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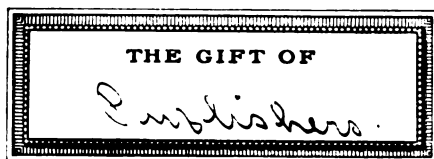
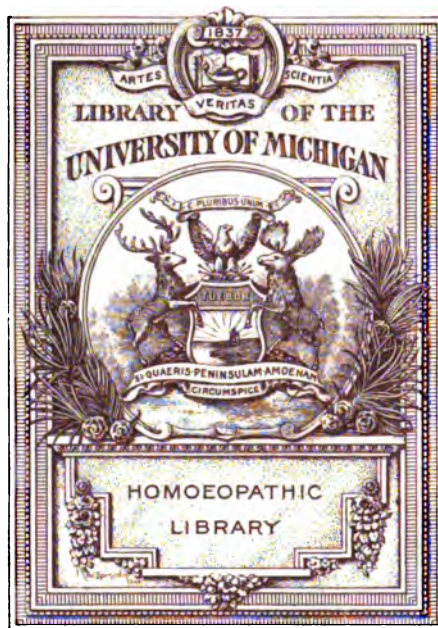
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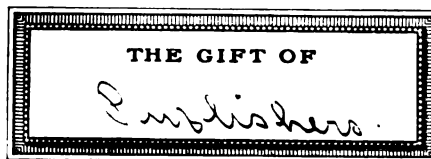
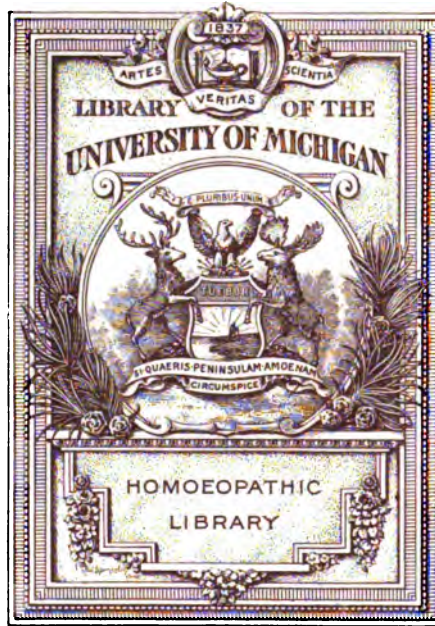
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REPORTER**

Volume XX

JANUARY, 1907

Number 1

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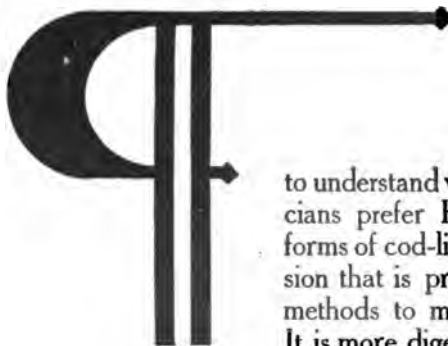
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THE CLINICAL REPORTER.

Vol. XX.

JANUARY, 1907.

No. 1.

Original Articles.

INFANTS' FIRST YEAR'S TRAINING.*

BY DR. H. A. UHLEMMEYER.

In this day of race suicide agitation it becomes the especial duty of the general practitioner to see that the babies are given the best possible chance of living and developing a sound mind in a sound body. So with this in view I will endeavor to recall to your minds a few points which, though not new, may have been overlooked.

At times I may seem to wander from infants to their parents, but you will remember that Dr. Oliver Wendell Holmes said, when asked when to begin the training of children, "Begin with the grandparents." So you see I will still be within bounds.

The first point I wish to emphasize is, that babies ought not to be confined to the house entirely, no matter how well ventilated it may be. They should be taken for an airing every day except the most miserable, damp, cold weather. That does not except dry, cold weather.

Only too often do we see babes who have been confined to the house all winter with a mean temperature of over 80° F. and yet the mother can not understand how it contracted a cold.

It is logical to suppose that these hothouse babes cannot have the vitality nor the resisting power that the babe has, who has been exposed to the inclemencies of the weather. How do you suppose the reactionary powers can develop without being called upon to exercise their function? We know that by use of any organ or function we can develop it, just so with the reactionary powers of the system; it can only be made elastic by exercise.

Again, who would dare to expose one of these hot house babes to the open air, as the new treatment of pneumonia advocated. The first blast of cold air would extinguish the little spark of life. Undoubtedly, the

*Read before the St. Louis Homopathic Medical Society.

babes selected for this form of treatment were taken from the poorer classes where they had been accustomed to all sorts of weather; and therefore the exhilarating action of cold air acted as a stimulant and hence its beneficial effect.

We all grant the efficacy of the open air treatment for tuberculosis. Yet, as prophylaxis is now considered superior to curative treatment, would it not be better to develop the system against the tubercular tendency? And what develops the chest more and makes the lungs healthier than the inhalation of fresh air, especially the bracing cold air.

Babies, as a rule, are dressed too warm, both in summer as well as in winter. A babe ought not to be dressed or covered enough in winter to cause it to perspire perceptibly or make it restless during sleep. This can usually be prevented by keeping the temperature of the sleeping room between 60° and 65° F. One of my most rigid instructions to mothers is that they must have a wall thermometer and watch the temperature of the room. The great tendency is to have the room too hot. The temperature of the living room should never be below 65° nor over 75° F., except while bathing the child. Of course, if the child is sick, we must then raise the temperature of the room to about 70°, but cover it lightly if it has a fever. I have always held that most of the untoward symptoms accompanying high temperatures, *i. e.*, delirium and convulsions were due too much cover which prevented the free emanation of heat, thus increasing the fever. Whereas, if they are only covered with a sheet which allows the heat to pass through readily, the symptoms subside, and the patient feels better. This is contrary to the belief of the laity as they think they must cover to prevent catching cold, though we know that is not likely, when the skin is dry.

In the summer time, the baby ought to be dressed cool enough not to produce heat.

As proof of the fact that we, as a rule, wear too much clothing we have but to observe that the European peasantry, seldom if ever, wear any underclothing, and yet, we can not but envy them their rosy cheeks and robust constitutions. The aboriginal American Indian is another example of little or no clothing and yet their hardihood is proverbial. This is best explained by the experience of a fur muffled tenderfoot who, noticing that the Indian was protected from the cold by only a robe thrown over his shoulders, asked why he did not cover his entire body. To this the Indian replied, by asking why he did not cover his face, to which the tenderfoot answered that his face was accustomed to cold. Then the Indian laconically replied, "Me all face."

Too many clothes, on the other hand, instead of preventing one from catching cold, predispose one to more easily catch cold, which you can all prove to your own satisfaction, by wearing a muffler around your neck or a chest protector and then forgetting to wear it one day.

The so-called walking chair is a boon to tired mothers as well as a relief to too much handled babies. This machine allows the baby not

only the utmost freedom but keeps it off the draughty floor, protects it from hurting itself, at the same time, allowing it to develop its lower limbs for walking. It has a great many points in its favor without any faults so far as I can understand except it be to rickety children. The mother and babe both prefer it to any other contrivance for babies as the cradle or go-cart.

Another thing, allow babies to play in the dirt and sand. It will not hurt them to even eat some of it. Do not punish a baby, especially if it is a boy, by making him keep his clothes immaculately clean. The dirty babies are the healthiest.

The one thing of all things that makes and keeps a baby healthy, is *regularity* in everything, *i. e.*, regular time to eat, sleep, bathe, play, to evacuate the bowels, etc.

If you do not teach a baby to be rocked, it will not expect it. Just so with handling, coddling, patting and all other troublesome habits. Laying the hand on the baby lightly is usually sufficient to convince the baby of a protector's presence and it usually quiets down and sleeps.

Just so with eating candy. It will never cry for it if it has never tasted it. Do not teach the baby bad habits, unless you will be satisfied with them in after life.

1511 E. Grand Ave.

THE SUSCEPTIBILITY OF THE CELLULAR STRUCTURE TO PATHOLOGIC INFLUENCE.*

BY LEWIS PINKERTON CRUTCHER, M. D., Kansas City, Missouri.

There was a time in the history of medicine when a battle royal was waged between voodooism, necromancy, charlatanism, guess-work and a corporal's guard of scientific accuracy; and whether that time was in times past or at the present time, and as to which has won, I leave for you to determine through your own observation and experience.

But whatever may be your verdict, I cannot resist the temptation to contend that we now see frequently stragglers from all these camps crying for recognition—and getting it. Or, if you please, medicine has been, and is merely cursed by an excessive indulgence in the two extremes, mysticism and materialism. And whether one or the other be in the ascendancy matters but little since neither requires an intensity of cerebration, and since also their practical results do not differ greatly enough to excite partiality for the one or the other.

However if we will but substitute for mysticism vital activity, and

*Read before the Kansas City Homeopathic Medical Society.

then place matter in its proper relationship to this vital activity, we will be ready to begin the study of how to study medicine.

We have been told that "the proper study of mankind is man," and it may be added that the proper study of medicine—is man.

Man is a combination of vital activity and cellular structure—the former constituent in his makeup, finding the latter convenient for its expression; the latter finding the former quite necessary to its structural existence.

The vital activity may and does exist regardless of a cellular structure; the cellular structure cannot and does not exist except as it is in juxtaposition with the vital activity,

As the vital activity is normal or abnormal in its expression, so the cellular structure becomes normal or abnormal.

Normal vital activity is physiology. Pathology is that condition of the vital activity which prevents its normal expression.

Normal cellular structure in man is physiologic anatomy; while abnormal cellular structure (except trauma) is pathologic anatomy.

Normal vital activity (physiology) always produces normal cellular structure, or healthy tissue so-called.

Abnormal vital activity (pathology) always produces abnormal cellular structure, or diseased tissue, so-called.

Hence, abnormal cellular tissue means always that the vital activity (life force) was unable to produce it as normal tissue, and on the other hand, normal tissue means always that the life force that produced it is normal. Then the susceptibility of the cellular structure to pathologic influence rests not with the cellular structure, but rather with the vital force upon which it is dependent for existence and resistance. Therefore it necessarily follows that disease invasion and manifestation must always be from the vital to the cellular, and hence, for instance, if bacteria produced disease, they must accomplish their purpose in this order, for if they did not perform according to this program, they would be able to produce typhoid or diphtheria or fits in so called dead men. Probably, however, all that the bacteria do for the dead men is to carry away dead tissue, and I entertain a very strong suspicion that is exactly what they do to the live man, for to do more than this they must reverse the great laws of creation, in that they would give superiority to the cell over the life-force, upon which life-force the cell is wholly dependent. That system of medicine then, that shall fit itself to the universal law instead of attempting to reverse the universal law to fit itself, and that shall exchange its taint of necromancy and its carking materialism for an intelligent conception of the relationship existing between life-force and physical structure, and the further relationship of therapeutic measures thereunto, that system shall add immeasurably to the sum total of medical progress, for it shall have taken a stand so rational that it will be safe from the attacks of all the antagonistic forces that are or are yet to come.

524 Shukert Building.

TWIN ABORTION FROM A DOUBLE UTERUS.

BY CAROLINE HOWES, M. D., East St. Louis, Ill.

Mrs. D., age 24 years. Married five years. Before marriage menstruation regular in time and quantity. Has given birth to three living children, the youngest 18 months old. The flow was excessive after the confinement. Although baby was nourished from breast patient menstruated for four days in the seventh week and each following without interruption. About the seventh month she complained of general ill health, with distress in the stomach; there was little improvement until the 29th of March when during the second day of menstruation rapid labor pain came on and a foetus of four or five inches was expelled. Baby now weaned and again the lochial discharge excessive. Menstruation took place in May and June. July was two weeks late, commencing the second week in August. Two days normal, then pinkish and scant. Again becomes profuse with clots.

On the 22nd of August she came to my office. Flow slight, pinkish in color; complained of constant distress in stomach, had a severe cold with some cough. Could eat very little. Better in the morning when there would be little or no flow.

Local examination: Uterus considerably above normal size, with definite enlargement anterior and posterior to cervix. I prescribed for most distressing symptoms. She reported in one week. Cold was better, stomach very little better, flow still intermittent, had passed several pieces size of small eggs (she did not think they were blood clots). I prescribed Cahl. and Tril. and she reported in five days. No change in flow. I now prescribed 20 grs. quinine in divided doses. The next day the flow stopped, and did not appear again for four weeks. October 4th first day flow normal. Second day passed clots and pieces; these she saved and eight hours after I was called to the house as she had a hard chill that lasted about an hour. I examined the pieces passed; one appeared as oval mass inclosed in membrane. I did not know what its origin was. The Temp. was now 101°, pulse 100. Very little flow. Local examination; Uterus greatly enlarged, little or no dilation of the os.

At 8 A. M., Temp. 97½°, pulse 85 and weak. I concluded to empty the uterus. Dr. Willis Young was called to operate. At 10 A. M. she began to be chilly again. Chloroform given and dilatation of the os revealed a uterus between eight and nine inches in depth with very thin walls. Its contents were curetted out, proving to be twins with separate placenta. The uterus was divided into two compartments by a dividing wall of mucus membrane about ⅜ inch thick, extending from the internal os to the fundus.

Both fetuses were contained in one compartment. The second and

much smaller compartment was also curetted and a decidua vera like substance removed.

Immediately following the operation a second chill came on, or more likely it was but a continuation of the one present, which the anæsthetic temporarily suppressed. The fever which followed reached 104 F. and was in turn followed by a sweat. Twenty grains of Quinine were given in five grain doses and the patient made a rapid afebrile recovery.

Examination with a uterine sound two months after the operation confirmed the diagnosis of double uterus. Digital examination could disclose no abnormality

Josephine Building.

LARYNGEAL DIPHTHERIA, WITH REPORT OF THIRTY CASES.

BY DR. L. C. McELWEE.

(CONTINUED.)

Case XXVI was a boy three years old living on Cottage Avenue, west of Marcus who became ill from no traceable source of infection. I was called to see him after another physician had been discharged from the case.

When I first saw him he was breathing heavily but not so much as to cause any apprehension or alarm, and was the typical picture of Spongia, which I gave him both the 6x and 30x potency in alternation.

Remembering the last case, I got antitoxine as soon as I could, some six hours later and gave him 1500 units, and confidently expected that in view of the apparent lack of urgency of the case, the obstructive membrane would be dissolved before the symptoms became too urgent.

But to my great surprise and horror I was called up about midnight that night and told that the boy was dead. He had been apparently easier in breathing, but had sat up in bed and grasping at his throat had fallen over dead. My opinion of that case is that a piece of membrane had become detached and fallen to one side in the trachea which caused partial occlusion and the erect position had been sufficient to make the occlusion complete. There may have been some heart failure also.

Case XXVII was a shortnecked chubby little girl aet two and a-half years. She was the patient of Dr. D. R. Overman who called me to see her in consultation and while breathing with considerable impediment we didn't consider operative interference necessary at the morning visit, but at my urgent solicitation the doctor agreed with me to giving 3,000 units of antitoxine, and see in what condition we might find the patient in the afternoon. On his visit at about six o'clock he was convinced that something would have to be done and that quickly or the patient would succumb.

He so telephoned me and I stopped on the way out and took Dr. E. L. Perry in the buggy with me and the three of us succeeded in a very few moments in relieving the distressing symptoms by tracheotomy. In order to feel sure of the ultimate recovery of the case we gave an additional 1500 units of antitoxine and left the patient to the nurse. She in turn had her troubles, for the tube would fill up with mucous and disintegrated membrane and threaten to choke the patient until she was instructed to instill a medicine dropper full of 1 per cent. saline solution into the trachea whenever it seemed to get dry and the tube to fill up so that it could not apparently be cleaned out. This was always followed by the most complete relief after a hard spell of coughing during which much mucous or debris would be expelled through the tube. This patient also was kept lying flat all the time during her convalescence for fear of heart failure, but made a splendid recovery.

XXVIII case, was a little girl on Benton St. near 15th, the patient of Dr. H. W. Krueger who called me to see her with him, with a view to operative measures his seemingly well directed remedies having failed to relieve.

With Dr. Bronson, one of the Senior students, I went over and attempted intubation, but the patient was so unruly and the symptoms of asphyxiation so imminent every time that the end of the tube would engage in the rhymaglottis that I abandoned the idea of intubation for tracheotomy which was easily and quickly accomplished. All went well with this patient after we had given 1000 units of antitoxine—much less than I thought proper, but I could not persuade the Doctor to give a greater quantity, he holding out for a long time for 500 units. On this point I would like to propose the axiom that it is very easy to give too little antitoxine, but very difficult if not practically impossible to give too much. The reason for this stand is that the ability to pay for the drug on the part of the parents is the greatest limiting factor. But besides that is the well known fact that the toxic effect of the toxins increase ten fold every twelve hours. So that in order to neutralize all the toxemia, the quantity of antitoxine must be greatly in excess at the beginning.

Case XXIX was a boy 10 years old who had been treated by an Allopath for three days, by swabbing out the throat with tinct. Ferr. Chlor. and chlorate of potass solution with the effect of only aggravating the condition of the throat. The membrane extended on into the larynx so that respiration became greatly embarrassed, and the mother becoming frightened, called Dr. Overman just after daylight on Monday morning, and as soon as he was told that he was in charge of the case, he telephoned for me to come and make a tracheotomy. Losing no time I got there and had the operation done and the incidental antitoxine within an hour from the first intimation that it was necessary. After the tube was in the trachea for one day, the respiration became restricted and the child and family became uneasy again because of the impediment. On seeing the patient and hearing the sibilant sound coming from the tube I was con-

vinced that there was a crust or plug of dried mucous at the end of the tube. I directed the nurse to prepare some 1 per cent. salt solution in warm water and with an ordinary medicine dropper I instilled a few drops at a time into the tube until fully one-half to one teaspoonful had been thrown into the trachea. In a few moments this was followed by violent coughing and which expelled through the tube a lot of thick stringy mucous and disintegrating membrane. This freed the breathing of its impediment and it went along quite well for two days when a second attack of embarrassed tube-breathing came about when I directed the nurse to take the entire tube out and instill a large quantity of saline into the trachea which was soon followed by the emission of what they declared to be a tablespoonful of mucous from the opening into the trachea and the effort of coughing expelled a large chunk of pseudomembrane from the larynx via the mouth at the same time. This was the last bit of trouble that the patient had, and on the fifth day the tube was taken out of the trachea permanently and the hole left allowed to close itself, as is my custom, having found that it is an automatic regulator of the rhymaglotis and that if left open the physician is never summoned in a hurry to open up the hole which he had closed up on removing the tube. It closes itself in its own good time and everything runs smoothly if given a chance to do so.

Those who are opposed to antitoxine will seize this case as an opportunity to demonstrate that it produced all the bad after effects, but I wish dissent from this, as I have found *all* of the above narrated sequelæ, and anti antitoxine literature is full of instances of this kind where no serum had been or could have been administered at all. It is beyond question that it is the diphtheritic toxine in the blood acting on the nerve centres and renal epithelia which cause the sequelæ, as they are always or nearly always found in those cases which have run a protracted course and there the infection has been great. And on the contrary when antitoxine is given in large quantities 3,000 to 5,000 units within the first 24 hours of the disease, sequelæ are very rare if not entirely absent.

Remember that antitoxine cannot be given too soon after the diagnosis is made or even suspected.

Case XXX was a little girl, aet 6 years, who contracted her disease from a patient of mine with tonsillar diphtheria. After some five days of the ordinary course without satisfactory improvement, I gave 1,500 units of city antitoxine. The next day there arose a shrill, hoarse croupy cough and things were very threatening. On account of maternal opposition tracheotomy was not done, but 3,000 units of city antitoxine given instead. Although there was a great struggle for 12 hours more the membrane finally dissolved enough to admit of easy breathing without mechanical interference. The case was one of mixed infection and was followed by aphonia, strabismus, albuminurea, erythematous rash, convulsive cough from paralytic faucial sagging, and paralytic lameness of one side of the body—a dismal picture to be sure, but when it is said that

she recovered entirely from all these within two years, one is glad enough to admit that he'd rather claim a post diphtheritic paralytic, than a corpse any time.

SUMMARY.

Total cases treated 30. Recoveries 21, deaths, 9. Percentage of recoveries 70 per cent, mortality 30 per cent. of all cases treated.

Cases treated with indicated remedy alone, 7: recovered, 3; died, 4; mortality 57 per cent., recoveries, 43 per cent.

Cases treated with indicated remedy and antitoxine *without* tracheotomy or intubation, 4; deaths, 2; percentage of mortality and recoveries even. Cases treated with indicated remedy, antitoxine and tracheotomy, 14. Recoveries, 13; death, 1; percentage of recoveries 93.1 per cent.; mortality 6.9 per cent.

CONCLUSIONS.

I. The indicated remedy is not at all sufficient to cure all cases, though well chosen by good prescribers. But its importance must not be underestimated in any event.

II. The indicated remedy and antitoxine, according to the foregoing would show a trifle better result, so that the indications for the use of antitoxine are favorable even in this limited sense, but when compared to the frightful mortality of these cases in old school hands before the days of antitoxine, the advantage is all on the side of the "indicated remedy."

III. The conclusion is inevitable, from my experience, that if antitoxine is administered early in conjunction with the indicated remedy *and in large quantities*, tracheotomy will be avoided.

IV. The indicated remedy and antitoxine are better combined than either alone, the former stimulating the production of alexines in the system, and conserving the vital energy in every way; the latter neutralizing the toxins already formed, or which may be formed after its administration. The former also stimulates or promotes the normal bacteriological action of the *Vis Medicatrix* and the bacilli in the pseudomembranous patches die sooner than under any other kind of treatment.

V. Mechanical relief of a mechanical condition, (occlusion of the *rhyma glotis*), coupled with medicinal means and antitoxine give highly satisfactory, if not to say ideal results. I hereby invite comparison with any other table of results in the hands of any body with any treatment other than Homeopathic combined with the measures cited above.

VI. The pathological condition in laryngeal diphtheria and membranous croup is one and the same, there being no reasonable or probable ground for maintaining the old notion of a difference.

VII. The difference between the mortality rate of old school treatment *without antitoxine* and homeopathic treatment with antitoxine must show the decided advantage of homeopathy.

1221 N. Grand Ave.

THE HOMEOPATHIC TREATMENT OF INFLAMMATION OF THE KIDNEYS.

BY DR. SAUER, of Breslau, Germany.

From a very full and exhaustive address on this subject, delivered at the annual meeting of the Homeopathic Central Union of Germany, on August 10, 1906, in Munich, we excerpt the following, as the whole article is too long for our pages:

The author is not satisfied with the current divisions of nephritis, as they run into one another too much, and, therefore, are not sufficiently distinctive. He prefers to distinguish into: 1. Diffuse acute nephritis; 2. Diffuse chronic parenchymatous nephritis and diffuse chronic interstitial nephritis.

Among the causes he enumerates, nephritis is due to the abuse of alcohol, then also the nephritis with the pregnant; though he is inclined to consider this to be frequently due to a former case of acute nephritis imperfectly cured. He also adduces the fact that there is an inherited tendency to nephritis. As to the diagnosis, he observes:

Acute nephritis is usually easily discerned. But as chronic nephritis arises usually gradually, independently and insidiously, it is often years before it is recognized, because the patient does not consult a physician or because the physician does not always examine the urine unless the symptoms complained of point directly to nephritis. I would emphasize this point, because a number of homeopathic patients believe that it is sufficient if the physician inquires into any number of possible symptoms, and because I also know that there are still some homeopathic physicians who do not consider it necessary to make a diagnosis of the disease, but are satisfied with the finding of the *similimum* corresponding to the subjective troubles of the patient. Though as good homeopathic physicians we must endeavor to discover the suitable remedy, we should not omit with all the armory we have gathered at the university to make, as far as possible, a diagnosis of the disease, so as to be able to foretell the course and issue of the disease and also to be able to confer intelligently with the representatives of the prevailing school.

The images of the urine which distinguish the three different kinds of nephritis as to the quantity of urine, the specific weight, the contents of albumen and the quality of the sediment, are, of course, familiar to all. If, besides, this, there is hypertrophy of the heart and tension of the pulse or changes in the retina of the eye the diagnosing of chronic nephritis will not be difficult. Though, of course, there may be mistakes. Albumen is, indeed, the usual sign of nephritis. But there is also a secretion of albumen without any inflammation of the kidneys, and there are inflammations of the kidneys without albumen.

According to Leube, there are: 1. Men with a comparatively loose filter in the kidneys, who, when there is muscular exertion, or when they are much on their feet, or are copiously supplied with nourishment under psychical excitement and when taking cool baths, will excrete albumin. 2. We also find individuals who, under perfectly normal conditions, even without the above-mentioned factors which favor the excretion of albumen, will discharge albumen in their urine—men with absolutely pervious renal filters. There are also men with the most dense renal filter, which on that account have at no time any albumin in their urine. Leube acknowledges no morbid image of physiological albuminuria. The albuminuria of puberty he views as a consequence of perverse formation of blood, or as due to insufficiency of the heart with those who are growing and whose puberty is premature or protracted. The albuminuria of puberty will cure itself. The use of the term cyclical albuminuria ought, according to this investigation to cease.

Also other inquirers share these views; though Senator warns against the frequent diagnosis of physiological albuminuria, as in a more protracted examination of such cases we frequently discover a latent nephritis.

Dr. Sauer prefers Esbach's mode of determining the albumin, but he warns against giving the patient Esbach's book, as he does not think it useful for the patient to be depressed by the constant consideration of his symptoms. He also recommends the use of *Acidum sulfo-salicylicum*, as offering a delicate test and one that may more easily be used in the house of the patient. The best time for securing the urine to be tested is at 12-4 o'clock P. M. Though it may be advisable to examine separately the urine discharged at night and that discharged during the day. Where there is atrophy of the kidneys, the quantity discharged at night will, under similar conditions, be greater than that discharged in daytime. Otherwise, the opposite will be the case.

After further discussing the difficulty of diagnosing chronic nephritis in the beginning of the disease, Dr. Sauer proceeds to the therapeutics of the disease and says: What is the declaration of the reigning school as to the medicinal treatment of nephritis? Leube says: "There is no medicine which acts beneficially on inflammation of the kidneys. All the remedies recommended against this disease have proved ineffective. It is hardly worth while to mention them separately." Nevertheless, in our homeopathic literature we find single cases of cures of chronic nephritis from the use of chronic nephritis from the use of *Terebinthina*, *Cantharis* or *Calomel*. The reigning school enumerates as a rational treatment of inflammation of the kidneys physical and dietetic measures, and as soon as the diuresis ceases and there are œdemas, a puncture of these œdemas and excitation of the power of the heart through *Caffein*, *Digitalis*, *Diuretin*, *Agurin*, etc. For the sake of completeness I will mention that some have recommended the use of ice applied for a length of time in acute nephritis; the application to be made to the whole

region of the kidneys; so also splitting open the capsule of the kidneys in order to remove the pressure, so also in chronic nephritis, especially when œdema appears, the partaking of a maceration of fresh kidneys of swine.

But what is the position of homeopathic physicians with respect to the medicinal treatment of nephritis? According to our experience we believe in the action of our medicines with certainty in acute nephritis and in a great part of the chronic forms. Still I would openly acknowledge that if there is an exception to the rule that in internal diseases the indicated remedy is the chief factor, this exception is found in the treatment of nephritis. I am conscious of the fact that by our remedies alone I cannot obtain favorable effects from nephritic patients, if the patient does not obtain and follow appropriate directions as to nutrition and mode of life. Before giving to a nephritic patient any medicine, I therefore call his attention to the importance of his mode of life.

Dr. Sauer then enters on a very exact description of the dietetic measures to be pursued and also gives a list of the chief remedies pursued with their characteristics. He then enters on the special treatment of nephritis under the three heads of, 1. Acute nephritis. 2. Of chronic parenchymatous nephritis, and 3. Of chronic interstitial nephritis.

1. ACUTE NEPHRITIS.—In acute nephritis the remedy most used, especially in the nephritis following after scarlatina, is *Apis*. I have seen an equally good effect from *Apis* 3 and from *Apis* 5. In scarlatina I give *Apis* after the first days in alternation with *Belladonna* or any other indicated remedy, and do not wait for any symptoms of nephritis to appear. The medicinal image of *Apis* of itself has relation to some of the symptoms of scarlatina. Under this method of treatment I have rarely, if the case of scarlatina was from the first under my treatment, seen any nephritis develop.

Acidum nitricum 4 is used by some physicians when the urine colors the linen like the sediment of coffee, but I have not used it myself. Instead of the simple acid I have generally used the combination of *Argentum nitricum* 4, when there are pronounced pains in the renal region, radiating from the bladder, aggravated, by the slightest motion and accompanied with dyspnoea.

Kali chloricum and *Kali bichromic*, have been used by Windelb and others with good effect. The toxic effects shown by *Kali chloritum* point directly to a great affinity of this remedy with the kidneys. I cannot give any personal experience as to this remedy.

Where acute nephritis arises from a violent drenching, after a few doses of *Aconite* 4 *Mercuricus cor.* 6 will be found of great service, especially where there are bloody stools with colic. In pronounced anuria or stranguria, with great sensitiveness of the renal region, *Cantharis* will be found the appropriate medicine, though also *Terebinth*, may be considered. An odor of the urine as of violets, which I noticed at one

time, with great weariness and relaxation of the body, speak for *Lerebin-thina*. The pressive pains are improved by motion, while in *Cantharis*, the cutting, lancinating pains are aggravated by the slightest motion and the patient is very irritable and anxious.

If the inflammation in the kidneys is not stopped by these remedies, and if there is an appearance of uræmic symptoms, *Arsenic* 6 may give relief. In such a case the patient is somnolent and complains much of palpitation of the heart, especially at night.

In dropsy, *Digitalis* resembles *Arsenicum*, but without the restlessness and irritability which we see in that medicine and with a strikingly retarded pulse.

If the uræmia progresses I give *Glonoinum* 6 and *Nitricum* 2. A useful treatment is to draw off some blood and then inject into the cleansed rectum, not subcutaneously or directly into the vein, a solution of common salt containing 0.9 per cent.

If the remedies are rightly selected and given at the right time the inflammatory process in acute nephritis will almost always be checked. After this should be given as Kafka sen. correctly showed, *Hepar sulphur*, 4, a remedy which holds the first place, where we wish to effect the absorption of serous, fibrous or croupous exudation.

During recovery I make my selection from the following remedies: *Chininum arsenic.* 6, *Calcarea phosphorica* 4, *Calicarea arsenicosa* 4, *Natrum sulphur.* 8 and *Arsen jodat.* 8, being guided by the constitution of the patient and by general considerations. In great nervous excitability and insomnia *Avena sativa* will give relief; I use the tincture.

I lay a Priesnitz compress on the region of the kidneys, the liver and the stomach, moistening it with alcohol of 50 per cent. strength and renewing it three times a day. Besides the appropriate diet I give warm tea made of Linden blossoms during the first days.

If the œdema does not diminish and the ascites increases, I do not use any acrid diuretics, but make use of the capillary drainage of the subcutaneous cellular tissue. The technical treatment is simple but very cleanly, as the water is conducted through tubes into vessels where it may be measured. With this fluid also a part of the poisons in the body which would produce urea are discharged. This treatment in itself operates in a favorable manner, but we may also take note at the same time that the medicines given thereby act more effectively. I would warn against extravagant sweating processes and massage of the œdemas.

Anointing with ointments, which is a favorite measure among the common people in scarlatina, had best be omitted. When nephritis is just beginning, this may act favorably, as through the layer of fat the activity of the skin is checked, the pressure of the blood in the system is increased, and a threatened congestion of the kidneys may thereby be avoided. But later on these anointings act unfavorably, as they impede the respiration through the skin which ought to take the place of the activity of the kidneys which is interrupted. It would rather, from theory,

be better to increase the respiring surface of the skin by porous substances by covering it with glue or collodium. But owing to the efficacy of our remedies we can do without this.

II. The treatment of chronic parenchymatous nephritis will generally make use of the above-mentioned remedies when acute aggravations appear. When these exacerbations cease, the protracted and alternating use of *Hepar sulphur.* 4, *Aesen jodat.* 8, and of *Calcareo arsenicosa* 4 are to be recommended. If this kind of nephritis appears in an insidious and immediate form, and is only recognized at a later period, then *Arsenicum* will remain the leading remedy. I am fond of alternating with *Arsenicum iod.*, as I anticipate from this preparation of *Iodine* an action on the connective tissue of the kidneys. As alternating remedies we take in *Lycopodium* 3 where there are gastric symptoms and congestions in the system of the vena portæ, a sensation of fulness in the abdomen, a red sandy sediment in the urine and a pronounced aggravation at 4 P. M. So also, *Nux vomica* 4. In constipation and where there is the characteristic *Nux vomica* figure and mood I several times obtained a favorable action from *Helonias diodica* 1, which, in its symptomatic use, resembles *Phosphorus*.

III. I will here break off the medicinal treatment of chronic parenchymatous nephritis, and speak of the treatment of chronic interstitial nephritis, as the final termination of the two are much alike, unless in chronic parenchymatous nephritis, diseases of other important organs bring on the termination.

The medicinal treatment of interstitial nephritis is, on the whole, a thankful work if we diagnose the disease in its first stages. Where there are no particularly characteristic symptoms leading to the selection of the remedies I soon give, even in the beginning, without waiting for the symptoms that call for it, *Plumbum acetikum* 8, in rare doses, two to three times a week. After two months I prescribe, twice a day, *Nitrum* 2 for a month, and then return to the use of the first remedy. With these remedies and by observing the proper dietary and other regulations the patient may feel comfortable for years. When the pulse shows an increasing tension (tonometrical measurements of the pulse are very useful in this direction) I give *Plumbum acet.* in alternation with *Glecnoin* 6, once a day. The action is soon noticeable.

The abuse of *Mercury* and old lues point to *Kali iod.* But I have seen less of the effect of this remedy than of the former ones. Violent abuse of alcohol and the changes in the liver which generally attend this lead me to the use of *Phosphorus* 6, or of *Acidum sulphuricum* 6.

When there is a decrease of the action of the heart, congestion in the smaller circuit, diminution of the secretion of the urine, and an appearance of œdemas, the chronic parenchymatous and the chronic interstitial nephritis enter into their last stage. But also here homeopathic treatment may for a time secure successes. This last stage may be viewed in three divisions.

1. Disturbances of the compensation and dropsy may yet be removed. The general health for some months as yet satisfactory.

2. The disturbances in the compensation can only be removed for a short time; the œdemas vanish, but re-appear continually.

3. There is continued dyspnœa, oliguria, the dropsy cannot be removed any more, and the fatal issue is unavoidable.

In the first division I like to give *Phosphorus*, in connection with the heart remedies, *Adonis* 1, *Cratægus* 1, or *Cactus* 2, and interpose *Apis* 3. Rest in bed is absolutely necessary. Besides the appropriate diet I prescribe daily, twice, a cup of tea made of birch leaves. When the irritation to cough caused by the congestive catarrh, disturbs the rest at night and cannot be removed by the remedies already indicated I interpose *Drosera* 3, *Kali Carb.* 4 or *Conium* 3. Generally there will be success for weeks and months in this manner, and the good effect of these remedies is prolonged by giving *Stibium arsenicum* 8.

In the second stage *Cratægus* 1 or the tincture, and *Apocynum cann.* will act for days on the œdema and delay its progress. Other physicians will give *Arsen.* or *Lachesis* in higher doses. When these refuse to act on the dropsical swellings I pass over to infusions of *Digitalis*; this often produces a diminution of the œdemas. The effect of *Digitalis* may be deepened and lengthened through *Strophanthus* 1, *Scilla* 2, *Cratægus* tincture or tincture of *Apocynum cann.*, but the respite is short. The œdemas refuse at last to yield and the ascites become worse. I do not in these cases make use of acrid diuretics, but start my capillary drainage. With this procedure I have kept patients alive for half a year. But then at last the intercellular tissue was so indurated that the drainage would not act any more.

In angina pectoris and asthma cardiacum *Arsenicum* in the higher dilutions, *Glonium*, *Argentum nitricum*, *Naja*, *Lachesis*, *Spigelia* and *Veratrum*, according to the accompanying circumstances are to be used. For some time one or the other of these remedies will prove successful. When they cease to act the injection of morphia will have to be resorted to.

In uræmic delirium *Cannabis Indica* 1 has in one case with me been followed by a striking success. Uræmic attacks, especially epileptiform attacks, will appear at times in cases of chronic interstitial nephritis, even before it has been diagnosed to be present. In two cases which came under my treatment in this stage I had extraordinary success from *Nitrum* 2, *Glonium* and *Plumbum aceticum* 8. The attacks were cut off with the one patient, the wife of the keeper of a restaurant, for almost four years, and with the other, the inspector of a hospital, for more than a year and a half.

I have thus laid before you the treatment of nephritis by Homeopathy as I have found it in our literature, and also as proved by myself with my numerous nephritic patients. Many of you may have had additional experience, and may have used the medicines mentioned, or also others

in different dilutions. The discussion which I hope may follow will, I trust, bring out much that will be valuable as to the treatment of this serious malady. I shall be glad to hear the experience of others with *Adrenalin*.

When I consider the successes reached with the treatment of this disease with homeopathic remedies, and compare them with those reached by the reigning school of medicine, I should say that they are at least equal, as we all probably give the same dietetic, physical and hygienic directions. In the treatment of acute nephritis we are superior to the reigning school. Cures are reached more quickly and more fully. In the treatment of chronic nephritis there may be some complete cures; the descriptions in our literature, I am sorry to say, are not always very exact. Among my chronic patients I cannot report any that were finally cured. On examining them I always find still albumen and cylinders. I do not boast that I am able to cause the total disappearance of albumen. I do not believe that I am able to restore parts of the kidneys that have undergone morbid changes. My endeavor has been to prevent further morbid changes. I am confident that our medicinal prescriptions are able to remove troubles and sufferings from our nephritic patients, and to put off for a longer time a fatal issue.—*Summarized from Allg. Hom. Zeit.*, Sept. 6, 1906.—*Homeopathic Recorder*.

THE SILENCED GRUMBLE.

There was a humble bumble-bee who grumbled while he hummed;
But his grumble soon was humbled by the tune he humbly hummed.
After rumble and much mumble was his humble grumble dumb.
For "I Want You Mah Honey," was the tune he humbly hummed.

Report of Mothers and Babies Home for month ending Dec. 20, 1906.

Number Babies in Home Nov. 20th.....	31
" " admitted during month.....	10
" " dismissed during month.....	6
" " remaining, Dec. 19.....	35
Diseases treated as follows:	
Acute Gastritis.....	3
Bronchitis.....	2
Tonsillitis.....	2
Intestinal Catarrh.....	2
Total.....	9
Deaths.....	0

F. W. LESTER, M. D.
Attending Physician.

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THE NEW YEAR.

The old year is gone. All of its joys and sorrows are things of the past and the new season is before us. What has the old profited us and what will the New Year bring to us? Will it be but a repetition of the one passed: the same ceaseless tread and the same round of work? The same care and exactions and the same longing for something that will satisfy and make us pleased with the results of our labor?

Have we profited by the experience and triumphs of the year just passed and have we learned wisdom and prudence from the failures and hardships of the same period? In other words are we better doctors than we were a year ago and can we give to our patrons better service and more relief than we could one year ago? In the daily routine of our work have we learned to be more careful, painstaking and observing, and are we better able to discover and understand the symptoms of the disease?

Our calling is one in which we must make progress or retrograde, we cannot stand still and we will not; forward or backward we must go and woe to him that takes a backward step.

The coming year is full of promise for the physician as well as other classes of men; the doctor has a good deal to be thankful for and many blessings for which he should be grateful; he has a chance to make his mark in the world as he never had before and if we mistake not he will; but he must be up and doing; he himself must be his own master if he would minister to, and direct others in the hour of their trial and trouble.

The human body is the same to-day as it was in the days of Adam but its diseases have multiplied an hundred fold and the work of the doctor has become more and more exacting; moreover the exactions will continue and he who would meet them must be energetic and alert, he must keep abreast of the times and to do this means to live the strenuous life.

Yet strange as it may appear in spite of the advances made along the lines of physiology, pathology and diagnosis there has been practically no advance in therapeutics; the same drugs are used that served our fathers and our grandfathers, and in many instances we have found no more specific indications for their use than did these older practitioners.

Pneumonia, typhoid, tuberculosis and cancer still kill as of yore and we cannot stop the tide of devastation; there is much to be accomplished in the coming year and those that follow, but the season of 1907 is full of promise to those who will press forward; there is work to do; will you do it? Will you reach out your hand to the poor unfortunate? Will you demonstrate to the public that you have good knowledge of your calling and know how to use it, and will you make yourself the power that you would like to be. Homeopathy is a thing that needs to be better known; it is of all therapeutics the surest and most stable, and he who is well versed in the science of medicine will sooner or later, be he of what school we care not, adopt many of its precepts sooner or later he will come to the use of the attenuations and finely subdivided drug in his daily work.

The crude and massive dose must go and it will go; the mild power is better; already we hear on all sides from advanced therapeutists the axiom "just enough of the drug, a good preparation, to accomplish the work" no more is wanted, no more is needed.

Make your resolve and let it be the aim of your professional life, to master during the coming year something that you have not succeeded with during the past; make it your business to be a better doctor than you have ever been before and if you have in the past made a few haphazard or careless prescriptions resolve, here and now, that they will be things of the past and let the rule of your life and the practice of your profession be, to treat others as you would that you should be treated under like circumstances.

Such a course may cause some extra labor, a few more hours of work and a patient perseverance that is hard to endure, but the consciousness of good work well done and the success attained thereby will be ample reward for all the trouble. Success to all doctors for 1907 is our best wish.

THE COMING MEETING OF THE AMERICAN INSTITUTE.

The subcommittee of the Executive Committee of the American Institute have arranged for the coming meeting to be held in the Inside Inn on the shore of Hampton roads and in the Exposition Grounds, this is about thirty minutes ride from Norfolk and the hotel is under the management or rather will be, of the Jamestown Hotel Company, which has arranged to care for about twelve hundred members and friends of the Institute at favorable and definite contract rates.

The date of the meeting will be Monday, June 17, and all of the Institute members and friends who desire will be housed under the one broad roof of the "Inside Inn."

There will be of course some disadvantages in holding the Institute in the Exposition grounds and the Exposition in progress, but we are confident the best possible arrangements under the circumstances have been made.

The Auditorium which has been assigned for our use by the Exposition management is located a short distance from the hotel, contains a large convention hall and seventeen smaller rooms, which can be used for the meetings of the Sections and the Auxiliary Societies, and the various committees.

We believe that the decision to hold the meetings inside the Exposition grounds will be the most satisfactory to the members both as to comfort and enjoyment and also for the attendance of the scientific meetings.

We would rather have seen the meeting farther inland but so long as the institute decided its meetings should be held on the coast or in the eastern part of the country, and it is perhaps best it should so be, we believe that this arrangement is the best that could be made and the one that should be.

BUSINESS PRINCIPLE.

Now is the time of the year, Doctor, to make a new start in your business methods. You may, perhaps, not be able to conduct your business on strictly business principles as does your butcher and coal man, yet honestly haven't you a lot of accounts that you have never made an effort to collect? Do you present every outstanding account on the first of each month? Or do you wait several months until the patient has forgotten the day when

"He likens me to God—and all his house
Kneel down and do me reverence."

For bear in mind that a very short time may elapse e'er

"He passeth me in dread, for lo, to him I stand
A Devil from out the lowest depths."

So the sign reads, present the bill as soon as the services cease. Send it the first of every month if necessary until the account is paid. Insist on its prompt payment for you will in the end lose much more by dilatory tactics toward your delinquents than by running the risk of offense in demanding early payment.

Strict adherence to a few fundamental rules of business will make a difference of several hundred dollars annually, and more—will lay the basis for sound business habits for the future.

All Doctor, when by taking advantage of these very sound sugges-

tions you augment your income by a hundred or so just remember to send along your subscription to the CLINICAL REPORTER. It is intended that the ensuing year shall see more and better original matter in our Journal and that we shall strive to make it more representative of our profession than any other publication in the middle west.

"WHAT WILL THE PROFESSION THINK?"

The *Medical Era* has a bone to pick with some of the St. Louis doctors, six of them, because forsooth they in some luckless hour and manner got their pictures into the *Republic* on the 20th of May last. It bewails the fact that these gentlemen had a complimentary notice and an enumeration of their society and professional connections and then raises a wailing cry as follows:

"These men are not homeopaths, eclectics, physio-medicals, osteopaths, faith curists or bone setters, they are regular physicians who are members of ethical medical societies, local, state or national, yet here their pictures are flaunted in the face of the public. Of course, it is possible that the *Republic* did this gratuitously and even without the knowledge of these men."

Does the editor of the *Era* think so? Does he hope by this means to excite from these men an explanation of why it all happened? Or does he mean to say that advertising and picture printing are all right for the homeopath and the rest of the "bunch" with which he classes them, and a crime (?) only for the so-called "regular physician" and members of "ethical medical societies."

Personally we oppose doctors advertising in the daily papers, either openly or covertly, and the societies to which we belong do not countenance the practice; and indeed, deal in no easy manner with any member who allows himself to be thus blazoned before the public. Once in a while an offender may be found but he is soon made to see the error of his ways, and either repent quickly or sever his society connection.

No, "these men are not homeopaths?" If they were we presume the *Era* editor would "pass it by" in silence or deny the lack of society discipline in the new school; but they are in the "regular profession" in the "regular societies" and the "regular colleges;" there will they stay, notwithstanding the pictures in the daily paper, notwithstanding the long list of connections named and achievements mentioned.

The homeopath as a rule keeps himself free from advertising, even when it is thrust upon him, and if there be any virtue in ethics it is due him all the good that comes therefrom; as a rule he is busy, modest, successful and dabbles not in politics.

Given an equal chance, and he is the peer of his old school brother

at any stage of the game, but when it comes to securing appointments, getting press notices and recommending new kinds of lymph for all manner of diseases "he is not in it."

We hope he never will be; we hope he will still bear in mind, "the physicians highest calling is to cure the sick" and continue to make that his chief business.

If the men referred to by the *Era* editor have transgressed the laws of their societies, they should be called to account by these bodies, even though they are as we know them, pleasant, agreeable and highly educated gentlemen.

When the question was asked, "What would the Missouri Institute do with these men?" when some of its members transgressed in like manner, the answer was prompt and decisive. Will it be as prompt and decisive with the Missouri State Medical Society?"

"FRAU" ELBERTUS.

In the current number of the *Philistine* Elbert Hubbard pays his respects to Doctors as a class and incidentally with vaccination as a caption relieves himself of a few "views" concerning segum therapy and medicine in toto. He no doubt believes every word he says, the mere fact that he has said a thing or inscribed it on imitation parchment paper and bound it in butchers wrapping paper and sealed it with the Roycroftian seal puts the stamp of actuality on it as far as concerns Hubbard. But fortunately only thus far. The public whom he commiserates for their blind cupidity in their dependence on doctors and medicine are at least discerning enough to place at its true value such nonsensical jargon as is "printed every little while for the Society of the Philistines and published by them monthly." "Fra Elbertus" (which should be spelled F-r-a-u) has a graft of his own which is fifty points ahead of anything that has yet been uncovered. In this day and age when a man masquerades over the country clad in freakish garments and wearing long blond curls it is desirable if not expedient that a commission be appointed to enquire into his mental condition. But Hubbard is harmless, time has proved it, and the public will continue to humor him precisely as it does any other *non compos*.

In his December "Periodical Protest" his premises are all wrong, his deductions false and misleading, and in trying to show familiarity with his subject displays an ignorance of the real facts that render his arguments void on their face. After quoting a number of "Prominent Physicians" (members of the freak cult we presume—long hair and outlandish clothes) he says, "The degree of M. D. is given on the pupils proficiency in memorizing things told him by lecturers and in printed books. These lecturers get their knowledge from books, and the men who wrote

the books get their information from lecturers and books. . . . So you see how the tendency is to make ignorance and superstition perpetual in medicine." This one paragraph is a characteristic Hubbardism. It is just such glittering illogicalities as this that marks the Roycroftian Cult, the I-am-Pericles class. Bind a few in brown wrapping paper, tie 'em with ribbon and there you are. Yet the people pay good money for such. That is his graft.

J. H. M.

HEART BLOCK.

The daily papers announced the death of Alexander J. Cassett of the Pennsylvania System on Dec. 28th. The cause of death as given was the Stokes-Adams syncope. This peculiar syndrome while a clinical entity for a number of years is yet one whose pathology is but little understood. His, whose description of the bundle of muscle fibres which bears his name has added perhaps the most definite information to a subject long a clinical curiosity and as a result the accepted etiology of the whole line of heart diseases may be found in the future to need a readjustment. His' bundle is a narrow band of muscle fibres having origin in the wall of the auricle and passing down through the auriculo-ventricular septum spreads out into the wall of the ventricle. This muscle has been demonstrated to have its own muscle sheath and has a slightly different texture and color from the heart proper.

Its physiologic function has been determined to be the conduction of the systolic impulse from the point of origin in the auricle in orderly manner down to the ventricle. Hence any disturbance of its function will naturally result in arrhythmia which when prolonged may arrest the contraction cycle at the auriculo-ventricular zone and produce the phenomenon described by the physiologist as "Heart Block."

This interruption of contraction wave may be so complete as to cause sudden death or there may be a greater or less period of bradycardia with a gradual return to the normal rhythm. Experimentally, it has been shown that pressure on the bundle of His will produce this peculiar syndrome known as Stokes-Adams disease which presents a set of symptoms including vertigo, epileptiform attacks, slow pulse, and extreme pallor. It is now supposed that in the past the part accorded to peri-carditis and endo-carditis in the etiology of many heart affections has been largely over-estimated and that the majority of fatalities are due to some interference with His' bundle. This theory seems tenable in view of the fact that the dead house presents from time to time evidences of gross lesions of the heart musculature of long duration which have played no part in causing death. On the other hand necropsical findings are often absolutely negative after death from heart block thus showing a probability of

a reflex of functional disturbance or some pathological lesion as yet undiscovered.

The whole symptomatology of heart affections presents some curious problems and is a field which contains much of mystery. Perhaps the largest part of the patients who anxiously consult us concerning real or fancied heart affections are suffering from neuroses purely as it is well known that a neurosis may exist without a pathologic base. These cardio-mental states however, are ones that well repay our study for there is small doubt that continued neurotic disturbances of the heart may eventuate in distinct obsessions.

One thing is noticable in connection with the fatalities from this disease, viz.: that it attacks by predilection the scholar and the financier rather than the laborer and outdoor worker though it is seen in cases of sclerosis from any cause whatsoever.

J. H. M.

IS THE FEMALE PELVIS GROWING SMALLER?

The constantly increasing number of necessary obstetric operations leads one to believe that forces are at work which make for a progressive maternal dystocia. In general the causation of long labors may be ascribed to either mal-position, defects in the vis uteri or disproportion between the foetal head and birth-tract.

All three of these causes will be found pretty thoroughly scattered through any series of pathologic labors, yet given a normal vertex presentation with a child of the average weight it must be apparent to any one of considerable obstetric experience especially in our cities, that the proportion of necessary forceps deliveries is larger than conditions would seem to justify. When we consider the class of women who present the largest birth rate we find them to spring in great part from the working class. A quarter of a century ago this would mean women who had been brought up in an atmosphere of rugged health with outdoor exercise, good generous diet and freedom from vitiating and debilitating influences of the modern civilization. But with the radical change in sociologic and economic conditions the working girl of to-day is much less suited physically for the duties of motherhood than was her mother and grandmother in the same social status. The increased expense of living and the accompanying general demand of even the poorest for some of the luxuries of life as represented by dress and amusements drives the girl to the laundry, factory, or department store at an age when she needs the most tender and solicitous care of the home. There she is expected to work long hours, often in grossly unsanitary and unhygienic quarters, perhaps in cramped, uncomfortable positions, month in and month out no attention being paid to the menstrual epoch. The result is puberty is reached

under circumstances and in surroundings which tend to thwart full development of all body structures and especially those of the generative system. A further and more pernicious incident of such a life is the close mingling of the sexes without proper restraint and oversight of parents or other guardians, leading in many instances to early establishment of illicit intercourse with all its demoralizing sequale. This social and physical syndrome is fraught with undoubted ill effects, stunting the growth of the organisms as a whole and modifying the pelvic diameters with the resultant, maternal dystocia. On the other hand, the so-called upper classes while not subjected to the same influences as detailed above are yet by habits and inclination fast losing the normal aptitude for healthy motherhood. They shirk its responsibilities and by continually defeating nature's physiologic ends lay the foundation for a bad heritage to mothers yet unborn.

J. H. M.

In the December number of the *American Journal of Surgery* Joseph Weiner makes a plea for exploratory incision of all cases of suspected depression fracture of the cranial vault. His deductions which seem to the point are as follows:

"The classical signs of fracture, crepitation and false point of motion, we cannot hope to elicit in the overwhelming majority of the cases of fracture of the skull. Those cases in which these signs are present, are not the most dangerous cases, because in such cases we are all agreed that an operation is needed. But it is in the doubtful cases, where all or at least most of the classic signs and symptoms are absent, that the greatest danger lies. For in these cases it is only too easy to be lulled into a false feeling of security because of the absence of symptoms. Or, again, there may have been signs and symptoms somewhat indicative of fracture during the twenty-four hours following the injury, such as unconsciousness, irregularity of the pupils, vomiting, headache, and rise of temperature; after twenty-four to forty-eight hours all these symptoms may disappear, and yet we may have to deal with a depressed fracture of the vault. In two of my cases all symptoms disappeared on the third day after the accident; in each of these cases I found an extensive depressed fracture at the operation.

Unfortunately, the focal nervous symptoms due to the local injury, in many cases do not develop until long after the trauma. Another unfortunate fact is that in practice the sharp line of distinction between concussion of the brain and compression of the brain cannot be drawn as it is in theory. Too often, when we are confronted with a case, we are unable to determine whether we have to deal with a simple concussion, or whether there is also a fracture present. The unconsciousness following the injury is of course not due to the fracture but to the cerebral concussion. If, after some hours or even a few days, all the symptoms disappear, we are only too apt to put the case

down as one of concussion and advise against operative interferences. We lose track of these cases, and years later they may develop some serious lesion of the brain. The two cases referred to above were young children in whom there were symptoms of concussion, unconsciousness for a short time, followed by vomiting; then all the symptoms disappeared; and yet I advised an incision and was rewarded each time by finding a depressed fracture.

We have found by experience that we must not expect to get symptoms of brain compression or even of brain irritation in many of these cases. There may be a depressed fracture of sufficient severity to cause an epilepsy in later years, and yet shortly after the injury there may not be a single symptom due to the depression. As Koenig candidly says, in the majority of the cases of simple fracture of the skull we are unable to make a diagnosis; and if we can make the diagnosis of fracture we are very often utterly unable to determine its extent.

Any case of orchitis or epididymitis which pursues a sluggish course of a month or more whether in connection with gonorrhea or not should be suspected as being possibly tuberculous and treated accordingly. Incision and drainage early will often save a testicle with tubercular foci which if neglected may ultimately entirely destroy the gland. It is admittedly good surgery to open the testicle and curette the tubercles and drain as the total extirpation of a gland has a bad psychic effect on the patient while incision may be followed by prompt reparative processes.

A thorough knowledge of the mechanics of labor and the planes of the pelvis will often enable the accoucher to expedite a confinement which proceeds slowly on account of improper attitudes of the foetus. These manipulations vary from simple posturing to various bi-manual measures which may suggest themselves to the attendant. For purely sluggish uterine force the application of the hot compress, the hot vaginal douche, warm drinks, abdominal massage, or tentative efforts at manual dilatation of the cervix are often sufficient to bring on vigorous pains.

IN A. D. 1975.

Winks—"Good morning, Thinks. How is your opsonic index to-day?"

Thinks—"Poorly, sir, poorly sir. My early morning inoculation of Anti-indigestion Serum has caused an agglutination of the Gastricocci and they refuse to act. My doctor says I must have an injection of Bacteriolysin to liberate the polymorphonuclear leukocytes which he assures me, sir, will have a prompt phagocytic action."

Winks—"What a narrow escape."

THE CLINICAL REPORTER.
MISSOURI INSTITUTE OF HOMEOPATHY.

The Missouri Institute of Homeopathy will meet at Kansas City, Mo., April 23, 24 and 25. Every Homeopathic physician in the state should participate in this meeting. Remember that Homeopathic Societies must continue work, till our principle of medicine is accepted by all, and has gained the supremacy over irregular, unscientific, haphazard methods of prescribing for the sick. Homeopathy stands for the system that assures a speedy, permanent restitution of health.

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DISCS.

ALL HAIL the NEW YEAR!

Ring out the old (routinism).

Ring in the new (scientific accuracy).

Dr. Wm. H. Bauer, of Sylvia, Kas., spent a few days in the city renewing old acquaintances and visiting his alma mater.

Mrs. Charles Montgomery Cherry *nee* Josephine McNeill, class of '03 H. M. C. of Missouri, in company with her husband has recently set sail for a winter's tour of Egypt and the Holy Land.

Dr. David A. Strickler,, of Denver, announces the removal of his offices to Suite 612 Empire Building. While the *Progress* of Denver announces the marriage of its chief editor to Doctor Mary R. Bradner, on December the first. We extend our congratulations and best wishes to Dr. and Mrs. D. A. Strickler.

The Alumni Association of The St. Louis Children's Hospital met at the College Building on Monday evening December 19th. Dr. F. W. Lester presented the paper of the evening, "Three Cases of Noma." Discussion was participated in by all those present. Cigars and coffee were served.

SAWS OF THE SURGEON.

Least pain soonest mended.

I came, I saw, I charged.

Policy is the best honesty.

Every nose has its bloom.

Great aches from little toe-corns grow.

It's a long pain that brings the earnings.

A fee in the hand is worth two on the book.

A man with pain is a graft forever.

A stitch in the side means nine in the skin.

The patient that goes oft to the surgeon is soon broken.

Where he taketh out one bone, he taketh in Five Hundred Bones.

The Twenty-seventh Annual Report of the St. Louis Children's hospital has just been issued. This hospital, the largest institution of its kind in the west under Homeopathic management, presents a very flattering report of the amount and character of work done during the year ending Sept. 30, 1906. There are four departments viz: Medical, including contagious division, the surgical, eye and ear wards and outdoor department. In the medical division 275 cases are recorded for the year. In the surgical, 121 cases. In the eye and ear, 79 cases. In the outdoor department 412 cases were treated during the year. The hospital is conducted along strictly charitable lines no pay patients being admitted, but all white children of whatever creed or nationality under the age of fourteen years are taken. In the past few years great improvements have been added to this institution in the way of modern fireproof contagious and baby wards, open air, tubercular divisions, and up-to-date operating rooms. The medical departments are under the care of Drs. Burleigh, Goodman, Luyties and Morrill. The surgical under Dr. Scott Parsons, Jr. The eye and ear under Dr. Jas. A. Campbell.

CHRISTIAN HOSPITAL-TRAINING SCHOOL GRADUATION.

The formal presentation of diplomas to the graduating class of the Christian Hospital Training School for Nurses took place at the Hospital Dec. 21st.

Following some remarks by Drs. L. C. McElwee and Willis Young, diplomas were presented by Dr. W. E. Jones to Misses Drucy Ann Wagner, Lottie Vivian Williams, Wilda Phronia Daugherty and Elizabeth Lillian Piper.

Mrs. T. R. Ayars, in behalf of the Board of Lady Managers, then presented each of the young women with the official gold badge of the Training School.

A large reception will be given in these young ladies' honor in March, 1907 at the First Christian Church.

At present they may be called from the Hospital.

The Homeopathic profession of St. Louis may now supply their patients with trained nurses graduated from a homeopathic hospital. The training has been of the highest and most practical character. The examinations that this class has passed would make a senior medical student sit up and take notice. In the practical duties pertaining to their work, they are passed mistresses.

These and their ethical training having been under the supervision of that skilled and strict disciplinarian, Miss Shackledford, they are better qualified than most nurses to undertake their exacting profession.

The support of the profession is bespoken for them, in the interest of the nurse, physician *and* patient.

Y.

PUBLISHER'S DEPARTMENT.

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ADVERTISING RATES FURNISHED ON APPLICATION.

A SHEET ANCHOR IN PNEUMONIA.

By S. W. UMSTOT, M. D., Hagerstown, Md.

Two years ago I began to use Antiphlogistine in the treatment of pneumonia, and it has proved my "sheet anchor" ever since. My custom is to make daily applications, and by using it in this way I am able to hold the disease in check. Antiphlogistine reduces the inflammation without reducing the patients' strength, and owing to its many virtues, is strongly to be recommended as an adjunct in the treatment of pneumonia.

A few cases follows:

Mrs. G.—Was called January 28, 1905. An examination proved lobar pneumonia, in the upper lobe of the right lung. I applied hot Antiphlogistine and the cotton jacket. Next day the patient was doing well I renewed the dressing daily for four days when it was discontinued, as the necessity for its use had passed away. The recovery was uneventful.

Mr. K.—Was taken ill April 12th, 1905, which was his second attack of double pneumonia. I at once applied Antiphlogistine and a cotton jacket, and renewed the dressing daily. In two weeks he was sitting up, and he made an uneventful recovery.

