may fill up again tonight. I may not go into details or mention names because of the Censor. Last Thursday and Friday I was at ———, a first receiving hospital, back of the firing lines, and I was left in sole charge, as the surgeon there had to go off to headquarters, so I was there all night, and I hear this minute that that hospital (which had 800 cases in it) is now being shelled by very large field guns—I think we are in for it. Yes—we have some great work, but names, etc., must not be mentioned—so what is the use of writing. Nothing ever said of the Germans is too bad. Everything you may say is true.

"Kind regards to all.

"Sincerely
E. PETRIE HOYLE.

"Iodine is the king pin—though I have had to use calendula with glycerine to several very septic wounds, and calendula at once cured or overcame strepto- and staphylococci, and overcame the stench.

"I have cured some cases of diarrhoea with China ? and 1x, and others with colocynthus.—E. P. H."

Dr. Hoyle was on duty at the British Field Hospital in Antwerp until the bombardment had actually commenced. When the houses on either side were in flames, the sick and wounded in hospital, having been dressed earlier in the night, were hastily transported by several Piccadilly motor omnibuses down to the Scheldt, and there safely embarked. To Dr. Hoyle was given the post of

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honor of medical guard to the first convoy. He speaks enthusiastically of the courage and devotion of his corps of nurses, who on the tops of the vehicles inspired cheerfulness and courage among their patients. The voyage to England safely over, Dr. Hoyle received a call to rejoin the hospital at Ostend. But the "inner guard" of warships forbade approach, and the vessel was ultimately shepherded to Dieppe. Here he found the hospital unit which had gone from the London Homœopathic Hospital—Mr. Dudley Wright, Dr. Hare, Dr. Octavia Lewin and the nurse, busy in the equipment of a British hospital under the ægis of the French Red Cross; our colleague has been able to render some assistance to this organization. We know how heartily our readers will wish him God-speed.

INDICATIONS

Dr. Ray sends the following pulse indications for drugs:

Stramonium.—Pulse extremely irregular, sometimes hard, sometimes weak and small. We can differentiate the use of stramonium more from its pulse marks. Stramonium patient has red eyes, but hyoscyamus patient has scarcely any. Stramonium is a remedy allied to belladonna. The hyoscyamus patient lies in deep coma, quite unconscious of his existence in the external world. The opium patient, though subject to brain congestion, yet answers questions correctly and passes to stupor. The irritability is quite opposite to that of bryonia—opium patient likes to be alone, having a person on guard, but very irritable if questioned and moved. The prostration is great.

Cannabis Indi: Pulse very slow.

Glonoin has a quick pulse in relapsing fever.

PHYTOLACCA IN ADENOPATHY

Phytolacca is a remedy for glandular swellings which are not especially of syphilitic or tubercular origin.

Perhaps we use it most frequently in the diseases of the mammary gland of the female, and members of all schools of medicine regard it as specific in such cases. In inflammation of these glands from cold or from pain in the breasts during or preceding lactation, it brings quick relief. If given early in cases of threatened suppuration it has a tendency to abort the formation of the abscess; but if one has already formed, it should be lanced and a dilution of phytolacca (one-half drachm phytolacca to nine parts warm water) be injected into the cavity, together with the internal administration of the drug.

Women will complain to you of an oversensitiveness of the breasts at the time of their menstrual periods and of cracked nipples from infection or from the nursing child. In both instances phytolacca applied locally or given internally will clear up these conditions; and I would suggest giving it a few days preceding the menstrual flow, with the object of preventing the expected irritation at that time.

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It is often curative in cases of tonsillitis, either of ulcerative or hypertrophied form, and seems to benefit the rheumatic pains extending over the body often associated with tonsillitis. As the tonsils are regarded as one of the chief sources of rheumatic infection, it adds strength to this view.

Parotitis is in most instances cured by phytolacca, especially when given with small doses of the proper sedative, which is usually aconite. Where there is metastasis of "mumps" to the testes it is regarded by many superior to any other treatment.

But fair results may be expected in gonorrheal or leutic orchitis.

We use it in cases of enlargement of the submaxillary and cervical lymphatics, resulting from sore mouth and throat, especially of diphtheritic origin.

In cases of suppression of the saliva it stimulates the buccal glands to secrete; and in inflammation of the glandular structures of the gastric and intestinal mucous membranes it aids in the regulation of the secretions.

Phytolacca may be used in asthenic hyperemia of the liver and spleen, and is especially indicated where there is pain in the region of the liver with enlargement and abnormal hardness of that organ, which interferes with the patient lying upon the affected side.

In cases of bubo with pain and swelling of the inguinal chain of lymphatics, whether from gonorrheal or other origin, it is surely indicated.

Where women complain of pain in the ovaries, phytolacca will give permanent relief in some cases, and will often give temporary relief until the true cause of this inflammation is diagnosed and removed.

Its value in exophthalmic goitre is questionable, but some good reports have followed its use. It has been highly recommended in adenitis, especially when accompanied by sore throat, and may be used both locally and internally.

Phytolacca is best suited to cases where the lymphatics are hard, and although it aids in suppurative types, other remedies, as iris or baptisia, are more certain in their action.—Eclectic Review.

ACCIDENTAL PALSIES*

BY JOHN E. WILSON, A.B., M.D.
New York City

When a patient suffers from an attack of cerebral hemorrhage, thrombosis, or embolism, we are not surprised by the appearance of, and can account for the occurrence of a paralysis, but there are a number of other conditions where a paralysis suddenly appears, while the patient is not in a physical condition from which that can be considered a logical result, and these palsies I have termed accidental.

*Read before the N. J. Medical Club, March 18, 1914.

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The transient paralysis of multiple neuritis is a very logical termination of a process which left nothing else to be expected. When one finds evidence of certain organic changes in the spinal cord, he well understands that it is only a question of time when the person will become paralyzed. There are, however, cases of paralysis occurring at all periods, from the earliest viability to the grave, which may properly be termed accidental, so far as they are the necessary result of the proper condition of the person. They all possess the common attribute of suddenness of onset, though it is by no means instantaneous in every case, and while traumatism is often the etiological factor, it is only one among several possible ones.

First, while a fœtus is "in utero" the mother may suffer from some infection or intoxication, and an endarteritis or meningitis may be set up in the brain of the fœtus and as a consequence a part of the brain may cease to develop, and some form of paralysis may be the result. I mention this class of cases for the reason that you might say that, given the pathological condition of the mother, one might predict the pathology of the child, but it is by no means certain that any such result will obtain. I also think that the simplicity of the pathological processes in the fœtal brain should, from time to time, be brought to the attention of everyone. Some irritant to the intima of the blood vessels is almost the sole pathological cause of a deficient child. It may grossly affect the great arteries, and dry up, as it were, the nutrition of a whole lobe, or it may thicken the pia and occlude the more tenuous arteries in this structure whose fine branches are vitally necessary for the nutrition of the nerve cells in definite areas of the cortex. The only other process prominently detrimental to the developing fœtus is alcoholism in a parent, and it is just as potent an influence when it acts through the male sperm as through the female germ, or as a result of the habits of the mother during gestation. Another fact about the prenatal effect of alcohol, if the father is intoxicated at the time of fecundation the infant has small chance for a normal cerebral equipment.

The second class of cases comprises those whose paralysis dates from birth accidents, and includes those whose condition results from too prolonged an asphyxiation during labor, the so-called Little's disease. Next, those cases where a blood-vessel most frequently a vein or sinus, has been ruptured by pressure in the birth canal, or of instruments during parturition; the birth-palsies, and next those cases where tension or torsion on the neck has bruised or ruptured the brachial plexus; the birth-palsy of Erb, and, finally, those cases when by traction upon the legs the extensors are over-strained, and the child views the world for the first few days of its life from between its legs, which lie almost parallel with the trunk, while the feet are pressed to the sides of the head like a pair of supplementary ears.

The first group, i.e., Little's disease, has been assumed to be caused by prolonged respiration of under-oxygenated air, producing carbon dioxide poisoning of the brain cells, which led to

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their death. While the process was going on, the irritation produced convulsions, and the termination was paralysis of a spastic type in the legs, or in all four extremities. It is peculiar in the absence of a hemiplegic distribution, which is the sign manual of a cerebral palsy under other conditions. This is explained from the fact that the cause is a general, and not a local one, as in a hemorrhage. It produces a paralysis, marked by stiffness of the extremities, weakness, and a great deal of inco-ordination. That is: while the limbs are weak, and respond stiffly to volition, the child would not be so helpless if a limb moved in the intended direction, but instead of that it flies about in an agitated tremor at any attempt at definite action. It is a peculiarity that if the child is paralyzed in its legs only it may be normal mentally, and even precocious, but if paralyzed in all four of its extremities its mind is usually as deficient as its body. These cases do not promise much from treatment, but with Baryta carb., and massage of a general type, I have seen some cases become less irritable, and apparently more efficient, but they were one or two in many, and the improvement was only one of degree. Recently an attempt has been made by temporal decompression to help them, and from this some great results have been reported, but remembering that long ago this was extensively done over the parietals with no effect, and in the light of the pathology of the condition, I must be shown a little more before I can become enthusiastic. I have at present three cases under observation which have just been operated, but it is as yet too early for deduction. Tendon transplantation does little, and nerve anastomosis nothing permanent, which is the particular point of failure in the muscle and tendon work, since spasticy and contracture tend to recur. Birth-palsy is caused by a hemorrhage at the base in vertex presentations, and at the vertex in breech cases, when the pressure from the parturient canal is the only factor, but it may occur anywhere when caused directly by pressure of forceps. It is almost universally meningeal, that is, on the surface instead of in the substance of the brain, and the mechanism of its production is interesting. As pressure is applied to the fœtal skull, the head, of course, changes shape to a remarkable degree, but another condition also ensues, viz., the bones slide past one another, and if this passes the bounds of tolerance the dura, which is the periosteum of the cranial bones, is peeled up, and there is more or less laceration of the vessels. This hemorrhage may be unilateral, giving rise to hemiplegia, but the process is often duplicated on the opposite side, giving rise to a diplegia, as in the case of Little's disease. If the brain is examined, it is found that, as a rule, an effusion which looks like currant jelly and extends over a great portion of the convexity of the brain giving rise to pressure. If this exudate is promptly absorbed little permanent harm results, but this is not the usual result. We get convulsions initially, instead of after ten days or two weeks, as is the case in Little's disease. After some weeks the parents notice that the child does not use its limbs well, or perhaps not at all, and then

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follows a more or less extensive paralysis with contracture. Fortunately a very high percentage of these cases die in the convulsive stage, but, on the contrary, you have all seen cases where convulsions went on for days and weeks, and finally subsided, leaving to the ordinary observer a normal child. It is not, and never can be, absolutely normal, but the disability may never interfere with the efficiency of the person. We all have seen persons who laugh only on one side of the face, people who have a charming little cross of one eye, etc. These are all marks of organic damage somewhere. These cases are perfectly amenable to osteoplastic relief, and, logically, should all be operated, since they all ought to die or get well. What shall be done is an interesting question. Nothing is plainer scientifically. Blood is there; it will in all probability work damage if allowed to remain. A child had far better be dead than be started out in life a paralytic. Brain operations are, however, not well borne by young children, the mortality is very great, and therefore it becomes an ethical question, and one that is not for us to decide. It should always be remembered, however, that a good operation ought to leave a normal child, since the actual brain tissue is not involved in the pathological process.

Erb's palsy involves the deltoid, trapezius, and the muscles of the arm and forearm more or less completely. Among the avoidable accidents of child-birth this is a common one, and is caused by compression of the brachial plexus between the seventh cervical vertebra and the clavicle. The injury varies all the way from a bruising of the nerve trunks to a partial or complete rupture of the trunk, or of the whole plexus. The minor degree shows a strong tendency toward recovery and if the arm and shoulder are properly supported for a few weeks, with daily massage to keep up the nutrition of the muscles we may confidently expect restoration to the normal. In any case this procedure must be followed and if, after a few days, we can get some sort of electrical response in all the motor points to the muscles, we may rest assured that though the fibres are bruised they are not broken. Grant that initially we can find conduction, can we assure the patient of recovery? We cannot at this time, for conduction may decrease, showing that the initial damage had injured the nerve so much that degeneration is taking place instead of recovery, and what was at first a partial loss is now a complete one. Now is all hope gone? By no means, since regeneration is just as much a physiological fact as degeneration, and after some weeks a faint response may again be found, which becomes stronger and stronger, until the normal is reached.

The process of repair, in brief, is the projection of numerous fibrils from the spinal side of the ruptured nerves, The condition existing after laceration of the nerve trunks is a rapid exudation and cell proliferation, resulting in a mass of new connective tissue which surrounds the nerve trunk, and in the event of its severance interposes, as it were, a mass of neutral tissues between the conducting elements. This may be of such an extent that

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regeneration cannot take place, and in such cases the only relief will come from a dissecting out of this mass and the end to end approximation of the nerve trunks, but where the distance between the severed ends is short, it has been found that when the active process has subsided fine fibrillæ from the spinal end of the severed nerve begin to penetrate the connective tissue in all directions. A process of the same kind, but only to the extent of about a twelfth of an inch, goes on at the peripheral end. Finally some of these fibres touch the fibres of the distal end, and reunite, regain their myelin sheath, and become a perfect connecting nerve again, and a repetition of this process results in a final reconstitution of the nerve trunk. This can take place after a long period has elapsed. I had one case which had been disabled for over a year, which made a practically perfect recovery.

In my hospital service we had a man, a driver, who had fallen from his truck, on Third avenue, and was caught in such a way between the trolley car and the post of the elevated railway that his head was almost torn from his body. His arms were absolutely paralyzed and very strikingly atrophied and yet that man made a perfect recovery, perhaps by electrical stimulation and perhaps not. He certainly recovered.

A typical instance of a more temporary loss is seen in the so-called Saturday night palsies, where a man becomes intoxicated, goes to sleep on a dock, or up against a post, or on a doorstep, throws his arms under his head, and in the morning comes, more or less, to himself to find his arm is helpless and then goes to a clinic. The deltoid, biceps, brachialis anticus, supinator longus, and at times the supinator brevis, and even the muscles supplied by the median nerve, may be involved. The lesion is either in the cord, formed by the 5th or 6th cervical nerves, or a little lower, in the plexus, where the fibres supplying the musculo-spiral and circumflex, and the musculo-cutaneous lie close together. At all events the lesion involves the central parts and upper course of the plexus. These palsies are due to a compression of the brachial plexus between the cervical vertebræ and the spinal column, and tend to spontaneous recovery, which, however, is very much accelerated by massage and electricity. This is also one of the types of narcosis palsy, where a patient, during narcosis, has his arms drawn into an unnatural position above the head, although I find some cases where a careful examination of the table and an exact reproduction of the position of the patient upon it gave little ground for belief that posture was an element of much influence. These cases are sometimes quite tedious, as the paralysis is produced by a parenchymatous degeneration of the nerve fibres, due apparently in a large degree to specific intoxication by an anesthetic. I had one case which had been operated in the General Memorial Hospital for a pelvic condition and the position was the Trendelenburg. She was dismissed, entirely crippled, with a very bad prognosis, but made a perfect recovery. Another case came into my hands this spring, where there seemed to be a com-

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bination of posture palsy, if you might use that expression and an actual bruising or cutting of the sacral plexus. It was a case of an old gonorrhœal salpingitis, with extensive and very tough adhesions, which made the injury to the nerve very excusable. The woman made a perfect recovery after a somewhat prolonged treatment with electricity. In these cases I have generally used Hypericum, and a stable galvanic current of moderate intensity, and I am of the opinion that the Hypericum has some good influence, inasmuch as the cases which I have seen have been very severe, they have all recovered and I think that other men had been giving just as good electrical treatment as I was capable of administering.

Next, the spinal paralyses are to be considered and they form a class to which the term accidental would seem, to the average observer, to be much more applicable than to the instances previously mentioned. They arise, 1st, from gross traumatisms of the spinal column; 2nd, from a liquefaction necrosis of the vertebræ from an aneurism of the descending aorta, or other pressure in the posterior mediastinum; 3rd, from growth arising from the bodies of the vertebræ, or from the structures lying in the vertebral canal between the bone and the cord; 4th, from hemorrhage in the canal, or, 5th, hemorrhage in the cord itself.

If a person suffers a severe injury to the vertebræ it is possible that the spinal cord may be directly lacerated, or pressed upon by the bony fragments, and in such a case some degree of paraplegia will immediately result. Several such cases have occurred in my experience, and some of them are exceedingly hard to diagnose even by the X-ray. For instance, a man was on the top of an elevator, making some repairs, and the elevator was run up, in ignorance of his presence, and he was rolled up against the grating at the top of the shaft. He suffered a partial paralysis, which was attributed to all sorts of conditions, but he gradually improved, and it was found that instead of this paralysis being from the spinal column, which had been extensively treated, it was due to a fracture of the pelvis, which tore the descending nerves in the psoas muscles.

A woman of about thirty tripped, and sat down, going through an opening in a fire escape, and struck across a stone balustrade fifteen feet below. She was at once paralyzed in her lower limbs. She was taken to the hospital immediately, and laminectomy was performed, revealing extensive crushing of the two lower dorsal vertebræ, so much so that the spine of one of the vertebræ was lying parallel to and partly within the spinal canal. She made a good recovery in about four months, and was able to walk out of the ward. If displacement of the vertebræ can be assured to be the cause of pressure laminectomy within three hours is necessary for hope of recovery of function, for it has been discovered that an intact spinal cord disintegrates if the pressure is continued for a longer period.

That bones will undergo a liquefaction necrosis under contin-

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ued pressure, even from a softer medium, is shown in various parts of the body, but it is very striking when exhibited upon the spinal column. A case of aneurism of the descending aorta was the cause of a liquefaction of the pedicles of two spinal vertebræ, and after that direct pressure was exerted upon the spinal cord to such an extent that the lower limbs were weak, rigid, with increased deep reflexes, the whole picture being one of spastic paraplegia. .There is a form of meningitis which attacks the cervical region, and is marked by an extensive thickening of the dura, and the subdural structures. It gives rise to a peculiar stooping posture of the shoulders, more or less pain down the arms, and some weakness, but in its later stages a plastic paraplegia is liable to result from the encroachment of this hypertrophic mass upon the lumen of the spinal canal. This condition is usually syphilitic, occurs almost always in adult life, and traumatism is also said to have been a cause. The patient suffers from pain and stiffness of the neck, the pains radiate up the occiput and down the back, while there is numbness and pricking in the upper extremities, and more in one than the other. Pains exacerbate, and are worse at night. Stiffness and cramps may affect the arms, nausea and vomiting sometimes occur. After five or six months there are some paralyses in the arms, and later in the legs.

The most striking paralyses come from hæmorrhage, whether intra-spinal or intra-medullary, that is, whether within the spinal canal, or within the cord itself. We can dismiss those of the cord itself with this remark: that is, that the diagnosis is the only thing which will interest one, because the prognosis is uniformly bad, although the injury may not be fatal, and the successful treatment is impossible. The history runs like this: A man of about fifty was driving in a light speeding-wagon along the Speedway by the Harlem River, and he felt a blow in his back, and fell out of the wagon. He was picked up, bitterly accusing some one of having struck him in the back with a stone, and of knocking him out of the wagon. He was conscious of a bruised ache in his back, but when he attempted to get up to his great surprise he found that he was absolutely paralyzed in his lower limbs. He suffered some pain and distress in his spine, which gradually died away, and left him incurably paralyzed. We can generally say that if a case like this occurs in the absence of traumatism it is usually intra-medullary. The intra-spinal hæmorrhages are almost always the result of some injury not sufficient to crush the vertebræ, and sometimes not involving them at all. I have seen a case occur from a man being caught between the platform and the car of an elevated road and rolled along. The ribs were broken but the injury to the cord seemed to have occurred from hæmorrhage in the canal, and with resulting pressure upon the cord. The result was a plastic paraplegia, which was not fatal to life, but rendered the man incapable of earning his living. A very fragile single lady of 55, suffering from no particular ailment, but not being very strong, was induced by her friends to take a

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course of treatment with an osteopath, in order to make her well. The treatment left her still 55 years old, but physically intact, so far as could be seen, but after the eighth rolling-up treatment she developed a rather sudden weakness with pins and needles sensations through the lower limbs, and developed a moderate degree of spastic paraplegia. This became most intense, with contractures, severe spasm and urinary retention, which was followed later by urinary and fecal incontinence. She finally went to a home for incurables, and was examined by several neurologists and pronounced to be incurable. After nine years she recovered enough so she could stand erect, and take a few steps with some assistance and the spasms are less, although her legs draw up so that the heels almost touch the buttocks, especially if she is cold. The osteopathic treatment evidently ruptured an artery, and she had a hæmorrhage, which compressed the cord, and as it organized continued this pressure, but finally absorption took place to a degree, leaving a cord which was greatly damaged. As far as diagnosis goes, the history of the antecedent conditions would generally afford some indication as to whether it was in the spinal canal or cord. In addition, a hæmorrhage in the canal gives rather general symptoms of paralysis, with marked pain on account of affecting the nerve roots, whereas a hæmorrhage in the spinal cord is apt to give rise to segmental symptoms because at first the hæmorrhage affects only the very small area in which it occurs.

The method of treatment for both kinds is rest and ice-bags, but laminectomy sometimes will give very happy results. If the symptoms are very profound and the traumatism has been sufficiently marked to give strong grounds for believing that the hæmorrhage occurred as the direct result of an injury, and the site can be exactly localized, laminectomy is advisable. In the hospital these cases are not infrequent, and unless we are very certain as to the localization operation is not done, for the reason that many of these cases absorb, and make a good recovery with rest and an ice-bag, whereas operation may leave a helpless invalid. Severe cases develop bed sores and die from a transverse myelitis.—The Chironian.

616 Madison Avenue.

AFTERMATH OF PITUITRIN

HERBERT T. WEBSTER, M.D.
Oakland, Cal.

First impressions are not always the best impressions. This may be the case as regards pituitrin. My first use of this product was very encouraging, but I am beginning to doubt that it is an agent to which we can profitably adhere. If one wants an agent which will produce very powerful labor pains almost immediately after the use he can depend upon it to fill the bill very satisfac-

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torily; but as to the later effect upon the subject there is considerable more to be thought of.

In the few cases I have employed it I have found slow and unsatisfactory recovery from confinement. In one case, though the woman was young and robust previous to labor, there has been continued debility since the baby came. She can not gain strength, and while lactation may account for some of it, this does not seem to be a logical result. Moreover, she has been subject, since confinement, to frequent attacks of excruciating pains in the epigastric and right hypochondriac regions, which ordinarily successful treatment no more than temporarily relieves. The attacks of pain frequently recur, and I begin to suspect that a remote cause of the trouble is pituitrin administered at time of labor.

The next case in which it was employed, also a healthy primipara, has been almost invalided since her confinement. She is debilitated and complains of being tired and exhausted all the time. She also complains of backache and dragging pains in the pelvis. She is also nursing her child, but it seems as though the effort is too much, and that the child will have to be weaned before she will be able to gather any strength.

In other cases disturbances of the vasomotor system have followed its administration. Chills and hot flashes, night sweats, disturbances of digestion and other unpleasantness have been in evidence.

While this agent is doubtless a powerful oxytoxic, we may yet find that it had better be left alone, or at least reserved for very exceptional cases. The doctor better sacrifice his own comfort and allow nature an abundance of time to accomplish its work, rather than habitually employ anything which is liable to work mischief to the patient for months and possibly for years.

In this neighborhood I find that pituitrin is in common use among physicians, especially those of the old school. They are tickled to death to know that they have something that is specific. And well they may be, for specifics are confined to very few drugs. I am afraid that they will finally find that this is one that will turn out a two-edged sword.

I may be a pessimist, but I have usually been considered too much of an optimist in therapeutics. In harmless remedies it is well to have plenty of confidence and try out a remedy thoroughly even though it often disappoint us; but when the welfare of the patient at large is to be considered, it is well, as the Teuton remarks, to "look a leedle oud." Time may prove that I am entirely wrong, but it seems as though I have had a warning, and I shall be very sparing with pituitrin until I have seen more of its after-effects.

FALLING OF THE HAIR IN WOMEN

The state of a woman's general health has nothing whatever to do with the loss of her hear, save for that which often follows an

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acute febrile disease; according to Sabouraud, the falling of the hair is wholly due to an abnormal local condition characterized by overproduction of oily matter by the glands of the scalp, except of course in cases of a specific nature, which assume forms easily distinguished from the ordinary loss of hair.

The onset of baldness, as we all know, varies in the two sexes as a rule. In men the trouble begins at the crown of the head, though it may be supplemented by recession of the hair from the forehead; in women it is in the regions of the forehead and the temples that is first conspicuous. At first dry pellicles form on the scalp, and they are somewhat difficult of removal; after a time these are succeeded by a yellowish greasy accumulation on the skin, and then the hair begins to fall. The loss may for a time be confined to the summer months, when the production of oily matter is more abundant than in winter.

The prime remedy for falling of the hair is the frequent removal of the greasy accumulation by the vigorous application of soap, and care must be taken that the soap employed does not contain enough potash to prove irritating. It is not the hair in its entire length that needs to be soaped, but only about five inches from the roots. After dry friction of the scalp, the hair should be separated into plaits and the roots of each plait in succession, and particularly the portion of scalp concerned, rubbed vigorously with a tooth brush saturated with soap and water. The solid cake of soap itself should not be applied, for then there would be left on the hair little masses of soap which would serve only to collect dirt. After the soaping the hair and scalp should be rinsed with warm water and dried with a soft towel, with the aid of gentle heat if necessary. No attempt must be made to correct the resulting temporary dryness of the hair by means of oily applications. The falling of the hair having thus been controlled, the growth of new hair may to a certain extent be stimulated, but the applications commonly employed, especially those of cantharides, should be avoided. There are a few substances which are reputed to have some effect in stimulating the growth of hair. Among them are pilocarpine, quinine, caffeine, and camphor, to any of which some perfume which is agreeable to the patient, may be added. The author suggests the following formula, though he remarks that the proportions of the ingredients should be varied to suit individual cases: Pilocarpine hydrochloride, gr. iij; water, sufficient to dissolve the pilocarpine; spirit of lavender, ℥v; ether ℥v.; ammonia water, ℥ss.; alcohol, sufficient to make ℥viii.

When a woman finds that a particular prescription proves beneficial in her case, the author remarks, she is very apt, in the goodness of her heart, to pass it around among her friends, but disappointment is almost sure to result, because hardly any two cases in the circle of her acquaintances are exactly alike, and it would be as futile to order one prescription for indiscriminate use as to prescribe the same eyeglasses for all persons with visual errors. While this analogy contains somewhat of an exaggeration, as all analogies and similes are apt to, still there is a good deal of truth in it.—Critic and Guide.

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PRICKLY HEAT.

A cooling lotion for prickly heat, and one especially grateful to bedridden persons suffering from that annoying complaint, is composed as follows: ℞ Carbolic acid gtt. v. glycerin ʒi; above, add alcohol, distilled hamamelis aa q. s. ʒ viij. Mix. Apply freely three or four times a day, and allow it to evaporate, or assist its evaporation by gentle fanning. This will give comfort and some relief until a change in temperature brings the only true relief that comes to those subject to that distressing form of skin irritation.

RHEUMATIC SORE THROAT.

There is a form of sore throat, mildly inflammatory but unaccompanied by fever, that, for want of a better name, might be called rheumatic sore throat. It generally occurs in those of rheumatic tendencies, and is often the result of exposure, both to intense heat and to storms. It often follows washing the hair. The muscles of the pharynx are stiff and sore and aggravated by motion. There is no exudation, but often a slight duskiness of the membranes, with little or no swelling, The trouble is persistent, and, unless treated, may last a month or more.

Two agents give marked relief in this trouble. Macrotys relieves the tensive drawing of the muscles, and in many cases is all that is needed to give relief. In others, usually more painful but less tensive, sodium salicylate is the remedy. Some cases seem to demand both. Then we administer the following: ℞ Sodium salicylate (birch) ʒi; specific medicine macrotys gtt. xxx; fluid extract of glcyrrhiza ʒj; water, q. s. iv. Mix. Sig. One teaspoonful every two or three hours.

RHUS.

Those who have used Rhus Toxicodendron to any extent appreciate its value in meeting certain conditions of irritation of the brain and nervous system, as well as of the gastro-intestinal tract, especially in the summer disorders of children. The indications are so plain and so well verified that they have become certainties in medicine, and one prescribes rhus with confidence of success. The long, narrow tongue, with marked redness, and the prominent papillœ, indicate with clearness a state of marked irritation and involvement of the brain centers. Rhus is the remedy. There may be only gastric irritability, there may be headache, there may be a jerky condition bordering closely upon a convulsive state, there may be delirium. The most noticeable feature in all of this, however, is the great nervous unrest the little patient being excessively nervous and explosive. In this respect it somewhat resembles the great unrest which gelsemium relieves, but the latter is usually accompanied by bright eyes and contracted pupils and high temperature. The gelsemium patient is hot and agitated and the mental excitement is great. With rhus the nervousness takes on the form of twitching, jerking, and the nervousness seems motor rather than mental alone. The rhus patient may utter a sharp,

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shrill cry—the brain cry—which, once heard, will never be forgotten. For the condition which this cry announces no agent is equal to rhus.

Rhus is sometimes valuable in gushing diarrhœa. The tongue indications will point to its selection.

As a specific agent in typhoid fever rhus should not be overlooked. That it has antityphoid qualities those experienced in its use will testify. We have carried many a severe typhoid case through with no other medicine than rhus. Its effects are best obtained when those classic symptoms, best known as "typhoid manifestations," are present. Dry tongue, low muttering delirium, sordes on the lips and teeth, and diarrhœa.

Finally, in that form of so-called rheumatism attacking the fibrous tissues of the body—the tendons, the fasciæ, the ligaments, and muscular sheaths, rhus has a peculiarly helpful action. These cases are, of course, not rheumatic, but are undoubtedly due to toxic impression of the tissues through some retained poison, which impresses the nervous structures. Whatever they are, rhus more frequently gives relief than any other medicine.

STUDY THERAPEUTICS.

The world of medicine has been passing through a period of therapeutic unrest. Many colleges, for reasons best known to themselves and strongly suspected by others, have abolished, for the time being at least, their chairs of materia medica and therapeutics. Overtime is being devoted to less important items in the curriculum, and the young graduate, though he may be entitled to the title of a well-informed man, is deplorably deficient in the one thing that will give him entrance to and success in the practical practice of medicine. The fact that no materia medica is now being taught as such in these schools is justly giving rise to dissatisfaction. If the object, as has been strongly intimated, is to discredit schools whose very existence has been maintained by their special attention to these subjects, by disparaging the importance of the study of materia medica and therapeutics, then the promoters of the scheme will signally fail in their attempt at jugulation.

This attempt to belittle drug therapeutics will have no effect upon the man who seeks means of cure or alleviation rather than enclycopedic knowledge of the natural history of disease without the means of cure. The Eclectic school will not in the least abate its efforts to expand its study of specific medication, a study that has yielded the best therapeutic guide known to medicine.

Practical men know the value of drug therapy. These men become competent practitioners and experts in the use of medicines. They are the men who, having learned a therapeutic fact, do not discard it to-morrow for something less certain. They do not gamble with therapeutics. The men who began practice upon the teachings of specific medication, still practice it with greater faith and enthusiasm than ever. They have learned that a specific medication fact is as true to-day as when first discovered. Few as

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they are, specific indications have led to greater curative results than have even come from any other form of practice. Think you, then, that the specific medicationist is going to give up a certainty for that which will yield neither him nor his patients the best that can be had? We have nothing to relinquish, but we have before us the opportunity and the need to expand. Rather than abolish the teaching the subject should receive quadrupled attention, and carefully verified new indications be brought to light. There can be not better study for the younger physicians, who have their professional careers before them, than to work and observe and add their experience to that which we already have in specific therapy. To do this they must steadfastly pursue the object and not be misled by every new serum and vaccine, every new foreign chemical and American therapeutic monstrosity, but keep along the pathway of the study of legitimate drugs known to us for years and for centuries, but whose full possibilities are even yet untouched; and concerning which, with some of them, many fabulous virtues must be proved untrue. Such drugs need a renewed and unbiased study that their true virtues may be better known and apochryphal statements concerning them be eliminated from our works on therapeutics.

Has any Eclectic lost faith in gelsemium, bryonia, hydrastis, aconite, macrotys, veratrum belladonna, rhubarb, and a host of others we might name? Their known virtues are enough to keep them in the front rank of therapeutic agents, yet even these need new and discriminating study. It will well repay a man to put five years' work of verification and new research upon any one of these drugs, and then his work will really count toward the firmer establishment of a materia medica that can always, as now be relied upon as authoritative.

It is the long-continued and comparative and discriminative observation of the effects of drugs that entitles the conclusions concerning them to be called therapeutic verities. The reputation of many a good drug has been blasted by the over-enthusiastic praise of its prescriber who has apparently gotten results from it when all others have failed. Haste to report and an insufficient range of study may be the condemnation of a drug capable of great possibilities which might be discovered had not some blasted its reputation and forestalled research by claiming for it almost impossible capabilities. Let us keep in mind that the mission of the Eclectic school is to study drugs with a view to their specific application to disease conditions.

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CURRENT EVENTS AND ANNOUNCEMENTS

PERSONALS

Dr. Dandolc Mattoli, M.D., late: 1, Via die Fossi, Florence Italy, now 17 Via Montebello, Florence, Italy.

Dr. Sinclair K. Royle announces the removal of his office to "The Oregon" 162 West 54th Street, Cor. 7th avenue. Hours: 11 a. m. to 1 p. m.; 5 to 7 p. m.. Phones: 2085-7081 Columbus.

Experienced Stenographer and Typist desires evening or Sunday work, medical or surgical. References if desired. Apply Journal Publishing Club, 1748 Broadway, N. Y.

Wanted—Junior Internes in Flower Hospital, New York City, to serve until July 1, 1914, with privilege of application for senior positions thereafter. Exceptional opportunities for surgical and medical experience. Graduates of homœopathic medical colleges preferred. Apply at once to R. F. Rabe, M.D., 616 Madison Avenue, New York City.

NEW YORK NOTES.

The Alumini Association of the Metropolitan and Ward's Island Hospitals held its annual banquet at the Hotel Knickerbocker, B'way and 42d street, New York City on December 4th.

EXERCISES

Address and introduction of the toastmaster.

Egbert Guernsey Rankin, M.D., vice-president.

Dr. Rankin also read a letter from the President, Dr. C. W. Perkins, who was absent in Europe.

Toastmaster..H. B. Sleght, M.D.

Speakers. Hon. Michael J Drummond commissioner of Charities

Royal S. Copeland, M.D., Dean of the New York Homœopathic Medical College and Flower Hospital.

Louis O. Van Daren, Esq., President of the Bar Association of Brown County.