Mrs. D.—A woman with a tubercular diathesis, was stricken with pneumonia of the right lung, Dec. 4th, 1905. Antiphlogistine and the cotton jacket was used as in the preceding cases. I discontinued my calls in twelve days, after a complete cure.

Mrs. S.—Was called Feb. 22nd, 1906, and found double lobar pneumonia. Applied Antiphlogistine, hot, then daily until the eighth day when the crisis was passed. Antiphlogistine was of inestimable assistance in this case.

Mr. A.—45 years old. I first saw the case April 22nd, 1906, found a double lobar pneumonia with pleurisy of the left pleura. I at once ap-

plied Antiphlogistine as hot as could be borne, and used it daily for twelve days. On the sixth day the evening temperature registered 105.80. The temperature dropped by lysis and he made a good, although slow recovery.

BRONCHITIS.

The treatment most frequently instituted by the patient himself is a hot bath, mustard plaster to the chest, a hot lemonade or punch and then to wrap himself in warm blankets. This is very good home treatment. The patient seeks the physician for relief from the aggravating cough. There are many remedies that may be considered in this connection. Hydrocyanic acid is useful in coughs of a spasmodic character, especially the cough of acute bronchitis with the neurotic condition of the mucous membrane. The syrup of wild cherry has been used from time immemorial as an aromatic bitter tonic in the catarrhal conditions of the bronchial mucous membrane. The cough especially has been amenable to its influence. The addition of water to the bark of wild cherry yields hydrocyanic acid which exhibits an action that diminishes nervous irritability and calms the excitability of the bronchial mucous membrane. The one fault of the hydrocyanic acid in the wild cherry is that it is not constant in amount. Balsam of fir, obtained from the silver fir is an antiseptic, disinfectant and stimulant when applied locally. Internally it is a carminative and stomachic. As it is excreted principally by the mucous membrane the secretions of the membrane are stimulated and disaffected thereby. It exerts an expectorant action upon the bronchial mucosa. Tartar emetic is of value as an expectorant and diaphoretic. It stimulates the secretions, slows the pulse and allays the restlessness. It is wonderfully successful in children where is the rattling breathing of much mucous with sibilant and sonorous rales and difficult respiration. We usually find that these drugs are sufficient in the average case, either alone or in combination. The active principles of fir balsam, Venice turpentine, chloric ether and a minute quantity of dilute hydrocyanic acid, tartar emetic and aromatics have been nicely combined in the product called Fitchmul. The amount of hydrocyanic acid contained is constant. It is usually sufficient *per se* to allay the bronchial inflammation, but if necessary, it makes an excellent vehicle for codein, heroin, creosote or quinine. The therapeutics of the latter remedies are too well known to require elaboration. We have in Fitchmul a remedy that is not of a narcotic but a tonic action, thereby eliminating any fear of suppression or depression. It stimulates the bronchial mucosa to its normal activities.

Extract from *Medical Mirror*, March 1905, by H. H. Fletcher, M. D., Henderson, Ill.

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THE CLINICAL REPORTER.

Vol. XX.

FEBRUARY, 1907.

No. 2.

Original Articles.

DIABETES MELLITUS.*

THRO. W. CONZLEMAN, M. D., St. Louis.

It would be rather wearisome to go into a detailed description of a disease with which you are more or less familiar and in presenting this paper for your consideration this evening I am in hopes of getting the views of the members in regard to the value of our remedies in the treatment of some of the perplexing tendencies that arise at various stages of this disease—especially in the advanced stage of Diabetes. It was my intention to confine my remarks entirely to the subject of Diabetic Gangrene, but on searching the literature on this subject I realized that this paper would certainly be distinguished for its brevity if nothing else. From a surgical standpoint the outlook is not very encouraging and the best books on the subject give but little information that is of any benefit. Looking at this condition from a Homeopathic standpoint it seems to me from some observations in several cases that have come under my care there is more good in our therapeutic management of these conditions than many of us are willing to admit. In one case particularly, which I wish to present later on, the results were such that, it seemed to me at least, unmistakably due to the favorable action of the remedies prescribed, as such improvement was progressive without any change in the dietetic or other habits of the patient. It is a theory of mine that a disease due to a dynamic disturbance ought to respond to appropriate medication providing there be no gross violation of the ordinary rules governing diet and mode of living. In making this statement I am fully aware of the necessity of conforming to the necessary dietetic and hygienic regulations necessary in treating some forms of this trouble, especially when the efforts controlling this state of affairs by remedies is apparently ineffective. Referring to the general subject, Diabetes Mellitus, Prof. Mitchell in his work says Diabetes is only a stage in the process of a *certain type of*

*Read before the St. Louis Homeopathic Medical Society.

molecular and somatic deterioration to which we give the general name of Diabetic deterioration. In the normal condition the blood contains a small amount of sugar, but it is not noticeable in the urinary secretions to any appreciable extent. However if the sugar in the blood exceeds a certain amount, this sugar is excreted in the urine, we have glycosuria. This condition sometimes occurs as a temporary phenomena from various causes, but the amount is slight and soon disappears. Its presence does not imply any persistent abnormal condition.

The causes of Glycosuria need not be discussed at any length. Temporary glycosuria may be caused by the absorption of certain poisons Carbonic Acid Gas, Morphin, Hydrocyanic Acid, Mercury and Nitrate of Amyl may give rise to its presence. Temporary glycosuria may occur in the course of infectious diseases as Typhoid, Scarlet Fever, Malaria, Diphtheria etc. More frequent causes are disturbances of the nervous system. This condition may also arise from severe concussion of the brain, fracture of the skull, cerebral hemorrhage, cerebro spinal meningitis and epileptic seizures. It is especially apt to occur when there is disease of the medulla. This coincides with the discoveries made by Claude Bernard who found by experiment that when certain injuries are inflicted upon the floor of the fourth ventricle, glycosuria invariably follows. It has been thought that disease of stomach and liver may cause glycosuria, but this is doubtful.

With regard to the theory of diabetes it is interesting to note that extensive disease of the liver as seen in Phosphorus poisoning; cirrhosis occasions no glycosuria even though a large amount of sugar is taken, but, atrophy of the *pancreas* seems to have a definite relation to Diabetes. Experiments have shown that diabetes can be produced in dogs by extirpation of the pancreas. Ligature of the duct of the gland does not produce it. There must be therefore some special function of the gland and after this function ceases to be performed the consumption of sugar seems to be incomplete. Late researches on this subject show that in most cases of Diabetes the autopsy shows obliteration of the Islands of Lieberhans.

In Diabetes, as we all know, there is always a considerable amount of sugar in the blood and consequently in the urine. As to the true nature of the disease there is still some doubt and it is difficult to determine whether all cases of diabetes are essentially identical. In most cases the question can be answered affirmatively, but in the middle form there is room for doubt. In many cases, some of them of a severe type, no exciting cause can be found, the disease apparently developing of itself in persons who have previously enjoyed good health. Among some of the predisposing causes may be mentioned: 1. Heredity. It being frequently observed in several generations of the same family. 2. Improper mode of living, improper food, excess of starchy food, sugar, sedentary habits, especially if associated with over-feeding, cold after getting wet, emotional disturbances, injuries to the head and infectious diseases as already

stated. Most cases occur between 35 and 50 years of age, although the condition may occur at any age from extreme infancy to old age.

The symptoms of Glycosuria usually develop insidiously. Some of the first effects of the trouble being languor, emaciation, weakness and a diminished power of endurance. In time we find nervous symptoms coming on. Headache, neuralgia, wakefulness, mental depression, gastrointestinal trouble, nausea, eructation and a sluggish condition of the bowels. Finally the patient's attention is called to the condition of the urine, particularly to its increased amount. He also notices that he is thirsty and despite a great appetite he is growing weaker. Usually the first thing the patient notices as abnormal is the large amount of urine he is passing, often from three to five quarts during the twenty-four hours. In color the urine is a light yellow, a small quantity seeming almost as colorless as water. Ordinarily the urine is clear without sediment, but after standing awhile it becomes cloudy—due to fermentation. The specific gravity ranges ordinarily between 1030 and 1045 or higher. Sometimes in exceptional cases the specific gravity may be below 1020. With the above conditions and the presence of sugar in the urine the diagnosis is readily made. There is a great variation in the course and duration of this disease making quite a distinction between the mild and severe form. In the mild forms of this trouble the sugar disappears if patient refrains from food rich in carbohydrates or he may take sour starchy food without any evidence of sugar if he takes enough exercise. In the severe form, sugar is always present. The moderate form may in time assume the severe type. The severe form may become very acute and terminate fatally in a few weeks, or the disease may last ten or twenty years before it terminates fatally. In some individuals the sugar may disappear temporarily only to recur. This applies particularly to older subjects. The usual termination of diabetes is a fatal issue although some cases recover. Unfortunately for the patient the disease is usually unsuspected even by the physician until some of the permanent symptoms occur—languor and debility, the appearance of furuncles, pruritis in women, cataract or sciatica, especially if bilateral. It would be wise as a matter of precaution to examine the urine in nondescript conditions especially if the patient is fat, nervous, with aches and pains without any tangible cause. I have at present a patient of 55 years a rather fleshy woman who apparently enjoyed perfect health until two years ago when she developed a most aggravated pruritis vulvæ. For ten years or more previously the only thing she complained of was an itching of the lower limbs. When this ceased she was attacked with the pruritis. This has annoyed her more or less since its appearance, being troublesome only at times. About a month ago she applied for treatment; she then having had symptoms of aphasia for a week or more. At various intervals during the day she would lose the power of speech for a few minutes at a time and then recover her speech feeling a little confused at her awkwardness as she expressed it. In addition to this, she complained of some drowsiness

and desire to sleep at any time if possible. Her digestive organs seem perfect. This with a slight feeling of languor was all she complained. Specific gravity of urine 1035. Strong traces of sugar. Amount passed, 5 pints in 24 hours; very little thirst. Allowing her an ordinary diet with abstinence from sugar and potatoes reduced urine to 4 pints in 24 hours. She received Nux V. and Gelsem., in two or three weeks the aphasia has entirely disappeared, her strength improved and the only complaint she has is the troublesome pruritis vulvæ.

Another case of the milder form that has been under my observation for the past few years, is that of a retired milkman, aged 53. He is about five feet eight inches, weighs in the neighborhood of 190 pounds. Lost an only daughter at the age of sixteen, with diabetes. Has two sisters living, both diabetics. He has always enjoyed good health; very temperate in his habits. About two years ago he consulted me, being in quite a nervous state. Analysis of his urine showed 2% of sugar. He complained of considerable thirst and was passing at that time, six pints in twenty-four hours. He had lost ten pounds in a few weeks. He had no symptoms that were prominent. He received some Bryonia with the assurance that there was no cause for uneasiness. In a few weeks he regained his ten pounds. His output of urine was four pints of urine in the twenty-four hours. He refrained from sugar and used gluten flour, and after two years, he enjoys perfect health, although he notices an increase of urine, when he satisfies his craving for sugar. His weight has not varied appreciably in the meantime.

Unfortunately a majority of these cases do not belong to the class in which dietetic regime offers so much encouragement. In the older cases that have suffered from a general deterioration, where the process of constitutional break-down is in evidence, we find gangrene a very troublesome feature to contend with.

The following case of which I have lost the notes, will serve as an illustration of many of the ordinary symptoms occurring in this sequelæ of diabetic degeneration. The patient at time of beginning of the immediate appearance of gangrene, was aged sixty-three years. Two years prior to that time, she called for treatment in regard to a small sore on the plantar surface of the big-toe of her left foot. It seemed trifling in appearance and after resisting such treatment as she could think of, the case came under my care. After several weeks of local treatment, it appeared to heal perfectly. At that time she had very few complaints, except one of a constant burning on the vertex. She had a hot spot, as she called it; she also complained frequently of a severe pain in the region of the spleen. These symptoms gradually disappeared and I lost sight of her for sometime. In March 1905, she was visiting a relative in the city, and on returning to her home, stated she had frosted her toes and wanted treatment. On examining the same, the toes on one foot were white on the upper portion of the toes and filled with a serous fluid. The large toe on which the original sore existed, began to inflame, and in a short time a

large gangrenous slough appeared with much redness and swelling. Her appearance was pallid; face somewhat puffy, and both limbs oedematous to the knees. The spec. grav. of the urine was below the normal and contained a great amount of albumen. Later examination showed that it contained $\frac{1}{2}\%$ sugar. Amount of urine never over three pints. There was only moderate thirst and loss of appetite. In the course of a few weeks the minor toes were nearly healed, but the gangrenous slough in the big toe began to increase with a violent inflammation of the entire foot and increase of oedema. There was now a well marked line of demarcation at the second joint of the toe, and surgical advice was requested.—The entire foot now looked purplish and mottled, with severe pains in the entire limb. There was great cutaneous hyperaesthesia. She could not bear the least touch to the surface. At times there was painful jerking in the afflicted limb, and a desire to keep a moist cloth constantly on the foot, which partially relieved the burning she complained of. This was her condition when she was examined by three prominent surgeons of this city. Two of the older surgeons prognosed a rapid fatal termination, saying that it would be useless, as they gave her only a few weeks. The other surgeon advised amputation of the toe as a preliminary matter. The patient was unwilling to submit to any operative measures, and she was treated on general principles. Two months later the toe was practically healed and looked perfectly healthy, and the patient was able to go out for an occasional drive. Several months later the patient developed a pressure sore on the outer side of the same foot, sore developing below the ankle, which rapidly enlarged and by the end of September, she died of coma. The point of interest in this case to me, was the apparent reaction to the various remedies used at different stages. Owing to an enfeebled condition, no change was made in her diet, as she was encouraged to eat whatever she desired. Among the remedies used, Secale was beneficial for a time, then China, Lachesis and Arsenic, relieved her condition at various times.

From a surgical view of this condition, I can glean little information. The best that can be expected in a surgical way, is to dress the external lesions as an ordinary ulcer or wound. I have found the ordinary antiseptics in form of a dry powder, the most satisfactory. Boracic acid has most frequently answered very well, unless a moist dressing was more agreeable. In presenting this case for your consideration, I was actuated by the desire to get an expression from the different members of the society, as to whether the remedies influenced the temporary improvement, or was it an ordinary let up of the disintegrating process of the disease. Since March 1905, I have observed a somewhat similar condition in a baker, aged 47. He complained of having frost bitten toes. On examination, I found the beginning of moist gangrene on all the toes of the right foot and two of the toes on the left. The patient at present weighs 220 pounds; normally his weight is 260. He has always been a hearty eater and drinks a large quantity of beer. Last Spring under temporary mod-

erate diet, and complete abstinence from malt liquors, the toes healed readily, save one, on the large toe, a gangrenous patch, occupying the greater portion of the plantar surface, sloughed off with a general repair of tissue. At that time a line of demarkation appeared, but conditions improved for a time. While drinking beer, the specific gravity of this patient's urine, is very high, shows three per cent. of sugar, which is readily reduced to half of one per cent. on restraining from all intoxicants.

This case shows undoubtedly, what benefit ordinary restriction in diet will do for some of these cases.

The matter of diet is an important one, as I have already stated, although there may be considerable latitude allowed governing the diet in individual cases. Rest and exercise are important adjuvants in the treatment of this condition. Baths, especially Turkish baths, may be useful for fat diabetics. Sleeping in well ventilated rooms, should be enforced. The use of various mineral waters at times, seem of positive value.

Among the remedies, which are useful, are: Arsenic, Phos. ac., Uran Nitrate, Bryonia alb, Lacticac., Podoph. Aurum mur, Merc. sol., Nitric ac., Nat. Sulph., Opium, Codeine. Constipation is sometimes a troublesome factor in diabetes. for which some saline aperient should be taken occasionally. For the thirst, hot alkaline mineral waters taken before meals, will frequently prove efficient. For the boils and carbuncles which often appear during the course of the disease, Hepar and Silecia, may be indicated. For the pruritis vulvae, which is often excessively troublesome, soap and water, weak permanganate solution, or weak cocaine solution. In cases of diabetic gangrene, the only substantial hope, is said to be amputation.

2839 Morgan St.

"CHOREA."

(CONTINUED.)

N. B. DELAMATER, M. D., Chicago, Ill.

It is realized from what I have said in the previous articles, that the treatment of Chorea consists first of the removal of any possible source of reflex irritation. We must admit that this in itself is all that is needed in many cases. Permit me however to suggest, that we must not forget that in nearly every case there is the very important factor of a predisposition, already mentioned. There is also to be considered the abnormal nutrition and the habit of irregular muscle activity.

Then we have a large number of cases in which it is impossible for us to assign any special cause other than mental strain, excessive excitement

or bad feeding and hygienic surroundings. The fact still holds good that a majority of these cases will recover in about three months. You cannot however determine early whether the particular case under observation will recover in three months or run on indefinitely. The tendency to recurrence is also a factor and must be overcome.

After removing all positive causes for possible reflex irritation, the first step in the treatment must be, the nourishment and the surroundings.

A careful quantitative analysis of the entire twenty-four hours urine is very important, in determining the present condition of the nutrition and what must be done to correct it.

Should you find the solids and salts of the urine all normal except the Phosphoric Acid and this very low, phosphatic foods should be in the ascendancy in the dietary and physical exertion at a minimum, in fact in a case of this kind if very much marked I am almost sure to put the patient in bed absolutely from two to four weeks.

If you find a marked deficiency in the uric acid as compared with urea, cut down the sweets and sugars, allow a fair amount of muscular exertion and give your attention to the excretion of uric acid. One of the best means in my hands to accomplish this has been Thialion, from one-half to one teaspoonful in a glass of very hot water, then pouring in cold water just sufficient to make it drinkable,—dose three or four times a day. If you find the urea low, or both urea and uric proportionately low, give a liberal diet, get the patient out of doors, and give lithia in some form, I prefer the Glycerophosphate of Lithia. It may be necessary in some cases to have a blood analysis. If for instance a marked anæmia is found, the treatment must be directed to correcting it.

In general the diet must be rather in the line of over feeding with easily digested and plain food, avoiding pastries and rich foods of all kinds. In a large number of cases the meals should be supplemented with concentrated foods, such for instance as Malted Milk, between meals and on retiring.

The surroundings should be made as cleanly and hygienic as possible. Excitement should be avoided, while ordinarily there should be a full quota of out door exercise, it should be on the moderate order, not boisterous. The mind should be attracted to objects outside the patient.—Mild interesting games but not to the point of excitement. There should in every case be a period of an hour or so forenoon or afternoon during which the patient is lying down and kept perfectly quiet.

A very large percent of the cases you will see would get well and remain well with nothing in the way of treatment except what has been mentioned under the various Etiological factors and the few general instructions mentioned.

The cure or removal of the tendency however is of great importance not only in preventing recurrence but preventing other forms of nerve trouble. The patient must be given a resisting force that will enable it to

overcome everything that may come along. This is the most important part of the treatment especially in those cases showing a tendency to last months. I am at a loss to hear so frequently the statement by a Homeopathic physician, oh well, for Chorea I use arsenic or Fowler's Solution. In my college clinic where a very large number of Choreas presented I at one time experimented with this drug, using it empirically in nearly every case even those with plain source for reflex irritation. My results were not such as to warrant a continuance of the treatment. In the now reflex cases the recovery was with very few exceptions, in the usual time. The cases all the way through the entire course of average severity. The only marked exceptions were in a series diagnosticated by me as Anæmic Chorea, after careful blood analysis. In these I used the preparation known as Arsen-auro, with prompt and undoubted results. However in the other cases (no Anæmic) in which I later tried it I did not obtain the results. I feel warranted in advising this remedy in the markedly Anæmic cases, as an adjuvant.

On the other hand my records in clinical cases (I use them only for comparison as they correspond in environment and ability to get necessary treatment, while cases in private practice have very great advantages) show a very larger percent of very early recoveries and very few recurrences.

It hardly seems necessary to say that these results followed the selection and prescribing the indicated remedy according to the law of similars.

My first effort always is to find a remedy to fit the patient, according to hereditary environment, peculiarities shown in health. In the modalities, there are usually two or three that fit fairly well. I then select one of these that comes the nearest coinciding with the present symptoms of the patient. This method has been markedly efficacious in cases of long standing.

Now a word as to Electricity, while I use it largely in my practice I rarely use it in Chorea. I have occasionally for its psychic effect. As an aid to suggestion, I am satisfied that it would often be of benefit, but it, I believe, will not accomplish anything that I cannot do with remedies, with much less trouble to myself and expense to my patient.

Massage in the class of patients that can afford it is certainly a valuable adjunct. Warm baths (not hot) are also often useful in relieving tension and in increasing nutrition. In cases in which there is good reactive power a hot bath followed by a cold plunge or a cold needle bath, are very valuable helps.

I want to mention once more for the purpose of emphasizing it, "Suggestion." I am sure that I have derived great benefit from careful purposeful movements. For instance using a scroll saw, playing slowly on a piano. Anything requiring slow and rather large coordinate movements with close mental attention, but only for a few minutes at a time. Walking a crack or stripe in a carpet, etc.

In the very grave cases, the Ether Spray, the entire length of the spinal cord to the point of mild frost two or three times a day will often give very prompt relief.

Agaricus muscarius.—Richard Hughes with good reason suggested this remedy. It produces choreiform movements, which cease during sleep; it also produces tremor with complete paralysis.

Doses: From the mother tincture up to the sixth dilution.

Caustium.—Jahr says that *Causticum* produces peculiar motions of the head, eyes, and hands, that the patient forgets to read, write and do other manual work. Later a left-sided hemiplegia occurs, and convulsions persist during the day and night. The last characteristic formally indicates the drug in the treatment of grave form of Chorea.—

Dose: Sixth to thirtieth dilution.

Calc. carbonica is indicated in this form of Chorea by the difficult speech and when the patient bites his tongue while talking.

Cicuta Virosa.—The pathogenesis of this drug contains ludicrous motions of the eye, limbs, head, and of the upper portion of the body; difficulty in speech and paresis of the muscles. Clinical experience confirmed its use in the treatment of Chorea.

Doses: Third up to twelfth dilution.

Cuprum acet. (3x.) The movements appear to start in the fingers and spread up the arms. While often not entirely absent during sleep, the movements are much less. The muscles of the throat are implicated.—*Cimicifuga* (Ø or 30.) This remedy should always be considered in the choreas appearing at about puberty, and where there seems to be a delay in the establishment of the menstrual function. It is also indicated in all those cases where there is a tendency to the appearance of aggravation of the Chorea at the menstrual period. If there is melancholia and a tearing pain under the left breast. *Scutellaria lat.* (1x trit.) has much the same general characteristics as *Cimicifuga*, but instead of the melancholy it is the opposite.

Gelsemium (30.) is a remedy that is indicated in a great many cases. The indications for this drug are so familiar that it is not necessary to give them here. Dr. Hale suggests five-drop doses of the green tincture, and got some excellent results.

Hyoscyamine hydrobromate (Mark's) (4x trit.) a two grain powder once in four hours has frequently controlled the movements temporarily, in some cases held them under control. Where I find *hyoscyamus* indicated, I have frequently used this preparation, and alternated the 4x with the 30x trit. with the very best results. *Agaricus mus.* will often be found to be a very close simillimum. *Causticum* (3x and 30.) where indicated, I think I have much better results by alternating the high and low than from either one alone. There are many other remedies that will be found indicated by the various causes. In the rheumatic cases, for instance, the remedy will be selected according to the indications of that trouble so in many others.

Iguatia and Nux Vomica.—Hartmann recommends Ignatia in Chorea of recent origin, and most homeopathic authors have recommended both Strychnias. Ignatia and Nux vomica produce a continuous restlessness of the body, extreme precipitancy, involuntary motions of the knees on walking, weakness of the lower limbs and liability to falls. Hence, Trousseau, following homeopaths, prescribed syrup of strychnine for chorea and he had some success with it; only he used too strong doses and, at least once had a fatal accident. (See L' Medical, T. XII, p. 17.)

Doses: From the first trituration up to the twelfth dilution.

The allopathic school reports cases of chorea cured with Iodine.—Hahnemann ("Chronic Diseases," 10, p. 12) strictly recommends Iodine in the treatment of the common and of the grave forms of chorea. The pathogenesis of iodine contains some symptoms of chorea.

Mercurius was principally recommended by Drs. Espant and Ravel. It produces tremors that resemble those of chorea, and which Franeau described under the name of mercurial chorea.

Opium.—Tremors produced by opium are due to the same restless paralysis as chorea. Nevertheless, this remedy has cured cases complicated with somnolence and cerebral congestion.

Doses: The lower dilutions.

In cases where there is great irregularity of the heart, one of my most useful remedies is Physostigma Ven $\emptyset$ 3 to 5 drop doses every 2 to 4 hours.

CLINICAL LECTURE ON CARCINOMA OF CERVIX UTERI.

W. E. JONES, M. D.

Homeopathic Medical College of Missouri.

I am glad to be able to present before the class to-day a case of that disease, the cure of which offers one of the greatest problems of modern medicine. Our patient is suffering with a typical case of cancer of the cervix.

The history as given me is the following: Mrs. R., age 43 years, mother of five children and has had one miscarriage. Youngest child six. Labors were noninstrumental and she considers them as not unusually severe. Was told that her cervix was lacerated at third delivery.

Has suffered from leucorrhœa off and on for a number of years. She passed the menopause with no symptoms, menstruation ceasing eighteen months ago.

Our patient has been a hard-working woman until her present illness, which began four months ago, when she noticed an increase in the slight

leucorrhœal discharge and occasionally a spot or streak of blood. These two symptoms have gradually increased. The discharge from the usual whitish color assumed a brownish tint when not mixed with blood, became more watery, and developed an offensive, nauseating odor. The bleeding has become more frequent and during the last three weeks nearly constant. She complains of a continuous drawing pain in the pelvis and back extending down the thighs, as if the parts were being squeezed. Bowels are constipated and we are informed, that she has not passed a stool for over a month without a flow of blood from the vagina. Urination is frequent and generally painless, but if the bladder is not emptied when the desire comes it brings on a severe pelvic pain.

Our patient tells me that she has lost flesh rapidly during the last few months and is too weak to attend to her household duties.

In making a local examination of a case like this we must proceed very gently so as not to start up any bleeding. I wish all to make a digital examination, but before doing so let us expose the cervix and vaginal vault. I will use a Sim's speculum and depressor, as a bivalve speculum would tear the friable tissue on being opened. (The patient is placed on the table and instruments applied.) You will note a red appearance of the vaginal walls and at the vault of vagina the anterior quadrant of the cervix, the remainder being replaced by a foul looking excavating ragged ulcer, which has extended a half inch on the posterior vaginal wall. You will note as I try to swab off the discharge the surface bleeds, and also note the deep laceration of the anterior surface. If there were other lacerations they cannot be detected now as the lateral and posterior portions of the cervix have been eaten away.

I now wish each of you to make a digital examination. Oil your finger well and be very gentle so as not to cause pain and start the bleeding. You will note that the lower vaginal walls are friable, but the vault and cervix, or rather remains of cervix, is hard, and everything is firmly fixed together in one mass, in fact is absolutely immovable. If you were rough you might tear off a portion of the remaining cervical lip as the tissue is very friable.

Let us now dismiss this patient as she is much exhausted by the examination, and we will analyze the history and symptoms in detail. We note first, that the woman is 43 years of age. Cancer is a disease of middle life; in fact the years from 35 to 50 are called the cancer age of woman, as during this period the vast majority of cancers develop. Our patient is then in the most critical period of her life from the age standpoint in the development of cancer. We next note that she has had six pregnancies and has been lacerated. Cancer of the cervix is a disease of multiparous women. Ninety-nine of the cases have borne children, and the average number of pregnancies is given as five. Very few women who have had five pregnancies have escaped some cervical injury, and lacerations seem to play a prominent part in the etiology of cancer. The next symptom to attract our attention is that of a chronic leucorrhœa increasing

and becoming blood stained. The woman has undoubtedly suffered for years with an endometritis caused by the laceration, but this had nearly subsided from the effect of the climacteric, when, about four months ago the leucorrhœa increased and was blood stained, gradually became purulent and the blood more abundant, until on exertion and stool the hemorrhage is severe. This is the usual course of such cases. The first discharge was from the irritated utricular glands and the papillary excrescences, the latter from the sloughing ulcer. While there is no symptom that is positively diagnostic of incipient carcinoma, at this age the return or increase of a leucorrhœa which becomes irregularly blood stained is a sign of extreme importance and calls for an examination and discovery of positive reasons for its presence. Many a woman has been let to pass beyond all hope of recovery through operation by the assurance that irregular bleeding occurs during and after the climacteric.

The next symptom, the offensive odor, is from the sloughing of the diseased tissues. No condition is so repulsive to the patient and her associates as a breaking down cancer; in fact the nose can be diagnostic at this stage.

The drawing pain our patient complains of is easily accounted for when we make our digital examination. The pelvic contents are hard and drawn together in a solid mass. Instead of a cervix which can be easily pressed in any direction with the finger we find the ring of cervical tissue immovable; the vaginal vault feels like it might have been infiltrated with paraffine and yet it tears easily from touch and even from the passing of the stool through the rectum.

This poor woman is anemic, cachetic, a miserable burden to herself and friends, and such is the usual picture of fully developed cancer of the uterus. What can we do? Practically nothing. Antiseptic douches will keep the odor down; the curette and cautery can clear away the sloughing mass, morphine will ease the pain and benumb the senses but nothing has been discovered that can save her from the approaching doom.

I have dwelt at length on this case, not because it offers any difficulties of diagnosis, a freshman could name it. Not because it gives an opportunity for brilliant surgery, quite the reverse, but because it shows us a picture of death in one of its most horrible forms and one that can be avoided in the majority of cases.

Statistics show us that after the cancer cells have invaded the peritoneal tissues, and the cervix is fixed, total removal is impossible, but the same figures show that cancer in its incipiency is a local disease and if removed in toto seldom returns. The lesson we wish to draw from this case is not how to diagnose and treat it now, but three or more months ago. Not this stinking, sloughing ulcer, but the increased leucorrhœa, the slight irregular bleeding, the little indurated nodule on the site of an old laceration; these are the incipient symptoms and if not heeded lead the patient to inevitable doom.

The detection of cancer of the cervix in its earliest stages is the prob-

lem that is now before the medical profession, and to my mind education is the only means by which we can solve it. We must educate the general practitioner; I must educate you to detect it when it presents itself at the office, and I believe the laity should be taught that the years just preceeding and following the menopause are critical ones to the child-bearing woman, and that irregular and increased bleeding and leucorrhœal flow are not natural conditions of this period to be left alone, hoping that all will come well, but are in many cases the early symptoms of cancer.

A few years ago a wave of popular education swept over the country, and now every school boy knows that his appendix is on the right side and that pain in that side should not be neglected. At the present time education is taking the dread from the name of consumption and placing it on the list of curable diseases. The people are coming to the physician with the earliest symptoms and the physician is educated up to the point where he can detect the incipient cases. Would it be very wrong to tell those of our clientage who are approaching the critical age that certain symptoms signify certain conditions, and that cancer of the uterus, in its incipency is more amenable to proper surgical treatment than pulmonary tuberculosis is to medicine and hygiene? We are looking at this matter in a different light than it was looked at only a few years ago, and I hope that the old saying, "The secrets of the profession of one decade is the common knowledge of the people of the next," will come true with cancer of the uterus.

3859 Page Avenue

ILLUSTRATIVE OF USE OF SUB-ARACHNOID ANALGESIA.*

WILLIS YOUNG, M. D.

CASE 1.—Stoical, rigid fibred-German, aged 50, patient of Dr. Maurice Thompson. Two years ago this man received a cut in his left forearm from a flying piece of steel which severed his radial artery. Both ends of the artery were ligated at the time, the wound healing with some suppuration. The tumor which now presents, about the size of a large orange, has slowly developed since that time. Recently it has grown more rapidly. It is non-expansile, non-pulsating, yet the radial artery, both above and below, distinctly pulsates.

That part of the artery below the tumor shows a much smaller pulse wave than that above. The tumor is painless, and disturbs him only because of its size.

Aspiration with a fine hypodermic needle secures a brownish, watery fluid, which upon microscopic examination, shows numerous red blood

*Clinic held at Lutheran Hospital, Saturday, January 12th.

cells. To palpation the tumor shows the characteristic resiliency of a cyst. The diagnosis is probably, obliterated traumatic aneurism.

One and a-quarter grains of of tropa cocaine were injected into his sub-aracnoid space, the needle entering between the second and third lumbar vertebrae. The injection was made by Dr. Forster, and after the technique developed by him. When the tumor was exposed by a linear incision, the diagnosis of obliterated aneurism was confirmed. The sac contained serum and many poorly formed blood clots. Hunter's operation was made, save that ligation, above and below, was omitted, because unnecessary. The wound was closed with drainage and skin tacks.

Despite the fact this operation was above the waist line, the patient experienced no pain, and at the completion of operation, arose from the table and walked to his room unaided.

CASE 2.—A young woman aged 16, suffering for two years with irregular and profuse menstruation, obstinate constipation and frequent attacks of epistaxis. About six months ago, I had her chloroformed and dilation of the sphincter ani was made for the cure of a fissure. While under chloroform a pelvic examination revealed an astonishing degree of retroversion of the uterus, for which reposition was made with no expectation of its permanent effectiveness. It was proposed to make a round ligament suspension.

Dr. Forster gave her a spinal injection of one and one-quarter grains of tropa cocaine. She was put in the Trendelenberg position and within three minutes after the injection, the abdomen was opened, the suspension made by drawing the round ligaments through the broad ligaments and external to the fascia of the external oblique, where they were fastened with two catgut ligatures each. The abdomen was closed with layers of one-ten catgut. This young woman during the operation was perfectly conscious, experienced no pain, no nausea, and was offered and took a drink of water while on the operating table.

CASE 3.—A German man aged 73, patient of Dr. Schuricht for eight years has had some bladder difficulty, necessitating somewhat too frequent emptying of that organ. In the last three years he has suffered more or less constantly with cystitis. Examination per rectum, revealed a hypertrophied prostrate gland. Palpation of this gland occasioned severe pain referred to the end of the penis, at which place he has experienced much pain when attempting to empty the bladder. This was suggestive of stone, but because of exquisite sensitiveness of the urethra, no instrumental search had been made for stone. Dr. Forster gave him two and a-half grains of tropa cocaine the patient complaining much of pain from the injection. He was placed in the Lithotomy position and Zuckerhandle's tranverse incision made. The capsule of the prostrate was divided on either side and the gland with some considerable difficulty peeled out. A finger in the bladder discovered a partly encysted stone, which was removed. The patient was shown the stone, whereupon he promptly collapsed, requiring whiskey and strychnine to resuscitate him.

Cale's double rubber drainage tube was introduced through the perineal wound, and the patient returned to his bed. His pulse was one hundred and of poor quality, but he shortly recuperated, and he has exhibited no abnormal symptoms since. The patient experienced absolutely no pain whatever during this severe operation. The stone which weighed 677 grains, on section proved to be composed of urates, with a distinct shell of phosphates about one-fourth inch thick.

CASE 4.—Man aged 40, patient of Dr. Max Aszmann, Chester, Illinois, for three years he has presented a growing tumor in the left superior parotid triangle. The tumor was painless, fluctuating and was diagnosed by Dr. Aszmann as a lymph adenoma. Dr. Forster gave this man an injection of two and a-half grains of tropa cocaine. He was laid on the table and subjected to a rocking motion, to secure if possible, diffusion of the analgesic throughout the spinal canal. After about ten minutes' wait no anæsthesia as high as the neck resulting, he was etherized and at my request, Dr. Forster dissected out this tumor.

This dissection exposed the external carotid, internal and external jugular, descendens noni, and spinal accessory nerves. The wound was closed with whip stitch of catgut and cigarette drainage. This man suffered with throbbing headache, aggravated on rising, for six days.

By exclusion I could only attribute it to the tropa cocaine.

2344 Park Avenue.

CATHETERIZATION OF THE URETERS.*

A. LEROY BARNARD, M. D.

The report presented contemplates the consideration of intra vesical work, through the ureter catheterizing cystoscope, and the technique of the operation.

First, a reliable and practical procedure.

Second, a diagnostic means, embracing the determination of the cause and location of obscure urinary affections, anatomical and pathological deviations.

Third, the activity of the kidneys.

Fourth, for kidney, pelvic and ureteral irrigations and facilitating kidney drainage.

Fifth, a therapeutic measure, in applying antiseptic, astringent, lubricating medications.

The instrument employed is the Bransford Lewis Ureter Cystoscope, which is about 20 cm. long, having a beak at its distal end 3 cm. long containing a cold lamp about three candle power. The cystoscope is the size of a 26-French sound, provided with an obturator, and peculiar

*Genito Urinary Clinic, Homeopathic Medical College of Missouri.

window, on its under surface are two tubes for the passage of fine silk ureteral catheters. The electric attachment is made at the head, which is also provided with a stop cock which allows the warm air to be introduced into the bladder.

The accessories of the instrument consists of a cocain depositor, aspirator, dilating bulb, air pump and alcohol lamp.

MODUS OPERANDI.

The patient is cautioned not to eat a heavy meal before the operation. The bladder is irrigated with a boracic acid solution, the parts washed. The bladder is thoroughly emptied, the patient placed on the operating table in the dorsal position. The buttocks elevated to an angle of 60 degrees, legs flexed on thighs, thighs flexed on abdomen slightly abducted and rotated outward. The patient is now ready. The operator now introduces the cocain depositor and deposits one or two tablets on the trigone of the bladder. Analgesia must be complete for the successful performance of the operation.

The cystoscope is introduced, the obdurator withdrawn and the ocular window inserted. Now by means of the stopcock and the dilating bulb air pump, sufficient warmed air is introduced to distend all the folds of the bladder for inspection.

Should at any time the urine or mucous obstruct the view, or interfere with the work the ocular window is removed, the fluid removed by means of the aspirator. The ocular window replaced and the bladder re-filled with warmed air, after thorough inspection of the bladder mucosa, the surgeon turns his attention to finding the ureteral orifices, the beak of the cystoscope is turned downward, the orifices of ureters are always found near the neck of the bladder about 2 cm. from the median line; they may be definitely recognized by watching a suspected slit in the mucosa, in a few minutes it will gather itself together and eject a few drops of urine, pus or blood-stained fluid. When the orifice is recognized, the cystoscope is pushed near the opening and the catheter introduced. The opposite ureter is found in a like manner.

The next step is to start the flow of urine. This may be accomplished by means of a glass syringe, which is inserted in the outer end of the catheter, and a few drops of urine aspirated, after which it will generally flow.

Should this procedure fail a few cc. of formatol may be injected into the catheter and again aspirated. This second procedure generally succeeds in establishing the flow of urine. After the urine is flowing the cystoscope is withdrawn, using great care not to disturb the catheter in the ureters. The catheters draining the right and left kidneys are inserted into separate sterile bottles marked right and left. The ureteral catheters are black and amber, this distinction is to prevent confusion. The patient is put in a comfortable position and about 25 cc. of urine collected, which will require about 30 minutes and be amply sufficient for examination.

3100 Easton Avenue.

TWO UNUSUAL CASES.

T. C. McELWEE, M. D., St. Louis.

During the winter of 1901 a woman came to me complaining of headache following sinking spells which would "put her out" for sometime. These spells had been in vogue with her for the past two or three years, and were increasing in frequency so that they often came daily whereas they only came weekly or biweekly to begin with.

The worst of the case was the fact that there was nothing peculiar about them except that they never came during the catamenia, and irregularity was their strongest characteristic. On the strength of their absence or amelioration from the menstrual flow, I gave Lachesis in several potencies over a period of several weeks without benefit, when I discovered that the patient had a pair of greatly enlarged tonsils, which were nearly always infected, keeping her with a sore throat most of the time.

On palpation there exuded out on their surface a nasty thick discharge as a result of the slight pressure incidental to the manipulation, and on account of the bad appearance of the discharge, I urged her to have the tonsils removed, giving her as an inducement to this end much encouragement to believe that the removal would be followed by a cessation of her "sinking spells" and her headaches which followed them. She reluctantly consented to having the tonsils removed with the result that after they were out she never had another sinking spell nor headache. After the tonsils were removed they were found to be full of small cavities larger than a wheat grain, which were full of a thick clear serum. I am convinced that it was because of the discharge into the circulation of the contents of one or more of these crypts that caused the sinking spells, and the weakness was due to this virus, in the same manner identically that snake venom depresses the system of one into which it has been injected. The headaches were reactionary phenomena and of course were not cured by the remedy given for the reason that the remedy was not truly indicated.

Case Two, was an unusual case of strangulated hernia. The history was that the patient, a telephone lineman, was up a tree clearing a line when the limb on which he was standing broke and precipitated him to the ground twelve feet below with nothing noticeable *at the time* more than a good shaking up. After supper that evening, he felt uncomfortable and came to consult me because of it that night. Not being able to ascertain anything that pointed to trouble I prescribed a placebo and assured him that I thought he'd be all right in a day or two, when he went home.

The next morning he went to work as usual feeling fairly well, but he didn't eat much breakfast. About 10 o'clock while at the top of a telephone pole, he was seized with severe pains in his epigastrium which

caused him to come down from his perch and make his way home as soon as he could, being doubled up all the while. His wife worked with him for two or three hours in a vain endeavor to get his bowels to move by an enema and oil and salts when she called me over the telephone and told me the situation. I hastened to his house and found him suffering severely with paroxysmal pains with nausea at or just after each pain. On listening over the abdomen, no peristalsis could be heard at all, and there was a good deal of tenderness on palpation, but no elevation of temperature.

The pulse was thready and plainly showed the effect of solar plexus inhibition. On going over the abdomen carefully, I came across a bulging in the right inguinal region which was very tender to touch, and which I thought was the "nigger in the woodpile," but was told by the patient, that this had always been there and was in reality an undescended testicle, but he volunteered the information that it was now much more tender than usual. Feeling that there was a hernia included in the bulging, which was not large nor characteristic, I gave chloroform to surgical anesthesia and as I thought, reduced any hernia that might have been there. I put him to bed and waited until return to consciousness when he complained of no more pain so I left to attend other calls but on my arrival at home was telephoned to by his wife that he was in dreadful pain again and to please come out right away and give him relief. This I accordingly did, giving him $\frac{1}{4}$ gr. Hypodermic of Morphia repeated in one hour because he was yet complaining quite loudly, and with paroxysms of pain came vomiting of fecal matter.

It was now nearly midnight, and as there was nothing especially urgent, I decided to wait until morning before taking any more radical steps. During the night, however, I found it necessary to give him two more hypodermics at intervals of two and three hours to relieve the pain, and vomiting. As soon as it was daylight, I went to the nearest telephone and arranged to take him to the hospital, called a carriage, bundled him into it, and was at the hospital before they had finished breakfast.

As soon as the operating room could be made ready, and the patient prepared, I did a celiotomy, making my incision through the right rectus muscle and some four and a half inches long. As soon as the peritoneum was opened the intestines jumped out like rats out of a corn crib.

A careful search discovered a knuckle of the Illium in the grasp of the internal inguinal ring, but only enough of the lumen of the gut was included as to close it to passage of contents, and this portion was chemotic and red from being constricted, and only came out of its lodging place after a smart tug. I was not afraid of tearing it because of so recent involvement, and said involvement being comparatively free from pressure because of the peristaltic quiet obtained by the morphine. After this was liberated a fairly careful search of the intestine determined that it was

otherwise clear, so it was put back with considerable difficulty and the abdomen closed with three rows of chromicised sheep gut sutures and the patient put to bed.

In a couple of hours after this he began to complain again, and I directed the nurse to repeat the Morphine hypodermic, but to add 1/30 gr. salicylate of eserine. She could not get the eserine, so I directed 1/50 gr. strychnia with the end in view of stimulating the peristalsis which had been suspended for 30 hours. The operation was done early on Sunday morning and at midnight Sunday night after a high enema, the patient felt as if there would be an alvine evacuation, but the effort made over a bed-pan while in a recumbent position was ineffectual. In response to much importunities, the nurse telephoned me to ask if it were possible to permit the patient to sit up over a slop jar and attempt defecation.

I promptly gave them permission with the result that the effort was copiously successful, and the getting up made not the slightest difference with the convalescence of the patient. I felt free to allow this so soon because of the fact that the incision had been made through the rectus muscle instead of the median line.

1221 N. Grand Avenue.

SURGICAL CLINIC OF HOMEOPATHIC MEDICAL COLLEGE OF MISSOURI.

The following cases in the surgical department were presented to the college class in the past month:—Mastoid abscess, ventral hernia, deformity of leg, circumcisions, six; adenoids, three; arthritis, two; curettage, two; cleft palate, two; fracture of femur, infection of thumb, infection of foot, aneurism of forearm, ventral suspension, prostatectomy, lithotomy, lymph—adenoma, cervical.

Everything is to be gained and nothing to be lost by having patients remove enough of their clothing, to allow of a completely satisfactory examination in all cases. Instances can be called to mind by any physician of erroneous judgments arrived at before exposure of other parts of the body showed conditions altering one's opinion. Especially is it important to compare the corresponding members of the body on the sound and the affected side, in all doubtful cases.

"Opportunity knocks once at each man's door, but if you, yourself, happen to be knocking when she calls, you'll never hear her."

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THE MISSOURI INSTITUTE OF HOMEOPATHY.

The Missouri Institute of Homeopathy meets in Kansas City on April 23-24-25. In reminding the homeopathic profession of this and adjoining states of the near approach of this meeting we urge that all those who are members as well as those who are not bear in mind that these meetings are of distinct benefit to the physician who attends. The medical man as a rule is prone to count the cost of such things in terms of dollars and cents which he must give in leaving his practice to attend. He loses sight of that broader phase of his life which cannot be reckoned in monetary value. He fails to place at its true worth the return in mental development which such meetings bring to him.

The "associated interests" of commercial life are reckoned as a distinct asset in the various lines of business and are so regarded by the men foremost in the business world. It is no less an item of worth to the physician and surgeon. The decade closing marks an epoch in medicine. Our profession claims greater respect now than ever before. The triumphs of medicine and surgery in this period have been manifold, and scientific investigation is still advancing them. The physician who does not keep pace with the practical points of new interest will be less of value to himself and his patrons. Competition is keen. The young graduate of the time is well educated and thoroughly grounded in the fundamentals of modern practice and will be the author of the medical and surgical advancement of the future. The well established practitioner should be no less a student. He owes it to himself and above all he owes it to those who enlist his services for the cure of disease.

At these meetings a wide range of subjects are covered. Interesting papers are read and discussed. Practical points are presented from the experience of men in the field of medicine and surgery. The various bureaux are in charge of men who promise a highly interesting and instructive meeting. Your attendance will bring you substantial returns.

ST. LOUIS HOMEOPATHIC MEDICAL SOCIETY.

At the meeting of the St. Louis Homoeopathic Medical Society on the 12th inst., Dr. W. A. Forster, of Kansas City, addressed the So-

ciety on the subject of Sub-arachnoid Analgesia, with which form of anesthetic the doctor has made extensive experiments. An account of his practical demonstrations during the day at the St. Louis City and Lutheran Hospitals, appears elsewhere in this number of the CLINICAL REPORTER.

The doctor is very enthusiastic over the working of this method, claiming for it greater safety and expediency in administration as well as an elimination of the inconstant factor, bad after effects, which is being demonstrated more and more to occur after the general anesthetics, ether and chloroform.

Innovations are naturally accepted hesitatingly by the profession and need a large number of corroborative experiments to remove the elements of doubt and uncertainty. If proven to carry a smaller morbidity and mortality rate than the methods now in vogue, it will be accepted as a very important addition to medicine and surgery as there are many instances in which surgical measures are urgently demanded where insuperable objections lie to the administration of ether or chloroform.

OBSTETRIC NOTES.

In any case of rigid perineum of whatever degree it must not be forgotten that full anesthesia will do more to prevent laceration than any so-called manual support. Under profound anesthesia the head may be allowed to advance more slowly, can be arrested at the height of pains, and the voluntary efforts of the patient do not interfere with the vis uteri but allows the accoucher to have perfect control of the last stage of labor.

In the woman of average build the position of the child can be diagnosed readily by palpation and auscultation. *One* preliminary digital examination is all that is required to determine the presentation, *a. i.*, whether the vertex, brow, face, etc. Subsequently the trained obstetrician can judge as to progress by character and manner of pains without subjecting the patient to repeated examinations. Full dilatation of the cervix without rupture of the membranes will be followed by painful pains and calls for immediate attention. Failure of internal rotation will be followed by a greater or less degree of inertia. This can be corrected by posturing the patient for a few moments in the Walcher position. If this does not have the desired effect one blade of the forceps may be used to correct it. The obstetrician should make it a matter of pride to examine the patient per vaginam the fewest possible number of times.

In routine practice the lateral—prone position presents many desirable features for the facile management of the woman in the second and third stages of labor. Either the right or left side may be chosen as seems

expedient for light, position of bed, etc. The patient is placed on the side desired, a light pillow placed under the head, the knees drawn sharply up and a pad or large pillow placed between them, the hips projecting well to the edge of the bed. The accoucher sits alongside the bed with one arm resting lightly on the patient's hips and both hands free to manage carefully every step of the second and third stages of labor. This posture has the following points of evident superiority over the time worn ano-dorsal position, viz: Facility with which the vulva may be exposed and progress of extension of head managed, and particularly, freedom from contamination with expressed feces which latter cannot be prevented in the ano-dorsal position so easily.

CURETTAGE.

That the curette in the hand of an experienced and observant operator is an instrument of much value goes without saying, but that it is often the means of doing much harm is also well known; for awhile it was the operation for everybody, and for almost everything; as a matter of fact many good and brilliant results were obtained and still are, but in many individuals the work was not productive of good results. Sometimes indeed it was followed by tubal and other diseases of the generative organs and the first operation had to be followed by other and graver measures. There are a few cardinal rules that will serve for the guidance of those who may be in doubt in these certain conditions, the oftenest found, and wherein the use of the curette seems to be indicated, and it will be found by experience that a little care in the selection of the cases dealt with will amply repay the time and trouble needed for so doing; for example, it will be of little or no use to dilate and curette a uterus that is undergoing atrophic degeneration or to expect regeneration and strengthening in tissues that have so long been displaced that the vitality and circulation has been seriously impaired; curettage will not take the place of hysterectomy. For the relief of a chronic endometritis curettage will under favorable circumstances give the most brilliant results, but the work must be thorough, and of this the dilatation is one of the essential steps; this dilatation should be of the internal as well as the external and so thoroughly done that the parts will not contract tightly when instruments are introduced farther into the uterus. This dilatation may be done with sounds or the more easily accomplished with a dilator. It makes no difference if the canal be small so long as the contractile tendency is overcome. In the hands of most surgeons the dull rinsing curette will be the instrument of choice and in any reasonable case will be devoid of danger, the entire uterine wall should be gone over carefully and without undue force, but the work should be thorough and if one scraping does not seem to leave the surface smooth it should at once be repeated, the debris is washed away by the stream that flows through the instrument and the fluid used for this purpose should be hot sterile or of normal salt solution.

Hahnemann Hospital, of Chicago, has been left a bequest which is estimated at a quarter of a million of dollars. This is good news, both for Hahnemann Hospital and Homeopathy.

Dr. A. V. L. Brokaw, the well known surgeon died at his home in St. Louis, January 25, after a short illness. A member of the dominant school and chief surgeon of the street railway system of St. Louis, he was kind and courteous to physicians of all schools and his untimely death leaves a place that will not be easily filled.

PERTINENT POINTS.

A pessimist.—A man who has to take digestive tablets after each meal.

An optimist.—One who can eat any old thing at any old time.

The "successful practitioner."—The fellow that fools all the people all the time.

The "Psychiatrist."—An authority on noodles.

The "Hail fellow well met."—The bug who buys the drinks.

A plausible talker.—The fellow that persuades you to exchange his I. O. U. for your ten spot.

The Eminent Surgeon.—He who carves out his own fortune.

Disease.—What it really is.

Diagnosis.—What you think it is.

Prognosis.—Another guess.

Sequela.—The thing you didn't expect.

Internist.—A family physician at five dollars the visit.

Prescriptions refilled.—Another round of drinks.

A flourishing practice.—Rent and eatin t. i. d.

General Practitioner.—The dub who selects the specialist and takes all the blame.

Expectant treatment.—Waiting to see what turns up and making up your mind what to call it.

Prominent citizen.—He who has "bedside bulletins" published by the Daily Press when he is confined to his apartments by a "slight indisposition."

Assistant.—A man to do the work and advertise his Chief.

MISSOURI INSTITUTE OF HOMEOPATHY LETTER.

OFFICE OF THE GENERAL SECRETARY }
 ST. LOUIS, FEB. 1, 1907 }

To the Members of the Missouri Institute of Homeopathy:

The thirty-first annual session of the Missouri Institute of Homeopathy will be convened in Kansas City, Mo., at 10:30 A. M., April 23, 1907, and will remain in session until the evening of April 25, 1907, except for such adjournments as may be deemed advisable. Permit me to urge that you demonstrate your loyalty to organized homeopathy by lending your presence and your wisdom to our institute. Let each one consider this letter as a personal appeal to him—relegating time-worn excuses to the background—to come, read one good paper and discuss those read by others. We have much to discuss and I am convinced that the readers of this announcement have many ideas and suggestions, which will advance our cause and fix more surely and definitely the dignity and honor of our school. You, members of our Institute, owe it, not only to yourselves, but to those who suffered in professional standing and social position in the old days—the Old Guard who fought for the truth that has made us all free—to set aside trivial excuses and come. The gentlemen who have consented to act as chairmen of the various bureaus assure us that they will spare neither time nor personal comfort to insure a large and interesting program. This year we are making an earnest effort to have listed in our bureaus the names of men who will obligate themselves to be present with their papers. Hitherto we have received many promises and too few performances. In this connection I wish to emphasize the necessity and the wisdom of an early expression from all the members who will honor the Institute and themselves by writing for one or more of the bureaus. In years past it has been noted and remarked that too few of our country members have fraternized with us at our meetings. May I extend a pressing invitation to those members to come and bring and give to your fellow members the benefit of your professional experience. The following gentlemen will officiate in the several bureaus:

"Education and Legislation," W. E. Reily, M. D., Fulton, Mo.

"Diagnosis," Maclay Lyon, M. D., Kansas City, Mo.

"Gynecology," W. A. Forster, M.D., Kansas City, Mo.

"Clinical Medicine," L. E. Bunte, M. D., St. Louis, Mo.

"Surgery," Scott Parsons, M. D., St. Louis, Mo.

"O. O. and L.," G. N. Seidlitz, M. D., St. Louis, Mo.

"Materia Medica," L. P. Crutcher, M. D., Kansas City, Mo.

"Pædology," Carl J. Luyties, M. D., St. Louis, Mo.

"Neurology," L. E. Whitney, M. D., Carthage, Mo.

"Obstetrics," John H. McCaughan, M. D., St. Louis, Mo.

"Sanitary Science," S. A. Benson, M. D., St. Louis, Mo.

Fraternally,

PAUL R. FLETCHER, M. D.,

General Secretary.

SIGNAL LIGHTS IN SURGERY.

CHARLES E. SAWYER, M. D., MARION, OHIO, in the *International Journal of Surgery* expresses some interesting views on this subject. After reviewing the significance of the signal lights to the engineer on our great trunk lines, and what it means to properly interpret the signal lights to the safety of the passengers and what disaster may result when they are ignored or misinterpreted. He writes in part as follows:

"So it is with the signal lights which may be observed in the operation of the human system. Oftentimes they are slight in form and, as compared with the greater parts of the human mechanism, are insignificant in character, but still they are none the less important. If the signal is properly interpreted it helps to guide the surgeon in proper channels and prevent much of danger and disaster which would otherwise arise.

Bacteriology, physiological chemistry, the law of reflexes, physical culture, hygiene and sanitation have all developed signal lights which flash a new meaning to the surgeon of to-day.

Up to recent times the requirements of a surgeon were largely those of ability to cut; but the present age demands vastly more of him than the anatomical knowledge and mechanical skill which begins and ends with an operation. His judgment of things must be so general as to enable him to determine whether an operation is necessary, and if necessary, its extent and probable outcome. The surgeon must determine what part of the organism can be removed without interference with the functions of the body, and he should always have adequate reasons for his course of procedure.

To settle these questions most satisfactorily, he should bear in mind that conservatism is the first and most important surgical law, and he should remember that his best judgment is only possible when he clearly understands the significance of the signal lights. We must all agree that many an operation has been performed which had better have been left undone because of the serious outcome. All who have been long in surgery can count many cases which were left stranded for life because of some misapplied operation.

With the advance of science, we are less and less liable to these errors, provided we watch carefully our signal lights. Unless these matters are kept in the foreground and given due consideration, errors of the past will keep repeating themselves; otherwise, surgery will become more of a science, with greater certainty of favorable results and less liability to criticism."

He cites the following case as an illustration of the signal lights: "Thirteen years ago Mrs. B. was operated on by one of Ohio's best surgeons for a prolapsed ovary and the relief of a severe dysmenorrhea. In

the judgment of the surgeon it was deemed advisable that both ovaries be removed—the one because it was displaced and inflamed, and the other because it presented a small cyst. These pathological conditions appeared to warrant the procedure, and as it was thought to be a good thing to bring about the menopause and thus prevent the recurrence of the menstrual storms, the surgeon seemed justified in what he did, viz., the removal of ovaries, tubes and uterus.

Results show that he was in error. The operation, so far as the cutting part was concerned, was perfectly successful. The wound healed without trouble, and everything seemed to be most satisfactory and everyone associated with the case anticipated favorable results; but as week after week passed the looked-for relief failed to come. The patient was still an invalid; she became extremely nervous; every few weeks she would have recurring attacks of nervousness, which finally became so serious in character that she was declared insane and committed to a State asylum. This state of affairs did not supervene until after she had become a morphin fiend, and had suffered all the tortures that such a complication brings. It was after three months' confinement in an asylum that she came under my care.

In my preliminary examination everything from a local standpoint, so far as the operation was concerned, seemed all right. There was no physical manifestation of trouble, so far as palpation, bi-manual examination or speculum investigation showed. I soon learned that about every four weeks she had an attack of nose bleed; at times this would be slight in character, but always regular in occurrence. At these times she would become entirely beside herself, often screaming so as to disturb everyone within a block about her. Her pupils would become widely dilated, the corneas injected, and her whole appearance one of great excitement. This had been going on year after year, the patient being blamed the while for lack of self-control and wilful degeneracy.

In seeking for a cause of the trouble, a careful blood count was made and showed all the elements of the blood to be subnormal; urinalysis showed a high specific gravity, high color, diminished quantity, urates in excess, and oftentimes a trace of sugar. These findings were always better in the interim, and always aggravated during the attack. With this knowledge of the case I decided that the nervous storms were the result of auto-infection. The automatic nervous mechanism whose duty it was to keep up the menstrual flow had not been removed when the tubes and ovaries were. Her menstrual clock kept on striking long after the hands had quit moving, and this continued operation kept throwing back into the system poisons which were contaminating the whole organism, this expressing itself in the convulsive explosion. Here was a case that had been subjected to a more extensive operation than was necessary. If even one of the tubes and a part of an ovary had been left intact, this overflow would not have taken place and the patient would have been saved years of torture.

Obeing the indications of the pathologic findings I began to search for an antidote both for the auto-infection and the morphin. Guided by the study of the action of drugs, all signs pointed to belladonna. The injected conjunctiva, the dilated pupil, the jactitating muscles, the highly and threatening convulsive conditions were all finger boards pointing subjectively to the deadly night shade. Again the antidotal effect of its alkaloid served as another guide to its selection as the remedy from a drug standpoint. As the stomach was so greatly disturbed during the attacks that no medicine given by the mouth would be retained. I decided to use atropin hypodermically. In connection with this I deemed it advisable to employ such other means as would be helpful in hastening a belated elimination and in improving a retarded assimilation, so in conjunction with the drug, we employed daily baths of various descriptions, general massage, static and faradic electricity. In a few weeks the conditions began to clear up, and at the end of six months the patient was perfectly well. Not only did the symptoms of the recurring attacks disappear, but the menopause was established and this too when the patient was but 34 years of age, and after thirteen years of continued disturbance.

This case to me was especially interesting because it showed the consequence of the removal of the organs, while the mechanical operation of the nerve-centers still continued in the form of vicarious menstruation; second, the results of the toxic absorption due to incomplete function, and lastly the influence of the antidotal treatment. Atropin proved to be the *similimum*."

It has been stated that it is the currents of low frequency and high potential (not the high frequency current) which possess the greater penetrating quality; when we increase the frequency of currents from different sources of energy above a certain standard they do not penetrate the surface of the body, but pass over the skin. The current generated from the coil has a local action, with the current from the static machine we get penetration and contraction; one action is chemical and the other is physical. From the coil we get local chemical action, from the static machine we get deep-seated physical contraction.—*E. C. Titus, Homeopathic Eye, Ear and Throat Journal*.

Tonsils which are subject to attacks of inflammation should be thoroughly explored, even if there be no tonsillar symptoms, and particularly if there be any other disease—respiratory, gastric, rheumatic or of the ear. The insertion of a probe into the deeper pockets of such a tonsil is often followed by the escape of detritus, pus or a grumous fluid which is very offensive. Inflammatory lacunar plugs may have been retained and undergone degeneration—even in the small, atrophied tonsil. A faulty drainage from the crypts would afford a given infectious organ

ism better opportunity to remain in contact with the lacunar epithelium, possibly multiplying upon the detritus and upon favorable opportunity, of becoming drawn into the tonsillar tissue.—*Homeopathic Eye, Ear and Throat Journal*.