Ephriam D. Klots, M.D., Metropolitan Hospital Medical Board.

Moving pictures were donated by the Goumont Co. The Kinemacolor Co. also furnished part of the apparatus.

Fifty-four members and guests were present.

Clinics were held at the Metropolitan Hospital in the afternoon.

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ing's County Homeopathic Medical Society. The 49th ...r meeting of the Homœpathic Medical Society of the Coun... of Kings was held October 21, the president, Dr. Roy Upham, ... chair.

... was suggested that a change of meeting night be made ...ount of the conflict in dates with the two meetings of the ... York State Society in February and October, which ne... tates deferring the regular meeting from the second to the ... Tuesday. Dr. Ritch moved that a change be made in the

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by-laws deferring the meeting night in future to the fourth Tuesday, which was laid over under the rules.

Dr. H. D. Schenck, chairman of the Legislative Committee, bronght up the subject of the proprosed amendment to the Health Laws known as the National Narcotic Law, which was introduced in the House of Representatives at Washington last June by Congressman Harrison of New York. It is described as H. R. 6282, nd is pending at the present time in the Finance Committee of the Senate.

This bill regulates the manufacturing, selling, dealing in, dispensing or distributing of narcotics. The provisions relating to physicians are very simple. Physicians must register and pay an annual tax of one dollar, and when purchasing narcotics make out a regular order form in duplicate, retaining one copy of such for two years. When the narcotics so ordered are received the date of such receipt must be recorded in respect to each order. The dispensing or distribution of narcotics to patients by physicians, dentists, or veterinary surgeons registered under this act, in the course of their professional practice, and while personally attending such patient is entirely exempted from any restriction whatsoever. The object of the bill is to trace the narcotics and indicate illicit traffic.

The Federal Government has for some time urged the enactment of a narcotic law, and that a bill might be framed which treats justly all interests involved. A National Drug Conference was called made up of representatives of the drug trade and of the medical profession, and the present bill is the result. The National Retail Druggists Association gave the bill its unqualified endorsement. At the meeting of that Association in October 1913, this action was repudiated and they are now opposing the bill.

Dr. Schenck read the following resolutions which were passed by the National Retail Druggists Association in October:

Resolved: That the N. R. D. A. recommend and assist in the enactment of such legislation in the various States as will confine the practice of pharmacy to pharmacists and make the quality and kind of all medicines sold and dispensed subject to the inspection and regulation of the same proper State authorities. Resolved: That the legal department of the N. R. D. A. be instructed to prepare a bill for the guidance of State legislative committees. Resolved: That we endorse the contention of President Merritt (president of N. R. D. A.) that physicians who choose to be their own pharmacists shall furnish their patients with prescriptions for all remedies applied just as they would if the prescriptions were to be dispensed by licensed pharmacists and that in case of the fatal termination where physicians have dispensed their own medicines the local health officer and not the this question be referred to the executive committee with power to act.

Dr. Orando S. Ritch stated that the Legislature of the State dispensing physician shall certify the cause of death and that

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of Maine had passed a law on the lines recommended by the resolution of the N. R. D. A. and that the physicians in that State are now in a quandrary as the coroner must be called to certify the cause of death where physicians have prescribed and administered their own medicines.

Dr. Schenck then offered the following preamble and resolutions:

Whereas: House Bill No. 6282, introduced by Representative Harrison last June was designed to control the sale and distribution of narcotics. Therefore be it,

Resolved: That the Homœopathic Medical Society of the County of Kings at its 469th Session heartily approves this bill now before the finance Committee of the Senate and urges its passage. This Society condemns as class legislation and dangerous and against public convenience and welfare the amendments proposed by the **National Association of Retail Druggists** and prays that such amendments be left out of said bill.

Resolved: That a copy of these resolutions be sent to the Chairman of the Finance Committee of the Senate and to the Senators from this State.

These resolutions were adopted.

Dr. Schenck also brought up the subject of the standing that Homœopathic surgeons would have in the proposed College of Surgeons of this country which is now being formed, patterned after the College of Surgeons of Eengland, with the power to give the degree of "Fellow of the American College of Surgeons." At the meeting of the American Institute a committee was appointed and a resolution was passed with the object of securing for Homœopathic surgeons the same rights as those of the allopathic school. At a recent meeting of the New York State Homœopathic Society the matter was brought up but was tabled without action.

Dr. Ritch moved: As the resolution of the American Institute states distinctly that the Committee shall direct its efforts to securing for the surgical society the same recognition as other surgeons receive this Society endorses the action of the American Institute. This motion was seconded and carried.

Dr. Ivimey Dowling, of Albany, read a paper entitled: "Surgery of the Accessory Nasal Sinuses for the Relief of Occular Diseases."

This paper was discussed by Drs. Warner and Schenck.

Dr. George F. Laidlaw, Professor of Medicine, New York Homœopathic Medical College, read a series of case histories from his hospital and private records under the title of "Diagnostic Problems."

L. D. Broughton, M.D., Secretary.

BOSTON NOTES

Boston Section...The regular monthly meeting of the Boston section of the Massachusetts Homœopathic Medical Society was held on Thursday, December 4, 1913, at 8 p. m. The scientific session consisted of two papers and their discussion—"The

management of Occiput Posterior Positions, also a brief report of the use of Serum in a few cases of Hemophilia" by E.P. Ruggles, M.D., and "an account of some Obstetrical problems of interest to the General Practitioner," by Edwin M. Smith, M.D.

Dr. Ruggles' paper chiefly considered certain cases of inrantile hemmorhage which were treated by serum from the blood of the umbilical cord and some others which were treated with rabbit serum which is always available in stock preparation. Dr. Ruggles feels sure that some lives have been saved by this treatment which had been otherwise doomed. The most interesting part of Dr. Smith's presentation was his exhibition of X-ray pictures of pregnancy, some of them at very early stages. This new device enables the practitioners to diagnose pregnancy in doubtful cases at a far earlier period than any other method of examination.

B. U. S. M. Alumni Bazaar. The results of the Bazaar which was held for three days and evenings, November 13, 14 and 15, at the Copley Plaza, under the auspices of the Alumni of Boston University School of Medicine were entirely satisfactory.

The Bazaar was considered one of the most brilliant ever held at the Copley Plaza. Afternoon whists, a dinner, a concert, a cabaret show and a gorgeous pageant and ball were among the social events and the noon luncheons were accompanied by first-class orchestral music and served by a group of this season's debutants.

The alumni assisted by the wives of the physicians did yeoman service in the various departments of the sale itself. One of the special features was the dolls department in charge of Dr. Mary E. Mosher, where nearly 400 beautiful dolls constituted, according to expert judges, one of the finest exhibits of dolls ever seen. There were many other features worthy of mention, did space permit.

Not only did the proceeds of the affair reach the amount desired but rose somewhat above the figure mentioned. The $50,000 which was apportioned to the Alumni to raise is now complete and the $50,000 which was pledged on condition of its being raised is now available.

A supplementary sale will be held on Saturday afternoon and evening, December 13th, at the University Building, Boylston street.

Evans Memorial Health Talks. The health talks which were inaugurated last season at the Evans Memorial Building, E. Concord street, are being continued this year. Nearly half the members of the faculty of the Boston University School of medicine will give public health talks in the course arranged by Dr. Frank C. Richardson, registrar of the school as a part of the preventtive medicine work of the Massachusetts Homœopathic Hospital. The course will extend past the middle of May, 1914.

The lectures already given are one by Dr. A. E. P. Rockwell of Worcester on "Who Should Marry?" in which he paid a tribute to spinsters and said they were indispensable to society, one by Dr. John L. Coffin of Boston on the "Duties of Fatherhood" and one by Dr. Martha E. Mann on "Motherhood; Preparation and Fulfillment."

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The lectures for January are January 6, Dr. Edwin W. Smith on "Home Training of Children," January 13, Dr. Winfield Smith on "Surgery that Saves," January 20, Dr. J. A. Rockwell on "What to Eat and Why," January 27, Dr. Allan Winter Rowe on "How to Cook and Why."

MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY. The annual meeting and the 81st session of the Massachusetts Surgical and Gynecological Society was held o nthe afternoon of Wednesday, December 10th, 1913, at the Evans Memorial Building, East Concord street.

At the business session, the various annual reports were read, the report of the treasurer showing the Society to be in good financial condition. Three members were exempted from further dues, having been members of the society for 30 years. The following list of officers was elected for the ensuing year: President, Herbert D. Boyd, M.D., vice-presidents, T. D. Percy, M.D., and Clara E. Gary, M.D, secretary, Harry J. Lee, M.D., associate secretary, C. R. Bell, M.D., treasurer, Caroline G. Wentworth, M.D., auditor, Herbert C. Clapp, M.D., censors, Wesley T. Lee, M.D., Alonzo Howard, M.D., and Thomas D. Strong, M.D.

At the scientific session, Dr. Frank A. Gardner of Salem presented a patient whom he had shown last year, having a large cicatrical deposit from a burn upon the chest and arm and forming a web which bound down the arm and restricted its motion. Since that time, a plastic operation has been done, which separated the arm from the body, replaced the scar tissue on the chest with fresh skin and rendered the arm as useful as before the accident. Dr. David W. Wells presented a pathological specimen consisting of a section of an eye which contained a tumor.

The scientific session was continued by the report of the Bureau of Gynecology, Mary R. Lakeman, M.D., chairman and Wesley T. Lee, M.D., secretary. The subject for the entire report was "Eugenics." Four important papers were contributed; "Some Practical Eugenic Problems," by Evangeline W. Young, M.D., with discussion opened by George V. N. Dearborn, M.D., and Frank A. Gardner, M.D., one on "Eugenics from the Educational Standpoint," by Mrs. Irving M. Day, with discussion opened by William A. Baldwin, Principal Hyannis Normal School. "The Hereditary Factor in the Problem of Eugenics" by De Witt G. Wilcox, M.D., discussion opened by Marah Pratt Chadwick, M.D., "Oriental Eugenics" by Horace Packard, M.D.

Dr. Lakeman in opening the bureau paid a sympathetic tribute to the late Orren B. Sanders, M.D., who was always foremost in whatever looked toward forwarding the cause of Social Purity.

Dr. Young took up the question of the regulation of venereal diseases and the regulation of prostitution. She said that no system for either as yet introduced into this country has proved very practical. Reporting of cases of venereal diseases is ordered by the boards of health in Vermont, Utah and California and in a number of cities. Massachusetts legally allows it but does not order it and the reporting is rendered null and void by lack of all provision for the enforcing of the care of such cases as are reported. Dr. Young described the system of the regulation of prostitution under the "Health Clinic" regime in San Francisco and

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showed the pass-book of the prostitute showing that she had passed the five day examination and the cards displayed for the benefit of the male patrons in the homes of prostitution and in the private rooms of prostitutes. Dr. Young thinks that the only adequate control would be detention hospitals in which all prostitutes found diseased could be detained until cured.

Mrs. Irving R. Day who has been for 15 years a teacher of sex-hygiene in the schools, told many interesting personal experiences in the course of her discussion of the subject of instructon of the young in sexual matters.

Dr. Wilcox's paper was a thoroughly scientific discussion of the question of heredity in connection with Eugenics and a consideration of some of the laws governing the improvement of the species.

Dr. Packard, recently returned from Japan, gave a glowing appreciation of the Eugenics of Japan which he said had been in force for 12000 years. He gave a detailed account of the way in which marriages are arranged in that country and said that Shintorsin was less a religion than a system by which family life was lifted into a region of high ideals and large effort turned toward keeping the blood of the nation pure, and free from disease. Dr. Packard said that venereal diseases were unknown in Japan previous to the last 50 years and were oue of the results of Japanese contact with western civilization.

The discussions following these papers were participated in by many members of the society and the session as a whole was one of the most memorable and progressive ever held by this society.

At 7 p. m., the annual dinner was held at Hotel Thorndike, about 150 being present. The post-practical exercises were in charge of Toastmaster George H. Earle, M.D. They consisted of Folk songs by F. W. Bancroft,"Fairs" by Caroline G. Wentworth, M. D., and "F. A. C. S." by De Witt G. Wilcox, M.D.

Twentieth Century Medical Club. The regular monthly meeting of the Twentieth Century Medical Club was held at the office of Dr. E. B. Cahill, the Westminster on Wednesday, November 19th, at 8 p. m.

At the scientific session Dr. Bertha Ebb presented a paper on "Pellagra—Its Symptoms and Treatment;" Dr. Helen S. Childs spoke on "The Corset as a Support." Dr. Childs said that while many troubles might be caused by the two early application of a corset, in many cases a well-fitting corset is a support and a benefit to the wearer. She said that the present style of low-busted corset is a good one for it does not bear upon the sensitive mammary gland. The lower part of the corset should be a support from below to the abdominal organ and not a pressure from above upon the pelvic ones. The maternity corset Dr. Childs said was the best support a pregnant woman can have and is far superior to the often carelessly applied bandage. The spinal corset is a good one, having great flexibility. All corsets should be held by 3 lacings as only in this way is it possible to regulate the bearing of each part of the corset. Dr. Margaret Sanford spoke upon "Further Impediment and Marriage." Dr. Sanford took up the present laws in this state regulating marriage and sugegsted some important additions. The health certificates for marriage is of

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American Institute of Homœopathy

Transportation, Chairman, T. E. Costain, M. D., Chicago, Ill. (One Year); G. Harlan Wells, M. D., Philadelphia, Pa. (Two Years).

Press, Chairman, G. Harlan Wells, M. D., Philadelphia (One Year); J. W. Mastin, M. D., Denver, Colo. (Two Years); G. Forrest Martin, M. D., Lowell, Mass. (Three Years).

National Legislation, Chairman, James W. Ward, M. D., San Francisco, Cal., Maurice C. Ashley, M.D., Middletown, N. Y.; John A. Balcom, M. D., Lynn, Mass.; Luther A. Brown, M. D., Portland, Me.; William H. Hodge, M. D., Niagara Falls, N. Y.; Alonzo C. Tenney, M. D., Chicago, Ill.

Trustees of Institute of Drug Proving, Chairman, J. B. Gregg Custis, M. D., Washington, D. C.; B. F. Bailey, M. D., Lincoln, Neb.; W. A. Dewey, M. D., Ann Arbor, Mich.; George Royal, M. D., Des Monies, Iowa; John P. Sutherland, M. D., Boston, Mass.; J. H. McClelland, M. D., Pittsburgh, Pa.; Edwin H. Wolcott, M. D., Rochester, N. Y.

International Bureau of Homœopathy, Chairman, Geo. B. Peck, M. D., Providence, R. I.

Committee on Conference with Eclectic Medical Association, H. E. Beebe, M. D., Sidney, O.; Jno. M. Lee, M. D., Rochester, N. Y.; Henry C. Aldrich, M. D., Minneapolis, Minn.; C. F. Junkermann, M. D., Columbus, Ohio.

Auditing Committee, Chairman, Alfred W. Bailey, M. D., Atlantic City, N. J.; Herbert L. Northrop, M. D., Philadelphia, Pa.; C. E. Walton, M. D., Cincinnati, Ohio; T. T. Church, M. D., Salem, Ohio.

Special Editorial Committee, Chairman, for Preparation of Homœopathic Hand Book, Chairman, Royal S. Copeland, M. D., New York City; Rudolph F. Rabe, M. D., New York City.

Delegates to International Council (Berlin), J. H. McClelland, M. D., Pittsburg, Pa.; James W. Ward, M. D., San Francisco, Cal.; Charles R. Sumner, M.D., Rochester, N. Y.; O. S. Runnells, M.D., Indianapolis, Ind.; H. P. Cole, M. D., New York City; Wm. R. Van Lennep, M. D., Philadelphia, Pa.

Committee on New Members, Chairman, Gilbert Fitz-Patrick, M. D., Chicago, Ill.

Special Committee on Women Members, Chairman, Emily E. Swett, M. D., Medina, N. Y.; Eliza B. Cahill, M. D., Boston, Mass.; Florence Ward, M. D., San Francisco, Cal.; Amanda C. Bray, M. D., Springfield, Mass.; Mary E. Hanks, M. D., Chicago, Ill.; Sarah J. Millsop, M. D., San Diego, Cal.; Elizabeth H. Muncie, M. D., Brooklyn. N. Y.; Clara Gary, M. D., Boston, Mass.;

Interstate Committee, Chairman, Byron E. Miller, M. D., Portland, Ore.; Secretary E. Arthur Carr, M. D., Lincoln, Neb.

Intercollegiate Committee, Chairman, Charles E. Walton, M.D., Cincinnati, Ohio.

Committee on Local Arrangements, Chairman, Thomas Youngman, M. D., Atlantic City, N. J; Leon T. Ashcraft, M. D., Philadelphia, Pa.; T. Franklin Smith, M. D., New York City; J. T. Beckwith, M. D., Atlantic City, N. J.; A. W. Baily, M. D., Atlantic City, N. J.

Committee to Confer with Regents of American College of Surgeons, Chairman, J. C. Wood, M. D., Cleveland, Ohio; DeWitt G. Wilcox, M. D., Boston, Mass.; Herbert D. Schenck, M. D., Brooklyn, N. Y.; Walter Crump, M. D., New York City; C. E. Sawyer, M. D., Marion, Ohio; James W. Ward, M. D., San Francisco, Cal.; C. E. Kahlke, M. D., Chicago, Ill.

Surgical and Gynæcological Society, President, H. R. Chislett, M. D., Chicago; Secretary-Treasurer, Scott Parsons, M. D., St. Louis.

Obstetrical Society, President, Gilbert Fitz-Patrick, M. D., Chicago; First Vice-President, R. G. Rowe, M. D., Denver; Second Vice-President. J. S. Adsit, M. D., Hoopeston, Ill.; Secretary-Treasurer, R. Milton Richards, M. D., Detriot Mich.

National Society of Physical Therapeutics, President, E. B. Hooker, M. D., Hartford, Conn.; Secretary, E. P. Mills, M. D., Ogden, Utah; Treasurer, A. E. Smith, M. D., Freeport, Ill.

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course the most important and a discussion of this led up to the consideration of the reporting and subsequent care of venereal diseases, the sterilization of criminal and feeble-minded and a discussion as to the relative merits of reactionary castration and much general discussion followed the papers.

GRACE E. CROSS, M. D.

PENNSYLVANIA STATE NOTES

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College, Thursday evening, Nov. 13, 1913, at 8:30 p. m. A paper entitled "The Diagnosis of Empyemia" was read by Doctor C. Sigmund Raue, the discussion of which was opened by Doctor William Steele. The report of the committee on "The Medical Siftings" was read by Doctor John C. Wurtz, and proved to be of great interest. The scientific session was followed by a social hour at which time refreshments were served. Keen interest was shown at this meeting by a large number of members present.

The joint committee on Hospital and Dispensary Abuse of the County Medical Society and the Homœopathic County Medical Society held a meeting at Hahnemann College, Tuesday evening, Dec. 16, 1913, at 8:30 o'clock. Following are the speakers who took part in a symposium on the subject of "Hospital and Dispensary Abuse:"

"The Scope of this Discussion and the Result Sought," by Gordon M. Christine, M.D., chairman committee Homœopathic Medical Society; "Curing Hospital and Dispensary Abuse," R. M. Little, D.D., Sec'y Society for Organizing Charity; "Need of Definite Information in Checking Hospital and Dispensary Abuse," Mr. Alexander Fleisher, sec'y Public Charities Association; "Methods of Controlling Hospital and Dispensary Abuse," Joseph D. Farrar, M.D., chairman committee County Medical Society; "Hospital Efficiency," Joseph F. Neff, M.D., director Public Health, Philadelphia; Hospital Management," Mr. Richard Waterman, financial sec'y Children's Hospital, Phila.; "Social Workers' Point of View," Miss Helen Glenn, social service worker, University of Pennsylvania.

A general discussion limited to five minutes for each speaker then took place and proved to be of great interest. The members of the County Medical Society who were the guests of the Homœopathic County Medical Society were given a hearty welcome and the meeting was attended by a large number of members.

THE CLINICO-PATHOLOGIC SOCIETY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College, Saturday evening, Nov. 15, 1913, at 8:30 o'clock. The scientific program consisted of the following: "Stone in Bladder; Presentation of an Unusual Case," W. C. Hunsicker, M. D.; "Aortic Aneurism; Presentation of a Case," C. D. Saul, M.D.; "The Theory of the Aberhalden Test for Pregnancy," N. S. Botts, M.D.

The censors reported favorably the names of Dr. Geo. J. Alex-

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ander, 1831 Chestnut Street, Philadelphia, and Dr. Howard Terry, Jr., Phœnixville, Pa.

THE GERMANTOWN HOMOEOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the "Majestic," Broad and Girard Avenue, on Monday, Nov. 17, 1913, at 9 p. m. A paper on "The Treatment of Diabetes" was read by Dr. Clarence Bartlett and was well presented. The censors reported favorably the name of Dr. Chauncey V. B. Vedder.

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting on Monday evening, Nov. 24, 1913, at 9 p. m., at the office of Dr. J. F. Howland, 729 South 60th Street. A paper on "Tuberculosis of the Eye" was very ably presented.

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE 23D WARD OF PHILADELPHIA held its regular monthly meeting at the office of Dr. J. V. Allen, Frankford, Pa. A paper on "Sulphur" was read, after which a hearty discussion took place. The framing of new By-Laws was a very important feature of the meeting.

THE HOMOEOPATHIC MEDICAL SOCIETY OF DELAWARE COUNTY held its regular monthly meeting at the J. Lewis Crozier Homœopathic Hospital, in the staff-room, on Thursday, Nov. 13, 1913, at 3:30 p. m. Dr. J. R. T. Gray, Jr., gave a very interesting talk and proved to be of great benefit.

THE WOMAN'S HOMOEOPATHIC MEDICAL ASSOCIATION OF PITTSBURG, PA., held its regular monthly meeting at the office of Dr. Ella D. Goff, 10 W. Moody Street, Pittsburg, Pa., N. S., on Thursday, Dec. 4, 1913, at 8 p. m. A paper on "Pediatrics," covering diseases of the eyes, ears and nose, was read by Dr. Lydia B. Pierce, and was very ably presented.

THE MANAGERS OF THE HAHNEMANN ASSOCIATION held a meeting in the chapel of the Hospital on Tuesday, Dec. 9, 1913, at 11:30 a. m. Miss Glenn, head worker in the Social Service Department of the University Hospital, gave a very interesting talk and it was thoroughly enjoyed by all present.

THE BOARD OF MANAGERS OF THE WOMEN'S SOUTHERN HOMOEOPATHIC HOSPITAL held its annual meeting on Thursday, Nov. 13, 1913, at 3 p. m. I. M. Wilbur, D.D., gave a very pleasing address. This being Donation Day, the Hospital was well remembered by many friends of the Institution.

PERSONALS

MR. CHARLES H. TAIT announces the removal of his office to 5302 Lancaster Avenue, Philadelphia, Pa.

OBITUARY

DR. ZACHARIAH TAYLOR MILLER, who for many years was associated with Dr. James H. McClelland on the staff of the Homœopathic Hospital, died at his home, 2015 Carson Street, Pittsburg, Pa., on Friday morning, Nov. 14, at 3 a. m., and less than an hour later Dr. McClelland passed away at his home at Fifth and Wilkins Avenues. Dr. Miller's death was due to rheumatism of the heart. Dr. McClelland's death was the result of overwork and heart trouble. Both men were close friends and companions in their social and professional lives. Dr. Miller, like Dr. McClelland,

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was a distinguished practitioner of Homœopathy in Pennsylvania. He studied medicine in New York Medical College and the Philadelphia Medical College. He held the highest offices in the County Society of Homœopathy, of which he was past president and an honored senior.

Dr. James H. McClelland died at his home, Fifth and Wilkins avenues, November 14, ending a life in unselfish devotion to his fellowmen. As a surgeon his fame was international. He was born in Pittsburg, May 20, 1845, the son of J. H. McClelland, Sr., who emigrated to America from Ireland in 1816, and shortly afterwards settled in Pittsburg. His mother was a daughter of Rev. John W. Black, the first clergyman of the Reformed Presbyterian Church west of the Alleghenies.

Dr. McClelland graduated from the Hahnemann Medical College of Philadelphia in 1867, and at once became identified with the Homœopathic Medical and Surgical Hospital of Pittsburg, of which he was one of the founders. He became chief of the surgical staff and was for 15 years secretary of the executive committee and also for many years chairman of the board.

Dr. McClelland wrote numerous papers which were widely read in America and Europe, many of them treating of improved methods of surgery which had been devised by him and which had a marked effect upon the world's surgery. Several of these papers were prepared in connection with his work as a member of the Surgical Bureau of the American Institute of Homœopathy. He was the organizer of the Anatomical Society of Allegheny County, an active member of the Allegheny County Medical Society, and was for years president of the latter organization. He was also a member and former president of the Homœopathic Medical Society of Pennsylvania.

Dr. McClelland was a member and former president of the Pennsylvania State Board of Health, having been appointed by three successive Governors. He was a former vice president of the Associated Health Authorities of Pennsylvania and a member of the Sanitary Commission of Allegheny County. He was honorary president of the International Homœopathic Congress of Paris in 1900; president of the International Congress, Atlantic City, in 1906; honorable vice president of the British Association; honorable member of the British Homœopathic Society, and a member of the American Health Commission.

Dr. McClelland was president of the American Institute of Homœopathy from 1893 to 1894. He was vice president of the International Congress in London in 1896. It is said in medical circles that the monument erected in honor of Samuel Hahnemann, founder of homœopathy, was largely due to the efforts of Dr. McClelland.

Clinics, Department of Public Charities. Calendar, January, 1913.

Mondays—City Hospital: Opthalmology, Dr. Strouse, 2:00 P. M.; Surgery, Dr. Dawbarn, 2:00 P. M.; Dermatology & Syphilis, Dr. Gottheil, 3:00 P. M. Cumberland Street Hospital: Laryngology & Rhinology, Dr. Stewart, 4:00 P. M. Surgery, Dr. Wamsley, 3:00 P. M.; Surgery Oral, Dr. Shea, 4:30 P. M.

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Tuesdays—Neurological Hospital: Neurology, Dr. Byrne, 9:00 A. M. Randall's Island Hospital, Orthopedics, Dr. Ogilvy, 10:00 A. M.; Ophthalmology, Dr. Mulcahy, 2:30 P. M. Cumberland Street Hospital: Gynecology, Dr. Burnham, 1:00 P. M.; Surgery, Dr. Iler, 3:00 P. M. Kings County Hospital: Genitourinary, Dr. Morton, 2:00 P. M. Coney Island Hospital: Surgery, Drs. Fiske & Bogart, 10:30 A. M.; Surgery, Murphy & Lack, 10:30 A. M.; Medicine, Drs. Hall & Nash, 3:30 P. M.; Medicine, Drs. Hogeman & Byington, 3:30 P. M.

Wednesdays—City Hospital: Surgery, Dr. Dawbarn, 2:00 P. M.; Obstetrics, Dr. Derman, 2:30 P. M. Neurological Hospital: Neurology, Dr. Maloney, 10:00 A. M. Cumberland Street Hospital: Opthalmology & Otology, Dr. Schenck, 4:00 P. M. Kings County Hospital: Orthopedics, Dr. Truslow, 10:00 A. M.; Dermotology, Dr. Winfield, 1:00 P. M.; Gastroentorology, Dr. Lincoln, 2:00 P. M.; Orthopedics, Dr. Napier, 2:00 P. M. Coney Island Hospital: Pediatrics, Drs. Beck & McMillan, 3:00 P. M.; Pediatrics, Drs. Pendleton & Van Wart, 3:00 P. M.

Thursdays—City Hospital: Medicine, Dr. Evans, 9:00 A. M.; Gynecology, Dr. Child, 2:00 P. M. Metropolitan Hospital, 4th.: Dermatology, Dr. Dearborn, 2:30 P. M.; 4th, 11th, 18th, Genitourinary Surgery, Dr. Carleton, 2:30; 11th, Laryngology, Dr. Foster, 2:30 P. M.; 18th, Medicina, Drs. Klots & Seward, 2:30 P. M.; 18th, Obstetrics, Dr. Storer, 2:50 P. M.; 4th, 18th, Ophthalmology & Otology, Dr. Boyle, 2:30 P. M.; 18th, Pediatrics, Dr. Wallin, 2:30; 4th, 11th, 18th, Surgery, Drs. Ostrom & Harrington.

Thursdays—Cumberland Street Hospital: Gynecology, Dr. Burnham, 1:30 P. M. Cumberland Street Hospital: Surgery, Dr. Walmsey, 3:00 P. M. Kings County Hospital: Obstetrics, Dr. Judd, 10.00 A. M. Coney Island Hospital: Gynecology, Drs. McEvitt and Mills, 1:30 P. M.; Gynecology, Drs. Hayne and Rankin, 1:30 P. M.; Rhinology and Larynology, Dr. Tucker, 1:30 P. M.; Surgery, Drs. Fiske and Bogart, 3:00 P. M.; surgery, Drs. Murphy and Lack, 3:00 P. M.

Fridays—City Hospital: Surgery, Dr. Dawbarn, 2:00 P. M.; larynology and otology, Dr. Dougherty, 2:30.; dermatology and syphilis, Dr. Gottheil, 3:00 P. M. Neurological Hospital: Neurology, Dr. Abrahamson, 9:00 A. M. Cumberland Street Hospital: Surgery, Dr. Iler, 3:00 P. M.; surgery oral, Dr. Shea, 4:30 P. M. Kings County Hospital: Pediatrics, Dr. Parish, 3:30 P M.

Saturdays—City Hospital: Genitourinary surgery, Dr. Fuller, 1:00 P. M.; pathology, Dr. Larkin, 2:00 P. M. Kings County Hospital: Pediatrics, Dr. Parrish, 3:30 P. M.

All registered physicians, resident and visiting, and medical students are cordially invited to attend these clinics.

Cards of admission, valid until October 1st, 1914, may be obtained at the Academy of Medicine, 17 West 43 rd. Street, Manhattan, and at the Medical Society of the County of Kings, 1313 Bedford avenue, Brooklyn, as well as from the secretaries of the several Medical Colleges.

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AN INTERESTING EXHIBIT IN MEDICINE AND SURGERY AT THE PANAMA-PACIFIC INTERNATIONAL EXPOSITION. One fact alone would make the exhibit in medicines and surgery at the Panama-Pacific International Exposition the most important of any similar display at any preceding exposition, for when the world comes to San Francisco in 1915 to celebrate the completion of the Panama canal, it will be divided in admiration of the two men who, perhaps, above all others are responsible, under the United States Government, for the successful termination of the gigantic work. And these two men are representatives of highest honor from the science of engineering and the science of medicine: Dr. William C. Gorgas, Colonel in the United States Army Medical Corps, is the physician who undertook to preserve the lives of the canal builders in a land of malignant disease, while the toilers were operating under the guiding genius of the great Colonel George W. Goethals of the Corps of Engineers, United States Army.

Representatives of the science of medicine and surgery from every land under the sun will be present during the exposition, to pay tribute to the doctor and incidentally to study the processes whereby the ravages of a disease ridden zone were stayed and the camp of the canal builders became the abode of health.

The element that alone would lend a distinctive character to the exhibit, is the featured presentation of the methods whereby the deadly mosquito was fought in his native haunts of morass and jungle; the application of specially devised sanitary processes by which Dr. Gorgas and his men were victors in their struggle with deadly fevers, enervating malaria and others of the swarm of maladies that wait for men who penetrate those miasmic lands "where even the birds forget how to sing." A complete demonstration of these methods, as well as the equipment that, under man's uses, achieved success, will be installed for the advantage of the world by the United States Government. It will excite the interest not alone of the medical fraternity, but of all such nations as are interested in the colonization of the tropics.

The Emergency Hospital, another interesting feature of the exhibit in the department of medicine and surgery, scheduled in the exposition catalogue as "Group No. 35," will be a model emergency hospital, provided with its equipment entirely by exhibitors.

The law of averages works at expositions as elsewhere and there will not be, even in 1915 in San Francisco, a suspension of the laws of gravitation, nor an annulment of the re-activities of cause and effect. Where a million people meet, there will be in spite of all precautions to the contrary, cases of sickness, and the foolhardy will be subject to the usual percentage of disaster. Hence the necessity for an emergency Hospital.

This Emergency Hospital will be a model equipped by the leading manufacturers of the country, with the best instruments and appliances and stocked with every drug that physicians know.

Dr. R. N. Woodward, at present in charge of the United States Marine Hospital, situated near the Golden Gate, has been

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appointed by the Treasury Department to assume control of the Emergency Hospital at the exposition and he has taken great pride in assembling all of the elements, materials and equipment necessary for a model institution. How well he has succeeded, and is still succeeding, with the choice of the whole world's supply at his disposal, will be seen by the interested when the exposition is opened.

Although the entire equipment is not yet provided and while changes in what has already been selected may be made if, later proffered equipment is preferred, Dr. Woodward is sure that the Emergency Hospital at the exposition will be as near perfection as human endeavor, working in this most enlightened age, can make it.

Two superb examples of the skill of the manufacturers of auto-ambulances will be installed, an X-ray apparatus will be placed in the X-ray ward of the hospital; sterilizing apparatus, wound dressing appliances will be donated, and one manufacturer is providing even the spreads, with the seal of the exposition woven in the center, for the twenty beds that will be placed at the men's, women's and isolated wards. Tables for minor and capital operations, innumerable electric surgical appliances that human ingenuity has created, a library of medical books, a high-power microscope with photographic apparatus and dark room for the development of negatives; and finally, a cradle for the possible future president or countess who may insist, perhaps prematurely, on visiting the exposition.

It is not contemplated by the exposition's directorate that patients will be kept at the hospital over night, for it is to conform strictly to its classification as a hospital for emergency cases. If, however, the patient's health were to be jeopardized by removal to his home or to another hospital, he will not be removed.

The installation of the Emergency Hospital with the variety of the eqquipment thereof—the beds and stoves and other non-medical material to drugs, ether and operating tables and other essentially surgical or medical materials—might cause a confusion in exhibits were the scheme worked out with less careful consideration of all exhibitors. Wherever the display normally would fall, whether in the department of liberal arts of manufactures and varied industries, there the exhibit will be actually considered. Surgical instruments in use in the Emergency Hospital will be regarded as in the department of medicine and surgery in the palace of liberal arts and will there be subjected to competitive examination with other exhibits, although manufacturers, judging by the applications for privileges of hospital employment of products, are not unaware of the greater advantage accruing to their exhibits when shown under working conditions. In any event, the jury of awards will be careful to consider that advantage and not let it prejudice the displays under glass cases in the palace of liberal arts.

In the meanwhile the student of municipal affairs, the expert in town policing, as well as the doctor, the surgeon and the nurse, will be vastly interested and enlightened by the model Emer-

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gency Hospital at the exposition, where any case will be cared for, from that provided by a female exercising her inalienable right to faint, or that of a child after his first lesson in the immutability of gravity's law, to that of an impulsive infant whose ambition to occupy the pretty cradle will reflect more credit to his taste than his decorum.

ANOTHER HOSPITAL PROVES A SUCCESS. Poughkeepsie dedicates a fifty five bed addition to its tuberculosis institution—A fifty-five bed addition to the Samuel W. Bowne Memorial Hospital for the care and treatment of tuberculosis near this city was dedicated October 29th, with impressive ceremonies. This addition, costing $60,000, was given to the hospital by Mrs. Samuel W. Bowne of New York City. Mrs. Bowne also gave to the city the original hospital, as a memorial to her husband. The institution now represents an expenditure of $130,000 for site, buildings and equipment, all given by Mrs. Bowne, except $20,000 raised by subscription for the site and temporary buildings with which the institution began operations in 1909.

"The growth of the Samuel W. Bowne Memorial Hospital has been steady and stimulating. Starting as a summer camp in June 1909, with temporary structures, it is now a well developed. efficiently managed and effective institution offering to the afflicted of Poughkeepsie and Dutchess County, the best possible care and treatment. But its substantial building with its spacious porches, its well arranged offices, its well equipped laboratories, sunny dining room and cleanly convenient kitchen are, combined, more than an institution for the care and treatment of the sick. They are embodiment of all the force and sincerity of this great public health movement. They established the fact that 'No uncared-for tuberculosis' is not merely an optimistic slogan, but that it can be made the accurate description of a real condition. Furthermore it is a condition that is attainable by every county in New York State."

The whole history of the Samuel W. Bowne Memorial Hospital is an indication of the support which the public is giving to public health measures. The experience of the committee in charge of the summer camp in 1909 led it to plan a permanent institution with larger capacity. $20,000 was raised by private subscription for this purpose and the present site was purchased. The Board of Supervisors of Dutchess County and the Board of Aldermen of the City of Poughkeepsie then entered into an agreement to establish jointly a permanent institution. An appropriation was actually made by the County of Dutchess but was returned to the county when Mrs. Bowne made her first generous gift of $50,000.

Poughkeepsie is an example to other cities of the State in many of its tuberculosis activities. Besides the tuberculosis hospital it has an outdoor school and preventorium for predisposed children, a tuberculosis dispensary and a visiting nurse. Its health officer was the first to proceed under the new law giving health authorities control, through the courts, over dangerous and persistently careless cases of tuberculosis.

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CURRENT EVENTS AND ANNOUNCEMENTS

PERSONALS

FRANK CAULKINS BUNN, M.D., 22 Hillyer Street, Orange, N. J. resumed his practice on January 12th, 1914.

THE BUREAU OF CLINICAL MEDICINE AND PATHOLOGY of the American Institute of Homœopathy wants the names, addresses and subjects of ten contributors for the Atlantic City meeting—not later than February 1st, 1914.

EDWIN LIGHTER NESBIT, Chairman.
G. C. BIRDSALL, Secretary.

NEW YORK NOTES

THE 47TH REGULAR MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS was held December 9, 1913, Dr. Roy Upham, president, in the chair. Notice was given that at the annual meeting an amendment to the Constitution and Bye-Laws would be offered providing for associate members, and to change the meeting night to the fourth Tuesday. It is thought that men who are doing surgical work in special lines who may not have the degree of M.D., dentists who are doing orthodontic operations, and those making a study of biological subjects, may be enough interested in the Society meetings to attend, and to provide for them this plan of associate membership it is thought may be a broadening of the Society's usefulness. Four names were presented for membership: William C. Braynard, M.D., William C. Powell, M.D., Glynn Young, M.D., and Herbert DuCret, M.D., all of Brooklyn.

Dr. Herbert H. Schenck, Consulting Ophthalmologist of the New York State Department of Health, read a paper entitled: "Physical Defects Discovered by an Examination of the School Children of New York State by the State Department of Health." This paper was illustrated by a series of lantern slides explained by Dr. B. F. Shea, D.D.S. Dr. H. M. Imboden, of New York read a paper entitled: "The Roentgen Ray Method of Treatment of Fibroids." This paper was discussed by Dr. John F. Rakken, Dr. W. S. Rink, Dr. R. I. Lloyd, and Dr. W. W. Blackman. Dr. Addisone S. Boyce, of New York, read a paper on "Some Interesting Cases of Extrauterine Pregnancy." This paper was discussed by Dr. Harriet Van Buren Peckham, Dr. Louise H. Turton, Dr. Ranken and Dr. E. Rodney Fiske.

Dr. Fiske, necrologist, presented a report on the death of Dr. William H. McLenathan. Dr. McLenathan was a civil war veteran and was graduated from the New York Homœopathic Medical College in the class of 1878. He settled in Brooklyn and became active in the Eastern District, establishing himself at 101 Division Avenue. He was a member of the State Society and

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joined the Homœopathic Medical Society of the County of Kings in July, 1878.

L. D. Broughton, Secretary.

BOSTON NOTES

Boston Section.—The annual meeting of the Boston Section of the Massachusetts Homœopathic Medical Society was held on the evening of Jan. 8th, 1914, at the Evans Memorial Building, E. Concord Street. The exercises consisted of the various reports, an address by the retiring president, Dr. Stephen H. Blodgett, and a few words of acceptance by Dr. O. R. Chadwell, the incoming president. Following the exercises, a collation was served.

The following officers were elected to serve for the ensuing year: President, Dr. O. R. Chadwell; vice-presidents, Dr. Conrad Smith, Dr. Grace Atkin Jordan; treasurer, Dr. E. W. Smith; Secretary, Dr. Conrad Wesselhoeft; associate secretary, Dr. Harold E. Diehl; auditor, Dr. W. O. Mann; censors, Drs. S. H. Blodgett, E. H. Calderwood and N. H. Houghton.

Homoeopathic Society of Western Massachusetts.—The regular quarterly meeting of the Homœopathic Society of Western Massachusetts was held at the Cooley Hotel at Springfield, Dec. 17th, 1913, at 11 a. m.

James B. Conius, chairman of the Bureau of Gynecology and Obstetrics, presided at the scientific session. The first paper, "Backache," was presented by Dr. E. W. Caper of Monson, and related principally to the various causes of pain in the lumbar and sacral regions. The second was a humorous talk entitled "Some Experiences in Obstetrical Work," by Dr. George F. A. Spencer of Ware. The third paper was a very interesting report by Dr. J. H. Carmichael of his early experiences in the study of Gynecology at the New York clinics of Drs. Thomas and Emmett and its subsequent practice in Western Massachusetts.

Twentieth Century Medical Club.—The regular monthly meeting of the Twentieth Century Medical Club was held on Wednesday, Dec. 17th, 1913, at the office of Dr. Eliza B. Cahill, Hotel Westminster.

At the scientific session, Dr. Roos of the pathological laboratory of Boston University School of Medicine, gave a talk on "Anaphalaxis" which she made as clear as a vague subject can be made at the present time. It deals with immunization and hypersusceptibility to bacterial proteins.

Dr. Alberta Guibord gave an interesting account of the work carried on at Bedford Hills Reformatory, New York State, where she spent some months in observing conditions. This reformatory is for women between 16 and 30 years old and takes them for three years after they have been sentenced by the New York courts for all varieties of crime.

The results of the excellent environment and training at this institution are not wholly satisfactory and it is felt that a deeper insight is necessary into the causes of crime. To this end a physician and a criminologist are employed in the work of investigation of the heredity and previous environment of these girls with

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a view of ultimately solving some of the problems which arise in connection with their treatment. Dr. Guibord is of the opinion that with physicians lie the chief work of working out successfully along these lines for only physicians have the training requisite to the drawing of final conclusions.

CHRISTMAS PARTY AT THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.—The undergraduates of the Boston University School of Medicine, the alumni on the staff of the Massachusetts Homœopathic Hospital and the nurses in the training school entertained 275 mothers and children of the dispensary district in the outpatient department of the hospital on the evening of Dec. 23, 1913.

Each guest was served with ice cream and cake which was provided by the young women students of the medical school. Two large fireplaces were filled with stockings and after the collation had been enjoyed, Santa Claus emerged from one of the chimneys and distributed a pair of stockings, toys and candy to each child from two large trees. Each mother received a package of clothing. This is the third year of the dispensary Christmas festival and each one has been more successful than the last.

PERSONALS

Present indications would show that the net receipts from the bazaar recently held for three days at the Copley Plaza for the benefit of the Boston University School of Medicine, will be about $10,000, which entirely fulfills the expectations of the Alumni Association which had it in charge.

A number of physicians and surgeons of Boston and vicinity attended the recent Clinical Congress of Surgeons in Chicago. Among them were Dr. G. Forrest Martin and Dr. George C. Van Deursen of Cowell, Drs. J. Emmons Briggs, George D. Bliss, Thomas E. Chandler, Charles T. Howard, H. D. Byrd, De Witt G. Wilcox, Alonzo G. Howard of Boston; Dr. Marvin R. Horton of Brookline, and Dr. George E. May of Newton Center.

Dr. Harold O. Hunt has been obliged to resign his lectureship in Materia Medica at Boston University School of Medicine and the course this year will be given by Dr. Conrad Wesselhoft 2nd., assisted by Dr. S. B. Hooker.

Dr. Edgar F. Haines (B. U. S. M., 1906) returned from the Philippine service and was located for a short time at Fort Leavenworth, Kansas, but is just at present incapacitated from an operation recently performed.

Dr. Lawrence A. Clapp (B. U. S. M., 1908) sails in February for Australia where he has received an appointment in Melbourne Hospital.

Dr. Eben C. Gould (B. U. S. M., 1905) has gone to Australia from Tasmania and is now senior interne at Melbourne Homœopathic Hospital.

Dr. Ray C. Harb (B. U. S. M.) having finished his term of service at Melbourne Homœopathic Hospital, has established him-

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self at Ouyen, Victoria, in the northwest territory of Australia, where he is the only homœopathic physician in an area of 25,000 square miles.

Dr. John A. Hayward (B. U. S. M., 1913) has opened an office at Camden, Maine.

Dr. Elizabeth Hirsh (B. U. S. M., 1913) has settled at Somerville, Mass., with an office at 207 Highland Avenue.

Dr. Hollis G. Batchelder of Dedham has opened an office at 520 Beacon St., Boston, where he sees patients by appointment only.

The Emerson Hospital has purchased the Weld Estate at 118 Forest Hill St., Jamaica Plain, where extensive alterations are in progress. Until these are completed, patients are being received at 65 Glen Road, Jamaica Plain.

Dr. Barbara Ring, of the Ring Sanatorium, Arlington Heights, Mass., who has recently returned to her home from the Massachusetts Homœopathic Hospital, sails shortly for Bermuda where she will spend the winter and in the spring she will go to England and the Continent.

Dr. Arthur Hallam Ring and Dr. Barbara Taylor Ring announce that Dr. Wallace M. Knowlton of Brookline, Mass., is now associated with them in the conduct of "The Ring Sanatorium and the Arlington Health Resort," Arlington Heights, Mass.

Dr. Grace E. Cross.

PENNSYLVANIA STATE NOTES

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursday evening, Dec. 11th, 1913, at 8:30 o'clock. The scientific program consisted of the following: "Osteopathic Lesions," by A. G. C. Stetson, D.C., M.D., and "Spinal Therapy from the Chiropractice Standpoint," by John A. Fisher, M.D. A report of the committee on "Medical Sittings" was read by Dudley Saul, M.D., and was a very interesting feature of the meeting. The scientific session was followed by a social hour after which refreshments were served, and all those present expressed themselves as having thoroughly enjoyed the occasion.

The Philadelphia Society for Clinical Research held its regular monthly meeting at the "Majestic," Broad and Girard Ave., on Monday evening, Dec. 22, 1913, at 9 p. m. After all business matters had been transacted the members attended the regular Christmas banquet which was a very delightful affair and was well attended.

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, Dec. 20th, 1913, at 8:30 o'clock. Many interesting papers were presented, among those being "A Further Report on Two Cases of Fracture of the Larynx," by F. W. Smith, M.D.; "The

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Relative Malignancy of Tumors of the Female Genitalia," by J. E. James, M.D.; "Report on a Series of Typhoids Treated with Vaccines," by S. W. Sappington, M.D. Election of officers then took place and keen interest was shown at this meeting by a large number of members present.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE 23D WARD OF PHILADELPHIA held its regular monthly meeting at the office of Dr. A. D. Krewsen, 4613 Paul Street, Frankford, Pa., on Wednesday evening, Dec. 17, 1913. Among many important features of the meeting was a paper on "Parasitic Diseases," which was read and proved to be of great interest.

THE GERMANTOWN HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the "Majestic," Broad and Girard Avenue, on Monday, Dec. 15th, 1913, at 9 p. m. A paper on "A Stereoptical Demonstration of the Necessity for Roentgenagraphy in the Diagnosis of the Cross Pathology of the Abdomen," was read by Mr. Walter S. Baker, after which a hearty discussion took place. The censors reported favorably the names of Drs. M. Wells Benjamin, William S. Ackley and Frank A. Nagle. Nomination of officers then took place. The meeting was an interesting one, and was thoroughly enjoyed by all present.

WEST PHILADELPHIA GENERAL HOMŒOPATHIC HOSPITAL STAFF held a meeting at the hospital on Wednesday, Dec. 31st, 1913, at 3 p. m. Many matters of importance were taken up, and this meeting proved to be an interesting one.

THE WOMEN'S HOMŒOPATHIC MEDICAL ASSOCIATION OF PITTSBURG, PA., held its regular meeting at the office of Dr. Anna D. Saruer, 726 South Avenue, Wilkinsburg, Pa., on Thursday, Jan. 8th, 1914, at 8 p. m. A very interesting paper on "Diseases of the Throat Which Occur During Childhood" was read by Dr. Johnson, and was thoroughly enjoyed by all members present.

THE TRI-COUNTY HOMŒOPATHIC MEDICAL SOCIETY held its Christmas meeting at the office of Dr. T. L. Adams, 1831 Chestnut Street, Philadelphia, Pa., on Tuesday, Dec. 9th, 1913, at 1 o'clock. Dr. Adams read a paper on "Conservative Methods of Treatment of Hemorrhoids," after which several demonstrations of cases were given. Mr. C. R. Palmer, of West Chester, read a paper on "Constipation: Non-Medical Treatment," which was very ably presented. The meeting was brought to a close by an address by Dr. W. B. Stewart, of Philadelphia, the title being "The Phylacogena." The meeting was a very enjoyable one, and a delightful time was had by all members present.

CHILD-SAVING WORK has been begun in Philadelphia under the direction of the Bureau of Medical Education and Licensure of the State of Pennsylvania. It deals with mid-wives.

It is estimated that there are between 600 and 800 mid-wives in this city and an effort is being made to bring every one of them under the control of the State Bureau, to grant a license to those who are fit to practice this most delicate branch of medicine.

The reform is being effected by the enforcement of an act

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which after bitter opposition, was passed by the last legislature. This provides for the better protection of the lives, bodies and health of new-born children and parturient women through the Commonwealth, by regulating the practice of midwifery as performed by midwives in this State. Its enforcement rests with the Bureau of Medical Education and Licensure, and penalties are provided for violation of its provisions.

A considerable number of midwives who have been notified to appear at these examinations and take out State Licenses have failed to do so. A probable reason for this is that they think the certificates they already hold, and which were issued by the city under the old law, are sufficient. These women, however, are all practicing illegally, and unless they get a State certificate under the recent act, they will be prosecuted. These women will all be given further notice, probably by personal visitation by the inspector, before any action is taken against them.

PERSONALS

Mrs. Charles Harlen Colman announces the marriage of her daughter, Mildred Hamilton, to Doctor Edgar Bieber on Thursday, January the first, nineteen hundred and fourteen, New York City. At home after February the first, 518 E. Ferry Street, Buffalo, New York.

Dr. Percy A. Tindall announces the removal of his office to 2102 Chestnut Street, Philadelphia, Pa.

Frank Caulkins Bunn, M.D., 22 Hillyer Street, Orange, N. J., resumed his practice on January 12th, 1914.

Blindness From Inhaling Wood Alcohol Fumes in Commonly Used Fluids.—"Total blindness has been caused by unwittingly drinking as small a quantity of wood alcohol as a teaspoonful. The mere inhaling of the fumes of various commonly used commercial fluids containing wood alcohol may and often does cause blindness and even death," declared Dr. Gerald Grout who lectured on this phase of the exhibit. This the speaker said had been demonstrated only recently by the study of a number of cases brought to the attention of the New York Committee for the Prevention of Blindness under whose auspices last evening's session was held. Dr. Grout added that this poison was becoming an insidious menace to every member of society through its constantly increasing illegal use in such substances as jamaica ginger, paregoric, anisette, white brandy, bay rum, spirits of lavender and varnish.

The most striking case cited by the speaker in proof of this contention was that of Gustav Kenz, whose suit for damages is now on appeal in the courts. This man, a varnisher, aged 23, was made permanently blind as a result of inhaling the fumes of wood alcohol, given off from varnish with which he was coating the inside of a storage vat in a brewery. Kenz, who was ignorant of his peril, worked for several hours in this vat without the protection of proper ventilation. He was accompanied by his brother and

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two other workmen. In less than a week two of his companious had died from inhaling the fumes, a third had been made dangerously ill, while Kenz himself had been made blind for life. Kenz sued for $10,000 damages and was awarded $4,500 in the Supreme Court of Brooklyn. The brewers appealed, however, and the case is still pending. According to the court evidence another man had been blinded and still another killed in this same brewery within the year.

Although "methyl" or wood alcohol, as it is now put on the market, can hardly be distinguished, either by odor or taste, from grain alcohol (which is legitimately used in the preparation of wines and liquors), it is an entirely different produce chemically, the speaker said in conclusion. Only within recent years has this poison become a serious menace to life and sight. Before 1906, wood alcohol was a crude, unrefined product, dark green in color, containing many impurities, with so nauseating an odor that no one was tempted to drink it. But a process is now known by means of which this color, taste and odor are removed. Wood alchohol, when purified in this way, is called "Columbian Spirits" and looks, tastes and smells like "good" (grain) alcohol. It may easily be substituted for it in white whiskey, cordials, brandy, essences, extracts, patent medicines, etc.

It is only recently that the poisonous nature of wood alcohol has been established (following the many cases of death and blindness which have occurred since the production of odorless methyl or wood alcohol), it having been supposed that, in its refined form, wood alcohol might replace the more expensive and highly taxed grain alcohol in the preparation of spirituous liquors.

The adulteration of liquors is now prohibited by law in the State of New York by the Liquor Law and in New York City by the Sanitary Code of the Department of Health. That cases of blindness and death still occur from drinking liquor adulterated with wood alcohol Dr. Grout attributed in part to the smallness of the fine imposed, usually amounting to $50, which is not prohibitive, instead of the $500 which the law allows; and partly to the fact that saloonkeepers seem to be ignorant of the dangerous effects of wood alcohol when taken internally; and also because not all containers of wood alcohol in every form are labeled poison.

Wood alcohol is required to be labeled "Poison" by the State Pharmacy Law of New York, and also by the laws of seven other States, but the New York law does not include wood alcohol under any name or in any mixture, as is the case in two of the other States. The sale of wood alcohol for internal use is prohibited by the Sanitary Code of New York City, which requires that "no person or corporation shall have, sell or offer for sale any food or drink which contains methyl alcohol (commonly known at wood alcohol); or any preparation or mixture of any kind whatsoever containing methyl alcohol intended for internal use by man." Four States prohibit the use of wood alcohol for external application to the human body.

These deadly fumes come from wood alcohol used in various trades—for example, in varnishing furniture, lead pencils and the inside of vats; in dyes for coloring feathers and artificial flowers; in shellac, for stiffening hats; in the manufacture of photo-

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engraving; for making formaldehyde, artificial leather and enamels; and in the celluloid industry.

During 1912, twelve persons were blinded and three were killed by wood alcohol in New York City alone. In a report recently published by the New York State Factory Investigating Commission, 789 cases of wood alcohol poisoning are reported upon, most of these having occurred in this country.

A Distinct Advance in Bacterial Therapy.—Bacterin or vaccine therapy, carried out by the use of killed bacteria, has now been successfully applied to the prevention and treatment of many infectious diseases. Clinical experience has proven beyond question that these products produce a degree of immunity which enables the person treated to resist infection and which is of great value therapeutically. The length of time required before the immune condition is present and the local and general reactions which sometimes follow the first and occasionally subsequent doses are, however, factors calling for improvement.

To remedy the first of these defects, experiments were made with mixtures of serum and killed bacteria, with the idea that by this means immediate passive immunity could be had, as well as a more permanent active immunity, but this procedure resulted in failure, as only a slight degree of passive immunity was secured and no active immunity whatever. Besredka attributed this failure to the excess of serum present in such mixtures, and for the preparation of his "sensitized vaccine" took advantage of the discovery of Ehrlich and Morgenroth that bacteria mixed with a serum containing specific antibodies unite permanently with such antibodies. After maceration in the immune serum for a sufficient time the sensitized bacteria are removed by centrifugalization. The bacteria with their antibodies attached are then washed in the centrifuge with physiological saline solution until all traces of serum are removed. Careful complement fixation and animal tests are employed to make sure that proper sensitization has taken place, and finally the bacteria are made up into standardized suspensions for administration. Since the value of serobacterins depends on thorough sensitization, and the complement fixation test proves the extent to which this has taken place, this test constitutes a vital part of the technic.

Besredka claims that sensitized bacterial vaccines or "serobacterins" possess a great advontage over the bacterial vaccines now in common use, in that their action is far more rapid, and they produce no clinical or opsonic negative phase, and no local or general reactions. His researches have been confirmed by such prominent investigators as Marie, Remlinger, Dopter, Theobald Smith, Metchnikoff, Gordon and others, all of whom found that sensitization of bacteria confers upon them new properties which render them highly effective as vaccines, free from the defects of the ordinary bacterial vaccine and "possessing an action which is certain, inoffensive, rapid and lasting."

A large number of favorable reports have appeared on the value of serobacterins in the preventive and curative treatment of such diseases as cholera, plague, typhoid fever, dysentery, streptococcic and pneumococcic infections, gonorrhea and even tuberculosis and rabies. Sensitized plague vaccine is now official

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in the French Pharmacopœia, sensitized tuberculin in coming into very general use in Germany and other European countries, and sensitized rabies vaccine, on account of the rapidity and greater certainty of its action, has been adopted as the official Pasteur treatment.

The underlying principle explaining the action of serobacterins, according to Besredka, is that the bacteria prepared by sensitization are rapidly devoured by the phagocytes, and this is the cause of the absence of unfavorable reactions following their use. The combining of antibodies and bacteria outside the body disposes of a long-drawn-out preliminary process which, with the bacterial vaccines, must be done by the patient's body cells. In serobacterins, this combination of antibodies with the bacteria being already performed, their action is immediate and free from local and general reactions.

The action of serobacterins may be characterized as follows:

1. *Certain*—Because the bacteria are already prepared for phagocytosis and intra-cellular digestion.

2, *Rapid*—An effective immunifying response follows the first injection in from 24 to 48 hours.

3. *Harmless*—Being saturated with antibodies, the serobacterins do not absorb any of those present in the blood of the patient and consequently cause no opsonic or clinical negative phase. They are free from toxic action.

4. *Permanent*—Animal experiments prove that the immunity secured from the use of serobacterins or sensitized bacterial vaccines is more permanent than that following the use of bacterial vaccines.

The rapid production of active immunity marking the action of serobacterins is invaluable in both the treatment of disease and preventive immunization. In treatment of a patient infected with rapidly multiplying pathogenic bacteria, the prompt immunizing response should overcome the infection before it causes serious damage. In preventive immunization, especially in epidemics, the advantage of securing immediate immunity should make the use of serobacterins almost obligatory.

Sensitization is a delicate and complicated procedure which can be successfully carried out only in especially equipped laboratories by experts of the highest type. The difficulties surrounding the preparation of sensitized vaccines have up to the present time prohibited their general use, and the production of this superior vaccine on a scale that will make its use possible in every-day practice marks an important step in bacterial therapy.

A very complete review of this most interesting subject appears in The Mulford Digest for December, and we suggest that any physician who has not received a copy of the December Digest containing this review should secure one.

The Broome County Board of Supervisors, by a vote of 23 to 5, has decided to take over the Mountain Sanatorium property of the Binghampton City Hospital, taking possession on January 1st, 1914, and will thereafter conduct the institution as a county tuberculosis hospital. This action is the culmination of four year's of agitation for the establishment by the county of a tuberculosis

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hospital and during which time scores of sites have been considered and at least a half dozen voted down.

The property comprises thirty acres of land and is valued at $10,000.00. It was noticeable in the vote on the question that several supervisors who have heretofore voted against the Mountain Sanatorium project, some of whom have even voted against every site suggested, swung into line and voted in favor of an immediate solution of a long standing problem.

THE RECOVERY FROM LA GRIPPE. Since the first appearance upon our shores of that unwelcome infectious disease known as La Grippe, the medical journals have been filled with articles advocating different methods of treating the attack itself and its various complications. But little attention, however, has been paid to the important question of how to best treat the convalescent subject. Among all of the acute infections there is probably none that is as likely to leave the patient quite as thoroughly devitalized and generally prostrated, as does a sharp attack of La Grippe. For some reason the degree of prostration from grippal infection appears to be entirely out of proportion to the severity of the attack itself. This peculiarity renders it advisable and usually necessary to strengthen and support the general vitality of the patient during period of convalescence. Complete rest, nourishing food, planty of fresh air and stimulation according to indications are, of course, distinctly important measures. At the same time tonic and hematinic medication should not be neglected. Probably the most generally accptable and efficient general tonic and hemic reconstituent for such patients is Pepto-Mangan (Gude), a bland, non-irritant and promtly absorbable combination of the organic peptonates of iron and manganese. This efficient blood-builder and reconstructive does not disturb digestion nor induce constipation, and is readily taken by patients of all age.s

USE OF HEROIN SPREADING RAPIDLY AMONG DRUG FIENDS. Laws against the Promiscious Sale of Morphine and Cocaine Leading Those with Drug Habits to take up even more dangerous substances. According to information gathered by the U. S. Department of Agriculture, there has been a sudden and very significant increase in the use by persons with a drug habit of the little known but very dangerous drug called "heroin." The sales of this drug have recently increased greatly, particularly in those States which have rigid laws preventing the indiscriminate sale of morphine and cocaine. Investigation of the subject establishes the fact that many drug victims who formerly used morphine and cocaine and who under the new laws find it difficult to obtain these substances have begun using heroin, the sale of which is not as yet carefully restricted under State laws. The drug is said to be fully as dangerous as morphine and by many is held to be much worse, for the reason that it occasionally kills the victim outright and its habit is far harder to overcome than the use of the other drugs. The Department, pending further action, especially warns all people who are unfamiliar with the drug to avoid all preparations containing the substance and to take it only on the prescription of reputable physicians.

Heroin, the consumption of which by drug takers has recently

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increased so markedly, is a derivative of morphine, the opium alkaloid. It is known in chemical parlance as diacetyl morphine, and it is frequently found as a constituent of a number of proprietary drugs. Its use seems to be especially notable in parts of Pennsylvania. This year the coroner's office in Philadelphia County has held inquests of five sudden deaths from heroin poisoning. In each case the victim was a heroin fiend and was on a heroin debauch and took an overdose. The substance apparently is far more dangerous for drug users than morphine or cocaine. Drug fiends apparently are able to consume relatively large quantities of the other drugs, but any sudden and material increase in the amount of heroin taken is very liable to prove fatal. As indicating the wide sale of this substance, it is known that one druggist in Pennsylvania whose store was located in an undesirable section of his city has been buying heroin tablets in 25,000 lots.

The labels of proprietary and other medicines purchased by laymen should be carefully scrutinized for a statement which is required by the National Food and Drugs Act of the quantity or proportion of heroin, or any derivative or preparation thereof.

The word "heroin" on any label should be regarded as a danger signal, acording to the experts of the Department.

Department of Agriculture Will Use Bacterial Count in Milk Inspection. Information has come to the Department of Agriculture that persons representing certain milk dealers are circulating the statement that the U. S. Department of Agriculture has abandoned all bacteriological examination of milk as a test for its cleanliness and fitness for human consumption.

The Department, therefore, has issued the following statement of its position:

1. All statements that the Department has abandoned, or will abandon the bacteriological examination of milk shipped in interstate commerce as a means of determining its cleanliness and fitness for human consumption are without foundation. While the Department has not fixed any specific bacteriological count as a standard in the enforcement of the Food and Drugs Act, it does use bacteriological examinations in reaching its conclusions, and will continue to use these methods irrespective of what action any Association may take. The Department has never stated that it will not use such methods.

2. The only change in policy in the Department in regard to bacteriological examinations has been to discontinue basing prosecution upon the bacteriological examination of a single sample. It now collects a number of samples at different times and examines them bacteriologically. If the bacteriological examination shows that the milk is not clean, but is not a serious menace to health, and the bacteriological deviation from clean milk is a small one, the Department, through the Bureau of Animal Industry, endeavors to teach the dairyman how to produce clean milk. If he then neglects to take measures to make his milk clean and safe for human consumption the Department, by taking action in the case of milk shipped in interstate commerce, endeavors to force him to bring his milk to a point of safety and food excellence through prosecutions under the Food and Drugs Act.

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AMERICAN INSITUTE OF HOMŒOPATHY

Next Meeting, Atlantic City, N. J., June 1914.

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CURRENT EVENTS AND ANNOUNCEMENTS

NEW YORK NOTES

THE FIFTY-SEVENTH ANNUAL MEETING OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS was held at the Medical Library Building on January 13, 1914, the president, Dr. Roy Upham, in the chair.

The minutes of the previous meeting were approved as read.

Under election of members, Herbert S. Ducret, M.D., Edwin C. Braynard, M.D., and William C. Powell, M.D., were balloted for and elected.

Dr. Ritch said that at the last meeting he had given notice that he would offer an amendment to the by-laws and constitution to provide for associate members, and read the following:

The idea of the amendment proposed is to allow the admission of associate members on the basis now provided in the case of corresponding members, who pay no dues and have no vote. There are a number of men who are following lines of practice and study parallel with some of the main branches of medical practice, viz.: dentists and anaesthetists holding the degree of D. D. S., graduates of universities who are following biological lines as lecturers, who, in other cities are admitted to medical societies in a limited way. In our society one gentleman has expressed a wish to join, whether there would be others only time can tell, but in providing for such a class is it advisable to make the limit broad enough to take in all?

Article V. of the Constitution reads: "The membership of this society shall consist of active, corresponding and senior members, who shall be elected according to regulations prescribed in the by-laws." (The Constitution does not limit membership specifically to graduates in medicine.)

Section VIII, Art. 8 of the By-Laws reads: "Corresponding members may be elected at any meeting, providing they shall have been nominated at a previous meeting and approved by the executive committee. Corresponding members shall enjoy all the privileges of membership except voting and holding office, and shall be exempt from dues and assessments."

The proposed amendments are:

Article V of the Constitution is hereby amended to read: "The membership of this society shall consist of active, corresponding, senior and associate members, etc."

Section VIII of the By-Laws is hereby amended by adding Section 10, to read: "Section 10. Associate members may be elected at any meeting, provided they have been nominated at a previous meeting and approved by the executive committee. Associate members need not be graduates in medicine but must have the degree of D.D.S., or have a university degree, and following lines of study or teaching subjects parallel to medicine. They shall pay dues of one dollar a year, but shall not hold office nor have a vote in the meetings of the society."

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Dr. Ritch said that while he had presented the amendments he was hardly prepared to vote for such a change at this time and would have preferred to allow them to lie over for a time for further consideration, but to bring the matter before the society for discussion he moved their adoption. The motion was seconded.

Dr. Warner said that it was an innovation and he was in doubt as to the advisability of their adoption.

Dr. Pierson asked if there was any society in New York which accepted such members.

Dr. Broughton said that he was informed that in other cities such membership was allowed and that dentists who were practicing oral surgery and anaesthetists were accepted on that basis.

Dr. Fiske moved that the amendments be laid on the table, which was seconded and carried.

Dr. Ritch then brought up the subject of changing the Constitution and By-Laws to defer the meeting night from the second to the fourth Tuesday in the month. Dr. Ritch moved that Article VI of the Constitution be amended to read: "The annual meeting of this society shall be held on the fourth Tuesday in January in each year, etc, and that Article XI, Section 1, of the By-Laws, be amended to read: "Stated meetings shall be held at 8:30 p. m. on the fourth Tuesday of each month except July and August."

The motion was seconded and on vote was adopted.

The secretary presented three bills: Todd, printing, $4.75; treasurer, postage for the year, $7.00; secretary, postage, $2.50, which were on motion ordered paid.

Bureau of Public Health and Institutions, Dr. Alton G. Warner, chairman, then presented one paper: "A Lantern Exhibition of the Mode of Acquirement of the Occupational Diseases," by W. Gilman Thompson, M.D., of New York. Dr. Warner introduced Dr. Thompson as a man who is well known and distinguished for his interest in the social and economic betterment of the working people, and in the improvement of the human side of life.

Dr. Thompson's lecture was an interesting review of the work that has been accomplished in protecting workmen and women who are engaged in occupations that are conducive to disease, particularly dwelling on the occupations where lead, mercury, arsenic, and other poisons are used, and where dust is inhaled, as well as in the occupations under excessive heat, and under atmospheric pressure.

Dr. Warner said that he desired to thank Dr. Thompson for coming so far on such a bitterly cold night and regretted that the attendance had been so small. He moved that a vote of thanks be tendered to Dr. Thompson which was seconded and carried.

The annual election of officers was then held.

The president requested Drs. Iszard and Bedford to act as tellers. The ballots were passed containing the nominations made at the previous meeting and in due time the tellers reported the following results. There were eighteen votes cast. Dr. Pallister declined to run for treasurer and Dr. Fiske declined to run for necrologist.

For president: John F. Ranken, M.D., 17; Robert F. Walmsley, M.D., 1.

For vice-president: Robert F. Walmsley, M.D., 16; W. H. Price, M.D., 2.

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For secretary: L. D. Broughton, M.D., 18.

For treasurer: Alfred Bornmann, M.D., 17; S. W. Pallister, M. D., 1.

For necrologist: A. J. Stewart, M.D., 16; E. Rodney Fiske, M.D., 2.

For censors: Roy Upham, M.D., 17; Orlando S. Ritch, M.D., 17; Alton G. Warner, M.D., 16; W. S. Rink, M.D., 13; H. D. Schenck, M.D., 6; Ralph I. Lloyd, M.D., 6; S. W. Pallister, M. D., 5; Nathaniel Robinson, M.D., 4; W. W. Blackman, M.D., 2; W. H. Aten, M.D., 2.