ARGUMENTS FOR THE HIGH POTENCIES.

To those who are skeptical about high potencies, and declare that the mental attitude of the patient in having complete faith in the physician has much to do with the results, let me cite a few cases as argument.

What can be said when a baby's diarrhœa suddenly ceases under a two hundredth potency?

A case of a child, large patch over left side of throat, difficult breathing, gasping, rattling, wheezing, saliva running from mouth. A culture from throat showed Klebs-Löffler bacillus. A few doses of Mere. bin. 200th were given. Next morning when the board of health man came child was much brighter, salivation had ceased, breathing was easier, *and there was but little membrane*. So well did the child appear that anti-toxin was not given; another culture was taken, however, but *did not show the Klebs-Loeffler bacillus*.

Another case was that of a mare. I noticed that the animal was "slobbering," as the coachman expressed it; the bit and harness were covered with stringy white mucus, and a regular rope of white mucus hanging from the beast's mouth. The mare was acting generally sick, refusing food, etc. Kali bi. 6 was prescribed, and directions given for dosage. Inside of twelve hours the animal was eating better, and showed *no signs* of stringy mucus. She had been "slobbering" and "off her feed" for more than a week—*The Chironian*.

BOOK REVIEW.

PRACTICAL DIETETICS with reference to DIET IN DISEASE by Alida Frances Pattee in its fourth edition arrived at our desk, and after a careful perusal of its pages, have come to the conclusion that this little work, although edited at first for the use of the nurse and training school, is worthy a place in the library of the busy practitioner. Many times, definite and specific instruction must be given in regard to diet, in the treatment of diseases and this work tells one the practical parts and points in dietary. We cannot help but speak a word of recommendation for Pattee's Practical Dietetics. Published by A. F. Pattee, 52 West 39th Street, New York.

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ADVERTISING RATES FURNISHED ON APPLICATION.

ANAEMIA.

From Depraved Conditions of General Nutrition.

RICHARD RAY, M. D., Ph. D., Kansas City, Mo.

The nutrition of the body by which we understand the maintenance of its parts, in a fit state to perform their functions, depends upon two main factors—the supply of suitable food and the assimilation of the same. When either of these factors are disturbed, disorders of nutrition result.

If the food be inadequate or unsuitable, other things being normal, general atrophy will be the consequence, and the same results will evidently follow if the organs of assimilation are at fault. The result of a deficiency of food, or of faulty assimilation is a general state of malnutrition, in which any hereditary tendencies that may exist, have a more favorable field for development.

There is a gradual diminution in the weight of the body, and an imperfect performance of its functions, as is indicated by muscular weakness, mental lassitude, etc., and as the quantity, and quality of the blood supply depends largely upon the digestion and assimilation of proper and nourishing foods, we can readily understand why anæmia is so closely associated with almost all cases of disorders of nutrition, for one of the chief causes of anæmia is that the supply of blood to the body is insufficient, and except in hemorrhage, this insufficiency is most generally the result of derangements of alimentation.

The majority of cases of anæmia that are regarded and treated as such, fall into the class to which the name of idiopathic has been applied. In such cases the anæmic condition is due, not to any disease, so called, but to disturbances of nutrition generally; that is of a healthy relation between the demands of the system and the supply of nutrient material, and the proper assimilation of the same.

This condition occurs most frequently in children, and young women at the period of bodily growth, and of the development and early activity of the sexual functions, and, when, as is so frequently the case, the air, light, food, occupation, and moral relations of the individual are more or less unhealthy.

Where the aetiology of anæmia is not complex, and where it is classed as idiopathic, as in the growing child and the youth, the girl at puberty, or in cases of depraved condition of general nutrition which are not symptomatic of some more grave condition, such as Bright's disease, phthisis, etc., the rational treatment suggests itself, viz.: to bring the alimentary tract and organs of sanguification into a healthy state, and then proceed to build up the general system, and increase the blood supply.

Dyspepsia and constipation, require immediate attention. The food must be carefully selected so that it shall not only supply the albuminous elements that are especially deficient in the blood, but be retained and absorbed, and must therefore be nourishing and digestible.

The patient should be placed upon nutritive, reconstructive tonic treatment, and in cases of this kind I find nothing that gives me better results than Cod Liver Oil, more especially when it is combined with the hypophosphites of lime and soda. While these dietetic and medicinal measures are being carried out, it is impossible to insist too strongly upon bodily and mental hygiene. Above all, time is an essential element in the cure, and rest is scarcely less so. The following case histories may prove of some interest, as they show the results attained by me in the treatment of several cases, along the lines mentioned above.

CASE 1. Male. Broker. Age 42. Scrofulous diathesis. Stated that for a number of years he had been troubled with impaired digestion, poor appetite with occasional attacks of vomiting and vertigo.

Upon examination, I found an irritable heart, with soft systolic murmurs. Extreme pallor, with gums, tongue, ears and conjunctiva pale. Had been taking some preparation of iron, but seemed to derive very little, if any benefit from it.

I gave a brisk purgative dose of calomel, to be followed the next morning by a dose of effervescent phosphate of sodium, and outlined an easily assimilated, blood-producing diet. Instructed him to be in the fresh air and sunlight as much as possible, but not to exercise enough to produce fatigue. I prescribed Cord. Ext. Ol. Morrhue. Comp. (Hægee) maximum dose four times daily, for its nutritive, reconstructive effect.

This treatment, without any other medication whatever, except an occasional laxative, was continued about three months, and the result was complete recovery. All the distressing symptoms disappeared, and the patient regained his normal health, strength and energy, with a gain in weight of eighteen pounds, during the three months of treatment.

CASE 2. Miss A. H., 16 years old. Sewing machine operator in a "sweat shop," where the air was foul, no sunlight and all the surround-

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ings unsanitary. Had been employed at same place for two years constantly. Was very pale and anæmic. No appetite and bowels always constipated. Had never menstruated and the appearance of an overgrown, undeveloped girl of fourteen.

I induced her to give up her position, and secured her a place as child's nurse, where she could have plenty of fresh air, sunshine, and what was of equal importance, an abundance of nourishing food. I started the treatment by a strong purgative to clear the alimentary tract, followed by Cord. Ext. O1. Morrhuæ Comp. (Hagee's) four times daily,

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with instructions in regard to constipation and indigestion, should she be troubled with either.

She continued taking the Cordial of Cod Liver Oil for about four months, during which time she began to menstruate, her body developed and rounded out, her color became good and she was soon as fine a specimen of healthy, well developed young womanhood as one could wish to see.

CASE 3. Age 39. Farmer. This case cannot be classed as an idiopathic case, but I wish to mention it here, as it is one that I think is of special interest. The patient had been troubled for some time with a pain in the "pit of the stomach" which was always increased by taking food. This pain, of a burning, gnawing character was often felt in the back also. He was very much emaciated, and stated that he had suffered from two attacks of vomiting of blood, of a bright red color. A typical case of gastric ulcer. I prescribed Bis. Sub. Nit. grs. xxx. three times daily, and ordered a strictly liquid diet of milk, beef tea, etc., with complete rest. I also prescribed Cord. Ext. Ol. Morrhuæ. Comp. (Hagee) four times daily. It was about six months before I allowed the patient to take any solid food, depending upon the Cod Liver Oil preparation principally, for nutrition and reconstruction, and during the six months the patient gained twenty-two pounds in weight, and eventually made a good recovery, and is to-day enjoying excellent health, without having had recourse to any other medication than the bismuth and cordial of the Extract of Cod Liver Oil Comp.

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THE CLINICAL REPORTER.

Vol. XX.

MARCH, 1907.

No. 3.

Original Articles.

A CLINICAL LECTURE ON GALL STONE COLIC.*

DR. J. L. DRYDEN.

GENTLEMEN:—Mrs. S., aged 61, widow, rather stout, has born several children, presents herself before us with the following history and train of symptoms. About fifteen years ago she was suddenly attacked, with only a few warning rigors and aching, by a severe pain in the right hypochondrium and epigastric region extending toward the umbilicus and back of the lower angle of the scapula. The pains were paroxysmal in character, would subside leaving an aching soreness, but would return in a few minutes with redoubled energy, and increased by the least touch. There was much nausea and vomiting, and at the beginning of the attack, the vomiting of considerable bile. The attacks were always accompanied by more or less jaundice, which after a week or two would subside, but very often as the color was fading she would be troubled with a most intense itching of the skin. The attacks usually ended suddenly leaving her sore and exhausted. She has always been of a constipated habit, but she has often observed that within a few hours after relief from the attack she would have a copious, dark, semi-liquid stool, containing a number of hard chalky white lumps.

These attacks occurred at irregular intervals for several years, but of recent years have been much less severe, not accompanied by the excruciating pain, less of nausea, no vomiting and little or no jaundice. She has some chilliness, a dull aching in the right hypochondrium and a pain extending back under the right scapula. The complexion is a dirty grayish, and the sclera have a slight yellowish tinge. Appetite is poor, bitter taste, tongue coated, but pulse indicates no fever. In the last few years, after the attacks she has observed the passing from the bowel, of what she calls sand or gravel, and has been thoughtful enough to collect some

*Homeopathic Medical College of Missouri.

of it and bring it with her. On inspection we find it to be small gall-stones or gall sand, the largest being about the size of a pea.

For the want of a better term, we will diagnose the case "Subacute Gall Stone Colic," and we will give her, as one of you has suggested, Chel. 3X dilution three times a day, and a tablespoon of Olive Oil 4 or 5 times a day and ask her to report here in a week.

Now let us analyze this case. At the beginning, these were typical attacks of Gall Stone Colic, accompanied by nearly all of the classical symptoms of that dread affliction.

There has been much theorizing as to the cause of gall stones, but I do not believe that any one as yet knows the real cause. They form in the gall bladder when there is a bile stasis. I mean that when the gall bladder does not empty itself completely, there is residual bile that is retained in the gall bladder an indefinite length of time. The insoluble ingredient of this residual bile, the cholesterin is usually attracted to some tiny foreign matter, such as a minute blood clot, a particle of inflammatory exudate, or a parasitic ovum, as a nucleus and thereon builds a stone by adding to it layer after layer until it may become as large as an almond and sometimes much larger. They are usually oblong in shape and are probably moulded to some extent by the folds of mucus membrane lining the gall bladder. These form convenient nesting places for them and facilitate the building of the stone. They may, however, be angular and rough, mulberry like. Occasionally they will have facets on them caused by friction against adjacent stones. The insoluble elements of the bile is quite analogous to the insoluble elements of the urine in their disposition to stone formation. Gall stones form more frequently in persons of sedentary habits, more frequently in women than men, and in women who have born several children. This may be brought about by the general relaxation of muscle fiber, common to frequent child bearing, which may occasion an incomplete emptying of the gall bladder.

Gall Stones are of much more frequent occurrence than gall stone colic, the pain being caused only by the passage of the stone through the cystic and common ducts, which are too narrow for its easy exit. Stones may lie in the gall bladder for years and cause no trouble, so far as I know, unless they become loosened from their resting place and start out of the bladder. In autopsies, many stones have been found in the gall bladder, there being no history of gall stone colic. The pain is most severe while the stone is passing through the cystic duct, because of this part of the biliary channel being somewhat smaller than the common duct, except at the entrance of the common duct into the duodenum. The stone may proceed some distance down the cystic duct, then be regurgitated into the gall bladder, due to a reversed peristalsis excited by the obstruction, just as we have a reversed peristalsis in intestinal obstruction. The stone is then ready to start out again at the first opportunity, and this may be repeated over and over again until the distressing condition calls imperatively for surgical relief.

You will often be asked as to whether another attack of gall stone colic will occur. Be honest and say that you do not know. No one knows how many stones a gall bladder may contain, or when one that it does contain will start out. It may occur again in a day, in a week, in a month, in a year, or never. But when one has had an attack of gall stone colic, it is very probable that there are other stones in the gall bladder, that will sooner or later attempt to pass out, and yet, they may remain quietly in their resting place for years and cause absolutely no trouble.

Jaundice, which is due to the absorption of bile into the general circulation, from obstruction to the outlet of the bile into the duodenum, usually occurs to a greater or less degree, some time during the course of an attack. While the stone is passing through the cystic duct, there is no obstruction to the flow of bile from the liver to the bowel, unless by compression, and consequently no jaundice occurs. But when the stone enters the common duct it stops the flow of bile, which becomes pent up in the hepatic ducts, and absorption at once begins. The longer the stone is in passing through the duct, the greater will be the jaundice. It may sometimes happen that if the stone is small, it will not entirely occlude the duct, allowing some of the bile to pass around it, until it comes to the narrow duodenal orifice of the duct, where it hangs until the muscular fibers become sufficiently relaxed to allow it to pass, when all of the acute pain is relieved. Since the bile is the physiologic intestinal antiseptic, as long as the flow is obstructed, intestinal fermentation takes place, flatulence occurs, the stools become light in color, and sometimes a chalky white, depending upon the degree and length of time of the obstruction. When the stone passes into the duodenum it releases the pent up bile which rushes into the bowel in such quantities as to cause the dark green, mushy stool, following the white. Intestinal fermentation subsides, and the bile is no longer being absorbed, but that which is in the circulation must be eliminated. This is done largely by the kidneys, which begin the eliminative process immediately as the bile enters the circulation. This accounts for the foamy, dark, almost green looking urine, which appearance will continue, until the elimination is complete.

The frequent passing of gall stones through the cystic and common ducts tends to dilate the passage permanently, and when so, stones of small size may pass without the customary acute pain, but only the dull aching such as this case has.

The treatment of these cases is usually medical. Surgical means may sometimes be required to remove a stone that has become fixed at some point in the duct, but its widest field is in the prevention of recurrent attacks, by removing the stones from the gall bladder. Nor will this keep stones from forming again, unless the contractile power of the gall bladder be restored. In my own opinion the medical treatment can only be palliative. Some powerful hypnotic, such as the "Morphine-Hyoscin-Cactin Compound," hypodermatically to deaden the sense of pain, and some kind of oil as a lubricant, preferably Olive Oil.

The cause is a mechanical one, and the stone, in passing down the narrow channel, cannot do other than cause most excruciating pain, consequently some kind of a hypnotic is demanded in these cases. Olive Oil given freely, undoubtedly has a salutary effect in many cases, which I attribute to its action as a lubricant. It is probable that it acts best, when the stone is nearing the duodenum, and perhaps is distending the orifice of the duct. When so, there is no reason why it should not aid materially in the passage of the stone. I cannot conceive of how any medicine could act as a solvent, nor do I believe that it does. Several remedies have gained considerable reputation in the treatment of cases of this kind, which I do not believe they are entitled to. We give a remedy, and in the course of half an hour or so the patient gets relief, so of course, we give the remedy the credit, when, as a matter of fact, the stone was just ready to be delivered into the bowel at the time, and the remedy had nothing to do with it; but for the after effects, the soreness, aching and nausea, we have remedies that are of decided benefit. Arnica, Chelidonium, Collinsonia, Chionanthus, Nux Vomica and Sulphur, will often hasten the recovery. Chin. Off., has gotten quite a reputation as a preventative of gall stones, and it may in some cases prove beneficial. It is worth while trying. But I want to impress upon you the necessity of relieving the pain of these acute attacks. Your patient by all means needs it, and if you do not provide the means, some other doctor will be called in who will.

1419 N. Grand Ave.

INTERMITTENT FEVER—A CLINICAL CASE.

DR. L. E. BUNTE.

Professor Theory and Practice of Medicine—Homeopathic Medical College of Missouri.

The case I will present before the class to-day is one of Intermittent Fever.

January 23, 1907. Mr. G., age 60, white, family history good. This gentleman presented himself at the Clinic Dec. 23, 1906, giving the following symptoms; Two months ago he had a chill every afternoon from 4 to 6 P. M. This was followed by a high fever which would last all night to about 5 or 6 A. M., when fever subsided, and would then have a very refreshing sleep for a few hours. No thirst nor perspiration during or after the fever. In the beginning of the chill he noticed a peculiar crawling sensation in different parts of the body especially marked in the fingers. He also complained of soreness in the region of the spleen; on examination found this organ considerably enlarged and very sensitive to pressure.

During his two months of illness there was accompanying this con-

dition a very aggravating cough at night, causing no particular pain nor soreness in the chest but expectorating a large amount of catarrhal sputa. Bowels regular, appetite fair and would feel comparatively well until the recurrence of the next attack about 4 P. M. On further questioning as to aggravations, ameliorations or prodromal symptoms, he stated there were none except that he felt better when warm, and a tired feeling. Prescribing on the above symptoms, I gave him *Rhus. tox* 200 a dose night and morning and requested him to report in two weeks.

January 9, 1907, Mr. G., reported as requested; he told me that he had one chill at the usual time of onset on the third day after beginning to take the medicine and from that time he had been improving nicely. Coughs less, slept better and the pain in region of spleen was almost all gone. I then gave him placebo and asked him to report again in two weeks. Jan. 23, 1907. To-day, Mr. G., makes the statement that the last medicine, viz., placebo, (note the aggravation), caused him to feel nauseated and bad in general, but after the third day these aggravations began to disappear and now feels fine. No cough, appetite good. Bowels regular, sleeps well, gained in weight and since he has recovered his natural strength and ambition, we will continue the remedy (placebo) and discharge the patient as cured.

In conclusion, let me add that my experience has been when using the higher potencies 1 m or higher that one dose usually cures. I have used the lower potencies 3 to 6 x in similar cases without any result.

2003 N. Market St.

ACUTE UNCOMPLICATED SPECIFIC URETHRITIS.*

A. LEROY BARNARD, M. D., St. Louis.

A thorough knowledge of the anatomy of the male urethra is necessary, first of all. The following is a brief description.

When not in use the urethra is a collapsed canal. Its length varies from seven and one-half to nine and one-half inches. It is not of uniform calibre, but presents points of physiological deviation. A fair average is three-tenths of an inch, or the diameter of a twenty-eight to thirty French sound. That portion anterior to the triangle ligament or shut-off muscle is called the spongy or pendulous portion of the urethra. It is about five and one-half inches in length.

Within this space are situated numerous openings of mucous ducts, pointing anteriorly, large enough to engage the point of a filiform bougie; their length being something like one-half inch. These blind pouches or

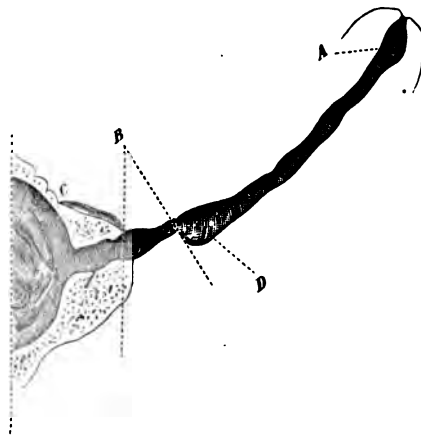
*Read before the St. Louis Homeopathic Medical Society.

urethral follicles are to be found principally upon the roof, in the anterior portion of the urethra. This anterior portion of the pendulous urethra presents a dilated appearance, which is called the fossa navicularis. Within the space is located the very large opening which is called the lacuna magna. The first two points of physiological narrowing of the urethra, are found in the pendulous portion at the meatus urinarius, and at a point posterior to the fossa navicularis.

Also in this division, are found the two physiological enlargements of the fossa navicularis, and the bulbous urethra, which occupies a position immediately in front of the membranous urethra.

Cowper's glands empty into the bulbous urethra, directly in front of the membranous urethra. This membranous portion is three quarters of an inch in length, and is surrounded by the triangular ligament—a dense fibrous fascia attached to the pubis and the rami ischia.

The third physiological point of narrowing of the urethra, is this



NORMAL URETHRA, SHOWING DILATABILITIES.
A. Fossa navicularis. D. Bulbous urethra. B. Membranous urethra. C. Prostatic urethra.

three quarters of an inch beginning from the posterior border of the spongy or bulbous urethra.

Here too, is found the compressor urethra muscle. It is the action of this muscle which enables the individual to conclude the act of micturition at will. It is on account of spasm of this muscle, that instruments are arrested in their passage to the bladder, and it is the presence of this muscle that prevents injections from being thrown into the bladder.

The prostatic urethra includes the last one and one quarter inch of the canal. All of this portion is surrounded by the prostate gland. It is spindle or fusiform in shape, and is spacious and dilatable.

Within its confines are many important structures. Upon the floor are the openings of the ducts leadings from the prostate gland (called the prostatic ducts), and the ejaculatory ducts. A longitudinal, narrow, and distinct ridge of erectile muscular tissue, is found upon the floor of this portion, which is called the verumontanum. The office of this ridge is

to close the vesical orifice during erection, and thus prevent the regurgitation of semen into the bladder during ejaculation.

The urethra consists of three coats: The mucous or lining coat is continuous in front with the semi-mucous membranes of the glans penis, and blends behind with the lining tissue of the urinary tract. Within its sub-mucous substance, it affords lodgement for numerous mucous glands, presenting openings upon its surface.

The anterior urethra might well be called the external urinary tract, and the canal and reservoirs beyond, the internal urinary tract; for the anterior urethra is in free communication with the surface of the body, and harbors all the micro-organisms that may lie therein. As a general thing, it does this with perfect impunity.

Its flora includes the bacillus coli communis, pyogenic streptococcus, and staphylococci, and other less noxious germs without number. All of these flourish and multiply within it harmlessly enough, unless the tissue has been already damaged by other agencies. Of these, trauma and the gonococcus stand first. The gonococcus is the only microbe pathogenic to the anterior urethra as yet positively identified. That there are others, still unnamed which do cause lower grades of urethral infection there can be no doubt.

But at best, they are relatively unimportant. Such bacteria as flourish normally in the anterior urethra, being constantly washed out by the urine and (except through pathological conditions), entering only through the meatus, are more numerous in the fossa navicularis, and the bacillus coli, and the pyogenic cocci, are usually found only in that region.

The Posterior Urethra presents many notable points of contrast with the Anterior Urethra.

The canal is no longer surrounded by erectile tissue, and while the anterior urethra is freely moveable with the penis, the posterior urethra possesses a fixed curve, and is, in its normal state, entirely free from the germs harbored by the anterior urethra, it is the lowest section of the aseptic internal urinary tract.

Of all the affections encountered by the genito-urinary surgeon, specific urethral inflammation is the most common. Furthermore, it is the most venereal of all venereal diseases, since it is the commonest malady acquired during the copulative act.

A malady which is scoffed at by the light-brained, hot-blooded youngsters of the community, but one which deserves grave consideration from serious minds, since its ultimate results are far-reaching and potential.

Gonorrhoea is not a blood or constitutional disease, though some complications seem to indicate as much. Yet, as a distributor of disease and discontent, as a despoiler of sexual tone and morals, it holds the first rank.

It is stated by good authority, (to whose views I say "Amen") that on account of its immediate and remote consequences, more victims are

yearly sent to their last resting place by this disease, than by the disease of syphilis.

Doughty says of clap, chancre and chancroid, "clap kills the most people," the sequelae of clap being stricture, chronic cystitis, pyelitis, and finally, death from nephritis. I have seen some desperately acute examples, fatal general infections, fatal peritonitis, from seminal, vesical, or peri-prostatic suppuration with extensive burrowing abscesses.

Add to this the ocular and articular complications, the far-reaching influence of the disease upon the uterus and its adnexa, the sterility to which it gives rise in both sexes, and the untold surgery it furnishes the gynecologist, and gonorrhoea rises in dignity from its putrid source, and becomes a subject worthy of the serious study of every conscientious surgeon and physician.

When a patient complaining of having contracted gonorrhoea presents himself, an inspection will often confirm or refute this opinion. If the lips of the meatus are red and swollen, exuding a creamy discharge, there can scarcely be a doubt of specific infection. But unless the urethral orifice is swollen, and there is a lack of ardor urinae and chordee, a microscopical examination of the discharge is required to differentiate true gonorrhoea from simple urethritis.

THE DEVELOPMENT OF GONORRHOEA.

When the microbes of gonorrhoea enter the mouth of the urinary canal they feed on the upper layer of the canal. As they feed they multiply.

If, as some authors claim, one pair of these gonococci becomes two pairs in thirty minutes, and if the patient did not pass his urine in nine hours (as over night), his urethra would contain 268,544 pairs.

If these gonococci obtained their nourishment solely on the anterior urethral lining, the damage might be less than it is; but, once having destroyed this, they go further. They sink into the tissues, and invade the glands that empty into the canal.

The discharge may be limited to the anterior urethra, which is closed off from the posterior urethra, by the compressor or shut-off muscle, the office of which is to hold back the urine until the proper time to evacuate the bladder.

In a large number of cases, this strong muscle does not keep out the invading army. If the germs traverse it, still more serious conditions arise. Hence the necessity for posterior irrigations. In declining to treat the case, the general practitioner does the individual an injury so far-reaching as to affect the entire public. The average patient, with his first infection, knows but little of gonorrhoea, and when his physician, in whom he has confidence, refuses to treat, it makes him think that his ailment is one beneath the physician's dignity to consider. However true that may be, the disease is one that should have immediate attention. It requires no great imagination to appreciate the injury done the patient

when the family physician refuses to treat a simple uncomplicated case of anterior gonorrhoea. Considering the vast number of physical and mental cripples produced by this disease, and its direct menace to the family and to the state, gonorrhoea merits concerted opposition by all medical men.

It is stated on good authority, that eight out of every ten men in large cities, have had specific urethritis (Noeggerath, of New York). The eminent gynecologist, Lawson Tate, asserted that every man had clap at least once. This is certainly too sweeping an assertion, since we know a number of trustworthy men who have escaped the disease.

At the Brussels congress for social and moral prophylaxis, in 1902, Neisser showed that throughout the world, the disease that most frequently affects humanity is measles, and that gonorrhoea is second in frequency.

The general practitioner can, if he will, thoroughly master the scientific treatment of acute cases. He, better than any one else, can disseminate the knowledge that all gonorrhoeas require active treatment from the beginning. Failing in this, he neglects the only opportunity to abort the attack, and lays himself open to grave moral responsibilities.

THE PREPARATION OF THE PHYSICIAN.

The physician should prepare himself as for any capital operation, to protect himself and all subsequent patients from infection. His arms should be bared to above the elbows, and he should wear an impervious gown or apron. The record, since the previous visit should be fully written up before each treatment. The cardinal points to be noted, are:

First. Was the patient obliged to rise from his sleep, during the night to urinate.

Second. The quantity and consistency of the discharge, and the stain on the gonorrhoeal sack he wore on glans during the night.

Third. The amount, consistency and color of the discharge from the meatus.

Fourth. The interval since the last urination.

Fifth. Taking specimen for microscopical examination.

Sixth. Requiring the patient to urinate in three glasses, and recording the quantity, the transparency, and the kind and character of the floaters the urine contains.

Seventh. Recording the relative amount of pain, if any, upon irritation.

After these steps, the physician decides as to what solution he will use for irrigation.

IRRIGATION OF THE ANTERIOR URETHRA.

First. In the greater number of cases, irrigation can be best performed with the patient on a firm chair. He sits well forward, his sacrum resting on the seat of the chair, the tuberosity of the ischium projecting beyond the edge.

Second. The trousers and drawers are dropped beneath the knees, the shirt and undershirt folded upward to the umbilicus.

Third. A clean towel is placed on the patient's thighs, covering the testes.

Fourth. A clean enameled or rubber basin is given the patient to hold, while the penis is placed over its margin.

Fifth. The operator, standing at the patient's right side, takes the penis in the third, fourth, and fifth fingers of the left hand, and supports it against the inner eminence of the same hand, thus leaving the thumb and index finger free, for manipulation of the glans and prepuce.

Sixth. With the right hand, the physician takes the stop-cock of the irrigator, and directs the nozzle against the preputial orifice.

Seventh. By drawing back the flange of the stop-cock, the operator allows the escape of a stream of sufficient force to thoroughly cleanse the preputial orifice, subsequently the mucosa lining the preputial sac, the sulci at both sides of the frenum, and finally, the meatus urinarius externus. Then the nozzle is inserted into the meatus, and the force of the flow is increased to successively irrigate all parts of the anterior urethra, as far back as the compressor muscle.

Eighth. After irrigation, the meatus is covered with a bit of absorbent cotton, wet with a bichloride solution, (1 to 6,000), and the patient is instructed to apply fresh cotton after each urination.

IRRIGATION OF THE POSTERIOR URETHRA.

The sphincter vesicae being but a bundle of muscular fibers, irrigation of the posterior urethra inevitably becomes an intravesical irrigation. For irrigation of the posterior urethra, each of the steps above mentioned is carried out, with the addition of the following:

First. After the anterior urethra has been cleansed, the nozzle is introduced into the meatus to a depth which stops the outflow of the irrigating fluid. The patient is instructed to breathe deeply, and at the same time to make an effort at urination.

Second. The force of the flow is gradually increased, until the pressure overpowers or tires out the resistance of the compressor muscle. This is appreciable to the fingers of the left hand, resting on the urethra, a purling sensation being felt as the fluid enters the bladder.

Third. The rapidity and force of the flow grows less, as the fluid fills the bladder, and ceases when the maximum vesical distention is approached. The stop cock is then closed by thrusting forward its flange.

Fourth. With his right hand the physician then withdraws the nozzle from the urethra, and places the stopcock in the basin, which he removes, while with his left hand, he hands the patient a urinal glass, who substitutes it for a basin.

Fifth. The patient empties his bladder of the solution into the glass urinal.

CLEANLINESS OF IRRIGATIONS.

If carefully performed, no irrigation need soil the patient's garments, the furniture or the floor, or the physician, except when strong solutions are used, and then only the tips of the physician's left fingers may be stained. Should this happen with argyrol, a solution of 1 to 1000 of bi-chloride, or if permanganate be used, a solution of oxalic acid will remove the stains.

TIME REQUIRED FOR IRRIGATIONS.

With the moments needed to note the history since the previous visit to prepare the solution, to cleanse the articles used, and wash the hands, ten or twelve minutes will be required.

To avoid any appearance of undue haste, in treating so grave a subject as gonorrhoea, we will allow fifteen minutes for each patient and five minutes more for making a microscopical examination of the discharge.

INTERVALS BETWEEN IRRIGATIONS AND SOLUTIONS USED.

When one irrigation daily is performed, it is administered twenty-four hours after the preceding one. When two irrigations daily are required, they should be practiced at intervals of twelve hours. This is however, quite inconvenient, for a physician practicing alone. When he has an associate or an assistant, the two daily irrigations can easily be made at the proper interval. The more assiduous the efforts, the better will be the results.

The drugs employed in irrigating solutions, necessarily must vary according to the physicians personal preference. Unprejudiced and careful tests, of all that have been recommended, lead to the conclusion that argyrol is the most satisfactory in the majority of cases and that permanganate of potash comes next.

The proportion of argyrol in an eight-ounce solution is from one-half of one per cent to one per cent. For permanganate of potash in an eight-ounce solution, the most satisfying strength is from 1 to 1000 to 1 to 3,000.

For the past eight years, it has been my privilege to be connected with some genito-urinary clinic where the cases are so varied that we have been enabled to observe the effects of various urethral antiseptics in a large number of cases.

A few years ago we found it impossible to do anything in the early stages of the disease, except by means of alkaline dilutants, balsams and internal medication, waiting until pain diminished sufficiently to allow injections. All this time, the disease traveled backward at a rapid pace.

The gonococci thus became so imbedded in the folds of the mucous membrane, or in the urethral follicles, that when local treatment could be started, it took several weeks, and even months to control the disease. Naturally, therefore, we had many cases of chronic gonorrhoea.

In my opinion, it is essential that local treatment be started at once. In this way, and in this way only can we hope to effectually stop the invasion of the deeper tissues.

After the third day. the strength of the solution can be raised to 5% and later to 10%, and even as high as 20%. Usually however, a 2% solution is found to be most satisfactory.

I have found under this treatment that the gonococci rapidly disappear from the discharges, and that often the discharges will entirely cease in a few days. Until the gonococci are no longer present in the discharges, (which on the average is at the end of the week), I continue the use of argyrol in the strength mentioned. If the discharges cease, I nevertheless continue the same treatment for ten days to prevent a recurrence. In a large number of cases, after the disappearance of the gonococci, the disease will pass into a sub-acute stage, in which there is still a discharge, which may be purulent, although containing no gonococci, or it may be watery. In this condition, I alternate with an astringent solution, *i. e.*

Alum,

Zinci,

Ac. Carbol. aa. drams, 1, to 16 oz. of water, (Katharmon comp.)

or

Zinci. Sulph.

drams, 4.

Fl. ex. Hydrastis,

oz. 4

Katharmon,

oz. 8

Aqua dest. q. s. ad fecit

oz. 16

One ounce of the above stock solution, to eight ounces of warm water, used in alternation with your gonocide, will cause the discharge of postacute gonorrhœas to disappear very rapidly. Acute and sub-acute gonorrhœas, treated in the manner described, I have found that the average duration has been from eighteen to twenty-one days. About two-thirds of these cases developed the post-acute discharges. Then astringents were used. The others required nothing but the gonocide. Occasionally, (say in one case out of ten,) the discharge ceased entirely by the fifth day, and there was no recurrence. These cases were as nearly aborted, as it is possible to abort an acute case of gonorrhœa. It is my custom to prescribe internal remedies, only for the relief of special symptoms.

The homœopathic remedies are: Aconite, Pulsatilla, Cannabis, Sulphur, Cantharis, Thuja, Gelseminum, Kali Mur, The Mercurials, Ferum Phos.

The old balsam preparations are of little use. They irritate the stomach, and beyond rendering the urine bland, have little action upon the disease. (In this connection, it should be noted that acid urine is distinctly unfavorable to the development of gonococci.) Undoubtedly, rest in bed would be of great assistance, and British physicians as a rule demand it. Usually, however, absence from accustomed duties is impossible, although rest must be enjoined, and all over-exertion avoided. In uncomplicated cases, the local treatment alone is sufficient, shortening the attack, and preventing the development of complications.

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HOW FAR DO HOMEOPATHIC AND OTHER PHYSICIANS AGREE, AND HOW FAR CAN
THEY AGREE?*

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A new generation has grown up since the bitterest controversies were waged between the two main sects of our profession in this country. With this growth has come the disappearance of some of the grounds of difference. Personal antagonism has largely disappeared. I suppose no homeopath now receives from members of our school any of the social avoidance or arrogant disdain which I am told used to be meted out by the past generation. We have learned that a group of homeopaths are very much like any other group of physicians. In your school, as in our school, there are some fools, some fanatics and some knaves, but in your school, as in ours, there are those who are intelligent, high-minded and eager for the truth wherever found.

We have begun to meet together for discussion both at the bedside and in scientific societies like this. We consult together and we study together.

These are great gains attained by the growth of a spirit of tolerance and of truth-seeking on both sides. I shall not try to estimate which of the two sects has changed most. I am quite prepared to believe that we have been more in the wrong than you, and that we have receded from more false positions than you have. But I am concerned more with the result than with the stages and processes by which it was attained; more with the question of "Where are we now?" than with the route by which we have arrived here. I am not interested in inquiring who is to blame. If you say that we, the old school men, are greatly to blame, I will cheerfully admit it, and will search my conduct for evidence of injustice or prejudice still remaining,—but my chief interest is with the present, not the past; with an attempt to get together now, rather than with an inquiry into the causes and delinquencies that have kept us apart hitherto.

I propose, therefore, to begin with a recapitulation of the points of agreement gained so far, and then to suggest some items of work and practice in which I hope we may agree still further.

I.

We agree first of all, in those fundamental sciences on which the practice of medicine is based,—physics, chemistry, biology, anatomy,

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and physiology, gross and microscopic, normal and pathological. This agreement is nothing new, but its consequences have not, I think, been fully recognized. For if we agree so far, we must also agree in all that can be strictly and legitimately deduced from the data of the fundamental sciences.

In so far as diagnosis, prognosis, or treatment are strict and logical applications of the anatomical or physiological facts of the case in hand, there can be no difference of opinion between our schools. "In so far" I say, and I am very well aware that it is not very far. Still, some examples are obvious. Physical, chemical, and biological diagnosis, for example, are logical applications of the principles of physics, chemistry, biology, to the known data of anatomy and physiology. Hence it comes that on questions of physical, chemical and biological diagnosis we all agree now-a-days.

I do not know whether this agreement has always existed, but my impression is that diagnosis is one of the fields in which your schools and ours have been getting together more and more in the last ten years. This is a very great gain and presages still further agreements in the near future.

II.

Surgery is another example of a branch of the physician's art which is based directly on anatomy and physiology. Because the facts of anatomy and physiology are facts for us all alike—we can and do agree on surgery. This, again, is especially true of late years and in this country. I find in some books by English homeopathic writers a spirit of hostility to surgery quite foreign to the attitude of members of your society in this vicinity, and I am told that homeopaths are having their cases of appendicitis with abscess operated on earlier now-a-days than was the custom ten years ago.

III.

Hygiene and prophylaxis exemplify still further the extension of our basis of agreement as we apply further and further the principles of the fundamental sciences which all educated physicians alike acknowledge to-day. Hygiene and prophylaxis are simply the applications of bacteriology and physiology to the problem of keeping well. The isolation of infectious disease, the destruction of the excreta of the typhoid and the sputa of the tuberculous patient are typical of the many important measures for protecting the public health in which there is no longer any disagreement between us. Dietetics, physical exercise and the full use of our neglected birthright—fresh air—are taught and practiced by both schools alike, because they are deductions from the data of physicians.

Whenever the treatment of a disease consists essentially in diet and good hygiene—as for example in phthisis—we find no considerable difference in the practice of Homeopaths and Old School Physicians.

IV

Wherever asepsis or antisepsis is demanded, there is no difference between us. Surgeons differ, of course, as to the value of particular methods of sterilizing hands, instruments, dressings, and the field of operation, but there is no distinctive old school view or homeopathic view in such matters.

So it is in diseased conditions where local treatment is indicated. Local diseases of the skin, of the mouth, and upper respiratory passages, of the urethra, bladder, rectum, and female genitals are treated, I take it, by both schools on the same essential principles.

Whenever chemical or physiological antidotes are demanded as, for example, in poisoning cases and in the neutralization of acid by alkali, we find all well educated physicians of both schools in substantial agreement.

Mechanical therapeutics includes surgery, the application of orthopedic and other forms of apparatus, massage, manipulation, vibration, exercise, active and passive; do we not wholly agree in this branch of treatment?

I do not know whether Biar's method of treating joint diseases by the production of active hyperemia through heat, or of passive hyperemia by bandaging, is properly to be described as homeopathic, but whether it is homeopathic or not, it is, I suppose, as acceptable to us all, because it rests on biology and physics, not on pharmacology.

Heat, cold, counter-irritation, electricity, are applied by schools alike. Radiotherapeutics is, I believe, considered a striking example of the homeopathic principle. If so, it shows the sprouting of homeopathic methods within the old school.

My impression is that hydrotherapeutics and conscious psychotherapeutics are used more extensively by our school than by yours, but this indicates no difference in principle between us—for the good offices of water and mental influence are not the property of any school, and all physicians are sure to avail themselves sooner or later of any usefulness that there is in these methods.

The beneficial effects of good nursing are not subjects for controversy, and I suppose that outside the giving of medicine there is no difference between a Homeopathic and an Old School nurse.

There remains two types of therapeutics regarding the homeopathic view of which I must ask you to enlighten me—I allude to vaccination and to serum therapeutics. There are men in both schools who refuse to vaccinate or to give antitoxin in diphtheria.

Are such persons relatively more numerous with you than they are with us? I must ask you to answer the question for me, but however, this mathematic problem may be settled, it seems to be the fact that there is no orthodox opinion among homeopaths against the use of vaccination and antitoxin sera.

The use of tuberculin is a form of vaccination which illustrates better than any example known to me the approval of homeopathic principles in our school. Tuberculin is, of course, not an antitoxin, but a toxin, and its therapeutic use is a form of vaccination. The poison of tuberculosis which can produce some of the symptoms of tuberculosis is here applied in small doses for the cure of tuberculosis through the production of immunity, or resisting power in the tissues. Surely, this is a case of "*similia similibus curantur*," as homeopathic writers have pointed out. The use of bacterial vaccination in infectious diseases recently produced by A. E. Wright is distinctly homeopathic.

But the revival of tuberculin therapy within the past ten years (after its abandonment in 1860) illustrates the victory of another homeopathic doctrine within our school. I mean the doctrine of the occasional utility of very minute doses. No one in this country has had so much experience with tuberculosis as Trudeau of Saranac Lake. No one has tested so critically and cautiously the merits and demerits of this remedy. As a result of his fifteen years' experience of its use he published last August an account of his own methods, and in a recent letter to my friend, Dr. John B. Hawes, Jr., he has amplified and reiterated his statements in a most interesting way.

What does he use? Not the 10 milligrams often employed in the early nineties—not even the 1 milligram or $\frac{1}{2}$ milligram recommended later. At present he begins his treatment in febrile cases with a 1-100,000th of a milligram. This 1-100,000th of a milligram, when injected under the skin in a centimetre of water and absorbed into the circulation becomes diluted about 5,000,000 times by the body fluids. Hence we imagine the original milligram of tuberculin acts in a dilution of 1-500,000,000,000. What fixes this dose? Precisely the homeopathic principle, namely, to produce a definite good effect without any observable ill effects.

Of course I do not mean to imply that we have already reached an agreement as to the proper dosage of all, or even of very many, remedies. But we have now observed the occasional utility of very minute doses, and you have long since admitted the occasional benefit of very sizable doses. In principle, therefore, we already agree. It remains to work out the multitudinous details of the application of these principles.

We sometimes follow the maxim, "*Similia similibus curantur*," but not often. You sometimes follow it, but not always. We strike at the cause of the disease and remove it whenever we can find that cause. So do you whenever you are convinced that it is a cause, as with intestinal worms, or head lice. Those of you who are convinced that quinine kills the malarial parasite in the blood just as a vermifuge kills an intestinal parasite in the gut, use quinine for malaria, just as we do.

We have come round to your minute doses in some cases, and there is no knowing how much further we may go. You, on the other hand, are not tied down to minute doses, but are quite ready to use larger doses when better effects are obtained thereby.

V.

THE SINGLE REMEDY.

Let us turn now to another cardinal tenet of homeopathy—the single remedy. There we must frankly confess that old school practice has come much nearer to homeopathic usage within the last ten years. We, many of us, use but one drug at a time. “Drug” is never synonymous with remedy in our terminology, and so we should rather say that we often see several remedies, *e. g.*, regulations of the diet, fresh air, exercise, hydrotherapy and mind-cure all at once, but with these remedies we prefer to combine not more than one drug—sometimes less. When I turn to some of the older books on therapeutics, some still used in our school, and see how the frail human stomach is expected to bear not only the drug but an adjuvant, a corrective, a flavor and perhaps more ingredients, I rejoice that we no longer practice what some of our textbooks still preach.

There is no longer any ground for discussion between us as to the advisability of giving but one drug at a time. I think there is no longer any considerable difference between the practice of the two schools in this respect and in consultation with seven of your body, Drs. Sutherland, Batchelder, Rockwell, Moore, Carvill, Everett Jones, and Hubbell, I have found entire agreement as to the advisability, in special cases of giving several drugs alternately to the same patient.

Not long ago a meeting of this kind would be sure to attempt a discussion of the belief that Homeopaths treat symptoms while Old School practitioners treat the cause of the disease or the diseased organ itself. But in our time this, like so many other grounds of controversy, has vanished.

You and we alike treat the cause of disease whenever we can find it (which, alas! is not very often.)

You and we alike extirpate a diseased organ by surgical interference when the symptoms appear to make such action advisable.

You and we alike are often unable to locate the cause of disease, or even the diseased organ, and then you and we alike fall back upon the treatment of symptoms. None of us wants to treat symptoms if we can remove their cause. All of us are forced to treat symptoms when we can't find or can't remove their cause,—as is the case in the great majority of cases seen by any general practitioner. Sometimes we treat the totality of symptoms—that is in our language, the evidences of disturbed functions, when we recognize them, as for example, the dropsy, dyspnea, cough, palpitation, insomnia, nausea, oliguria and pain produced by passive congestion in uncompensated cardiac disease. Sometimes we are forced to treat a single symptom, like headache, because we can't connect it with any other symptoms or with disease of any organ.

We are all in the same box here and there is nothing to discuss.

VI.

A LAW OF THERAPEUTICS.

It has been perfectly just to charge our school in the past with the absence of any principle or law in therapeutics, and to contrast the order and system of homeopathic treatment with the helter skelter omnium gatherum of merely empirical methods. But the contrast is no longer just. Homeopathy has a well-defined law which has been established [like all laws] empirically and is constantly and properly being subjected to re-verification through careful experiments. We also have at last, after much groping and long years of work obtained a law of therapeutics a principle of therapeutic effort—namely the principle of immunity—natural and acquired, and of the means by which it may be attained, augmented, protected.

To increase the power of the organism to resist disease is the aim of our diet-therapy, our hydrotherapy, our mechanical and surgical therapy, our mind cure, rest cure and work cure, our climatic and hygienic efforts, and of all the most satisfactory part of our drug-therapy. That this law is as wide as the law of similars, I think you will agree with me, for though it does not cover all our pharmacology it does extend over the other fields of our therapeutics where food, water, light, air, exercise, mind cure and even much of surgery find their place.

Your principle does not yet apply to all cases. Neither does ours. Your principle is empirically built up and empirically verified; so is ours. We are not bound by our principle, nor by yours, but in both schools the principle guides research and stimulates discovery, which is the true function of a principle.

Our views of the founder of homeopathy are far less divergent from yours than they were fifty years ago. We recognize now that in his day and generation he stood for a great and beneficent reform in medicine. The "gentle action" of homeopathic remedies and the "high regard for the unaided powers of nature" which is characteristic of homeopathy are in refreshing contrast with the violent and obviously harmful methods of Old School practice in Hahnemann's day. Had we lived in that age how fortunate would any of us have been who fell into Hahnemann's hands and so escaped being bled, purged, puked, sweated and salivated, as was then the custom of our school. All this we now recognize. On the other hand, homeopaths no longer feel bound to defend everything in Hahnemann's system, and generally recognize that in many respects the science of medicine has not stood still since he died.

Do I then think that there is entire agreement between our schools? Not at all. We have come far towards you and you far towards us. Which has gone the further I do not know nor care, but we are still far apart in a portion of our pharmacology, and my purpose in the remainder of this paper is to indicate certain ways by which, I think, we can come nearer still.

First of all, one thing is certain. There must be concessions on both sides—not only on your side, if we are to get together. We must admit that we have been wrong in the past and probably are still wrong in many points. We have certainly been wrong—some of us,—in our prejudices against homeopaths, in blaming all homeopaths for the faults of a few. I confessed to you a year ago how much surprised I was to find that there were homeopaths both honest and intelligent. Well, there are still a good many of our school who have not made the discovery, and it is high time that they should. I suppose there are also in your body some who find it hard to believe that we of our school are not all arrogant and prejudiced.

VII.

SOME OF OUR MISTAKES.

We have been wrong in the past in refusing to consult with homeopaths and to join with them in state and national societies. But we have seen and admitted our wrong and are doing our best to get together with you wherever you will meet us now.

We have been wrong and irritating in arrogating to ourselves the term of "regular" as opposed to homeopathic. You have been kind enough to spare us more and more of late that ridiculous term "allopath," and to call us by the neutral name of "old school." This is by no means a perfect designation for an up-to-date profession which in therapeutics has largely repudiated its past and now agrees with you in everything else. Still, in the interests of harmony I think we should sacrifice something, and no one can help recognizing the arrogance of the term "regular."

We have been wrong in saying and believing, as we often have, that there are no real homeopaths nowadays, none that really take Hahnemann's doctrine of similars seriously. One of the things that has most impressed me in my friendly and pleasant contact with homeopaths during the past year has been the studious care with which my friends in your school endeavor to select remedies according to the law of similars, and the unfeigned confidence which (in certain cases) they place in these remedies.

We have been wrong in not admitting more candidly the bearing of certain well-known facts of pharmacology on the issue between your school and ours. The use of digitalis in relatively small doses to relieve symptoms similar to those of its overdose, the partial similarity between the symptoms of scarlet fever and those of belladonna poisoning, the supposed value of ipecac in controlling nausea (still stated in our textbooks, though most of us fail to obtain any such effects) the fact that you can produce some (by no means all) of the symptoms of malaria by large doses of quinine and some lesions like those of syphilis by overdosing with mercury, that nitroglycerine will often produce and sometimes cure a headache—all these are facts which we should realize and whose significance we should study as far as we can.

We have been wrong in experimenting so little as we have with homeopathic remedies. The whole question for us should be, do they work! Not long ago I suggested during a consultation that it would be well to try a 1-25 of a grain of calomel in repeated doses for a toxic diarrhea in an old lady. The attending physician was horror-stricken. "Why that's homeopathy," he said. "Well," I said "it was suggested to me by an old school physician, one of the best-known men in this country, and he learned it from his father who was a homeopath. Let's try it, anyway."

So we did try it and excellent were the results.

We ought to be as free in using your remedies as you are in using ours, and in acknowledging publicly the good or harm that results.

VIII.

SOME OF YOUR MISTAKES.

Now, after these confessions, I hope I shall not seem arrogant when I venture to suggest certain changes to you that might operate to remove sources of misunderstanding and irritation between our school and yours. I will begin with some trifling matters of nomenclature which yet have their importance as causes of friction.

I think you homeopaths are somewhat too tenacious in your hold on roots and stems—not in the botanical but in the linguistic sense.

(a) The German word "Prüfung" is a good word, but its proper translation is not "proving" but testing or experimenting. Proof in ordinary English means something very different from experimentation. When you speak of proving this or that, the impression naturally conveyed is that you are demonstrating what is already true, as one does in geometry; whereas in medicine your effort is an open-minded search to find out what the truth is. The lawyer who can and will prove anything is justly called a liar, but if proof meant only test, the readiness to prove all things (as in the Scriptural usage no longer current) is most praiseworthy.

I should suggest, then, that you no longer hold yourselves aloof from common usage, and translate in future word "prüfung" as the rest of the world translates it, namely as testing. Thus you will sound more open-minded and less dogmatic.

(b) The Latin word "Cura" is not to be translated as cure, but as care. Of course you all know that as well as I, but I cannot help thinking that misunderstandings have arisen in the past because you have spoken of curing disease with a drug when you have realized as well as we do that nature does the larger part of the work, assisted more or less by our drugs and other remedial measures.

To us, and I think to the public in general, a drug that cures a disease is a specific, yet I take it that Dr. J. H. Clark properly states your

position when he says ("Homeopathy Explained," p. p. 149). "In homeopathy we have, as I have shown over and over again, no specific for diseases." You cure diseases as little as the rest of us. You take care of the patient and promote his recovery by drugs and other measures. It sounds arrogant to say as homeopaths sometimes do that the old school palliates while homeopathy cures. It is, I believe, an over-fondness for stems and roots that has led to this misunderstanding. Let us use the word "cure" only when we believe that we have a demonstrable specific for a disease, as we think we have in quinine and diphtheria antitoxin.

(c) In naming drugs let us keep as close as we can to current usage outside the profession and cease to hold ourselves aloof. Let us call a spade a spade; let us call corrosive sublimate by its christian name rather than by the stumps of two names like merc. corr.; when we mean charcoal, let us not call it carbo; when we mean sulphur and oyster shells, let us say so rather than cling to that curious relic "hepar sulph." When one means lime, why should one say calcarea?

Now, I am quite aware that many of our own school are doing the same thing when they write their prescriptions in barbarous medieval Latin, or speak of nitro-glycerine as glonoin. But it is, I think, a mistake in all cases.

(d) Finally, I think it would conduce to clearness in discussion, if both parties would be careful not to limit therapeutics, to drug therapeutics, for that accents unduly the differences between our schools. We agree not only in the diagnosis, prognosis and course of disease, but in the whole of the therapeutics outside of drug therapeutics and in a portion of drug therapeutics itself. One of our chief grounds of differences, and one not always appreciated by homeopaths is in the relative importance of drug therapy as compared with other forms of treatment. The best men of our school today use far less medicine, I should judge—even in actual bulk—than you do. The chief issue between us is not between homeopathic drugging and old school drugging, but between the old school physician with very little emphasis on drugs and very much on hygiene, dietetics, mechanical, physical and psychic therapy, and the homeopath who adds to a certain belief in these remedial agents a much larger belief in drugs. I doubt if you gentlemen realize how large a proportion of our patients are treated without any drugs at all, and how little faith we have to-day in the curative power of drugs. I think most men of our schools to-day would say that the only diseases really cured by drugs are malaria, diphtheria, myxedema and those due to intestinal parasites.

Gentlemen, we want the truth, all of it that we can get hold of. So do you. Two ships that steer for the same port are sure to come together sooner or later, no matter how far apart they may be on the ocean. If we keep ourselves in this mind, if we are fair and honest and not uncharitable, we shall pool our knowledge some day and abolish sectarianism in medicine. I hope and pray that this consummation may come in our lifetime. Whether it does or not depends largely upon us—our earnestness, our honesty and our good will.

THE TECHNIQUE OF PREPARATION OF HISTOLOGICAL SPECIMENS.

CHARLES S. BARNARD, M. D.

Demonstrator of Pathology, Homeopathic Medical College of Missouri.

In response to a number of requests to publish in detail the technique as employed in this work in the laboratory of the Homeopathic Medical College, the methods are here set forth in practical detail.

FIXATIVES EMPLOYED.

No. 1. Formaline (equivalent to a 4% sol, of formaldehyde). This solution is prepared by taking 10 parts of commercial formaline and 90 parts of water.

This is one of the best and most rapid fixatives for routine work. It can be used for staining with all aniline dyes and ordinary nuclear stains.

No. 2. Orth's solution. (a combined Mueller and formaline solution) As it quickly decomposes it should be prepared fresh.

It is conveniently made in two solutions which retain their properties for months.

Sol. A 10% formaline solution.

Sol. B Mueller's solution

potassium bichromate	2.5
sodium sulphate	1.0
aqua. dest.	100.0

It may then be made fresh by adding one part formaline solution to two parts of Mueller's solution.

This is the best fixative for blood, blood elements and bacteria in the tissues, and permits the use of all aniline dyes and nuclear stains.

(Albuminous fluids are coagulated into a homogeneous mass, and should not be confounded with hyaline and colloid substances.)

No. 3. Zenker's fluid. (Corrosive Sublimate.)

corrosive sublimate	5.0
potassium bichromate	2.0
sodium sulphate	1.0
aqua dest.	100.0

Owing to the poor penetration of Zenker's fluid, specimens should be cut in slices of one to two millimeters in thickness.

Tissues hardened in this solution contain deposits of mercury, which are removed by treating the tissues with 60% alcohol to which a few drops of Tr. Iodine has been added.

As the iodine unites with the mercury, the solution becomes clear. When the solution no longer decolorizes, the tissues are removed and placed in a stronger alcoholic solution to which has also been added a few drops of Tr. Iodine.

No. 4. Fleming's acid mixture.

glacial acetic acid	1.0
osmic acid 2% aqueous solution	4.0
chromic acid 1% aqueous solution	15.0

As this solution rapidly decomposes, it should be made fresh when wanted. During the fixing and hardening processes the bottle containing the specimen and fluid should be kept in a dark place.

This solution does not penetrate well, therefore specimens should not be over one to two millimeters in thickness.

After fixation, thorough washing in water, 10 to 12 hours is necessary.

This fixative, common to all other solutions containing osmic acid possesses the property of fixing and staining fat (the osmic acid forming a chemical compound with the fat which takes on a deep black appearance.)

Besides the staining and fixing of fat this solution gives excellent results in the demonstration of nuclear structures (karyokinetic figures)

When desired to demonstrate fat in the tissues specimens may be sectioned on the freezing microtome, after treating with formaline, or imbedded in paraffin using chloroform to clear; sections are then thoroughly washed and overstained with safranin.

"When the nuclear structures are to be demonstrated the osmic acid is removed by oxidation. For this process, the sections are placed in a dish containing full strength commercial Hydrogen Peroxide (H_2O_2) where they remain until all black has left the section and bubbles cease forming on the surface, after which they are stained with any nuclear stains preferably Iron Haematoxylin."

The above technique is suggested by Plimmer in his method for demonstrating parasitic bodies in cancer.

BOILING WATER.

No. 5. Pieces of tissue one cm. in size are quickly fixed by placing in boiling water for one minute. After removal from the boiling water they are subjected to usual second hardening in alcohol.

This method is used in tissues containing albumin, *i. e.*, œdema of the lungs and albumin in the kidney tubules.

DRY HEAT.

A small amount of the fluid to be examined is smeared on a cover glass or slide and allowed to dry under a bell-jar by a pair of tissue forceps the cover glass or slide is picked up and passed three times through the flame of a bunsen burner.

This method is employed in fluids, especially those containing bacteria and cell elements.

DECALCIFIER USED.

Sulphurous acid, full commercial strength (60%). Tissues containing pathological or normal deposits of lime salts are subjected to agents that combine with and remove the lime salts.

The specimen is first fixed using the selected fixative, usually formaline or Orth's solution, then transferred directly to sulphurous acid, usually three to six hours suffices for ordinary blocks of tissue, larger pieces requiring more time.

HARDENING AND EMBEDDING.

Hardening and embedding processes used, are the freezing method, paraffin and celloidin embedding.

FREEZING METHOD.

Specimen's are fixed usually in formaline or Orth's solution. Thin pieces of tissue one-half millimeter in thickness are placed on the drum of the freezing microtome, the valve turned on, the carbon dioxide gas circulating under the drum rapidly freezes the tissue. Sections are now rapidly cut out, and placed in 60% alcohol, from which they are removed and stained.

CELLOIDIN EMBEDDING.

Fix in the selected fixative.

Wash in water,	6 to 12 hrs.
Place in 30% alcohol,	12 to 24 "
" 60% "	12 to 24 "
" 80% "	12 to 24 "
" 93% "	12 to 24 "
" abs. "	24 to 48 "
Place in equal parts abs. alcohol and ether,	24 to 48 "
Place in thin celloidin,	24 to 48 "
Place in thick celloidin,	24 to 48 "

Specimens are placed in a glass dish which is furnished with a good cover, and completely covered with thick celloidin. The whole is then placed under a bell jar and allowed to harden until the celloidin is of sufficient firmness to be cut with a sharp knife; then the specimens are cut out with a sufficient amount of celloidin around them, and placed in 60% alcohol.

When desired to section celloidin embedded specimens, they are removed from the 60% alcohol and glued to blocks of wood with thick celloidin, placed under a bell-jar and allowed to harden until firmly attached, after which they are clamped in a microtome, specimen and knife flooded with 60% alcohol and sectioned.

Dr. G. A. Mellies reports a case, in a girl aged 19 years, of venucacious eruption all over the body, but most marked on the hands and forearms, ranging in size from a pin head to a split pea, accompanied with intense itching. Cured with Thuja 2x dilution t. i. d, in three weeks' time.

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WHAT WILL WE DO WITH THE CONSUMPTIVE?

The death rate of consumptives and diseases depending upon a tuberculous condition have reached a high figure; the public is warned of the dreadfulness of the disease—a thing it well knows already and is fast coming to look upon it as a “catching disease” a thing devoutly wished for by a certain class of physicians, laymen and sanitarians; while the fact that it can be communicated, none will deny. Isolation, report of cases to health boards and enforced sanitary measures are urged, and practiced in many places but the results for good as a whole are not apparent; the disease is increasing.

Desire it or not as we will, push it to one side as we will, or ignore it, there is one question that will not down and this is “What will we do with the patient”?

Only a few comparatively, can or will avail themselves of care in a hospital or sanitarium; moreover the sufferer looks upon his condition as a hopeless one and when fully realizing his malady, reluctantly forced to admit that he is tuberculosis stricken he cares little for his effects upon the community. During the early stages he cannot be confined while many times the desire is unrecognized and advice unsought until a hopeless condition is reached. The anti-spitting ordinances are an acknowledged failure so far as stopping the disease is concerned, and fumigation promises to be little if any better in the majority of cases.

Can we do nothing more with the plague? We believe much can be done and much good accomplished, not by putting the sufferer in “ward 23” shunning him, warning his friends to come not near him and giving him no treatment but a little “dope,” but by a more rational and humane method (and let me here say that it seems positively wrong to keep a patient any more in ignorance of his condition with this than other maladies), teach him to harm not others.

Consumption is curable; this is the word of the best authorities and of experience as well; not all cases to be sure, neither are all cases of

typhoid, pneumonia or measles. But many cases have been cured and remained so far years, while evidence of the disease in many other cases is discovered only at the post-mortem examination. Does not this give a ray of hope?

Let the patient have hope, that "anchor of the soul," and let him in some measure understand the nature of his malady and the sanitary measures he should use to protect others; teach these poor sufferers that a few hours sunlight is worth a barrel of disinfectants, and that cleanliness is the safeguard that is needed more than all else. Teach him, tell him that the sputa is the danger focus and we have never yet made such explanation even to the most ignorant sufferer that we were not rewarded in having all possible care to destroy it. Willingly will the sufferer occupy a bed alone if due explanation is made of the evil effects upon the health of the bed-fellow, and more than once have we seen a poor stricken mother too poor to buy a separate bed, purchase a cot and occupy that when it was detailed to her, that her breath might infect the young child which, until now, had slept in her arms.

This is not an isolated case, we could point to many, and while we well know that there are some who are "so blind they will not see," so stupid they will not believe, they are the exception rather than the rule. Fresh air, even though not always the purest, plenty of sunlight, individual utensils for the sufferer, the single bed and if possible the single rooms together with a little plain judicious yet kindly instruction regarding sanitation will do more to limit the spread of this disease than all the isolation and fumigation that can ever be practiced for we cannot isolate the patient during all his illness and we cannot fumigate daily. We can practice sanitary rules constantly.

You and I are exposed daily, let us teach the consumptive that while we are his friend we want him to cough behind his handkerchief, not in our face; that he should keep his body clean both for our sake and his own, that for the sake of his friends and the general public, he should avoid spitting in public places as much as possible and use the same care with drinking vessels as he would if afflicted with a chancre on the lip. He needs not to be isolated, he needs not be and is not a pest, a thing of horror, a danger unless he so deports himself as to be one and his case is not without hope. A cure may be, as a matter of fact, many times is impossible, but his suffering can be relieved, his illness made bearable and his last weeks or hours rendered as comfortable as in any other fatal illness. Take away the dread of the suffering and it is easier to control the infection.

In the treatment of neurasthenic conditions, it is pertinent to remove the patient from his accustomed surroundings and associates, if an early recovery is expected.

In an article on "How Far Do Homeopathic and Other Physicians Agree, and How Far Can They Agree?" read by Richard C. Cabot, M.D. of Harvard University, before the Boston Homeopathic Medical Society Nov. 1st, '06, and published in the *New England Medical Gazette* which we reprint on another page of this journal, we agree, and state, that an impartial consideration has been accorded the Homeopaths as any writer of the regular school is capable of doing and winds up with an acknowledgement of the ever present and dominant pessimistic sentiment as to the curative power of drugs in disease.

One who has made a special study of drugs and their effect on the human body and then applied these drugs in attenuated doses, to diseased conditions similar to that produced by the drugs in "prufung" will soon come to the conclusion that drugs *do* cure in the same sense as "Merc. cures syphilis," "Quinine, malaria" or "Anti-toxin, diphtheria." Bry alb or Sanguinaria are as specific in pneumonia and will effect a cure when the symptoms are similar, as the above-mentioned examples of cure.

This season of the year brings its seasonable disease, namely, influenza. While it is very prevalent, yet it does not seem to be so severe as in years past. Its complications and fatal terminations are few, providing that the patient has not been subjected to drugging, such as large doses of quinine and cathartics. The only severe cases we have met were due to this kind of treatment at the onset either by the patient himself or on the advice of old school physicians.

The disease though ushered in sometimes with all violence soon becomes mild under the administration of a well selected remedy.

The remedies found most frequently called for have been Dulcamara, followed later on by nux vomica, sanguinaria and causticum.

Cardiac weakness characterized by intermitting pulse, irregular in rhythm, and a sense of faintness on exertion, is favorably influenced by *Crateagus oxycantha*.

Dr. W. L. Lewis, Canton, Pa., reports a case of Anthrax in *Ellinwood's Therapist*, that was cured by the use of Echinacea August, internally in doses varying from ten drops to a tea spoonful fl. ext. repeated every three to four hours and locally a 50-per cent solution of the same drug. The dose does not matter, just so it cured. Echinacea is a remedy that is in need of a "prufung," so that its indication may be more exact. Thus far it is used empirically in conditions where the toxins and also the pus-producing organisms have entered the blood and show intoxications.

"It is a fair inference that the remedy that relieves a symptom acts favorably on the pathologic condition that induces that symptom,"—(*Ellinwood's Therapist*.) Haven't we told you so for nigh on to a century?

The Missouri Institute of Homeopathy will meet April 23rd to 25th.

The headquarters of the Missouri Institute of Homeopathy will be at the Midland Hotel, Kansas City, Mo.

Doctors, if you are interested in advanced therapeutic thought and the progress of Homeopathy in Missouri, make arrangements to attend the Missouri Institute of Homeopathy meetings at Kansas City next April.

Dr. W. W. Gilbert has returned to his first love, after an absence of about a year, and opened an office at 4109 Laclede Ave., where he will welcome his patients and friends. We are glad to have the Doctor again in our midst and "nestle on the (my) bosom" of the profession.

Dr. L. C. McElwee made a recent trip to Mt. Vernon, in the interest of the State Sanitarium for Incipient Tuberculosis. He says the "Mint Julep Springs" are still flowing, and able to refresh the weary traveler, slacken his thirst and exhilarate his mind.

The St. Louis Pure Milk Commission is again making preparations to supply pure milk for free distribution in the city the coming summer. This Commission, through its certification Committee, supervises the production of "certified milk" and issues labels to dairies that comply with all the requirements set forth by the Commission. The Certification Committee is composed almost entirely of physicians who give their time gratuitously in the supervision of this work, and one member makes a trip of inspection of these dairies each month who come up to the requirements. Dr. G. A. Mellies made the trip of inspection last month.

The forty-ninth Annual Reunion and Banquet of the Alumni Association of the Homeopathic Medical College of Missouri will take place in the banquet hall of the Masonic Temple on the evening of the 18th day of April. Every Alumnus of our Alma Mater should set aside this evening to renew old bonds of friendship formed during the happy days of college life. Nothing so much tends to bring back to our minds, than to meet at the banquet table our old associates, the many pleasant memories of the days we sat on the hard benches, listening to words of wisdom from our tutors, and the memories of the songs we sung and many other things we done, which we dare not print on these pages. "SHOULD OLD ACQUAINTANCE BE FORGOT?"

THE THAW CASE—A STUDY.

DR. EDWARD FRANCIS BRADY, Psychiatrist.

Is Harry Kendall Thaw sane or insane or was he sane or insane when he killed Stanford White? It is a very difficult thing to express a safe and scientific opinion without full data, however, one may use any information *available* and theorize; the final step necessary it seems to me is to define what we mean by insanity both from the standpoint of the psychiatrist and the law and if the facts in Thaw's case fits either definition he must be considered insane. Insanity as defined by the psychiatrist is that mental state characterized by a *prolonged change* in the *usual manner* of thinking, acting and feeling, the result of disease or mental *degeneration*.

One, an old legal definition is, "A lunatic, *non compos mentis*, is one who hath had understanding but by disease, grief or other accident, hath lost the use of his reason."

Insanity in the criminal law according to Prof. Bishop "Is that condition of the mental faculties resulting from direct weakness or disease, wherein they are incapable, with respect to the particular act, of entertaining the essential criminal intent."

With these preliminary remarks we will proceed to examine the evidence of the experts. Dr. Wiley's evidence is of no value or importance and may be passed without comment. Dr. Charles Wagner testified as follows: "On the first visit I talked with him but did not make a thorough examination. Symptoms observed: Thaw was suspicious, reticent apprehensive. He was fearful that he would be declared insane. Second visit accompanied by Dr. Evans. Thaw after being brought into the room, turned on his heel and abruptly left the room, notwithstanding that it was understood plainly that we were then to examine him."

Third visit—The examination consisted of certain questions I asked him, and his answers to them. We took Mr. Thaw to where the light was strong. He watched us closely and would not be placed in such a position when he could not have seen both Dr. Evans and myself under his eye all the time. Fourth examination conducted by Drs. Wagner and Evans consisted of observation of color of the hair, the general contour of the head, the expression of the eye, the condition of the heart, the reflexes and the state of the pulse. The patient was exhausted at the end of an hour, further examination deferred.

Fifth examination, Drs. Wagner and Evans consisted of a repetition of the former visit and enquiry into the history of the case and family history.

Final examination, Drs. Wagner and Evans, consisted of a review of previous examination and a minute detailed investigation of the history of the case including the events of June 25th. The hypothetical ques-

tion consisting of a historical resume of Thaw's life and antecedents was here introduced by counsel.

Dr. Wagner after reading letters and listening to hypothetical questions gave it as his opinion that Thaw was not of sufficiently sound mind to know whether his homicidal act was right or wrong. My opinion is, said Dr. Wagner that he did not know the act was wrong. He added further "I believe his reason so defective he did not believe the act was wrong." Dr. Evans testified as follows as to facts noted in his examination of Thaw.

"Thaw exhibited a peculiar facial expression, glancing suspiciously about him with restless eyes, and watching every movement of the doctor. He exhibited evidences of having recently undergone an explosive or fulminating condition of mental unsoundness. He was suffering from forms of insanity characterized by an exaggerated ego including adolescent insanity, the latter due to heredity. (Dr. Evans definition of an exaggerated ego was that it was an exhibition of exaggerated value of one's abilities out of proportion with the value attached to a person as he is represented to the ordinary observer. It is the result of a well recognized form of mental disease.)

District Attorney Jerome requested Mr. Delmas to ask the witness if there was a similarity between adolescent insanity and dementia. Dr. Evans said that he might answer both yes and no, they were practically the same but different authorities had different views as to the period of adolescence. A person in a fulminating condition was likely to suffer serious mental disorder. Thaw's speech was not that of a normal person.

On Dr. Evan's second visit, Thaw exhibited the same symptoms as previously shown. In addition he was more inclined to tell the doctor what to do than to answer his questions. Also he exhibited delusions of persecution. Dr. Evans was asked by Counsel if as a result of his three visits he had been able to form an opinion as to Thaw's mental condition. Dr. Evans answered yes. Dr. Evans said that he was then and was at the present time firmly of the opinion that during his first three visits to Thaw, the defendant was of unsound mind, because of a diseased condition of the brain. As a result of the five subsequent visits he was of the opinion that Thaw's mental condition or stability of mind was impaired, but somewhat improved over the condition first noted. Dr. Evans said that Thaw during his first three visits was suffering from a disorder of the mind as a result of an hereditary predisposition.

Dr. Evans also testified in agreement with Dr. Wagner that Thaw was out of his mind when he shot White.

Dr. Evans summarized Thaw's mental condition as follows, observed by him on visits of Aug. 4 and Oct. 1st. He (Thaw) exhibited a peculiar facial expression, glaring of the eye, restlessness of the eye, suspicion of his surroundings and of me, nervous agitation and restlessness, such as comes from a severe brain storm, common in those who have recently

gone through an explosion or fulminating condition of mental unsoundness. He exhibits delusions of a personal character, an exaggerated ego, and along with them delusions of a persecutory character. He thought himself of exaggerated importance and believed himself persecuted by a number of persons. The "exaggerated ego" Dr. Evans said were characteristic symptoms of mental diseases. One of these diseases Dr. Evans said was adolescent insanity developing between 10 and forty years of age. "The persons so afflicted have a psychopathic taint, a predisposition to mental unsoundness, the result of heredity. Another form is known as paranoiad or fixed insanity on some subject. The third is maniacal when patient jumps from one idea to another, this form and others are characterized by the "exaggerated ego." "In adolescent insanity the patient exhibits no marked symptoms, but when the stress comes, the man does not break down as the ordinary or normal man would. There is a complete loss of mental balance, *an explosive condition of the brain*; the reason becomes dethroned, the will power is lost, and the brain is operating as a ship does in the wind without a rudder, the balance wheel is gone. His mind has left its moorings and yielded to a diseased condition.

"On my first visit Mr. Thaw suffered from a rapid flow of words not characteristic of the normal mind. He showed a condition of abnormal excitement. "An ordinary normal man speaks more or less deliberately on all matters of grave importance, he talked slowly and his ideas come logically and connectedly. In a man of unsound mind the ideas come rapidly, tumbling over each other, jumping from one subject to another, leading a trained observer to suspect unsoundness of mind. A mind in this state has either come through or is just going into a mental storm.

On August 19th, Dr. Evans testified. Thaw was still nervous, agitated and had the peculiar expression of the eye familiar with mental diseases. I also observed his suspicion of me and all around him. He still exhibited the "exaggerated ego". He still exhibited delusions of persecutions. On Sept. 9th, Thaw exhibited delusions of suspicion, lack of confidence in his advisors and an explosiveness of mental make up characteristic of a person of unsound mind. Dr. Evans testified in conclusion that he did not believe Thaw knew his act was wrong when he killed White due to the fact that he was laboring under mental disease. Dr. Evans testified further that Thaw's perceptive power was good, but that Thaw was indifferent or attentive as he willed—going into states of abstraction and ignoring questions.

Summary of the symptoms of insanity as found in H. K. Thaw after repeated examinations by the experts, Drs. Wagner and Evans: "Suspicious, reticent, apprehensive, fears he would be declared insane. A peculiar facial expression, glancing about him with restless eyes, exaggerated ego (a hyper exaltation of self or of self-importance) inclined to be dictorial, delusions of persecution, believed himself to be persecuted.

by a number of persons. Nervous agitation and restlessness, rapid flow of words and abnormal excitement. Perceptive faculties good but lacking in attentiveness, state of abstraction and indifference. Psychopathic taint an hereditary predisposition to insanity. Mental state as if caused by the effects of a recent explosion or fulminating (coming or suddenly) condition of mental unsoundness. Exhaustion during examination into the condition of the eyes, heart, pulse and reflexes (neurasthenia).''

The conclusion of both experts from the symptoms noted above and such other data as the history of the case gave was that Thaw was of unsound mind and unable to appreciate whether his act in killing White was right or wrong. Dr. Evans also gave it as his opinion that Thaw was still suffering from mental unsoundness at the time of his examination.

From the testimony of Dr. Evans his purpose seems to be to convey the impression that Thaw is a victim of adolescent insanity. Under the present nomenclature, we have embraced under the name of dementia praecox: hebephrenia, masturbatic and ovarian insanity, katatonia and stuporous-melancholia. Dementia paranoides, is also classed with adolescent insanity, it is marked by paranoiac delusions, developing rapidly and terminating in a demented confusional condition.

Dementia praecox manifests itself in many varieties, but the main forms are the katatonic, hebephrenia proper and certain paranoid types. The characteristic picture is that of a developing neurasthenia, progressive weakening of the intellect, apathy and increasing stupidity, apprehension, dejection, suspicion, delusions of a persecutory character (paranoid type), clouding of consciousness, less and less coherence of ideas, failure of memory, indifferent and apathetic. The exaggerated ego dwelt upon so much is not common in dementia praecox, but is found in mania and paranoia. I cannot find any evidence of adolescent insanity in the testimony of the experts, but if their statements are true, some symptoms which are characteristic of acute mania and paranoia are present.

These symptoms point to the existence of or the stage of subsidence of an acute attack of mania. "Peculiar facial expression indicates mental disease, glancing about him, continuous movement of the eyes, nervous agitation and restlessness, abnormal mental excitement, rapid flow of words (logorrhoea), exaggeration of personality, dictatorial, psychopathic taint, hereditary predisposition to insanity (neurasthenic exhaustion).'' The symptoms noted above if pronounced at the time Thaw killed White, would point to acute mania, but certain acts of Thaw and his calmness of demeanor after killing White, his rational expressions and conduct tending in the direction of his protection from the result of his act, all point to the sane man. Furthermore if Thaw was actually insane, such a fact would have demanded constant care and attention, which seems not to have been necessary since his incarceration. Any lay person could make no mistake in diagnosing acute mania. If Thaw was passing through a brain storm at the time he killed White, it has taken a very long time for his mental atmosphere to clear up. *I do not believe Thaw was suffering*

from acute mania when he killed White. An ephemera may be born, live out its full term of existence, and die in one hour or one day, but no one can develop a full-fledged attack of insanity of the form of acute mania or any form that I know of and be sane within so short a space of time. The old-fashioned emotional insanity is now properly considered as a furious passion—anger; and cannot now be foisted on the judge, jury or public as it was 25 years ago as a justification for homicide.

We have left for review one other set of symptoms which have been developed by the experts—these symptoms, if they are true, point to the existence of paranoia; they are “suspicious, reticent, apprehensive fears” especially of being declared insane (this concept is possible to a paranoid) delusion of persecutions, believes himself to be persecuted by a number of persons, “exaggerated ego” (paranoiacs are as a rule, egotistical, easily angered, given to violent outburst of temper), psychopathic taint, hereditary predisposition to insanity. Neurasthenia, perceptive faculties good, but lacking attentiveness, going into states of abstraction, ignoring questions.”

The form of paranoia, if Thaw is a victim of it, is what is known as jealous paranoia, could have been developed by focusing the mind on one subject. A naturally suspicious person becoming insanely suspicious, a proud man becoming insanely and delusionally proud (exaggerated ego). The disease is in the consensus of medical opinion, due to an inherited taint of insanity or a transmitted neurotic vice. The delusions of the paranoiac have a complete logical organization, and are plausibly based and elaborately expressed. Apparently the most reasonable arguments are advanced in support of them. The paranoiac holds to his views against all opposition to them.

On all other subjects than those directly connected with their delusions they reason with lucidity and saneness. *They know how to distinguish right from wrong* and can judge correctly of passing events.

Paranoia rarely terminates in dementia and the disease once established is chronic and incurable though periods of remission occurs in which the false ideas or concepts are not held to with former tenacity.

If paranoia is present or is the form of Thaw's insanity or was the form which he developed at the time of his homicidal act he is positively still as insane as he was the hour he killed White.

It certainly is not the form known as dementia paranoides because the increasing mental obfuscation which is a part of the evolution of the disease is not present. Dr. Evans says his perception powers are good when he desires to use them: no evidence of a confusional mental condition here.

It is not dementia praecox a modern term in which is embraced the three main forms of adolescent insanity, viz: hebephrenia, catatonia and the paranoid form. Dementia praecox is a psychosis that develops at pubescence, the characteristic symptoms of which is a progressive mental deteri-

oration, apathy and increasing stupidity, none of which symptoms corresponds to Thaw's present mental state.

Reviewing all the symptoms noted by the experts I can find no data on which they base the conclusion that Thaw was not of sound mind when he killed Stanford White. Dr. Evans and Wagner found a condition of mental and bodily excitement, but they found also a man who was master of himself and his acts, and used good perceptive faculties if he willed so to do. Dr. Evans' testimony impresses one as being purposely made omnibus in character and so embracive in scope that it shall fit some form of insanity. He does not declare himself with any definiteness as to the name by which he could call Thaw's insanity but, reading between the lines I get the impression that adolescent insanity is the overcoat he wishes to put on Thaw, if so, the tailoring is poor because it fits badly nearly everywhere.

Simply expressing my opinion, I do not think Thaw was insane when he killed Stanford White, nor do I think he is insane now.

THE DOCTOR.

An old man sat by the fireside,
 And thought of days long gone ;
 Of the many times he'd humbly tried
 To silence a tear or groan.
 As the dying embers one by one
 Lost their light, he saw once more
 The flickering spark, ere death had won,
 As a soul neared Heaven's shore.
 And the shooting tongues of yellow flame
 That fed on the dark, dry oak,
 Bespoke of a life replenished again,
 That his ministering agents awoke.
 His deeds were like the fire's heat,
 A comfort to sorrow's chill ;
 How oft had illness left its seat,
 And hearts with gladness fill.
 The noblest work God gave mankind
 He cherished with a pride untold,
 And the fragrant flowers he'd strewn behind
 Were unfading blossoms of gold.
 As the burnished rim of day's monarch
 Creeps behind a distant hill,
 He sits while gathers the evening dark ;
 And the silence works its will.
 For when night's stillness steals its way
 Into his weary mind,
 Then pictures of life's close will stay ;
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 There lies the ashes in the grate;
 Like them his clay returns,
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Volume XX

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Number 4

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THE CLINICAL REPORTER.

Vol. XX.

APRIL, 1907.

No. 4

Original Articles.

PROSTATIC HYPERTROPHY.

BY G. A. MELLIES, M. D.

Professor of Theory and Practice of Medicine, Homœopathic Medical
College of Missouri.

Under this caption I wish to consider the enlargement or hypertrophy of the prostate that comes on with the age of the patient, which is most likely to occur at about 40-60 years. It has been variously estimated that about 30 per cent. of all males suffer with a slight enlargement or fibroid tumors of the prostate at 50 years of age. Thompson states that one out of three have slight enlargement and one out of eight have marked enlargement.

The histological structure of the prostate shows principally the un-striped muscular fibres, connective tissue stroma and a few adenoid cells. Its blood supply is abundant from the internal iliac and anastomosing branches from the hæmorrhoidal and spermatic arteries. The nerve supply is derived from the hypogastric ganglion.

The composite structure of the prostate leads me to believe the cause of an hypertrophy may be of varying origin. Postmortem examinations have shown that a majority of cases are on the nature of a fibroid growth, similar to that found in the uterus of the female, while a small per cent. show an excess of the glandular tissue and again in other cases an excess of connective tissue formation. What causes a prostate to enlarge at the ages above stated? There is no known cause excepting the age of the individual, while strictures, cystitis, stone in the bladder, excessive venery, over-indulgence in eating or drinking, chilling the surface, may aggravate the condition though never producing hypertrophy.

Yet there is no effect without a cause, though we may reason from effect to cause, yet no explicable cause has been demonstrated. It has been found that castration will result in the diminution of the hypertrophy.

There must be some relation between the testicular activity of a male and the prostate, whether hypertrophied or atrophied.

Fibroid tumors of the uterus will usually atrophy or disappear, after the cessation of the function of the ovary or after their removal. Far be it from my intention to recommend measures of this kind for either condition. If about 20 out of every 100 suffer with a condition of this kind, why not the other 80. There must be some underlying constitutional condition that is the real factor in these cases, if such be the case, is our Law of Similia Similibus not applicable to cases of this kind? The old school authorities say there are no medicines that affect prostatic hypertrophy in a remedial way. "Is there no Balm in Gilead?" must all of these men of three score years be treated *a la* Osler? Some of the writers and students of our school, that have delved into the depths of the scientific truths underlying the principle of homœopathy hold a more favorable view of the subject.

It may not be amiss to mention a few of the symptoms that arise as the result of this condition. These vary, of course, with the extent of the disease. Among the earliest is a difficulty in starting the flow of urine, feebleness of the stream and unduly frequent calls to urinate, especially at night, "irritable bladder." In the earlier stages, other symptoms frequently obscure the urinary symptoms. Patient complains of being bilious, has headache, dryness of mouth, loss of appetite, nausea and pain in the back, lumbar and sacral region, all of which may be due to slight uremia. Another symptom is polyuria 6 to 8 pints in 24 hours or over night at which time the polyuria is most marked, the urine is of low specific gravity and sometimes showing traces of albumen, these cases are frequently erroneously diagnosed as Diabetis Insipides. As the hypertrophy progresses, it causes a mechanical impediment to the flow of urine. The bladder not being completely emptied, residual urine results and symptoms of vesical catarrh develop; frequent calls to urinate in day as well as by night, that normal sense of satisfaction after micturation is lacking, urine becomes cloudy, and deposits a white sediment, and ammoniacal odor, a dull pain may be felt in the neck of bladder and rectum extending along the urethra. The residual urine slowly increases to a quart or more. The overtaxed sphincters frequently give away and permit a dribbling of urine. Thus far the patient may have been fairly comfortable, and the nature of his trouble be unsuspected by either himself or his physician; but he may be awakened to the gravity of his ailment, by either of two conditions, the development of an acute cystitis, or a sudden complete retention of urine. Each is frequently provoked, by getting wet or chilling or over indulgence of alcoholic drinks, constipation, physical exertion, or an unusual delay in answering the calls of nature.

In the course of years a successive morbid condition ensues.

- (a) Dilatation of the bladder, with increase of residual urine.
- (b) Hypertrophy of the muscular coat and fibrous tissue.
- (c) Dilation of ureters and renal pelves, with consequent stagnation of urine.

(d) Congestion and catarrhal inflammation of entire urinary system with an accumulation of products in bladder tending to formation of renal calculi.

(e) Ammoniacal fermentation of urine, not depending but frequently favored by the use of unclean instruments.

(f) Septic infection extending from bladder to kidneys, cysto-pyelo-nephritis and chronic uremia.

(g) Death from uremia frequently provoked by the first use of catheter.

The diagnosis of these cases is made with comparative ease, although many cases go on without an accurate diagnosis being made. The insertion of a well lubricated finger into the rectum, will reveal by its educated sense of touch, the condition of the prostate, whether normal or hypertrophied and its contour, in addition to the presence of the aforementioned symptoms, but to determine the extent of the associated lesions developed there from, a careful microscopical and chemical examination of urine is necessary, besides the quantitative test of residual urine.

The treatment of these cases resolves itself into medicinal and mechanical. Every unfortunate sufferer who presents himself for treatment, should be enlightened as to the proper care and clothing of the body, and the avoidance of articles of food or drink that tend to bring about acute exacerbation of his ailment. Cases that possess the complication of residual urine, the systematic catheterization, once or twice a day under strictest aseptic conditions with a gum elastic catheter, is of prime importance. During the periods of vesical irritation such remedies as *Triticum Repens*, 10 drops every 2 to 4 hours, where there is intense burning on urinating extending from neck of bladder along urethra. This is the remedy of first choice unless symptoms plainly call for *Nux. vom.* persistent vesical tenesmus, or strangury from drinking spirituous beverages or spicy foods. Again excessive mental strain is often liable to bring on a *nux vom.* case. Strangury or vesical tenesmus following a delayed call to urinate. *Equisetum hymalae*, when the dribbling of urine is due to an irritability of neck of bladder or urethra, cutting pain along urethra and heavy feeling in prostatic region—though it will not benefit where this is due to residual urine.

Symptomatology of *Equisetum* reads—passes large quantities of pale urine. I have not verified this symptom though it is best to keep it in mind.

The virtue of *Copabia* as a remedy for irritable bladder is better known in the old school than our own. Its chief symptoms are characteristic similitudes of urinary disturbance of a catarrhal nature. I have found it of marked service in cases where the following symptoms were present—had to get up frequently at night to pass copious quantities of pale urine, ammoniacal in odor depositing a white sediment, scalding like pain on passing, comes only in dribbles. A remedy whose action is very similar, though in addition it has dark urine, deposit like blood and mucus, is

Cubeba. In some cases where the aforementioned remedies failed in their action to relieve the tendency to ammoniacal fermentation the administration of Salol 2 to 5 grain doses 4 times a day, will have a marked beneficial effect. A simple mechanical measure, first recommended by Dr. E. M. Hale, where the urine is slow to flow in a full stream, is to instruct the patient to compress the urethra at the bulbous portion till his sense of touch reveals to him that the urethra in the back is distended, then suddenly releasing his hold will result in a free flow, which otherwise could not be accomplished.

Sabel serrulata is a remedy that has been lauded above all other remedies—in acute cases of prostatic irritation or enlargement due to or accompanied with sexual debility, it is of some value but in chronic hypertrophy I have failed to note any beneficial results, either in the tincture or potency.

The selection of a remedy that will exert a curative effect has with me been a difficult one. It requires a remedy that has a deeper action than any of the aforementioned. It must be one that corresponds with the constitution of the patient. The Silico-Fluoride of Calcium or Lapis albus, has in its pathogenecy the tendency to fibroid growths in different parts of the body and on the strength of this indication I have prescribed it in several cases, 3rd to 6th Trit., with unmistakeable results, both in the relief of accompanying symptoms and the reduction of the hypertrophy, and have continued to be relieved since coming under my observation, from 2 to 6 years, Ferrum picrate in its limited symptomatology, shows that it has an action on the spinal cord, especially the lower lumbar and sacral region. A patient that was suffering with symptoms indicating an oncoming spinal affection, for whom I prescribed this remedy was also suffering with an hypertrophy of the prostate with accompanying symptoms. The remedy also had an unexpected though gratifying effect on the prostatic difficulty as well as the spinal symptoms, and have since prescribed this remedy in other cases with marked relief of the symptoms, though I have not had the opportunity to follow up the other cases as the first one mentioned, the Calcium fluoride and Ferrum picrate. The latter two remedies must be perseveringly applied to get results, as the affection is one of insidious onset and sometimes of years development, we must give our remedies equal time and we shall not be disappointed.

2839 Cass Avenue.

Pains in the sacro-iliac articulation caused by falling on the buttocks or a heavy jolt can be relieved by applying adhesive plaster, with the patient recumbent lying on the face, several strips, well over the crest of the illium on one side drawing it very taut to an equal distance over the opposite side. Patient will experience immediate relief from all pain.

CARDIAC WEAKNESS.*

BY C. J. LUYTJES, M. D.

The frequency of suspected or real cases of this kind has induced me to write this brief paper. We all know that the heart is the most important organ of the body and the most easily disturbed. Mental influences, exercises, position, diet, foreign substances in the blood, the use of stimulants and tobacco, the diseases of other organs all quickly influence its action and lead frequently to results of a serious nature.

A normal heart should be able to maintain the circulation in such a state that the patient is not conscious of having a heart; that he is not aware of anything abnormal. It should respond promptly to ordinary demands without producing undue shortness of breath.

A person with a healthy heart should be able to perform laborious feats without any apparent discomfort.

But how different are conditions and symptoms when the heart is no longer equal to its duties; when it becomes weak owing to a failing compensation. The symptoms often vary with the degree of weakness. From a slight discomfort on exercise the patient soon experiences more marked disturbances of the circulation with venous stasis, oedema, dropsy and many subjective symptoms. A most careful study of all the factors which may have led up to the primary attack of cardiac weakness should be carefully considered. If it is found that it is due to certain surroundings or habits of the individual or to conditions over which we have no control or that the heart has already become seriously damaged by valvular lesions, etc., a most guarded opinion as to the result of the treatment should be expressed. In younger persons where the lesion is of recent date, where the tissue changes are in the ascendancy, where there is no degeneration of chronic infection and where the cooperation of the patient can be positively secured, the prognosis is more favorable.

In the management of these cases a definite knowledge of the pathology is necessary. A plan must be adopted which will include the most careful and explicit instructions concerning the daily routine of the patient. Even the most trivial matter should demand the physician's attention. Rest in bed is probably one of the most important agents in the treatment of these cases. It is true, patients will frequently object to this. However, appealing to their common sense, convincing them that the heart saves oftentimes from 10 to 20 beats a minute by the resting posture which means a saving of 600 or 1200 beats each hour or from 14000 to 28000

*Read before the Homeopathic Medical Society of St. Louis.

beats in a day, they soon yield gratefully to your judgment in the matter. This agent should be adopted in time. The accumulative strength gained thereby soon helps the other organs to regain their normal function. The nutrition is improved, the venous stasis grows less and the quantity of urine is increased.

After a period of rest, judicious exercise should be resorted to. At the first attempt the physician should be present to observe for himself its effect upon the heart or circulation. The increase in activity should be very gradual, starting with a short walk upon the level, until such a time when sufficient strength has been regained to attempt a slight elevation.

Freedom from talking and excitement at this time is necessary. Stopping short of fatigue is imperative. The slightest indiscretion, over-exertion may destroy the good brought about by weeks of rest. Later, judicious physical culture movements etc. are of benefit. Massage has helped me in these cases. It has increased the quantity of urine voided and added much to the comfort of the patient. It is of course understood that this must be done by a competent person who realizes the danger as well as its advantages. Saline baths are also beneficial; but are contraindicated when the pulse does not show an increased tone but on the contrary, is of a lowered tension.

The diet question is an important one. It is a problem that requires much thought and attention. We should never forget the fact that all the secretions of the organs are changed; both in quality and quantity by the venous congestion due to cardiac weakness. As a result the toxins which are usually destroyed by these secretions remain present in the system giving rise to various sensations such as pain, aches, muscular stiffness, despondency, insomnia, etc.

The patient should therefore not be fed too frequently. Five or six hours should elapse between each meal. A cup of clear broth or hot water may be taken during the interval, if the patient complains of hunger. Proteids are indicated if there is no kidney lesion. Care should be exercised not to dilute the gastric juice too much with fluids during the regular meals. It weakens its digestive power. Meats have acted well as nutrition for these cases. Carbohydrates may be allowed but give rise to too much gas.

Tea, coffee, when allowed should be taken weak. Stimulants well-diluted. Some prefer malt beverages but they usually cause too much distention. Fresh vegetables and ripe fruits are beneficial. Milk acts well for a time, it is preferable to take it warm every two or three hours. When this is not agreeable to the patient it may be taken diluted with some of the alkaline waters. All excesses should be avoided. The use of stimulants and tobacco should be regulated. Sexual excesses should be controlled. Early in these cases I use such remedies as strychnine and inhalation of oxygen. They have undoubtedly added to the comfort of my patients. The bowels should be kept open with such remedies as

sulphate of magnesia, so as to relieve the other organs. Attention should also be given to such liver remedies as Cheledonium, Nux., etc.

For dropsical symptoms with feeble, irregular, rapid pulse, cyanotic condition, and scanty dark urine, Digitalis either in tincture in doses of five drops or the English infusion in doses of a tea-spoonful every hour or two has proven very servicable. Remember it is a slow acting remedy and therefore in emergencies the Digitalin hyperdomically in 1/100 gr. doses may be necessary.

Apocy. acts splendidly in similar conditions. The other remedies to be considered are, Strophanthus, Craetagus oxycanthus, Nitroglycerine, Agar-icin, etc. It would make this paper too lengthy to mention the particular indication for each of these. All the iron preparations should be thought of as constitutional remedies; particularly the combinations with Arsenic and Iodine.

Let me say in conclusion that there comes a time in these cases when the condition is most distressing. The patient cannot sleep or eat and breathes only with the greatest difficulty. The dropsical symptoms have set in and are gradually growing worse. All remedies seem to fail to have the desired effect. In these cases I make an incision near the ankle over the malleolus to allow the dropsical effusion to escape. If this also fails to give the patient relief and rest I administer a hypodermic injection of Morphia. I appreciate its deleterious action on the kidneys, etc. yet, it has oftentimes prolonged the life of the patient by stimulating the heart or giving him at least temporary rest from the living death with which he is afflicted.

2100 Lafayette Ave.

THE TECHNIQUE OF PREPARATION OF HISTOLOGICAL SPECIMENS.

BY CHARLES S. BARNARD M. D.

(Continued from March number.)

PARAFFIN EMBEDDING.

Specimens are fixed in the selected fixitive, washed in water 1 to 6 hours; placed in 60% alcohol, 6 to 12 hours; placed in 93% alcohol 6 to 12 hours; placed in abs. alcohol 6 to 12 hours; placed in xylol or chloroform until transparent, 1 to 3 hours; placed in saturated solution of paraffin, in xylol or chloroform 2 to 3 hours; placed in fresh melted paraffin in water bath or paraffin oven 1 to 2 hours; placed in second dish of fresh melted paraffin 2 to 3 hours. After which they are removed and mounted on blocks of wood.

TECHNIQUE OF MOUNTING ON WOODEN BLOCKS.

Square blocks of wood the desired size are used; strips of common writing paper double the width of the block of wood and of sufficient length to entirely surround the block are glued to the four sides of the block, making a cuboidal cavity the exact size of the block on its top.

A specimen is removed from the melted paraffin and placed in the bottom of the cuboidal cavity (care being taken to place the surface of the specimen from which sections are desired, uppermost); the melted paraffin is then poured in, around and entirely covering the specimen. When the surface of the paraffin begins to harden, the whole is placed in a dish of cold water to insure rapid and homogenous hardening. When cold the paper may be removed, the paraffin and block clamped in the microtome and sectioned, the sections being immediately placed in a dish of warm water which causes them to unroll and flatten out.

STAINING OF FREEZING MICROTOME SECTIONS.

Sections are removed from the 60% alcohol and placed in abs. alcohol for three minutes, when free from water they are removed and placed on a clean slide and pressed flat with a piece of filter paper. Before the section becomes dry a solution of celloidin prepared as follows is poured over it: Celloidin 10.; abs. alcohol 100.; ether 500. Only enough celloidin to form a thin film is necessary, when the celloidin begins to set the slide is immersed in a dish of water. The section is then stained on the slide and stained as a celloidin embedded section.

STAINING OF PARAFFIN EMBEDDED SECTIONS.

On the surface of a clean slide is spread a thin film of albumen mixture prepared as follows: Equal parts of the white of egg and glycerine is beaten to a froth and filtered, a few crystals of thymol is then added to prevent decomposition. A section is removed from the water and placed on the slide, the excess of water and albumen wiped away with a clean cloth. By means of a filter paper, moistened with a few drops of abs. alcohol the section firmly pressed to the slide. The alcohol both hydrates the section and coagulates the albumen fixing the section firmly to the surface of the slide. The section is now treated with xylol and alcohol alternately until all paraffin has been removed. The section is then stained, cleaned and mounted. At no time should the section become thoroughly dry.

STAINING OF CELLOIDIN EMBEDDED SECTIONS.

Sections are removed from the 60% alcohol and thoroughly washed in water stained dehydrated in 93% alcohol, (abs. alcohol softening and dissolves the celloidin) cleared in oil origanum or carbo-xylol, these agents not being so sensitive to water. Carbo-xylol prepared as follows, carbolic acid crystals 1 pt., xylol 3 pts.

STAINING METHODS.

Haematoxylin-Eosin stain prepared in two solutions: Solution A, Haematoxylin crystals 1 grm. concentrated sat. aqua. sol. amm. alum. 300. c c. Solution B: $\frac{1}{2}\%$ Eosin in 80% alcohol.

Method: 1. Stain in sol. A $\frac{1}{2}$ to 2 minutes. 2. Wash in running water 2 to 24 hours. 3. Stain in solution B 3 to 5 minutes. 4. Dehydrate in abs. alcohol. 5. Clear, blot and mount in xylol-balsam.

For general histological and histo-pathological work this stain gives excellent results and can be employed with most all fixtures. The nuclei are stained blue, protoplasm and muscle, deep red, fibrous tissue, a brilliant red and red blood cells a yellowish red.

AMYLOID.

The various reaction for amyloid gives the best results with fresh freezing microtome or double-knife sections. Iodine sulphuric acid reaction.

Method: 1. Fresh sections are washed in water. 2. Treated with dilated Tugals sol 3 to 4 minutes. 3. Washed in water a few seconds. 4. Treated with 1% agus sol. of sulphuric acid. 5. Washed in water and embedded in glycerine.

Structures containing amyloid take on a blue-green or violet color. These sections cannot be preserved as the color rapidly fades.

FAT.

Fat may be demonstrated in fresh teased particles or fresh microtome sections treated with acetic acid 2% which brings out the highly refractive fat granules or by fresh freezing microtome sections stained with sudan iii.

Method: 1. Fresh sections stained in sol. 80% alcoholic sol. of sudan iii, 10 to 15 minutes. 2. Washed in 50% alcohol $\frac{1}{2}$ minute. 3. Washed in distilled water. 4. Stain in alum haematoxylin. 5. Mount and examine in glycerine.

The fat globules take on a bright orange red.

ACCORDING TO FLEMMING.

Method: 1. Tissues are fixed in Flemming's Sol. 2. Wash in water. 3. Embedded in paraffin or transfer to formaline solution and section in freezing microtome. 4. Cover stain with safranin 1 to 2% solution. 5. Decolorize in acid alcohol. 6. Dehydrate in abs. alcohol.

Clear in oil origanum and mount in balsam. The fat is stained black by the action of Osmic acid, the nuclear structures red.

ELASTIC FIBERS WITH ACID ORCEIN STAIN.

Orcein .5 grm; Aqua Dest. 20. c c; Alcohol 30. c c; Hydrochloric acid 20 drops.

Method: 1. Fix in formaline Orths solution or alcohol freezing microtome sections or paraffin embedded. 2. Stain in acid orcein room temperature $\frac{1}{2}$ hour. 3. Wash sections in 60% alcohol. 4. Dehydrate in abs. alcohol. Clear and mount.

Elastic fibers are stained brownish black with this method, the rest of the tissue uncolored. Or the section may be counter-stained with methylene blue or thionin.

BONE.

Bone is best fixed in formalin or Orth's solution and decalcified in sulphuric acid.

VAN GRISSON'S STAIN.

Picric acid sat. aqua sol. 100. parts; Acid Fuchsin sat. aqua sol. 1 to 2 parts. Filter, the stain is then ready for use.

Method: 1. Wash sections in water. 2. Stain in alum haematoxylin rather deeply. 3. Wash in water. 4. Stain in Van Grisson's stain 3 to 5 minutes. 5. Dehydrate and differentiate in abs. alcohol. Clear and mount.

Excess of fuchsin is removed by longer treatment with water, Picric acid by alcohol. Cartilage is stained blue, ostein substance red, bone yellow, calcified portion deep blue.

White fibrous connective tissue and reticulum, in sections stained with haematoxylin-eosin or Van Grisson's stain it takes on a bright red.

MALLROY'S CONNECTIVE TISSUE STAIN.

Three solutions are necessary. Solution i. $\frac{1}{2}$ to 1% solution of acid fuchsin; Solution ii, 1% aqueous sol. of phosphomolybdic acid: solution iii. Aniline blue, sol. in water, 0.5; orange, G. 2.0; oxalic acid, 2.0; water 100.0.

Method: 1. Fix in Zenker's fluid. 2. embedded in celloidin or paraffin. 3. Stain in 1/10 to 1/20 of sol. No. i, 1 to 3 minutes. 4. Wash in water. 5. Stain in sol. ii, 1 minute or longer. 6. Wash in two changes of water. 7. Stain in sol. iii. 10 to 20 minutes or longer. 8. Wash in water. 9. Dehydrate in 95% alcohol. 10. Clear in oil of cedar. Mount. (Fair results may be obtained from tissues fixed in Flemming's sol).

Connective tissue and reticulum stain a deep blue, myelin sheaths and red blood cells stain yellow, protoplasm nuclei and other structures stain red.

3100 Easton Avenue.

Prolapsus of uterus coming on soon after confinement, with subinvolution, a dragging feeling in sacrum, is often relieved by *Alettris farinosa*.

Recurrent chills with persistent cough should make one suspicious of a septic condition of pulmonary origin and often of tuberculosis.

A differential diagnosis between intermittent fever and fibroid phthisis is not always easily made except by the aid of the microscope.

THE OPSONIC INDEX.

BY A. L. BLACKWOOD, M. D., Chicago, Ill.

There has been in recent years no subject in the field of experimental medicine that is of more interest to the physician and especially to the homoeopathic physician than is that of "opsonic therapy." The truths recognized clinically well nigh a hundred years ago by Dr. Samuel Hahnemann and stated more definitely by Dr. Constantine Hering in 1830, are now being demonstrated in the laboratories, as well as clinically, and they add but another modern scientific confirmation to the many already obtained of the truths of Homoeopathy.

Denys and Lecelf in 1895 were the first to call attention to the fact that there existed in the serum of the blood of immunized rabbits a substance that so altered pathogenic bacteria that they were readily destroyed by the leucocytes, and thus established an immunity. During the year of 1902 Professor Wright and his assistant Stewart R. Douglas, of St. Mary's Hospital, London, applied the word "opsonin" (opsono, I prepare the food for) to characterize the substances in the normal blood which combine with the micro-organisms and prepare them for ingestion by the phagocytes. These substances are supposed to be carried by the lymph to the nidus of microbes with which they unite chemically, and then the phagocytes have the power of destroying the micro-organisms, and thus the degree of phagocytosis present is not dependent upon the vitality of the leucocytes but rather upon the measure of the opsonic index in a given plasm.

Concerning the source of the opsonins, but little has been determined apart from the fact that they exist in the blood serum and not in the leucocytes, and that they act upon microbes in such a manner that they are readily ingested by the phagocytes or protective cells of the body. The opsonins are distinct from bacteriolysins, agglutinins and the anti-toxins. The blood serums of man contains opsonins for the various pathogenic bacteria, although up to the present time the investigations have been confined to pyogenic infection, malignant neoplasms and the varied forms of tuberculosis; yet the opsonic index for many pathogenic microbes has been determined, as the streptococcus, pneumococcus, typhoid and the colon bacilli. It is common to employ a mixed vaccine as the colon bacillus and some other organism with which it may be associated in the infection. These are prepared and used successfully in the management of chronic peritonitis, cholecystitis and pyonphrosis.

In a state of health the opsonic index is said to be at a normal level, which may vary from 0.8 to 1.2. When above this a "positive phase" of immunity is said to be present, and when below a "negative phase" is present.

In cases where infection of certain bacteria is present the opsonic index for that particular infection is lowered. This lower opsonic index may be raised, and the infection be overcome by the administration of a bacterial vaccine in definite doses and at proper intervals.

The opsonic index is obtained by mixing with fresh human leucocytes, the serum to be tested and an emulsion of the pathogenic bacteria, to be investigated. After a short period of incubation, a film of this mixture is spread upon a slide, stained and examined under the microscope. The phagocytes will now be seen to contain the bacteria in their substance, and by counting the number of bacteria in a sufficient number of leucocyte computing the average and by comparing this with the number taken up per leucocyte in normal serum, the index for that particular serum and the bacteria is estimated. This work requires a properly equipped laboratory, and an expert in bacteriology, serum pathology and in the preparation of the various vaccines.

The material employed in other than tubercular infection consists of a culture of the organisms causing the infection grown on agar or in broth. In case of the use of the former a suspension of the bacteria is made in normal salt solution. After sterilization by exposure to a temperature of from 65° to 75° C. for half an hour and the addition of .05 per cent. of lysol, this material is known as "vaccine."

In cases of tubercular infection Koch's new tuberculin is employed. The amount administered in many of the cases is remarkably small, from 1-1000 to 1-10000 of a milligram. Before it is administered it is kept at a temperature of 60° C. for one hour that it may be known to be positively sterilized. Following the administration of this there is often an aggravation of the conditions, or a diminished resistance to the organism as is indicated by a decline in the antibacterial power of the blood, a "negative phase." The tuberculo-opsonic index is observed carefully, and no more medicine is administered so long as improvement continues and the patient is in an egative phase indefinitely,

In those cases where the infection is localized the opsonic index for that particular bacteria is low, while if the infection is more general, the opsonic index will fluctuate, being at one time high and at another low. This is observed in cases of acute tubercular infection. In the early stages of a mild tubercular infection it is above normal; in acute cases it fluctuates; in chronic cases and in those predisposed to tuberculosis it is below normal. As a means of diagnosis in obscure tubercular infection it is of great value, and such observations must be made more than once, for if there is a low index it may be normally low, and shows that the patient should avoid exposure to infection; or it may be due to a continuous auto-inoculation as in acute phthisis (negative phase); or there may have been an overwhelming infection. If there is a normal index at each examination, the patient is not infected; if it is high it probably means that infection has taken place and the system is successfully resisting the invasion.

If the disease is general and acute, this treatment must be administered very carefully, or the results may not be beneficial as it but aggravates, but in cases of local infection and in chronic cases it works wonders.

From what has already been stated it must be apparent that these results simply confirm the observation of the homeopathic observers. That the agents employed are those to which the homeopathic school have applied the terms nosodes; which have not been employed as frequently as their importance demands even by their original investigators. While they are not prepared as directed by our investigators, yet their source is identical, and the results obtained are the same as those that have characterized the work of the homeopathic physicians for more than half a century.

The careful observations being made by these modern investigators, the administration of but a single dose, the temporary aggravation or "negative phase" that frequently follows its administration: the injurious effects of too frequently repeating the remedy, a "continuous negative phase," the very small amount of the remedy required in many cases, the smaller the better, all show very plainly the tenets of Homeopathy.

In view of these facts and the many inroads that are being made upon the tenets of Homeopathy by investigators in all sections of the world, it is imperative that the homeopathic profession should arouse itself, come forth and claim the heritage which belongs to it by priority, application and demonstration.—*Medical Century*.

SOME HINTS ON DRUG APPLICATIONS.

BY W. C. ABBOTT, M. D., Chicago, Ill.

PROLAPSIS ANI.

The relaxation of the tissues is quickly but not permanently relieved by ergotin, a grain every hour until effect.

In children's cases it is better to give strychnine sulphate gr. 1/134 or according to age, 3 or 4 times a day.

Here as in all other cases relax connective tissue is slowly but permanently contracted by berberine. Give a child of 5 years a grain daily in divided doses.

It is essential that the bowels shall be kept empty without the use of remedies that cause rectal straining like aloin. Glycerine enemata do well.

The upper bowel must be kept empty by a small morning dose of Saline Laxative.

Piperin has some reputation and may be added to other remedies gr. 1/6 before meals to an adult.

If the stools are dark and offensive give podophyllin toxin gr. 1/12 at bedtime to an adult.

PROLAPSUS UTERI.

If abortion is threatened saturate the patient with macrotin gr. 1/6 every half hour.

The uterus must be replaced and retained there by mechanical support until time has been afforded for the action of berberine.

The relaxed supports will contract normally under the influence of berberine grains 1 to 5 daily for six weeks.

Neither strychnine nor ergotin affords the lasting contraction which is to be obtained from berberine although the former acts more rapidly.

A very good support to the uterus is a ball of wool loosely confined with a string.

A subinvolted congested or otherwise enlarged uterus should be drained for a week with cotton tampons saturated with pure glycerine.

Endometritis should be cured by applying Euarol to the endometrium daily on a cotton-wrapped probe.

Pelvic pains and continuing disease depending often on debility are best relieved by vaginal tampons saturated with sanguiferrin.

The bowels must be kept clear by a moderate morning dose of Saline Laxative.

The antiobesity regime and strict restriction of fluids are frequently necessary, and abdominal supporter is sometimes requisite.

The whole science of personal and domestic hygiene must sometimes be invoked in treating this affection.

PROSTATIC HYPERTROPHY.

The persistent administration of ergotin 3 grains each day, sometimes secures an evident improvement.

In gouty or plethoric persons a useful adjuvant is colchicine gr. 1/134 3 or more times daily.

Acute cases are sometimes benefited in a singular manner by cantharidin in doses of gr. 1/5000 four times a day.

Subacute and chronic forms are benefitted by cubebin and by barosmyn; but the best remedy here is arbutin one grain daily and upwards.

Remove irritation with a sufficiency of arbutin; the greatest benefit then possible comes from berberine grs. 1 to 5 daily; both continues for months.

The bowels must be kept soluble and free by a morning dose of Saline Laxative.

Dark offensive stools demand podophyllotoxin gr. 1/12 at bed time.

Never give aloes in any form to patients with pelvic disease.

Useful depletion may be obtained by throwing into the rectum half a pint of cold, saturated salt solution.

Let me reiterate emphatically the values of arbutin and berberine when long continued the one to allay irritation, the other to contract connective tissue.

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CONCERNING ETHICS.

Complaint is sometimes made of Ethics or the lack of them, of the advertiser and charlatan and the lament made that the man fallen from medical grace and ethics, so long as he keeps inside the pale of the law is none the less a legal practitioner if he has a licence. The suggestion is made that the colleges teach ethics, and in some place we have seen the recommendation given that the embryo doctor be taught medical book-keeping, whatever that may be.

There are and ever will be fads and faddists, and some croakers would have us believe that naught but a college man, *i. e.*, one with a literary degree should be allowed to enter a medical college and seek a medical education, that once entered he should be taught almost every conceivable thing but medicine and its application. Diagnosis is the thing, get diagnosis, though the patient die in the meantime, get diagnosis, be a specialist in surgery, obstetrics, laboratory technique and chemistry, know all the bugs and give to each a name, and above all make a good diagnosis, but as for medicine, "it is not of much value and is of secondary importance."

In other words be a routinist, do this and so because the textbook or monograph says so, and have ethics. Where will you get these? It is right and proper that the young man have a good education and supplement this by good training in a first class medical college, it is essential that he learn all possible of the human body and its ills, it is important, yet equally so that he learn symptoms and diagnosis but more important still he should learn what will cure these ills, and the application of the proper remedy at the proper time, learn something of how to handle a case, and then when all this is accomplished learn some-

thing of ethics. We talk of business and ethics in the same breath and decry the value of the drugs we administer in the next. Is it any wonder that some few of our graduates long for the filthy lucre and go into the ranks of the quack, the charlatan or advertiser?

Character is something that cannot be moulded in a medical school; the time then is past, however much it might have been done sooner, and the student who finishes his education simply as a means to an end will accomplish that end later if desirable, even though ethics suffer. Give us some of the good old days of bedside instruction, where the young student got some information from his preceptor. Where he observed his way, his manner and his medicine, saw them used, saw their action and with a personal interest and actual experience he learned to do by doing. One year's such training is of untold value to any student, and would go a long way toward keeping the profession free from such men as a doctor would not desire in his office, and of such men as we do not care or desire to meet in a professional way.

Love thy neighbor doctor as thyself and do unto your patients as you would desire them to do towards you, is the sum total of all ethics and a short rule to go by.

WHERE WILL HE GO.

The time is upon us when the new graduate of medicine goes forth from the sheltering arm of his alma mater and the close teaching of his professor to battle for existence, fame or fortune among others of his kind and once he secures his legal right to practice the question comes and must be answered:

"Where will he locate?" What will he do, what will become of him? But few will have the opportunity or inclination to spend further time in hospital service and training, the funds are running low, many fields hold out a promising location and a start must be made sometime. Moreover, there is money in the business; has not this young man known of his professor securing large fees for a brilliant operation and has he not seen another get a goodly reward for a consultation and advice he had given just as easily and comfortably, and why should he not go and do likewise?

The location must be made; it will be and then comes the true test of character, the true trying out of the metal of which he is made.

First of all, he is looked upon as a superfluity, an interloper and with no friendly eye by the other physicians of his community, so that no special effort will be made to send him business and as a rule, the first few patients he does get will be cases that no other will attend or that cannot be benefitted by anybody.

As time goes on the wait becomes more laborious. He reflects upon the questions of ethics, sees many of those "old in business" disregard them and bitterness comes to take the place of impatience and discontent. He becomes disgusted if his stamina is not good and under these conditions is it any wonder he makes the sad mistake, one he can never rectify and leaving the path of legitimate practice, resorts to the methods of the fakir and seeks thus to gain hurriedly what he would not wait for with patience.

The college training may be of the best, the new graduate's intentions of the best and his beginning most propitious, but unless he has the strength and resources to stand, to pass by the pitfalls of questionable methods, shipwreck is certain.

The doctors of a community mould the ethics of the new man. Do they do him an injustice, it rankles and sticks. Do they do him a kindness it is never forgotten, though the opportunity to repay it may not appear for many days.

Beginning—any business is not an easy matter, and the adaptation must be made according to the surroundings. Thank fortune medicine is not a business alone, but a high calling, whose greatest reward is the good that can be accomplished. He who keeps this thought in mind, who makes it his guide in the practice of his profession, and works with this thought chief above all others will not long find himself idle nor will he in due time lack for remuneration nor the esteem of his peers in the profession.

OF SERUMS.

Of making many serums there is no end and if correctly reported in the daily press, Dr. Stevenson of Baltimore, believes that in these is the rescue of the race. In time, naught but old age and accident will cause death, but now these serums are too high in price, soulless corporations demand that we give up enough "coin" to pay good dividends and for this reason serum therapy advances slowly.

But there is a way out of this difficulty, our prisons are full and grow fuller year by year, it is possible, so we read to arrange, that this or that man guilty of crime may escape his penalty if he will become inoculated and give up some antitoxine yielding serum for the good of the sick.

Beautiful thought is this? the vagabond is to be made a factor in economics, and the scourge of society is to be made yield a life or at least health giving fluid?

But let us stop, weigh, and consider, it is now well recognized that inoculations of humanized vaccine virus are fraught with great danger of infection and of how much greater danger would be serum inoculations of the same kind?

Animals used for inoculation or to produce sera, are young as compared with the adult man, carefully bred, reared and tested and yet sometimes in spite of all possible care these become unfit for use. How immeasurably greater the risk in use of sera from human beings? Those from the lower strata of society form the bulk of individuals upon whom we would be compelled to rely for material, and think for one minute of the systemic condition of these subjects, look for a moment only at the chances for such persons to be infected or infested with syphilis, consumption, cancer, and kindred diseases?

Think also of the tending to vice and viciousness, insanity, murder, rapine, theft and all manner of crime in these individuals, for if, as we are taught to believe, these can be transmitted from one generation to another it seems reasonable to suggest they may in some measure be transmitted by inoculation.

If we must have serum let us pay the price as we do now, convict life and bodies may be cheaper than that of the animal but we want none of it in ours.

EXPERT EVIDENCE.

Among other things the Thaw case has shown the wide variance in expert evidence. This opprobrium has long rested against the medical profession. It is conceivable that physicians of equal standing and ability will pursue a fairly uniform course in the management and treatment of a stated disease, and that their diagnosis and prognoses will conform fairly well to the accepted facts. If, however, it be a case for expert evidence in a cause of civil or criminal action with great wealth at command, all standards vanish into thin air and it becomes a mad scramble for the biggest fees.

The "hypothetical question" with its ambiguous, prolix, and oftentimes meaningless phraseology is the bait to which the expert rises. He is then no longer the ethical man of science but the trader pure and simple who too often exchanges his ability to conceal and obscure rather than to further the ends of truth as medical science teaches it.

In return he is richer in dollars but unquestionably poorer in self-respect. The Thaw case is spoken of as a "battle of experts." The Duestrow case in our own city will be remembered as such, and on late analysis this description is trite. Medical men are brought into the cast by the opposing sides to study the evidence and appear as witnesses pro and con. It is presumed and rightly so that a man hired by the prosecution to study the evidence in the case can only arrive at conclusions favorable to the prosecution, and *vici versa*. And herein lies the indictment of the medical man as an expert.

Another phase of life shown *ad nauseum* in this most di graceful affair is the utter disregard of morality which is evident in the social degenerates among the idle rich.

Degeneracy, moral and physical, is a certain sequel to the possession of great wealth unless its possessor have mental and moral stamina of a high order. Sociologists and psychologists centuries hence will no doubt be studying the types here mentioned with the same interest as does the student of today the types presented in ancient Rome. In a way they are similar. It is not unbelievable that history may repeat itself and our own be a decadent civilization on whose ashes may be erected a greater and more perfect civilization than the world has yet seen. After all the motto of the Breakfast Food Manufacturer is trite, "Back to Nature."

But we are not the pessimist we seem. The day is within sight, indeed has already dawned when the seal of disapproval placed by the masses is on the kind of life here described. Future historians will note the turning of an epoch in our national life in the present decade. Evidences of awakened conscience are too numerous to be controverted. Commercial, industrial, and social reform will be an established fact, in the accomplishment of which the public press must be given foremost credit, no single factor playing so important a part in the education of the masses to the "square deal."

The scissors editor of the *Medical Sentinel*, Portland, Ore., overlooked one "pertinent point" in his March number. We modestly disclaim any great merit in our little column "Pertinent Points", but if it perchance was worth the clipping it was also worth accrediting to the CLINICAL REPORTER. This was the pertinent point overlooked, he got the rest.

In the recent revision of the Constitution and By-laws of the St. Louis Homeopathic Medical Society, the name was changed to read "Homeopathic Medical Society of St. Louis," and many other changes made that we prophecy will tend to the improvement of the Society. This Society was organized for the purpose to study Homeopathic Therapeutics and the allied sciences of medicine. Did we hear somebody say "disband? or organize a society on broad principles." Have Homeopathic societies served their period of usefulness? Are the principles of Similia, sufficiently inculcated in the minds of all adherents of this school of medicine, or is it that we are no longer ignored and treated with contempt by the dominant school, but recognized and consult with members of our school? Homeopathic Therapeutics and the Materia Medica are far from what one

could desire, and much remains to be done. Who can do this work better and with as much promise of success than a society organized for that purpose. The St. Louis Society has not met with the support it deserves. The officers are doing their duty, but, are all the members? Whatever may be the reason, it should be removed. There is still a great work before Homeopathic Societies. The work demanded is the reproof of drugs with the aid of modern laboratory facilities and the weeding out of meaningless and unaffirmed symptoms recorded in our *Materia Medica*s. A close study of remedies presented according to the Law of Similars and making a careful report of cases to the society. The reading and discussing of papers on other subjects as surgery, gynecology, obstetrics and the Theory of Disease, all offer a wide field for consideration.

New York and New Jersey are in the throes of a law for the Registration of Nurses and Pennsylvania is beginning to be affected. The tendency of the law for the "Registration of Nurses" is embodied in "The Evolution of the Nurse" by Mrs. E. G. Fenwick, in *Outlook*, January 6th, 1906, "*To advance the higher evolution of the trained nurse, the domination of the doctor and the man must cease when he leaves the sick room.*"

Can we call this progress? nay, retrogression. The success of a physician in a given case depends upon the carrying out, to the letter, the instructions and directions given. If we title the nurse R. N. she is given power by State Law to do as she pleases, as soon as the physician leaves the sick room. None of that for us. Such a law seems to border on trade unionism by fixing a certain price \$25.00 to \$30.00 per week, thus making a prohibitive price to over 90 per cent of our families.

The New York State Board of Regents, acting under the so-called law for registering nurses used some of the following questions: "Give treatment of Croup." "Give cause, symptoms and treatment of Rickets." "Describe cholera infantum, give treatment." "State probable cause of convulsions in the newborn, give treatment."

What all this treatment for? Is the nurse to do the treating, or prescribing of drugs? Are they ready to dispense with the doctor in New York? A nurse should know all about aseptic and antiseptic measures necessary and the prophylactic treatment and be able to observe the condition of the patient, and above all know how to *nurse*, which means to nurture, and care for, to further the physical comforts of the patients, and the preparation of the food for a sick person.

There was once a young Dr. named Stein,
Who advertised himself as a Gyn.
Says he, "I've a hunch,
I'll get tubes by the bunch,
Which is better after all than a mine."

MISSOURI INSTITUTE OF HOMEOPATHY.

The meeting of the Missouri Institute of Homeopathy has already been announced through the pages of this and other Journals yet it wishes to again call the attention of the readers of the REPORTER to the Thirty-first Annual Session which will be held at Kansas City, April 23-24-25, 1907.