Dr. Lloyd stated that he would retire in favor of Dr. Schenck, and the president declared that the five highest names for censors were Dr. Upham, Dr. Ritch, Dr. Warner, Dr. Rink and Dr. Schenck.

Dr. Bornman then presented his annual report as treasurer, which showed that the balance on hand last January was $316.95, the receipts during the year were $258. The disbursements during 1913 were $389.25, leaving a balance in the treasury of $185.70. The report also showed that there were 33 members in arrears for dues, the total amount of dues owing to the society being $144. The president appointed as an auditing committee Dr. Fiske and Dr. Schenck, who reported that the books were found correct.

The secretary then read his report which is appended, together with a list of all the members in good standing.

Dr. Upham, the retiring president then read his annual address, which is appended.

The secretary presented a bill from Dr. M. W. Conrow, $35, for the Homœopathic Directory for 1913, which has been mailed to all the members of the society. On motion the bill was ordered to be paid.

Dr. Fiske moved that the annual contribution of this society to the Medical Library, of $75, be appropriated from the funds and that the treasurer be requested to send the check at the earliest opportunity. The motion was seconded by Dr. Schenck and carried.

Dr. Schenck asked regarding the duties of the legislative committee, of which he was chairman, and if it was advisable for the committee to subscribe for the legislature index which gave a list of all bills presented to the legislature. The cost was fifteen dollars a year.

After some discussion it was decided that in view of the present condition of the treasury it would not be practical to subscribe, and the suggestion was made that the other societies might join in the expense. The matter was referred to the executive committee.

The meeting then adjourned, twenty-two members present.

L. D. Broughton, Secretary.

BOSTON NOTES

Boston District Meeting. The regular meeting of the Boston District of the Massachusetts Homœopathic Society was held on the evening of Feb. 15, 1914, at Evans Memorial Building, E. Concord St.

Two very interesting papers were presented at the scientific session, one on "The Blood Picture of Chlorsis," by Helmuth Ulrich, M.D., and one on "A Consideration of the Action of Iron in Chlorosis." Dr. Ulrich's paper was beautifully illustrated

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with slides showing the varying forms of leucocytosis in the different forms of anaemia of which chlorosis is one, paying special attention to the condition shown under the microscope in chlorosis. Dr. Wesselhoeft's paper was a scholarly study of iron as a remedy and its special action in chlorosis. It seems to act in some specific way in chlorosis and Dr. Wesselhoeft's argument would appear to indicate that it acts along the homœopathic law of cure.

The discussion of both papers was opened by Dr. Nelson M. Wood and continued by many members of the society.

Dr. Rowe gave the history of an unusual case of aneurism of the transverse arch of the aorta.

Twentieth Century Medical Club. The regular monthly meeting of the Twentieth Century Medical Club was held on the evening of Jan. 21, 1914, at the office of Dr. E. B. Cahill, Hotel Westminster.

The speaker of the evening was Dr. A. Warren Stearns, administering physician to the Boston Psychopathic Hospital. He gave a very instructive talk on "The Early Diagnosis of Mental Diseases." An interesting discussion followed.

A special treat is promised the club in the matter of a talk on "Japanese Eugenics" by Dr. Horace Packard, who recently, in the course of his world-tour, spent several months in Japan. This talk will take place on the 18th of February.

Pre-Natal Clinic. Something new to Boston in the shape of a Pre-Natal Clinic was recently opened at the Peter Bent Bingham Hospital, Huntington Avenue. This clinic is meant to provide instruction and help to mothers who cannot afford the prenatal supervision so valuable for themselves and for the unborn child. The clinic and the local connection with the community will be provided by the Milk and Baby Hygiene Association. The hospital will furnish the room for the clinic and the District Nursing Association will provide the nursing service. Dr. Arthur B. Emmons, 2nd, is the physician in charge of the clinic. Four patients appeared at the first service.

Dispensary Christmas Tree. The third annual Christmas tree of the Out-Patient department of the Massachusetts Homœopathic Hospital proved even a greater success than its predecessors. Several hundred children received each two filled stockings, a toy and candy from large trees and the two large fireplaces which were festooned with the stockings. Each mother received a package of clothing. Much credit is due to the medical students, nurses and outside friends for the kindheartedness and energy which provided so much happiness for a large number of children and mothers.

Maternity Building. A new maternity building to accommodate the 20 per cent increase in this class of cases during the last year, a new children's ward and the establishment of additional facilities for operations are the prime needs of the Massachusetts Homœopathic Hospital, according to a report made recently at a meeting of the hospital trustees.

President Edward H. Mason stated that there is in contemplation the building of four additional stories on the one-story

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building now occupied by the out-patient department at the corner of Harrison Avenue and Stoughton Street. This would cost $100,000 and a substantial amount toward this sum has been pledged.

The report shows that during the year the deficit of a year ago of $18,281, has been reduced to $9,078. During the year, 22,452 patients were treated, an increase of 1,428 over the previous year. Of this number, 6,508 were in the main hospital and 12,411 in the out-patient department.

The following officers were elected at the annual meeting of the trustees: Honorary president, Charles R. Codman; president, Edward H. Mason; vice-presidents, Dr. Walter Wesselhoeft, Harry S. Grew, Arthur F. Estabrook and Russell S. Codman; secretary, Talbot Aldrich; treasurer, Arthur F. Estabrook.

CHILDREN'S TUBERCULOSIS HOSPITAL. The first hospital department in Boston for the exclusive treatment of children with tuberculosis was opened on Jan 30, 1914, on the grounds of the Consumptives' Hospital in Mattapan. There will be room for 60 patients and 20 are now waiting to be transferred from the main hospital building to the new department.

HEALTH TALKS. The health talks given at the Evans Memorial during the month of January were: Jan. 6., "Home Training of Children," by Dr. Edwin Smith; Jan. 13, "Peculiar Children," by Dr. E. P. Colby; Jan. 20, "Surgery That Saves," by Dr. Winfield Smith; Jan. 27, "What to Eat and Why," by Dr. J. Arnold Rockwell. And in February: Feb. 3, "How to Cook and Why," by Dr. A. W. Rowe; Feb. 10, "Sex Hygiene" (to women), by Dr. Eliza B. Cahill. Those immediately to follow are: Feb. 17, "Sex Hygiene" (to men), by Dr. A. W. Weysse; Feb. 24, "Home Nursing," by Mrs. Alice Flash, superintendent of M. H. H. Training School; March 3, "Public Sources of Disease," by Dr. N. M. Wood.

NOTES

THE MASSACHUSETTS HOMŒOPATHIC SOCIETY has recently received $50,000 as beneficiary under the will of Mrs. Benjamin Leeds of Boston.

DR. I. H. HIESLING (B.U.S.M., 1904) has established practice in Rockford, Minnesota.

DR. DEWITT G. WILCOX, instructor in gynecology in Boston University School of Medicine, recently gave a lecture on sex education before the members of the Boston Y. M. C. A.

DR. EVERETT W. COATES (B.U.S.M., 1912) has succeeded Dr. Conrence R. Clapp (B.U.S.M., 1908) in the latter's practice at Farmington, N. H.

OBITUARY

DR. JAMES P. STEDMAN died at his home in Brockton, Mass., December 24, 1913. He graduated at Boston University School of Medicine in 1882 and had practiced in Brockton since 1892.

DR. GEORGE F. FORBES died on January 3, 1914 at his home in Worcester, Mass. He was a member of the first class which graduated from B. U. S. M., in 1874.

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DR. ELLA GERTRUDE SMITH died at her home at Kearsarge, N. H., on December 2, 1913. She graduated from B. U. S. M. in 1884, and began practice in South Boston. She later retired from practice and took up the teaching of the Lloyd System in the Boston Public Schools.

DR. GEORGE BASSETT SAWTELLE died suddenly at his home at Walden, Mass., November 14, 1913. He was a graduate of Hahnemann Medical College of Philadelphia.

DR. GRACE E. CROSS.

PENNSYLVANIA STATE NOTES

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College, Thursday evening, Jan. 8, 1914, at 8:30 o'clock. The scientific program consisted of the following: "Cinemetograph Illustrations of Nervous and Mental Diseases," by T. H. Wrisenberg, M. D.; Report of the Committee on "Medical Siftings," by G. M. Christine, M.D. The scientific session was followed by a social hour which was thoroughly enjoyed by all members present.

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting at Hahnemann College, Monday evening, Jan. 26, 1914. Papers were read by Dr. Muhley and Dr. Steinhilber, and were very ably presented. The meeting was an interesting one, there being a full attendance of members.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE 23RD WARD OF PHILADELPHIA held its regular monthly meeting at the Pen and Pencil Club, 1026 Walnut Street, with President F. Emery, M.D., in the chair, the members being the guests of Dr. Ralph Bernstein. Dr. Bernstein gave a clinical lecture on "Skin Diseases, Their Recognition and Treatment," which proved to be a very interesting feature of the occasion. The members and guests which numbered about twenty-five were royally entertained, and the affair was a delightful one.

THE CLINICO-PATHOLOGIC SOCIETY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College, Saturday evening, Jan. 17, 1914, at 9 o'clock. The following interesting cases were presented: "Eye Cases," by Dr. Nagle; "Primary Spleno-Megaly of the Gaucher Type," by Dr. Sappington; "Laryngeal Cases," by Dr. F. W. Smith. Dr. W. R. Williams gave a very eloquent talk on "The Significance of Cardiac Irregularity," after which the election of officers took place. There was a full attendance of members and keen interest was shown at this meeting.

THE SOCIETY OF SURGERY, GYNECOLOGY AND OBSTETRICS held its regular meeting at Hahnemann College, Wednesday evening, Jan. 28, 1914. The scientific program was as follows: "Technical Factors in the Surgery of Goitre," by Desiderio Roman, M.D.; "The Importance of the Maternity Patient Engaging Her Medical Attendant Early," by Warren C. Mercer, M.D.; "The Importance of Gonorrhea in the Glands of the Skeen," by Augustus Korndoerfer, M.D. The meeting was well attended and thoroughly enjoyed by a large number of members present.

THE GERMANTOWN HOMŒOPATHIC MEDICAL SOCIETY held its

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AMERICAN INSTITUTE OF HOMŒOPATHY

Next Meeting, Atlantic City, N. J., June 28 to July 4 1914.

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American Institute of Homœopathy

Transportation, Chairman, T. E. Costain, M. D., Chicago, Ill. (One Year); G. Harlan Wells, M. D., Philadelphia, Pa. (Two Years).

Press, Chairman, G. Harlan Wells, M. D., Philadelphia (One Year); J. W. Mastin, M. D., Denver, Colo. (Two Years); G. Forrest Martin, M. D., Lowell, Mass. (Three Years).

National Legislation, Chairman, James W. Ward, M. D., San Francisco, Cal., Maurice C. Ashley, M.D., Middletown, N. Y.; John A. Balcom, M. D., Lynn, Mass.; Luther A. Brown, M. D., Portland, Me.; William H. Hodge, M. D., Niagara Falls, N. Y.; Alonzo C. Tenney, M. D., Chicago, Ill.

Trustees of Institute of Drug Proving, Chairman, J. B. Gregg Custis, M. D., Washington, D. C.; B. F. Bailey, M. D., Lincoln, Neb.; W. A. Dewey, M. D., Ann Arbor, Mich.; George Royal, M. D., Des Monies, Iowa; John P. Sutherland, M. D., Boston, Mass.; J. H. McClelland, M. D., Pittsburgh, Pa.; Edwin H. Wolcott, M. D., Rochester, N. Y.

International Bureau of Homœopathy, Chairman, Geo. B. Peck, M. D., Providence, R. I.

Committee on Conference with Eclectic Medical Association, H. E. Beebe, M. D., Sidney, O.; Jno. M. Lee, M. D., Rochester, N. Y.; Henry C. Aldrich, M. D., Minneapolis, Minn.; C. F. Junkermann, M. D., Columbus, Ohio.

Auditing Committee, Chairman, Alfred W. Bailey, M. D., Atlantic City, N. J.; Herbert L. Northrop, M. D., Philadelphia, Pa.; C. E. Walton, M. D., Cincinnati, Ohio; T. T. Church, M. D., Salem, Ohio.

Special Editorial Committee, Chairman, for Preparation of Homœopathic Hand Book, Chairman, Royal S. Copeland, M. D., New York City; Rudolph F. Rabe, M. D., New York City.

Delegates to International Council (Berlin), W. D. Foster, M.D., Kansas City, Mo.; James W. Ward, M.D., San Francisco, Cal.; Charles R. Sumner, M.D., Rochester, N. Y.; O. S. Runnells, M.D., Indianapolis, Ind.; H. P. Çole, M. D., New York City; Wm. R. Van Lennep, M. D., Philadelphia, Pa.

Committee on New Members, Chairman, Ralph Bernstein, M.D., Philadelphia, Pa.

Special Committee on Women Members, Chairman, Emily E. Swett, M. D., Medina, N. Y.; Eliza B. Cahill, M. D., Boston, Mass.; Florence Ward, M. D., San Francisco, Cal.; Amanda C. Bray, M. D., Springfield, Mass.; Mary E. Hanks, M. D., Chicago, Ill.; Sarah J. Millsop, M. D., San Diego, Cal.; Elizabeth H. Muncie, M. D., Brooklyn, N. Y.; Clara Gary, M. D., Boston, Mass.;

Interstate Committee, Chairman, Byron E. Miller, M. D., Portland, Ore.; Secretary E. Arthur Carr, M. D., Lincoln, Neb.

Intercollegiate Committee, Chairman, Charles E. Walton, M.D., Cincinnati, Ohio.

Committee on Local Arrangements, Chairman, Thomas Youngman, M. D., Atlantic City, N. J; Leon T. Ashcraft, M. D., Philadelphia, Pa.; T. Franklin Smith, M. D., New York City; J. T. Beckwith, M. D., Atlantic City, N. J.; A. W. Baily, M. D., Atlantic City, N. J.

Committee to Confer with Regents of American College of Surgeons, Chairman, J. C. Wood, M. D., Cleveland, Ohio; DeWitt G. Wilcox, M. D., Boston, Mass.; Herbert D. Schenck, M. D., Brooklyn, N. Y.; Walter Crump, M. D., New York City; C. E. Sawyer, M. D., Marion, Ohio; James W. Ward, M. D., San Francisco, Cal.; C. E. Kahlke, M. D., Chicago, Ill.

Surgical and Gynæcological Society, President, H. R. Chislett, M. D., Chicago; Secretary-Treasurer, Scott Parsons, M. D., St. Louis.

Obstetrical Society, President, Gilbert Fitz-Patrick, M. D., Chicago; First Vice-President, R. G. Rowe, M. D., Denver; Second Vice-President, J. S. Adsit, M. D., Hoopeston, Ill.; Secretary-Treasurer, R. Milton Richards, M. D., Detriot Mich.

National Society of Physical Therapeutics, President, E. B. Hooker, M. D., Hartford, Conn.; Secretary, E. P. Mills, M. D., Ogden, Utah; Treasurer, A. E. Smith, M. D., Freeport, Ill.

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s'Gravenhage (The Hague-le Haye)—
Arts A. Boorma, Anna Paulownastraat 75.
Dr. N. J. Voorhoeve, Celebesstraat 93.
Harlem—
Arts H. Groenendyk, Wagenweg 16.
Hague—Dr. N. A. J. Voorhoeve, Celebesstraat 93.
Rotterdam—
Dr. J. Tuinzing, Haringvliet 26.
Arts H. van Royen, Stationsweg 19.
Dr. E. C. Tuinzing, Haringvliet 26.
Utrecht—
Arts J. T. A. B. van Royen, Homœopathic hospital at Oudenryn.
Almen—
Arts P. L. van der Harst, director of the future homœopathic hospital to be open by the end of 1914.

The term "Arts" is fully qualified to practice medicine, but has not the rank of "Dr."

*The above particulars have been sent by the kindness of Dr. Tuinzing. Practically all the above speak French and German besides their own language.

It is interesting to note that besides the fine hospital opened at Utrecht this March, there is another hospital building, which speaks of a greater work for homœopathy in Holland.

The list is of great importance to all our traveling patrons and our colleagues should see that their patrons are armed with some concise infortation as to the whereabouts of the above.

International Homœopathic Council,
Per Dr. E. P. Hoyle.

84 Holland Park, London W.

DEAR NORTH AMERICAN

You will be delighted I know to read the enclosed letter just received this day from Dr. Franklin H. Martin, Secretary of the American College of Surgeons. This to me is one of the biggest triumphs which homœopathy has ever obtained, in that it places the American Institute on a par with the A. M. A. by a body of old school men.

We never should have secured it had we not taken a dignified but stiff position in our demands for equality. It has been rather a bitter pill for them to swallow, notwithstanding the fact that they were, I think, exceedingly anxious to do the fair thing by us. There has been a certain wing in their party which has been favorable toward this recognition from the start, but there has also been another wing which has quite actively opposed it, so that in granting the request by unanimous action there has been some missionary work done. This means, of course, we shall have our pro rata representatives on the Board of Regents.

I assume you will want your readers to get the benefit of this news.

DEWITT G. WILCOX

Dr. DeWitt G Wilcox
419 Boylston St.
Boston, Mass.

My Dear Doctor:—

I take pleasure in informing you that the Board of Regents of the American College of Surgeons at its last meeting in New York unanimously recommended that the American Institute of

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Homœopathy be placed on the same basis as the American Medical Association, Clinical Congress of Surgeons of North America, and other associate societies. By referring to our directory or the circular I sent you recently, you can ascertain definitely what that relation will be. I am quite sure that with the unanimous recommendation of the Board of Regents there will be no difficulty in making the change in the constitution which will be necessary to bring this matter about.

I am writing this same information to Dr. James C. Wood.

With kind regards, I am

(Signed) FRANKLIN H. MARTIN
General Secretary

A GOVENOR WHO CONGRATULATES ALL MOTHERS. In the June Woman's Home Companion appears a further report of the progress of the "Better Babies" movement which that publication is promoting throughout the United States. Following is an extract:

"The Indiana State Board of Health is conducting a fine baby-saving campaign from its headquarters in Indianapolis.

"Dr. J. N. Hurty, the secretary, is not satisfied to distribute leaflets and bulletins to mothers but he sends with each a personal letter.

"Governor Ralston is so interested in the campaign for securing a complete registration of babies born in Indiana and extending educational help to parents that he sends to the mother of each baby whose birth is reported by the attending physician or nurse this personal message:

" 'My Dear Madam:

" 'I learn from the records of the State Board of Health that a baby has come to bless your life, and I write to offer my congratulations.

" 'The state is deeply interested in all its mothers and their children, for they constitute the very foundations of the state; and for this reason there is a law requiring doctors to report for legal record all births they attend within thirty-six hours after they occur. The birth of your baby has been made of legal record in the State House at Indianapolis, and this is of great importance to the child and to you.

" 'I sincerely hope that you and all the children which God may give to you, will always have good health and enjoy useful and happy lives.' "

A GOVERNOR WHO CONGRATULATES ALL MOTHERS. In the June fourth annual meeting of the Connecticut Homœopathic Medical Society was held at the Hartford Club, Hartford, on Tuesday, May 19th. About forty members were present during the session.

In the absence of the President, the society was called to order by the vice-president, Dr. Frederick E. Wilcox of Willimantic, at 11 A. M. Drs. Hooker and Colgrove were appointed to audit the Treasurer's report. The minutes of the semi-annual meeting were approved as printed. The Treasurer's accounts having been duly audited, his report was read, showing a balance on hand of $170.08. Report was accepted and placed on file. The Secretary made a verbal report showing work done during past year.

A letter was read from the president, Dr. Royal E. S. Hayes, telling of his inability to attend the meeting on account of illness and expressing his regret, and his hope that the meeting would be

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a profitable and successful one. The society instructed the Secretary to write to Dr. Hayes and tender its sympathy and hope for an early restoration to health.

Dr. Grace Stevens was welcomed as a representativee of the Massachusetts Hom. Med. Society, and the privileges of the society extended to her.

The By-laws were suspended, and the Secretary was instructed to cast the ballot for Dr. B. S. Adams of New Haven, to succeed himself as Censor for the ensuing five year.

Drs. Hooker, Hall and Case were appointed as temporary Censors.

Dr. Augustus Angell of Hartford, was unanimously elected to fill the vacancy on the Legislative Committee caused by the death of Dr. C. E. Sanford, of Bridgeport.

The Board of Censors made a ravorable report on application for membership from Dr. Payton F. Anderson, of Waterbury, N. Y. Hom. Med. College and Flower Hospital, 1913, and Dr. J. Bruce Crook, of Lyme, N. Y. Hom. Med. College, and Flower Hospital, 1913, and they were elected to membership.

Drs. A. J. Phillips of Derby and Clarence N. Payne of Bridgeport were appointed a committee to draft suitable memorial resolutions relative to our late associate, Dr. C. E. Sanford of Bridgeport.

The following officers were unanimously elected for the ensuing year: Pres., Dr. Frederick E. Wilcox, Willimantic; Vice-pres., George E. Evans, of Branford; Treasurer, Dr. Henry P. Sage, 48 Howe St., New Haven; Secretary, Dr. Samuel Worcester, "Woodscourt," South Norwalk.

The Committee appointed at the semi-annual meeting to prepare a memorial to the American Institute of Homœopathy in regard to establishing an American College of Homœopathic Surgeons and also in relation to an impartial rating of Homœopathic Medical Colleges, made a report which was accepted. This report has appeared in print and has been forwarded to the proper authorities of the Institution.

Dr. E. C. M. Hall, Secretary of the States Board of Medical Examiners made a detailed report of work done during the past year, and of licences granted.

Dr. Edward B. Hooker, and Charles H. Colgrove made an earnest appeal for increased membership of the American Institute.

Dr. Frank H. Barnes of Stamford tendered his resignation as member of the society, and the same was accepted.

Voted to hold the semi-annual meeting in Waterbury of the third Tuesday in October, 1914.

The following papers were read: (1) The relation of homœopathy to modern medicine, Stuart Close, M. D., Brooklyn, N. Y. (2) How to get the patient to confess his remedy, Richard Blackmore, M. D., Farmington. (3) The comparative value of symptoms, Hugh A. Cameron, M. D., Waterbury. (4) The repertory; methods of use; illustrations, Erastus E. Case, M. D., Hartford. (5) Resume of work on cancer serum to date, Howard W. Nowell, M. D., Boston. (6) Resume of cases treated with Cancer serum, M. J. Adams, M. D., New Haven.

All of these papers were of merit and listened to with much interest. The discussions that followed were participated in by many members of the society and great interest shown. A rising

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vote of thanks was tendered to Drs. Close and Newell for their valuable papers.

The society adjourned at 4:30 P. M. after a most profitable and interesting meeting.

SAMUEL WORCESTER, M.D., Secretary.

58,816 MANFACTURETS TO BE NOTIFIED THAT GUARINTIES AND SERIAL NUMBERS ARE AT AN END MAY 1, 1915. The Department of Agriculture is sending individual official notices to over 58,000 manufacturers that on May 1, 1915, their guaranties filed under the food and drugs regulations will be stricken from the files and that thereafter the serial numbers assigned to such guarantees must not be used on the label or package of any food or drug. This action is in accordance with the regulations adopted on May 5, 1914, by the Secretaries of the Treasury, Agriculture and Commerce, which abolishes the use of the guaranty legend and serial number on foods and drugs. The ground for this action was that the legend "Guaranteed by (name of guarantor) under the Food and Drugs Act, June 30, 1906" was understood by many consumers to mean that the Federal Government had passed upon and certified the excellence of the article so labeled, whereas the legend and serial number were merely a guarantee on the part of the manufacturer to his dealer that the manufacturer would assume full legal responsibility for his goods.

In the meantime from the records it appears that 58,816 manufacturers have filed guaranties and obtained serial numbers, the last number issued being 58,816.

The notice advises manufacturers that after May 1, 1915, guaranties should not appear on the label or package but should be incorporated in or attached to the bill of sale, invoice, bill of lading, or other schedule giving the names and quantities of the articles. The guaranty may be printed or stamped on the invoice, and if it is signed in accordance with the new regulations and refers specifically to goods listed in the invoice or document it covers, it need not contain a detailed description or schedule of the articles.

Manufacturers who are asking permission to file guaranties and obtain serial numbers are being advised that they should attach their guaranty to their invoice and not seek to use the legend or serial number on their labels, as the guaranty and serial number will be withdrawn within a year.

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CURRENT EVENTS AND ANNOUNCEMENTS

PERSONALS

Dr. Homer I. Ostrom, 130 West 57th Street, New York, has changed his location to Waquoit, Massachusetts.

Dr. E. P. Swift, 170 West 88th Street, New York, wishes to announce that during his absence from the city, from June 5th to October 5th, 1914, his practice will be in charge of Dr. P. C. Thomas, of 44 West 77th Street. Telephone Schuyler 7712. Dr. Swift's address will be Lake Mohonk, N. Y.

Dr. John E. Wilson, Sydenham Building, 616 Madison Ave., cor. 58th St., New York, announces the following arrangements for the summer of 1914: Dr. Wilson will be absent from his office on June 15th and 16th, and will leave the city for Europe on July 1st, resuming regular office hours on September 18th.

Edward G. Tuttle, M. D., 61 West 51st Street, New York, summer address will be Lake Mahopac, N. Y. Dr. Tuttle desires to make the following announcement: During July he will be in his office only on Mondays, Wednesdays and Fridays. On other days during July, during all of August and until September 21st, he may be reached by telephoning to Mahopac, N. Y., 79-R. From August 1st to September 21st patients are referred to Dr. Leon S. Loizeaux, No. 117 East 71st Street. Telephone Lenox 4810.

Dr. Joseph H. Fobes, of the Raymore, 1 West 68th Street, New York City, Assistant Professor of Surgery at the N. Y. H. M. C. & F. H., has been elected a Fellow of the American College of Surgeons and will attend the convocation on June 22 at Philadelphia, where he will receive the degree of F. A. C. S. From June 28 until July 4 he may be reached at the sessions of the American Institute of Homœopathy at Atlantic City. Thereafter until September 10, patients will be received at the usual hours, 11 a. m. to 1 p. m., on Tuesdays and Thursdays, or by special appointment. Summer address: Brighton Avenue near Ocean Avenue, Spring Lake Beach, N. J., P. O. Box 43. Telephones: Columbus 4438, Spring Lake 373. Surgery and Gynecology exclusively.

Diskettes and Blankettes are two new vehicles for the administration of homœopathic medicines announced by Messrs. Boericke & Tafel. Diskettes are poros one grain cane sugar tablets and Blankettes are two grain tablets of cane sugar and sugar of milk. Physicians will find these a welcome addition to their armamentarium.

Martin H. Smith Co., 105 Chambers Street, New York, Pharmaceutical Chemists, advise New York physicians of the importance of making immediate application to the Secretary State Board of Health, Albany, N. Y., for a supply of official order blanks for the purpose of providing themselves with heroin, morphine, codeine, etc, etc., after July 1. Re—"Chap. 363, An Act to amend the public health law, in relation to the sale of habit-forming drugs."

BOSTON NOTES

Massachusetts Surgical and Gynecological Society. The 82nd session of the Massachusetts Surgical and Gynecological Society was held on Wednesday, June 10th, at 4 p. m., at the Y. W. C. A. building, Lowell, Mass. This change of meeting place was

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a matter of experiment and considering the extreme heat of the day a fair number was in attendance.

The business meeting was in charge of Dr. Herbert D. Boyd, president of the society. This was followed by the report of the Bureau of Surgery, G. Forrest Martin, M. D., chairman. The papers were all of somewhat unusual interest and were as follows: 1. "The Treatment of 500 Cases of Uterine Fibroids," by George R. Southwick, M. D., Boston; 2. "Surgical Treatment of Certain Brain Lesions," by De Witt G. Wilcox, M. D., president of the American Institute of Homœopathy, Boston; 3. "The Doctor and Citizenship; A Study in Preventive Medicine," by H. A. Whitmarsh, M. D., Providence, R. I. ; 4. "Practical Points in the Technique of Cæsarian Section," by Thomas E. Chandler, M. D., Boston.

Dr. Southwick's conclusion after experience in an unusual series of cases is that it is unsafe to allow any case of fibroid of the uterus to go without operation, except it can be under constant care with examination at frequent intervals by a skilled observer.

Dr. Wilcox divided brain injuries into three groups, those suffering from concussion, compression or contusion of the brain; but he thinks that the symptoms of these often overlap and cannot be effectively divided by such hard and fast lines as some of the text books would indicate. On account of this overlapping of symptoms, operation is sometimes deferred until too late and all such cases should be closely watched.

Dr. Whitmarsh gave a fearless arraignment of the social evil and offered helpful opinions and suggestions. He said the institution of prostitution is not a necessity as has been too frequently held in the past, and is the result not only of primal passion in man but of the corporate greed of vested interests. Dr. Whitmarsh considered licensing, segregation, medical inspection, the reporting of cases of venereal disease to boards of health, and the instruction of the young in matters of sex.

Dr. Chandler prefaced his recital of the technique of Cæsarian section by a statement of the conditions which in his opinion sometimes demand this operation. These are toxemia, high forceps cases, placenta prævia and version.

Among those who took part in the discussion were Drs. Gardner, Wilcox and Sutherland.

At 6:15 a fine dinner was served in the gymnasium of the building which was accompanied by music from a five-piece ladies orchestra. At the conclusion of the dinner a toast was drunk to Dr. G. Forrest Martin, who sails within a few days for Europe, and a vote of thanks was tendered to the Lowell members of the society who had made this first meeting outside of Boston so complete a success. A special car took the members to their train and they arrived in Boston about 8 p. m., after a most profitable and pleasant experience.

Woman's Medical Club Reception. A charming occasion was the annual reception of the Twentieth Century Club (Woman's) which was held on the evening of May 20th at Hotel Charlesgate. About thirty members and guests were present.

A fine entertainment program was provided by Dr. Mary E. Mosher. It consisted of songs by Miss Anna Hatch, soprano, Miss Isabel Stevens, contralto, duets by Misses Hatch and Stevens, recitations by Miss Gladys Cripps and exhibition dancing by Mr. Earl

Schroeder and Miss Alice Fessenden who had won the cup contest for dancing at the Boston Theatre the previous evening. Mrs. Schroeder was accompanist. Later in the evening Dr. Mosher upon urgent request added much to the gaiety of the occasion by the recitation of several original humorous skits.

Following the entertainment, refreshments were served and a social time was enjoyed. The guest of honor for the evening was Dr. Florence Duckering, surgeon at the New England Hospital.

At the business meeting which preceded the reception the following officers were elected for the coming year: President, Dr. Barbara T. Ring; vice-president, Dr. Grace A. Jordan; secretary, Dr. Grace E. Cross; treasurer, Dr. Marian Coon; auditor, Dr. Eliza B. Cahill; censors, Drs. Mary E. Mosher, Lucy Barney Hall and Helen S. Childs.

"B. U. Pop." More than 1,000 students from all departments of Boston University attended the B. U. Pops at Symphony Hall on the evening of May 12th. Red and white banners, mingled with long streamers and showers of confetti from the balconies, heightened the brilliant scene. Professor John P. Marshall arranged the musical program and sixty-five symphony players furnished the instrumental music. The Glee Club led the singing of many B. U. songs and popular airs. The singing of the University song, "Clarissima," by 1,000 voices was a most impressive feature.

The fraternities and sororities clustered about their respective tables and entered with great enthusiasm into all the cheering. Soft drinks were served as well as sandwiches and ice cream. The balcony seats were well filled. The first University night at the "Pops" was held to be in every sense a success.

Commencement Week. The events of commencement week at B. U. which were of special interest to the Medical School were May 12, the B. U. night at the "Pops;" May 22, President and Mrs. Murlin's reception in honor of the trustees and faculties, and their wives, at Hotel Vendome; May 31, Baccalaureate service for the graduating classes of all departments, New Old Smith Church, with address by President Murlin; June 1, School of Medicine Faculty reception to the graduating class; June 2, School of Medicine Alumni Association (Gamma Chapter) dinner at Young's Hotel; June 3, Commencement exercises at Tremont Temple at 10:30 a. m., with address by LeBaron R. Briggs, L. L. D., of Harvard College.

Faculty Reception. The principal social event of commencement week for the seniors of the School of Medicine is the Faculty reception, which was held this year in the medical school buildings, E. Concord Street, on the evening of June 1st. The night was propitious and the swaying lanterns arranged in pleasing designs about the campus lent a festive air to the occasion.

The literary exercises were held in the Evans Memorial building. They consisted of "Class History and Prophecy," by Louis Riley Daniels; "Class Valedictory," by Helen Burton Todd, and "Address for the Faculty," by Dr. David W. Wells. These numbers were interspersed by musical selections by Muscato's orchestra.

Following the literary program, the seniors and their guests adjourned to the laboratory building by way of the college yard. Here a reception of the faculty was held, a collation was served and dancing was enjoyed.

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The graduates of this year's class numbered 21, of whom 4 were women.

NOTES.—Dr. John R. Noyes, B.U.S.M., 1904, who is a specialist in diseases of the eye, ear, nose and throat, has recently been elected president of the Brockton, Mass., Medical College.

Dr. James D. Christie, B.U.S.M., 1908, has been appointed school and town physician of Littleton Common, Mass.; he is also a member of the local Board of Health.

Dr. Hervey B. Pitcher, B.U.S.M., 1908, of Leominster, Mass., is a member of the Board of Health of that town.

Dr. H. E. Whittaker, who has been interne at the Massachusetts Homœopathic Hospital, has recently taken up private practice at Gloucester, Mass.

Dr. Ida Badanes, B.U.S.M., 1897, has located at 225 Broadway, New York City.

GRACE E. CROSS, M. D.

KING'S COUNTY HOMŒOPATHIC MEDICAL SOCIETY

May 26, 1914.

THE 475TH REGULAR MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS was held on the above date, the president, Dr. John F. Rankin, in the chair. The reading of the minutes of the previous meeting were, on motion, dispensed with.

Three propositions for membership were presented:

W. Fawcett Shaw, M.D., 775 Washington Avenue, Brooklyn, proposed by Dr. L. D. Broughton and seconded by Dr. John F. Rankin.

Albert Comstock, M.D., 415 East 18th Street, Brooklyn, proposed by Dr. L. D. Broughton, seconded by Dr. John F. Rankin.

Marcus F. Searle, M.D., 52 Seventh Avenue, Brooklyn, proposed by Dr. E. Rodney Fiske, seconded by Dr. W. C. Durrin.

These propositions were referred to the executive committee.

The president called the attention of the members to the meeting of the Association of Physicians of Long Island which would be held at Blue Point on June 6.

The president stated that this evening we welcomed the brother physicians of the Homœopathic Medical Society of the County of New York, who furnished the papers, and expressed pleasure that the attendance should be so good on such a hot night. Dr. Ranken then asked Dr. Walter G. Crump, president of the New York Society, to take the chair.

Dr. Crump accepted the chair with a few words of reference to the difficulty New Yorkers experience in getting around Brooklyn, and their usual pleasure to get back safely, and then introduced the chairmen of the bureaus of the evening.

Under the Bureau of Materia Medica and Therapeutics, Dr. J. Wilford Allen, chairman, Dr. C. H. Duncan, of New York, read a paper entitled: "The Unmodified Antitoxins; A New Method for the Prevention and Cure of Disease."

Dr. Duncan's paper was on the line of the Nosode treatment in which the acting power was to be modified and increased by the intermediate host. The plan suggested by Dr. Duncan was that the elements of disease was to be fed to cows or goats and the unmodified antitoxins would be found in the milk and there act as the curative agent when fed to the patient suffering from the disease.

For infants the milk of the mother was to be the intermediate agent. Dr. Duncan stated that so far he had not been able to get one mother to take the disease germ for this purpose.

Dr. Duncan's paper was discussed by Dr. Lloyd, Dr. Von der Luhe, Dr. Freeman, Dr. Rabe, Dr. Turton.

Dr. Lloyd said he would like to ask how immunity is conferred through the milk, and the length of time before it becomes effective, and what are the proofs of immunity.

Dr. Von der Luhe suggested that if Dr. Duncan's theory is true it is going to simplify the practice of medicine and will lead to the golden age of laziness. The Hahnemanian practice would sink if the theory of Dr. Duncan was a true and positive cure of disease.

Dr. Freeman, who was not present at the opening of the paper and considered it to be a further contribution on Dr. Duncan's earlier theories of the treatment of disease by autogenous vaccines, said:

Dr. Freeman: I have had some experience with the method and must say in certain cases I have had good results, and one of the indications for this method of treatment by the autogenous remedy I would consider was where a case did not present any characteristic or peculiar symptoms. In the majority of cases there are symptoms on which to base a homœopathic prescription, but there are a small per centage of cases where it is impossible to individualize the symptoms, and in this class I have found the autogenous vaccine to prove curative. I do not believe it is a universal panacea, possibly because I have not used it as carefully or as scientifically, or as correctly as Dr. Duncan uses it, but I have used it in tuberculosis and in many septic conditions purely as an experiment and have been disappointed in many cases, and in a few cases it was positively harmful. Dr. Freeman mentioned a case of puerperal septicaemia in a woman attended by a midwife in which the temperature did not go up at any time above 97.5, and was 96 at the time of death, in which there was no reaction from the autogenous remedy. The patient had been attended by the mother who had a marked case of erysipelas.

Dr. Rabe: I join my anatomical friend, Dr. Lloyd, in wondering what becomes of the disease germ in the mouth and what action the gastric juice has upon it. This matter has been before us for a length of time and it has not been settled. In one instance I have not succeeded in getting a result. We must hold fast to those things which we know to be true, and we believe our law of cure to be, while not of universal application, in its sphere it is true and will cure. It is our duty as homœopathic physicians to investigate and prove the various toxins and antitoxins both in the crude form and in potencies in order to determine their effects on healthy human beings and see if there is any principle and if that principle is homœopathic. Some years ago I had potencies made by Boericke of an antitoxin in the sixth, thirtieth and higher and they were proved here, and in Boston and Chicago. The provings were positively worthless; they developed no symptoms worthy of the name. I do not believe the same result will follow the use of Dr Duncan's methods, but they should be studied

Dr. Turton asked if the method proposed by Dr. Duncan would have any effects upon tuberculous cases.

Dr. Duncan said that the patient's own sputum will do more

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than anything else to cure tuberculosis, and in the primary stage it is the specific. Three years ago in the North American Journal of Homœopathy he had gone into the subject at length. The toxin in the patient's body is proved by the patient, using the word proved in the homœopathic meaning. The animal which licks the wounds of its young forms the unmodified antitoxin which is curative through its milk. One test was made by a veterinary surgeon on Long Island who had in his care a litter of puppies, three of the puppies were kept from the mother, while others were allowed the milk, and the latter did much better.

Dr. Wilford Allen: Our friends of the old school and the veterinaries are taking up this method as suggested by Dr. Duncan more quickly than our own school. I believe he has made a very important discovery. I have tried it in three cases and found it to work excellently.

Dr. Rudolph F. Rabe then read a paper entitled, "The Use of the Homœopathic Remedy in Emergencies."

Dr. Rabe's paper was discussed by Dr. Freeman, Dr. Lloyd, Dr. Given, Dr. Stewart, Dr. Ritch, Dr. Ranken, Dr. Broughton, Dr. Crump.

Dr. Freeman: I have at various times noticed that the American Institute meetings, as an example, have as the chief interest subjects not homœopathic, obstetrics, surgical, gynaecological, and others and there is very little interest in the homœopathic philosophy. It is as though the modern students are more interested in the old school technique than in homœopathy. Our students should be interested in both. In our homœopathic hospitals there is very little homœopathy, and this condition exists in every part of the United States. The prescribing is done chiefly by surgeons who admit their lack of knowledge of materia medica. They use the hit and miss shot-gun prescribing. That is not the way to demonstrate the superior advantages of homœopathic treatment. I have no way to suggest to cure the evil, but it is an evil and one that the homœopathists of this country should attempt to correct. The old homœopathists are dying off and the young men are not taking their places. The men in the institutions have axes to grind, they are the big specialists who seek that method of improving their positions. This does not apply to the homœopathic experts, they have to depend upon the reference of their patients for the increase of business.

Dr. Lloyd said that he desired to differ with the statements made. He did not agree with the pessimistic tone in referring to the homœopathic institutions He modestly objected to the statements made. In Cumberland Street Hospital there is a great deal of homœopathy. He could not sit still and let anyone go home with the idea that he believed the statements made as to the institutions.

Dr. Given: I want to say that I agree with Dr. Lloyd. I have reports made out concerning the methods and statistics of the Hospital. I believe such statements do harm.

Dr. Ritch: I have been particularly interested in Dr. Rabe's paper. I believe that if there is a falling off among graduates of the colleges in their homœopathy, it is because they will not take time to study their books: oftentimes it is easier to prescribe without close study. I think the fault lies in the colleges. I do not believe it is to the best advantage of the student to spend

HUMANITY'S DUMP HEAP

This lad of 19 had been operated upon and braced by orthopedic surgeons in New York and Connecticut. But they had to acknowledge defeat and consign him to humanity's dump heap---a home for incurables, for the State and the charitably inclined to support.



RELEASED BY

SHOES

A pair of shoes was made for this boy which enabled him to walk on the bottom of his feet for the first time in his life, and without crutches, although he could not without some support stand steadily enough to be photographed. Now every step means improvement and an increased possibility for a life of activity and usefulness.

Why not do as much for your patients?



Send me particulars of your cases aud I will tell you what can be done for them.

ALFRED HILLS, 798 Mt. Prospect Avenue NEWARK, NEW JERSEY

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usual cases I have seen have been at the Skin and Cancer Hospital. The doctor's reference to the fact syphilitic sores affecting the pallette are not considered infectious reminds me of a case where a physician infected himself by digital examination of the throat. I think it would be interesting if Dr. Carleton would give us his opinion of Salvarsan and neosalvarsan, and the indications for their use.

Dr. Carleton: I am glad Dr. Love has called up a subject upon which we can all disagree. I believe it is wise to treat a case just as soon as you can convince a patient he has syphilis. Most of the patients will believe that the sore is merely a soft chancre and it is difficult to make them realize the truth. When that is once accomplished a regular course of treatment should be commenced and it will result in a cure in from 90 to 97 per cent. As a matter of routine you should institute the treatment immediately. It has been recognized that the chancre has been controlled by arsenic. As to the merits of salvarsan, it will not cure syphilis. It is one of the most active agents in controlling the disease, but one or two injections alone will not cure it. So that the first thing is to convince the patient that he has it and to get him under control as soon as possible, then he will not be a source of danger to others. The use of salvarsan at an early period will also add to the possibility of immunity. In the secondary period of syphilis there is every reason to believe that mercury is more effective than salvarsan, and the Wasserman controls rather prove that up. The Wasserman reaction is more controlled by mercury than by salvarsan. In some cases where they do not progress well under mercury then the salvarsan seems to come in to be followed later by mercury. In those cases that are losing weight and there is much evidence of the disease I would advise the use of large amounts of salvarsan. One patient may need a large amount and another not. If you start out to use inunction you have got to adopt some theory as to the amount of treatment, and then after a time if the blood shows positive, you increase the amount or naturally you believe the treatment has not been continued long enough. It is an experiment with each patient. Sometimes you must give the patient a period of rest. It is a matter of judgment to know when to lengthen the periods of treatment and shorten the period of rest. In Germany there are some who believe that the old inunction treatment is more effective than other methods.

Dr Love asked if it were not true that the spirochæte were some times present when the Wasserman reaction was negative.

Dr. Carleton: Yes, in the early stages. The use of salvarsan is more a treatment for hospital than home use, where the mixed treatment is sometimes preferable. The use of the arsenic in the salvarsan is homœopathic. The high potencies are showing good results. Allen's provings were with the crude mercury, and that is one reason for the use of material doses in inunctions.

Dr. Lloyd: In small children suffering from interstitial keratitis I have been surprised to get Wasserman reactions, and when the eye was relieved the child would break out in ulcers on the legs.

Dr. Higley: Regarding the injury as to the presence of spirachæ in later lesions, I have found the later lesions much more dangerous than were formerly supposed. About salvarsan. Perhaps it is a thing I ought not to say. I believe the fundamental principle is wrong. It is trying to kill all the spirachæte. You

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cannot do it with uniform success. It is unthinkable. I do not believe it will be accepted in later years. I think you can never use the substance in large enough amounts that will kill every bit of the spirochæte. I think time will confirm this statement.

On motion a vote of thanks was tendered to Dr. Carleton for his paper.

Dr. Schenck said he desired to report for the Legislative Committee that effects had been made in the name of this Society to defeat certain amendments that had been offered to the Harrison Bill now in the United States Senate by the Retail Druggists Association, and telegrams had been sent to our senators by the committee. The bill was now before the committee and there was hope that it would not be passed in its present form. As he had stated before an agreement had been reached by the Retail Druggists Association, the National Druggists Association and the Medical profession, but the retail druggists association had gone back on the agreement, and had tried to amend the bill to make it against the free use of the narcotic drugs by physicians in their practice.

Dr. Schenck also called the attention of the members to the meeting of the American Institute of Homœopathy which would be held in a few days at Atlantic City.

The meeting then adjourned, thirty members and visitors present.

L. D. Broughton, Secretary.

American College of Surgeons. On June 22nd last, the American College of Surgeons held their second convocation at the Bellevue Stratford Hotel, Philadelphia. A half a million dollar endowment fund is the aim of the college, for the erection of a permanent home, possibly in Washington, D. C. $150,000 was raised at this meeting. In the presence of a brilliant audience eleven hundred fellowships in the college were conferred.

The following homœopathic surgeons were present and received the degrees: Horace Packard, Boston; J. C. Wood, Cleveland; H. R Chislett, Chicago; C. E. Kahlke, Chicago; W. B. Van Lennup, Philadelphia; W. H. Bishop, New York; G. W. Roberts, New York; D G. Wilcox, Boston; D. A. Foote, Omaha. Scott Parsons, St. Louis; A. B. Norton, New. York; Gilbert Fitzpatrick, Chicago; Burton Hasultine, Chicago; J. M. Patterson, Kansas City; W. D. Foster, Kansas City; W. T. Helmuth, New York; D. J. Tuttle, New York; H. D. Schenck, New York; W. G. Crump, New York; G. R. Southwick, New York; Sidney F. Wilcox, N. Y.; W. Emerson, Boston; A. G. Howard Boston; Winfield Smith, Boston; T L. McDonald, Washington; H. E. Beebe, Sidney, O.;Sparagus Carleton, New York; Burrk Carlton, New York; J. H. Fobes, New Yrk; G R Suthwich, New York; Sidney F. Wilcox New York; W. F. Honan, New York; E. S. Bailey, Chicago; Charles E. Sawyer, Marion, O.; Charles E. Walton, Cincinnati; G. S. Coon, Louisville; J. F. Rankin, Brooklyn; M A. Brandt, Milwaukee; A. G. Warner, Brooklyn; Elmer Bissell, Rochester, New York; C. H. Helfrich, New York; R. A. Steward, New York;G. D. Hallett, New York; G. A. Sheppard, New York; Gurnee Fellows, Chicago; E. J. George, Chicago; Peter S. Clark, Chicago; W. E. Waddell, Los Angeles; G. H. Quay, Cleveland; Alfred Levy, Chicago; W. M. Stearns, Chicago; W. E. Boylston, Chicago; Howard Bellows, Boston; E. R. Bryant, San Francisco.

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ENDOWMENT OF PROFESSORSHIP AT JOHNS HOPKINS. Delivery was recently made at Baltimore of securities valued at $1,500,000. presented by the General Education Board to the Medical School of Johns Hopkins University. This gift is to be known as the William H. Welch Endowment for Clinical Education and Research.

The securities were accepted on behalf of Johns Hopkins Medical School by Mr. R. Brent Keyer, Chairman of the Board of Trustees. The actual transfer of the principal of this fund to Johns Hopkins University signified that an important and novel feature relating to the gift became an accomplished fact, namely, that the organization of the Medical School should be so arranged that the entire income from this fund could be utilized for the support of full-time teaching and research departments of medicine, surgery, and pediatrics.

The express proposal made, by the trustees of the Johns Hopkins University was that in reorganizing these three departments, professors and their assistants should hold their posts on the condition that they become salaried university officials, and that they accept personally no fees whatever for any medical or surgical services which they might render.

The hospital wards and out-patient departments are to be under the control of the university medical or surgical teachers, but over and above their work in the public wards, the teachers are to be free to render any service required in the interest of humanity and science. They are to be free to see any patient they desire to see.

Patients, however, of the usual private patient type, will pay a reasonable fee to the university, rather than to the professors personally. The time and the energy of the professors are to be fully protected, not only because their salary eliminates financial interest on their part, but because they are themselves to become sole judges as to whether or not particular cases shall or shall not command their personal attention.

In order that the time and energy of the professors thus safeguarded might be properly utilized under favorable conditions, the endowment was made large enough to provide adequate salaries to attract the ablest professors and also to provide the m with assistants, well-equipped laboratories, books, and other necessary facilities.

Simultaneously with the completion of the reorganization of the Johns Hopkins Medical School in accordance with this new plan, the university trustees have chosen Dr. Theodore C. Janeway, hitherto Professor of Medicine at Columbia University, to become Professor of Medicine of the Johns Hopkins Medical School, the position once held by Sir William Osler.

The chair of Surgery at Johns Hopkins, under the full-time arrangement, is to be occupied by Dr. William S. Halsted, most of whose surgical career has been passed in the Johns Hopkins Medical School, where, since the establishment of the Johns Hopkins Hospital, Dr. Halsted has been its Surgeon-in-Chief and Professor of Surgery.

The Chair of Pediatrics will be occupied by Dr. John Howland, who was called a year ago from the Professorship of Pediatrics at Washington University, St Louis, and appointed physician in

charge of the Harriet Lane Home for Invalid Children, this institution being the pediatric clinic of Johns Hopkins Medical School.

Johns Hopkins will become the first medical school to be placed upon the full-time basis in all departments. A grant of $750,000 has been made to Washington University, St. Louis, and of $500,000 to the medical school at Yale University, upon an understanding that they also reorganize their work so as to put their clinical teaching upon a full-time basis.

The full time scheme is a plan to ensure to hospital work and medical teaching the undivided energy of eminent scientists whose efforts might otherwise be distracted by the conflicting demands of private practice and clinical teaching. The full-time scheme is an appeal to the scientific interest and devotion of the clinician, and it is significant that the first three full-time posts created have been filled by men of conspicuous professional standing, all of whom have made great sacrifices in order that they might enjoy ideal conditions for clinical teaching and investigation.

YONKERS TO THE FORE IN THE TUBERCULOSIS FIGHT. Three thousand citizens gathered at the Public Recreation Pier lately to witness an open air motion picture demonstration on how to fight tuberculosis. Mayor Lennon, the Board of Estimate, the Aldermen and other city officials heartily approved this new method of combating tuberculosis during the summer months, it being the first free open air show of its kind ever given in the State outside of the Metropolis.

It is planned to give a series of such popular educational meetings in the parks and play-grounds during the months of July and August. Yonkers, foremost in its facilities for the discovery, care and treatment of the tuberculous sick, has, through this new departure in public health education, set an example for the other municipalities of the State

TUBERCULOSIS SANATORIUM NOT INJURIOUS TO HEALTH OR PROPERTY. Convincing proof that tuberculosis sanatoria or hospitals are not a menace to the health nor a detriment to the property of those living near such institutions is given in a pamphlet issued today by The National Association for the Study and Prevention of Tuberculosis. In an extended story of the subject the Association has not been able to find a single instance where a tuberculosis sanatorium has had an injurious effect on the health of anyone living near it, nor where it has had any lasting effect upon property values.

The pamphlet, entitled "The Effect of Tuberculosis Institutions on the Value and Desirability of Surrounding Property," reviews all the studies made on the subject, takes up court decisions bearing on the question and contributes some original investigations of typhoid hospitals, and the opinions of prominent men, life insurance companies, and others. Nearly 150 different institutions are studied. In all these institutions not one case could be found where the assertions of opponents to their location, that a tuberculosis sanatorium would spread disease and injure property, could be substantiated. In fact a number of instances were found where the presence of the sanatorium or hospital promoted outdoor living, tending to lower the death rate, and

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increased the market for produce and labor, thereby benefitting the community.

Among the most significant opinions expressed are those by five of the largest life insurance companies in the United States. These companies asked if residence in a tuberculosis sanatorium by a healthy individual was considered an adverse factor in issuing insurance and also if residence in the neighborhood of a sanatorium continued such an adverse factor. Two of the companies answered the first question in the affirmative and two in the negative, but everyone of them answered that residence near a tuberculosis sanatoorium was not considered an adverse factor in issuing life insurance.

THE NEURASTHENIC INVALID. Like the poor, the neurasthenic is "always with us," and while the stress and strain of modern life and living continue, the physician will be called upon to treat the more or less chronic invalid who exhibits all sorts of bizarre symptoms, in endless and kaleidoscopic variety. It is, of course, an easy matter to advise the physician to search out and remedy the operative cause of the disorder, but it is not always as easy to do this, especially when no organic changes are discoverable. While purely symptomatic treatment may be unscientific, it is usually essential, in order to gain and retain the confidence of the patient. There is, however, one pathologic finding in a large majority of cases, and that is anemia of greater or lesser degree. In some instances this may be found to be the essential cause of the neurotic symptoms. In any event, this condition should be corrected, and for such purpose there is no better remedy than Pepto-Mangan (Gude). When a hematinic is indicated for a nervous, cranky man, or a finicky, more or less hysterical woman, Pepto-Mangan is peculiarly serviceable, as the patient cannot consistently object to the taste, which is agreeable to every one. The digestion is not interfered with in the least, constipation is not induced, and the blood-constructing effect of the remedy is prompt and certain. It is always worthy of trial not only in the anemia of the neurasthenic invalid, but also in all conditions of blood and tissue devitalization.

THE PNEUMONIA CONVALESCENT. While the course and progress of acute lobar pneumonia is short, sharp and decisive, the impression made upon the general vitality is often profound and apparently out of proportion to the duration of the disease. Even the robust, sthenic patient is likely to emerge from the defervescent period with an embarrassed heart and general prostration. In such cases the convalescent should be closely watched and the heart and general vitality should be strengthened and supported, and this is especially true as applied to the patient who was more or less devitalized before the invasion of the disease. For the purpose indicated, strychnia is a veritable prop upon which the embarrassed heart and circulation can lean for strength and support. As a general revitalizing agent is also needed at this time, it is an excellent plan to order Pepto-Mangan (Gude), to which should be added the appropriate dose of strychnia, according to age, condition and indications. As a general tonic and bracer to the circulation, nervous system and the organism generally, this combination cannot be surpassed.

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WARNING AGAINST WORTHLESS ANTIFAT "CURES." Numerous inquiries received recently by the U. S. Department of Agriculture indicate that promoters of so-called obesity remedies and fat-reducing cures are using an old trick dressed in new clothes to deceive fat people into spending money for worthless or dangerous preparations The advertisements appeal to the vanity of people who wish to regain graceful figures and also to the business necessities of those who become so fat that they can no longer do their work efficiently.

In order to be able to give a definite reply to many people inquiring about specific remedies, the drug specialists of the Bureau of Chemistry recently conducted a series of tests with a number of nostrums of this character on employees in the Department who wished to lose surplus flesh without injuring their health. One of the most widely advertised so-called prescriptions for reducing flesh was tried for a period of six months. The result was that two of the subjects under experimentation were obliged to stop after taking the medicine for two or three weeks because of its injurious effect. The third subject gained 2 1-2 pounds instead of losing flesh. Another of the so-called remedies of a "Great Obesity Specialist" was tried. The subject scrupulously followed the diet list which accompanied this remedy and faithfully carried out the system of exercises recommended. After six months' treatment there was a reduction of 18 pounds of flesh but this the experimenters attribute to the fact that the subject ate no bread, butter, starchy foods, pastry, sugar or candy while under observation. The first month after discontinuing the treatment the subject gained 10 pounds, and in three months was back to the original weight recorded at the beginning.

The circular, letters and other announcements of these so-called obesity remedies, which are published broadcast, in many cases asserted that a two-cent stamp is the only charge. Those sending the two-cents to the supposed philanthropist, who wishes to help other sufferers to get rid of surplus flesh, commonly received a statement that the physician or "professor" discovered this remedy in the wilds of some foreign country or received it from some famous Indian Medicine man on his deathbed. Then after due praise of the effectiveness of the remedy the "professor" states that he is willing to supply this wonderful treatment for a fee of from $15 to $25 a month. If the prospective patient does not answer immediately he is besieged with a line of follow-up letters, and fially as a great individual favor he is told that he can obtain this marvelous guaranteed flesh reducer for the sum of $2.50. In return for the reduced price, however, the patient must agree to tell all his fat friends about this wonderful means of shedding avoirdupois.

Judging from the letters received by the Department of Agriculture appealing to it to stop this practice under the Food and Drugs Act, women are usually the victims of these "professors." Much of the literature contains alleged statements of some individual woman's thrilling experience in fat-forming and fat-reducing, and this makes the situation seem real and personal to the other women. Cases are on record where women have parted with almost their last dollar in the hope of improving their figures, and have awaited results with anticipation that makes their later disappointment almost pathetic. The strong feature of most of

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the literature is that no dieting is necessary; the medicine is to do it all and the patient is told that he can eat all he wants and as often as he wishes, which is a strong inducement to most stout people.

These preparations usually contain thyroids and a laxative. The thyroids may prove very hurtful unless given under the advice of a physician personally familiar with the subject's physical condition. The Department has on record an instance where death has fallowed over doses of preparations containing thyroids. Other preparations contain poke root, (phytolacca) a poisonous drug, and others, analysis shows, contain nothing that could possibly have the slightest effect in reducing flesh.

The promoters of one preparation assert that it secures most marvelous results by a process of elimination of foods without digestion These people guarantee the reduction of a pound a day. A preparation of this character, if it did what its makers claim for it, would probably eliminate any need of digestion in the future. Another product, examination shows, consists principally of ordinary soap. The idea is to apply this locally with friction and thus remove the fat where it may be in excess. A still more clever scheme provides chemicals to be added to the water in which the patient is to bathe. These chemicals are of such a nature that they form a sort of curd in the water after the patient has bathed. This curd, the advertisement states, is fat and surplus tissue removed from the body. Other schemes supply a tablet at 5 cents a dozen for which a claim is made that it will reduce fat at the rate of a pound a day.

No other class of preparations exploited to humbug the people has a wider sale, and in nearly every instance they are absolutely worthless. In many cases where patients seem to lose weight this result is attributed to the hot baths and the diet and exercise recommended as an accompaniment in taking the medicine.

The only ways that the Department's specialists know of safely reducing flesh are rigid dieting, and strenuous exercise, and those to be effective must be continued over a long period of time. The fat reducing patient must entirely eliminate from his diet fats, starchy foods and sugar. In many cases it is not wise because of other physical conditions for fat people to attempt any rapid reduction in weight As a general rule diet and exercise are best directed by a skilled physician. Loss of flesh is by no means a blessing if accompanied by loss of health, energy or strength.

It is practically impossible to prevent the sale of these preparations in interstate commerce under the Food and Drugs Act for the reason that the claims upon the package are purposely so guarded as to evade action. As a rule the claims guaranties, etc. appear in advertisements, circular letters etc., and these the makers are very careful to keep separate from the package.

The Post Office Department, however, has been instrumental in silencing some of these promoters by issuing fraud orders against them and denying them the use of the mails. The Department of Agriculture, can only warn the people to beware of all such preparations containing such claims, for in the knowledge of all drug specialists at the present time there is no preparation that can be depended upon to reduce flesh in any degree without doing injuries.

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CURRENT EVENTS AND ANNOUNCEMENTS

PERSONALS.

JOHN HUDSON STORER, M.D., 30 Edgecomb Avenue, Phone 1030 Audubon. Dr. Storer will leave for Europe on August 1st and return about September 12th. During his absence patients are referred to Dr. William Lamberson, 269 West 136th street. Telephone 1439 Audubon.

DR. LINDSLEY F. COCHEU, Colonial Studios, 39 West 67th street, N. Y., announces that he will be out of town on Saturdays and Sundays till October 1st. At such times his telephone number will be, Willimantic 198—ring 32.

H LELAND FIFIELD, M. D., diseases of Eye, Ear, Nose and Throat and Prescription of Glasses, has removed to Physicians' Building, 608 E. Genesee street, Syracuse, N. Y. Hours: 9 to 1 and by appointment.

THE WAR on the Continent need in no way embarrass homœopathic physicians who wish imported tinctures made from fresh plants. Boericke & Tafel always carry a large supply of these imported tinctures in storage and over a year's supply is now on hand.

THE FIFTH ANNUAL CONGRESS OF SURGEONS OF NORTH AMERICA. Acceptance of the invitation extended by the British Surgeons, through Sir Rickman J. Godlee, Bart., led to the Clinical Congress this year being held in London, England, from July 27th to August 1st, inclusive. No pilgrimage in pursuit of the Holy Grail was ever undertaken with more zeal than that displayed by the eleven hundred surgeons from North America who crossed the Atlantic to sit at the feet of their English associates and learn what they had to teach of European surgery.

Hon. Walter Hynes Page, our ambassador to the Court of St. James, in his address of welcome said that recently an English surgeon in addressing a class of students told them not to consider their education complete until they had visited the hospitals of America. That now in view of the large gathering of American surgeons in London, he thought that "honors were easy."

The serious work of the Congress naturally divided itself into two parts, observation of the actual operations in the numerous hospitals of greater London daily, morning and afternoon and the scientific meetings held each night in the ball rooms of the Hotels Cecil and Savoy. As clinics were held simultaneously in approximately thirty hospitals, many of them miles apart, it is obvious that any one man could see but a small part of the abundant program and many times during the week, the writer felt in the position of the small boy at the three ring circus who regretted that he was not tri-headed.

Visiting the hospitals was in itself an education, some dating their foundation back to the 12th Century, are venerable with age. Who can forget their visit to Guy's and St. Bartholomew's (the latter affectionately spoken of by the initiated as "Barth's") with

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their artistic gateways, picturesque quadrangles and rambling buildings. Nor must we forget St. Thomas' with its superb location on the Thames, facing Westminster and the Houses of Parliament. However antiquated and old fashioned may be the wards in these old time hospitals, in justice let it be said that the operating theatres and their equipment are modern to the last degree. A surgeon in one of the older hospitals told the writer that it cost $40,000 to install their operating plant, necessitating the raising of the roof and adding a series of rooms, thus constituting an extra story. These old piles contrast strongly with King's College Hospital of Denmark Hill in South London the very latest expression of the modern hospital and claiming to be the finest in the world.

The operating surgeons were uniformly courteous and considerate, affording every possible opportunity for the on-lookers to watch the procedures and when numbers permitted, inviting them to be capped and gowned and stand about the table. The operations covered practically every branch of general and special surgery, some days as many as seventy operations appearing on the program. Tickets were distributed at head-quarters late in the afternoon for the succeeding day's clinics; while all were well attended, those of Sir Arbuthnot Lane commanded the greatest interest. The great rush for tickets to his final clinics resembled more a scene in the pit of the Stock Exchange than an assemblage of surgical devotees. No report of the Congress would be complete that failed to comment on the work of this great master. However men may differ with his views, on bone plating and intestinal stasis, they cannot fail to admire the genial, large hearted and generous minded man with courage and belief in his convictions, nor fail to be impressed by his splendid technique in bone work and end results in cases of Colotomy. He not only performed the operation of removal of the large intestine, time and again, but showed his visitors many post-operative cases benefitted by this skillful work.

In addition, several demonstrations and lectures were given daily at the Royal College of Surgeons and various pathological laboratories by eminent scientists illustrating their lectures by lantern slides and beautifully prepared specimens preserved in alcohol. The Hunterian Museum of the Royal College of Surgeons is considered the finest of its kind in the world and is employed largely in the routine instructions of anatomy and pathology.

The scientific program held on successive evenings and presided over by Dr. John B. Murphy, was largely a rare treat. Dr. Murphy in his presidential address, selected for his theme, "Arthrodesis and Bone Transplantation" and showed by the use of the stereopticon his surgical methods for breaking up boney ankylosis and creating new joints. The symposium led by George E. Armstrong, M.D., of Montreal on the "Surgical Treatment of Typhoid Perforation" was most helpful, special emphasis being laid upon early diagnosis and fearless intervention. Untreated practically all cases of typhoid perforation are fatal, and by timely surgical intervention, fifty per cent. may be saved. Dr. Charles H. Mayo reviewed "The Primary and Late Results of Operation for Exopthalmic Goitre and Hyperthyroidism." The theme was timely as many operations were performed in the clinics for this disease

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during the week. One evening was devoted to the consideration of inoperable cancer treated by various forms of radiation and heat.

Unfortunately the war clouds which gathered thick and fast during the week, necessitated the sudden departure of many continental surgeons of eminence who were to have contributed to the scientific program, they being called to the colors of their several countries. The closing session on Friday evening was a memorable one. The first part of the program was devoted to Cancer of the Breast. Dr. Rodman of Philadelphia and Mr. Anthony Bowlby of London, dividing the honors. The topic of the latter half of the evening was "Intestinal Stasis" and was denominated by President Murphy as "The March of the Giants." Sir Berkley Moynihan of Leeds and Sir Arbuthnot Lane entering the arena in friendly debate, the former taking the conservative grounds, the latter defending the radical operation of removal of the large intestinal and stating in conclusion that he was willing that his week's work in the clinics should speak for itself. That if he was in error the theory of removing the large intestine would fail, but that if correct it would triumph.

Dr. Charles H. Mayo of Rochester, Minn, was unanimously elected President for the ensuing year. The place for the 1915 gathering was not decided. All the members of the Clinic Congress left London with a deep sense of appreciation for the interesting and bountiful program provided by the untiring efforts of the local committee and feeling that the journey across the Atlantic, together with the week spent in Britain's metropolis, was well worth while.

H. D. Cochrane, M.D., Albany, N. Y.

Vaso-Motor Derangements. The part played by the vaso-motor system in countless diseases is at last thoroughly recognized. As a consequence, circulatory disorders are among the most common functional ailments that the modern physician is called upon to correct. Various heart tonics and stimulants are usually employed, but the effect of these is rarely more than temporary. To re-establish a circulatory equilibrium that offers real and substantial relief from the distressing symptoms that call most insistently for treatment requires a systematic building up of the whole body. Experience has shown that no remedy at the command of the profession is more serviceable in this direction than Gray's Glycerine Tonic Comp.

For nearly 200 years this standard tonic has filled an important place in the armamentarium of the country's leading physicians. Its therapeutic efficiency in restoring systemic vitality and thus overcoming functional disorders of the vaso-motor or circulatory system is not the least of the qualities that account for its widespread use. The results, however, that can be accomplished in many cases of cardiac weakness have led many physicians to employ it almost as a routine remedy at the first sign of an embarrassed or flagging circulation.

Painless Childbirth. In the September Woman's Home Companion William Armstrong, writing an article entitled "The 'Twilight Sleep' at Freiburg," gives a complete report of a visit to the much talked of women's clinic at Freiburg, Germany, where painless childbirth has been achieved. The editor of the Companion suggests that readers suspend judgment as to the value

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of the new method until fuller investigation can be made. The "Twilight Sleep" is not yet available in America, and will not be for a considerable period even if it eventually proves to be practicable. American obstetricians are the best in the world, and if the new method is sound it will find its way into this country. Following is an extract from Mr. Armstrong's article:

"For centuries man has sought to annihilate the pain of woman in childbirth.

"At last after these centuries of effort, it is announced that the blessings of painless childbirth has dawned upon the world; confinement taking place in 'unconscious consciousness.' This has been brought about through the study and experiment of a group of men at the Fauenklinik, or Women's Clinic, connected with the University of Freiburg at Baden, Germany. The title given it is Dammerschlaf, or 'Twilight Sleep;' the two drugs used in producing it are scopolamin and narcophen; the man who is responsible for its successful application is Dr. Bernhardt Kronig of the University of Freiburg, head of the Women's Clinic.

"The history of the Twilight Sleep treatment is no new one, as may be gathered from the statement made at the Clinic that, since its beginnings in 1904 under the direction of Doctor Kronig, statistics show between four and five thousand cases of painless childbirth recorded, although the Women's Clinic hospital is a small one, accommodating comparatively few patients. Women have come to it from every quarter of the globe, impelled by the wish to bear their babies painlessly. Not only have these same statistics recorded a larger percentage of successful deliveries in the case of both mother and child than that secured in hospitals where the ordinary treatment is followed, but it has been demonstrated that babies born in the Twilight Sleep show a lower percentage in mortality in earlier years, and, from records kept as far as possible in later years, make a splendid showing in health and sturdiness."

Infant Feeding. Practically all the substitutes for mother's milk which have been recommended for feeding infants, from modified cow's milk to the most expensive proprietary food, lack the necessary amount of proteid or some of those hematinic constituents which are essential to the proper development and growth of the infant. Fortunately, these food constiuents may be added in the form of Bovinine, which is particularly rich in proteids (14.7 per cent.) and haemoglobin (8.35 per cent.) and other compounds which promote the formation of red blood corpuscles and elevate the tone of the metabolic processes of the body. In this capacity it is an essential part of the dietary in the cure or prevention of rickets, scurvy, marasmus, malnutrition and all anemic conditions of childhood.

The addition of anywhere from fifteen drops to a teaspoonful of Bovinine to each bottle of food given the infant, it is said, will prevent the development of these conditions so frequently occuring and help to cure in artificially fed infants between the ages of two and twelve months.