The first session of the fourth decade should mark a new epoch in Missouri Institute work. With the advancements of the science of Medicine come new questions for consideration and study, and it is incumbent upon every physician, who is an adherent to the system of medicine which has stood the test of a century, or even tentatively adopts its principles in his daily practice, to participate in this meeting, by being present and if not reading a paper at least take part in the discussions. It is the duty of every physician (Homeopathic) to attend these State meetings and by lending his individual strength, in making a stronger state organization.

I hereby extend a cordial invitation to meet with us and if you are not a member make application for membership at this meeting.

Every physician who attends enhances his reputation in his community, and he himself becomes broader minded and better qualified in the pursuit of his chosen profession.

The Bureaux promises to be well filled with papers of great interest and scientific value, hence the guarantee of a profitable session. Fraternally,

GEORGE A. MELLIES, M. D., Pres.

COMMENTS.

COUGH REMEDIES WORTH REMEMBERING.

Ammonium Mur. Persistent cough, tickling in trachea or larynx, dry in morning loose in afternoon and night when it becomes spasmodic, ending sometimes in gagging or vomiting. Stitches in left chest or hypochondrium. Coughs so severe that he coughs up blood.

Ammonium Carb. Cough worse about midnight with asthma about 3 A. M. dry cough like a feather in throat, accompanied by a constricted feeling in chest.

Silphium Laciniatum. Cough loose, expectorates copiously of grayish mucus, asthmatic breathing, worse at night, copious acrid discharges from anterior or posterior nares, causing smarting sticking, sensation in throat and soft palate.

Sanguinaria Canadensis, (Blood Root). Marked soreness and rawness in larynx and under sternum, cough paroxysmal, no relief till some mucus is raised, worse at night, stitches in right chest, and hypochondrium. Later in the stage of catarrhal conditions expectoration becomes yellow or brownish yellow.

Rumex Crispus (Yellow Dock). Cough excited by a tickling irritation behind the upper end of sternum, dry, harsh, shaking, excited by pressure on sternum, inhaling cold air and worse at night, great difficulty in raising a small quantity of thick tenacious mucus.

Hyoscyamus Nigar. Voice husky as of mucus in throat, dry cough, of a spasmodic nature, comes on at night or excited by talking or laughing, during coughing a constricted feeling in larynx. Sensation as if the palate had dropped down.

Yerba Santa (Eryodictyon), the California "Holy plant". Copious quantities of mucus in chest, worse on right side, cough like whooping cough, coming on during dentition in scrofulous children, cough immediately becomes dry after exposure or when a fever develops. Breathing does not become asthmatic like in silphium.

Sticta Pulmonaria (Lung Root). Croupy cough during beginning of influenza, oppression of the chest, hard racking cough, with pains reaching from the sternum to spinal column.

Senecio Aureus (Life Root). Loose cough with copious expectoration of thick, yellow, sweet mucus, often streaked with blood, rawness and soreness in chest, especially when accompanied with delayed menstruation, flushes of heat to head and chest, worse in afternoon and night.

ABSCESS POINTS.

Any sub-maxillary abscess should be carefully examined for a dental origin, and if possible opened either through the floor of the mouth or between the buccal wall and alveolar border. In case of a dental abscess if opened from without a sinus is the inevitable result which when healed will leave an unsightly dimpling of the integument.

In sub-mammary abscess, multiple circumferential incisions will greatly reduce the liability to invasion of the pleura as well as hasten recovery. No single opening however large will drain the affected area so well.

In general the length of the incision in abscess should bear a rather definite relation to the amount of abscess area, in order to secure the best drainage and prevent union of the wound before repair in the cavity.

Aphorisms from Bernay's "Golden Rules of Surgery" "*Remember that if a man has been taking a quart of whiskey per day for years, and you take it away from him suddenly during an acute attack of fever or pneumonia, he will probably die.*"

"In the broken down, avoid cathartics, deprivation of nourishment, and loss of blood by incision."

"Beware of diagnosing any disease of which you have recently read, or have lately seen or heard of."

"Never forget that dribbling of urine in adult life usually denotes the overflow of a distended bladder."

"Remember, a running ear may be often cured by clearing the post-nasal space."

The Surgical department of the Homeopathic Medical College of Missouri, presented the following cases to sections of the senior class during the month ending March 26th: Infected finger, infected wound of lip, circumcisions—five, trachælorrhaphy, amputation cervix, perineorrhaphy, adenoma cervix-vaginal hysterectomy, ventral hernia, herniotomy, fibroma uterus, abdominal hysterectomy, pyloric carcinoma, gastro enterostomy, appendicitis, 3 cases, appendectomy, fistula in ano, incision, intralig. pappilomatous cyst of broadligament, ovariectomy, ganglion wrist-excision, gummata dorsal-aspiration, cervical adenitis, 2 cases-meision, fracture femur-cast, cleft palate, plastic operation, hydrocele, 2 cases, incision.

The Homeopathic Medical Society of St. Louis was well entertained by an essay on "Cardiac Weakness" by Dr. C. J. Luyties, read at the meeting of March 24th. The keynote of the essay was Dr. Luyties' advocacy of right living as the best means for the patient to both support and overcome the condition. The uses of the Homeopathic and Physiological remedies were presented as well. The discussion was general and animated.

The Hahnemannian Quiz Society will give an entertainment in the college amphitheatre on the evening of April 2nd, to which "yourself and lady" is invited. Yourself and Lady will have a mighty good time too, since the program is unusually good (even for the H. Q. S.). The refreshments will be adapted to the weather and the hospitality of the H. Q. S. variety. The evening will end with a dance.

After listening to a report of Dr. Young, Delegate to the Joint Medical Council, the Society voted an appropriation of ten dollars for the campaign uses of the Council. The committee on Essays announced for the next meeting, a paper by Dr. W. John Harris on the Treatment of Syphilis. Refreshments in the form of cake, cream and cigars followed the meeting.

The Practitioners Course in Anatomy given by Dr. J. L. Dryden, is proving very popular. A large class is in tri-weekly attendance. The plan of making the dissections in the presence of the class is a most excellent one. This year's course occupies twelve lectures and demonstrations.

Dr. Fred'k Aufder Heide of Drake, Mo., recently spent a number of days in St. Louis, in the interest of some patients and visiting Drs. F. H. and O. F. Aufder Heide.

Miss Louisa Krauss, widely known as the energetic and efficient superintendent of the Lutheran Hospital, announces her retirement, to take effect June 1st, '07.

Dr. A. H. Schott is about recovered from a fracture of the acromial end of the left clavicle received by slipping on the icy street while alighting from a street car.

Dr. Geo. R. McGee of Eldorado, Illinois, recently in St. Louis on professional business, reports himself as happy and prosperous and looks the part.

Dr. Alice Scott-Hill, formerly of Dubuque, Ia., is temporarily located at No. 1211 Mississippi Ave. She will establish permanent quarters soon.

Dr. E. H. Baird of Webb City, Mo., has just returned from a professional visit to Kansas City. Dr. Baird is Coroner of Jasper County.

SURGICAL SUGGESTIONS.

In an attack of cholelithiasis the vomiting as a rule is not attended by relief of pain; the contrary is true in ulcer of the stomach.

In catarrhal icterus the pulse is usually slow; in jaundice from cholelithiasis this is usually not the case.

Long pauses between attacks of gastric or abdominal pain speak in favor of cholelithiasis.

If pressure in the right hypogastrium gives rise to a referred pain in the shoulder region, the offending area is probably the gall-bladder and not the pylorus.

If a patient vomits coffee-ground material in which no lactic acid is present, one can almost always exclude carcinoma.

A sudden desire for sharp, sour and spicy articles of food in a middle-aged or elderly person is often the first symptom of a beginning gastric carcinoma.

In persons of middle age presenting gastric symptoms, the diagnosis of cancer should not be excluded because the symptoms have had a sudden onset. Such an onset occurs in a fair proportion of cases.

In cases of run-over by vehicles, if the wheels pass over the trunk from right to left the liver is the organ most commonly ruptured, whereas, if the wheels pass from left to right the spleen is more frequently injured.

Fracture of the outer end of the clavicle may follow a fall upon the shoulder. Unless one makes a careful examination such a fracture may escape observation or be mistaken for a dislocation of the outer end of the clavicle, with which condition, indeed, it may be associated.

Shortening of the shoulder, as measured from the sternal end of the clavicle to the acromion process, is significant of fracture of the clavicle.

Large, slowly growing, slightly movable abdominal tumors near the median line, causing few symptoms and not accompanied by signs of malignancy, are suggestive of mesenteric cysts.

In differentiating between gastric ulcer and gall stone pains, the association of a chill usually point to cholelithiasis.

If an undoubted case of ulcer of the stomach is associated with chills, in most cases it means that the ulcer is adherent to the spleen.—*American Journal of Surgery*.

BOOK REVIEW.

MANUAL OF CLINICAL CHEMISTRY by *A. E. Austin, A. B., M. D.*, professor of Medical Chemistry and Toxicology in the Medical Department of Tufts College, Boston.

There are in use three classes of text books which the teacher in chemistry must take recourse to, in teaching medical students.

The so-called *Medical Chemistries*, which are largely encyclopedias containing a brief resume of some things which are of some interest to the medical man and many which are of no practical value and very little that pertains to true animal chemistry. These works form the transitional stage from the organic and inorganic chemistry to the more modern applied *Physiological Chemistry*, which, however admirable in their scope are almost wholly scientific, and more adapted to an academic than a medical education. Though they contain a mine of useful facts yet a small proportion has any connection with medicine.

The third group includes an excellent collection of works which give one the modern methods of analysis for clinical purposes with the inferences to be drawn from the presence of abnormal constituents of bodily secretions both bacteriological and chemical, but with no reference to the principles on which these deductions are based, in other words, works admirably adapted to the needs of a skilled clinician who is supposed to possess a complete knowledge of the fundamentals of physiological and pathological chemistry, but a maze of mistification to the untrained student. The engineer must understand the intricate parts of his machine, so the student must understand the animal organism, the chemical processes taking place in it, the manner in which these parts are removed and replaced after having served their function.

The author has compiled the practical parts of the three into one, that all may be of value to the student of medicine and the medical man in his bedside work. It offers an interpretation of the laboratory findings of such a character that he may learn quickly not only the result it presages but why it does so.

Published by D. C. Heath & Co., Boston, Mass.

SEX AND SOCIETY. *Studies in the Social Psychology of Sex*, by *William I. Thomas*, Associate Professor of Sociology in the University of Chicago. This work appeared first in serial papers published in several journals when the demand became so great for a compilation of the articles that all were either revised, rearranged or enlarged, and published in book form. Mr. Thomas gives many interesting views on this subject and is well worth perusing and reflection.

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The Annual reunion and banquet of the New York Homeopathic Medical College and Hospital is to take place the evening of May 16th at the Waldorf Astoria, New York. Dr Chas. Francis Adams, President and Dr. L. L. Danforth, Toastmaster, together with an active Board of Directors are arranging an especially fine program. The Association now numbers over seven hundred members and we expect nearly that number to attend the Annual Alumni Day exercises at the College May 16th and the banquet the evening of the same day.

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PERTINENT THOUGHTS.

The epidemics of la grippe which have made their annual onslaughts for some years, have taught us that this disease, once considered of no serious consequence, is so dangerous and difficult to treat, that any suggestion regarding medication is always gratefully received.

With each succeeding visitation of this trouble, we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging action of skin and kidneys, with possibly minute doses of blue pillor calomel. We have found much benefit from the use of Antikamnia and Codeine tablets in the stage of pyrexia and muscular painfulness. This tablet, containing $4\frac{3}{4}$ grs. antikamnia, and $\frac{1}{4}$ gr. sulphate of codeine, is a sedative to the respiratory centres. In the treatment of la grippe and its sequel, its value is highly esteemed. In diseases of the respiratory organs following an attack of la grippe, pain and cough are the symptoms which especially call for something to relieve. This combination meets these symptoms; and in addition, controls the violent movements accompanying the cough. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. Exhibited in the grinding pains which precede and follow labor; in the uterine contractions which often lead to abortion; in the various neuralgias, and in all neuroses due to irregularities of menstruation, this combination affords immediate relief. In these last conditions, always instruct that tablets be crushed before taking.

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These facts strengthen the testimony of worth which has maintained Vin Mariani before the medical world during the last half century.—*The Coca Leaf*, May, 1905.

CLINICAL REPORTS OF THE NEW HYOSCINE MORPHINE AND CACTIN ANESTHESIA.

I gave the hyoscine, morphine and cactin compound a trial today in a case of locomotor ataxia of three years' standing, in which three grains of morphine (hypodermically) had no effect. This patient had been using morphine for more than nine years, had not had any morphine for eighteen hours previous to the hypodermic injection of the hyoscine, morphine and cactin compound, and thirty minutes after injection there was complete surgical anesthesia. F. V. DOTTERWEICH, Ashland, Ohio.—*From The American Journal of Clinical Medicine*, Feb., 1907.

Since using the hyoscine-morphine and cactin tablets in a number of different cases I would not be without them. They are valuable in obstetrical as well as surgical work, and in many other cases where morphine or hyoscine is needed. The hyoscine prolongs the rest so well in pain cases that a second dose of morphine is not needed nearly as often. J. W. ROBINSON, McCammon, Idaho.—*From The American Journal of Clinical Medicine*, Feb., 1907.

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Number 5

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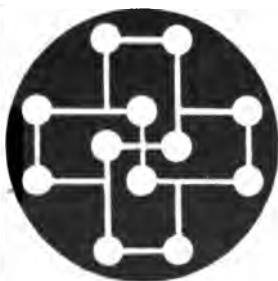
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Vol. XX.

MAY, 1907.

No. 5.

Original Articles.

PRESIDENTS' ADDRESS.

MISSOURI INSTITUTE OF HOMEOPATHY.

Kansas City, April 23rd, 25th, 1907.

G. A. MELLIES, M. D.

Members of the Missouri Institute of Homeopathy.

My first word must be expressive of the appreciation I entertain of the compliment you have paid me, by virtue of which I am occupying this conspicuous place today, the highest honor in your power to confer, that of being the President of the Missouri Institute of Homeopathy. It is by custom that I am giving this address this evening, and if your vote were invited I am certain you would say be brief; and brief it shall be.

Whatever success this Thirty-first session of the Missouri Institute has and shall enjoy must be attributed to the indefatigable efforts put forth by your committees, bureau Chairmen and the never tiring General Secretary. Whatever I may have added has been done with the greatest of pleasure. I wish to express my appreciation of the hearty co-operation I have always found on the part of individual members, who desired that this session should go down in history as a successful one, and also to the local Committee of arrangement in looking after the comforts and pleasure of our visiting members. I take this opportunity of thanking these individuals, and I am certain that you will join me in "rendering to Caesar that which is Caesar's."

As I believe that the object of the oration or annual address, was to give such members as might be selected, full license to choose their pet subjects and display their elocutionary and oratorical powers through all

graduations from a Booth to a barn-stormer, so I conceived that the object of the presidential address was to consider those things of vital interest to the Institute itself. We are the representative Society of our chosen faith in the State, and as such our interests are two-fold; first, as regards to those matters of general interest to the whole profession, and second, those pertaining more especially to Homeopathy. The old adage "In union there is strength" was never better exemplified than in the great industrial and commercial undertakings of the day. Organization and co-operation have become synonymous with progress and reform. They dominate every successful enterprise and should be the ultimate issue of any great project—the means to a desired end. By them great armies are moved as a unit, and victories won. By them the entire nation is brought within the grasp of organized capital. By them industrial unions and combinations of labor have been formed which will soon defy all the efforts of corporate power to disrupt. By them great religious denominations have become an immense power for good in the spread of the gospel and teaching of christianity throughout the entire universe. For the medical profession, organization and co-operation are no less beneficial and imperative, but partly from modesty and partly from indifference we have been tardy in taking advantage of these powerful forces, so quickly recognized by commercial and industrial bodies.

It is time for an awaking, to take advantage of organized medical activity, for professional advancement and public good. There are about 15000 Homeopathic physicians in the United States and perhaps one-tenth are members of the American Institute of Homeopathy. In our own State there are about 400 physicians who are followers of Hahnemann, and less than one-third are members of our Institute. With an organization of 15000 members in our national Society, a tremendous influence could be exerted which is impossible now, and an equal quota in our State Institute is essential for State recognition of our rights and privileges. To this end every reputable Homeopathic physician in the State should have his name enrolled, not only enrolled but become an active working factor in the same.

The time is at hand when the physician will find it not only essential to his social position and material welfare, but a necessary requirement for his professional standing, that he be a member of his local as well as State Society, especially is this true of the younger practitioners, who require the council, goodwill and encouragement of the older and experienced members of the profession.

The needs of this Society is organization, a better working basis and to increase numerically the membership of this Society, with this end in view I would recommend that an amendment to the By-Laws of your Institute be adopted, providing for the appointment of a membership committee. The work of this committee becomes effective only after having thoroughly familiarized itself with its peculiar duties: I therefore recommend

that the members be appointed for a term of two years, the committee to consist of six untiring, generous and self sacrificing members, and that three be appointed on alternate years. It is not necessary to suggest that the necessary expenses for stationery and such be carried by the Institute. The efforts of this committee should be to induce every reputable physician who is an apostle of our faith to join our Institute. By successful work of this committee, the work of the Legislative Committee would become more effective. This committee has worked persistently and under the most adverse circumstances, if no great good has been accomplished, it has doggedly worked to prevent any legislation directly antagonistic to our school. While the work of this committee must be, in unison, in some degree, with the Committees of the State Medical and State Eclectic Societies in matters of general medical legislation, yet our committee should exercise diligence and watchfulness to make an effort to have enacted legislation tending to remove the discriminating evil in the appointment of medical men of only one school of medicine, to our State Eleemosynary Institutions. This committee has worked unceasingly through its capable Chairman, yet without compensation for expenses incurred, I therefore recommend that the Institute devise ways and means to defray all legitimate expenses this committee may be put to in the future. The labors of this committee are unpretentious as they are tremendous. Not every one is suited for this special kind of work, however, and those endowed with good legal sense and political tact, with a never failing good nature, are always the most successful. A few such this society can boast of: my plea is that more members develop themselves in this specialty.

The Interstate committee of the American Institute of Homoeopathy expects the various State Societies, with which some of the States have already complied, to appoint active working delegates upon whom they may call for at least a full knowledge of all legislation, state and municipal. The indefatigable chairman of this committee Dr. Custis, has been working hard for a practical reciprocity between the licensing boards of the different States. The object is to protect our students from whom we require such rigid examinations, against the inroads of Osteopaths, psychomedico physicians and the greatest fraud ever perpetrated upon humanity, by that sect, self-ignorance — confessed of any disease or the laws and conditions of the human body: that sect going about with the pretence of being able to heal the sick of diseases they know nothing of or even deny the existence of, yes, even pretending to be able through prayer, to grow an arm where nature failed to place one, claiming to be the disciples of Him who said "freely ye receive freely ye give" instead demanding a stipulated fee for their incantations and the reading of a few scripts of Mary Baker Eddy, under the mis-nomer "Christian Science", not to interfere with the method of practice of any one, but simply to demand that every person, who presumes to make a diagnosis of disease or attempt to treat or give

advice to the sick, with the hope of bettering their condition shall be held as subject to all the responsibilities assumed by graduates of our chartered medical colleges and licentiates of our examining boards. We solicit from unselfish motives the enactment of rigid laws for our students, and the overt subversion of these laws as being attempted by this class, that has acquired remarkable legislative strength and maintained lobbies at our state legislatures, makes it imperative that we wake up to the situation. Such matters are being considered by our Interstate Committee. The matter of Medical Education has not received the attention and consideration it should receive by this Institute. The problem has been left in the main for colleges to solve, but it should by right come before each individual State Society, as that is the proper body to voice sentiments and mould the general subject because each resident physician of our chosen state should have a vote as to the necessary requirements of him who would be his competitor or co-laborer.

The Homoeopathic Colleges through the Inter-Collegiate Committee of the American Institute of Homoeopathy were the first to adopt by twelve years and make compulsory, a three years course, requisite for graduation and the first to provide a four years course. Thus it is easily shown that Homoeopathic Colleges have always stood for advanced education and especially the Medical Education of its graduates. The condition of our State and its cosmopolitan inhabitants makes it imperative that the absolute prohibitive requirements, fostered by the A. M. A. will prevent many a worthy young man or woman of limited means to obtain a four years High School and one year in a school of arts, and then spend four years in a medical College, necessary to receive their license to practice medicine.

While I believe in the present preliminary requirements for matriculation, I believe it is of vastly greater importance, that the student receive a thorough education and training in all the branches that pertain to the practice of Medicine, as Anatomy, Histology, Pathology, Bacteriology, Medical Chemistry, Toxicology, Physiology, Etiology, Sanitary Science, Surgery, Gynecology, Obstetrics, Therapeutics and Practice of Medicine, Materia Medica, and Drug proving, but by adopting the requirements fostered by the A. M. A. will do more harm than good, it will tend towards fostering, faith curists, magnetic healers, etc, and compel many worthy young men to seek other fields of occupation, instead of being able to secure a medical education. The attitude of our institute towards medical Colleges has for the most part been an indifferent one, this is not as it should be. We have within the borders of our State two Homeopathic Medical Colleges whose reputation has always been beyond reproach, and have maintained the highest standard attainable. From their portals have gone forth men who have attained success in the field of Medicine, and Surgery, second to none, some have gained fame in their chosen profession as writers of medical works, as editors of Medical

Journals and leaders in the profession in their respective communities and internationally, while we are interested in Homeopathy, particularly in this State, we see the need of a much larger number of physicians of our school, the demand cannot be supplied. A graduate from either of these Colleges is qualified to practice, compete with any other, and if he says to himself "I will," success is his.

There are plenty of opportunities for bright, energetic, industrious young men in our State, and the field of medicine offers a field of usefulness, of the practice of virtue and of charity; one of the noblest of professions. What would you rather have, a fellow practitioner of your own faith, or one who is not in sympathy with your system of practice? You need not answer, for I can divine your answer. Then gentlemen it devolves on you to help fill the ranks with men well qualified in every department of medicine and a special knowledge of Homeopathic Therapeutics. Send worthy men to these colleges in your own State, you will do yourself a service thereby and show your loyalty to home industries and institutions and a true disciple of the reformer in medicine. The teachers in our Colleges are working for the interest of Homeopathy, by sacrificing time, money and physical comforts, you can do your part by sending students.

A few years ago there was under the care of physicians of our school the largest Insane Asylum in the State, and while under our care the record was beyond reproach, the success and superiority of our treatment was noticeable within a very brief period of time, and offered more hope for the unfortunate insane. At present we are compelled to send our insane patients to institutions, either outside of the State or to where they do not get the beneficent and humane treatment that the Law of Similia offers and should have.

Realizing the importance of an institution of this kind in the State, I suggest that a committee be appointed to canvas the situation, gather statistics and possibilities that may offer encouragement for the erection of an insane asylum to be exclusively under the care of Homeopathic physicians. By the organization of a stock company, governed by a directorate of physicians and laymen of business acumen whose interest could be secured in a move of this kind, I suggest that a corporation of say \$50,000.00 capital divided into 5,000 shares, par value \$10.00 be organized. By co-operative work a sufficient amount could be secured to erect an institution that would be the pride of the State and a monument to Homeopathic integrity and unity, and above all to the Missouri Institute of Homeopathy. "Great oaks from little acorns grow."

The Science of Medicine is and ever must be a progressive one, when we look back and consider the history of medicine, we see many theories that were fostered and nourished until placed to the test and then discarded for something new, yet many of those following a certain definite law or rule, borne out by scientific experimentation have become of inestimable

value to humanity. Progress all along the line, perfection of means of Diagnosis, perfection of operative technique that was considered impossible a few years ago. Asepsis and Antisepsis have become the "*sine qua non*" in Surgical work. Advancement in the field of Bacteriology has been marvelous. Bacteriologists have been rather slow about it, at last have decided that this earth is altogether an insecure place for human inhabitation. This too when spring is on the wing and all life is a twitter at the call of love. They have taught us of the dangers that lurk in the air we breathe, food we eat, and the water we drink, and yet here they are, running us into hourly dangers of destruction, but specifying and particularizing in a way to keep even millionaires in terror. One London professor has counted 16,500,000, microbes on the skirt of one of their elegantly dressed wives. That may be true as to "dear old Lunnun," but what Bacteriologist would dare to announce such a discovery in America, as to our wives, it is impossible, we resent the inference. This shows how we are becoming demoralized in a way by these scientific discoveries, we fancy:

'Tis not in money nor in land
That life its happiness reveals;
It is in dodging microbes and
Assimilating three square meals.

The discovery of Toxines and Anti Toxines has become of inestimable value in combating and cure of certain diseases. The more recent discovery and the perfection of the technique of determining the Opsonic Index, and utilizing such as a basis of cure, is causing a great deal of discussion, a flutter and suppressed excitement among the old school, yet we find in literature of a half a century ago, the application of the remedy on the same basis as now discovered and perfected on a Bacteriological basis. The greatest discovery and perfection, and the development of a scientific fact, that has changed the complexion of the entire system of Practice of Medicine, took place some hundred years ago, and that is what caused the formation of the two dominant schools of Medicine. The one school, saturated with Therapeutic nihilism, and empiricism, the other, following along a definite line of research, guided by an unfailing law of Therapeutic application of its remedies to disease, also assimilate any discovery that may lend to the advancement of "the greatest good to the patient".

In the last few years a great deal has been said and written about the amalgamation of these two schools of medicine. If the old school would accept our therapeutic law and recognize its validity and practice accordingly, we will accept their system of collateral aids in the advancement of the patients good, Bacteriological and Pathological theories, etc. The A. M. A. has assumed a new position in regard to Homeopaths in permitting them to join this august body, while the lesser lights, the State

Societies of the old school are holding out the "olive branch", to members of our school, though with the distinct understanding that we can practice as we believe but we must not preach what we practice, deny your faith and cease to be a Homeopathist. What grand inducements to submit to such benevolent assimilations. At the meeting of the Massachusetts Medical Society, May 26th, 1906, the subject of "Medical chisms", was discussed in a paper read by Dr. Frederick Shattuck, chief of the department of Medicine, Harvard Medical School, followed by a paper by Dr. Frederick B. Percy, Professor Materia Medica, Boston University School of Medicine (Homeopathic) and discussed by Dr. R. C. Cabot on the part of the Regulars and Dr. Wesselhoeft for the Homeopaths. Dr. Cabot said "I feel sure that when we come together it cannot be by wholly giving up the spirit of either movement. No process of agreement can ever come about in that way. There always has to be maintained something of the spirit of that which was before". Dr. Wesselhoeft said: "The lapse of time has tended more and more to separate these two views concerning the existence of what we may call the curative power of drugs, and notwithstanding that there is unquestionably an affiliation or an approach in general practice between these two divergent tendencies, there is yet this wide division of view that can never be reconciled so long as we do not deliberately set about testing these facts under the most rigid, the most scientific and equitable conditions. We must positively abandon all the old facts and deliberately set about to create new ones, and these new ones under rules that shall be recognized as scientific by the entire profession and that shall govern a method of observation, open to every doubter, every believer."

The social and professional ostracism on the part of the regulars against the Homeopathic profession has been found to be inadequate to bring the latter into line, so at the present day an entirely opposite position is assumed. While physicians of our school as a class do use other means and measures in treating the sick, outside of the dynamic remedy, it is claimed by the dominant school, that these two schools are coming nearer together or alike, let us view the relation to each as fairly as possible. As far as the law itself is concerned, as such, you will agree with me we are not any nearer together than in Hahnemann's time. We believe the Law of Similars to be true, or we are not Homeopaths, and it would be becoming to resign from this Institution and no longer sail under false colors. Regarding the old school it may be fairly said that they do not regard the law of Similars as valid, and that such good as they have derived from us has been appropriated empirically precisely as has been done since the time of Hippocrates. What has happened to cause it to appear that the schools are closer together, and to which end we should have great care not to interpose the slightest obstacle? The old School has modified its dosage, and withdrawn much of the senseless antagonism that will never right a wrong in Ethics or Science. They are

with "a turtles pace," correcting these wrongs, and are fair enough to their sick to appropriate with astonishing rapidity our remedies as well as dosage, although empirically. How could it be Homeopathically as long as they do not recognize our Law? Yes we are coming closer together and "the wind bloweth where it listeth" too, let us not close our eyes to facts; and the prophesy is apropos, that in our zeal to oppose the old school we may find ourselves fighting the "battle of Kilkenny cats," or worse find ourselves fighting the cause we mean to espouse. The time seems rapidly approaching when the Law of Similars will in some form or other become irresistible, and the two schools become one, the same in belief as well as purpose. May God speed the day when proof or disproof shall have scientifically wiped away the barriers beyond the shadow of a doubt, all of which is certain to come, if the Law of Similars is proved irrefutable. Dr. William Osler's address before the Medico-Chirurgical Society of Baltimore, April 21st, 1905, bespeaks the greatness of the man. In his address "Unity, Peace, Concord" he says "I admit the original mistake was ours." Let us have unity, and his parting word resounding throughout this broad land, was charity. He pleaded for Unity and Charity but said nothing about Liberty. Are we quite ready for amalgamation that all who are engaged in this noble art of healing the sick should long for? Our code of Ethics has ever been liberal, and ever trying to live up to our motto "In certis unitas, in dubiis libertas, in omnibus caritas." Let us be frank with ourselves in viewing the present position of our own school, to demonstrate that the deflection toward a common ground of practice, has also been shared in by the party of the second part. Ethically we have not deflected from our position, unless that we as individuals perhaps seen readier to affiliate with old school societies. Their bars down, with nothing to prevent practicing and believing, as we choose, nothing should prevent fraternizing, believing, studying and practicing as we believe, provided we are positively on even footing, allowed equal advantages for investigation in college and laboratory, and in short, have not "sold our birthright for a mes of potage." What have we done to make it appear that the two schools are rapidly coming together? Ambitious and zealous to keep up with the rapid strides that the old school particularly have been making in the collateral subjects and while drifting into specialties as practitioners we have been lamentably neglecting our Materia Medica and Homeopathic Therapeutics. Do you see "the handwriting on the wall"? Surgeons, Oculists, Rhinologists, Laryngologists, Dermatologists, Internists and Genito-Urinary Specialists have found much to interest them and to benefit their patients by in the mechanical, antiseptic, hygienic and dietetic fields that are being so industriously developed; perhaps not intentionally ignoring the value of Homeopathy in the treatment of their cases, while engaged in such nonconflicting collateral work, yet I make bold in contending that study and investigation has been diverted to a very great extent. I am

justified in stating that our surgeons and specialists are as good as the best in the world, but I do claim that the rapid evolution of modern medicine, with its collateral subjects has undoubtedly interfered with the development of Homeopathic Materia Medica and Therapeutics; and as such, have unwittingly deflected towards a union of the two schools of medicine, the recommendation then that we devote more time and energy towards the proving of the faith that is in us is quite appertune, or a benevolent assimilation may result in the loss of our identity. Do encourage in every way the proving of drugs in order to help in making the Science of Homeopathy irresistible, or if possible, to prove its fallacy. Huxley declared that "*science warns us that an opinion which outstrips evidence is not only a blunder but a crime.*"

While the race continues to exist our profession must be one of the most necessary, responsible and honorable in Society. Our mission is to prevent, to cure, or to alleviate the suffering from casualties and disease: thus, must invariably mould the character of the profession, by bringing us into nearer relationship and into closer and more intimate sympathy with our fellow men. Our highest ambition should be to qualify ourselves to render them the best and most effective service possible in our day and time and if it may be, to promote a yet higher degree of efficiency in our successors. Every vocation should be a religion, and surely no vocation more so than that which concerns itself with the sanity of the body and the resultant sanity of the mind and soul of humanity.

2339 Cass Ave. St. Louis.

Viva La Homeopathie.

SURGICAL HINTS.

In fractures near the elbow-joint there is no longer any routine position of the arm. The aim should be to use that position which will promote the best approximation of the fragments.

A large proportion of revolver wounds remain uninfected if dressed immediately and not explored until the patient has been placed under aseptic surroundings.

X-ray burns will often heal with remarkable rapidity under a simple dressing of the white of egg, this seeming to promote healthy granulation.

One of the characteristics of headache due to frontal sinus disease is that it is most intense in the morning, as the patient's position in bed prevents the free escape of secretions and thus increases the pressure.

Small wounds on the back of the hand, if infected, are rarely followed by tendosynovitis, as is so commonly observed in injuries of the palmar surface. On the other hand there is a greater tendency to the development of a rapidly extending lymphangitis and lymphadenitis. Hence the necessity of prompt intervention.—*International Journal of Surgery.*

PRIMARY SYPHILIS, MODES OF INFECTION, AND RELATIVE FREQUENCY OF
ILLICIT AND INNOCENT SYPHILIS.

W. JOHN HARRIS, M. D., St. Louis, Mo.

PRIMARY SYPHILIS:—Caused by a break in the continuity of tissue and by the absorption of a peculiar virus into the circulation; resulting, in a poisonous sore at that point.

It may appear any where on the body, but what causes it? That question has puzzled many wise men, yet many that were not wise have found by experience what Syphilis means.

*Though numerous claims have been made for the discovery of micro-organisms that stand in causal relation to the disease, its etiology is still unknown.

Of these claims, the one that has received the greatest consideration is that of Lustgarten.

He described as the cause of syphilis an organism that he had discovered microscopically in the primary sore, in the secretions of syphilitic ulcers, and in other syphilitic lesions.

This organism is a bacillus possessing many of the characteristics of bacillus tuberculosis, and evidently belonging to the group of which the tubercle bacillus is the most important member.

In many respects it is identical with a bacillus, morphologically like it, that is commonly present in the smegma from about the prepuce and labia, it likewise has peculiarities that are common to bacillus of leprosy.

The four organisms mentioned—viz., bacillus tuberculosis, bacillus smegmatis, bacillus leproe, and bacillus syphilidis are distinguished microscopically from one another by particular processes.

The so called "syphilis bacillus" has not been isolated in culture, nor has the disease been reproduced in animals by inoculation with secretions from syphilitic ulcers, or with bits of syphilitic tissue.

Lustgarten's claim rests simply upon the finding of this organism in syphilitic lesions by microscopical methods.

Though certain other observers have confirmed Lustgarten's observations, a great many more have failed to detect the organism after careful search through the most promising materials.

There is therefore considerable room for doubt as to the causal relation of this organism to syphilis.

Probably there is no subject that will more severely try the patience of the medical attendant, than that of trying to account for the origin of primary syphilis in those persons who deny venereal origin.

"Whereas the Simple chancre, and gonorrhoea are practically always venereal.

*"Hygiene of Transmissible Diseases"—Abbott.

Extra genital Syphilitic chancres occur in the proportion of from eight to ten per cent; in the mouth on the face, hands, abdomen, and thighs."

The majority of cases of primary syphilis are undoubtedly due to sexual congress, yet in those cases where such relation is denied by the individual, it is well to have in mind that primary infection is often brought about in many other ways.

In those cases where it is not, or cannot be positively diagnosed it is well never to lose sight of the possibility of syphilis, especially as the farther we go, the wider becomes the domain of the disease.

How many new provinces has it not invaded during the last twenty-five years? The larynx, eye, lung, kidney, liver, arteries, heart, brain and spine.

That primary syphilis often goes unrecognized, there can be no doubt, since the chancre may be small, superficial or hidden away beneath the prepuce, it may be of short duration, and really be gone before the patient has had his attention directed to it.

"In women, owing to the anatomical arrangement of their genital organs, it is; one might say, the rule for it to pass unperceived."

This being the case, one can readily understand how the disease may be spread, not only unintentionally, but often without the first person recognizing that he or she may be giving the disease to the second person.

Probably ninety per cent of all cases of Syphilitic chancre, are venerea in their origin.

Of the various other modes of transmission, it is at times very difficult to say just how the disease has been transmitted, but certainly extra-genital cases occur more frequently than is generally supposed.

Many times physicians and mid-wives contract extra genital chancres, from inoculation of the poison in abrasions on the fingers, by hang nails, etc.

One such case I remember where the physician contracted a chancre in this way, he did not recognize the nature of the lesion and gave the disease to his wife, who developed a syphilitic iritis, resulting in adhesions, rupture of the ball, and eventual total enucleation.

Cases of unsuspected syphilis are undoubtedly quite common, and I believe are more frequent among women than men.

I do not refer here to those cases, and there are many, who deliberately try to deceive their medical attendant, but to those who really do not realize that they have the disease.

This being the case then, one can readily understand how the disease may be conveyed in an innocent manner, and the contagion often take place outside the genital sphere.

With the great majority of people, syphilis is considered as purely a venereal disease, where as a matter of fact it is far less so than gonorrhoea.

One writer claims that extra genital syphilitic chancres occur in the proportion of from eight to ten per cent.

Unsuspected syphilis is not rare among medical men themselves. I

have a case in mind now where the physician contracted syphilis, and had a chancre on the finger, but did not recognize it until his wife had the disease, was suffering with syphilitic rheumatism.

Modes of infection:

Venereal, by kissing; by using utensils that are infected, spoons, forks, knives, etc., by inoculation of blood with other secretions.

I know of no means of finding positively the percentage of cases of innocent syphilis, owing to the fact that patients frequently deceive their medical attendant as to the manner in which they acquired the disease; but from my own experience, I should be inclined to estimate the innocent cases as eight per cent.

A year or two ago I had under my care a child of four years who had contracted a chancre in the mouth from a pipe that had been carelessly left on the table by a relative who was suffering at the time with an extremely virulent form of syphilis.

The child presented a typical course, enlarged glands, papular eruption lasting several months, and an iritis, all of which finally yielded to syphilitic treatment.

These cases call for very careful management, in the family, or the physician will unknowingly be the cause of family separations.

It is most advisable and absolutely essential that the medical attendant give the most positive instructions to syphilitics to refrain from kissing any one, especially young children, as I am sure the disease is often conveyed in that manner; they must also be warned against allowing any other person to use the same spoons, forks, knives or other utensils, before having them sterilized. On the other hand, those persons whose duty it is to attend to syphilitic patients, should be instructed to use the utmost precaution, see that there are no abrasions on the fingers, or any point where the poison may effect an entrance and cause infection.

The infection by vaccine virus I regard now as extremely rare in comparison to former years, especially since the introduction of vaccine put up in hermetically sealed tubes. I had one such case twenty-two years ago where the child had been vaccinated at the dispensary (city) and finally died of malignant syphilis after several months' of intense suffering.

The treatment of syphilis is usually confined to the administration of mercury, in one of its many forms, or in combination with iodide of potash, yet there are often cases that neither of these drugs, given singly or in combination, do any good, for that reason I call attention to some of the other medicines that may be called for besides simply giving mercury.

The usual way of administering the mixed treatment of mercury and potash by the stomach will doubtless be used in the majority of cases but very frequently giving the — iodine hypodermically will be found by far the most satisfactory plan. It does not derange the stomach and its action is much more prompt when given in this way. The syrup of hydiodic acid is one of the most satisfactory methods of bringing the system under the influence of iodine in a comparatively short time.

Nitric acid must not be forgotten especially in those cases where mercury can not be taken, or fails to do any good. Hydrastis Mur. is one of the most important remedies in syphilitic sore throat, with swelling and difficulty in talking or swallowing.

Second to no other medicine will often come in Hepar-Sulph — when mercury appears to aggravate the symptoms.

Stillingia Sylvatica—where there are chronic symptoms of bone lesions and severe muscular pains.

Phytolacca — for the sore throats, characteristic eruptions, with a debilitated condition of the entire system.

Mezereum — especially in those chronic cases accompanied with eczematous eruption of the scalp.

Corydalis, Tinct. in 10 drop doses four times daily for nodes on the Tibia.

Guarala—for caries of bones and paralysis. Passiflora Incarnata for paralysis.

Hecla Lava. (Triturated Lava) for caries, and in cases of exostoses.

Aurum Metallicum and Chloride, and Arsen Iodid, should also be remembered.

Baths, and in some cases the Hot Springs, will greatly add to the elimination of the disease and the medicines also, especially when large doses of mercury are being given. I am not in favor of giving such enormous doses, however, as is done by the physicians at Hot Springs.

AN ANNUAL VISITOR.

We have just past through our annual epidemic of la grippe, which as usual, claimed its victims among all classes and conditions, mainly, however, among the classes where the resisting power was below par, or among sufferers from some chronic ailment. While the sequelæ and complications of this disease may assume almost any phase of acute inflammatory character, its primary effect is upon the nervous system. Therefore, we have no hesitancy in saying, no matter what the local inflammation may require as a medicine, by all means give antikamnia tablets as a nerve sedative and to relieve the muscular pains always present. We have seen a violent cough of bronchitis treated upon the general plan, with the cough as distressing at the end of twenty-four hours as at the beginning, promptly yield to six antikamnia tablets during an interval of six hours. La Grippe usually requires a double treatment, one directed to the influenza, and the other devoted to the complications present, be they of the respiratory organs or digestive tract. In all cases antikamnia tablets will be found to perform a prominent and successful part and purpose.—*Medical Reprints.*

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FORTY-NINTH ANNUAL COMMENCEMENT.

The Homeopathic Medical College of Missouri.

The Forty-ninth Annual Commencement of the Homeopathic Medical College of Missouri was held in the Entertainment Hall of the Odeon on the evening of April 18th.

A large and brilliant audience was in attendance and the exercises of the evening were well appreciated.

Professor Charles Galloway had charge of the musical portion of the program and the address in behalf of the Faculty was made by the Rev. Edmund Duckworth, D. D.

After the invocation by Rev. G. S. Huey, a piano solo was rendered by Miss Edna Gundlach and this was followed by a vocal solo by Miss Laura Frank.

When Dean McElwee made his report he described the college as being in an excellent condition, the course of study well chosen and the lecturers and professors as having done good, thorough faithful work. During this report he took occasion to mention that those who have gone out from us have acquitted themselves with credit and that those in hospital positions have in competitive examinations therein made the highest averages.

This report was followed by a violin solo by Dr. Buse, after which the President of the Board of Trustees conferred the degree, Doctor of Medicine upon the following named graduates: A. Charles Armbruster of Ills.; Mrs Emma Allen Beebe of St. Louis; Peter Christensen of St. Louis; Eugene E. C. Grauer of Wisconsin; J. Howard Heacock of Kansas; Frank W. Jacobs of Iowa; George W. Klosterman of St. Louis; Frederick Muzzy of Arkansas; Carmine Stahl of Missouri; Maurice Thompson of Missouri; Mrs. Theresa J. Walo of St. Louis.

At the conclusion of this ceremony Dr. Gibson awarded the honors of the class.

To Dr. F. W. Jacobs of Iowa was awarded the honor "Summa cum Laude" he having attained a percentage 98 6/10 out of a possible hundred as a general average during the entire four years of the college course. Dr. Jacobs also won highest place in the competitive examination of the Metropolitan Hospital of New York city and has been appointed Interne therein.

To George W. Klosterman and A. C. Armbruster was awarded the honor of "Cum Laude" they both having a general average of more than ninety per cent, during the entire four years of their college course. To Dr. Grauer was also awarded the position of Resident Physician at the St. Louis Children's Hospital, which position he secured by a suitable apprenticeship as interne of the Institution.

Dr. Edmund Duckworth in behalf of the Faculty made the address of the evening and in his own original witty manner kept the audience entertained and amused for an hour, meanwhile driving home some solid truths and giving advice that was worthy, well said and that will retain its imprint on the mind of his hearers to the end of time.

In point of numbers attending and entertainment furnished the Forty-ninth commencement was the peer of any, possibly the best of all.

With the close of next session we end our Half Century year and it is hoped and believed that when that time comes all former occasions will be outdone.

THE ALUMNI.

The Forty-Ninth Annual Banquet of the Alumni Association H. M. C. of Mo. was held in the Banquet Hall of the Odeon, on Thursday evening, April 18, 1907. About one hundred guests were seated at the table and after feasting to the full of things that cheer and invigorate but do not inebriate, the inner man was at length satisfied.

When the last course was served and the guests had commenced to "get busy" over their coffee, President Higson, who acted as toastmaster, rapped for order and announced that the literary portion of the feast was to be served. In brief words he announced that the program would in some measure be changed and introduced Rev. Duckworth.

Dr. Duckworth in his opening remarks alluded to a mysterious personage, one "Peter Pan," explaining that because of him or it, he must soontake his departure. His remarks were witty, pointed and well received by those assembled.

TOASTS—John W. Higson, M. D., Toastmaster. "A general welcome salutes ye all."—Shakespeare. A Look Into the Past, L. C. McElwee, M. D. "I cannot but remember such things were, That were most precious to me."—Shakespeare. A Talk, Rev. Edmund Duckworth. "Blest be those feasts with simple plenty crowned, Where all laugh at

the jests that never fail."—Goldsmith. As Viewed By the Law, F. H. Bacon. "To all facts there are laws."—Owen Meredith. Our Trials, O. G. Gibson, M. D. "Joy and Temperance and Repose, Slam the door on the doctor's nose."—Longfellow.

The business meeting of the association was held in the college on the evening of April 16, 1907. After the reading of the minutes and correspondence, a general talk was had regarding the meeting for next season at which time we reach the Fiftieth Anniversary, or semi-centennial year; it was the sense of those present that the event should be celebrated in a fitting manner, and that the newly elected officers should take up their work June 1, of the present year, and labor with the ultimate object of making the next annual meeting and banquet an occasion in keeping with the event.

The election of officers resulted as follows: President, L. E. Bunte, M. D., St. Louis; 1st vice president, John Englebrecht, M. D., Stony Hill, Mo.; 2nd vice president, Wm. E. Jones, M. D., St. Louis; secretary, Theo. F. Blanke, M. D., St. Louis; treasurer, Jno. H. McCaughan, M. D., St. Louis.

On motion the members of the prospective graduating class were proposed for membership in the association, and unanimously elected. Each of the new members responded to the address of welcome by President Higson, and with an invitation to the guests to attend the banquet, he adjourned the meeting.

Dr. W. E. Riley of Fulton, attended the Commencement and Alumni Banquet. Dr. Riley has a warm spot in his heart for his Alma Mater and we would that all were as loyal as he.

Dr. Schott occupied his accustomed place on the stage and though he grows a little younger each year, he is as prominent and notable a homeopath as ever.

Dr. Armbruster and wife of Steelesville, Ill., came up to see the young man receive his "sheepskin", and attend the banquet.

Dr. Louis Klosterman of Hoyleton, Ill., attended the graduation exercises. We are proud of your success, Louis.

Dr. Julius Klosterman of Okawville, Ill., came over to witness the graduation of his son, George.

The Necrologist of the Alumni Association of the Homeopathic Medical College of Missouri reports the following deaths since the last meeting: Dr. Rutledge of Grand Forks, N. D. died of Bright's Disease on Feb. 3rd of this year. He had practiced his profession in Grand Forks for twenty-six years, nine of which he had served as member of the State Examining Board.

Dr. Jas. M. Walker '91 Denver, Colo. plans an extensive automobile cross country trip in the near future and will visit both the American Institute of Homeopathy and the Jamestown Exposition.

Dr. Joshua Vought '84 of Livermore, Iowa, is convalescing from a stroke of paralysis with which he was stricken last September. His friends will be glad to hear of his complete recovery.

Dr. W. T. Mars '00 has forsaken the practice of medicine for the more "paying" business of Cashier of the Kirkwood Savings Bank. We wish him every success in his new vocation.

Dr. D. Winter '82 of Columbus, Kan. writes his regrets at being unable to attend the last meeting of the Alumni Association of the H. M. C. of Missouri.

Dr. Geo. M. Haywood, '82, of Minneapolis, Minn. is devoting himself exclusively to Ophthalmology and Otology.

Dr. Thomas, father of the noted playwright, honored us with his presence at both Commencement and banquet.

Dr. F. W. Loomis '81 Shannon City, Iowa will visit the Semi Centennial celebration of the H. M. C. of Mo.

Dr. Wm. Davis Foster of Kansas City Mo. has just returned from a pleasure trip to Mexico.

Dr. Royal P. Wales, '61 died at his home in Colorado Springs, Col. on New Year's day.

Dr. A. W. Hayward '94, Monnd City, Kans., was recently deceased.

MISSOURI INSTITUTE NOTES.

Dr. Francis M. Marten of Maryville, Mo., was elected president for the ensuing year. His election to this important office on a single ballot was an unusual compliment, and is an evidence of the esteem the membership individually entertain for Dr. Marten and the confidence placed in him by the Institute as a whole. The honor is well bestowed as Dr. Marten has won the personal regard in which he is held, by his unflinching courtesy and modesty and has earned preferment by his talents as a physician. He has faithfully attended Missouri Institute meetings for many years. We venture the prophecy that Dr. Marten's administration will be a most successful one and pledge the CLINICAL REPORTER to support it.

Other officers elected were: Dr. Edward Andruss, Holden, Mo., 1st vice president; Dr. Maclay Lyon, Kansas City, general secretary; Dr. H. L. Barnum, Sedalia, provisional secretary; Dr. D. M. Gibson, St. Louis, treasurer.

It is hoped that all these officers will appreciate the office in the Missouri Institute means *work* plenty of it and that an aggressive initiative policy is the one that makes good meetings.

The office of 1st vice president is usually ornamental but it can easily be made to contribute to the success of the Institute by the incumbent ascertaining the chief's policy and then making a "noise like a president."

The provisional secretary has it even more in his power to assist, by taking on some of the duties of the secretary or better still by devising new ones. If there be anything in a name the new provisional secretary will see to it that the M. I. gets what it wants.

President Mellies in appointing his bureaux chairmen at the beginning of his term just ended, acted with commendable loyalty to his home city and no less than *six* of the eleven appointments went to St. Louis. No more than *one* of the appointees put in an appearance at Kansas City this year, to the chagrin of the president and the outspoken wrath of the puny representation from St. Louis. It is to be wondered why men accept important appointments and then fail to make it their first business to justify the compliment.

Secretary Paul M. Fletcher was the hardest worked man at the Institute. To facilitate business, his room at the Midland was equipped a private telephone, which could be heard ringing far into the night. Dr. Fletcher is already mentioned as a candidate for presidential honors next year—any one who cares to defeat him would better begin early.

The Kansas City members entertained the Institute at a banquet of the real Kansas City hospitality kind. The menu was a triumph for the chef of the Midland. The toasts were so good as to make one exclaim—"A fig for your bill of fare, show me your bill of good fellows." The president's address appeared as the principal toast of the evening and was a comprehensive and conservative effort, dealing chiefly with the subject of medical education and the relations existing between the various schools of medicine. It was rather long but the subject could hardly have been properly presented at lesser length.

The "Progress of Homeopathy" in the care of that staunch veteran, Prof. H. C. Allen of Chicago, was a most interesting, entertaining and instructive subject.

Dr. J. T. Thatcher of Oregon was present during the entire session, but maintained silence on all subjects including the workings of the State Board of Health.

The "Viewpoint of a Layman" response by Alderman C. A. Young of Kansas City, is a very happy one according to that excellent speaker.

Dr. C. H. Lerrigo (H. M. C. 1900) of Topeka, Kansas, attended but one session, urgent business preventing a longer stay.

Reilly of Fulton is such a game, good natured good fellow as a looser that it makes him a winner.

DEAR DOCTOR:

I am desirous of moving to the State of Texas on account of my wife's health. I have a good steady business built up here, have been here 8 years and have one of the best locations in the city; this city is one of the most prosperous cities in the State, population between 25 and 30 thousand. If you know or can find any one who has a few hundred dollars who could buy what I have in office, I feel this would be a grand opening, 3 Homeopaths in city this size, if you can put me in touch with some one that I can make the deal with I will make it interesting for you. Thanking you in advance.

Marion, Ind.

Yours Truly,

H. W. CORY, M. D.

TO THE HOMEOPATHIC PROFESSION:

With the next session of the American Institute of Homeopathy drawing near—June 17, 1907—it seems fitting to issue an earnest appeal for every homeopathic physician to take an active part in making this Sixty-third session a success, not alone from a social and numerically attended standpoint, but also from that of the School of Homeopathy. Although the Institute in its more than half century of existence has numbered among its members some of the best homoeopaths that have been in the practice, there have always been those who held aloof. This is to be deplored, for the American Institute of Homeopathy has ever been in the front rank of progress in matters of medicine and surgery; it is neither narrow nor dogmatic in its tenets, philosophy or practice; it is broad and liberal in an honest and homeopathic way; and it extends a hearty welcome to every homeopathic physician, promising a fair equivalent for all his time, attendance and attention. For it stands to reason that the annual mingling of the most advanced men and women in the school—the teachers, authors, writers, editors, practitioners and specialists—must make for the betterment of all partakers. And this is true whether that member hails from the densely populated city, or from the quieter but, nevertheless, strenuous life in the interior of the State. The Institute of Hering, of Farrington, of Helmuth, of Lilienthal, of Allen, of Deschere, of Waite, of Dake, of Talbot, of Holcombe, of Sawyer, of Ludlam, of Kinne, of Doughty, of Dudley, and the many other famous men and women who have gone before, still lives; it keeps abreast of the day. It especially welcomes the younger and newer members of the profession, who bring the latest and best from the schools, together with their enthusiasm and younger blood. From all parts of the habitable globe came testimony, at our Atlantic City session, of the admirable status of homeopathy everywhere. The bureaux and allied societies are sending in programmes from which it is evident that the sessions at Jamestown will be of the highest order, while the efforts of the Local Committee in the line of recreation and entertainment, and the success of the Exposition management in providing for our comfort and habitation, all give promise of making this a banner session. The details of hotel, railway, and other matters not already communicated in the Exposition literature, will be embodied in the official programme to be mailed at an early date.

By order of the President.

FRANK KRAFT, M. D.,
Secretary American Institute of Homeopathy.

OKLAHOMA FOR 1908.

J. HENSLEY, M. D.

President Oklahoma Institute of Homeopathy. Oklahoma City, Okla.

The Oklahoma State Institute of Homeopathy, the Oklahoma County Institute of Homeopathy, and the Chamber of Commerce of Oklahoma City composed of about 400 men representing business firms and professional men, extend a cordial invitation to the American Institute of Homeopathy, to meet in our city in 1908, pledging themselves to take care of them and furnish suitable places for meetings.

Our people are noted for their hospitality and for taking care of large bodies. They have entertained the National Editorial Association, composed of over three thousand. Last year we entertained the Hoo-Hoo or National Lumbermen's Association composed of from three to four thousand delegates and friends. This year we will have the National Fireman's Association and the Spanish war veterans, beside other smaller bodies. We are well provided with hotel accommodations, modern in every way. Large convention hall that will seat five thousand besides several smaller halls and two large theatre buildings that will seat from two to three thousand, public parks and summer gardens. Our streets are fine, having about forty miles of asphalt pavement. We have one of the best electric car line systems in the country consisting of about forty miles of track. We have competing lines of railroad, with through sleepers to Chicago, St. Louis, Kansas City, Memphis, all points in Texas, Denver, San Francisco and to the northwest.

There are hundreds of homeopathic physicians in adjoining States who have never attended a national meeting of our society. The reason for which being the great distance. If the society will come to them, many of them will become interested and make good members. We all know how much more interest we take in anything, when we are part of it.

We cannot expect to have the national growth in our school of medicine it is our privilege to have unless we cultivate same, by branching out and coming in contact with the people. The Southwest is made up of active, progressive and intelligent people, Democratic in spirit, relieved of the conservative nations characteristic of some sections of our country; ready to adopt new and improved methods. It is the missionary field for Homeopathy, and if properly nourished and cared for will become the "Mecca" of same and furnish students to sustain our medical colleges and to be ready to possess the field as it comes under our control.

If the Institute will take on our altruistic spirit and broaden its work so as to embrace the whole of the United States, it will become a world power and instead of being confined to a very small portion of our country, will extend its blessings to all mankind. I trust they will see the importance of coming to the great Southwest.

The following changes, corrections and omissions in the published list of Committees of the American Institute of Homeopathy are submitted:

Conference with American Medical Association: A. B. Norton, M. D., New York, Chairman; with Drs. C. E. Walton, J. B. Gregg Custis, R. S. Copeland, and B. F. Bailey associates.

Institute Journal: George Royal, M. D., Des Moines, Chairman; with Drs. J. H. McClelland, B. F. Bailey, Chas. E. Kahlke, R. S. Copeland, and the Secretary, associates.

W. A. Paul, M. D., of Center Dorchester, Boston, is Chairman of the Committee on New Members, vice H. E. Spaulding, M. D., resigned.

T. H. Carmichael, M. D., Philadelphia, is Chairman of Committee on Homeopathic Pharmacopoeia, with J. W. Clapp, M. D., Boston, Secretary. Dr. Chas. Mohr of Philadelphia, continues an active member.

Chas. E. Walton, M. D., is Chairman of Intercollegiate Committee.

Frank Kraft, M. D., Secretary.

TEXAS HOMEOPATHY BOARD GOES OUT.

By a new law, effective early in July, all the separate boards of Texas will be abolished, and a single board, mainly allopathic, substituted. Therefore all homeopathic physicians and surgeons who desire Texas registry are advised to register immediately. Those holding state licenses of Missouri, Kansas, Illinois, Iowa, Indiana, Virginia, Georgia, New York, Pennsylvania, and several other up to date states are authorised (Sec. 8 of present law) to be registered without further examination, on presentation of credentials of personal or professional good character, with state certificates.

Texas is rapidly developing, her towns are growing and new towns springing up. We have very many towns of 1000 to 5000 people without homeopathic doctors. These should be occupied, by well qualified physicians and surgeons (especially) who can and will stay.

To such men, success is reasonably sure. Fees are good, climate mild, advantages excellent.

A meeting of this board will occur early in July to pass on applications for registry, and to examine applicants having no acceptable state certificates.

For information and blanks, apply to the undersigned.

H. B. STYLES, M. D.

Secretary, Waco, Texas

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DR. EDWARD C. REGISTER'S NEW BOOK.

"Practical Fever Nursing" will soon be issued from the presses of W. B. Saunders Co. of Philadelphia. Dr. Register is well known as the editor of the *Charlotte Medical Journal*, and as Professor of the Practice of Medicine in the North Carolina Medical College at Charlotte, N. C. Dr. Register is a widely traveled, well read and a polished, dignified gentleman. He has always enjoyed a large and lucrative practice in his home city as well as in nearby towns in adjoining States. From his varied and ripe experience in the profession the doctor is in a position to write authoritatively on the subject of "Fever Nursing."—*Gallard's Southern Medicine*.

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In the treatment the first indication is to increase local capillary circulation. A local remedy must fill two requirements, *i. e.*, a detergent antiseptic and a degree of permanency in effect. Many of the remedies which have been advocated for the varied forms of tonsillitis are antiseptic but they are not sufficiently exosmotic in their action to increase the circulation or else their effect is too transient. Glyco-Thymoline frequently applied in a 50% strength with a hand atomizer produces a rapid depletion of the congested area through its well defined exosmotic property, reestablishing normal passage of fluids through the tissue, promptly relieving the dry condition of membrane and giving an immediate and lasting anodyne effect. As a gargle a 25% solution hot may be effectively used providing the process does not cause undue pain. The external application of cloths dipped in hot water and Glyco Thymoline in 25% solution greatly increases the venous circulation.

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BY HENRY G. EBERT, M. D.

Assistant Surgeon in the Public Health and Marine Hospital Service.

I wish to report the successful use of the hyosnine, morphine and cactin combination as a general anesthetic in an amputation of the thigh in the upper one third.

The tablets used were those put up by The Abbott Alkaloidal Company, and contained Hyoscine Hydrobromide, gr. 1/100, Morphine Hydrobromide, gr. $\frac{1}{4}$, Cactin gr. 1/67. Injections (hypodermic) were given two hours, one hour and half an hour before operation. Anesthesia was ideal and complete throughout operation and for several hours afterward. No ill effects whatever were noticed at any time. Muscular relaxation was not so complete as in ether or chloroform anesthesia so that after the operation no subsequent contraction of flaps took place and there was no more tension on the stitches afterward than at the time they were put in.

If this anesthetic will work in all cases as well as it did in this and numerous others reported in the medical journals, it would appear to be the ideal anesthetic for field use and emergency work where one may be short handed, as it does away entirely with the anesthetist and the space and care necessary in the transportation of ether or chloroform.

The absence of inconvenient after-effects is a most valuable feature of this preparation in field work, while the ability to perform serious operations promptly is of particular advantage; but of equal utility in active service is the possibility of securing complete rest and anesthesia in cases of injuries too extensive to permit of immediate operative attention, such as in visceral injuries of the abdomen, chest or head. It seems a good thing for the military surgeon and should come into favor with him.

—*The Military Surgeon*

ANNOUNCEMENT OF RATES TO JAMESTOWN.

The following rates will be in force for the Jamestown Exposition, and will be available for those attending the American Institute of Homeopathy:

15-day ticket—one fare, plus \$2.25, round trip.

60-day ticket—one and one-third fare, plus 25 cents, for round trip.

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JUNE, 1907

Number 6

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THE CLINICAL REPORTER.

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JUNE, 1907.

No. 6.

Original Articles.