Borax Will Prevent the Typhoid Fly From Breeding. As a result of experiments, the specialists of the Department of Agriculture have discovered that a small amount of ordinary borax sprinkled on manure, will effectively prevent the breeding of the

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typhoid or house fly. Similarly, the same substance applied to garbage, refuse, open toilets, damp floors and crevices in stables, cellars or markets, will prevent fly eggs from hatching. Borax will not kill the adult fly nor prevent it from laying eggs, but the thorough use will prevent any further breeding.

The investigation, which included experiments with many substances, was undertaken to discover some means of preventing the breeding of flies in horse manure without lessening the value of this manure as a fertilizer for use by the farmer. It was felt that if some means of preventing the breeding of flies near a human habitation could be devised, the diseases spread by these filthy germ carriers could be greatly reduced. While the "Swat the fly campaign," traps and other devices for reducing the number of typhoid-carrying flies are of value, they are of less importance than the prevention of the breeding. It was realized, however, that no measure for preventing the breeding of flies would come into common use unless it was such that the farmer could use it on his manure pile without destroying its usefulness for growing plants, and without introducing into the soil any substance that would interfere with his crops.

As a result of experiments carried on at the Arling Farm, in Virginia, and New Orleans, La., the investigators found that 0.62 of a pound of borax, or 0.75 of a pound of calcined colemanite (crude calcium borate) would kill the maggots and prevent practically all of the flies ordinarily breeding in 8 bushels of horse manure from developing. This was proved by placing manure in cages and comparing the results from piles treated with borax and from untreated piles. The borax, it was found, killed the fly eggs and maggots in the manure and prevented their growth into flies.

In the case of garbage cans or refuse piles, 2 ounces of borax or calcined colemanite, costing from 5 cents a pound upward according to the quantity which is purchased, will effectually prevent flies from breeding.

While it can be safely stated that no injurious action has followed the application of manure treated with borax at the rate of .62 pounds for 8 bushels or even larger amounts in the case of some plants, nevertheless borax-treated manure has not been studied in connection with the growth of all crops, nor has its cumulative effect been determined. It is therefore recommended that not more than 15 tons of the borax-treated manure should be applied per acre to the field. As truck growers use considerably more than this amount, it is suggested that all cars containing borax-treated manure be so marked, and that public health officials stipulate in their directions for this treatment that not over .62 (62-100) of a pound for 8 bushels of manure be used, as it has been shown that larger amounts of borax will injure most plants. It is also recommended that all public health officials and others in recommending borax treatment for killing fly eggs and maggots in manure warn the public against the injurious effects of large amounts of borax on the the growth of plants. purchasers of manure produced in cities during the fly breeding season should insist that the dealers from whom they purchase give them a certified statement as to whether or not the manure

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in the particular car or lot involved in the purchase has been treated with borax.

In feeding to hogs garbage that contains borax care is also recommended, especially when the animals are being fattened for market. Borax is not a very poisonous substance and the feeding of garbage that contains it to hogs, is not likely to be a serious matter. On the other hand borax in large quantities does produce gastric disturbances and for this reason a certain amount of care is advisable.

The method for using this substance in the case of stables s to sprinkle the borax or colemanite in the quantities given above, by means of a flour sifter or other fine sieve, around the outer edges of the pile of horse manure. The manure should then be sprinkled immediately with two or three gallons of water to eight bushels of manure. It is essential, however, to sprinkle a little of the borax on the manure as it is added daily to the pile, instead of waiting until a full pile is obtained, because this will prevent the eggs which the flies lay on fresh manure from hatching. As the fly maggots congregate at the outer edge of the manure pile, most of the borax should be sprinkled there.

Borax costs 5 to 6 cents per pound in 100-pound lots in Washington, and it is estimated that at this rate would cost only one cent per horse per day to prevent all breeding of flies in city stables. If calcined colemanite is purchased in large shipments, this cost should be considerably less. At the same time, if the borax is used on the manure only in the proportions stated, its value for use in the garden or for sale to farmers will not be lessened.

In view of this discovery, there now seems little excuse for any horse owner or resident of a city allowing typhoid flies to breed in his stable or garbage can.

It is believed that this information will greatly help the health authorities in their campaign against the typhoid fly. The health authorities have long tried to prevent the breeding of flies in city stables through the use of iron sulphate as a larvacide. In the case of iron sulphate, however, a large amount is required, and other insecticides such as paris green or potassium cyanide, while effective in killing the flies, are very expensive or extremely poisonous. Borax, which is used freely in most households, and is readily available in all parts of the country, has the advantage of being comparatively non-poisonous and non-inflammable, readily soluble in water and easy to handle. It can be purchased at retail for 10 cents a pound, and a single pound as directed in a garbage pail or open toilet may prevent the breeding of hundreds of dangerous flies

The details of the experiments with borax and other larvacides will be found in U. S. Department of Agriculture Bulletin No. 118.

NEW YORK HOMOEOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL

The graduating class of the New York Homœopathic Medical College and Flower Hospital held its class day exercises at the college Tuesday, May 26. The following program was presented:

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1. Overture, Class of 1914, Clunes orchestra. 2. Welcome by Class president, Donald T. Rankin, B. S. 3. Class Regards to President, Harold L. Pender. 4. Vocal solo, reverie, Schira, Miss Anna S. Toohey. 5. Class History, Alvin T. Lipphardt. 6. Piano solo, Alpha Sigma March, A. Renner, Jr., Al. Eugiene Renner, Jr. 7. Address to Class of 1914, Prof. Dr. G. F. Laidlaw. 8. Vocal solo, Carmena, Wilson, Miss Anna S. Toohey. 9. Class prophecy, Stephen J. Cattley. 10. Exit, Clunes Orchestra.

This was followed by refreshments and dancing.

COMMENCEMENT. On Wednesday evening, May 27, the commencement was held at the Engineering Society Hall, 29 W. 39. The address to the graduating class was given by Dr. Frank Crane. The first faculty prize went to Dr. Donald J. Rankin, the second prize to Dr. Harold L. Pender. Drs. Donald Edward Brace and Francis Temple Chase received honorable mention.

The alumnus trustee prize to the best student in the junior class went to Henry Weil. Albert Getman received honorable mention.

There was a large attendance and the exercises were exceptionally pleasing.

ALUMNI DAY was Thursday, May 28. Clinics were given in the morning by Drs. Fobes and Bingham. An elaborate luncheon was served at one o'clock In the afternoon the annual meeting of the alumni association was held.

In the evening the annual alumni banquet was held at the Waldorf-Astoria.

The speakers were Herbert D. Schenck, A.B., M.D., President Alumni Association; J. Ivimey Dowling, M.D., Toastmaster; Henry Lubeck, D.D.; Augustus A. Downing, L.L.D.; Rev. W. W. Giles; Melbert B. Cary, A.M., President Board of Trustees; Royal S. Copeland, A.M., M.D., Dean.

Alumni Association of the New York Homœopathic Medical College and Flower Hospital. Officers: President, Herbert D. Schenck, '84; 1st Vice-President, Herbert W. Foster, '91; 2nd Vice-President, Nathaniel Ives, '95; 3rd Vice-President, Chas. E. Lane, '83; Executive Officer, John E. Wilson, '83; Treasurer, Harold A. Saunders, '05; Recording Secretary, T. Drysdale Buchannan, '97; Corresponding Secretary, Joseph H. Fobes, '01; Necrologist, Louis Apgar Queen, '88; Alumnus Trustee, Wm. W. Blackman, '77.

Directors: Walter G. Grump, '95; J. Wilford Allen, '95; Chas. H. Wintsch, '95; Rudolph F. Rabe, '96; David J. Roberts, '89; Walter Post, '99.

Graduating class of 1914:

Marius Liborious Abbene,
Frederick Dunton Baker,
Harry Berger,
Plynn Mortimer Bolton,
John Blair Boyd,
Donald Edward Brace,
Charles A. Breitsladt,
Charles G. Buckmaster,
William Shorter Bull,
Salvatore Caliva,
Herman Frederick Jobelman,
J. H. Keeying,
John Joseph Kilcourse,
Marcus S. Lemich,
Ralph J. Levy,
Samuel J. Marks,
James Arthur McCourt, A.B.,
Percy Ralph McFeely,
Frederick Gebhard Miller,
Harold L. Pender,

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Francis Temple Chase, B.S.,
L. Broderick Cohen,
Harold L. Dollinger,
Perley Edwin Downing,
Charles Fama,
Alex Maxwell Gluckstein,
Edwin Goodman,
James Bancroft Hallam,
Arthur Hilliard,
Harry Horowitz,
Charles Voorhees Hultz,
Harry Pike,
Joseph Pisciotta,
Louis Reuben Podos,
Donald J. Rankin, B.S.,
Al Eugene Clement Remier,
Moses Sandler,
Edward A. Saltzman,
B. Edgar Spiegel,
George William Unsworth, Ph.G
Harry Stewart Whitaker, A.B.

Members and guests: H. C. Alle, J. W. Allen, J. C. Anderson, J. F. Ackerman, G. C. Birdsall, T. P. Birdsall, T. W. Birdsall, C. E. Birch, D. N. Bulson, D. A. Babcock, W. W. Blackman, B. W. Bierbauer, F. D. Brewster, D. T. Brewster, H. V. Broeser, G. F. Brewster, S. A. Beckwith, W. H. Bishop, F. E. Brennan, E. C. Braynard, T. D. Blair, T. D. Buchanan, H. Bowen, T. H. Beattie, Edward Chapin, C. P. Case, B. G. Carleton, M. B. Cary, John W. Cary, B. B. Clark, R. E. Curtis, J. H. Cahoon, E. E. Case, E. T. Clock, L. F. Coleman, B. G. Clark, J. O. Chase, R. S. Copeland, W. G. Crump, F. W. Cornwell, Sprauge Carleton, V. H. Cornell, J. B. Custis, G. C. Dominick, W. H. Diefenbach, H. F. Datesman, H. B. Dorr, W. A. Durrie, F. H. Dreyer, J. J. Dowling, F. M. Dearborn, W. C. Danin, F. L. C. Dowe, A. A. Downing, F. L. Eastman, A. C. Emmel, F. P Eckings, E. R. Fiske, H. W. Foster, H. A. Foster, E. D. Franklin, H. C. Galster, A. R. Griffith, W. W. Giles, A. Ginnerer, J. W. Hassler, M. J. Hall, M. T. Hopper, G. A. Hull, A. H. Hardy, S. O. Hardy, F. K. Hollister, W. F. Honan, J. R. Horner, C. C. Howard, C. H. Helfrich, Ralph Hayman, W. E. Halfman, H. F. Hathaway, W. T. Helmuth, G. H. Iler, N. H. Ives, Dr. Ivins, C. L. Jones, F. A. Jacobson, V. Kennedy, H. Krogstad, L. R. Kaufman, L. Kaufman, Geo. S. King, E. W. Kellogg, E. D. Koltz, J. J. Lane, C. E. Lane, G. E. Lane, G. F. Laidlaw, F. G. Leao, R. J. Lloyd, F. A. Lund, H. L. Langhaar, W. L. Love, S. S. Lorzeaux, G. W. Lutton, Rev. H. Lubeck, H. B. Minton, N. A. Mossman, H. L. Mapps, E. V. Moffat, N. D. Mattison, J. H. Moore, W. M. Muncy, J. D. Miller, W. S. Mills, G. P. Mack, G. W. McDowell, C. M. McDowell, A. R. McMichael, J. A. McKenzie, B. D. Norwood, C. P. Opdyke, W. W. Owens, L. A. O'Brian, G. P. Olcott, W. H. Pierson, H. J. Pierron, Walter Post, F. A. Pulver, L. A. Queen, D. J. Roberts, W. B. Rice, O. S. Rich, E. G. Ranken, J. F. Ranken, G. F. Raynor, R. F. Rabe, H. C. Reynolds, J. P. Seward. W. F. Seward, C. E. Strong, H. D. Schenck, R. A. Stewart, B. B. Sheldon, G. B. Stearns, St. Claire Smith, P. J. R. Schmahl, H. A. Sanders, F. E. Smith, J. T. Simonson, J. H. Storer, H. G. Sloat, G. A. Shepard, J. E. Shuttleworth, T. F. Schlauch, G. H. Taylor, E. G. Tuttle, Reeve Turner, Irving Townsend, A. E. Arnold Wood, H. R. Wheeler, C. E. Williams, H. A. Whitmarsh, R. A. Whitmarsh, J. E. Wilson, A. C. Worth, B. R. White, M. Z. Westervelt, J. P. Withington, F. M. Wright, W. B. Winchell, Tator, C. E. Teets, P. C. Thomas, A. R. Von Bonnewitz, W. M. Van Zandt, A. H. Van den Burg, R. L. Wood, A. G. Warner, G. W. Whitney, M. D. Youngman.

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HEADACHE REMEDY WITH SPANISH LABEL IS JUDGED TO BE MISBRANDED. Fifty dollars was the fine imposed on the shippers of a so-called headache remedy labeled "Jaquequina", according to a Notice of Judgment just issued by the Department of Agriculture. The shipment was made by the Sidney Ross Company, a corporation of New York City, from the State of New York into the State of California. The product was labeled in the Spanish language and the label translated into English was as follows:

"Preparation for the relief and cure of headache, neuralgia, rheumatism, painful menstruation, sciatica, etc. Is not a laxative. Contains no morphine or opium. The Sidney Ross Co., New York. See that upon each package appears this signature, C. B. Riker. Directions. Dose: Two or three pills; if these give no relief within an hour's time, take two more and repeat the dose every 6 or 8 hours if necessary. Between the ages of 5 and 10 years give half doses. If preferred these pills may be pulverized and be taken in water, syrup or wine."

Misbranding of the product was alleged because the label failed to state the quantity or proportion of acetanilid contained therein. Analysis showed it to contain about 230 grains per ounce.

WARNING AGAINST A PRESCRIPTION FRAUD. The Department of Agriculture, under the Food and Drugs Act has recently been investigating a new trick of certain patent medicine and proprietary medicine vendors which it is believed is deceiving a large number of people into spending money for patent medicines under the impression that they are getting regular physician's prescriptions for nothing.

In a number of publications the Department finds advertisements are appearing which state that the man or woman whose name is attached was saved from death from one of a number of serious diseases through some wonderful prescription given to him or her by a regular physician of unusual skill who will not allow his name to be used because of medical ethics. The advertisement states that the writer feels it to be a duty to communicate this invaluable recipe to humanity in order to save them from similar ills. The offer is then made to supply this prescription without charge to any one who will address a post card to the advertiser. People who do not stop to wonder who is to pay for the advertisement and the return postage and writing of the prescription are caught by this fraud and ask for the prescription. In due course a regular prescription is returned. This contains a number of ordinary ingredients and then under a technical name will call for a large proportion of some patent medicine or proprietary drug. The recipient takes this to a drug store to be filled and the druggist finds that he has to buy some of this patent preparation in order to fill it. He, therefore, has to order a large package or bottle of it and to make a profit, must charge the customer a good, stiff price for filling the prescription. The customer, of course, gets what is in effect simply a patent medicine which, save that it bears a druggist's label and a prescription number, is the same as a patent medicine sold under the maker's own label and in the maker's own bottle.

The Government can not reach these people under either Food and Drugs Act or the Postal Laws, because the scheme is so planned as to evade Government laws. The deception and misrepresentation appears in advertisements, circulars, letters, etc., separate from the package and the medicines are seldom sent through the

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mails. The best the Department can do, therefore, is to warn the people to be particularly suspicious of those who spend money for advertising space, postage, and letter writing, seemingly out of their love for humanity. In all of these cases there is a profit-making scheme back of the seeming philanthropy.

ANOTHER VICTIM OF WOOD ALCOHOL. Workman blinded by fumes, sues brewery. New York City, October 27th. Gustav Kenz, the young varnisher who was made blind for life by breathing the fumes of wood-alcohol varnish which he used in the Bernheimer and Schwartz Brewery to "coat" the inside of their large storage vats, will today resume his suit against the brewery in the Supreme Court of Brooklyn, to recover $10,000 damages for the loss of his sight. This suit was interrupted by the sudden death of M. E. Bernheimer, who dropped dead in the court room on September 25.

Immediately after Kenz became blind, his case was investigated by the New York Committee for the Prevention of Blindness, which is waging a vigorous war against wood alcohol poisoning.

"This case is a tragedy," said Miss Van Blarcom, Secretary of the Committee, and it should never have occurred. Two of Kenz's fellow-workmen were killed by these poisonous fumes while working with him in the vats. None of the poor fellows knew, when they crawled into the vats through the small manholes, that the fumes of the varnish which had been given them to use, might cause their blindness or death.

"There is no excuse for the continued use of wood alcohol in varnish since denatured alcohol is cheaper, and absolutely safe for all industrial purposes."

This is not the first accident of the sort which has occurred in the Bernheimer and Schwartz Brewery. A year ago, one of their employes was blinded and another killed in the same manner. It is incomprehensible that in the face of this severe lesson the brewery should have been so unmindful of the welfare of its workmen as to continue using wood alcohol.

Miss Van Blarcom expressed the opinion that many brewers and the public generally do not know what deadly effects drinking or inhaling the fumes of this poison may have. The Committee is therefore endeavoring to inform the public concerning the danger of swallowing or inhaling it; to urge the use of denatured alcohol in the industries; to work for a law requiring that every container of wood alcohol shall be labeled poison; and to attempt to secure legislation or a ruling which will protect workmen against the danger of inhaling the fumes of wood alcohol.

BOUILLON CUBES NOT CONCENTRATED MEAT ESSENCE. Home-made broth more nutritious and economical than the commercial meat extracts. The belief of many people that bouillon cubes are concentrated meat essence and of high nutritive value, has been shattered by a recently issued bulletin of the Department of Agriculture, which says that while they are valuable stimulants or flavoring agents they have little or no real food value and are relatively expensive in comparison with home-made broths and soups. This bulletin (No. 27) compares the contents of food value of bouillon cubes with meat extracts and home-made preparations of meat.

The ordinary commercial bouillon cubes, acording to this bulletin, consists of from 1-2 to 3-4 table salt. As they range in price

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from 10 to 20 cents an ounce, purchasers of these cubes are buying salt at a high price. The cubes do contain a small amount of protein (muscle-building material) in addition to their stimulating properties, and the makers of most of the cubes make no advertised claim that they are concentrated beef broth or essence. However, many housewives believe that they are and that they possess high nutritive value, especially for invalids. This is not the case. The fact that the cubes sell for from 1 to 2 cents each, and each cube makes a cup of broth, misleads the housewife into believing that she is securing meat extract cheaply when really she is buying it in an expensive form.

According to analysis of these cubes, besides the common salt which constitutes from 49 to 72 per cent. of the total weight, the amount of meat extract ranges from 8 per cent. in the poorest brands to but 28 per cent. in the very best. The third important ingredient is plant or vegetable extract which constitutes from 3 to 30 per cent. This plant extract is useful because of its flavoring properties but has slight, if any, nutritive value. The following table shows exact analysis of ten different bouillon cubes offered on the market:

Cube No.[1]	Source of Manufacture	Salt	Water and Fat	Approximate Amount of Meat Extract Present	Approximate Amount of Plant Extract Present
		Per Cent	Per Cent	Per Cent	Per Cent
1.	United States	62.	5.25	28	4.75
2.	Germany	65.	9	23	3
3.	United States	65.	8	18	3
4.	United States	67.5	5	17.8	9.7
5.	United States	59.2	7	17.8	16
6.	United States	49.25	5.75	15.33	29.66
7.	United States	53.	4.1	14.6	28.3
8.	Germany	72.	5.5	14	8.5
9.	United States	72.5	4.1	8.33	10.92
10.	United States	72.	8.5	8.17	11.33

[1]Cubes arranged in table in order of content of meat extract.

The Department's meat chemist has carefully analyzed semi-solid meat extracts, fluid meat extracts, and commercial meat juice, which are offered on the market to the American public, in adition to the bouillon cubes. He has also conducted experiments in making home-made beef broth and meat and vegetable soup. A compilation of the relative costs of commercial and home-made meat preparations has resulted in the following table:

Best grade bouillon cubes	¼
Cheapest grade bouillon cubes	1-12
Best grade semi-solid meat extract	¼
Cheapest grade semi-solid meat extract	1.3
Best grade fluid meat extract	1-5
Cheapest grade fluid meat extract	1-5
Home-made beef broth	1-6
Home-made meat and vegetable soup	1-2

Both the bouillon cubes and the meat extracts are stimulants and flavoring agents, but have only a slight food value and are more expensive than home-made soups. While an actual cup of

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bouillon prepared from a cube costs only one or two cents and the same cup of home-made meat broth costs approximately 4 1-3 cents, the former is largely salt and water without the high food value that the latter might have, particularly for children and invalids. The ingredients of each are given here:

Cup of Bouillon Made from a Commercial Bouillon Cube.

Water	97.78%
Salt	1.48%
Plant Extract	1.04%
Meat Extract	.60%
Fat	A Trace.

Cup of Home-made Broth

Water	95.42%
Fat	1.72%
Meat and Meat Extractive	1.21%
Undetermined	.57%

Although the cost of making the beef broth, using expensive meat, is about 4 1-3 cents per cup, the broth contains all the fat of the meat which is a valuable food and which is practically eliminated from ordinary commercial meat extracts. Also, the meat after the soup is made is available for the preparation of hash. The cost could be greatly reduced if the meats are purchased at lower priced markets or if less expensive cuts are used and the home-made broth would still have much greater food value than the bouillon.

A RECEIPT FOR MEAT AND VEGETABLE SOUP

The bulletin recommends a wholesome meat and vegetable soup which will furnish enough for a family of five, at a cost of approximately 16 cents. This may be made according to the following recipe:

Ingredients: One soup bone, weighing about 24 ounces, (1-3meat) 10 cents. Approximate Cost: (Price actually paid by Department Chemist.)

After being washed it should be placed in a large kettle with three pints of cold water and heated for three hours when the bone and meat should be removed.

1-4 of a small head of cabbage, one onion, one carrot, one large potato, two small tomatoes, a little flour seasoning—6 cents.

Chop these vegetables and add to the soup. Boil the mixture for one hour, thicken slightly with a little flour and season with salt and pepper.

The home-made soup made according to the above recipe contains the addition to meat extractives, gelatin from the bone, some of the food elements in the vegetables, and a large proportion of the fat and meat of the bone.

While the purchaser of semi-solid meat extracts obtains two to three times the amount of meat extract that he does by spending the same money for bouillon cubes, these extracts also are not concentrated beef according to the analysis made by the Department's chemist. They contain from 45 to 65 per cent meat extract, 15 to 25 per cent water, 5 to 20 per cent salt, and 10 to 20 per cent of ash other than salt. The cost of meat extracts at retail is 45 cents for 2 ounces or more.

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r'luid extracts of meat are even more expensive than the semi-solid meat extracts, consisting of at least one-half water but selling at about the same price, volume for volume, as the semi-solid extract which contains more than 25 per cent of water.

Commercial meat juice preparations cost from 50 to 75 cents for 2 ounces of liquid and are frequently merely dilute solutions of the semi-solid meat extracts. When the amount of food actually present in them is considered they are expensive articles of diet. In making them the protein (muscle-building material) which is pressed out of meat and is present in freshly made meat juice is entirely removed by the manufacturer in order to make a product which may be kept a long time without spoiling. Therefore, the most valuable food elements of the meat juice usually do not reach the consumer in these commercial products.

The bulletin contains cuts and tables illustrating the relative contents and food values of bouillon cubes, meat extracts, and home-made preparations, and may be had on application to the Division of Publication, U. S. Dept. of Agriculture, Washington, D. C.

Wood Alcohol in Barber Shops. Razor Wielders and Supply Men in Panic Over Recent Convictions—More Sentences of Offenders Expected Today.—New York, Dec. 14.—Barbers and dealers in barbers' supplies are in a state of panic over the conviction a few days ago of two wholesale dealers in barbers' supplies for selling bay rum containing wood alcohol Their anxiety has reached the acute stage with the discovery that these convictions are merely the opening volley in a war on the trade. A long list of barbers and supply men are booked for conviction in the near future, it is intimated. It now comes to light that the use of the deadly wood alcohol in bay rum is a common practice and as this stuff is sent from the New York supply houses to the trade all over the Eastern section of the country, the discovery is one of wide seriousness.

Now the barbers want to know how they can protect themselves against buying and using the proscribed article and the dealers are coming forward with anxious inquiries as to what they shall do to be saved. Inspectors from the Board of Health are secretly getting evidence and no one can tell where the blow will strike next. Representatives of the trade are daily besieging the offices of the New York Committee on the Prevention of Blindness which is heading a State-wide fight against this evil. Meanwhile the man in the street would like some means of making sure that when he settles down for a comfortable shave in his favorite barber shop he will not run the risk of being smitten with blindness from inhaling the fumes of the stuff the barber splashes so liberally on his face.

In passing sentence in these first cases, Chief Justice Isaac F. Russell, of the Court of Special Sessions, castigated the prisoners without mercy. He declared that, with all the publicity given the subject of wood alcohol and its dangers, there was no possible excuse for ignorance and that in selling the stuff the culprits had deliberately committed an act that might endanger the eyesight if not the lives of many citizens. In a case so serious, the Justice added, he would not accept even proven igno-

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rance as an excuse. Justice Russell has announced that he will do all in his power to aid the Health Department and the Committee on Prevention of Blindness in their fight.

The offenders, Warshaw Bros., 29 Clinton Street, and Adolph Bucholtz, of 517 Third Avenue, Manhattan, were fined fifty dollars each. Four other bay rum cases come up before Justice Russell today, those of the New York Perfumery Company, 8 Cooper Square; B. H. Turican & Co., 110 Fourth Avenue; Crown Barber Supply Company, 384 Broome Street, and Solomon Hudes, 315 Bowery, all of Manhattan. In all these cases the evidence is based on the analysis of samples gathered by inspectors of the Board of Health and tested in the Board of Health laboratories.

Justice Russell reiterated yesterday his strong approval of the campaign being waged by the Committee on Prevention of Blindness against the use of wood alcohol in any preparation designed for external application by human beings, a thing which is forbidden by both the State Law and the Sanitary Code of New York City. He made it clear that no offenders of this class need expect any mercy from him. He said that representatives of the supply men and barbers had been calling on him at his chambers every day since the first convictions, to make inquiries as to the scope of the law and as to how they could best protect themselves.

"The gist of these inquiries at our office," said Miss Carolyn Van Blarcom, executive secretary of the Committee on Prevention of Blindness, "is 'how can we compete, if we obey the law, with those who persist in using the wood alcohol which is so much cheaper than grain alcohol? How can we barbers who want to obey the law be sure that we are buying an article that conforms to the law? Make the other fellows obey the law and we'll only be glad to.'"

"There is no doubt at all," Miss Van Blarcom went on, "that the present misuse of wood alcohol constitutes a menace to the life and eyesight of a variety of individuals. Physicians agree that from swallowing and absorbing the liquid and from inhalation of its fumes there is danger of blindness resulting. We have had proof enough of this danger in case of loss of eyesight by users of varnish containing wood alcohol and patrons of cheap saloons and drug stores. The discovery that barbers supplies commonly contain this deadly poison makes it apparent that the menace threatens not merely the workers in certain trades, and consumers of cheap liquor and drugs, but the general male public."

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CURRENT EVENTS AND ANNOUNCEMENTS

PERSONALS.

DR. SAMUEL BARLOW MOORE desires to announce the removal of his office on August 25th, to 445 West End Avenue, near 81st Street. Telephone, Schuyler 4470.

DR. SAMUEL BARLOW MOORE, 265 West 81st Street, announces the removal of his office on August 25, to 445 West End Avenue, near Eighty-first Street. Telephone, Schuyler 4470.

ARTHUR GINNEVER, M.D., successor to Eugene F. Hoyt, M.D., rectal diseases exclusively, 39 West 58th Street, New York, has returned to the city and resumed practice. Office hours, 9 to 1.

DR. JAMES ALEXANDER MILLER announces that on October 1st, 1914, he will remove his offices to 379 Park Avenue, corner of 53rd Street. Telephone, Plaza 3699. Consultation hours from 10 a. m. to 1 p. m. by appointment.

A MOUTH WASH IN FEVER CASES. In all fever cases where the tongue is coated, the lips dry and cracked and the teeth covered with sores, the use of some cooling and soothing mouth wash would seem to be indicated.

Glyco-Thymoline in a 25 per cent solution with cold water fills this want perfectly. Its frequent use is grateful to the patient and at the same time a great factor in relieving the condition.

WM. VAN DEN BURG, M.D., 30 West 48th Street, New York, medical diseases and diagnosis exclusively. To prevent loss of time on the part of patients, Dr. Van den Burg announces the following arrangement of his office hours: Tuesdays, Thursdays and Saturdays, 10 a. m. to 12 m.; Mondays, Wednesdays and Fridays, by appointment only. There will be no regular hours on Sundays or holidays. No special appointments will be made for Tuesdays, Thursdays or Saturdays between 10 a. m. and 12 m. Physicians and patients requiring special examinations are requested whenever possible, to make arrangements for consultations in advance. Dr. David B. Hill's hours: Weekdays, 5:30 to 6:30 p. m.; Sundays, 9 to 10 a. m.

EXAMINATION OF CANDIDATES FOR ASSISTANT SURGEON. Boards of commissioned medical officers will be convened to meet at the Bureau of Public Health Service, 3 B Street, S. E., Washington, D. C., and at the Marine Hospitals of Boston, Mass., Stapleton, N. Y.; Chicago, Ill.; St. Louis, Mo.; New Orleans, La.; and San Francisco, Cal., on Monday, October 19, 1914, at 10 o'clock a. m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health Service, when applications for examination at these stations are received in the Bureau.

Candidates must be between 23 and 32 years of age, graduates of a reputable medical college, and must furnish testimonials from two responsible persons as to their professional and moral character. Service in hospitals for the insane or experi-

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ence in the detection of mental diseases will be considered and credit given in the examination. Candidates must have had one year's hospital experience or two year's professional work.

Candidates must not be less than 5 feet 4 inches, nor more than 6 feet, 2 inches, in height.

The following is the usual order of the examinations: 1., Physical; 2., Oral; 3., Written; 4., Clinical.

In addition to the physical examination, candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate and that they will serve wherever assigned to duty.

The examinations are chiefly in writing and begin with a short autobiography of the candidate. The remainder of the written exercise consists of examination in the various branches of medicine, surgery, and hygiene.

The oral examination includes subjects of preliminary education, history, literature and natural sciences.

The clinical examination is conducted at a hospital.

The examination usually covers a period of about ten days.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order. They will receive early appointments.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon.

Assistant surgeons receive $2,000, passed assistant surgeons $2,400, surgeons $3,000, senior surgeons $3,500, and assistant surgeon generals $4,000 a year. When quarters are not provided, commutation at the rate of $30, $40, and $50 a month, according to the grade, is allowed.

All grades receive longevity pay, 10 per cent in addition to the regular salary for every five years up to 40 per cent after twenty years' service.

The tenure of office is permanent. Officers traveling under orders are allowed actual expenses.

For invitation to appear before the board of examiners, address "Surgeon General, Public Health Service, Washington, D. C."

American Public Health Association. Five hundred to Florida! First Preliminary Announcement. The Forty-second Annual Meeting of the American Public Health Association will open at Jacksonville, Fla., on November 30, 1914, with registration in the afternoon and the presidential address in the evening.

Headquarters.—The official headquarters for the meeting is the Seminole Hotel.

Hotels. Seminole—200 rooms, 140 with bath, $2 and up; without bath, $1.50 and up; European. Mason—250 rooms, all with bath, $2, $2.50, $3, $3.50; European. Burbridge—150 rooms, 125 with bath; $3, two in room; $2, one in room; also $1.50; nearly all with bath; European. Windsor—200 rooms, 100 with bath; American, $5 with bath; $4 without bath. European, $2.50 with bath, $1.50 up without bath. Aragon—140 rooms, 60 with bath. American, $3, $3.50 and $4; European, $1.50 and up. Windle—135 rooms, 40 with bath; with bath, single, $2; double,

$3. Duval—100 rooms, 40 with bath, $1.50; without bath, $1. European. Park—44 rooms, 12 with bath, $1.50; without bath, $1; European. Jackson—80 rooms, 24 with bath. No meals served. $2 and $1.50 with bath; $1 without bath, single.

Railroads. Information about railroads will be contained in the second preliminary announcement, which will be sent to all members in October.

Entertainment Program. December 1: Trip on the St. Johns River, with a buffet luncheon. December 2: Assembly Ball for the members and their guests. December 3: Musical Tea for the ladies, at the Country Club. There will also be opportunities for side trips, visits to neighboring orange groves, to Atlantic Beach, second only to Ormond Beach, to St. Augustine, only an hour distant, and to the famous Ostrich Farm., etc.

Southern Health Exhibition. In connection with the Annual Meeting of the American Public Health Association at Jacksonville, a Southern Health Exhibition will be held which will show what every State in the entire South is doing for the conservation of health in all its branches. Because you have been accustomed to hear of a general need of more public interest in sanitary conditions, it will surprise you to see what astonishing things many of the leaders have accomplished in the South. Here is your opportunity to acquire an intelligent and comprehensive knowledge of the real achievements and the unsolved public health problems of the entire South.

Scientific Program. The scientific program is already nearing completion, and it promises to be the best in years. It will appear complete in the second preliminary announcement, which will be sent to every member of the Association in October.

American College of Surgeons. On June 22nd last, the American College of Surgeons held their second convocation at the Bellevue Stratford Hotel, Philadelphia. A half a million dollar endowment fund is the aim of the college, for the erection of a permanent home, possibly in Washington, D. C. $150,000 was raised at this meeting. In the presence of a brilliant audience eleven hundred fellowships in the college were conferred.

The following homœopathic surgeons were present and received the degree: Horace Packard, Boston; J. C. Wood, Cleveland; H. R. Chislett, Chicago; C. E. Kahlke, Chicago; W. B. Van Lennep, Philadelphia; W, H, Bishop, New York; G. W. Roberts, New York; D. G. Wilcox, Boston; D. A. Foote, Omaha; Scott Parsons, St. Louis; A. B. Norton, New York; Gilbert Fitzpatrick, Chicago; Burton Haseltine, Chicago; J. M. Patterson, Kansas City; W. D. Foster, Kansas City; W. T. Helmuth, New York; E. G. Tuttle, New York; H. D. Schenck, New York; W. G. Crump, New York; G. R. Southwick, Boston; Sidney F. Wilcox, N. Y.; W. Emerson, Boston; A .G. Howard, Boston; Winfield Smith, Boston; T. L. McDonald, Washington; H. E. Beebe, Sidney, O.; Sprague Carleton, New York; Bukk G. Carleton, New York; J. H. Fobes, New York; W. F. Honan, New York; E. S. Bailey, Chicago; Charles E. Sawyer, Marion, O.; Charles E. Walton, Cincinnati; G. S. Coon, Louisville; J. F. Ranken, Brooklyn; M. A. Brandt, Milwaukee; A. G. Warner, Brooklyn; Elmer Bissell, Rochester, N. Y.; C. H. Helfrich, New York; R. A. Stewart, New York; G. D.

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Hallett, New York; G. A. Shepard, New York; Gurnee Fellows, Chicago; E. J. George, Chicago; Peter S. Clark, Chicago; W. E. Waddell, Los Angeles; G. H. Quay, Cleveland; W. M. Stearns, Chicago; Howard Bellows, Boston; Chas. F. Howard, Boston; Dean T. Smith, Ann Harbor; C. J. Swan, Chicago; J. Emmons Briggs, Boston; F. W. Colburn, Boston; N. W. Emerson, Boston; Geo. B. Rice, Boston; Wm. F. Wesselhœft, Boston; Harold Wilson, Detroit; L. S. Ramsdell, Monitor, Mich.; A. B. VanLeon, Albany; H. A. Whitmarsh, Providence; H. B. Besemer, Ithaca; A. W. McDonald, New York; F. G. Ritchie, New York; A. R. Grant, Utica, N. Y.; Geo. H. Quay, Cleveland; E. G. Rush, Cleveland; E. S. West, N. Yokina, Washington; Royal S. Copeland, New York.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION has the best prospects for a good meeting that it has had in years. Everything is rounding into shape nicely. All the Bureau Chairmen are active and report good progress and some of them have already submitted their full program.

In our next letter in next month we are confident we can give a full programme. The list of essayists is a guarantee of a good meeting.

The Local Committee have decided upon the Emerson Hotel as the official headquarters for the meeting. That is the newest and best hotel in that city of good hotels. Mayor Preston will make the address of welcome and they are in correspondence with several of our best men for the principal speaker of the evening.

Next month particulars and names will be given. Don't forget the dates, November 10, 11, 12.

CANCER AS A PUBLIC HEALTH PROBLEM. Curtis E. Lakeman, Executive Secretary, American Society for the Control of Cancer, has contributed a special article to the Monthly Bulletin of the New York Department of Health, in part as follows:

PREVALENCE OF CANCER. Cancer is chiefly a disease of middle and late adult life and at these ages it is more to be dreaded than tuberculosis, pneumonia, or diseases of the digestive system. In 1912, out of the total number of deaths from cancer in the United States, 84 per cent were deaths of persons aged forty-five and over. Cancer accounts for one-sixteenth of the deaths from all causes at the ages above forty-five. The mortality rises with age and shows a rate of 680 per 100,000 of population among persons aged seventy and over, as compared with 118 per 100,000 among persons in the forties. As is generally known, cancer is more common among women than men. At ages forty and over, of the women who die, about one woman in eight, and of the men who die, about one man in fourteen dies of cancer. The disease now takes an annual death toll of about 75,000 in the United States and largely because of public ignorance and negligence it proves fatal in over 90 per cent of the attacks.

A MENACE TO SOCIETY. These statistics, interpreted without difficulty, point to the surpassing importance of cancer as an enemy of society. The figures mean that this disease directs its onslaughts largely against mothers and fathers of families. Attacking alike rich and poor, educated and ignorant, careful and careless, its insidious onset occurs at the most useful period of life; and death is most common at the age when the care and

guidance of children and the continuance of business responsibilities make the mother and father the most useful members of society.

Reality of the Increase. It is unnecessary to quote records of the apparent increase in the death rate from cancer. The fact is universally admitted. What remains in dispute is the extent to which the statistics reflect the facts. It has long been a favorite topic of argument whether cancer has actually increased to the extent claimed, or whether the progress of medical science, bringing more certain diagnosis of internal ailments and, consequently, more accurate certification by physicians of causes of death, has resulted, so to speak, in piling up the statistics faster than the actual deaths.

After making all allowances, many hold that the disease is actually on the increase. It has been argued, for instance, in respect to Newsholme's well known contention that the increase is statistical rather than real, that it is hard to understand why the increment from year to year should be so uniform. According to this view, it seems unlikely that accuracy of diagnosis has advanced at such an even rate as to result in almost exactly the same addition to the recorded cancer death rate each year.

Moreover, it might be held that the time must come and perhaps has come when this argument from increasing accuracy of diagnosis must fall from his inherent limitation. In view of the present comparatively advanced state of medical knowledge, if the increase is not real, is it not about time to expect the recorded cancer death rate, interpreted on this theory, to slow down? But in fact, the death rate keeps right on increasing, and a higher mortality rate is recorded each year.

Yet there are many on the other hand, who strongly support the views of King and Newsholme, first expressed in 1893, insisting that they are equally true today and that cancer has not increased at anything like the rate indicated by the statistics. That there is even now room for great improvement in the certainty of diagnosis is said to be evident from the statistics of the best Berlin hospitals, which show that twenty per cent of even advanced and fatal cases of cancer are not recognized until autopsy is performed. Until diagnosis is even more certain than at present, it seems unsafe to be too sure of statistics based on the certificates of physicians as to the cause of death.

Nature of Cancer. Contrary to a common impression, a great deal is known about cancer and its causes. At least this is true if we speak of causes as the conditions under which the disease occurs. So much, in fact, is known of these conditions that sometimes the disease can be predicted with a high degree of certainty. On the other hand, we are still ignorant of the exact nature of the process or agent which changes the structure of the body cell itself and sets it to multiplying as a cancerous growth. In this sense we do not know the cause of cancer, and here we are led into the realm of those ultimate scientific questions which are as inscrutable, seemingly, as the nature of life itself.

The Cause of Cancer. We have much empirical knowledge as to the "causes" of cancer, that is, we know from long recorded

observation in many countries many of the conditions under which the disease develops. Foremost in this department of our knowledge is the fact that continued irritation in a given spot is frequently followed by the disease. The examples are familiar to all who have read even the simplest accounts of the disease. Chimney sweeps develop cancer of the skin from irritation by the soot. Workers in tar distilleries, in the manufacture of grease or briquettes also seem especially subject to skin cancer. Something in tar and pitch under such continued exposure develops warts which break down and become cancers. Men employed in dye works have been observed to suffer from cancer of the bladder. Cancers of the tongue from irritation by the pipe or cigar is commonly reported, and one physician recently described a case where the chafing of a suspender buckle was assigned as the "cause." The women of India who carry betel nuts in their cheeks suffer from cancer of the mouth, while generally speaking they are quite free from other forms of the disease. Even long continued irritation is not always necessary and cases are recorded where cancer seems clearly to have developed after a single blow or wound or fracture of some bone.

THE CONTROL OF CANCER. While these interesting and often curious observations have not yet led us appreciably nearer to that absolute understanding of the disease which is here, as always, the aim of science, yet they furnish us with valuable practical guidance in the recognition of cancer in its early stages and give the chief hope at present of its better control. For we see in all these recorded cases, the prime fact that cancer is at first a local disease. If it cannot be cured, it can be removed. Competent surgery in the early stages means a large percentage of cures and the earlier the better. Hope lies chiefly in the first operation. Delay means not simply danger, but as a rule, inevitable death. Many surgeons believe that all cancers develop from some "precancerous lesion," such as a wart or mole or wound or scratch that does not heal. If others dispute these statements as too sweeping, there is nevertheless absolute agreement as to the necessity of early recognition of the disease and prompt tratment if the death rate is to be reduced. But what are the facts and the knowledge and habits of people in this respect, as we find them?

DELAYED SURGERY. Most cases of cancer at present are not diagnosed until it is too late for surgery to cure. It is well known to the medical profession that the greater number of patients with cancer of the stomach come to their physicians describing symptoms which they have had from one to three years.

SOCIAL ACTION NECESSARY. In a disease in which, as we have seen, the consequences to the community are so especially severe, society as a whole must meet the issue. The immediate possibility of checking the ravages of this scourge of the race lies solely in the dissemination of knowledge of the disease among the people. To be effective, this work must be thoroughly done through a campaign which shall reach every corner of the land with its message of hope stated in simple language, yet proceeding from an unimpeachable scientific basis. All agencies now working in the field of cancer must be federated in respect to this purpose at least. In the various research laboratories, commissions and hospitals and in the analysis of statistics of operation is to be found

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American Institute of Homœopathy

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September 26, 1914---September 26, 1915

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the basis for statements to the public which represent facts, not conjecture or loose emotion.

Study of Clinical Records. A more general and thorough examination of the records of hospital operations and the wide publication of the facts will be one of the most potent agents in this educational movement. The statement of the hope which lies in early operation must not only be trumpeted in every city and village of America, but it must be frequently illustrated and enforced with concrete figures and facts. There is a mine of information buried in the case records of clinics and hospitals and private practice all over the country. A force for enlightenment as inexhaustible as radium itself, awaits extraction from the forbidding ore of card files and books or case histories.

The reduction process is costly and so far little or none of the money expended in cancer research has been applied to such a study of clinical data as should be made, and no single agency has undertaken the work on a comprehensive scale. Yet in these records of cures accomplished by surgery in many different clinics throughout the world is the material for a convincing message of hope to the public.

Result of a Single Study. Already a preliminary study of the records kept at the hospital and laboratories of one of the largest American centers of medical education, has given ample evidence to support the advice to seek early operative treatment. These records show clearly that the chances of a permanent cure, if operation be resorted to promptly, are very high, and they show equally clearly that these chances decrease with every day of delay. And as the likehood of cure becomes remote, the immediate danger and damage of the operation becomes greater. That is to say, a new and small cancer may be removed without much pain and without much mutilation, but an old and dispersed cancer leaves a serious wound behind it.

The reports referred to are now being analyzed and tabulated and those for cancer of the lip, tongue and breast are already complete. The statement of results takes account of the conditions said to precede actual cancer, such as tobacco blisters, white spots and sore places about the teeth. While there is difference of opinion as to the bearing of such conditions on the development of true cancer it cannot be denied that in many cases a causal relation seems to exist. In using the term "precancerous lesions," however, and in considering the result of operations to remove them, it is wise to make the reservation that these conditions are not always followed by the development of true cancer, and the statistics should be understood in that light.

In operations on the tongue the figures show that the prompt removal of the "precancerous" or benign lesion resulted in 100 per cent of cures. In the second stage, i.e., that of malignant warts, complete removal was equally effective. But when the actual figures of developed cancer were studied, the proportion of cures dropped at once to 50 per cent.

In cancer of the breast the danger of delay is equally apparent. In the milder form, called adenocarcinoma, the percentage of cures in all cases was 76, but in the late cases, i.e., those in which the cancerous nature of the tumor was already obvious to the eye, it was 64 per cent. In the early cases, on the other

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hand, it was 100 per cent. In these early cases there is a warning lump in the breast, but no outward sign of malignant tumor. The operation begins with an exploratory incision, which enables the surgeon to see the actual tumor. When he determines, either by the eye or by the microscope, that it is malignant, the complete removal of the breast follows.

In the more malignant forms of breast tumor, the general percentage of cures dropped to 36, and in late cases to 33, or one patient out of three. But even here the cures in early cases reached 85 per cent. In other words, the patient raises her chances of recovery from 33 to 85 per cent by going to the surgeon early.

In operations for cancer of the lip, the reports show 100 per cent of cures in the earliest stages and 75 per cent of cures after complete operation in the later stages. If the operation was incomplete and the cancer returned, the percentage of cures dropped to 33.

The evidence so far collected on early cancer also gives an opportunity for a message to the people who seek help in the later stage of cancer. Although the chances of a cure here are less, the disease in many instances is by no means hopeless. Even when the hope of cure is remote, surgery looks toward the prolongation of useful life and the relief of much suffering.

THE KOENIGSBERG CAMPAIGN. The possibilities of controlling cancer by disseminating information in regard to the disease is well illustrated by the pioneer campaign instituted in eastern Prussia at Koenigsberg for the instruction of all people, but particularly the women, in the early symptoms of cancer and the value of the earliest possible surgical and medical treatment. In this campaign the co-operation of the laity and the medical profession, on the one hand, and the press on the other was enlisted with excellent results. When the campaign was started in the early nineties the cancer death rate of Koenigsberg had increased from 53 in 1880 to 110 in 1893. The rate continued to increase up to 1907, when it reached a maximum of 139 per 100.000 of the population. Subsequent to that year the rate gradually declined to a minimum point of 118 for the year 1913. The decrease seems inconsiderable, but is most important when we remember that nearly everywhere else the rate is steadily increasing.

THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER. The movement for the formation of a special association in this country, devoted solely to public education for the control of cancer started in a committee appointed in 1912 by the American Gynecological Society. In the spring of 1913, this group, after conferences with other members of the medical profession, invited a number of interested and influential laymen and women to join in the organization of a national or American Association for the Control of Cancer. This is the first association in any country so far as known, devoted to public education on cancer on a nation-wide basis.

RADIUM TREATMENT OF CANCER. In view of the recent outburst of public discussion of the effects of radium in the treatment of cancer, the Society has felt it necessary to emphasize the limitation of this agent as well as its favorable effects in certain

cases. Otherwise the familiar story of new hopes, destined only to diappointment, will again be recorded at the expense of many unfortunate sufferers.

The curative effects of radium are practically limited today to superficial cancers of the skin, to superficial growths of mucous membrane and to some deeper lying tumors of bone, etc., which are not very malignant. The problem of the constitutional treatment of advanced, inoperable cancer is still untouched by any method yet devised or likely to be devised for administering radium. Even among the so-called radium cures, it still remains to be determined in many cases whether the favorable result is permanent or is to be followed sooner or later by the usual recurrence. The most competent surgeons do not dare pronounce a case cured until five years have elapsed after an apparently successful operation. The same criteria must be applied before we can finally determine the real value of radium.

It should be emphasized especially that radium cannot at present exert any permanent benefit on generalized cancer, and since cancer, in a considerable number of cases, is widely disseminated in the body early in the course of the disease, this entire group of cases can expect no important relief from radium. Another large group of cancers is comparatively inaccessible to the application of radium, so that the ultimate course of the disease is not affected although certain portions of the tumor may be reduced in size. Again, many forms of cancer, although localized and accessible to radium, grow very rapidly and resist the curative action of this agent, so that no real benefit can be expected from its use.

The best results of radium treatment can be secured only when comparatively large amounts are available for use, as the present limited world's supply of this metal, places it out of reach of the great majority of patients. It is to be feared that much harm may result from undue reliance upon small quantities of low grade radium when other methods of treatment would be more effective.

Radium Fakes. Europe, where the popular furore about radium appeared earlier than it did here, has already furnished the unpleasant spectacle of great numbers of dishonest and fake, money-getting, radium-cure establishments conducted by individuals who possess little or no radium, and have no knowledge of its use. These people promise cures, but are, in reality, unable to obtain even those palliative effects which are possible from radium. Much harm has also been done there by honest and educated enthusiasts, who have been led to premature confidence in the curative effects of radium by the excitement of witnessing the temporary relief of symptoms and decrease of tangible tumors which it undoubtedly produces even in advanced cases.

Under the term "cancer" are commonly grouped several diseases which differ widely in nature, causation, and course, and in their response to radium. It requires both skill and experience to determine just what type of cancer one has to deal with as well as the advisability of using radium. Hence, it is extremely difficult to formulate an accurate statement of the true position of radium therapy, but it is quite clear that the exploitation of this remedy as a cure of cancer in general is to be depreciated.

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HEALTH CONSERVATION AT THE PANAMA-PACIFIC EXPOSITION.—Each of the great world's expositions of history has had its "uplift" side-show or its ethical or scientific phase. For example, at the Chicago World's Fair it was the World's Parliament of Religions; at the St. Louis Exposition great stress was laid on a World's Congress of Arts and Science. The Panama-Pacific International Exposition at San Francisco will go a long ways further toward the heart —and stomach—to find its basic idea. That idea or key-note is Service—social, industrial, educational, hygienic, fraternal, economic.

The most pressing problems of today and of tomorrow—the problems of human welfare—furnish the basis not only of a large proportion of the 60,000 exhibits which already have been secured to fill the 65 acres of the eleven vast exhibit palaces, but of the laboratory and platform work of most of the extraordinary series of national and international congresses and conventions which will make San Francisco their headquarters in 1915. Fully 500 such great gatherings are expected to hold sessions there; and of these, 221 already have voted to be present. In some instances a single one of these world congresses will bring 10,000 to 40,000 delegates and members from 20 to 35 nations; and a total of over a million delegates, all people of thought and of ideas to swap—already assured.

Health—physical, moral and mental health—is the topic which in greater or less degree will engage the attention of scores of these great gatherings, and which will dominate acres of exhibits not only in the five-acre palace of Social Economy and Education, but throughout the exposition generally. In the great building devoted to Social Economy will be most of the exhibits made by the various foreign and state governments. These will be chiefly working displays and automatic wax and blown glass models, designed to popularize hygiene, physiology, sanitation, factory regulation and the like. These models, for the U. S. government and for some of the largest business and philanthropic corporations in the country, will be created on an elaborate scale never before attempted, by the celebrated Dr. Philip Rauer, and a corps of trained specialists who in April of this year came over from Stuttgart, Germany, at the invitation of the Rockefeller Foundation and of the Panama-Pacific Exposition to take charge of such work. Rauer is the man who created the greatest series of models ever seen, called "Der Mensch" (The Human Being) for the Dresden Exposition, and which is intended shall be shown at San Francisco. He will install a still greater lot of models for the U. S. health exhibit, on which a considerable part of the $500,000 appropriation will be expended. This governmental exhibit probably will be shown in a special federal building to be erected by Uncle Sam at an additional cost of half a million dollars, the President having made such recommendation in April of this year. In the national display the cause and prevention of each of the more prevalent diseases will be visualized by means of models, relief maps and stereomotograph pictures in combination with the phonograph and moving pictures.

The hygienic displays made by individual states will be so

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selected as to avoid duplication. Thirty-eight states and territories will participate. Dr. Rupert Blue, Surgeon General of the U. S. Bureau of Public Health, held a conference in Washington in June with the members of all the state boards of health and with the principal municipal boards. At this conference details as to the character and scope of the hygienic exhibit of each state and city was threshed out, so that each will display its specialty, no two showing the same thing at the exposition. This insures an invaluable and varied series of exhibits of an educational nature. It is claimed that this is the first time in the history of expositions that the "no duplication" system has been adopted. It is not confined to any one department, but it is the watchword in all the great palaces of exhibits.

This greatest of world expositions commemorates the completion of the Panama canal, and this the greatest engineering feat of modern times was made possible only by the achievements of medical science; the foundation of the whole project being the sanitation of the canal zone. This great work will be exploited with great thoroughness in various exhibits and by learned and scientific bodies. Col. G. W. Goethals will preside over the sessions of the International Engineering Congress which will meet at the exposition for a week in September, and he and his canal chiefs will make personal reports and addresses on every phase of the canal work, which afterwards will be published in eleven large volumes. About 25,000 civil, electrical, sanitary and military engineers from over thirty nations have accepted the invitation to attend this congress. Among the laboratory exhibits will be replica of the Panama canal, 500 feet in length, with miniature ships passing through it, and relief maps, charts, and wax models.

Cuba, which claims credit for doing the pioneer work in tropic city sanitation and in the eradication of yellow fever and plague, which made the later canal work possible, will come to the exposition with an elaborate hygienic exhibit which will occupy the most prominent place in the Palace of Social Economy, and will include model hospital equipment, a model of a fever mosquito as large as an ostrich and automatic models made by Rauer to show at a glance how to combat tropic diseases. Cuba's appropriation is a quarter of a million dollars. Argentina, with the enormous appropriation of three million pesos, will have a very modern welfare and health exhibit, and Japan, France, Germany, the Philippines and thirty other countries will be well represented. It had been planned to bring to San Francisco the most important of the great welfare, civic and health exhibits from the Urban Exposition which opened in Lyons, France, in May, 1914. Also the great British exhibits which were shown at Ghent last year, it is expected, will be brought over in their entirety.

In addition to the governmental and state exhibits, there will be unexampled health and human welfare displays assembled by such organizations as the American Steel Corporation, which expects to expend $100,000 on its exhibits; the General Electric Company, which also will show its appliances for conserving the health of its factory employees; the various insurance companies.

the Rockefeller Foundation which will concentrate on the measures taken to eradicate the hookworm, and the Russell Sage Foundation, and Carnegie institutions and the Social Survey. All health and social economic displays made by commercial firms will be housed in the five-acre Mines building, along with an exhibit by the federal government covering work done for the health and safety of miners.

Another exhibit of importance to the medical and surgical world is the model emergency hospital which the exposition already has installed. It is in charge of Dr. R. N. Woodward, superintendent of the U. S. Marine Hospital in San Francisco, and will be maintained by the U. S. Department of Health, although most of the equipment, which represents the highest achievements in sanitary appliances, has been contributed by various manufacturers. As in all other expositions departments, practically all these displays are products of the past decade. This hospital exhibit includes model automobile ambulance, a sterilizing room, an X-ray room, a library, operating chairs, surgical instruments and equipment, a drug room and the like. It will be used as the exposition emergency hospital.

Included in the series of 221 international and national congresses and conventions of learned, scientific, industrial, ethical and other bodies which already have voted to hold their sessions at the Panama-Pacific International Exposition, are many conventions having to do directly with public health and hygiene Among participants will be the American Academy of Medicine, the National Commission on Mental Hygiene, five organizations of the eye, ear, nose and throat specialists, various societies for the elimination of Tuberculosis, Cancer and other diseases, the Panama-Pacific Dental Congress which will bring over 3,000 delegates with a clinic of 25 to 50 chairs, beginning September 9th; the American Red Cross Association, and the International Congress of Nurses, which will be represented by 6,000 nurses from fifteen countries. Affiliated with this nurses congress which last met in Cologne in July, are the American Nurses' Association with 22,000 members, the National League for Nurses' Education with 12,000 members and the National Organization of Public Health Nurses. This congress will bring an elaborate series of exhibits including late hospital equipment, model wards, a Florence Nightingale exhibit and a model hospital mortuary as developed in Europe.

It is probable that the American Medical Association also will hold its 1915 sessions at the exposition, although definite action is yet to be taken. It will be at least represented in the Palace of Social Science by a valuable exhibit covering the work of the Association in educational and legislative work, particularly looking to the elimination of quacks and fake medical schools and adulterated and fake medicines and drugs.

The sessions of all these bodies will be held for the most part in the new permanent Auditorium which the Exposition is erecting at a cost of $1,065,000, and which has a seating capacity of 10,000 in its main hall, with eleven subsidiary halls. The Festival Hall with a seating capacity of 3,000, and the Greek Theatre at the University of California, seating 12,500, visible

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across the bay from the exposition grounds, also will be used for these vast congresses.

An Ally Worthy of Confidence. It is going on 20 years since Gray's Glycerine Tonic Comp. was first placed at the service of the medical profession. During all this period Gray's Glycerine Tonic Comp. has maintained the standards that first attracted attention and the busy practitioner has ever found it an ally worthy of confidence. It never disappoints and in the treatment of atonic conditions, particularly of the gastro-intestinal tract, it is often the one remedy that will produce tangible and satisfactory results. The physician who does not use it in his practice is denying his patient many benefits that can be obtained in no other way.

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The Journal of the American Institute of Homœopathy

is the publicity organ of the Institute, published by the Board of Trustees in behalf of good-fellowship and medical progress. Read the August number for the Dowling-Krauss discussion on definition of homœopathy. Read the September number for the Royal-Copeland comment on medical colleges.

Journal subscription, $2.00 a year. Institute membership, $3.00 a year. Send your subscription and your application for membership to the

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CURRENT EVENTS AND ANNOUNCEMENTS

PERSONALS

DR. ROYAL S. COPELAND, Eye, ear, nose and throat diseases, has resumed his daily office hours, 10 a. m. to 1 p. m. Georgean Court, 58 Central Park West, Corner 66th Street; telephone, Columbus 4262.

DR. JOHN E. WILSON, mental and nervous diseases exclusively, has returned to the city and resumed his usual consultation hours, viz: 10 to 1, Sundays and holidays excepted. Sydenhelm Building, 616 Madison Avenue. Telephone, 1470 Plaza.

DR. HENRY B. SAFFORD announces the removal of his office and residence to 296 Central Park West, corner 90th Street. Special attention given to obstetrics. Office hours: 8 to 9:30, 1 to 2, 6 to 7:30; Sundays, 10 to 12. Telephone, 733 Riverside.

DR. JAMES E. TYLER, diseases of the nose, throat and ear, announces his removal to "The Wellesley," 440 West End Avenue, N. E. corner 81st Street. Office hours: 8 to 10, 1 to 2, 6 to 7:30, Sundays excepted. Telephone, Schuyler 4300.

DR. CLARENCE C. HOWARD, "The Sydenham," 616 Madison Avenue, announces his return to practice. Mental and nervous diseases exclusively. Consultations by appointment. Office hours from 9 to 12, Sundays and holidays excepted. Telephone, Plaza 1470.

JOSEPH H. FOBES, M.D., F.A.C.S., "The Raymore," 1 West 68th Street, New York City, has returned to town and will receive patients at the usual hours—11 a. m. until 1 p. m., except Sundays—and by appointment. Surgery and gynecology. Telephone, Columbus 4438.

DR. SAMUEL BARLOW MOORE, 445 West End Avenue, announces that he will be out of town until Nov. 12. During his absence, patients are referred to Dr. Arthur L. Root, 114 West 81st Street. Office hours: 8:30 to 10:30 a. m. and 6 to 7 p. m. Telephone, Schuyler 8020. After Nov. 12, Dr. Moore may be consulted from 12 to 1 p. m. and 6 to 7 p. m. Sundays and holidays, 12 to 1 p. m. only. Telephone, Schuyler 4470

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.—The semi-annual meeting of the Connecticut Homœopathic Medical Society was held at the Hotel Elton, Waterbury, on Tuesday, October 20.

BOERICKE & TAFEL report that the new vehicles for the administration of homœopathic medicines—Diskettes and Blankettes—are being very favorably received by the profession. Samples will be sent on request.

WARD'S ISLAND METROPOLITAN HOSPITAL. The annual dinner of the Ward's Island Metropolitan Hospital Alumni Association will take place at the Hotel McAlpine, Wednesday evening, December 2, 1914.

NEW YORK SKIN AND CANCER HOSPITAL, Second Avenue, corner 19th Street. The Governors of the New York Skin and Cancer Hospital announce the following course of lectures by Dr. L. Duncan Bulkley on Wednesday afternoons at 4:15 o'clock, on

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"Medical Aspects of Cancer." Nov. 4, Nature of Cancer; Nov. 11, Frequency and Geographical Distribution of Cancer; Nov. 18, Metabolism of Cancer; Nov. 25, Relation of Diet to Cancer; Dec. 2, Medical Treatment of Cancer; Dec. 9, Clinical Considerations and Conclusions. Each lecture will be preceded by a half-hour clinical demonstration of dermatological cases. The lectures will be free to the Medical Profession, on the presentation of their professional cards.

GLYCO-THYMOLINE FOR COLDS. At this season of the year the crop of "colds" becomes very prevalent. One of the first efforts of the physician aims at relieving the congestion of the nasal mucous membrane and bringing some degree of comfort to his patient. Glyco-Thymoline in a 25 per cent solution used in connection with the K. & O. Nasal Douche, not only cleanses the nasal passages of the mucous secretions but also reduces the congestion by its exosmotic action, thereby giving the patient a degree of comfort that will be thoroughly appreciated.

BOSTON NEWS

MASSACHUSETTS HOMOEOPATHIC MEDICAL SOCIETY. The 7th semi-annual meeting of the Massachusetts Homœopathic Medical Society was held on Wednesday, Oct. 14, 1914, at Westboro State Hospital, Westboro, Mass. The business meeting was held in the chapel of the institution at 11:30. Three new members were elected to the society, Dr. Harry E. Davey, Keene, N. H.; Dr. Sanford B. Hooker, Boston, Mass, and Dr. Alfred E. Mills, Somerville, Mass.

Following the business meeting luncheon was served. At 1:15 p. m. Dr. John L. Coffin, Chairman of the Board of Trustees of the hospital, gave the address of welcome.

The remainder of the exercises in the chapel consisted of a clinic at which some especially interesting cases were presented, anc. (escall !a59 , shrdl cmfwyp etaoin vbgkqj cmfwyp shrdlu mb illustrating certain of the recent classification phases of insanity, such as Dementia Praecox, Manic-Depressive, and Arterio-Sclerotic. Each of the phases was outlined by one of the staff previous to the presentation of the illustrative cases. The dementia praecox cases were presented by Dr. Harry O. Spalding, superintendent of the hospital; the manic-depressive by Dr. M. M. Jordan, assistant superintendent, and the arterio-sclerotic by Dr. Solomon C. Fuller. The clinic was arranged for the special interest of the general practitioner and was most successful in attaining that end.

At the end of the clinic, an opportunity was given the physicians to visit the various departments of the hospital which is administered in numerous buildings and groups of buildings in the extensive grounds. There were the psycopathic department, the colony groups, the chronic groups, the pathological laboratory, the service and administration departments, and the farm. The larger number chose to go over the various wards and among the 1,200 patients there was found abundant material for observation.

One of the newer lines of work taken up at this hospital is the industrial occupation for inmates. Since two years an instructor in this work has been employed. An exhibit was displayed in

the chapel of work done by the patients, much of which would have done credit to a church fair or an arts and crafts show-room. The new departures in gardening by the patients have also given most encouraging results.

Dr. Coffin stated that after Nov. 1 there will be an out-patient department in connection with the hospital, its session to be held one day of each week at the hospital.

The day was ideal, and the guests enjoyed to the full not only the scientific treat supplied them but the glorious views from the hilltop of the nearby lake and the surrounding country in its autumn glory.

Boston District. The first regular meeting of the season of the Boston District of the Massachusetts Homœopathic Medical Society was held on the evening of Oct. 1, 1914, at Evans Memorial Building, East Concord Street.

Papers were given by William F. Phillips, M.D, on "The Proper Dosage of Antitoxin;" by Orville R. Chadwell, M.D., on "Is Belladonna of Value in Scarlet Fever?" and by Edwin H. Place, M.D., of the South Department, Boston City Hospital, on "The Diagnosis and Differential Diagnosis of Scarlet Fever."

Dr. Chadwell's paper on the use of belladonna in scarlet fever was of special interest. Dr. Chadwell made a study of 150 cases seen at the Contagious Department of the Massachusetts Homœopathic Hospital with the result that those cases which had no Belladonna seemed to do better both as to severity of attack and sequellae than those which received the drug. There was much discussion of this paper.

Notes. Dr. Frank C. Richardson, Registrar of Boston University School of Medicine, resigned that office at the close of the school year and is succeeded by Dr. Edward E. Allen, Professor of Anatomy.

Dr. Marvin Shepard (B.U.S.M. 1912) has received an appointment as assistant physician at Smith College for the coming academic year.

Dr. George A. Capham has been made a member of the faculty at B. U. S. M., as lecturer on pulmonary tuberculosis.

Dr. David M. Gardner (B.U.S.M. 1900) has begun practice at Milford, Mass.

Dr. Gardner H. Osgood announces the opening of a Roentgen laboratory where a modern equipment for X-ray and fleuroscopic work has been installed at The Belvoir, 636 Beacon St., Boston.

Dr. Mary E. Mosher of Roxbury was elected Second Vice-President of the American Institute of Homœopathy at the June meeting at Atlantic City.

Dr. John F. Lovell (B.U.S.M. 1908) has located at Sweet Grass, Montana.

Dr. Harold E. Diehl (B.U.S.M. 1911) was married on June 10, 1914, to Miss Helene Taylor, at the home of Dr. Arthur H. and her sister, Dr. Barbara Taylor Ring, at Arlington Heights, Mass.

Drs. Edwin A. and Edith Leavitt Clarke (B.U.S.M. 1885) formerly of Westboro, Mass., are located at Akron, Colorado, to which place they removed from Canon City. Dr. Edwin Clarke is secretary of the Akron Chamber of Commerce, and a member of the Educational Committee.

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Dr. Gilbert M. Mason (B.U.S.M. 1898) who was demonstrator of anatomy for some years at the B. U. School of Medicine, has located at 520 Beacon St., Boston, where he will make a specialty of orthopedics.

Dr. Sarah Adleman (B.U.S.M. 1910) has been made assistant physican at the hospital for the insane at Skuylkill Haven, Penna.

Under the will of the late Dr. Almena J. Baker-Flint, ten thousand dollars was left to the Massachusetts Homœopathic Hospital, the income to support a free bed to be known at the Dr. Flint bed. A bronze bust of the late Mr. Flint, which is now in Channing Memorial Chapel, is also left to the Homœopathic Hospital with the request that it be placed in an honored position "because of his long and unbounded loyalty to homœopathy and his interest in this institution." Five thousand dollars was left to the School of Medicine of Boston University, and one thousand dollars to the Massachusetts Society for University Education of Women, connected with Boston University, toward a scholarship fund for poor and worthy students.

Drs. Mary A. Leavitt, Edwin W. Smith and Thomas E. Chandler have removed their offices to 19 Bay State Road.

Dr. Max Goldman (B.U.S.M. 1913) has opened an office in the Allen Chambers, 1 Allen St., West End, Boston.

Dr. F. N. Beardslee (B.U.S.M. 1899) has received an appointment as assistant physician at Norwich State Hospital, Norwich, Conn.

Dr. Cora D. Haskell (B.U.S.M. 1913) has returned to her home at Ord, Nebraska, having completed her term of service at the Massachusetts Homœopathic Hospital.

Dr. Daniel M. Gardner (B.U.S.M. 1900) has removed from Milford, Mass., to Andover, New Jersey. He has been appointed school physician to Andover and also to Green, New Jersey.

OBITUARY

Dr. Almena J. Balser-Flint, one of our best known women physicians, died on June 27, 1914, after a long illness following an operation for appendicitis. Dr. Balser-Flint was born at Winter Harbor, Maine, April 5, 1842. She was twice married, first to Mr. William Balser, and in 1891 to Mr. D. B. Flint, who is well known in Boston as an ardent friend and helper to homœopathy.

She graduated at the B.U. School of Medicine in 1876 and was a most efficient and useful woman in her profession. For the last few years she had given up active practice and had devoted herself to charities and philanthropies. She was a member of the Women's Educational and Industrial Union, the Massachusetts Society for the University Education of Women, and of many medical societies. She was on the medical staff of the Massachusetts Homœopathic Hospital for years in the capacity of electrician and consulting physician and was for many years on the Board of Trustees of the Hospital.