ACCIDENTAL ELECTRIC SHOCKS.*

L. E. WHITNEY, M. D.,

In this day of electric utilities, when every city and town is enmeshed in spider webs of overhead wires from electric railways, lighting plants, and telephone lines, many of which from the very nature of their office are charged with high power currents, and any of which are liable by the mere accidental crossing of a wire to become the carrier of a death dealing entity, and that too without giving a moments notice, or the slightest visible indication of its being so charged; when thousands of men are engaged in working among them and serious accidents are of almost hourly occurrence, it behooves not only the members of the profession but the laity as well, to possess themselves of at least a rudimentary understanding of what is known relative to the action upon the human body of this deadly power, and also of the all too meager means that may be made available in combating its possible havoc.

Of paramount importance in considering these cases is the fact that death from electric accidents is not, as is popularly supposed, immediate, though to the spectator who sees a fellow workman suddenly stricken apparently dead, and is unable to discover any succeeding evidence of life, the presumption that his death was instantaneous is most natural. Moreover when his testimony to that effect is questioned and the evidence of his own observation is contradicted and set aside by the substitute statement that death was rather the ultimate result of a suspension of functions essential to life, he may be excused for regarding such assertion as merely "a distinction without a difference", a meaningless quibble, an

*Read before Missouri Institute of Homeopathy, April 25, 1907.

unsympathetic and barren technicality; but fortunately for the unfortunate victim the evidence of the eye witness is often incorrect, and what seems to him as senseless sophistry, may be in any one of these instances, the hair which divides the false and true, the margin between immediate death and subsequent life; while to the physician who may be within call it may mean the difference between his simply numbering one among the crowd of helpless bystanders, and being possibly able by intelligent endeavor to dislodge the clutching fingers of the grim monster and restore a fellow being uninjured to his friends. At the time of one of these accidents, the victim falls to the ground, incapable of voluntary or involuntary movement, because every muscle within the path of the electric activity is held in a convulsive grip that knows no relaxation until such a time as a connection is broken or for some other reason the current ceases to flow.

If it happens that the points of contact are such as to embrace no vital organ in the path of the current, as for example the two hands, a hand and a foot or even a hand and the head (for the latter by virtue of the protection given the brain on account of the superior conductivity of bones over soft tissues, is capable under certain conditions of receiving large doses of electricity without serious consequence) the effect may be comparatively local and correspondingly devoid of great danger; but if, as is often the case the heart and lungs are within the field, these organs are grasped with a vise-like clutch that holds every muscular fiber of them in a tense and unremitting contraction, denying the latter the power of expansion, forcing the blood from the heart, arteries, and capillaries, thus causing a venous congestion of the brain and viscera, and a lack of nourishment to vital nerve centers, from which, unless some power is at hand to promptly break the current and excite a renewal of the functional activity thus held in suspension, a consequent fatal asphyxia or paralysis must soon follow.

While it is true that there are instances, quite often from strokes of lightning, and occasionally from commercial currents, where there is a disintegration of some vital tissue by the electric bolt and death is necessarily instantaneous, and others too where the contact has covered such a period of time that a restoration of heart action is physically impossible, cases in which whatever effort might be put forth in the hope of restoration must be but wasted energy, since these conditions cannot usually be learned with certainty until later, every case of accident from an electric shock should be regarded as presenting a fighting chance for recovery notwithstanding every evidence of life may be for the moment wanting.

Another matter which lends a ray of hope for these unfortunates and is therefore worthy of mention is the well established fact that the voltage of the current is of comparatively minor importance in estimating what constitutes a lethal dose of electricity, for memory is still fresh regarding the revolting failures made in the early electrocutions, notwithstanding currents of eight amperes and eighteen hundred volts with per-

fect connections were used, and moreover records vary, from reports of fatal results from a ninety-five volt current to escape from serious injury though in contact with one of ten thousand volts. This apparently contradictory phenomenon is readily explained by the fact that though a wire may be carrying a very high voltage, imperfect connection and individual resistance may reduce that actually received by the victim to a comparatively small per cent thereof.

While a large number of these accidents are and doubtless must continue to be fatal, yet since it is the point and perfection of the contact rather than the strength of current on the wire that determines the severity of them, and further, that in a majority of instances where death thus occurs it is as an ultimate rather than a direct and immediate result of the electric bolt. It is obvious that in many cases there is a period during which efficient effort toward combating the effect of the same can and should be made.

When called to administer to one of these cases all local injuries should be ignored for the moment, and since the heart and the lungs are the organs upon which these high power currents work the greatest evil, the first attention should be devoted to them. If the action of the former is weak or wanting, a cardiac stimulant should be hypodermically given and its action spurred by a quick stretching of the anal sphincter.

Respiration should be artificially stimulated, either by the Sylvester system, which is now or ought to be taught in all the schools, or by the Laborde method of rhythmic traction of the tongue. Either of these may be supplemented by the use of faradism which must be applied interruptedly coincident with the other measures.

As in efforts at resuscitation after drowning or the inhalation of noxious gas, the struggle must be vigorously and unremittingly perserved in for a half hour or more even though there may be no encouragement or indication of revival; but this being done, though many be the failures the successes will be of sufficient frequency to more than recompense for all the expended exertion.

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My plan is to avoid the scrubbing to which patients are generally subjected, merely giving a good tub bath and an enema the night before the operation. For from eight to twelve hours previous to this, the patient should be given a light diet. The less he is disturbed the better his night's rest will be and consequently the better prepared he will be for the ordeal.

Before placing the patient upon the operating table I generally give him a good drink of cold water. It lessens the thirst following an anesthetic, does not tend to increase nausea or vomiting and is a great comfort to him.

The case is now ready for the final cleansing. (It is immaterial to me whether he has been shaved the night before or whether he is shaved on the table.) The field of operation should be thoroughly scrubbed (not with a stiff brush, but with a very soft one or pieces of gauze) using plenty of green soap and sterile water followed by alcohol. I rarely use ether for the reason that it causes a great shock to the patient and lowers the vitality. If you don't believe this, put some ether over your own abdomen.

After having thoroughly protected the whole field of operation with sterile towels, everything is ready to make the incision. I take it for granted that the surgeon understands the necessity of thoroughly cleansing his hands.

Since employing spinal analgesia, I very seldom use chloroform for anesthetic, consequently, have no trouble with nausea or vomiting. However, should I give chloroform, I would take the precaution of warming it, as it is then much more easily inhaled, and after the operation wash out the stomach, which effectually prevents nausea and vomiting.

The incision for most abdominal operations is made in medium line through one of the recti muscles, the physician being careful to separate the muscular fibers and not cut through them. When the peritoneum is exposed, pick it up with two pairs of forceps, between which it can be

*Read before the Missouri Institute of Homeopathy.

nicked with a knife or a pair of scissors. As soon as air enters the abdominal cavity the intestines recede and the peritoneum can be raised, and a finger inserted through the opening as a guide for further incision and to determine the presence of adhesions. The intra-abdominal work having been finished (and there is no occasion for drainage) the incision is closed by layer suture, using No. 1 or No. 2 chromicized catgut.

I now come to the novel part of my paper: This, however, is not entirely new, as it has been used and written upon by Dr. H. J. Boldt, of New York, Dr. Robert T. Morris and Dr. Emil Ries, of Chicago.

In an article that appeared in the Medical Record, November 24th, 1906, Dr. Marshall and Dr. Quick advocate earlier mobility for their Coeliotomy cases. The *modus operandi* is as follows:

Cover the wound with a little piece of sterile gauze secured by two narrow strips of adhesive plaster; now make a Scultetus bandage of O. Z. plaster, making it full width, 12 inches wide, and long enough to thoroughly envelop the patient. In the middle and lower part of the plaster cut out an oval that it may not interfere with the bowel movement. Now, put the patient upon this plaster in the center, making a many-tailed bandage—about four on each side—beginning at the bottom, folding alternately the ends over each other. When the top is reached, it should be adjusted loosely in order not to press upon the stomach. Less difficulty will be experienced if the patient is placed upon the plaster before the covering is removed from it.

We now have a bandage that thoroughly fits and supports the patient, from which he cannot get away and which will not slip. With such a support, I always get my patients out of bed in from 12 to 24 hours, letting them sit up or walk around as they choose. If they do not feel like getting up, the physician should insist upon it. They will soon become accustomed to it and prefer it to the recumbent position.

After hysterectomy, abdominal or vaginal, as well as other abdominal or pelvic operations, I have my patients up and walking around inside of 24 hours, invariably.

The only exceptions to this procedure that I can think of are in cases that need drainage. Where pelvic or vaginal drainage is used, elevate the head of the bed and by gravitation the drainage will be freer and less liable to contaminate the general peritoneum. After confinement, this is not applicable as the uterus is large and heavy. Should it be imperative that the patient remain in bed for a week or two, I always employ massage and recommend the practice of gymnastics in order to keep up the strength.

There is nothing that will reduce the general vitality, strength and nutrition so much as confinement. Exercise in general is the best tonic. The muscles should be used that they may be developed. The only objection that might be offered is losing revenue by getting the patient out too soon; but the man who is in medicine for revenue, only, had better seek some other employment.

By this method of treatment there is less nausea and vomiting, less abdominal distention because flatus is passed more readily when patients are sitting up and walking around. Spontaneous action of the bowels occurs earlier; there is less liability to bronchial and pulmonary complications; there is less liability to circulatory disturbances; there is better assimilation of the food; there is less weakening of the general physical condition of the patient. In short, there is more rapid recovery to working ability.

MERCURIUS IN THE ARTS.*

LEWIS PINKERTON CRUTCHER, M. D., Kansas City, Mo.,

From the earliest period in history down to the present remote confines south of Mason and Dixon's line mercury has ever played large in the affairs of men. In the arts and sciences it has claimed a wide range of recognition and in return has served humanity well. As master it has proven cunning, subtle, cruel; as servant we have found it benign, constant, helpful, and altogether desirable, and yet it were most difficult to find the substance playing either role of master or servant for long at a time and the eye that detects the point where its fickleness begins must possess much training and alertness. To the novice the first impression of "Quick Silver" is that it would play with one, since it glides hither and thither with an agility that suggests anything but seriousness and stability, while at the same time he of experience knows that it awaits an opportunity to play with one, but that the game it would play is havoc. Where ever this substance or any of its salts have to do with the causation or with the elimination of symptoms it becomes of special interest to the physician and it is with its use in one of the mechanical arts and with the deleterious effects therefrom that this paper has to do.

Special reference is made to the application of mercury in the realm of dentistry. Here we find it used as amalgam for cheap fillings in partially decayed teeth and also as a coloring medium in the plates of vulcanized rubber and with out the slightest doubt in either capacity we often find pronounced constitutional effects localized at some part of the body. Dentists; some dentists, tell us rather vehemently that this contention is preposterous since for reasons, mercury as found in these preparations is altogether insoluble, other dentists, are quite as emphatic in the affirmation of this contention believing as they do from observation that many distressing symptoms are directly traceable to this cause. In this phase of the consideration it might be as well to remember that after all it is a matter of mercury plus a marked susceptibility of the patient to that

* Read before the Missouri Institute of Homeopathy, April 25, 1907.

mercury. This enables us to understand just why some patients who wear mercury in the mouth in one form or another do not exhibit any effect whatsoever while in others apparently just as healthy, it begins very promptly to show its effects. The chief reasons held by the opposing dentists and others is that the amount of mercury used in the plates is not sufficient to produce a systemic effect and further more that in the vulcanizing process it is subjected to a heat of three hundred and twenty degrees (F) which in itself precludes possibility of drug effect. The matter of amount is answered by the degree of susceptibility of the victim, and the matter of heat is ridiculous since heat can not destroy the character of this substance. Of amalgam fillings they use the argument of "insolubility" stripped as it is of the defence thrown about the vulcanite. The red rubber plate understand, is treated with mercury for the sole purpose of giving it the color resembling that of the natural gum. The composition of the red plate rubber is caout-chouc (or rubber) 48 parts, sulphur 24 parts, vermilion or (Bisulphuret of mercury) 36 parts. Dental amalgam is a combination of mercury with one or more of these metals (i.e.) tin, silver, zinc, copper, gold. Those dentists who recognize the deleterious effects of mercury as used in their art, are prompted in their conclusions by unmistakable evidences of this effect and their practical observation must be preferred to any passing theories based upon ignorance or prejudice or both.

The experience of the writer is best given in the report of a number of cases in which this mercurial effect was positively proven.

In May 1897, a young woman in Chicago, consulted a fledgeling in medicine in regard to a most obstinate eruption that extended the full length of the lower jaw on the left side. The eruption exuded a thin watery substance and was inflamed and painful also there were apthous patches on the left side of the tongue and on the cheek on the affected side. Examination revealed a partial plate on the left side and this was ordered removed to be substituted by a non-mercurial plate. An antidotal remedy was administered, the plate was changed as ordered resulting in complete recovery in ten days. Nine years later when the writer was in Chicago, she reported to him that she had not experienced the slightest recurrence of the condition.

In Feb. 1899, Mr. W., of Kansas City, exhibited a pronounced attack of Bell's Paralysis; inspection of the teeth showed several large amalgam fillings throughout the mouth. He resisted the contention that the amalgam was to blame for the trouble on the ground that he had had the fillings in his mouth only ten days, however he had had the paralysis only two days, and it was insisted that the fillings be removed. He acquiesced, but the dentist, suggested superciliously, that the physician with such notions must be a Homeo— which kindly reference resulted in said dentist being promptly referred to Dr. Hamilton's article on Bell's paralysis to be found in his book on diseases of the nervous system, which book, and which Hamilton being never in any wise in sympathy

with Homeo— but never-the-less suggesting that mercury in dentistry is dangerous. The dentist was asked by the patient (prompted by the physician) how long a time was usually necessary for the cure of Bell's paralysis and he replied that by "scientific means" it was curable in about so many days. When this patient returned to him in one-fourth of that time entirely cured he confessed to a great surprise and agreed that there might be some effect after all. This patient received Hepar, and since that time has enjoyed practically perfect health.

In 1903, Miss R., was wearing a regulating appliance on her upper front teeth. She began very promptly to show marked symptoms of a general constitutional character finally becoming so uncomfortable as to find it necessary to consult a physician, who pronounced her condition "biliousness". Remedies were administered with but passing benefit, when the writer was consulted only to find that the afore-said appliance was built upon a red rubber base, this was removed another appliance substituted and with placebo prompt recovery ensued. These are but a few of the cases of this character seen in a practice of several years but they will suffice to impress upon you the importance of careful attention to this pernicious drug effect. It is a question whether an antidote is of service after the removal of the mercurial plate or the amalgam, but should the symptoms persist it were then well to take the symptoms and prescribe the Homeo— remedy as one would do in any other condition calling for therapeutic interference. In passing it may be suggested that should you determine upon a change in your patient's plate you may advise the substitution of Trauns, Herkules non-Mercurial rubber, which upon the advise of Dr. R. M. Seibel, the present president of the Kansas City Dental Society, the writer has found to be quite as durable, and with all as desirable, as the rubber bearing the mercury, and which does not possess the vicious symptom producing element of the latter.

THE TREATMENT OF LA GRIPPE.

P. J. McCourt advocates the use of the tincture of the fresh root of gelsemium. From three to five minims are put into six ounces of water, and drachm doses of this mixture are given every one to three hours. The writer believes that this remedy is practically a specific for almost every stage and variety of la grippe, when free from serious early complications. He has found fluid preparations of the dry root absolutely valueless. The dose may be much smaller than that indicated above, but should never exceed this amount. In cases of patients who had previously suffered from repeated attacks of influenza, the writer has found arsenic in alcoholic solution very efficient in conferring immunity.—*Medical Record*, February 23, 1907.—*Columbus Medical Journal*.

EMPYEMA OF MAXILLARY SINUS.*

F. C. THORNBURGH, M. D., Macon, Mo.,

Anatomy.—This sinus is a large pyramidal cavity of the superior maxillary bone; its apex being directed outward, is formed by the malar process; its base, by the outer wall of the nose. This cavity communicates with the middle meatus of the nose by one or two small apertures; the cavity being lined by a continuation of mucous membrane from the nose.

Patient, Mrs. F., age 64. Had influenza during holidays, 1906. About three or four weeks after the beginning of the lagrippe, I was called and told of the previous trouble and that since then there were frequent and severe pains about the right eye and right side of head, but especially beneath the eye. Previously to being called, patient had taken quite a variety and quantity of anti-neuralgia and pain killer's from various friends, which for a time relieved, but later made the pain much more intense, so she said.

Examination and observation showed a more or less continuous discharge of purulent matter from the right nostril.

The examination, with the symptoms at hand, caused me to pronounce the condition empyema of the Antrum of Highmore.

Later the inflammation spread to the frontal sinus of the same side and also involved all, or nearly all the right nasal cavity.

The neuralgiaform pains which accompanied this condition at irregular periods were extremely torturing.

Treatment.—This it seems to me to be chiefly surgical. First—for several days by sprays of glycothymoline 25% in water, two or three times daily, using the curved tip on the atomizer and the administration of such remedies internally as seemed indicated to relieve the pain and lessen or reduce the pus formation.

After a few days passed, I used a 25% dioxygen spray which brought out the pus in large quantities and for a time seemed to improve the condition very much.

Following the spray each time oil was sprayed into the nose to prevent an increase of the trouble by cold.

After six weeks of the above treatment, continuously, with a marked degree of improvement in every respect, save the frightful neuralgic pains which continued to come at irregular intervals, the parties in authority were persuaded and consented to an operation which they had opposed for weeks.

With the assistance of Dr. L. M. Thompson, an incision was made

*Read before the Macon county Medical Association, May 7, 1907.

and a drill put through as nearly as we could ascertain above where the 2nd bicuspid tooth once existed (the patient having had no natural teeth for many years.)

On the withdrawal of the drill, pus gushed out. A rubber tube was inserted and anchored by means of adhesive plaster. Through this, the cavity was washed out two or three times daily with a 25% solution of dioxygen and a few days later this washing was followed every other day by a $\frac{1}{2}$ of 1% carbolic acid solution.

This not giving very satisfactory results, a dilute preparation of Lugol's solution was used daily to follow the H_2O_2 washing. This smarted so badly, however dilute it was used, so after a time it was discontinued and a 4% aqueous sol. of argyrol was used instead.

The pus reduced to a minimum under this treatment, tho' the pain did not cease its irregular attacks till the first warm day of summer came, at which time there was a marvelous diminution of the pain, which was of course, appreciated by the patient.

An osteopath had been called in about 10 days before the arrival of the above named warm day, but no change in pain till this glad day came, then much praise fell to his lot for his soothing and benign influences; the tube was removed and the medicine man was informed that his miniature services were no longer needed.

Results of Osteopathic Treatment:—She began to grow worse, the whole right side of facial bones necrosed and the following autumn patient died.

"HUMERAUGEN."

This International Journal of Therapy of recent issue Dr. E. S. McKee gives the following resume of the treatment of corns: Hard corns and callosities can be softened by repeated and prolonged hot baths, followed by the application of a thick plaster of potash soap spread over a piece of flannel which is allowed to remain over night, when soft they can be sliced off with a scalpel, care being taken not to injure the papillary layer, to cause bleeding for fear of infection; the interdigital spaces should be kept dry by washing with alcohol and dusting with Salicylic acid and bismuth powder, after which cotton should be left in the inter spaces. The collodion Salicylatum comp. of the national formulary are excellent corn remedies.

R_x Ac. Salicylat grs. xiv.
 Ext. Cannabis Ind dr. ss.
 Alcohol dr iiss
 Collod flex q. s. ad. dr vj

M. sig. apply until corn can be removed.

R_x Ac. Salicyl grs viiss
 Ext. Cannabis Ind grs viiss
 Aether fort gtt xxxvii
 Collodian fort gr lxxv

M. S. apply each night for 8 nights then soak feet and remove corn.

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IS THERE A PLACE LEFT FOR THE FAMILY DOCTOR?

We are familiar with the story of the patient who having a chronic pain, visited all manner of specialists, searching for relief therefrom, and having submitted to all manner of treatment and operations grew no better but rather grew worse, and when in utter despair at her plight she returned to the old tried and trusted physician of her mother, found she was suffering from neuralgia and was soon cured.

The import of this all is to show that there is still a place, a good place, one of honor, trust and good remuneration for the family physician if he will continue as such, but too many times we hear such expressions as these, "My physician has taken up surgery and cannot attend me" in this illness or perhaps, "My doctor is now an oculist and will not see me in this case." Why? Has the man grown too good for his business! Has he made it but a stepping stone to something higher? or is he tired of an humble field and abandoned it for something greater, better, easier and more remunerative? We believe that good, yes, the best specialists are made from successful general practitioners, but the successful general practice man is of all specialists the greatest.

It is he who first sees the hectic flush on the cheek, detects the first dullness in the lung apex and directs his patient to beware of his danger. It is he, who, if he is careful and observing detects the pimple on face, lip or other part of the body that foretells of malignant process, it is he too who will first see the attack of appendicitis, and issue the warning not to delay. Again it is the family physician to whom many a youth will come with the tale of his first indiscretion and the resultant gonorrhoea.

But you ask if he must be a specialist in all these things, and my answer is "No", but he must be a good diagnostician.

He, as all others must be a specialist in his line that deepest of all lines of specialties, human nature. The same old methods that were in vogue one hundred years ago must not be his only stock in trade, he with

the rest of his profession must make advances, study and keep abreast of the times.

His old tried and true remedies are his best friend, his surest succor and most faithful servant, but the indications for their use should be ever fresh in his mind; as he grows older he should recognize disease more easily, if possible avert it more promptly, or better modify its course; experience rich experience, he should add to his knowledge and take for his own the "best that the market affords." If he does these things he shall do well.

The first and second generation will honor him, the specialist will be forced to wait for his judgment and advice in most matters; will appreciate his knowledge and honor his position as family adviser.

No danger that such as he will lose his practice, no fear that his clients will decrease in numbers or wealth. True worth is appreciated. Yet, if he becomes puffed up, arrogant, dictatorial and vain-glorious, "pride will have its fall," if he, every new fad that will-o-the-wisp like appears, sooner or later he will stumble into the bog and if he assays a new role without proper preparation and training, he must not complain when having failed in his new ambition, he finds his former patrons lose confidence in his ability.

God Bless the family physician and prosper him? We need him? The community needs him; needs his best work? His richest experience and best advice. The specialist we cannot do without, but specialists will fail, fail sadly if we have not the general practitioner.

THE MELANESIANS.

The Melanesian, according to William I. Thomas, in his writings on sex and society, speaks of the class of aborigines in their councils and glens, "that when any one holds a grudge and plans revenge he sets up a stone or stick, and stays away from the dance, sits silent in the councils, and answers questions by whistling and by other signs attracts attention to himself and has it understood that he is a brave and dangerous man and that he is abiding his time." Some of the members of the Missouri Institute of Homeopathy endeavored to draw attention to themselves by staying away from the meetings and neglecting their duties assumed by accepting the chairmanship of bureaus and one other member followed the aboriginal idea to the letter by hoisting his flag of imaginary insult and personal ill-feeling.

PRESIDENT-ELECT OF THE MISSOURI INSTITUTE OF HOMEOPATHY.



DR. F. M. MARTIN.

The *Clinical Reporter* presents in this issue a portrait of Dr. F. M. Martin, President-elect of the Missouri Institute of Homeopathy. Dr. Martin was born in Illinois fifty-six years ago, and reared on a farm, attending the country schools until eighteen years of age. He then spent two years in the Macomb Normal College. Several years following was spent in teaching. Graduated from Hahnemann Medical College, Chicago, in 1877, and began the practice of medicine at La Harpe, Ill., the same year. Remained at La Harpe ten years when he removed to Maryville, Mo. Was coroner of Nodaway county Mo., from 1890 to 1894, and county physician three years.

MISSOURI INSTITUTE OF HOMEOPATHY.

The session at Kansas City in April, 23-25, can be considered in many ways a successful one. The sessions were well attended especially by the Kansas City physicians and from over the western part of the state. The program contained many papers of marked interest, and the reading of the essays brought forth lively discussions. This is a free country and everybody is entitled to his belief yet an effort is often made to have the other fellow see things as the party of the first part sees them. We are not all constituted alike, nor are our experiences all alike, if they were so, there would be no need of the Institute. Every body who attends, does so with either of two ends in view, to learn something new or something better; or to teach the other members or attendants something, or to blow his own horn. It is usually that both are satisfied, as those who hold the former object in view, form ready listeners for those of the more selfish motives, we need both in order to have interesting meetings. An effort should always be made by the chairman of the various bureaux to have the best essays or papers obtainable, by men of wide experience and then make it their preferred duty to have these contributors present, to present their subjects, and especially is it important for the chairmen to attend to make their respective bureaux instructive, only when this is done, can the Missouri Institute expect to increase in membership and attendance.

The officers elected this year are with the exception of one, new in active Institute work. With new blood infused in the officers of the Institute we trust a new and unprecedented activity will ensue.

One of the recommendations made by the retiring president in his address was acted on favorably, (i. e.) the appointment of a committee on membership authorized by the adoption of a section to the By Laws. If this committee will work with enthusiasm and with the one object in view, that of securing new members we hope to see the Missouri Institute return to its old time activity and interest of 15 or 20 years ago, and become a potent factor in the state.

Speaking of the Citrus fruit and its significance as lately employed in things political, it seems to us as a spectator—that Kansas City presented a well developed specimen of this particular fruit to the St. Louis members of the Missouri Institute of Homeopathy.

MISSOURI INSTITUTE AFTER THOUGHTS.

Dr. Max Lissack (H. M. C. 1902) was an interested listener and reported himself as more than pleased with the condition of Homeopathy at Independence, Mo., where he is located.

Immediately on admission to membership Dr. Wetherton of Clinton, Mo. participated in the scientific part of the program. His quiet, forceful manner indicates the earnest, interested member. Hope to see you in St. Louis next April, Doctor Wetherton.

Through the courtesy of Dr. Wm. Forster, a surgical clinic at the City Hospital was conducted before a number of members by Willis Young of St. Louis. Dr. Young demonstrated the application of Bernay's method of disposal of the sac in inguinal hernia.

Dr. Scott Parsons paper in the surgery section on "Possibility in Bone Surgery" excited the keenest discussion of any offering in that bureau.

Dr. G. F. Adams of Kenosha, Wis. returned home via St. Louis.

Dr. Luella Z. Rummel of Kansas City made a report of a case which beautifully illustrated the value of the homeopathic remedy in an incurable case of "Bad Heart."

Dr. Benj. F. Bailey of the Green Gables Sanatorium, Lincoln, Neb. held the attention of the Institute with a splendid essay on "Dementia Precox."

One of the pleasant features of the social side of the session was a luncheon at the Midland, attended by the President G. A. Mellies, M. D., President-elect F. M. Martin, M. D., Secretary Paul R. Fletcher, M. D., chairman of Legislative com., W. E. Reily, M. D., and Chairman of Bureau of Surgery, Scott Parsons, M. D.

Dr. J. Howard Heacock on competitive examination was awarded an internship in St. Gregory's Hospital New York, having made the highest percentage of all applicants. He enters on his duties on June 1. This places three of the 1907 class as internes in hospitals. Dr. Eugene Graur, St. Louis Children's Free Hospital. Dr. Jacobs, Metropolitan Hospital, New York. Dr. Heacock in St. Gregory's Hospital, New York. This speaks well for the graduates of the Homeopathic Medical College of Mo., and the opportunities that are offered.

NOTES.

Dr. G. W. Coffman is recovered from a sharp attack of illness.

Dr. Carmine Stahl, has returned to his home at Kirksville, Mo.

Dr. Ewd. Mellies, of Owensville, Mo., spent a few days in the city looking after the interest of some patients he brought in for treatment.

Dr. Charles Barnard has established his office at 121 Louisa St.

Dr. H. Fiedderman is located at 5734 Roosevelt Place.

Dr. E. B. Thomas is spending a few weeks at New Rochelle, L. I.

Dr. J. Howard Heocok has returned to Parsons, Kas., to rest up after his college days and examinations, he has successfully passed the examination entitling him to practice medicine in Missouri.

Dr. Arthur Schnell of Detroit, Mich. has moved his office and residence to 163 Kercheval Ave.

Dr. Maurice Thompson (H. M. C. '07) has located at 7128 Lanham Ave. St. Louis, Phone Benton 397.

Dr. Caroline Howes of East St. Louis is again at home after a severe surgical experience in St. Anthony's Hospital.

Dr. Franklin T. Knox, has taken up his residence at 3878 Delmar Ave., retaining his offices at 3401 Washington Ave.

Dr. J. H. McCaughan has disposed of his Static Machine and installed a coil for radiograph and Xray therapeutic work.

Dr. Jacobs (H. M. C. '07) is visiting in his home, Sigourney, Iowa. He assumes an Internship at the Metropolitan Hospital, New York, on June 1st.

Miss Sciota Horn and Miss Anna Armbrecht who will take charge at the Lutheran Hospital as Surgical and House Superintendents, respectively on June 1st, are spending a preliminary vacation at Rochester, Minn.

The Homeopathic physicians of St. Louis are availing themselves of the opportunity to secure the services of nurses trained in a Homeopathic Hospital. Application for graduate nurses may be made to the Christian Hospital, Bomont 987. Central 8356.

AMERICAN INSTITUTE OF HOMEOPATHY.

To the Homeopathic Physicians of America:—

Your national society is about to hold its annual meeting at Jamestown. I say *your* society, for it is yours whether you belong to it or not, since it is the standard bearer of Homeopathy and because of its strength and activity your position is stronger and you command greater respect in the communities in which you live.

Are you alive to your duty to the American Institute of Homeopathy and the privilege of belonging to it—you, who are not members or who do not attend its meetings? I am sure you neither realize how much you owe to the Institute nor how much you lose in not being of that company which yearly meets for scientific work and friendly intercourse. Both are of great advantage to the physician since he will never reach his best if he strive alone and does not mix in just this way with his fellows. For the Institute is now so large and so strong that here will be found men and women of the highest attainment, standing in the front rank of the profession, leaders in every department, be it general practice, surgery, or any of the specialties. Is it not worth while to know such men and women, to hear their views and learn their methods, not only from their papers but by personal contact? The Institute is a very democratic body, acquaintances are easily formed, and the quiet interchange of ideas is constantly going on and is one of the best ways of acquiring information.

The social side of Institute life is one of its most enjoyable and profitable features. The acquaintances of the first year or two soon ripen into friends, each year increasing in number and becoming dearer. To one who has attended the meetings year after year the friendships thus formed become very precious and the experiences of Institute week are counted among the most enjoyable of his life, to which he looks forward with pleasant anticipation. He soon begins to have a personal feeling toward the Institute, which ere long becomes a positive affection, and he looks upon her as the college man does upon his Alma Mater.

There is still another feature of Institute life that should not be overlooked, for it is important and legitimate. It is a valuable professional asset to have acquaintances and friends located all over the country, for the American people are migratory and frequently change their places of residence and in so doing almost invariably ask their family physician to tell them what physician to employ in their new home. He is far more likely to recommend a man whom he personally knows and whose ability he has measured than he is a stranger, and a man does not attend the Institute many years before an accurate estimate of his character and ability is formed.

The Jamestown meeting affords an inviting opportunity to begin or renew Institute life, since we meet under favorable conditions both for

work and recreation, the details of which have already been published. The reports of the annoyances and discomforts of the opening day of the Exposition need not alarm us, even if they were not exaggerated. Unquestionably the Exposition was not ready to entertain a large number of visitors in comfort on April 26th, but there is no question about our being well taken care of on June 17th. The Inside Inn, our headquarters, is completed and in excellent condition to take care of us in a satisfactory manner. All the sleeping rooms are in the second story, so that danger to life from fire is eliminated. I can state positively that the sanitary arrangements of the Inn are good and that the drinking water is above suspicion. The Hall of Congresses where we hold our sessions, is completed and its sanitary arrangements are also satisfactory. In fact, there is every reason to believe that the sanitation of the whole exposition, which is under the supervision of a U. S. Government expert is excellent.

I believe that the Institute has never before met under conditions more favorable for work and recreation. It goes without saying that there will be some annoyances and inconveniences—such things are inevitable—but I am convinced that those who go to the Inside Inn will have less annoyance and greater comfort than those who may choose to patronize hotels at a distance from the Exposition grounds.

EDWARD BEECHER HOOKER, M. D., President.
Hartford, Conn.

Below is a tribute to the worth of one of our number, showing the esteem in which he is held by his fellow townsmen, and indicates what kind of support he has in his invitation to the American Institute of Homeopathy to hold its next meeting in Oklahoma City:

OKLAHOMA CITY, April 16th, 1907.

WHEREAS, The Hon. J. Hensley, M. D., has just been instrumental in securing from Mr. Andrew Carnegie an appropriation of \$25,000 for the purpose of building an addition to the Public Library of this city; and,

WHEREAS, This is but another evidence of the far sighted patriotism exhibited by Dr. Hensley on many former occasions when Oklahoma City's best interests were in jeopardy, or in need of assistance, particularly in the memorable contest for the voting of bonds for the construction of our magnificent sewer and water systems, and, later on, in the fight for Statehood, both here and at Washington; therefore, be it

RESOLVED, That the members of the Oklahoma Traffic Association do hereby tender to Dr. Hensley a vote of thanks for the disinterested public spirit which he has shown on many occasions, and hereby elect him an honorary member of this association as a slight token of the regard and esteem in which he is held by business associates.

OKLAHOMA TRAFFIC ASSOCIATION.

W. V. HARDIE, Secretary.

BOOK REVIEW.

THE ABDOMINAL AND PELVIC BRAIN with Automatic Visceral Ganglia, by Byron Robinson, B. S., M. D., Chicago, Illinois. Published by Frank S. Betz, Hammond, Ind.

This volume stands alone in its class of works on medical literature, in that the author takes up in detail the anatomy, physiology and pathology of the abdominal—(solar and epigastric plexus) and pelvic (cervico-uterine ganglion) brain.

The work is based on the so-called reflexes as they are observed in health and disease, and brings forth the theory, based on observation, that the abdominal and pelvic ganglia of sympathetic nerves are capable and do originate nerve impulses, and shows how the abdominal organs are governed and controlled by nerve rhythm and reflex action. The perusal of this work opens up many new fields for consideration, in the study of diseases possessed of no special pathological lesion, as hysteria, neurasthenia, malnutrition, anemia, neuroses, etc.

This book is a complete treatise on the (nervous vasomotorius abdominalis) abdominal sympathetic nerves in which work Byron Robinson has been especially interested and written of for 15 years. We believe that a study of this work will prove of vast interest and importance alike to the general practitioner and specialist. The work is replete with original work and the chapter on shock would prove of great value to the abdominal surgeon.

POCKET THERAPEUTIC INDEX, published by Luyties Homeopathic Pharmacy Co., bound in flexible leather, and containing blank pages for notes or therapeutic guides.

This little booklet will find a ready place and will become a constant companion to the busy practitioner. It does not give any indications for remedies; under each disease we find the remedies most often called for, and suitable adjuvants. It speaks well for the enterprising firm of Luyties Homeopathic Phar. Co.

THE MEDICAL ERA'S SPECIAL EDITIONS.—The *Medical Era* of St. Louis, Missouri will conform to its usual custom and issue its yearly series of special Gastro-Intestinal numbers embracing July and August. The August issue will be given over entirely to the consideration of every phase of Typhoid Fever. The series will contain about 35 or 40 practical papers and will contain a large amount of valuable information.

ANNALS OF SURGERY—*Special June Number*.—The annals of surgery completes its forty-fifth volume by issuing a special June number. This will be composed of choicest literature of modern surgery, written by eminent specialists, each article will be a comprehensive treatise of the subject considered.

Dr. A. T. Osgood of New York City, the Diagnosis of obscure cases of Renal and Ureteral calculus.

Dr. Nathan Jacobson, Syracuse, New York, Toxic Nephritis dependent upon surgical conditions.

Dr. Edward Keyes, New York City, Tuberculosis of the testicles.

Dr. Clarence A. McWilliams, of New York City, Primary Typhlitis without appendicitis.

Dr. Jno. A. Bodine, New York City; his observation or 500 cases of radical cure of Inguinal hernia under cocaine analgesia, and others by Dr. J. Collins Warren, of Boston, Wm. J. Mayo, Rochester, Minn., R. C. Coffey, Portland, Oregon, Geo. Chandler and Leon K. Baldauf, Max W. Meyer, Columbia, Mo., W. W. Keen, Philadelphia, Pa.

REPRINTS RECEIVED.

"A Proving of Quinine Sulphate." from the Hahnemannian Monthly, April, 1907, by Fritz C. Askenstedt, Louisville Ky. "Motor Insufficiency and Dilatation of Stomach." from Medical Brief, Dec., 1906, by Fritz C. Askenstedt, Louisville, Ky.

"The Xray as a diagnostic Aid" from Interstate Medical Journal, No. 3, 1907, by Edward Holman Skinner, Kansas City.

TEXAS HOMEOPATHIC EXAMINING BOARD.

Texas Homeopathic Medical Examining Board will hold its final meeting at Ft. Worth, Texas, July 4-5, 1907. After July 11 it will be superseded by a mixed board, mainly allopathic.

Sec. 8 of present law directs registry without examination, of applicants presenting (by mail) certificates of boards of some of the more advanced states, and Sec. 6 prohibits discrimination against any applicant on account of school of practice.

Although the present law does not require graduation as prerequisite to examination, for license, those who have not had at least two years in a medical college.

Those who have been registered by other Texas boards in last 12 months, need not apply. For blanks, etc., address H. B. Stiles, M. D., Waco, Texas.

THERAPEUTIC THOUGHTS.

Nux Vomica always seems to be out of tune; inharmonious, seems to cover a great many of nux vomica conditions; for instance, he is usually out of tune with his family or attendants. The more he endeavors to do any mental work the more his mind gets befuddled, and causes his head to ache. This inharmonious action also involves the entire sympathetic nervous system and organs governed thereby, *i. e.*, the bowels act spasmodically, the harmonious rythmical action present in health is absent. Instead of propelling the intestinal contents onwards, often causes it to reverse its course into the stomach and followed by sour bitter eructations. That easy vomiting of ipecac and lobelia is absent, on the contrary, marked by persistent retching, yet not affording relief. The same spasmodic condition is present in the bowel movements, feels the necessity of an action but unsuccessful. This characteristic pervades, both the diarrhea and constipation of nux vomica. Several other remedies must be had in mind when a condition like this is encountered. Mercurious especially, and pulsatilla also in the inflammations of the colon, while the chief distinction is the changeableness in the color and appearance of the stools of pulsatilla, the latter is usually worse at night and wants the fresh air, while nux vomica is worse during the day and is chilled by fresh air and being uncovered. Mercurious perspires considerable and is not relieved thereby. Nux vomica belongs to the irritable class, shows an affection of the cerebro spinal and sympathetic nervous system while mercurious centers on the vegetative sphere, organs of digestion, assimilation and metabolism.

Recently we had a conversation with an old school friend when he said "you have a remedy that beats morphine in gastralgia 'all hollow,' and that is a trituration of Asafœtida, the 2x used." Well, we agreed with him that in certain cases it beats morphine in the speediness of giving relief and staying relieved. Every Homeopath knows that when there is great accumulation of gas in the stomach or the feeling of such with an upward pressure, causing dyspnoea and anxiety, rapid pulse, and feels pulsations over entire abdomen, that Asofœtida is the remedy. Nux mosch. comes very close to it however, in the enormous distention of the abdomen, feels as if they are going to burst, as if stones were rubbing together in the stomach.

These two remedies are often neglected in the treatment of gastralgia, or the common term "wind colic." A remedy that is of marked service in the "wind colic" of infants is the *Illicium Anisatum* (Anise). This plant contains in the seed a volatile oil, which has for ages been regarded by the Chinese as a carminative. When given in the lower triturations, of the seed, we have in this remedy, a blessing for the tired, worn out mother with a baby who has the "three months colic."

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THE MEDICAL AFFLICTION.

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1st. Incubation.

"Wisht I wazn't just a farming,
Cuttin sprouts and pitching hay;
Dyin fer a heap of larinin:
I'll be doctorin folks some day."

This a green youth said one morning.
When the hot sun climbed the sky;
No one gave him any warning,
So he bid them all goodbye.

2nd. Crisis.

Thus to college, small his power;
Studied medicine four terms:
Green things often bud and flower;
Knew to fish he must dig worms.

Had the night-mare after cramming;
Saw the State Board's dragon crawl;
Felt its ponderous body hemming
Him into dire failure's wall.

3rd. Resolution.

Bold endeavor has its fruiting;
Storms but make a brighter sun;
Hogs, he knew, will after rooting
Sleep in ease while all els run.

In an enterprising city,
He is conquering grievous ills;
Man of deeds, of love and pity;
Wonderous, say they are his pills.

There's a guiding star called labor;
Work brings forth an equal pay:
If you win true honor's favor,
You'll be doctorin folks some day.

—Carminc Sylvester Stahl, M. D.

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This journal is not responsible for the individual views of contributions.

Address all correspondence relating to subscriptions, advertising or business management to G. A. Mellies, M. D., 2839 Cass Ave., St. Louis, Mo.

ADVERTISING RATES FURNISHED ON APPLICATION.

POWDER BURN OF FACE.

E. KUDER, M. D., Coffeyville, Kansas.

About a year ago I was called in a hurry to relieve the awful suffering of Carl Rucker, of this city, 10 years old, who went playing with other boys exploded about two ounces of course black shooting powder in a little earth mound and not being quick enough to turn away got the most of the charge into his face; even the conjunctivae of both eyes were blackened, from the burn and subsequent inflammation; one of the ears also got burned very badly.

To extract the powder from the skin I have in years gone by applied a thick layer of castile soap made into a sort of dough, and as I had to deal here with the inflammation and pain beside, I scraped a cake of shaving soap, mixed it thoroughly with Antiphlogistine, and applied it about one half inch thick all over the face and ear, leaving a hole for the eyes, nostrils and mouth. About one half hour later the little patient, a very sensible child, rested very comfortable free from pain and slept a few hours soundly. About 24 hours later I removed the whole mask from the boys face and to my great delight and surprise the application had drawn out every kernel of the powder. The inflammation had been greatly reduced, pain was all gone and the face appeared almost natural again with the exception of the sclera of both eyes, which I treated with a solution of Cocaine adrenalin.

For about a week the face was anointed with cold cream twice daily, and being well, was discharged as cured.

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AN EFFICIENT FORMULA FOR USE IN RHINITIS.

DAILEY APPLEBERRY, M. D., St. Louis, Mo.

During the changeable spring weather it is no unusual matter for the physician to be called upon by his patients to treat their nasal troubles, among which the most common is, beyond all doubt, that catarrhal inflammation of the schneiderian membrane which is currently called rhinitis. It is that form which is not only annoying but very often painful. Among the symptoms which may manifest themselves are pruritus as well as an accompanying anosmia, both of which are exceedingly unpleasant to those so affected. There are many practitioners who begin treating such cases by at once cauterizing the mucosa with stick nitrate of silver, with chromic acid, with the acid nitrate of mercury or even with the galvano cautery.

These are methods which are but seldom indicated and should but rarely be employed, as the results of their use culminate in scars and a disagreeable condition of the nasal cavity with the constant formation of crusts.

Not long since I had occasion to examine some patients affected with such catarrhal rhinitis and the appearance presented was that of an angry-looking mucous membrane whose secretion was pronounced and inclined to become purulent. In all of these the patients were ordered to take appropriate tonic remedies and for local application the following was ordered to be applied two or three times daily.

R. Hydrar. bichlor.....gr. $\frac{1}{4}$
Katharmon..... $\frac{3}{8}$ vi

M.—Sig. Use four times daily in the nose.

This acted like a charm and in a comparatively short time my patients reported themselves well. It would not be a bad idea to combine white liquid hydrastis with the above; but, above all, see that there is a liberal amount of katharmon, for that is the ingredient that does the work. Those colleagues who will employ the above formula will find it among the valuable ones they possess.

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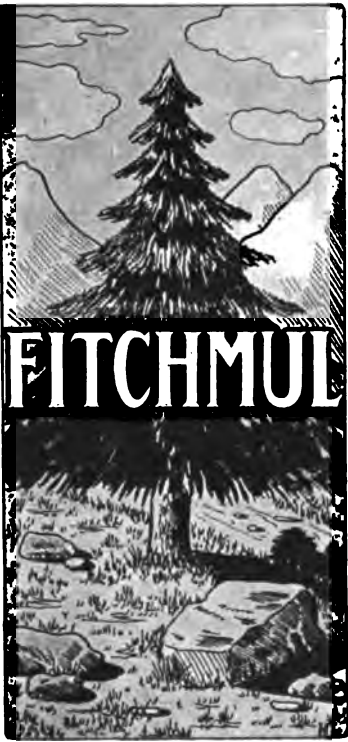
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Volume XX

JULY, 1907

Number 7

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THE CLINICAL REPORTER.

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Original Articles.

EPILEPSY.

W. E. REILY, M. D., Fulton, Mo.

In the study of the literature of epilepsy, one is impressed with the dearth of reliable information both as to the pathology and the treatment of this most distressing condition.

Most authorities agree that it is an organic disease of the cerebral cortex characterized by attacks of unconsciousness with, or without, general convulsions.

Idiopathic epilepsy is characterized by attacks of unconsciousness with general convulsive seizures.

Jacksonian epilepsy, partial epilepsy, cortical epilepsy, symptomatic epilepsy is usually characterized by periodical convulsions affecting only certain groups of muscles and often unattended by unconsciousness. It is due to disturbance of the projectional motor centres.

Most authorities consider idiopathic epilepsy under three forms or types, Grand Mal, Petit Mal and psychical epilepsy.

Grand Mal is characterized by unconsciousness with convulsions.

Petit Mal is characterized by unconsciousness without convulsions, and psychical epilepsy is a much rarer form characterized by acute mental disorders.

Etiology.—One-third of all epileptics reported have a history of hereditary nervous conditions in one or both parents. Of these nervous conditions epilepsy and insanity form the greater portion. The greatest tendency to development of the disease is shown about the time of puberty and forty-six per cent of all cases developed between the ages of ten and twenty years.

All hereditary nervous taints predispose to epilepsy, but it is a question whether other hereditary diseases have any special influence on this disease.

About twelve percent of cases develop during the first three years of life, but the relationship existing between this disease and infantile convulsions is not clearly defined. It would be easy to conceive, however, how the same lack of balance in the nervous system that is shown in the child with convulsive tendencies could be developed into true epilepsy.

The first attack may be traceable to a fall on the head even without any gross lesion, to fright, unusual excitement, heatstroke, or it may follow any of the acute febrile conditions of childhood, particularly scarlet fever. In none of these, however, is it often seen.

As reflex causes we may mention intestinal irritation, either from worms or intestinal indigestion, phimosis, adenoid vegetations in the pharynx, delayed or difficult menstruation and masturbation.

Syphilis may be the cause of epilepsy either with or without brain lesions due to this disease.

There is no question but that chronic intestinal indigestion, with the putrefaction and chronic constipation attendant thereon, is among the most important factors in producing the spasm. But scarcely less important along this line, in the experience of the author, have been masturbation and sexual excesses. In sixteen consecutive cases which came under my personal observation all were masturbators and all were constipated.

In 238 cases reported by Herter and Smith, 72 per cent showed unmistakable evidence of intestinal putrefaction, as shown by the presence of etherial sulphates in the urine in large amount, just before the paroxysm.

This association of intestinal putrefaction with epileptic seizures is most important as furnishing a clew to the management of many of these cases.

In the experience of the author it has been one of the most important etiological factors, especially in children, and as an exciting cause of first attacks.

Sex seems to have little influence on the disease.

Pathology:—There are few diseases in which the pathology of the condition is not more satisfactorily explained than epilepsy. Aside from the fact that the nervous discharge or explosion is the result of disturbance in the cortical substance of the brain, the pathology of this condition is wrapped in obscurity. Degenerative changes in certain ganglion cells, amounting to almost complete dissolution of these cells in some instances have been reported by some authors, while others have reported hyperplasia and, in some instances, sclerosis of the neuroglia or the cortex in the affected area.

Symptoms:—The symptoms of epilepsy are almost too familiar to the general practice to need repeating here. In the Grand Mal we have an aura of more or less pronounced degree consisting of certain prodromal

symptoms. The aura may consist of almost any symptom or set of symptoms and may be either motor or sensory, such as a spasm of the leg, arm or face, or numbness or tingling or some abnormal sensation in any part of the body, usually rising gradually to the head, at which time unconsciousness occurs.

The variety of symptoms and sensations described by patients as indicating the approach of the convulsions is endless. There may be a sensation in one finger, in the face, or a toe, or the tongue or eye, or in any part of the body; or the warning may be of a general character, as a sensation of heat or cold, or a faintness. There may be, also, visceral auræ, such as nausea, or vomiting, epigastric pain, palpitation, or cardiac distress.

There may be a feeling of dizziness or vertigo, or a general feeling of strangeness, or a dazed condition. There may be sparks before the eyes, or flashes of light, or strange objects may be seen; or there may be a momentary loss of hearing, or strange sounds and noises.

In most cases the aura is peculiar to the individual, and generally the same set of symptoms in the same patient.

In the beginning of the seizure the face usually becomes pale, the eyes widely dilated and rolling up in their orbits. This is quickly followed by loss of consciousness, when the patient falls violently to the ground and almost simultaneously with the fall the muscles take on tonic contraction, which frequently causes the patient to bite the tongue. The head is often rotated to one side and the face now becomes first livid, then dark and has the appearance of cyanosis, due to the interference with the respiration. The arms are usually flexed and assume the position of tetany; but the legs are extended. The bowels and bladder are frequently emptied, and all the symptoms point to the violence of the muscular spasm.

The stage of tonic spasm may last from ten seconds to half a minute and is followed by the stage of clonic convulsions, in which the symptoms are those of ordinary convulsions. The muscular contractions are violent and there is often frothing at the mouth. Gradually the muscles of respiration relax, air enters the lungs and the cyanosis passes away. The clonic spasm may continue for a variable length of time—usually from two or three minutes to half an hour—the muscular contraction becoming less and less violent until they finally cease. The patient usually passes from this stage into a deep sleep, which may last from a few minutes to several hours, and from which he usually awakens with a severe headache, which may continue for several hours.

The attack may be followed by temporary paresis, or aphasia, hysterical phenomena, vomiting, or intense hunger. In very rare cases there may be found traces of sugar in the urine.

In the Petit Mal, the attacks offer a very great variety of symptoms, and at times it is almost impossible to distinguish the epileptic from the various other conditions which are so closely simulated, except by the periodicity of the symptoms.

They pass under the name of "spells," "attacks of dizziness" "fainting spells," etc.

The symptom, which usually stamps them as epileptic, is the loss of consciousness, and this may be of such short duration as to pass unnoticed and is even absent altogether in some cases.

There is no fall, but there may be a slight dropping of the head, a vacant stare, or some peculiar expression or motion and that is all.

After such a mild attack the patient's mind may be entirely clear or he may be somewhat confused and say or do strange things. All sorts of curious acts have been performed by patients in an automatic way, following an attack of epilepsy and may be considered as a part of the condition. In rare instances even acts of violence have been done.

In considering the mental condition of epileptics a careful distinction must be made between those cases in which the disease is the direct result, or secondary to some organic brain disease, such as infantile cerebral palsy, and those cases which are the result of idiopathic epilepsy.

After emerging from an attack of epileptic convulsions the patient may appear as in a trance and move about performing senseless and purposeless acts, although seemingly conscious. This condition may pass into epileptic mania, in which condition the patient is dangerous to those about him, and this mental derangement may finally result in dementia and a chronic state of mental impairment.

In Jacksonian epilepsy, which is caused by some irritation of the motor centres of the cortex of the brain, consciousness is not lost during the attack, or at least, not till very late in the attack, if at all. The spasm begins in a group of muscles, and extends until the whole limb or face is involved. The extent of the brain lesion may increase so that the convulsions involve more muscles until they become general.

In psychical epilepsy the patient may perform some peculiar automatic action, such as undressing himself, tearing anything within reach, rubbing his face, or spitting about in a careless way. Sudden outbursts of maniacal excitement may take place, and during these, crimes and particularly assaults may be committed.

The diagnosis of epilepsy may be very difficult during the first few attacks. Petit Mal may simulate very closely an attack of syncope, Menieres disease, cardiac lesions and indigestion. In these conditions there is no loss of consciousness as in Petit Mal, however. Grand Mal is simulated by uræmic convulsions, simple convulsions of children, convulsions from organic brain lesions, malingering and hysteria. In uræmia there is scanty, albuminous urine with high arterial tension. In convulsions of children we can usually trace the cause. In organic brain disease the history and other symptoms generally serve to clear up the diagnosis. Malingerers do not bite the tongue and the attack can be readily stopped by strong pressure over the supraorbital notch. In hysteria there is usually an emotional element in the exciting cause, the onset is frequently gradual, the patient never bites the tongue and there is never

loss of control of the sphincters. The convulsions are of longer duration and more violent throughout, and the patient frequently talks. All these symptoms are generally reversed in epilepsy.

The prognosis of epilepsy, except in Jacksonian epilepsy, and in certain forms of reflex epilepsy, is not good, although treatment will give considerable relief. It does not tend to markedly shorten life. Where the convulsions in adults, and particularly when they are caused by syphilis, and in children in acute fevers, the prognosis is better.

The treatment of epilepsy depends entirely upon our ability to remove the cause, or causes, as the case may be. If there is pressure from an old injury to the skull we will frequently see marked improvement if not complete recovery from surgical treatment. If the case is due to phimosis, and generally when it is due to masturbation, circumcision is indicated and will do much to clear up the condition. In some obstinate cases of sexual erythism I would favor castration as offering the best prospect of cure.

One case of about 35 years standing was almost entirely relieved by the amputation of a badly scarred hand, which he had carried from the time of the first convulsion. Several other cases that have come under my observation have ceased to have convulsions when relieved of a chronic case of intestinal indigestion with constipation, bearing out the theory now largely advanced, that autointoxication from this source is often an important factor.

There is no condition in the whole field of medicine where it is more absolutely necessary for us to get

THE TOTALITY OF THE SYMPTOMS

before we can make a prescription or decide on any remedial measures.

Most cases taken early, will yield to proper treatment, but when they become more chronic we must search deeper in order to, even alleviate them.

I believe that time will demonstrate that at least ninety per cent of these cases can be cured if we can only discover the underlying condition before there is actual destruction of brain tissue.

As far as remedies are concerned, I would say, study your case thoroughly and prescribe *only on the totality of the symptoms*.

INVESTIGATE!

How can you men be content to go along day after day at your practice routine when there is so much investigation awaiting you? It is exactly in your line, too. The application of these agencies to the conditions presented clinically. Don't try to do it all, or get discouraged at the magnitude and do nothing. If each of you would only do a little bit. Wake up!—A. J. C. M.

A DENTAL REFLEX.

JAS. A. CAMPBELL, M. D., St. Louis, Mo.

Surely the human nervous system is "A harp of a thousand strings." It is vibrated and played upon by every passing influence, either in the harmony and thrill of sweet concord or in the rasping twang of tuneless discord.

We see demonstrations of this every day. At times the relation of causes and effect seem plainly apparent; again, we are at loss to know just where the "crossed wires" and "short circuiting" of the nervous apparatus is located.

A case in point, of recent occurrence, may be of interest.

A lady, married, aged 32, came to me, some months ago, stating that the vision of her right eye, formerly normal, had been gradually growing dimmer for three or four months, without any known cause. She had received advice and treatment from two well known oculists, with no benefit; on the contrary, she was gradually losing the sight of the right eye.

Various opinions had been expressed. Optic neuritis, brain trouble, constitutional disease, etc., had been suggested and treatments had been given accordingly; still no relief.

Examination of the right eye showed no evidence of external trouble. The vision of the eye was 15/70; pupil and tension normal. The optic disk was dull and blurry; veins full and turgid; arteries small.

The left eye was normal in all respects. Her general health was good. There was no history of any disease in the past.

It was without doubt optic nerve trouble, but the cause of it was baffling and remained so for more than two weeks, until one day she incidentally mentioned that the eye commenced to bother her a couple of weeks after a dentist had put a gold crown on one of her teeth, an upper bicuspid, on the right side. She stated that the tooth had been sensitive and, at times, even painful ever since.

Examination of the tooth in question showed it to be quite sensitive to pressure and the gum around it was red and irritable.

Here, in my opinion, was a possible cause for her eye trouble, for I had seen and reported two similar cases.

I instructed her to have the crown removed and the diseased root treated and cared for. This was done, and the result was a gradual but complete restoration of the defective vision of the right eye.

It was a reflex neurosis pure and simple, which was cured when the cause was removed, and any other treatment was and necessarily would have been absolutely useless.

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OUTWARD DISLOCATION OF KNEE JOINT.

G. A. MELLIES, M. D., St. Louis.

Stimson, in his work on *Fractures and Dislocations*, mentions four recorded cases of outward dislocation of the knee joint. The apparent rarity of this variety of dislocations induced the writer to report a case of this nature.

John C., aged 25 years, on December 4th, 1906, while testing his skill and physical strength in a wrestling match, was pulled down by his opponent, throwing the combined weight of the two men on his partially flexed right knee and resulting in the displacement of the tibia outward with the concave articular surface of the inner tuberosity resting against the outside of the outer condyle of the femur, placing the tibia almost at right angles to the femur. The patellar ligament and patella were drawn obliquely outward, resting on the condyle of the femur, with the skin tightly stretched over the articular surface. Diagnosis was easily made, as well as the reduction being readily affected. By grasping the leg above the ankle with the right hand of operator and with the left above the knee joint, with the extended thumb resting against the outer tuberosity of the tibia, then by alternately flexing and extending the leg, with pressure exerted by the thumb it was easily pushed back in place.

After treatment consisted of immobilization by means of a temporary splint for two days, then incased the knee in a plaster cast. The extensive swelling subsided in one week so that it was necessary to renew the plaster cast. At the end of the second week he was allowed to walk about with the aid of crutches. Removed plaster cast at end of third week and applied Z. O. adhesive strips. On the second of January he discarded his crutches, and regained perfect use of limb, with no indication of subluxation or weakness of knee even when heavy lifting in following his occupation, that of a piano mover.

2839 Cass Avenue.

CURE OF VARICOCELE.

When operating for varicocele it is far better to make the incision over the external ring, as in herniotomy than the usual incision in the scrotum. The cord, veins and artery may be pushed out of the opening and the veins separated from the others and ligated. The operation is much simpler and easier, involves less laceration and hemorrhage, and the dangers from embolism, thrombosis and septic infection are greatly minimized: It is wholly unnecessary to touch either the wounds in skin and tunica vaginalis or the cord and veins—finger-infection, here being very serious, since the wound must be closed without drainage. It is best sealed with collodion, over which a protective gauze-pad should be placed.—*Amer. Jour. of Clin. Medicine.*

HOMEOPATHY AND POSOLOGY.*

ROYAL S. COPELAND, A. M., M. D., Ann Arbor, Mich.

Last February, at the Albany meeting of the New York State Society, the homœopathic physicians of the Empire State declared by resolution the urgent need for revision and unification of the nomenclature of our attenuations. In discussing the problems at that meeting, your speaker suggested that Providence, perhaps, endowed homœopathy with the potency question in order that the practical features of our system of medicine might remain a never-ended subject of discussion. Undoubtedly, this problem, in some measure at least, has kept alive the flame of enthusiasm, certainly its consideration has rendered spectacular many a meeting of the profession which otherwise might have been quite commonplace.

There are things about potency and potencies, however, which it is more than surprising have not long since been settled, and taken from the controversial field. I make bold to refer to some of these, and, in order that there may be no chance of misunderstanding my position regarding all divisions of the homœopathic profession, I may be permitted perhaps, as on another occasion, to first declare my personal conviction regarding homœopathic practice. What one unimportant member of a great profession may or may not believe, is usually a matter of small consequence, but when he presumes to pose as a critic he should at least proclaim his loyalty to the essentials of the practice.

I believe that every man who prescribes medicine for the cure of disease, selecting the remedy in accordance with the theory of similars, is a homœopath. Whether he prescribes this remedy high or low, prepared by the decimal or the centesimal scale, in dilution or trituration, potentized by the Hahnemannian or by the fluxion method, I say, in all sincerity, that in my opinion the processes of the disease, whatever may be its name, will be more or less modified by the prescription. While I have individual preference for what are commonly called the lower potencies, with present knowledge I believe the high dilutionists, as I have met them, are curing as least as many patients, possibly more, than are we of the so-called cruder practice. My creed, you must see, is as broad as John Wesley's: of this profession, I say with him, "All men are my brethren."

There is one stern fact, however, that must be faced by every homœopath, and one that, like Banquo's ghost, will ever rise to torment the practitioner of this system: How can we explain the action of the C.M., the D.M., and the M.M. potencies? We may say it isn't necessary to explain their action; it is in harmony with the laws of nature; is a fact based on experience, etc., etc. But when this question arises, whatever

may be our individual faith, the fact is it hurts to have the old school doctor, the homœopathic medical student, or the inquisitive patient, politely change the subject, or impolitely sneer, if nothing worse.

In view of the good results of homœopathic practice by our brethren who use the high potencies, most of us are content to pass over the whole problem, with no attempt to solve the mystery. But knowing the facts, why should we silently endure the abuse which has been heaped on homœopathy because of statements of cures made by remedies in alleged potencies, potencies which never have existed and which in all probability never will be made?