Dr. James Batchelder Bell, for many years a surgeon at the Massachusetts Homœopathic Hospital, died on Sept. 26, 1914, at his home, 178 Commonwealth Avenue. His health had been failing for some time. Dr. Bell was born in Monson, Maine, 76 years ago. He was graduated from Hahnemann Medical School, Philadelphia, in 1859, and continued his medical studies in the general

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hospital at Vienna. In 1885 he was placed upon the surgical staff of the Massachusetts Homœopathic Hospital, where he remained until two years ago. He was a member of many medical societies, President of the Evangelistic Association of New England and Vice-President of the Union Rescue Mission of Boston. Dr. Bell is survived by one daughter, Mrs. Florence B. Dillingham, wife of the Rev. Pitt Dillingham, and one son, Samuel B. Bell.

Dr. Emma M. E. Sanborn died at her home in Andover, Mass., on May 24, 1914. She was a member of the class of 1876, B.U.S.M.

Dr. Amelia Johnson (B.U.S.M. 1904) died at Eglinton, North Toronto, on May 13, 1914, of acute dilatation of the heart.

Dr. Lemuel C. Grosvenor, who, during the latter part of his life, lived in Taunton, Mass., died in that city on July 15, 1914, at the age of 82 years.

Grace E. Cross, M.D.

The Tuberculosis Invalid. The pricking of the Friedmann bubble but served to still further confirm and accentuate the vital importance of the well defined methods of treatment for tuberculosis, that have given such encouraging results, i.e., fresh air, sunshine, rest, nutritive reinforcement and judicious medication. A proper combination of these four remedial factors is practically certain to place the incipient tuberculous invalid upon the road to recovery, if the patient is intelligently handled and the treatment persisted in. While it is, of course, acknowledged that the first three non-medicinal agents referred to constitute the vital elements of the upbuilding regime, considerable aid is afforded by judicious medication. Hematinic reinforcement should certainly not be neglected, in view of the secondary anemia which is almost always apparent. Among the agents which have produced good results in the revitalization of the blood, Pepto-Mangan (Gude) is the most generally eligible and acceptable. As it is thoroughly palatable, neutral in reaction, free from irritant properties and devoid of constipating effect, the digestion of the patient is not disturbed, while the appetite and general vital tone improve more rapidly and satisfactorily than when hygienic and nutritive measures are depended upon exclusively.

Objectionable Labeling for Medicinal Preparations. In answer to many inquiries as to proper labeling for medicinal preparations to comply with the Food and Drugs Act as amended, the Department of Agriculture, through the Bureau of Chemistry, has issued the following suggestions to makers and proprietors of medicinal preparations:

1. Claims of Therapeutic Effects.—A preparation can not be properly designated as a specific, cure, remedy, or recommended as infallible, sure, certain, reliable or invaluable, or bear other promises of benefit unless the product can as a matter of fact be depended upon to produce the results claimed for it. Before making any such claim the responsible party should carefully consider whether the proposed representations are strictly in harmony with the facts; in other words, whether the medicine in the light of its composition is actually capable of fulfilling the promises made for it. For instance, if the broad representation that the product is a remedy for certain diseases is made, as, for example, by the use

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of the word "remedy" in the name of the preparation, the article should actually be a remedy for the affections named upon the label under all conditions, irrespective of kind and cause.

2. INDIRECT STATEMENTS.—Not only are direct statements and representations of a misleading character objectionable, but any suggestion, hint, or insinuation, direct o rindirect, or design or device that may tend to convey a misleading impression should be avoided. This applies, for example, to such statements as "has been widely recommended for," followed by unwarranted therapeutic claims.

3. INDEFINITE AND SWEEPING TERMS.—Representations that are unwarranted on account of indefiniteness of a general sweeping character should be avoided. For example, the statement that a preparation is "for kidney troubles" conveys the impression that the product is useful in the treatment of kidney affections generally. Such a misrepresentation is misleading and deceptive unless the medicine in question is actually useful in all of these affections. For this reason it is usually best to avoid terms covering a number of ailments, such as "skin diseases, kidney, liver, and bladder affections," etc. Rheumatism, dyspepsia, eczema, and the names of many other affections are more or less comprehensive, and their use under some circumstances would be objectionable. For example, a medicine should not be recommended for rheumatism unless it is capable of fulfilling the claims and representations made for it in all kinds of rheumatism. To represent that a medicine is useful for rheumatism, when as a matter of fact it is useful in only one form of rheumatism, would be misleading; such statements as "for some diseases of the kidney and liver," "for many forms of rheumatism," are objectionable, on account of indefiniteness. Names like "heart remedy," "kidney pills," "blood purifier," "nerve tonic," "bone liniment," "lung balm," and other terms involving the names of parts of the body are objectionable for similar reasons.

4. TESTIMONIALS.—Testimonials, aside from the personal aspect given them by their letter form, hold out a general representation to the public for which the party doing the labeling is held to be responsible. The fact that a testimonial is genuine and honestly represents the opinion of a person writing it does not justify its use if it rreates a misleading impression with regard to the results which the medicine will produce.

No statement relative to the therapeutic effects of medicinal products should be made in the form of a "testimonial" which would be regarded as unwarranted if made as a direct statement of the manufacturer.

5. REFUND GUARANTEE.—Statements on the labels of drugs guaranteeing them to cure certain diseases or money refunded may be so worded as to be false and fraudulent and to constitute misbranding. Misrepresentations of this kind are not justified by the fact that the purchase price of the article is actually refunded as promised.

NEW REGULATIONS FOR FEDERAL MEAT INSPECTION.—The new meat inspection regulations governing the slaughtering of cattle, sheep, swine and goats, and the preparation of meat food products

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American Institute of Homœopathy

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September 26, 1914---September 26, 1915

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in inspected establishments, were signed by the Secretary of Agriculture on July 15, 1914.

All the regulations become effective November 1, 1914, except those governing imported meats, which go into effect January 1, 1915.

The department of Agriculture is limited by law to jurisdiction over the slaughtering and packing establishments which sell their products in interstate or foreign commerce. These establishments slaughter 60 per cent of the meat used in the United States. The slaughtering and packing establishments which sell their product wholly within the State in which the animals are slaughtered are beyond the jurisdiction of the Department.

The new regulations, which occupy 87 printed pages, codify the many amendments and rulings made since the adoption of the old regulations on April 1, 1908, and also add to the requirements a number of features suggested by eight years' experience in meat inspection and conforming with recent scientific discoveries.

The more important changes, made as the result of the development of veterinary science and practical experience in meat inspection, are as follows:

Diseased Animals to be Condemned Prior to Slaughter. The new regulations provide that inspectors shall make a rigid ante-mortem inspection, and if they find clear evidence in the live animal of the existence of a disease which unfits its meat for food, they shall condemn the animal and prevent its entry for slaughter into the food-preparing departments of the establishment. The animal so condemned must be slaughtered in a separate place and put at once into the denaturing tank to be turned into fertilizer or other non-edible products. This rule is more strict than the ante-mortem inspection prescribed in the old regulations.

Heretofore, animals showing some evidence of disease on ante-mortem inspection were slaughtered on the same killing floors as healthy animals, and were not finally condemned until they were subjected to post-mortem examination.

Under the new rules, where the ante-mortem inspector suspects a live animal of having a disease which might render it unfit for food, but is not certain of this condition he will as in the past, mark the animal "U. S. Suspect," which will make its carcass subject to special post-mortem examination. The ante-mortem inspector is also authorized to detain the animal for further observation and taking of temperature in cases where that seems desirable in reaching a decision.

All animals at the time of slaughter, even though no symptoms of disease are visible on ante-mortem examination, are subject to careful post-mortem examination before the meat can be marked "U. S. Inspected and Passed" and allowed to leave the establishment.

Withdrawal of Inspection. The regulations prescribe that any inspected establishment which violates any regulation may suffer the penalty of having all inspection withdrawn. This would mean that such establishments could not ship any meat in interstate commerce or abroad. This is designed to strengthen

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the Department's authority to compel establishments to observe sanitary conditions.

PACKERS TO BE PERMITTED TO SELL SECOND-CLASS STERILIZED MEAT ON A PLAN SOMEWHAT SIMILAR TO THAT FOLLOWED BY THE GERMAN AND AUSTRIAN GOVERNMENTS. In view of the present shortage and high prices of meat, and the fact that every pound of meat that is condemned necessarily adds to the cost of producing meat that is passed, the new regulations provide measures whereby the packers can sterilize and cool thoroughly certain classes of meat and sell it in cans or sealed containers, labeled plainly "Second-class Sterilized."

This sterilized cooked meat which the packers are to be permitted to sell as "Second-class Sterilized" is the meat of portions of animals the fat of which the old regulations permitted the packers to make into edible lard and tallow. The process of rendering served to sterilize the fat and make it entirely hygienic. The new plan extends the same principle so as to utilize the lean portions of this meat which heretofore packers have not been allowed to sell for food purposes.

This action follows scientific investigations made by specialists of the Department, and by independent veterinarians and physiologists, which have made it clear that large quantities of meat which are perfectly good food when thoroughly cooked have been condemned because of the presence of strictly localized cysts or lesions in animals. This meat is of the type which the German and Austrian governments have long permitted their packers to sterilize by cooking and sell at shops in a cooked condition.

This meat which, cooked, finds ready sale at a lower price than raw meat in Germany and Austria, consists of portions of the flesh of animals which have localized cysts or lesions which make the immediately affected muscle or tissue unsuitable for food, but which do not affect the remaining flesh of the animal or render it unhealthful. Portions (usually organs or glands) containing cysts or lesions are cut away and condemned. These cysts and lesions do not come from any of the highly dangerous diseases, for any indications of which the regulations require the condemnation of the whole carcass.

Under both the old and the new regulations, in cases where the diseased condition is trivial and strictly localized, the unaffected portions of the carcass, which are free from any suspicion of disease, are passed for food and allowed to be sold in the raw state.

On the other hand, all carcasses and all parts diseased to an extent rendering them unfit for food are condemned. Between these two classes lies the class of meat which may be sterilized under the new regulations. This consists of parts of carcasses believed to be entirely healthful, but which come from carcasses affected to a somewhat greater extent than would allow the passing of these parts for food in the raw state, because these parts may contain a chance cyst, which, if eaten raw, might lead to tape worm or other diseases. These accidental cysts or lesions even if present are rendered entirely harmless by thorough sterilization in cooking.

While the packers of Germany and Austria for many years

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have widely availed themselves of this method of saving, by cooking, a huge waste of meat, it is not known how far the American packers will care to follow the practice. It is believed, however, that if it is undertaken it will make available a large quantity of cooked meat which is now wasted.

Post-Mortem Inspection. The provisions relating to the post-mortem inspection of carcasses have been made clearer and more explicit so as to make the rules under which the inspectors pass or condemn carcasses or portions of them exact and in accordance with the latest scientiffc knowledge. The regulations governing the carcasses of hogs suspected of hog cholera have been made much more stringent.

Safeguarding Inspection Marks. The rules and regulations governing the disposal of condemned meat and the use and integrity of the Federal marks have been redrafted to meet fully all conditions which have developed during the past six years. As a result, it can be certain that the mark "U. S. Inspected and Passed" can appear only on meat that has passed a rigid ante-mortem and post-mortem inspection at the hands of skilled veterinarians.

Raw Pork Prohibited in Certain Food Products. On account of the danger from trichinae in pork and the lack of any known method of inspection which affords an absolute safeguard the regulations prescribe that no muscle tissue of pork shall be allowed as an ingredient of any article such as summer sausage, or similar foods which customarily are eaten without cooking. To be included in articles which may be eaten without home cooking, the pork must have been subjected to a temperature sufficient to destroy all live trichinae, or subjected to some other approved treatment which may hereinafter be discovered.

Sanitary Regulations. The regulations governing the sanitary condition of packing establishments, the cleanliness of employees, and the care of utensils and instruments have been redrafted into a series of definite rules. This, it is believed, makes compliance with the rules easier on the part of the packers and makes detection of violations simpler for the inspectors.

These rules are very explicit as to the provision of washing and toilet facilities for the help, as to the condition of the clothing, and as to the cleanliness of the hands of those handling the meat. The rules also explicitly prohibit the passing of meat which has been allowed to touch floors or become contaminated by contact with condemned meat or knives used in butchering diseased meat.

Imported Meat. The regulations regarding imported meats are redrafted so as to be more comprehensive and complete. Each foreign country from which meats are being shipped to the United States will be supplied with copies, as will United States Consuls, so that a strict compliance with them may be had.

Shippers of Beer, Malt Tonics and Liquors Fined. The U. S. Department of Agriculture has just issued a number of Notices of Judgment against shippers of adulterated or misbranded beer, tonics and liquors in violation of the Food and Drugs Act.

The S. Hirsch Distilling Co., doing business under the name

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of Minnet Cordial Co., Kansas City, Mo., was charged with the interstate shipment of a quantity of so-called extra-fine Jamaica rum, described on the label as Jamaica rum. It was proved to be a mixture of Jamaica rum and neutral spirits. The court imposed a fine of $100 and costs upon the company.

An interstate shipment of beer by the Evansville Brewing Association, Evansville, Ind., was alleged to be adulterated for the reason that it was brewed from barley, malt and other cereal products and not from "Finest Barley Malt and Choicest Hops" only. as printed on the label. The company pleaded guilty and the court imposed a fine of $100 and costs.

The Independent Brewing Co., Philadelphia, Pa., was fined $50 and costs for shipping in interstate commerce a quantity of Majestic Beer which was adulterated and misbranded. The label bore the statement "Brewed from Choice Malt and Hops." It was shown that in addition to malt and hops the product contained corn flakes and was colored with caramel.

A fine of $50 was imposed upon the Jung Brewing Co., Milwaukee, Wis., for the interstate shipment of adulterated and misbranded beer. The label indicated that the beer was brewed from "Choice Malt and Hops," but the government showed that a cereal or cereal product had been substituted wholly or in part for malt.

M. J. Griel, a member of the firm of Griel Trading Co., Pensacola, Fla., was charged with the interstate shipment of a quantity of so-called cognac, which was labeled "Cognac (L. G.) Brandy-Proof 80 Stamp E 48184, Pensacola, Fla." Analysis showed that it consisted in part of neutral spirits colored with caramel. A fine of $15 was imposed upon the defendant.

Other cases of fines imposed or decree of destruction entered for interstate shipment of adulterated or misbranded beverages are as follows:

Medicinal Beer, Darley Park Brewery, Baltimore, Md., misbranding, $10; Malt and Hop Tonic, Popel-Giller Co., Warsaw, Ill, adulteration and misbranding, $10; Bohemian Malt Tonic, Western Brewery Co., Belleville, Ill., adulteration and misbranding, product ordered destroyed; Ferro China Antimalarico, American Union Cordial Co., of Pennsylvania, Inc., Allentown, Pa., misbranding, $25 and costs of $13.50; "Sambuca," Pasquale Gargiulo, doing business under the name and style of P. Gargiulo & Co., New York, N. Y., misbranding, $25.

Ban Placed on Interstate Shipment of Nostrums. The U. S. Department of Agriculture has recently issued a large number of Notices of Judgment involving shipments of drug products adulterated or misbranded in violation of the Food and Drugs Act.

A shipment by the Wm. Radam Microbe Killer Co., New York, N. Y., from the State of New York into the State of Minnesota, consisting of 539 boxes and 322 cartons of Radam's Microbe Killer, was alleged to be misbranded for the reason that statements appearing on the labels of the packages regarding the curative and therapeutic effect of the product were false and fraudulent. This case was one of the first brought by the Government under the Sherley Amendment to the Food and Drugs

Act, passed August 23, 1912. The purpose of this amendment is the more effectual prevention of interstate traffic in that class of preparations or patent medicines purporting to be "cure-alls." A circular accompanying the shipment represented the medicine as being a remedy for practically every ailment to which the human system is subject.

In this case after a jury had found for the Government, the court ordered the goods destroyed by the U. S. Marshal.

MISBRANDING OF FERNET MILANO. A product called "Fernet Milano" shipped into Michigan by Pasquale Gargiulo, doing business under the name and style of P. Gargiulo & Co., New York, N. Y., was alleged to be misbranded. The product, offered for sale under the name of another well-known article, Fernet Milano, was merely an imitation and the label failed to bear a statement of the quantity or proportions of alcohol contained in the article, which was shown to be 33.7 per cent by volume. The article, furthermore, was so labeled as to create the impression that it was of foreign manufacture, when as a matter of fact it was made in the United States. The defendant pleaded guilty and the court imposed a fine of $40.

The William A. Webster Co., Memphis, Tenn., was charged with the interstate shipment of quantities of adulterated and misbranded wine of coca-leaves, acetanilid and sodium bromide tablets, "Anti-vomit Tablets," aspirin tablets, cold tablets, quinine tablets, salol tablets, and sodium salicylate tablets; and misbranded bismuth and calomel compound tablets. The company pleaded guilty and the court imposed a fine of $10 with costs of $12.95.

Two other cases against the same company, alleged the shipment of a quantity of neuralgic pills, and diarrhœa calomel pills, which were adulterated and misbranded in both instances. The labels stated that the pills in each shipment contained respectively 1-20 and 1-16 grain of morphine sulphate, each, when as a matter of fact the morphine content was much less than represented. In each the court imposed a fine on the defendant company of $10, with costs of $12.95.

Other cases were as follows:

Oil Rosemary, Flowers and Oil of Red Thyme, James B. Horner, New York, N. Y., adulteration, $125; Coluble Hypodermic Tablets, Wm. A. Webster Co., Memphis, Tenn., adulteration and misbranding, $10 and costs; Acetanilid Compound Tablets, Burrough Bros. Mfg. Co., Baltimore, Md., adulteration and misbranding, $20; Nutrito, Magistral Chemical Co., New York., N. Y., misbranding, sentence suspended.

SPECIAL ANESTHESIA SUPPLEMENT. Recent years have been marked by some important contributions to the theory, and especially to the practice, of surgical anesthesia, but there has lacked what is now quite needed for the further scientific development of this alongside the other departments of surgery—a journalistic medium and editorial mouthpiece.

The American Journal of Surgery will be expanded to meet this need. Beginning with the October issue and quarterly thereafter, this journal will publish a 32 page supplement devoted exclusively to Anesthesia and Analgesia.

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This supplement will be a complete journal within a journal containing editorials, contributed articles and communications, abstracts, transactions of Societies and book reviews.

The supplement has been adopted as the official organ of the American Association of Anesthetists and the Scottish Society of Anesthetists and it will also publish the transactions of other like societies.

The editor of this supplement will be Dr. F. Hoeffer McMechan of Cincinnati, one of the founders of the American Association of Anesthetists and a charter member of the New York Society of Anesthetists.

He will be assisted by a staff of well known specialists in Anesthesia, among whom we would mention: Dr. James T. Gwathmey, New York; Dr. Willis D. Gatch, Indianapolis, Ind.; Dr. William Harper De Ford, Des Moines, Ia.; Dr. Charles K. Teter, Cleveland, O.; Dr. E. I. McKesson, Toledo, O.; Dr. Isabella C. Herb, Chicago, Ill., and Yandel Henderson of Yale University.

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CURRENT EVENTS AND ANNOUNCEMENTS

PERSONALS

Dr. C. Winfield Perkins, surgery and surgical diagnosis, 268 Alexander Street, Rochester, N. Y. Office hours: until 10 a. m.; 2 to 3 p. m., and by appointment. Bell 'phone.

Dr. Carl Herman Wintsch announces that he has taken offices in "The Sydenham," 616 Madison Avenue, corner 58th Street, New York. Diseases of the rectum and anus exclusively. Office hours: Monday, Wednesday and Friday, 1 to 3 p. m. Telephone, Plaza 1470.

Dr. William H. Dieffenbach desires to give notice of resumption of regular hours: 9 to 12 mornings; afternoons by appointment. X-ray laboratory hours: 9 a. m. to 5 p. m. Telephone, 1089 Columbus. Kindly note new address: "The Rutland," 256 West 57th Street, near Broadway, New York City.

Dr. R. Milton Richards announces his removal from the Albemarle, 1477 Grand River Avenue, to his new residence, 2161 West Grand Boulevard—one and one-half blocks east of Grand River Avenue. Residence office hours: 8 to 9 a. m. and 6 to 7 p. m. Telephone, Walnut 56. Down town office, 602 Gas Office Building, hours 2 to 4 p. m. Telephone, Main 2519.

Through an Unfortunate Omission the name of Dr. J. Hubley Schall was omitted from the list of Homœopathic Surgeons admitted to membership in the American College of Surgeons, published in our last issue.

The Second Edition of Dewey's "Practical Homœopathic Therapeutics," just published by Boericke & Tafel, is a book that will prove to be immensely useful to every physician who can diagnose a disease, and this regardless of school. The book is what it indicates, practical. No doctor can afford to be without a copy. Furthermore, the publishers say this fact seems to be appreciated by the profession, for the book is having a remarkable sale.

BOSTON NOTES

Twentieth Century Medical Club. The first regular meeting for the season of the Twentieth Century Medical Club was held on the evening of October 21st, at the offices of Dr. Cahill, Hotel Westminster. The subject of the scientific session was "Twilight Sleep" and Dr. Edwin Smith, who is working along these lines at the Massachusetts Homœopathic Hospital, gave a very interesting account of his experience. Up to the date of the meeting 34 cases had been delivered at the hospital during twilight sleep, with no bad results which could be attributed to the drug used. Twenty-three of these cases were primiparae; 27 per cent were delivered artifically. There were 2 still born babies, both badly macerated. There were but 4 perineal tears, 3 of them of the first degree. Dr. Smith's experience is that twilight sleep is apt to shorten the first and lengthen the second stage in some cases, but the absence of strain on the mother and the smaller danger of laceration and rupture more than compensates for the slight lengthening of the second stage.

New Maternity Hospital. At last the funds for the long-desired maternity hospital in connection with the Massachusetts Homœopathic Hospital have materialized in the shape of a donation from an anonymous friend who became interested in the

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enterprise through the friendly offices of Dr. and Mrs. Horace Packard.

The location of the present out-patient building at the corner of Harrison Avenue and Stoughton Street will be utilized for the site and the existing one-story walls will be incorporated in the handsome fireproof five-story building which has been contracted for. The second floor will be used for the examination rooms, the third will be devoted to ward patients, the fourth to semi-private patients and the fifth to private patients. There will be a total of 82 beds for mothers. There will be rooms for externes and internes and each of the maternity floors will be equipped with large nurseries for the babies. There will be a large solarium and the roof will be utilized for a garden during the summer months. It is expected that the building will be ready for occupancy by June 1st of next year.

Joint Medical Meeting.. A somewhat noteworthy occasion came to pass on the evening of Saturday, Oct. 31, when by initiation of the Boston District of the Massachusetts Homœopathic Medical Society by the Suffolk District of the Massachusetts Medical Society, the two societies met at the Boston Medical Library to listen to an address by Dr. Thomas F. Harrington, director of school hygiene in the Boston public schools, on the subject of School Hygiene and Public Health Education. A large number of the homœopathic society responded to the invitation of their colleagues and the meeting was most enjoyable.

An address of welcome was given by Dr. Frederick Shattuck which was responded to by Dr. S. H. Calderwood. The meeting was presided over by Dr. Horace D. Arnold. At the close of Dr. Harrington's address it was discussed by Drs. E. H. Bradford, F. C. Richardson, W. T. Porter, J. E. Goldthwaite and D. W. Wells. Following the meeting a collation was served.

Boston District Meeting. The regular monthly meeting of the Boston District of the Massachusetts Homœopathic Medical Society was held at the Evans Memorial Building on Thursday, November 5, 1914, at 8 p. m. The meeting was a surgical one under the direction of members of the surgical staff of the Massachusetts Homœopathic Hospital and was especially planned for the general practitioner. "Some Surgical Problems" were presented by W. F. Wessellweft, M.D., together with several interesting cases. Dr. J. Emmons Briggs discussed "Osteomyelitis" and showed an illustrated case, also one of cured aesophageal stricture. Dr. Chas. T. Howard gave a paper on "Caesarian Section" with a report of an unusual case, and Dr. Clarence Crane discussed the matter of "When to Operate upon Cases of Salpingitis."

Private Twilight Sleep Hospital. A novelty in hospitals is a new private hospital for the exclusive use of twilight sleep methods in maternity cases which has been opened by Dr. Eliza Taylor Ransom (B.U. 1900) at 197 Bay State Road. The cases will be selected cases which are thought suitable for the use of the drug. The new hospital opens with 30 beds.

Notes.—Dr. Nelson Wood announces that he has opened an office for general and consultation practice of internal medicine at 19 Bay State Road.

Dr. Frederick L. Emerson has opened an office at 416 Marlborough Street, Boston.

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The Fred H. Seavey Seminary Settlement, a part of Morgan Memorial, will have Boston University medical men to examine the entrants and applicants for places in the settlement.

Dr. Louise Martha Sturtevant of Somerville, B.U. 1903, was recently married to ex-Alderman David B. Armstrong of Somerville, Mass.

Dr. Gardner H. Osgood has opened a Roentgen laboratory with a modern equipment for X-ray and fluroscopic work at the Belvoir, 636 Beacon Street, Boston.

Dr. Marion Coon has removed to 483 Beacon Street, Boston, where she will continue to do laboratory, chemical and microscopic analyses.

The amount of the gift for the new maternity hospital in connection with the Massachusetts Homœopathic Hospital is understood to be $100,000.

Dr. Frank C. Richardson has resigned as Registrar of the B. U. Medical School, feeling that he must devote his whole time to his work at the Evans Memorial Building. He will be succeeded by Dr. Edward E. Allen of the faculty, professor of anatomy.

Dr. John F. Lowell, B. U. 1908, has located at Sweet Grass, Montana.

At the opening of the medical school it was announced that a traveling scholarship had been established upon the income of a fund given to the school for this purpose.

Dr. Frank A. Davis, B. U. 1898, has removed from Hotel Buckminister to Hotel Brunswick, Copley Square.

The Massachusetts Homœopathic Hospital announces that it is equipped to take cases of erysipelas at the West Department, Allston Street, Brighton. Any physician in good standing may treat his patients there.

Dr. A. Emmons Paine has resumed active practice and is prepared to take mild mental and nervous cases in the Newton Sanatorium as in former years. DR. GRACE E. CROSS.

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY. The sixty-fourth semi-annual meeting of the Connecticut Homœopathic Medical Society was held at the Hotel Elton, Waterbury, on Tuesday, October 20, 1914.

The Society was called to order at 11 o'clock by the President, Dr. Frederick H. Wilcox of Willimantic.

The Secretary read the minutes of the annual session, which were approved.

The privileges of the Society were extended to all visiting physicians.

The by-laws were suspended and the Secretary was instructed to cast one ballot for Dr. E. C. M. Hall of New Haven to succeed himself as member of the State Medical Examining Board for the ensuing five years .

Dr. Clarence N. Payne of Bridgeport, in behalf of the Committee on Memorial Resolutions on the death of our late associate, Dr. C. E. Sanford of Bridgeport, presented the same and they were accepted and ordered to appear in the transactions of the Society.

A very general but informal discussion then took place as to the present requirements of the State Examining Boards; the question of reciprocity, etc. There seemed to be a strong feeling

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in favor of a wider exercise of reciprocity than is now possible under the laws, and also that the present requirement that an applicant for a license must have had a certain course in biology and taken at a certain period in his educational course, would act as a bar to admitting many competent men to examination.

Dr. Bina Seymour of Springfield, a graduate of the New York Homœopathic Medical College and Flower Hospital, 1913, was elected to membership.

The following papers were read and discussed:

1. The Higher Dilution in the Treatment of Eye Diseases, by Augustus Angell of Hartford. 2. The Early Treatment of Syphilis, by Dr. E. Everett Rowell of Stamford. 3. The Plan and Scope of the Lumbar Incision, by Dr. Joseph H. Fobes, F.A. C.S., of New York City. 4. Radium, its Present Status as a Therapeutic Agent, by Dr. William H. Dieffenbach, Professor of Physical Therapeutics, New York Medical College and Hospital for Women. 5. Clinical Paper, "One Hundred Emergency Shots," by Dr. Royal E. S. Hayes of Waterbury, read by title. 6. The Abatement of Prostitution, by Dr. Edward Beecher Hooker of Hartford. Owing to the lateness of the hour but few were present to hear Dr. Hooker's able and scholarly paper, and the expression was general that it be presented at the annual meeting in May next, when it is planned to have a program of sociological medicine.

The meeting was a very interesting one and all the papers presented were of a high order and valuable.

The society adjourned after a vote of thanks to those from New York who had so courteously contributed to the interest of the session. SAMUAL WORCESTER, M.D., SECRETARY

WANTED—A GOOD HOMŒOPATHIC PHYSICIAN IN MISSISSIPPI: VICKSBURG, JACKSON AND NATCHES. These places offer a good op-VICKSBURG, JACKSON AND NATCHEZ. These places offer a good opelement in each one of them that does not want anything but a homœopath to treat them. Dr. Hardenstein died recently in Vicksburg, Dr. French in Natchez, and the only man in Jackson is 87 years old and unable to see any one except in his office. Dr. Edward Harper of New Orleans will be glad to furnish information to any one who might care to investigate any of the above mentioned places.

DEPENDABLE THERAPEUTIC ACTION. It is freely conceded that the drugs or remedies that can be relied upon to produce definite and uniform physiologic effects are limited in number. The great majority of drugs depend so largely on dosage, the conditions under which they are administered, and individual idiosyncracy, that the effects that result are in most instances decidedly uncertain and only to be determined by actual test. There are a few drugs, however, that have a well defined action, which the practitioner can be sure will follow with practical certainty. Among such definite acting medicants the bromides are particularly noteworthy, for there are few drugs that are more positive, pronounced and definite in their power to modify or influence certain of the physiologic conditions of the body. But clearly defined as is bromide action generally, even this has been found more or less subject to the purity and quality of the drugs employed.

It is recognition of this fact that leads so many discriminating

physicians, when bromide-therapy is indicated, to turn to Peacock's Bromides, for experience has shown that this product is not only made from neutral bromide salts of the highest purity and quality, but compounded with a degree of care and skill that assures constant unvarying uniformity. It is not surprising, therefore, that Peacock's Bromides are so generally known, considered the ideal preparation, as well as the most reliable sedative, antispasmodic and anti-convulsive. But it is not alone to therapeutic efficiency that the popularity of Peacock's Bromide is due. The more this combination has been used the more evident it has become that its purity and quality guarantee a gratifying fredom from the gastric disturbances and other symptoms of bromism that the ordinary bromide salts usually produce. Consequently in employing Peacock's Bromides, the painstaking practitioner not only insures the therapeutic results he desires, but saves his patient from disagreeable and annoying effects that he would be sure to suffer from inferior preparations of the bromides. Is it difficult to understand, therefore, why Peacock's Bromides are so generally employed or prescribed when bromides are indicated?

FRAUDS AND FAKES. There have been so many frauds and fakes connected with physical culture that many physicians distrust all physical culture trainers. Yet every doctor knows that there are many cases which can be cured only by exercise, fresh air and simple living.

Now, I have been a physical trainer for eighteen years, and I know my business well enough to know that I must co-operate with the medical profession, and not oppose it. I am not a worker of miracles nor a cure-all quack. I am not a diet "expert" and I don't try to cure people by feeding them on predigested piffle or flabbergasted fluff.

If you send your patients to the MacLevy Health Farm at Babylon, L. I., you may feel assured they will get "what the doctor orders," plus healthful outdoor life, scientific exercise, work and rest in the proper proportions, wholesome food and country life.

My farm is not a sanitarium nor an experiment farm for trying out fads and fancies, but a real farm, where neurasthenic, run-down, over-worked or dissipated cases receive the best of attention and the most favorable environment for rebuilding their shattered health.

In arranging the gymnastic and diet program for each individual the advice of the physician is always strictly followed.

Write or telephone me at my New York Open-Air Gymnasium, 352 Fourth Avenue; 'phone, Madison Square 8686. MACLEVY.

BOTTLING PASTEURIZED MILK WHILE HOT. Investigators in the U. S. Department of Agriculture have found that the process of bottling pasteurized milk while still hot has several advantages which make it seem probable that this method would prove both economical and efficacious when practiced on a commercial scale. In an article printed by permission of the Secretary of Agriculture in the Journal of Infectious Diseases, the authors declare that this method results in bacterial reductions as great as, or even greater than, by pasteurization in bottles.

The principal advantage of the latter method for the ordinary systems in commercial use is the impossibility of the milk becoming contaminated again while being bottled. There is also

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some saving of milk, because there is no loss from evaporation. On the other hand, when milk is pasteurized in bottles, it is customary to cool the bottles by placing them in cold water. This necessitates the use of absolutely water-tight caps, otherwise some of the cold water is likely to find its way into the milk bottles, and even a very slight leak may result in contamination. Water proof caps are not only expensive, but care is essential to see that they actually are water-proof, and moreover, bottles with chipped or otherwise damaged tops cannot be used, no matter how nearly perfect the cap may be.

Laboratory experiments conducted by the investigators indicate that milk may be pasteurized, bottled hot, capped with ordinary cardboard caps, and cooled by a blast of cold air economically and with very satisfactory bacterial reductions. The air-cooling process requires a somewhat longer time than cooling by water, but in the laboratory it was found that thoroughly pasteurized milk, bottled immediately, could be cooled slowly without increasing the bacterial content. Whether or not the experience of the laboratory will be found true in commercial practice remains to be seen. The Department of Agriculture, it is announced, will conduct experiments with a view to determining this important point.

Before the milk is poured into them, the bottles should be steamed for two minutes, the authors are careful to point out. This removes all danger of infecting the milk from the bottles, and is another advantage that this new method possesses.

OBITUARY

Henry Rice Stout, M.D. Dr. Henry R. Stout, for many years in active practice in Jacksonville, and closely identified with homœopathy in the South, died on October 14, of cardiac asthma.

Dr. Stout was born in Westfield, New York, on March 17, 1843, and his early education was obtained there. At the age of fifteen he entered Kenyon College, Gambier, Ohio. Three years later he enlisted in Company A, 134th Illinois Volunteers, serving his country until the close of the Civil War.

He graduated from Hahnemann Medical College of Chicago in the class of 1868, and in '69 was married to Miss Mary Eddy. From his graduation from Hahnemann College to 1875 he practiced medicine in Chicago, removing in that year to Jacksonville, Florida, where he remained until the close of his life.

Dr. Stout was a member of the American Institute from 1882 and in 1912 was elected First Vice-President of that body. He had served as President of the Florida Homœopathic Medical Society, President of the State Board of Homœopathic Medical Examiners, and as President in 1891 of the Southern Homœopathic Medical Society, and at the time of his death was Treasurer of the last named Society. He was a member of the staff of St. Luke's Hospital and Home for the Aged, Jacksonville, and a prominent member of the Episcopal church.

Dr. Stout was a frequent contributor to medical literature and was the author of a work entitled "Our Family Physician."

In the summer of the present year Dr. Stout met with an automobile accident in Chicago, from which he never quite recovered. At the time of his death he was visiting a daughter in St. Augustine. He is survived by two daughters and a son, Mr. Harry B. Stout, of Jacksonville.

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