This statement is made with no thought of the sensational, and with perfect knowledge that preceding generations of our profession discussed the same problem. Unfortunately, most of their discussions are bound in journalistic literature and lost in college libraries. Many of the older listeners here to-day will remember the acrimonious debates of Swan and Fincke, and Deschere and Burdick and Allen, of Skinner, of Wesselhoeft, of Gross and Stapf and Boenninghausen, of Jones and Breyfogle, of Sherman and Dake and Bacmeister. Most of these old heroes, I am sad to say, have gone where the potency of righteousness alone availeth. Sadder still is the thought that the discussions of long ago did not suffice to unite the wings of a divided profession into an invincible army, under an insignia so evident as to obliterate the scoffings of an incredulous enemy.

In order that the younger members of the profession may understand exactly the situation as regards the alleged M., C.M., and M.M. potencies, I must, at the risk of boring some of the older practitioners, give a brief historical sketch of the departures from the practice of Hahnemann. While not literally true, perhaps, it is essentially so, that the founder of our system never prescribed higher than the potency of X, now known as the 30th centesimal. His practice varied, from year to year, from the crude drug to the 30th, and back again to potencies under the 6th. His latest advice, probably, was in favor of the 30th.

Count von Korsakoff, as you know, was the father of high potencies. This enthusiastic disciple of Hahnemann was so confident of the medicinal power of drugs, that he proposed to medicate sugar pellets by shaking a thousand or more for five minutes with a single globule medicated with a high dilution. Then came Jenichen, a layman, of whose methods we are somewhat in doubt, but who apparently was imbued with the dynamization idea to the extent that he believed succession without dilution to be sufficient. Herr Jenichen, starting with any dilution, reckoned the potencies by the number of shakes he gave the bottle. Encouraged by Hering, Gross, Stapf, Boenninghausen and others, he continued the shaking process until he reached the 60,000th. The ardor of his enthusiasm and the endurance of his splendid physique were such that he was able to devote five hours a day to this labor. Dudgeon estimates that "each succession occupied a second of time, and that by working five hours continuously without stopping for an instant to potentize one single

medicine up to the 60,000th potency would take him nearly five weeks of hard labor."

With the death of Jenichen it is presumed this method lost its chief exponent. However, the large heritage of medicated pellets left his heirs has been disposed of to somebody, because to-day the highest Jenichen potency to be purchased is the 6,000th.

The demand for high potencies, especially by the American profession, had become established. To supply it we find next the invention of various machines, chiefly the Swan, Skinner and Fincke devices, by which "fluxion" "bottlewashing," or "tin cup" potencies were made. While each has its separate mechanical device, all three of these methods are essentially the same. A description of one necessarily covers all the important features of the other two.

The method of Dr. Swan, as described by a contemporary, was as follows: He used a potentizing bottle, three inches high, with a bore of three-quarters of an inch, and a capacity of about four hundred minims. Into this bottle he put one minim of the drug to be potentized, inserted into the bottle, nearly to the bottom, a small tube finely perforated, for nearly two inches of the lower portion; this tube was connected with a water meter registering cubic inches. For each cubic inch of water running through the meter into the bottle, he counted three potencies, up to his 1 M. One hundred cubic inches gave the 300th potency of his notation, and three hundred and thirty-three and one-third cubic inches produced his 1 M. (1,000). One minim of his so-called 1 M. was put into the potentizing bottle, and his 333 $\frac{1}{3}$ cubic inches of water run through as before. This he called millionth potency.

As Professor Burdick said thirty years ago: "It must be clear to any one that the same process which produced the 1 M. potency, from an initial drop of Tr., again repeated with one minim of the 1 M., would raise the potency 1,000 more of his notation, and only that, which would give the 2 M. instead of the M.M." Of course, Swan disputed this, but to no purpose, in my opinion.

The theory of the fluxion potency is that the addition of each charge of water displaces that in the bottle, leaving only enough of the diluted drug to medicate the freshly-added water. As Deschere pointed out a quarter of a century ago, the bottle is in reality never emptied and the theory of replacing a certain definite amount by constant overflow is hypothetical. As a matter of fact, potencies of the fifth made with eosin or other coloring matter, by the Hahnemannian method, show no more color than do the 1000th, made by the Swan method. "Therefore, we have a right to say," says Deschere, "that Dr. Swan's millionth, which is reached by passing 666 $\frac{2}{3}$ cubic inches of water through a glass containing one drop of tincture, equals the 10th real centesimal potency."

My own experiments with the Skinner potencies show that his notation is misleading. Comparison of samples, prepared under the direction of Dr. Rabe, with dilution of eosin, made in the University of Michigan

laboratories by the Hahnemannian method, demonstrates that the Skinner notation, in order to be anywhere near correct, must be divided by at least five. The alleged 30th of Skinner is no more diluted than the 6th of the Hahnemannian scale, and, like all other fluxion potencies, the Skinner dilutions lack uniformity of strength.

By the Fincke process, described in the United States patent reports, the water flows under pressure from a pointed tube an inch above the medicine vial. The force employed produces a more intimate mixture, and the method is possibly somewhat superior to Swan's. At least, Deschere demonstrated that the Fincke potencies run a little higher, although entirely short of the true centesimal. The conclusion of these experiments, very convincing to me, quoting this eminent author, was as follows: "Our 30th and 200th are much higher than any of the fluxion high potencies, which cannot be correctly calculated as to their true attenuation, on account of the many points of error in their preparation. It is, therefore, in no way admissible to use for these, notations which placed them in the rank of centesimal potencies."

The fluxion potencies, I am informed, are the ones chiefly employed by the purists of our profession. If I have made myself understood, it is apparent that in the terms of the accepted notation, namely, the centesimal scale, these gentlemen are employing in practice potencies below the 30th, probably most of them under the 30th decimal. If this is true, and if it is a fact that our common homœopathy is brought under ridicule by reason of a false notation, why cannot the stumbling block be removed by conforming to the accepted standard? Such have been the changes in scientific thought that the 30th centesimal can frighten no well-informed individual, and a decent respect for common honesty should permit only such claims as are justified by the facts.

This is delicate ground, and I desire not to be misunderstood. I am not here to question the honesty of such leaders in our ranks, the world over, as employ the fluxion potencies. Far be it from me to question the wonderful results of their superb knowledge of *materia medica*. Were I ill and this moment on a bed of sickness, sick unto death, I would rather have one of these splendid prescribers attend me than a whole faculty of the most famous practitioners of the dominant school. This is my sincere testimony to their professional skill. But, and I now appeal to these very men, dearly beloved brethren, the mere nomenclature of your potencies has driven from the homœopathic profession hundreds of bright young men and women, who have not remained long enough to observe the results of your practice, but have been antagonized by a notation so startling as to appeal only to the imagination. As a medical teacher, who has devoted almost his entire professional life to medical education, who has unswervingly supported every tenet of the homœopathic faith, who by precept and example has faithfully attempted in his small way to promote our common cause, let me beseech you to re-examine the facts, and, if possible, to revise, not your practice, which in my opinion is above criti-

cism, but the notation employed in the records of your truly marvelous cures.

If I am wrong in my position, I apologize. If I am right it is the duty of every so-called high potency prescriber to correct speech and written record, employing only the standard notation, and to exclude forever the Ms., the C.Ms., the D.Ms. and the M.Ms., the Ms. which have brought needless ridicule upon the grandest and truest, indeed, the only therapeutic system!

In my opinion, therefore, our New York brethren are right in their contention that there should be revision and unification of the nomenclature of our attenuations. There should be but one notation for our potencies. It matters little, probably, whether the decimal or the centesimal scale is adopted, but since the centesimal is the older and, in a sense, the classical method, it is perhaps entitled to first consideration. Why can we not go out from this World's Congress with at least one problem settled, with the notation of the potencies a determined thing? If the fluxion method of preparation be employed, which personally I should like to see abandoned, the notation should approximate the Hahnemannian scale. Let us put aside all our differences, brethren, and calmly face a situation which is more than sentimental. Upon its early settlement, in my opinion, depends much of our future growth.

Lack of knowledge of the facts involved in the potency question is responsible for more than has been indicated thus far in my argument. Many a weak-hearted, doubting Thomas, materialistic homoeopath has been turned from the faith, because of his absolute inability to grasp the idea of care with the "millionth" potency. Had it been explained to him, when he heard the report of such a case, that this is the "millionth" of Swan, really the tenth of the ordinary notation, instead of turning away in mental perplexity, if not disgust, he would have remained to hear more, to be made a better homoeopath, and to resolve to cure more of his suffering patients with the homoeopathic remedy.

As a homoeopathic educator, I know full well that this concession on the part of the high potency wing will result in an increased attendance at our colleges and better results from our teaching. Instead of spending hours and days defending homoeopathy, in attempts to explain its wonders, we will be teaching materia medica and showing results of homoeopathic prescribing. Our consultation hours will not be devoted to explaining away the doubts of some freshman who has just heard of the M.M., and who cannot be made to see how such an infinitesimal dose can possibly avail.

It is almost axiomatic that the dose of medicine essential to the cure of a patient is the full amount of the remedy usefully employed to this end. In the true sense, the dose is not the amount given at one time; it is the total amount administered. If this be true, one cannot state positively that the 6th, the 30th or the 200th is indicated. The indication is for a certain, undetermined, indefinite amount of a drug, which has

been selected by a well-defined and positive process. The remedy is administered in what may be called broken doses, that is, at regular intervals a part of the dose in measured quantity is given the patient; how much may be necessary is not known until recovery takes place. Were this fact kept in mind, I believe there would be much less dispute regarding the potency. At least, there would be no dispute among those who exclude the idea of a mysterious dynamic. If the "dynamic theory," as it is ordinarily understood, is accepted, then, of course, this teaching is of no value. Personally, I believe it is entirely unnecessary to fall back on mystery. Modern science makes it entirely obvious why the infinitesimal dose is the only reasonable one. The only thing to be determined in any given case is how much, or how little of the drug is required.

I have no sympathy with the homoeopath physician who is afraid of the attenuated drug or skeptical of its value. I am not here to defend such a one. Every laboratory in the world is teaching the power of the infinitesimal. The progress in physical chemistry has made it possible to explain the action of the infinitesimal dose in language understood by the scientist even though he be unfamiliar with therapeutics. The present trend of scientific thought is confirmatory of every theory of the homoeopathist. In four important particulars the recent views have an important relation to our system.

The first of these is the cellular theory of disease. Writers of the dominant school now speak of disease as being dynamic, meaning that the disturbance is not functional in the old sense, but that the life processes of the cell itself have been changed. To thoroughly appreciate this adoption of a word so long familiar to the homoeopathic profession, it must be noted that the current theories today measure all cell activity in chemical terms. The processes of metabolism in the laboratory of the cell are identical with the reactions instituted in the laboratory of the chemist. It naturally follows that remedies, to be useful in the treatment of a condition explainable in chemical terms, must be presented to the diseased cell in such form as to be acceptable to its chemical requirements. Therefore, the infinitesimal dose is clearly demanded.

Secondly, in every branch of biological science it is an accepted fact that the living cell possesses an individualism, that it has the power of independence of action. In any consideration of pharmacology the importance of the so-called "selective affinity" of cells or "tissue proclivity" cannot be over-estimated. Hahnemann, perhaps, could not explain why the single remedy, for which he contended so vigorously, was the scientific prescription, but with present knowledge it is easily explainable. Chemical reactions are definite and positive. An unsatisfied equation cannot be completed by the addition of any wandering chemical, which by haphazard chance may come within reach. A remedy prescribed on "general principles," by random and aimless methods, may, by accident, possess within itself such a chemical component as to permit it to join in unfortunate combination with the unsatisfied cellular elements. This un-

happy marriage would probably rob the cell of needed sustenance by forcing upon it a lazy and unproductive spouse. It might prove so miserable an alliance as to result in violent domestic infelicity, with breakage of the furniture and even tearing down of the walls of the cell residence itself. More likely, however, such prescribing results in nothing more than damage to remote cells having an affinity for the drug administered. The tissue originally diseased and clamoring for help is left without succor and other tissues are destroyed or weakened by the untimely action of drugs carelessly prescribed. This is undoubtedly the effect of administering material doses, as in the practice of the dominant school. It probably follows the administration of more than the single remedy in so-called homoeopathic practice. The saving grace of the infinitesimal has doubtless spared humanity much suffering at the hands of faulty and inaccurate prescribers in our own ranks.

To my mind, if there is any truth at all in our theory of similars, it must be admitted that there is demanded one, and but one remedy. There can be no other to truly fill the needs and satisfy the cravings of the crying cell. This was the teaching of Hahnemann a century ago, and is the teaching of science to-day. The single remedy, therefore, is an expression of the highest type of scientific prescribing,

Thirdly, the morphological unit of life, the cell, is a microscopical object. When one begins to estimate the size of a cell and to compute the number to be found in one human being, he is overwhelmed by the magnitude of his task. In the liver, for instance, the cell ranges in size from seventy-five to one hundred cubic microns. The micron measuring about twenty-five thousandths of an inch, it is estimated that a cubic inch of liver contains about 156,000 million cells. As we have said before, one might as well attempt to patch a pin prick with one of the pyramids as to expect a teaspoonful of medicine to be appropriated by a diseased cell. It is not a far cry to state that any drug to be of possible value to such an infinitesimal organism must be presented in most minute form.

Fourth, the accepted theories of solution have placed Hahnemann in a new light before the eyes of the world of learning. A century ago our founder called attention to the importance of dilution, and now the chemist has determined that the greatest power of the chemical is found when it is presented in such form as to break up the mass into its smallest discrete particles. Not satisfied with the molecule, the division and sub-division must be continued until the ultimate elements are reached. These, as is well known, are called ions, and the solution thus presented is said to be dissociated, or in a state of complete ionization. The authorities agree that the dissociation increases with the dilution, from the most concentrated solutions up to a dilution of about one one-thousandth normal. Complete ionization is possible only in infinitesimal dilution. It is safe to assume that dissociation of the simplest drug is not complete under the sixth decimal dilution. We are prepared, then, to believe that the therapeutic value of the drug is not lost when it is placed in such dilution as to represent an amount less than any assignable or measurable quantity.

In this connection may be mentioned the wonderful properties of radium, which have excited interest, not only in the scientific world, but in the minds of all intelligent persons. Last year, Strutt, of Trinity College, Cambridge, put forth a book entitled "The Becquerel Rays," in which he presumes to explain the action of radio-active bodies. This author mentions an experiment made with radium bromide. Placed in a glass tube and gently heated it will evolve a small amount of gas. The emanation emitted by any such quantity of radium as is at present procurable, is absolutely infinitesimal; Strutt says the volume of this gas would not exceed a pin's head. If this emanation is now mixed with a million millions times its own volume of air, the mixture is found to have all the properties of the pure radium.

It has been determined that the emanation thus diluted, generates a solid deposit, although not enough has yet been accumulated to be visible even under the ultra-microscope. The same scientific world which to this day denies Samuel Hahnemann the reward of his labors, has accepted as conclusive the demonstrations in this field of Rutherford and others. In the language of Strutt, "their lies latent in every atom of this emanation from radium a quantity of energy absolutely gigantic." What marvelous powers in the infinitesimal!

The infinitesimal dose is as reasonable, as explainable, as scientifically sensible, as is any other one thing in natural science. Let no one tremble to observe the progress of the sciences collateral to medicine. If we study the theories of modern thought and examine them to see how they relate to homoeopathy, we find nothing to disturb us. As the wing of the bird fits the air, so do the most recent views in chemical and physical science adapt themselves to our honored theories. Unless we are tardy in demanding recognition, the scientific world must soon accord to homoeopathy its rightful place. By every test of modern thought it embraces all the essentials of a system of medicine, universal in application and exclusive in the therapeutic field.

The founder of our school has been the theme of a multitude of essayists. He has been likened unto many a character of history and of fable. His career has been told in song and story. But, to me, Hahnemann has seemed like the Adonis of the Greeks. Not so much in manly beauty, does he resemble this character, but because of the circumstances of his death and the heritage he left mankind. You recall that Adonis was passionately beloved by Aphrodite, who quitted Olympus to dwell with him. Having gone to the chase against the entreaties of his mistress, he was mortally wounded in the thigh by a wild boar. Aphrodite arrived too late to save the life of Adonis, but she transformed his spilled blood into beautiful flowers which will bloom forever to the joy of all mankind.

So it seems to me, Hahnemann died before the scientific world had yet awakened to the blessing of his existence, but though dead in body, his blood, transformed into the flower of eternal truth, perennially blooms, the reigning queen of the flora of science. Who can deny that

the single remedy, the accuracy of its selection and the infinitesimal dose are the product of the Hahnemannian blood? Who can gainsay that the beauty of this transformed blood is the central feature of the medical landscape of to-day? Were we living in the age of fable, we would erect a temple dedicated to his worship. As it is, we revere the memory and practice the teachings of this master mind.

Sometimes there is a faint-hearted suggestion of weariness on the part of some who should be most loyal to the cause. Little short of heresy, it seems to me, is the suggestion that Hahnemann's theories have been embodied in the doctrine of another sect and sufficiently accepted to justify us in abandoning our institutional exclusiveness as a distinct school of thought. Too firmly builded in the temple of our hearts is the monument erected by our fathers in the faith, to the memory of Samuel Hahnemann. So long as the flora of science shows no more beautiful flowers than those which came from the blood of this Adonis, so long will his shrine be crowned with the votaries of his belief. If any follower faint in his pilgrimage, let him turn aside from his quest, but in so doing, let him go in silence and not disturb the homage of the faithful. The aroma of the transformed blood is in the nostrils of a united profession, a profession which has no higher aim than to make these flowers of truth the emblem of therapeutic perfection.—*University of Michigan, Aug. 1906.*

FRACTURES OF THE FEMORAL NECK.

Impacted fractures of the femoral neck in good position require no treatment rest if the impaction remains. Should marked deformity exist, as indicated by shortening, eversion or inversion, the impaction should be broken up, and a reduction accomplished and maintained. While the main part of the anterior capsule passes from the rim of the acetabulum to the intertrochanteric line, there are many strong fasciculi passing between the femoral neck and the capsule on the anterior as well as on the posterior surface; these are so many and strong that even in cases in which the femoral neck is comminuted and the capsule one-half destroyed, if traction be made sufficiently strong in line with the normal position of the femoral neck all fragments will be at once aligned, and if the traction be made continuous reduction must remain permanent and union will be certain if the patient lives four weeks. In almost all cases the capsule is not extensively lacerated unless unwarranted manipulation is done, so that if the anatomic method is followed the capsule acts not only by its sleeve-like adjustment but by aid of the fasciculi to maintain the fragments in position.—*C. E. Ruth, in The Therapeutic Gazette.*

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AMERICAN INSTITUTE OF HOMEOPATHY MEETING.

As usual, the success of the American Institute meeting was much impaired by the fact that it was held in an Exposition City, and still more deleterious to its interests, in the Exposition grounds. As a result the sectional work was largely nullified, none of the sessions being well attended except the night sessions, held after the exhibit halls were closed. Not because there was so much to see, but because a natural curiosity to see what was present or what was absent, seemed to draw the members away from the meetings in the bureaux. But the regular business meetings of the Institute proper were well attended, and much enthusiasm and work to the advantage of the Homeopathic profession was done. Chief of which was the call to arms in defense of our individual school of medicine in view of the very manifest determination of the A. M. A. to obliterate "sectarianism" in medicine. Benevolent (?) assimilation is the immediate prospect, unless the Homeo. profession develop those inherent properties which inhibit mastication or deglutition.

The Institute appointed a Committee of five to be known as the Council on Medical Education, which *was* and *is* to meet and act in conjunction with the similar Committee of the American Medical Association. Dr. George Royal of Des Moines is Chairman. Any matters pertaining to the interests of Homeopathy or any of the Homeopathic Medical Colleges will receive his instant and alert attention.

Dr. Royal S. Copeland, a royal good fellow and an all around Homeopath, scholar, gentleman and a judge of good—— well Copeland of Ann Arbor was unanimously elected president. Every member of the Institute was as glad of it and as well satisfied as were the Nominating Committee.

Because, President Doctor Hooker was quite ill before and during the session, our own Reily,—W. E. Reily of Fulton being 2nd Vice President had a lot of presiding to do, and he did it so well that he was advanced to 1st Vice President, with shining prospects of being seated in the Presidential Chair next year. This tip is on the quiet, and is *not* the beginning of a boom, but a genuine outgrowth of the recognition of real merit modestly borne. Like Copeland's qualifications and greatness,—it is not necessary to prove them, the President and 1st Vice President freely admit them.

President Hooker, when able to preside at all, was able, active, alert impartial, enthusing and enthusiastic and technically correct. His address was both a delight and a surprise. Delightful as a matter of course, but surprising, if the Doctor please, in that it proposed something distinctly and originally different from the usual platitudinous resume of the progress of Allopathy during the past year. Then this feeling was intensified by his recommendation that the weaker Homeopathic Colleges be aided financially, if need be, and this aid to be derived by taxing the Senate of Seniors to the amount of the annual dues of the other members.

The paper of Dr. Sutherland of Boston on "What is Homeopathy and what has it done for humanity?" was the great treat of the meeting, and evoked tumultuous applause at its reading, and called out numerous complimentary references during the balance of the week. Any body who didn't hear it should *read it*, and whoever wants to read it can get a copy for the asking of the genial and strict Homeopath, Dr. H. C. Allen of Chicago any time after August 1st, as he "gobbled it up" immediately after its reading for his journal. Dewey got nearly every thing else, as usual, and deservedly, because he is always in line for the profession and why not the 'profesh' for him?

The ball and reception was a "frost." Particularly the ball. The reception was all right what there was of it, but it consisted of the President, Vice President, Secretary and accompanying "dry goods" 'receiving' the members of the institute. The services of an official announcer to designate the guests was not at all necessary as it was merely a large family reunion. So far as we were able to see, there was not a single Norfolk Physician or citizen present. In fact the social part of the meeting was decidedly the "frostiest" ever. Dr. Hensley says it won't be that way next year. Aside from the notices of the meetings which were very well written up by the Norfolk papers, we doubt that a dozen people in the city knew of our presence. Dr. Hensley says that the whole South-West will know about it *next* year, and we believe they will, for they will not be able to avoid it when he gets to going.

Kraft, Frank, by name and nature, our professional son, was re-elected Secretary of course. Although declaring that he is improving rapidly, he is unable to navigate alone, and although as game as a fighting cock, the pallor of his face and his rolling chair sent a shudder down our spinal column when we realized what we ourselves had escaped only five years ago from the same cause.

The next meeting place was voted, by a large majority, to Oklahoma City, Ok. Pronounce that *Ocklahoma* please and be assured that it is strictly O. K. The aspirants for the place of meeting were Hot Springs, Ark. and Oklahoma City. Dr. Forbes of Hot Springs was representing the claims of that city and health resort, while Dr. Hensley, one of the wheel-horses of statehood for Oklahoma, promoted the interests of Oklahoma City. To a man up a tree it looked as equal a struggle as a Maltese kitty and a mouse. Not wishing to disparage Dr. Forbe's efforts and

photographs, buttonaire's of mother tinct. of Aqua Hot Springs etc., it was much the story paraphrased a bit to say that Hensley had no wings nor flame, but he got there just the same. But both sides had able lieutenants. Dr. Cobb of Chicago made a very cogent speech in favor of Hot Springs, and only for the fact that he was followed by the only Walton, in an "impromptu"? poetic? effusion, so fit and spick as to carry away the entire Institute in an enthusiastic vote for Oklahoma, might have resulted favorable for Hot Springs. Dewey says that he'll publish Walton's "dreams" in the August or September number. You might write him for sample copy if you're not a subscriber. It'll be worth while.

Institute Politics was notably absent from the lobby of Headquarters (The Inside Inn) during the first days of the meeting. As a result, much benefit accrued to the Society. But of all the "bum" places to hold a meeting, the Inside Inn was certainly the limit. The local Committee hadn't intended that the meeting should be held in the Inn but in the Hall of Congresses which possessed splendid acoustic properties but was not finished. Some of the sectional meetings were held in the Kentucky State Building, it being nearest to Headquarters. The attendance at the meeting was the record for "*fewness*," and all who didn't attend are to be congratulated.

The gouging process began at the landing at Deepwater pier, on the miniature railroad where a dime was charged for a 200 yard ride, the rider being under the impression that he was to be conveyed to the Inn, but was landed at the outer gate, and 50 cts. added for transfer of his luggage the uniformed porters politely relieved him of on entering the miniature train. Total distance from steamer to Inn,—two blocks.

The most enjoyable day spent during the whole week was on the steamer from Old Point to Washington, Friday, June 21st on the beautiful Chesapeake Bay.

Much of the time was spent by the twenty-odd members of the Institute who were passengers in hustling for new members for next year. Dr. Pohl of Boston—the President of the Committee on new members called a meeting in the forecastle at which all were present, and before it adjourned a little ways below Mt. Vernon, 155 new members had been promised by the various members present. We pledged *two*. (Right here is a blooming fine opportunity for some non-member to step up and help us redeem our promise.) Besides every non-member owes it as a serious duty to him or herself and the profession as a matter of individual and collective preservation to become active members.

The annual transactions, published in book form are worth the money over and over again, to any reader, made up as they are, of the best talent and richest experience in our profession. During the last business session of the Institute when much fraternal feeling and Homeopathic sentiment was being developed, Fisher moved that all those "beatific platitudes be adopted." He probably meant it for a pleasantry, but it could easily have been construed as cynical sarcasm. "The Oponic Index" came in for a large share of attention in both the Surgical and Clinical

Medicine sections. As was stated by Dr. Neatby last year Prof. Wright has restated Hahnemann's postulate of "Dynamis" in another form made more than a century ago. It has become noteworthy that as a result of his deductions and clinical experiences Prof. Wright has found it advantageous, if not necessary, to give infinitesimal doses of a single remedy, and *that* a similimum, and not to repeat the dose too often, (sometimes allowing a month to elapse between times) in order to get the best effects and avoid an "aggravation" again verifying Hahnemann's corollary, "Similia simplex Minima."

One of our physicians from Detroit showed conclusively by lengthy and painstaking experiments and observations, that drugs influence the Opsonic Index just as certainly and definitely as do toxins. Who can say what will be the remark of the average allopath to his honest self some of these fine mornings when he awakes to find that during his recent therapeutic slumber, he has left the fold of "horse medication," and has been led "horse, foot and dragoon" bodily into the camp of the hated Homeopath? And whether from Missouri or not the Opsonic Index will "show" them with such precision that escape from its conclusions will be impossible. Then and not until then will dawn the medical millenium, the lamb may snugly lie down with the lion, and wink the other eye in the satisfaction that she maintained her own, though in hopeless minority armed in her passive resistance by truth alone. Instead of being swallowed up in a victorious gulp by the exultant lion, she will have the sweet satisfaction that captive leads captivity. Then the monument in Washington, set up in 1900 to the honor and glorious memory of Samuel Hahnemann will have a meaning for all medicaldom, which is seen now by so few.

MC ELWEE.

PROFESSIONAL UNIFICATION.

The worthy editor of *The International Journal of Therapy* solves the problem of *Professional Unification*, or thinks he does. He says "To unify the profession, to bring under one roof all men who are practicing medicine legitimately, is the wish and aim of all those who love the profession and its ideals. What now is looked upon as the consummation devoutly to be wished, will ere long be the unavoidable outcome of the present condition. Even the most reactionary pin-heads will have to accept the inevitable."

"Some one has said that unification of the profession will block scientific work and progress. Schools can not lose their identity without sacrificing the things that gave them existence, life, strength and success. Unification would take away incentive and purpose."

"There is no doubt that these objections are honestly uttered and honestly meant. Yet they have no foundation in fact. We know that therapeutic ideals should not belong to one school or faction, but be the

possession of the whole profession. If there is truth and progress in what the homeopath or eclectic believes and practices, it belongs to mankind. It belongs to the whole profession, to every servant of public and individual health."

The Homeopaths are willing that any member of the entire profession of medicine, should investigate and study, and if possible refute the ideals and principles which they have affirmed and found not wanting. If however they can not be refuted or proved a fallacy they demand acknowledgment as correct and infallible, and superior to any therapeutic law yet extant, and follow its tenets.

"Even granting that sectional therapeutic interests have a *raison d'être* why should the profession be divided into hostile camps? No one, except an idiot, ever thought of classifying the men practicing physical therapeutics under the head of a special school or sect. They are physicians in identically the same sense as surgeons or any other specialists. They present a specialty in therapeutics. Why should homeopaths or eclectics be classified otherwise?"

THE HOMEOPATHS have formed societies and organizations for the promulgation and study of their special therapeutic method and drug proving. Until the regular school forms organizations for this special purpose of drug proving and application of drugs on the principle of Similia, there is an absolute necessity for Homeopathic societies, colleges and hospitals to maintain its growth and progress.

"There are associations of laryngologists, dermatologists, etc., for the purpose of studying certain minor subjects in general medicine. The men belonging to these associations do not constitute special schools in medicine. Their association does not kill ambition and progress. On the contrary, it concentrates and intensifies effort." "Why should we not have special associations for the study, elaboration, and practice of minor therapeutic subjects or special therapeutic methods? This would enhance the work quantitatively and qualitatively. It would serve to disseminate knowledge and promote the true aims of medical practice."

That is what Homeopaths have been doing ever since the discovery of that particular system; if it were left to the regular societies its growth would have been stifled and its truth suppressed, while today Homeopathy stands as the greatest reformer in the practice of therapeutics and drug administration yet extant.

If "this is not a question of eclectics becoming regulars any more than it is a question of regulars becoming eclectics," what all this hubbub about professional unity.

When the regular profession becomes perceptive of the one scientific fact that governs all therapeutic measures then it will be ready to see the reason for these separate schools or societies for study of therapeutic measures.

We admire Dr. Juettner's writings, for a fearless penman as Dr. Juettner we have few. In this case he must have gotten on the wrong scent or has never investigated the real truth of Homeopathy and its principles and the "*raison d'être*" for the existence and maintenance of societies and colleges distinct from the regular.

G. A. M.

A SIGN OF THE TIMES.

The following extract from an article appearing in the *Critic and Guide* shows that there is a marked tendency to do away with the old fashioned shotgun-prescription and have some reasonable ground for the ingredients in the prescriptions and better than all to use as few drugs as possible and these upon well marked indications. The italics are our own:

"Out of the multiplicity of drugs official and non-official each practitioner must make his own *materia medica*. To every one who has ever tried to teach this subject to medical students or who has ever had anything to do, in however humble a capacity, with the preparation of a list of drugs for practitioners, it must often have occurred that if the list could be treated like the Sibylline books, it would gain in value with each destruction of a part. Yet, all who have tried to cull out obsolete drugs, have met with a protest for each one dismissed, and almost every new preparation, however trivial or however slightly differing from substances already official, has its advocates.

The personal equation obviously enters largely into any individual use of drugs, so that any such study as this is to be considered partly as a confession and not to any great degree as a guide. Specialization has not as great an influence as might be supposed, since every practitioner must deal more or less with the general vital and metallic forces, must attend to minor complications and, still more cogent, specialization is largely a matter of gross anatomy, and pharmacology largely one of histologic reaction. A drug that naturally suggests treatment for gonorrhea may act equally well upon the respiratory mucous membranes and one that acts in a certain way, though probably with a very different ultimate result, upon other smooth muscle. Thus, ergot by no means suggests uterine hemorrhage only and, to make a personal application, adrenalin is used by the author not so often to control hemorrhage from a gastric ulcer or pile, as to tone up the heart and circulatory apparatus generally.

Certain factors in the personal equation (besides specialization) that tend to reduce the armamentarium may be mentioned in no egotistic spirit, since the opinions are neither original nor without authoritative support: These factors may be stated as general rules.

1. Use active principles whenever satisfactorily available. For instance, *nux vomica* and *ignatia* are simply sources from which strychnine is obtained, and the galenicals are never used. This one illustration represents a contraction of the *materia medica* to 20% of the total official and the contraction would be greater except that *ignatia* is not now official.

2. In general, one salt of and alkaloid can be selected for universal use, one of a group of related hypnotics, one of a group of somewhat similar saline cathartics, one of a group of related alkaloids, one salt of a metallic base or at least a very few, when the base itself is the chief element in the therapeutic effect.

3. Hundreds of herbs are merely astringent or have effects that are scarcely demonstrable. While many of these are no longer official, a great many that are official can be dispensed with by the individual physician.

4. A prescription should contain *not more* than two or three ingredients, *excepting vehicles*, and *no drug should be prescribed* unless there is a *clear reason* for its use.

5. As a rule, *drugs should not be used as placebos*, nor to influence *non-material symptoms*, nor if there is *danger of toxic action*, even of moderate severity, as griping, nausea, etc., if essentially the *same therapeutic effect* can be obtained otherwise.

6. A new drug, such as a synthetic proprietary, representing a minor change of an established one, should not be used unless it has some distinct advantages. If, on the other hand, this advantage is marked and generally applicable, the newer drug should replace the old one.

7. Just as the best surgeons commonly operate with a few comparatively simple instruments, avoiding specially prepared and complicated devices, *so the best therapists rely*, usually, on a *few well tested drugs*.

The single remedy, well chosen and carefully applied is the crowning work of a good doctor; keen perception, good knowledge and a painstaking careful habit will do more good and gain more in the end than an office full of machinery and a brilliant display of instruments.

"You can fool some of the people all of the time and all of the people some of the time but you cannot fool all of the people all of the time," neither can you continue to have success follow success unless you have some ability and do good work.

While Doctors Wright, Cabot and other leading lights of regular practice are showing by their investigations, addresses and otherwise a broad liberality of view on medical matters, and in some cases referring to the law of similia in favorable terms and giving a respectful consideration to the discussion of the relative merits of Homeopathy, the political doctor has not been idle and the caliber of said individual may be estimated by the fact that in nearly every state where the legislature has been made to control the legislation in the interest of the old school, and so far as possible eliminate homeopathy. Do away with various medical school boards and have only one and that made up and under the control of the majority, which shall consist of old school physicians. The political managers have an object to accomplish, while the leading lights amuse the crowd.—*Progress*.

NOTES.

Drs. James A. Campbell, Carl J. Luyties, W. John Harris and L. Claude McElwee attended the meeting of the American Institute at Jamestown and while they report a good time and a good meeting there were some things that might have been different. This was to be expected and we hope that in time to come some of the powers that be will recognize the fact that an Exposition city is a poor place to hold a medical convention.

The St. Louis Children's Hospital has made a much needed addition to its working staff and secured the services of Dr. W. L. Galloway for the department, he having received the appointment as Dermatologist to the institution. We congratulate the Dr. on his appointment and we congratulate the hospital more in having secured the services of so competent and well qualified a man for the position. Success to both.

Dr. H. A. Uhlemeyer has broken his compact with the bachelors' club of North St. Louis and has taken to himself a wife; rumor has it that the doctor appeased the wrath of his fellow members in the club by providing a fat supper for the "bunch" and resigning from the organization.

The Doctor and his good wife are settled and happy in their new home on East Grand Avenue.

Dr. William E. Jones, he of the quiet habit and grave demeanor, our own "Willie" as we are pleased to term him, has abandoned his bachelorhood and joined the ranks of the benedicts. He and the happy woman of his choice after an extensive tour of the West will settle down in St. Louis.

The St. Louis Chapter of Phi Alpha Gamma gave an outing on the Mississippi River on the evening of June 12.; refreshments were served by the ladies. The trip was a very enjoyable one.

Dr. L. E. Bunte is spending his vacation in Kansas and incidentally hunting some big game, as prairie dogs and jack rabbits.

Whenever the American Institute meets in a city by the sea shore Dr. Luyties is sure to be there. Shows his fondness for the surf.

Adolph. Willie, are'nt you afraid that the storm will break before you get home?

Willie. No, the storm never breaks until after I get home.

"Tickle me Billie, Oh do, Oh do,
You get me a clinic and I'll get one for you."

The *Interstate Medical Journal* (St. Louis) announces the purchase of the *St. Louis Courier of Medicine*, one of the oldest medical journals in the West, and its consolidation with the *Interstate* on July 1st.

The *St. Louis Courier of Medicine* was established in 1879 by an association of prominent St. Louis physicians. It has always commanded a large following throughout the West and South, and held the respect and esteem of the entire profession of this country.

This merger removes an old and highly esteemed contemporary, and its consolidation with the *Interstate* adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the *Interstate* during the past few years.

The *Clinique* has a good edition for the June number and a good report of some of the state societies, and, in this connection let us remark that some of the suggestions contained in these reports are worth being heeded by those who have the good of homeopathy and its institutions at heart.

The *Medical Brief* for the current month contains a number of good articles by Homeopathic practitioners and with their full names and college titles added as well.

It is said that the local application of a solution of Epsom Salts, one ounce to a pint of water will relieve quickly many cases of obstinate pain that resist the ordinary treatment. Also that this same solution locally applied will relieve promptly the "cracked ankles" found in so many people of advanced age where the lesion is caused by deficient circulation.

APHORISMS.

LOOK—(before you prescribe *Lachesis*) at the neck of a patient who complains that he cannot bear a tight collar—you may see a *goitre*.

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

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

LOOK—into the rectum when a patient (especially a middle aged or old patient) complains of frequent attacks of diarrhoea, sense of fullness and straining at stool—you may see a *cancer*.

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

LOOK—into the rectum of a patient who says he has haemorrhoids or prolapsus of the rectum—you may see a *cancer* or a *polypus*.

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

LOOK—into the ears of a patient who tells you he has catarrhal deafness—you may see a *polypus*, a *plug of wax* or a long forgotten *foreign body*.

LOOK—into the vagina of a patient who complains of profuse or irregular menstruation—you may see a *cancer* of the *cervix*.

LOOK—into the urethra of a patient who complains of frequent or painful urination—you may see a *caruncle*.

LOOK—at the feet of a patient who says that six doctors have diagnosed "rheumatism of his feet"—you may see a *flat-foot*.

LOOK—at the spine of a child who is round shouldered—you may see a *curvature*.

LOOK—at the prepuce of a boy whose mother complains bitterly of his nocturnal enuresis—you may see a *phimosis*.

LOOK—into the nose of a child who does not keep up with other children of his age at school—you may see that he is air-starved from *adenoids*.

LOOK—into the mouth of a patient who says he has a "torpid liver"—you may see some *carious teeth*.

Y

AN ADVANTAGE OF OPERATION IN THE ACUTE STAGE OF APPENDICITIS.

HOWARD LILIENTHAL, M. D., New York.

The profession has heard much about the great safety of the operation for appendicitis in the interval, and perhaps largely because of the statistics of this operation, practitioners have been tempted to procrastinate whenever possible in the more acute cases. Having brought the patient to the interval they believe that a positive good has been accomplished because operative recovery is now practically assured. When perforation instead of resolution occurs, however, the wisdom of the Fabian policy is not evident. It has long been my belief that, in theory as well as in practice, this idea is entirely wrong and that the only cases in which delay is admissible, barring the aged and those suffering from some complicating serious disease, are those of initial shock, and those of very far advanced general peritonitis when death seems almost certain as a consequence of the operation and yet where a very small percentage may recover without surgical treatment.

In the usual "acute appendicitis" of the clinician, operation is practically as safe as if performed in the interval, and when this "acute appendicitis" is of the so-called catarrhal variety without perforation, though possibly with alarming general symptoms, the operation will be followed by immediate relief of these symptoms and recovery will be quite as prompt as in the cold operation.

If we operate upon an individual whose appendix is diseased but who is not in an attack, we take a practically well person and make him sick. His system is obliged to array its forces, its opsonins and its leucocytes, to redress the surgical insult. The individual suffering from the acute disease, on the other hand is in a state of preparation for a more serious battle than that with the surgeon. To such a patient the operation comes as a comparatively little thing and if no error of technic mars the surgeon's work, relief is immediate and convalescence speedy. Clinically I have observed that the "interval" patient suffers more, for the first thirty-six hours after the operation, possibly by comparison with his previous state, than does the one who has been operated upon in the attack. The operative statistics, always excepting cases of perforation, thrombosis, gangrene, etc., are quite as good in acute appendicitis as in the "interval" operation, and if thrombosis, or perforation or gangrene is present, it simply means that the operation was all the more urgently indicated.—*Amer. Journal of Surgery.*

SULPHUR IN THE TREATMENT OF MALARIA.

Just read the following extract from an editorial in the *Medical Record* of March 1907, "Although quinine must be acknowledged to be the most important factor in the treatment of malaria, it should by no means be regarded as the only one, for there are abundant proofs that, particularly in some of the chronic forms, the administration of quinine alone is altogether insufficient to accomplish the desired result. In a recent communication in the *Archiv für Schiffs- und Tropen-Hygiene*, Vol., X., No., 16, Diesing, who has had considerable personal experience with tropical diseases, calls attention to the value of sulphur as a prophylactic and curative measure in malarial infections. He found that among the natives of some of the South African countries, sulphur fumigations were commonly practiced, the patient shutting himself or herself in a tightly closed hut and inhaling as long as possible the dioxide which resulted from the burning of the sulphur. In other instances the substance was given in the form of potassium sulphate dissolved in water. In the cases which he describes the fever disappeared within twenty-four hours, and a systematic examination of the blood showed the absence of the characteristic parasites. As the treatment indicated was combined with measures productive of extreme diaphoresis, Diesing was inclined to believe that the latter had an important bearing on the disappearance of the malaria, for it has often been observed that the natives could overcome the attacks by this means.

"The observations noted are of extreme interest, and although not confirmed by the test of time or practice, ought to stimulate further research in this field. Sulphur baths, such as recommended by the author, are not difficult to obtain, and if they continue to meet with the good success in other hands which was achieved in the cases under Diesing's observation, the fact must be accounted a signal advance in the treatment of the dread malarial poisoning."—What about some sulphur internally.
—*Editor.*

GONORRHEAL JOINT DISEASE.

Bone rarefaction appears a few days after the onset of gonorrheal osteoarthritis. And as it can always be demonstrated in good radiographs and never appears in arthritis at any stage, we have here a ready means for early differential diagnosis, and can with more or less certainty make a prognosis. It can be said with certainty that when the rarefaction is absent after the lapse of a week or ten days that we are dealing with an arthritis and therefore never will have bone destruction, bony overgrowth, or bony ankylosis. This is true even when we have a purulent exudation in the joint.—*P. W. Nathan in the N. Y. Medical Journal.*

SCOPOLAMINE NOT HYOSCINE!

A Caution!

In the *Archiv fuer Gynaekologie* Steffen gives some interesting details as to the use of scopolamine-morphine by Leopold. The latter has employed this method in three hundred labor cases. His verdict is that the method does not accomplish the desired results, it cannot be regarded as harmless for mother and child, and in private practice the by-effects liable to develop may render medical aid requisite at any moment. When men come to conclusions so opposite as those of Leopold and those reported by Gauss, we, to whom each observer is equally trustworthy and free from bias can only attribute the diversity to a difference in technic. That this is so may be seen by Gauss' examination of Hocheisen's method. Gauss secured a specimen of the solutions employed by Hocheisen and tried them in ten cases, the results being far worse than those reported by Hocheisen. Every objection raised by Leopold has been examined and disproved by Gauss in his much larger experience. Weakness of the labor pains did not occur to any material extent, more frequently or more markedly than in cases where this anesthetic was not used, nor were version and forceps required with greater frequency. The vomiting could only have been accidental, since it did not occur in Gauss' cases, excepting when it had commenced before the anesthetic was given. So also as to the child; Gauss showed that the mortalities of both mother and child were much less than they had been before this anesthetic was employed.

The extract, as presented in *The Journal of the American Medical Association*, gives palpable evidence of anxiety to make out a case against this anesthetic method. Ewen Gauss is made to rank as an objector to the method by quoting eight troublesome cases which occurred, out of his one thousand; just as if such things never happened unless scopolamine was employed. To any one who wants the whole truth, and not a garbled *ex parte* statement, we refer to Gauss' statistics as given by Holt, in the May number of *The American Journal of Clinical Medicine*. But even were the account given a fair one, the reader will note that it nevertheless relates to the use of scopolamine, which, as commercially presented, is *not the same thing as the hyoscine used in America*. It is much as if men should insist that, because Germans injure themselves drinking too much beer, we in America should abstain from coffee.

The above being the gist of our knowledge of this subject to date, and the therapeutic difference between hyoscine, a true alkaloid, and scopolamine (or so-called hyoscine from scopola—a serious error of nomenclature) a mixed, uncertain product being well established in favor of hyoscine, we caution our readers who are interested (and all should be) to use only H-M-C Abbott (hyoscine, morphine and cactin comp.), the original American product and one which, like all the Abbott line, may be depended upon.—*The American Journal of Clinical Medicine*.

REGARDING DIET.

Such food as is most grateful, though not so wholesome, is to be preferred to that which is better though distasteful. (Hippocrates.)

More importance is to be attached to the desires and feelings of the patient than to doubtful and fallacious rules of medical art. (Sydenham.)

Physicians appear to be too strict and particular in their rules of diet and regimen; too anxious attention to those rules hath often hurt those who were well, and added unnecessarily to the distress of the sick. (Heberden.)

GONORRHEAL RHEUMATISM.

When physicians persist in talking of the gonorrheal treatment of rheumatism and ignore the sulphides, we are tempted to agree with a homeo who says that therapeutically the old school is hopeless.—A. J. C. M.

The metropolitan press used to poke a good deal of fun at the late Russell Sage because of his frank assertions that he had worked day in and day out for more years than most of us can remember without taking a vacation. Now "Uncle Russell" is enjoying the long rest he persistently denied himself in this world. At different times men were employed by him who did not take kindly to his view, but who insisted on a change of scene at least once a year. Needless to state, they sought other employment in time; but there was one man who, for twenty-nine long years, was to be found at his desk every week day and on most of the holidays observed by other employers. He may not have believed in his employer's line of reasoning, but he respected and observed it. Him Mr. Sage made his lieutenant, and remembered him in his will. And the other day this faithful servant broke the rule and took unto himself a whole week, though it was not believed by any of his associates that he could by any exertion of will power remain away the full time allotted him.—*Forest and Stream*.

Alexander Pope, who suffered from ill-health all his life always expressed the highest regard for the medical profession and one time said: "They are in general the most amiable companions and the best friends, as well as the most learned men I know."

Dr. D. R. Overman has been absent from the city during the month of June securing a much needed rest. During his absence Dr. S. A. Benson has had charge of his practice.

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Number 8

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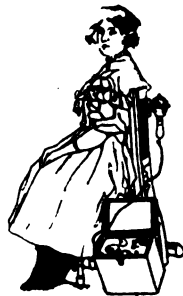


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Original Articles.

RENAL CALCULI AND THEIR REMOVAL.

W. JOHN HARRIS, M. D., St. Louis, Mo.

As a biliary calculus may remain in the gall bladder for years without causing inconvenience so one may have a calculus in the kidney for years without causing pain, but let there be obstruction to the exit of urine, then you may find occurring—very soon—pain, hematuria, frequent attempts at urination, fragments of calculus passing, pain in the lumbar region of the affected side, suppression of urine and often symptoms of gastro-intestinal disturbance.

While all these symptoms accompany the obstruction to the flow of urine from the kidney by the obstructive effect of the calculus, yet one may find just the same set of symptoms, with even increased pain due to obstruction of the ureter from disease, tuberculosis of the ureter, for instance so that one may readily understand how all the painful symptoms are really due to obstruction.

The formation of kidney calculi is due to the precipitation of the solid constituents of the urine in the tubules or pelvis of the kidney. This precipitation always takes place on an organic base, which may be mucus, epithelial cells, or blood clot.

All concretions, whether they be the size of a grain of sand, or of a goose egg, have a distinct albuminoid framework, upon which the constituents of the urine are deposited. The difference between sand and sediment lies in the fact that in the former the crystals are conglomerated about this organic frame work. Renal calculi are most frequently found in children and after the fortieth year and are more common in the male than in the female, according to the authorities, but my own experience is that such cases have been about equal in the two sexes.

Hygiene, climate (moist) sudden changes of temperature all seem to effect calculus formation.

An observation originating with Mr. Cadge is that children who do not take milk as a diet are more predisposed to renal calculi but Semore Cantani contends the reverse.

Attacks of kidney colic are particularly characteristic of renal calculi, hematuria also though it may be but slight and transitory, is very apt to be made worse by jolting, walking or renal palpation, this condition is usually relieved by rest in bed.

• The passage of gravel is commonly wanting.

Decreased or total suppression of the urine for a few hours is a fairly frequent symptom of kidney colic, but when it lasts longer it may be due to obstruction of both ureters, excluding of course those cases due to kidney disease when we would then expect uremia.

Tuberculois of the kidney or ureter may in the early stages simulate renal calculus and making but an exploratory incision will, at times, clear up the diagnosis, though at times patient search may eventually show the tubercle bacilli in the urine.

Kidney Stone—may be mistaken for nephralgia, movable kidney, obstruction of ureter, tuberculosis of kidney and ureter.

During an attack it is sometimes difficult to tell whether the pain is caused by the passage of kidney stone or gall stone, but during the intervals the diagnosis may usually be cleared up.

The final diagnosis of kidney calculus is direct exploration of the kidney pelvis by means of a lumbar nephrotomy.

The diagnosis having been made clear, it is exceedingly important to keep constantly in mind the danger that a stone in the kidney may be, to the integrity of the organ; so much is this the case that usually the sooner the offending body is removed the better will it be for the patients health and the reputation of the attendant.

The indication for the performance of nephrolithotomy is the harrassing, persistent pain, with frequent overwhelming exacerbations, yielding only to the almost continuous administration of anodynes.

The patient having been prepared in the usual manner make our incision extending from the last rib to near the crest of the illium, parallel to and three and a half inches from the vertebral spines. Dividing the integuments, fascia and fat, the edge of the quadratus lumborum is sought and the aponeurotic extension of the transversalis muscle divided, when the finger can be passed into the retroperitoneal space behind the colon and directly upon the kidney, all hemorrhage should be arrested as it occurs.

By drawing the edge of the wound wide apart with flat retractors, the fatty capsule may be separated with the fingers or handle of the scalpel, and the organ brought up into the incision.

It is then palpated by the fingers of the two hands placed on either side.

If the calculus cannot thus be detected, an incision should be made through the kidney substance in the middle line of the outer convex border, and should be large enough to permit the finger to be introduced into the pelvis.

The stone having been found and removed, the ureter should be carefully examined.

Stones deeply placed in the pelvis may be thrust up by the fingers from the outside. It may be necessary to use the scoop to remove all fragments, but when all is removed it is a good plan to flush out the pelvis and calices with a stream of normal saline solution.

The kidney incision should be closed by catgut sutures passed deep into the kidney substance, carefully opposing the margins.

Drainage is not required.

Authors consulted, White and Martin. John Wyeth.

POSSIBILITIES IN BONE SURGERY.

SCOTT PARSONS, M. D., St. Louis, Mo.

No phases of development are more beautiful or more interesting in their study than those of the skeleton; from its first rudimentary trace up to its perfect form. None afford better opportunities for observation of the laws which regulate and control growth and decay. As life is but a transition from development to degeneration, encompassing the higher attributes of vitality, 1st Growth, 2nd Development, 3rd, Regeneration, 4th Repair and 5th Disease—all regulated by those forces beyond the penetration of the human eye and indeterminable by mental calculation—so is it with the component parts of the human body; each maintaining individual life and subject to the metamorphoses of cell existence. That each and every cell of the countless millions which go to make up the human body has a life all its own, capable of growth, development, regeneration, repair and decay, we know to be a fact; and furthermore, that life can be maintained or suspended when these cells are removed from their homologous surroundings, or severed entirely. Cells of one type may be transplanted among cells of an entirely different type and still continue existence; probably undergoing a change to meet the requirements, but maintaining life as long as nutriment is supplied to them. Again, life has been maintained in cells after complete severance from the animal organism, deprived of their nutrition for some minutes, and after reposition have resumed activity.

True, this has been accomplished only for short periods, but it is not unreasonable to suppose that the time may be lengthened and cell life suspended for indefinite periods; nor is it going too far to say that cell life and cell development may eventually be produced entirely independent of animal support. This is a broad statement and appears to be a physical impossibility, and has been with our present state of mental development, but higher civilization has opened our eyes and minds to achievements which a century ago were considered impossibilities, yea, unthought of, and we marvel at their simplicity and wonder that they had not been discovered before.

In the summer of 1752 Benjamin Franklin demonstrated the existence of electricity in the air. The harnessing of this element has revolutionized light and power.

During the reign of Charles II the Marquis of Worcester observed the expansive power of moisture rarefied by heat which resulted in the construction of the steam engine. He was suspected of being a madman.

Morse no later back than 1832 demonstrated the then inconceivable possibility of transmitting electrical impulse through the medium of a wire; and Marconi but recently opened the eyes of the world to the fact that electrical impulses could be transmitted and controlled through no other medium than the air itself.

We have not quite yet returned to earth from this mental ascension, but are beginning to realize what potent powers lie just beyond the range of human conception. Objects exist, we see them not; noises prevail yet the human ear can not record; Spiritual, ethereal and physical phenomena are within reach of the human mind, but the human mind has not yet raised itself sufficiently above the earthly or physical requirements to reflect their cognizance.

That cell life will be under the control of the master mind of man can hardly be doubted, but that it will occur in the present generation is not to be expected.

Much has been done in modern surgery to demonstrate the possibilities of bone regeneration. Up to a few years ago the periosteum was considered all important in the reproduction of bone, but numerous experiments have proven that regeneration takes place after the periosteum in whole or part has been removed, and instances are on record where the lower jaw, the clavicle, the ulna and several other bones have been removed in the human subject with the result of a reproduction; imperfect, it is true, but nevertheless a regeneration of the removed bone, sufficient to maintain in part, the shape and in some degree to supply the loss of the original. Similar partial regenerations have been observed in animals when in experimental operations, entire bones with their periosteal envelopes have been removed.

It is the belief of the author that great possibilities in bone surgery await the development of the scientist, and it must not be presumed that he has been asleep, for bone surgery has advanced perhaps as rapidly as

any branch in medicine and at the present time wonderful results are being obtained in experimental work.

For years the regenerative properties of bone were considered far inferior to that of the soft structures, and where large areas of surface tissues have been replaced, not identical with the original, but sufficiently stable to be of practical value, similar losses in the hard structures have been considered irreparable, and much bone sacrificed on account thereof. Bone-grafting and bone-transplantation are achievements of modern surgery and are as yet in a state of development, while bone regeneration has received undue indifference.

This power of bone reformation has for some time been credited to the inner or deep layer of the bone sheath or periosteum, and it has always been the aim of conservative surgeons to preserve this membrane for its reformatory properties, and many times bones in their continuity have suffered excision merely because this so-considered nutritive protective and reconstructive envelope was by mechanical or pathological means removed. But we now know this osteogenetic power is not exclusively inherent in the periosteum but it is or may be, in the soft tissue structures of the body. Osteophytes or bone-plaques have been found on the surface of the dura mater and extensive bone deposits formed after removal of the trephine button. Similar deposits have appeared in or on the aponeurosis when a considerable portion of the pericranium has been excised. Secondary partial maxillæ have been reproduced following complete excision of one-half with its peritoneal covering. The writer has seen more than half of a femur regenerated after an extensive resection for infective osteomyelitis, and has many times experienced the restoration of the femoral head after removal for tuberculous osteitis.

There is conclusive proof that bone development may be brought about through other tissues than those originally supposed to control the process, and this is further verified by the finding of osseous or semi-osseous deposits in tissues far removed from the bone. Again, the bone itself or its cellular elements are to a considerable degree responsible for its reformation, as is readily demonstrated by the union of fractures and the reformatory lengthening after resection.

While all these facts are now well known to the scientist, they are not yet thoroughly understood nor the possibilities conceived.

The author entertains the idea that bone regeneration and bone moulding will attain a high degree of perfection and bone losses through pathological or other causes will be thoroughly and completely restored.

REFERENCES.

Macaulays Eng. Ch. 3 p. 346.

Bancrofts U. S. Vol. 3 Ch. 33.

Ridpath U. S. Ch. 56 p. 446.

Markoe Treat. Dis. Bone 1872.

Ollier, Lyons. Contrib.

Wagner, (New Syd. Soc.) Repair after resection p. 241.

Holmes Sys. Surg. Vol. 3 p. 731.

Billroth Surg. Path. p. 528-9.

Huntington. Annals Surg. Feb. 1905.

Parsons. Clin. Rep. Feb. 1897.

Parsons. Hom. Text. Surg. p. 1373.

CONVULSIONS.

W. E. REILY, M. D.

Convulsions, as the term is generally used, are symptomatic of some disturbance of the cerebral cortex, either direct or reflex, which causes an involuntary motor discharge. In children clonic convulsions are always accompanied by loss of consciousness, they may be local or general, and may take on any form.

In considering the Etiology of convulsions, we have first, and in by far the majority of cases, the instability of the brains and nervous centres due to infancy. The brain grows more during the first year than in all later life, and as a consequence of this rapid growth, we have more or less of functional derangement and lack of control. After infancy, we have less frequency of the attacks, and by the seventh year they cease almost entirely.

Next to infancy we have hereditary nervous tendencies and interference with cerebral nutrition as the most active causes. These also tend to exaggerate the instability of infancy.

Of the conditions which interfere with the nutrition of the cerebrum we have rickets, anaemia, malnutrition, syphilis, and debility due to any disturbance in the digestive tract. Children who inherit from their parents a peculiar nervous temperament are more liable to convulsions than others.

Predisposition is often seen in several members of the same family and females are rather more inclined to convulsions than males.

Of the exciting causes, we must ascribe first place to disturbances of the digestion, where we have a greatly developed susceptibility, the exciting cause may be very trivial.

Exciting causes may be classified under two heads: direct irritation of the cortex of the brain, and reflex irritation. Under direct irritation may be classed, meningitis, meningeal and cerebral haemorrhage, tumor, abscess, hydrocephalus, embolism, and thrombosis. Under reflex irritation may be classed convulsions following injuries, like fractures, burns, attacks of colic, retention of urine, phimosis, intestinal obstruction, a foreign body in the ear or nose, and I have seen one case where the convulsion was caused by the bite of a tick. Any sort of intestinal irritation is liable to cause convulsions in those who are predisposed to them and we will frequently find that certain articles of diet act as exciting causes whenever eaten. Toxins developed from undigested food in the stomach or bowels are a frequent exciting cause, also those arising from uraemia and asphyxia and the onset of acute infectious diseases.

Convulsions are also frequent at the onset of certain diseases such as, pneumonia, scarlet fever, malaria, and less frequently, measles, typhoid

fever, illeo-colitis and diphtheria. In these cases the convulsion is caused by the intensity of the toxic condition and the suddenness with which it is developed in the system. We also have convulsions developing late in the course of many diseases due to toxic influences especially when the patient is greatly exhausted from prolonged disturbances of nutrition.

In regard to the pathology of convulsions we may say that it differs very little from that of epilepsy. The part of the brain most concerned is the cortex and the attacks are nothing more nor less than involuntary discharges from the motor centres, which result from irritation of these centres by the disease; or from irritation arising in some other part of the brain or the medulla; or from reflex irritation from some distant part of the body.

The nerve cells of the infantile brain seem to be capable of generating nerve force in regular order but lack the capacity to control it.

The condition of the brain at the beginning of the attack is one of anaemia, this is followed by hyperaemia and in those cases which result fatally the brain is found to be very much congested and in some cases there are small hæmorrhages in the brain and meninges. The lungs are very much congested and the right heart is dilated with clots.

Symptoms:—In some case there are prodromal symptoms, such as extreme restlessness, irritability, twitchings of certain sets of muscles, etc. More frequently, however, the attack comes on very suddenly and without any warning whatever. The face becomes pale, the eyes set, sometimes rolled up or to one side; in a moment the lids begin to twitch and gradually the convulsion extends over the whole body. In most cases the convulsions become general but they may only involve certain sets of muscles, and be unilateral or local. There may be frothing at the mouth and in all true convulsions there is loss of consciousness. The pulse is weak; it may be slow or rapid; often irregular. The forehead is covered with perspiration. The face is first pale and then becomes blue and congested, especially about the lips.

The bladder and rectum are sometimes evacuated. The convulsive movements consist in alternate flexion and extension of the limbs, usually occurring more or less rhythmically. All varieties of tonic and clonic spasms may be seen, and in all degrees of severity. Both sides of the body are usually affected alike but not always so.

After a variable length of time the convulsive movements gradually cease. The time varies from a few minutes to half an hour, leaving the patient in a condition of stupor. The convulsions may recur after a very short time or there may be but one spasm. A period of marked prostration follows the convulsion, and there may be transient paralysis due to nervous exhaustion. Death seldom ensues after a single attack except in rachitis or after exhausting diseased conditions. There may be no sequelæ if the cause is a temporary one, or there may be very serious sequelæ as in meningeal hæmorrhage. Death usually occurs in convulsions from asphyxia or from exhaustion from rapid recurrence. Many cases

recover when the child has seemed to be moribund for some time. I have seen one case in which the spasms recurred every minute or so for about five hours and we thought it dead several times, which resulted in no apparent bad results.

One attack of convulsions is usually followed by others; for the first convulsion usually reveals the peculiar susceptibility of the nervous system and each succeeding attack is brought on by less powerful exciting cause. The longer the interval between spasms the less liability to recur, especially after the third year.

There is seldom any trouble in making a diagnosis of convulsions. The difficulty usually consists in determining with which of the many possible causes we have to deal. Whether it is epilepsy, cerebral disease, or the onset of some acute febrile condition, and if it is reflex, to what is it due. The history of the case must be thoroughly gone into, and the circumstances surrounding the patient taken into consideration, as well as the totality of the symptoms present, in making up our diagnosis.

Epilepsy seldom occurs in infants, and when it does occur in older children we usually have some of the stigmata of degeneration, a previous history of repeated attacks, a distinct aura, or a sudden attack with a cry and falling, biting the tongue, tonic spasm followed by clonic, and, finally complete recovery after a short time. Convulsions which accompany high fever are seldom, if ever, epileptic. In some cases it is only by prolonged close observation that we can tell whether or not we have epilepsy present. Convulsions occurring in brain lesions are generally accompanied by high fever. Focal symptoms are generally present, such as localized paralysis, strabismus, or pupillary changes, or the convulsive movements may be confined to one side of the body. One sided convulsions, however, do not always mean brain lesions, as autopsies have frequently demonstrated.

Convulsions may be thought to indicate the onset of some acute disease when they occur in a child previously healthy and are accompanied by high temperature. These conditions can only be diagnosed, however, after carefully considering the subsequent course of the disease and the concomitant symptoms.

The convulsions of infancy and childhood are so much more frequently due to disturbances in the digestive tract that it is practically always well to take these conditions into consideration first, and any possible cause in this region removed as the first measure of treatment.

The prognosis of convulsions in children is entirely dependent on the cause; and, as this is usually easily removed, the prognosis is generally favorable.

Treatment:—When called to a case of convulsions it is always a hurry call and the demand is for immediate relief. This is generally most readily accomplished by the use of hot water. Strip the child as quickly as possible and put it in a tub of hot water of a temperature of not less than 110 Fahrenheit and keep it there till the spasm is over. This, I usually

follow with a high enema to clear the bowel, and roll the patient up in a hot wet sheet. If there is reason to believe that the cause is in the stomach I usually give apomorphine hypodermically, which serves the double purpose of emptying the stomach and relaxing the nervous system.

Passiflora incarnata is also a very valuable remedy if given in physiological doses by the mouth, and where there is a tendency to recurrence of the spasms, it is very valuable as a preventive. Immediate relief is always demanded and you must give it if possible but I have never had to resort to chloroform, morphine, chloral, or bromides of the old school in order to obtain it.

It is just as necessary to make a careful selection of the indicated remedy in this condition as it is in any other and the remedy selected must cover the totality of the symptoms complete and not simply the convulsive symptoms which are in the majority of cases simply one of the accidents of the causative condition.

When the fever is high and the symptoms correspond to these remedies I have seen splendid results from Aconite, Belladonna, Bryonia, Gelsemium and such remedies as these. In other cases Arsenicum, China, Cina, Hyosciamus, and, in fact, any remedy which covers the totality of the symptoms presenting between the spasms may be indicated.

In the April number of the *American Journal of Clinical Medicine* Prof. Salisbury contributes a suggestive paper dealing with the mutual assumption that absorption from the stomach is universal and speedy. In dogs and probably in man iodides are not so absorbed; strychnine is not absorbed from the stomach of the rabbit but is from that of the dog and probably from that of man. Inouye found that neither atropine nor rhubarb were absorbed from the human stomach. Inorganic salts are slightly if at all taken up from this organ. Altogether the uncertainty of this organ is great. The intestines offer more favorable conditions, and if the stomach is empty when the medicine is taken, and the motor power good; the dose may be forwarded into the duodenum and be absorbed thence in about a quarter hour; but if the food is present it must wait the conclusion of digestion. Alcohol facilitates absorption. Great dilution hinders quick action. Carbohydrates leave the stomach more quickly than peptones—syrup is a better vehicle than milk for speedy action. Iodides are decomposed by hydrochloric acid present in the digestive epoch unless alkalis be given at the same time.

In every case of fracture of an extremity it is imperative for the surgeon to inform himself as to the state of the pulse in the peripheral parts before and after application of the dressings. Neglect to do so may mean gangrene, which might have been avoided by prompt action.

In cases of so-called obstetrical paralysis of the arm it is important to make a thorough examination, since in a certain number of instances there will be found congenital dislocation of the shoulder or fracture.—*International Journal of Surgery.*

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The man who can cure his patients and help restore health is of infinitely more service to humanity, even if he does not know a pathogenic microbe from a pug-dog, than one of these scientific diagnosticians and therapeutic nihilists.

Be true to yourself and to your patients; if you know by past experience, as some recognized authorities in Chicago have proclaimed that the dominant treatment of Pneumonia is worthless and insufficient, why practice under false pretences, tell your patient, tell your friends that you can't help them and be true to yourself, and give them an opportunity to get a physician who knows his therapeutics and is well equipped with his therapeutic armamentarium to treat the patient who is sick with Pneumonia, and favorably influence the course of the disease.

The question of potency of a remedy administered, is, unfortunately to Homœopathy, an unsettled one, and left, too many times, to the young student of Homœopathic therapeutics, to solve in the light of experience, and is for the teacher in our colleges, often, dangerous ground to travel on, until the student has advanced far enough to grasp the meaning of the differences of opinion resulting from experience that exist as to this question. The only writer of homoeopathic therapeutics that has logically and understandingly written about this subject is the late Dr. E. M. Hale of Chicago. Some definite rule underlies this problem, we firmly believe, and the sooner this is analyzed and demonstrated, the better for Homoeopathy. Our teachers in our colleges should treat this subject with considerable latitude unless for some special reason that it should be otherwise. A beginner in the practice of homoeopathic therapy, will usually do better, with the lower potencies, until he becomes thoroughly master of his therapeutic armamentarium.

And so we are to go to Oklahoma? If all is well it is hoped we will and that when we do warring boats, mushy sands and high lonesome piers will not have to be overcome by visiting members ere they reach the end of their journey.

Once again we settle back to the routine of professional work, something new and yet withal the same old grind, but it is not a task unmixed with pleasure and there is no reward greater for any physician than to see success crown an arduous task faithfully done.

Another month and the usual quota of college work will fall upon many; the lengthened term and a determination to do better and more thorough work, will make many teachers alive to their responsibilities and increase their efforts to "be better than the best."

When are we going to get to the top of this "Higher Standard" of Medical Education? Is it the wisest thing to place the technical teaching in the hands of men whose sole knowledge is gained from books, who have but little practical experience and whose knowledge is not seasoned with practical work?

The old fashioned method of instruction was slipshod, was exacting and crude in many instances and many a student graduated who was totally unfitted to be a doctor, yet the old college education gave us some good men. Our best authors and most brilliant men are in many instances, yes in nearly all have no literary or scientific degree aside from that of "M.D." and it seems a little peculiar that those who have reached the highest points have the least to say about "raising the standard." But hold on. It is not considered good form for doctors to take their own medicine as a rule.

You can get the A. I. H. members to attend the meeting but you can not make them attend the sessions. Due to their natural curiosity as 'Teddy' McElwee says, to see what is to be seen or not to be seen as the case may be, and it seems it was what was not to be seen at 'Jimson' that kept the members from attending the institute sessions. Hensley will show them *Ock-lahoma*.

The worthy editor of *The American Physician* has this to say about our distinguished friend and associate that we can not refrain from taking notice of his saying, to-wit: "Probably the maddest man, not only metaphorically but literally, who came to the Institute at Jamestown Exposition was Dr. James A. Campbell of St. Louis, our beloved friend and Professor of double O. and L. in our St. Louis alma mater. He 'lighted from the Richmond steamboat at the Pine Beach pier, or deep water pier, as the Exposition pier is called, about noon of Tuesday, and could find no hide or hair of anybody who would tote him and his things, or at least his things—two heavily loaded suit cases—from that pier to the Inside Inn. When he eventually appeared above the distant sky-line shoes dundrearys, and upper and lower set filled with sand, staggering under his load like Atlas with the globe, he was sweating and "his" swearing visibly, artistically, and with much variety and abandon. As he climbed the chaste structure, named the Verandah, of the Inside Inn—namely the porch—he nearly ran over us, and, like Samuel of old, had to be called a second time before he would look up and recognize us in our chariot of state. He admitted that he was darned mad, and then he told his tale of woe. Whereat we laughed, and comforted him by saying that the worst was yet to come. He said that he was not used to carrying his trunks and felt like swearing. We assured him that on yesterday, the first day of the session, we had hired a professional Bombastes Furioso to swear for us by the hour—as they hire the prayer wheels in Bohea—and he had done the subject such exact justice that we felt no further anxiety on that score." Now if the worthy Editor's name weren't "Frank," and, we believe by nature to be so too, we should seriously question this report about our distinguished friend. Though the degree of madness of the editor must have far exceeded that of Dr. Campbell as he required a professional or habitua swearer to do the subject justice, while our acquaintance with the reporter of this affair, leads us to believe that he himself could have performed those functions with perfect satisfaction, while he, however, in the chariot of state, thought it best to do otherwise or perhaps had not the time. We inquire what the cost of such a functioner may be, as we here in St. Louis may have need of a Bombastes Furioso.

It was recently reported in a daily paper that the operation for removal of the appendix vermiformis had become a fad among the ultra rich society women of Philadelphia and that some of the surgeons complained of being compelled to perform these operations or assist, against their free will. What power was it that compelled them to do so, was it money power, or reasons humanitarian? If such reports are true, it is a sad state of affairs when society goes from poodle-dog-ism to appendectomy-phobia. The surgeons in the the City of Brotherly-Love are in a sore plight; if they need some help, St. Louis has a few to spare to recruit the army of appendectomists.

WHAT OF THE POOR CONSUMPTIVE?

In this day of the fight against pulmonary tuberculosis some few of the more zealous seem to have gone a step in advance of all reason and filled themselves with the fear that they will die of this disease and no other, unless they speedily get rid of all the poor sufferers. In the daily press we read of one in authority who ordered all the consumptives out of the public hospitals and as a matter of fact put them out, destitute and sick, homeless and penniless and without any provision for their care or attention and then sought to justify this action by saying there "were too many in the hospital and room must be made for the acute cases." This in the twentieth century and in the United States of America?

In another place a zealous health officer will have none of the "dumping ground" business in his State so if he finds a poor wanderer—he says it will be just the same if he has scads of gold—who has but one lung or possibly some portion of two, with neither in good condition he will not be allowed to land at all, at all, but will be unceremoniously bundled up and deported outside the State lines, while still another voice do we hear advocating that all of these poor sufferers be corralled and kept "penned up until they die or get well." Why do not these men go a step further and give these poor victims relief by the application of a few whiffs of Osler's soothing agent? Let them shuffle off this mortal coil painlessly and quickly and at but little expense to the community? Is the consumptive less worthy of attention than a small pox patient?

If we are to get rid of the pest let us be energetic, let us do it well, and with as little suffering as possible and of the consequences—no matter; it is not yet well settled where or how the disease is transmitted, there is no one seemingly very eager to find out how the malady is contracted, whether through the medium of the air, by actual contact or inoculation, that is of little consequence but one sick man or woman "infects" a great many, we know not how or when but they do it and we must get rid of them.

Did anybody ever hear of such rot? Is it possible that such things will be permitted in a civilized country. And does any one think that a few men with a little power and no sense of justice or feeling toward their fellow beings will be permitted to continue such "fancy stunts" in their search for notoriety?

Countries infested with the plague and pest make provision for the sufferers and all countries recognize that the poor and helpless dependents are their wards and provide for them accordingly, and why should not the city or county who has a consumptive even though he be in the last stages be compelled to care for him in some manner until he dies.

Missouri and some other States have recognized the duty they owe to these unfortunate people and commenced the work of caring for them through the State Sanitaria, and private enterprise has done much in the

same direction. It is to be hoped that these efforts will continue and it is also hoped that while unrelenting war is to be made on the white plague that the victims will be cared for in a sane, humane way; that the fight will not be made on the poor and helpless but the disease that destroys them; that investigation will be continued until the manner of transmission is well understood, its cure and control accomplished, in time be able to stamp out the disease and the suffering it causes. But turn them out to die? Turn them loose upon private charity? It savors of the dark ages and reveals a spirit and an action that is as heartless and inhuman as it is inefficient and dangerous.

IS IT BETTER,

To abort a case of pneumonia or let it run the usual course?

To cure an acute attack of appendicitis with medicine or perform a brilliant operation?

To discover tuberculosis in its early stages or allow the disease to fully develop?

To "burn" a venereal sore the first time you see it or make sure of your diagnosis and treat it accordingly, even though this diagnosing takes some days to accomplish?

To make a speedy diagnosis in injuries to the hip, or take more time and be sure of the lesion?

To ascribe continued uterine bleeding to the "change of life" or examine and determine the presence or absence of uterine growth?

To search for the cause of disease and the "indicated remedy" or "give something to ease the pain?"

SUMMER COMPLAINTS.

The season of "summer complaints" is upon us, whatever that means is best understood and feared by the mothers of a large family of the working class in our large metropolitan cities. The treatment of these cases of Gastro-enteritis, Colitis, acute and chronic, with its *sæquellæ* of inanition, malnutrition, and frequently Marasmus give the "Parish Practitioner," considerable work, and worry, chiefly because so many of the laity leave these cases go on until the child is very emaciated, after being subjected to "home treatment" and what every old lady in the community recommends, until finally the poor debilitated child is brought for treatment.

While these conditions are frequently caused by the debilitating sultry atmosphere and second by improper food, or infected milk, these conditions must first be corrected as far as possible. Proper diet at regular intervals and sufficient amount of fresh pure water and systematic bathing are essential for proper care of these cases. Then a careful consideration of the symptoms of the case will show what remedies are indicated. Calc. carb., Calc. phos., Podophyllum, China off., Arsenicum, Cuprum ars., Veratrum alb., Kali phos., are the remedies most often called for. In addition to the afore mentioned some of the digestants as Pepsin 1/10 gr. triturated with milk sugar will be of marked service.

NOTES.

Dr. S. A. Benson is spending a two weeks' vacation with his brother at Pryor Lake, Minn.

Dr. L. S. Luton visited the Jamestown Exposition via. Canada and the principal cities of the Atlantic Seaboard.

Dr. G. N. Seidlitz enjoyed his vacation by a visit to the Northern lakes with stop-offs, visiting friends at Keokuk and Chicago. A launch party on the Mississippi River is among the Doctor's pleasant experiences.

The American Physician for July contains a good account of the meeting of the A. I. H. at Jamestown. Kraft has written the whole thing in a brief, easy newsy style and the reading thereof almost makes one feel he had been there and seen the "whole thing."

Consistency:—We like to hear people speak out bravely with the courage of their convictions, even though they may be wrong, it is yet better that they speak bravely, for only by such free speech can the truth be known. There is nothing to be expected from the coward and the liar.

A. J. C. M.

Dr. L. C. McElwee has been officially appointed examiner for the State Sanatorium at Mt. Vernon from St. Louis. Persons wishing to enter the Sanatorium must first register with the City Auditor at the City Hall, and he will notify them to go to the examiner when there is a vacancy in the Sanatorium.

The Christian Hospital Board and the physicians of the Staff held an informal meeting at the residence of Dr. W. John Harris on Monday evening, July 15th, at which was discussed various phases of the proposed new hospital.

The meeting was addressed by Drs. Young, Brady, Harris, Luyties, Seidlitz, Galloway and McCaughan on the part of the Staff, and by Mrs. Ayers and Dr. Kern on behalf of the Board.

Drs. Luyties and McCaughan were appointed to represent the Staff in a conference to be held soon with representatives of the General Board for the purpose of considering the amalgamation of the Christian and Association Hospitals.

TRANSMISSIBILITY AND CURABILITY OF CANCER.

Dr. William Seaman Bainbridge of New York City calls attention to the growing fear of cancer on the part of people of all classes. He attributes this to the theories of heredity, congenital transmission, and infectiousness or contagiousness as causal factors in the production of the disease. The fear of the contagiousness of cancer has been aroused by the exploitation of the subject in the public press. After reviewing the evidence *pro* and *con* of these theories he calls attention to the following points, adduced from the mass of conflicting evidence, which, pending the solution of the "cancer problem," will lead no one into danger: (1) That the hereditary and congenital acquirement of cancer are subjects which require more study before any definite conclusions can be formulated concerning them. (2) That in the light of our present knowledge they hold no special element of alarm. (3) That the contagiousness or infectiousness of cancer is far from proved. (4) That evidence to support the theory of contagion or infection is so incomplete and inconclusive that the public need not concern itself with it. (5) That the public need merely be instructed to apply the same precautionary measures as should be brought to bear in the care of any ulcer or open wound. (6) That the danger of the accidental acquirement of cancer is far less than from typhoid fever, syphilis or tuberculosis. (7) That in the care of cancer cases there is much more danger to the attendant of septic infection, of blood poisoning from pus organisms, than from any possible acquirement of cancer. (8) That the communication of cancer from man to man is so rare, if it really occurs at all, that it can practically be disregarded. (9) That in cancer, as in all other diseases, attention to diet, exercise, and proper hygienic surroundings, is of the utmost importance. (10) That cancer is local in its beginning. (11) That, when accessible, it may, in its incipiency, be removed by radical operation so perfectly that the chances are overwhelmingly in favor of its non-recurrence. (12) That once it has advanced beyond the stage of cure, in many cases, suffering may be palliated and life prolonged by surgical means. (13) That while other methods of treatment may, in some cases, offer hope for the cancer victim, the evidence is conclusive that surgery, for operable cases, affords the surest means of cure.—*Boston Medical and Surgical Journal*, June 29, 1907.

ANTISEPTIC LIQUID SOAP.

R_x Sapolis Mollis

Katharmon

Aquæ..... aa ʒ iv

Alcoholis..... ʒ iij

Misce et adde

Acidi carbolicæ..... ʒ i

APPENDICITIS, A PLEA FOR EARLY OPERATION IN PUS CASES.

W. D. WARD, M. D.

The author strenuously opposes the Ochsner method, and justifies operation at the earliest possible moment by citing cases which show the benefits from the growing trend of surgical opinion in this direction. He points out the dangers of delay in giving rise to subphrenic, hepatic and splenic abscesses, phlebitis and infections in other parts of the body. Ward declares that in a pus case after opening the abdominal wall, the surgeon should carefully place gauze sponges so as to separate as effectually as possible the infected areas from the uninfected, then evacuate the pus first with sponges, then, by local irrigation, free the appendix and remove it, then separate the adherent coils of large and small intestine, evacuate all secondary pus pockets, wipe the lymph from the intestines, and make them as clean as possible, remove the protecting gauze and put in fresh drainage material. Take the greatest possible care, he says, in placing drains. Build up, as it were, a wall of gauze which will hold the intestines away from the infected areas, and then use ropes of gauze to drain the infected spots. Leave the abdominal incision wide open without sutures. If, after the separation of adhesions, it is found that the inflammation has already spread beyond the boundaries of the right iliac fossa, further irrigation should be given according to the following rules: Use a large tube at least three-quarters of an inch in diameter; hold the funnel high so that there is plenty of force; turn the patient on the right side, and keep two fingers of the left hand spread wide apart in the incision, so that the exit is very free, and use at least two or three gallons of water. An irrigation given in this way instead of disseminating infectious material removes it. In these cases of general peritonitis use the Fowler position and Murphy's method of continuous saline infusion by the rectum.—*New York Med. Journal*, November 10, 1906.

THE WIDAL TEST WITHOUT A MICROSCOPE.

A Satisfactory Method of Making a Bacteriologic Diagnosis by Means of the Typhoid Agglutometer.

This apparatus is designed to obviate the use of the microscope and the fresh, live culture of typhoid bacilli necessary for the Widal test when made in the old way. Laboratory and clinical experiments have shown it equal in delicacy to the former method. The limits of the reaction are more distinct than in the old process. The package contains:

1. One bottle of sterile, permanent suspension of typhoid bacilli.
2. Four test tubes.
3. One lancet and tube for collecting blood.
4. One vial for diluting serum.
5. One small pipette for distributing the diluted serum.
6. One large pipette with two graduations (each corresponding to ten drops of the size delivered by the small pipette) for filling the tubes with suspension.

REACTION.

When the reaction is positive, floccules appear in one or more of the tubes, depending upon the agglutinating power of the serum tested. These flakes are small at first, and disseminated through the fluid. They gradually increase in size and settle to the bottom of the tube.

In a *complete* reaction the supernatant fluid has cleared.

In a *positive* but incomplete reaction floccules are seen in the still cloudy fluid.

In a *negative* reaction the fluid in the tubes remains uniformly cloudy as in the control.

A positive reaction is easily detected by comparison with the control.

THE RADICAL CURE OF FEMORAL HERNIA.

WM. B. COLEY, M. D.

In an interesting contribution, Coley demonstrates the value of the purse-string suture method in the radical cure of femoral hernia as shown by results in 103 cases. This method is based upon an operation devised by Cushing of Boston in 1888, but differs from it somewhat in technique. As performed by Coley it may be briefly described as follows:

An oblique incision is made one-quarter to one-half inch below Poupart's ligament and parallel with it, almost identical with the incision made for inguinal hernia, only slightly lower and a little shorter. The sac with the mass of extra-peritoneal fat that almost always surrounds it is then freed well up into the femoral opening. The masses of fat are carefully removed, the sac itself, by gentle traction, is brought down well beyond its neck to a point where it widens into the general peritoneal cavity. It is always opened before ligature, so make sure that it is empty. If omentum is present, this is tied off and removed. The ligature having been placed well beyond the neck by transfixion, it is carefully tied and the sac removed. When the stump of the sac has been pushed through

the opening into the abdominal cavity, there is no longer any funicular process present in the femoral region. With a curved Hagedorn needle, threaded with kangaroo tendon of medium size, the suture is placed as follows: The needle is first passed through the inner portion of Poupart's ligament or the roof of the canal, then downward, taking firm hold of the pectineal fascia and muscle, then outward through the fascia lata overlying the femoral vein, and finally upward, emerging through the roof of the canal about one-quarter inch distant from the point of entrance. On tying this suture, the floor of the canal is brought into apposition with the roof, and the femoral opening is completely obliterated.

The skin and superficial fascia are closed by means of an interrupted catgut suture and a sterile dressing is applied without drainage. The first change of dressing is made at the end of one week. The patient is kept in bed for two weeks and allowed to go home at the end of two and a half weeks. A firm spica bandage is worn one week after leaving the hospital, at the end of which time no further support is needed.

The purse-string suture thus applied accomplishes exactly the same thing as Bassini's operation for femoral hernia, and it has the advantage that it is much more easily and quickly performed.

In the 100 cases operated upon by this method, most of which have been carefully traced, there has not been a single relapse.—*Annals of Surgery*, Oct. 1906, page 519.

ST. LOUIS A HEALTHFUL CITY.

St. Louis is said to be the healthiest city in the country and if for any reason you have ever wondered why this is thus read the following which appeared in the *Post-Dispatch* and be convinced as to the why and wherefore, as did this reporter, who writes thus of

"OLIVE STREET'S 34 CURES."

If Anything is the Matter With You? Take a Car Ride Out That Thoroughfare and Choose a Doctor.

Is there anything the matter with you? Stomach out of "kelter?" Head foggy? Heart acting up? Back ache? Joints stiff? Dizzy? Feet cold? Talk in your sleep? See things that aren't there? In short, have you "symptoms" of any disorder of body or mind that anybody ever heard of, in the whole dreary catalogue?

Well, then, this is what you want to do: You want to take a trolley ride on the Olive street line, out toward Grand avenue, and count the signs

that are hung out by the folks who are ready and eager to cure you. You needn't leave your seat. Just turn your head sidewise, and "keep tab" on your fingers as your eyes catch the new ones. If you have any sort of industry at all at counting, you'll run out of fingers before you're half through.

Recently a *Post-Dispatch* reporter walked for a distance of four blocks through that part of town; and without being sure that he got them all, he counted 34 separate schemes of cure. Not merely 34 doctors' signs, mind you, but 34 separate and distinct methods of driving away disease. If his neck hadn't grown stiff from looking up, he might have brought the count up to half a hundred, without half trying.

There, of course, are the "regular" physicians, the good old allopaths, and the devoted homeopaths. The two schools don't speak to one another professionally; but bless them both, anyway! That's two the count.

And then there's the drug store, with its shelves full of patent medicines. Dump the remedies all together, and count the drug store as one. That's three, then.

Then there's the "electric" physician, and the osteopath, the hydro-path, and the Christian Scientist, each with his following. No reflections on any of them, if you please. We're not reflecting now; we're just counting. That brings the total to seven. Then here are the others:

8. The "magnetic healer."
9. The electric massage doctor.
10. The clairvoyant.
11. The "Gift of Tongues" healers.
12. The "electric bath" practitioner.
13. The "Spirit healer."
14. The "sun cure"—whatever that is.
15. The palmistry professor, who diagnoses your ills.
16. The dentist.
17. The oculist.
18. The aurist.
19. The chiropodist.
20. The "professor" who cures baldness.
21. The doctor who cures stuttering.
22. The concern that sells electric insoles, brushes and things.
23. The peddler of "Oriental" charms for the cure of rheumatism.

24 to 34. The "specialist." There were eleven "specialists" signs displayed within these four blocks—all different, promising to cure anything from "that red feeling" to an ingrowing conscience.

Murder! Is it any wonder that St. Louis holds the nation's record in health statistics? How could she help it?

SURGICAL TREATMENT OF TUBERCULOSIS OF THE KIDNEY.

Kelly (*Surgery, Gynecology and Obstetrics*, March, 1907) states that he has yet to see a spontaneous or medical cure in a case in which tuberculosis of the kidney has been clearly demonstrated. Even under most favorable hygienic surroundings, he has always noted the advance of the disease. He observes that with rare exceptions tuberculosis sooner or later involves the bladder, and that this may take place early. He holds that disease is always unilateral at the start; if general or miliary tuberculosis be excluded, it is practically always hematogenous in origin, primary tuberculosis of the bladder being extremely rare. Nephrotomy he advises only in desperate cases of pyonephrosis, and this must always be followed by nephrectomy when the other kidney is not tubercular. If both kidneys are extensively involved, nephrotomy is the only procedure feasible. It often effects a remarkable improvement in the patient's general condition. As a preliminary to nephrectomy, nephrotomy may be of inestimable value. Two months is regarded as a long enough period for the patient to rally sufficiently to stand a nephrectomy, which is best done by the intracapsular method. Partial nephrectomy affords a chance now and then of rescuing the bad kidney; it is indicated when both kidneys are involved, and is especially indicated when half a horseshoe kidney is involved.

The operation of widest application, and that which should always be if possible, is nephrectomy. In the comparatively exceptional case of one sided kidney tuberculosis, with the other kidney healthy, and no tuberculosis evident in the bladder or elsewhere in the body, no one should dispute the imperative indication to remove the diseased kidney. Such patients often seem to be in robust health and the local symptoms appear trivial, but it should be borne in mind that no case of spontaneous healing has been demonstrated.

Kelly states that he has twenty cases of nephrectomy in which the disease was unilateral and without bladder involvement, or only slight lesions about the urethral orifice, and that all these cases, without exception, remained in perfect health over a period extending from two to ten years. Hence the proper time for nephrectomy is as soon as diagnosis has been made. When the disease is further advanced, the difficulties multiply rapidly; the likelihood of disease in the second kidney is increased; grave bladder troubles are present, rendering topical diagnosis very difficult or even impossible; peritoneal changes occur, greatly adding to the seriousness and dangers of the operation. Out of the thirty-six advanced cases Kelly has had four deaths, and five more within periods of from two months to four years. Involvement of the bladder is a marked indication for nephrectomy, since as long as the tubercular kidney pours down infectious material the bladder cannot be healed, whereas it often yields promptly after nephrectomy.—*Therapeutic Gazette*.

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GASTRO INTESTINAL AILMENTS OF YOUNG CHILDREN.

H. B. BROWN, M. D., Waukegan, Ill.

As the hot weather approaches the usual number of cases of gastro-intestinal ailments will confront us and if we be not alert the same mortality of old will occur among our little patients of one and two years. The keynote to success in the management of these cases is to see that correct feeding is enforced and to keep the alimentary canal as clean and nearly aseptic as is possible. If this be done much suffering can be obviated and many little lives saved.

Every medical man these days is capable of giving correct advice on infant feeding, the care of bottles, accessories, etc., if he will only take the time and trouble to make the mother understand how important it all is. The doctor's suggestions on this matter are too often regarded as simply platitudes and not thought of seriously until the child is in the throes of a severe illness. The following clinical reports are illustrations of my usual method of handling the more common but serious gastro-intestinal diseases we meet during the heated season.

Ethel G., aged ten months, suffering from cholera infantum; bottle fed. Was passing watery stools every few minutes. Temperature had been considerably elevated, but was now slightly abnormal. Mouth and tongue parched. Considerable emaciation and scaphoid abdomen. Circulation weak and respirations labored. In fact an extreme prostrate condition. Treatment: I put four ounces of Glyco-Thymoline with eight ounces of water and gave it as a high enema, causing it to be retained as long as possible. This was repeated every hour or so until the bowels

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were thoroughly cleansed and the stools diminishing in number. Gave one-tenth grain of calomel every two hours until the discharges showed the characteristic greenish color. Also gave the following:

R Elixir Lactopeptine..... ʒ ij
 Glyco-Thymoline..... ʒ ij
 Oil Peppermint..... gtt. j

M. Sig.—20 drops every hour. After eight hours the child was able to take nourishment and retain it. This consisted of cold pasteurized milk diluted with an equal portion of lime water. Child was given all the cold water and lemonade she wanted. She made a good recovery.

Jennie M., aged fourteen months. Suffered from gastro-enteritis with much fermentation. Bowels swollen and tympanitic. Fever of a remittent type due to autotoxemia. Child delicate and poorly nourished; still nursing the mother's breast. Mother herself in poor health and in no condition to nourish child. Treatment: Put the little one on cow's milk diluted with lime water. Three times a week I gave a high enema of a warm saline solution and Glyco-Thymoline, equal parts. Also gave the above prescription, a teaspoonful every four hours. Child steadily improved under this treatment and in six weeks was in a good state of nutrition and health.

A point that I wish to emphasize in these notes is that Glyco-Thymoline is a most excellent antacid and antiseptic and deserves special consideration in the stomach and bowel disorders of young children. It gives prompt and gratifying results.—*Medical Summary.*

CODEINE SAFETY AGAIN DEMONSTRATED.

Dr. E. L. M'Kee, of Cincinnati, Ohio, speaking of Codeine, in the *Denver Medical Times*, says: "This drug, according to Butler, is one-fourth as toxic and effective as morphine. It is less depressing and more stimulant, does not constipate, cause headache or nausea, and rarely leads to the formation of a habit. Codeine seems to exert a special, selective, sedative power over the pneumogastric nerve, hence its value in irritative laryngeal, pharyngeal and phthisical coughs with scanty secretion. Like morphine, it has proved of value in checking the progress of saccharine diabetes, and it has been used for long periods without the formation of the drug habit, inasmuch as when glycosuria was brought to a termination by dietary and other measures, the cessation of the use of codeine was not followed by any special distress. The effects of codeine on the alimentary canal are remarkable, that it assuages pain as well or better than morphine and nevertheless does not check the secretions or peristalsis notably, unless the latter is excessive, as in dysentery. The statement that codeine is simply a "little morphine," only differing from the latter in the size of the dose, is an erroneous view, as can be ascertained by any one who closely observes the action of the two drugs."

Codeine in connection with antikamnia has stood the test of exhaustive experimental work, both in the laboratory and in actual practice, and they are now accepted as the safest and surest of this class of remedies. Therefore, "antikamnia and codeine tablets" afford a very desirable mode of administering these two valuable drugs. The proportions, antikamnia 4 $\frac{3}{4}$ grains, codeine $\frac{1}{4}$ grain, are those most frequently indicated in the various neuroses of the larynx, as well as the coughs incident to lung trouble, bronchial affections, grippal conditions and summer colds.

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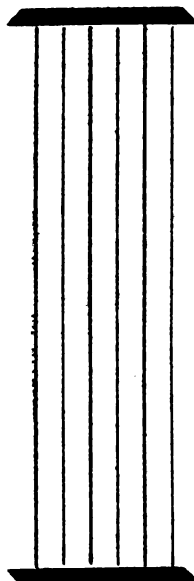
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SEPTEMBER, 1907

Number 9

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THE CLINICAL REPORTER.

Vol. XX.

SEPTEMBER, 1907.

No. 9.

Original Articles.

THE DIFFERENTIAL DIAGNOSIS OF TYPHOID FEVER.

L. C. McELWEE, M. D.

On the eighth or ninth day of the attack in a typical case when the rose colored rash is present over a large part of the abdomen or body; when the temperature range has been "characteristic" for several days and the "pea soup" stools are in evidence, there is little or no chance for error. But our observation in twenty-five years' experience leads us to the conclusion that this disease follows the most *atypical* course of any that affects the general practitioner with the possible exception of grippe and malaria. Indeed we have carried patients through attacks of fever which were only diagnosed as, in all probability, typhoid, after the patient was convalescent and the hair came out some weeks thereafter.

The most grievous and humiliating failures at diagnosis which we have made have been in this disease, because of expecting to find (in the early '90's) a history of a gradual onset with languor, etc., for a week or two before the attack. During the epidemic of 1891-92 when there were so many deaths from typhoid, in St. Louis on *one December day* that there were not enough hearses in town to haul the dead to the cemeteries, the onset of the disease was often marked by a severe rigor followed by an elevation of temperature to 104° or 106° F. There would not be any right iliac fossa tenderness, no diarrhea, no delirium, no sordes on teeth or gums, no classical symptoms that would distinguish between grippe or malaria. The fact that typhoid was epidemic was the chief diagnostic sign and case after case was diagnosticated typhoid by physicians in general on no other grounds. With all this laziness and uncertainty overhanging a given case one must not be surprised to find the difficulties arising thick and fast about him in many instances.

But in a case where the onset is sudden with consequent high fever, with little morning remission and aches and pains like grippe or malaria and when the agglutination (Widal) test cannot be made or is negative

and no microscope or ability to discover the plasmodium is at hand, we have found the quinine test very useful, viz: give thirty grains of quinine in 10 hours to an adult (proportionately less to children), and if the case in point is typhoid little or no reduction of temperature will be noted, and if any, the fever will return to where it was the same or next afternoon, if it be malaria it will probably be suppressed and remain away from three to seven days or maybe indefinitely. Before making the quinine test it is always advisable to carefully select the similitum because you must proceed to give this remedy after the failure of the quinine to permanently suppress the fever, and, moreover, the quinine will so mask the symptoms that a similitum cannot be properly selected *after* the quinine has been given until several days or a week have elapsed. The quinine will help greatly, to differentiate between malaria and the typhoid, but not so with gripe. In the absence of the Widal reaction and sometimes with it, *three days* must elapse before the distinction is probable, for gripe usually shows a distinct change in that length of time. Either by improvement or complication. Not so with typhoid. In the full-blooded or esthenic type of patient the difficulties increase, because they mostly maintain an atypical aspect until the end of the second or beginning of the third week, but even in them and mostly in anemic cases the calloused points of the palms of the hands and soles of the feet are quite constantly discolored *yellowish*—much like the fingers of a cigarette fiend. This is accentuated by pressing the blood out of the parts and observing the contrast as the blood returns to the *surrounding* parts. The difficulties of diagnosis are usually confined to the first few days or week, but may extend beyond that as above stated, particularly when miliary tuberculosis, acute septic or pyemic infection or meningitis may be present.

We call attention to these three latter conditions that any interested reader may "read up" on them in any good work treating of them as they are not encountered frequently enough to enter as serious factors in this city or its environs, in suspected typhoid fever cases. Important facts to be considered are the etiological factors and the possibility of their operation in the case in point. Inquire into the water and milk or food supply. Note the season of year. Should either of these prove suspicious the diagnosis of probable typhoid will be greatly increased. Therefore, if a given case began with a severe chill followed by high fever during what seemed to be good health, and the fever stay with slight morning remissions, and either the Widal or quinine test or both prove negative and the bowels be costive, the probabilities are very great that the case is one of typhoid, and will be proven to be so a few days later by the development of the rose rash and the yellowish discoloration of palms and soles. A blood examination and leucocyte count will easily exclude pyæmic or septic conditions as leucocytosis in typhoid is not increased while with others it is most likely. Meningitis may complicate typhoid from the very beginning. Should it do so, treat the most urgent group of symptoms and tell the

family your doubts and misgivings or call counsel as no body can be "cock sure". Do not fear to have some one share your troubles because a trouble shared is half over.

1221 N. Grand Ave.

FEEDING IN TYPHOID FEVER.

W. W. GILBERT, M. D., St. Louis, Mo.

Next to diagnosis the diet in Typhoid Fever is the most important subject in a symposium on that distressing malady. In fact many consider diet much more important as a remedial measure than medicine in any form. This is no doubt true for several reasons, first and foremost, the peculiar pathological lesion; any irritating substance passing over this inflamed area adding to the distress and prolonging the usual course. Second, the inclination to the formation of gases with their tendency to decomposition producing distressing tympanites. Third, the frequency of either diarrhea or constipation which can be ameliorated by proper diet. And fourth, the length of the disease renders it absolutely necessary that the most nourishment be obtained from the least amount injected.

When these facts are considered any articles selected for nourishment should be non-irritating when they reach the intestines, produce the least possible amount of fecal matter, be sufficiently digested or predigested to cause no gas formation and also assimilable obviating constipation or diarrhea. Again the foods selected must harmonize with the fancies of the patient to as great extent as possible. Nothing is so deleterious to a half delirious fever patient as the constant annoyance of proffered articles of diet that are repugnant even in health.

Water is the first and principal food. Internally and externally. Moderately cold and pure and fresh. Given often and as much as the patient can be induced to take.

Next in importance is milk and is the most suitable food. Fever patients may be carried through the whole course of the disease on milk alone. Three pints daily is the usual amount required when given as the only article of diet. The stools should be frequently examined to see that the entire amount taken is digested. When milk becomes tiresome it can be modified and still retain its nourishing qualities. By the use of Pepsin it can be converted into whey or junket. By adding Vichy it can be carbonated and made palatable. Again buttermilk, kumyss or pure ice cream will be readily handled in certain cases. When a substitute is needed for pure cow's milk or it cannot be obtained in proper quantity or

quality then chicken or mutton broth or beef juice will be found serviceable. These should be carefully seasoned with salt and butter to suit the taste. These broths may aggravate or cause diarrhea in which circumstance it is advisable to use albumen water, that is, the white of eggs beat up in equal parts of water and strained, to which is added lemon juice, wine or brandy to flavor. If constipation is present and persistent which the milk diet aggravates, fruit juices will often be indicated such as prunes, oranges or lemons. The action of these fruit juices should be watched and if not well borne discontinued at once.

All patients must be fed at regular intervals during the day and at night if extremely weak or in a stupor or comatose condition. If at night sleep is quiet and restful it must not be disturbed.

The convalescent period is probably the most important from a dietetic standpoint. Here we have a patient who feels good and is extremely hungry and at the same time we know that any irritation to the diseased intestines will produce a relapse which will be worse than the initial attack on account of the weakened condition of the patient. We have all heard of the typhoid fever patients who have left their beds during the absence of the attendant and ate quantities of sour kraut, apples, pies, meat or something else that they have craved and that they began to improve from that moment. Still no one is willing to take the responsibility of permitting a patient to do such a thing with our consent, for the simple reason that we have *known* of cases who ate an over amount of some article that we have recommended and suffered the usual relapse. It is best to err on the side of safety if an error is necessary, hence the writer makes this rule: Never allow a typhoid fever patient anything solid to eat until one week after an absence of evening elevation of temperature and then wait another week to be sure. At this time a short allowance of soft-boiled eggs, milk-toast and such semi-solids may be permitted for three days when if no elevation of temperature occurs, the full diet may begin with safety.

4109 Laclede Avenue.

In inertia with irregular spasmodic and ineffectual pain, pulsatilla is specific.

Gelsemium is specific in labor with thick rigid cervix with cutting abdominal pains.

Aconitine is specific to certain forms of facial neuralgia, but it is not applicable to other neuralgia.

SURGICAL TYPHOID CONDITIONS.

WILLIS YOUNG, M. D.,Perforation of Intestine.

There is no longer any contention that perforation of the intestine by a typhoid ulcer is other than a surgical condition, to be treated surgically.

Medical and expectant treatment results in a mortality variously estimated from 90 to 100%. The latter figure is nearer truth.

On the other hand, the mortality of cases treated by operation has constantly and steadily decreased since Leyder first suggested and Mikulicz performed the first successful operation.

The *percentage of recovery* after operation is variously stated and ranges from 37.66% in 162 cases collected by Alleban down to 10%. The average at the present time is about 27%. Statistics demonstrate that in the United States about 12,000 cases of typhoid die of perforation annually. To save 27% or 3140 lives per year is no mean feat for surgery to accomplish and of no small economic value to the state.

The *time at which operation is made* is of immense importance in determining the result. Of those cases operated within 8 hours of the occurrence of perforation 55% recover, or more than twice as many operated after that time. The frequency of perforation in typhoid according to Osler's series of 829 cases is 2.7% and the time of occurrence, based on the same series is anywhere from the 1st to the 16th week after its onset. Something more than 50% occurs in the 3rd and 4th weeks.

The *location of the perforation* in more than 80% is in the ileum and within 3 feet of the ileo-cecal junction—commonly within 18 inches of this point. The sigmoid flexure, vermiform appendix, descending and transverse colon, jejunum and Meckel's diverticulum, next in the order mentioned.

The *diagnosis* of typhoid perforation is not always easy to make. This is not strange considering that typhoid is a disease affecting practically every organ and system in the body. The conditions likely to cause greatest difficulty in establishing a timely diagnosis are delirium and stupor which make all subjective symptoms useless.

When there appears *sudden abdominal pain, localized tenderness, and rigidity of the abdominal muscles*, the diagnosis is clear. Other symptoms are nausea-vomiting, tympany, disappearance of liver dullness, acceleration of pulse and rise of temperature. Any or all of these added to pain, tenderness and rigidity not only make the diagnosis more certain, but the necessity of immediate operation more urgent.

If one waits for the manifestations of *shock*, as indicated by facial expression, excessively rapid pulse, sweating and restlessness; he will have clinched his diagnosis, but will also have allowed his chances for saving the patient's life to diminish to almost zero.

In case of doubt as to the existence of perforation; operate—for the exploratory incision presents a very minimum of danger. This is advocated by all physicians and practiced by all surgeons advanced enough to recognize the impossibility of a diagnosis in certain cases. The diagnosis is usually best made by the attending physician—who is in position to recognize changes due to perforation, by comparing them with the patient's previous condition.

Differential Diagnosis.—There are several complications of typhoid and that may easily be confused with perforation—such as suppuration of mesenteric or retroperitoneal glands. Excepting that the pain-tenderness and rigidity of the abdominal muscles, is slower in onset and followed by shock and septic peritonitis only in event of their rupture—differentiation is almost impossible. But a surgical condition in the abdomen demanding operation will have been discovered and exact diagnosis and appropriate treatment may be made and instituted after the abdomen is open.

The same is true of appendicitis—more frequent during typhoid than is generally recognized. The location of the tenderness and the palpation of a tumor will aid the diagnosis.

Thrombosis of iliac veins is distinguished by tenderness in the inguinal region for a distance down the femoral vein. In the absence of stupor this is a valuable point.

Cholecystitis is a frequent complication of typhoid, presents tumor and tenderness over the gall bladder and in some instances jaundice. Perforation of the gall bladder may occur and demands the same prompt operative measures as perforation of the gut.

The most difficult and at the same time most important complication that may simulate perforation is hemorrhage. Only 50% all hemorrhages are accompanied by pain and tenderness and rigidity of the muscles is even less frequent. The appearance of shock is slower in hemorrhage and the same is true of the pulse frequency. In hospitals where the blood pressure may be measured, it will be found that hemorrhage lowers it and perforation raises it. Blood in the stools clears up the difficulty.

Technique of Operation.—Local anaesthesia by Eucaine, Beta or Schleich's solution is preferable to general anaesthesia by chloroform although Cushing is quoted as saying that anaesthesia and operation seem to have a favorable effect on the fever. I make bold right here to suggest the spinal analgesia induced by the injection of Tropococaine.

Incision at the edge of the right rectus muscle of sufficient length to enable the handling of the intestine with extreme gentleness.

Because it is most easily located and a good landmark to begin a search from, the appendix should be first examined and if necessary removed. Systematic search for perforation or places thinned by ulcers

should then be made in the structures most frequently affected—the last 3 feet of the ileum, the sigmoid, descending and transverse colon, caecum and ascending colon and finally the jejunum in the order named. Failing to find a hole in the gut the gall bladder should be investigated and drained if necessary. The gall bladder being acquitted, suppurating mesenteric or retroperitoneal glands should be sought and drained.

If a patient be in very bad condition, the search should end with the discovery and treatment of the one or more perforations first discovered. If permissible the hunt should be continued until all perforations and thinned places threatening perforation have been dealt with. They are more likely to be found on the gut opposite the mesenteric border. They are best closed by mattress sutures of silk or flax. Lembert sutures—especially as more than one layer is desirable, are likely to occasion a dangerous constriction of the gut. Should the mattress sutures, because of larger size of perforations or several perforations near together, cause too great a constriction, reliance would better be placed on the purse string suture.

Some surgeons follow the practice advocated by Luecke and simply sew the perforated portion into the abdominal wound establishing a fecal fistula to be dealt with later.

This plan by virtue of its *simplicity* and the *quickness* with which it can be carried out is a most excellent one when there is but one ulcer or when ulcers are close together.

Abundant observation has demonstrated that irrigation of the soiled peritoneum or wiping with sponges, mitigate materially against the patient's chances of recovery and therefore, should not be done. Excepting where simple suturing of gut to belly wall makes it not feasible—drainage with rubber tubing should always be used.

In all cases Fowler's position should be established—the painstaking experiments of Buxton having shown that absorption from the abdomen is effected almost entirely by the lymphatics of the diaphragm. Comparatively recently Murphy has practiced intestinal clysis, a method to which he attaches the greatest importance. "It (the saline solution) must be admitted by pressure alone and through a tube that will let the water flow in and out, and the hydraulic pressure must just exceed the abdominal pressure."

This idea is carried out by placing the fountain syringe not more than six inches above the level of the intestines. "Its purpose is to tide the patient over the hour of acute infection which is just after operation, by washing out the blood with a large quantity of fluid" (normal saline solution). He has given as high as 30 pints in 24 hours.

Recapitulation.—Typhoid perforation demands operation. Diagnosis should be made early. Operate immediately.

Operate quickly—get in the abdomen and get out.

Mattress sutures preferable.

Purse string suture if necessary.

Close perforations and turn in and suture thinned places.

Avoid irrigation or mopping of abdominal cavity.

Drain with rubber tubing.

Employ Fowler's position in all cases.

Use rectal clysis by Murphy's method.

When in doubt as to existence of perforation, cholecystitis or suppuration of lymphatic glands, operate.

2344 Park Avenue.

TREATMENT OF TYPHOID FEVER.

J. L. DRYDEN, M. D.

In the treatment of typhoid fever, notwithstanding the frequent declaration of the dominant school, and the therapeutic nihilists of our own school that medicines are of little or no avail, I believe that the carefully selected homœopathic remedy is the most essential feature in the treatment of this disease. However, there are auxillary measures that may be applied which often add to the patient's comfort and aid in the favorable outcome, and should not be neglected.

In administering the homœopathic remedy after its careful selection, it should be given persistently for a considerable length of time without change unless symptoms arise specifically contraindicating it. I think that with most of us, in our anxiety, in the treatment of these cases, there is a disposition to change remedies too frequently.

The enumeration of the most frequently indicated remedies and the symptoms calling for them, are like oft' repeated quotations from our text books, but a few of them will bear another repetition for presentation here.

Aconite.—The great fever remedy, however, is not often indicated in this disease, yet, there are cases in which it has a very salutary effect, usually at the onset, in those cases which develop suddenly a high fever, mind clear instead of muddled, with great restlessness, anxiety, fear of death, is going to die sure and even predicting the time of its occurrence. Skin is hot and dry, great thirst and the colder the water the greater the thirst. When such cases are presented, and they are usually before our diagnosis is made, Aconite is not to be laughed at.

Fer. Phos.—Is said to be the Acon. of typhoid and it is true that they are similar in many respects but it lacks the intensity of Acon. and for that reason it is more frequently indicated.

Arsenicum Alb.—Will do much where there is rapid and great prostration, anxious, restless, fear of death, great thirst, drinks often but

little at a time, diarrhoea, dark brown, cadaverous smelling stools; face pinched or drawn, skin cold and blue and often with cold sticky perspiration, nose dry and stuffy, all symptoms usually worse after midnight when vitality is lowest. Arsenicum will save many cases that are almost ready to cross the river.

Baptisia.—Presents a typical typhoid picture, prostration, languid, tired, indifferent, will fall asleep while answering a question, mild delirium with stupor, can't get to sleep because feels as if scattered about, putrid breath, whitish-brown tongue, yellowish or greenish watery offensive diarrhoea.

Bryonia.—Patient has a bursting headache, mild delirium, talking about his business affairs, imagines he is away from home and must get up and return, aching all over so severe that he wants to lie perfectly quiet, tongue dark-brown, sometimes cracked and bleeding, tendency to constipation, rather than diarrhoea, chewing motion of jaws almost constant, dry barking cough with stitching pains, great thirst, drinking large quantities of water.

Gelsemium.—Is indicated when there is hot head, flushed face, drooping eyelids, moist skin, aching soreness in muscles particularly in back of neck, creeping chilly sensation in back, chilliness with more or less regularity resembling malaria, little thirst, dizziness, dimness of vision, trembling of limbs, numbness of tongue, tendency to motor paralysis.

Rhus Tox.—Is frequently indicated in persons of a rheumatic diathesis, stiffness and aching of the limbs, bed feels too hard and must move to get a little relief, usually worse at night, tongue red, or dark-coated with dry red triangular tip, dark offensive diarrhoea, low muttering delirium, indifference, mental effort slow and difficult, so much that he will forget your question or stop with it half answered, picking at the bed-clothes or at the finger nails, dry teasing cough, the pains are like those of a sprain or of hard muscular exertion.

These remedies will fit the majority of ordinary cases but it is in the complications that arise that require deeper research, and the auxilliary measures, and even palliation in order to control the situation.

I think we are inclined to pay too much attention to temperature, and make strenuous efforts to reduce it regardless of the effect on the patient. The cold water bath that has been so popular with many physicians, I do not think is desirable except in a few cases and then only when it adds to the comfort of the patient. We may pour water on a hot stove and cool its surface but the fire within burns just as intensely as it did before. The cold bath may reduce our patient's temperature but in no way effect the heat producing centers; besides the cold water is often such a shock to the nervous system that it takes some time for recuperation. A better way to reduce the temperature and it often adds to the patient's comfort, is to wring bath towels out of tepid water, and with the patient divested of all clothing, spread them closely over the limbs and tucked around the body and neck and have the nurse gently fan the patient enough to keep up

a good circulation of air. The rapid evaporation reduces the temperature gradually and often very agreeably.

In the nervous type we find Hyos. indicated where delusions and hallucinations are pronounced. The restlessness and nervousness are intense, jerking of muscles, boisterous laughing and talking, kicks the clothes off and immodestly exposes himself. Stramonium is another remedy that is often suitable for the nervous type. There is furious delirium, patient is terrified by his delusions, vicious, tries to strike and bite his nurse. But for palliation a full dose of Chloral hydrate often acts well in bringing about a few hours of quiet restful sleep. I have never used the H. M. C. Comp. in this field but I believe it might be an effective palliative.

In the diarrhoeic form, which persists in spite of our Homoeopathic medication, several doses of castor oil followed by the sulphocarbolate of zinc is good palliation and is not an unpardonable sin.

For intestinal hemorrhage we have Nitric Acid, Lacheses, Hamamelis and China, but if it is alarming I would rather depend on the hypodermic injection of 10 to 20 drops of the Adrenaline chloride and warm saline enemas, and if the hemorrhage has been excessive, the normal salt solution subcutaneously or intraveinously.

For the extreme tympany that often occurs we have Carbo Veg., Lycopodium, and Terebinthina, but a colon tube well lubricated and passed as high as possible through the sigmoid will often bring the quickest relief.

For the tendency to cerebral paralysis we have Muritic Acid, Lachesis, Kali Phos., Arsenicum and Lycopodium.

The tendency to heart failure would better be met as well as possible with the homoeopathic remedy. Heart stimulants are dangerous because of the reaction or depression that is bound to follow sooner or later. The heart may not have more than strength enough to reach the goal and if the whip be applied it may break down in the next stride.

For intestinal perforation, there is no medicine homoeopathic or otherwise that is of any avail. Surgical procedure promises something, but to realize on it, it must be done within a very few hours after its occurrence.

1419 N. Grand Avenue.

Again, in those fevers in which belladonna seems to be indicated there comes a time in which effusion seems imminent, and then bryonia will meet all the indications. It is very clearly indicated in the end stages of serous synovial, muscular and pneumonic conditions.

When labor pains are cutting and spasmodic, with fainting spells, give *actea racemosa*.

EDITORIAL DEPARTMENT.

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WHY MAKE A PRESCRIPTION.

Once when hearing an old and well-experienced physician detail a case of severe illness, one beyond all human aid, he was asked by a younger man as to what remedy he had given the patient; he replied "I'm not sure, but would advise giving of whatever I had the most." In other words, make a prescription for appearance only.

How many prescriptions are made daily by physicians for the sole purpose of pleasing some one? Made in a careless, off-hand way, it is not expected or intended that they should do any good and we are all familiar with the doctor's bread-pill. Recognizing the fact that placebos are useful, necessary, and many times of much value in cases where they are indicated (and they are indicated oftener than used) we must consider the other cases where prescriptions are hurriedly made.

No prescription should be made without a just and due reason, whether patent or not. What can this drug do, what may I expect from its use, and in what manner will it influence this particular case? How long before its effects will be apparent, and how long will they continue?

Is it to cover some certain symptom only; to effect a cure or only mitigate certain urgent conditions?

That Nature is the great healer, we all admit, that medicines help and sustain we cannot deny and that they often do great harm if wrongly administered we must admit.

Of how great importance therefore, that we choose wisely, weigh carefully and watch diligently? And how many things must we consider? Pathology, symptomatology, the vital resistance, the patient's environment and his condition in total.

Often times one symptom or a few symptoms predominate and we are

called upon to relieve these, while the insistent patient realizes not, (and too often the doctor as well) that they are but a portion of the picture of a disease that we do not realize or even suspect. How often are we called to relieve pain and find it due not to colic but Herniæ or appendicitis; to relieve a neuralgia that we find is in reality pleurisy, or a gastritis and vomiting that proves to be cancer of the stomach?

The picture of a morbid state is before us; is it curable by medicine or surgery? Can we palliate the condition only? is it incurable by any means? Have we investigated the entire field?

Can we abort this acute disease we meet or must we permit it to run a modified course?

Our "highest and only calling is to cure the sick." What of the incurable, surely we must not abandon them, if we can give relief at any cost and we will not, we cannot.

The poor incurable "lunger" is entitled to all the help we can afford him, likewise the victim of incurable cancer, and we must, dare not deny it them. Therefore, our ministrations must be palliative, or with the object of cure.

Let us not resort to palliation while hope remains, let us aim to cure whenever possible even though but one ray of light is seen in the dark picture; let us investigate with more care, if possible, than the surgeon, and deal with more precision than the apothecary, giving to each manifestation its due significance, and weight, and let us be withal, painstaking, courageous, and infinitely patient.

Withhold the sedative, and narcotic, where it is possible, since they blind and deceive. We are employed primarily to cure, or relieve, cure first but relieve if this is impossible, the patient knows little, and cares less how we do this, but he wants us "to deliver the goods" to fulfill our mission, and withal, do it quickly. Yet, for a time, it may be necessary to increase his suffering, impose additional burdens or use heroic measures. Let us increase it as little as possible, using the best possible drug, the smallest dose that may be efficient, and apply this dose to the totality of the symptoms.

FROM THE ENCHEIRIDION.

Disease is an impediment to the body, but not to the will unless the will itself chooses. Lameness is an impediment to the leg, but not to the will. And add this reflection on the occasion of everything that happens; for you will find it an impediment to some thing else but not to yourself.
—*Epictetus*.

GUARDING CONSUMPTION.

Under the above title the following editorial comment appears in the *St. Louis Republic* of Aug. 20th, and is a trite common sense view of a subject that needs the widest publicity. Like disease in the Body Politic, Publicity is the greatest remedial agent, and will of itself effect more cures than any treatment no matter how drastic. The editorial follows:

"The idea that consumptives should be quarantined, or even that their domiciles should be placarded, will not command the approval of the medical profession in St. Louis. On the contrary, it is quite likely the ordinance the acting Health Commissioner proposes to have introduced to authorize this form of regulation for tuberculosis will be vigorously antagonized.

While the communicable character of this disease is now generally admitted, the advanced scientific thought does not call for the same methods of repression that smallpox, scarlet fever or diphtheria demands. Neither for patient nor public is there need for the kind of quarantine the wholly different characteristics of the other diseases make wise. As a matter of fact, the safety of the patient and of the public alike will be endangered if such harsh methods as Doctor Winn is understood to favor should be attempted in the case of tuberculosis. Effort at isolation of consumptives will inevitably prove futile, while the consequences of the effort would most certainly be increase in the extent of the disease and increase in the percentage of fatalities.

Consumption is not a disease of rapid development, progressing to its culmination in a relatively brief period, as do the other diseases for which the law requires placard or quarantine. It drags its direful course often through half a lifetime, not infrequently existing unknown to the sufferer and so outside the sphere of medical report. And it is the unknown and unreported cases that are most to be dreaded. Intelligent health regulation will strive to keep down the percentage of these by inducing the sufferer and all who come within the range of contagion to adopt the rational measures of prevention which help to alleviate as well as prevent the spread of the disease. Above all, the law should not provoke the consumptive and physician to join in concealment.

The community can best protect itself by teaching practical hygiene and making consumptives understand that it is not necessary for them to shut themselves up like lepers, since life in the open air is helpful to them and not hurtful to others, if they exercise ordinary and reasonable caution. The pitiful calamities which followed the inroads of consumption in the dark ages of our ignorance, when the sacred associations of home kept generation after generation in the same infected surroundings, ascribing every death to hereditary taint, can be most certainly averted by teaching common sense. No placarded door bearing for years the advertisement of contagion will ever be effective for the same purpose."

NOTES.

Professor A. H. Schott is convalescent after an attack of remittent fever.

Dr. T. F. Blanke and his family spent August at the Jamestown Exposition.

Dr. Willis Young is spending ten days at the Mayo's, Rochester, Minnesota.

Dr. Frank Lester, who spent his vacation at Niagara Falls has been seriously ill.

Dr. Louis E. Bunte, wife and daughter have returned after an extended vacation in Kansas.

Dr. F. W. Brinckmann (H. M. C. '84) of Bay, Mo., has visited St. Louis several times lately on professional business.

Dr. O. H. Benker of 3118 S. Jefferson Ave., will lecture on Sanitation, this coming session of the Homeopathic Medical College of Missouri.

Mrs. Hirsch, wife of Dr. E. Hirsch has returned to her home in Edwardsville, Illinois, after a severe illness at St. Anthony's Hospital, St. Louis.

Dr. Ellis M. Santee (H. M. C. '90) of Cortland, N. Y., has been in Washington, D. C. the greater part of this year, being an officer in the Bureau of Animal Industry, Department of Agriculture. His duties particularly concern the "Dairy" division of the bureau and are of especial importance to his home city when he is head of the health board.

THE ORIGINAL ANTI-LID AGITATOR

The Oriental sun was giving the first faint signs of an Oriental day. Old Omar Khayyam sat within his tent. Omar had just completed a few more Quatrains of an anti-lid Rubaiyat.

He seizes a tent stake and strikes a resounding blow on an empty wine cask. His body servant enters quickly and salaams, likewise kow-tows. "What wouldst thou, Sire?" "Here, Slave, here's copy, haste to the nearest long distance and phone to the daily press, let them send it far and wide. This fellow, Folk, would put the lid on us all. But C-u-r-s-e him let him do his w-o-r-s-t" he hissed, "with my trusty Quill shall I indite Quatrains more, aye I shall make him and his lid look like thirty shekels. Away, and order hither another jug of wine and loaf of bread." Whereat this Oriental Agitator inscribes his payprus with a telegram of congratulation and encouragement to the citizens of St. Louis County.

PROPOSED NURSE LEGISLATION.

The Pennsylvania State Committee on Nursing seems to be established for the purpose of clipping the wings of the nurses who are trying to have legislation passed in their favor, but legislation of such wild proportions that a good many doctors are amazed at the scope thereof. If there was ever a pernicious trades-unionism it is apparent in this bold bid for exorbitant prices and unlimited scope of activities. Here for instance are some of the prices demanded:

Acute diseases, twenty-five dollars per week.

Obstetrical cases, thirty dollars for first week, twenty-five dollars for succeeding weeks, unless there are two nurses, when twenty-five dollars per week each will be charged for the entire time.

Nervous cases, thirty dollars per week.

Contagious cases, thirty dollars per week.

For attendance at an operation, or one day's engagement, five dollars; from two to six days, four dollars per day.

No extra charge is to be made for attending to the body after death.

How's that for a scale? And here is one of the tenets of this rare and exceedingly smooth article; it is quoted from the *Outlook* for January 6, 1906:

To advance the higher evolution of the trained nurse, the domination of the doctor and the man must cease when he leaves the sick room.

Says Dr. Groff, Professor of Anatomy and Physiology in Bucknell University: "At a trial at Tom's River, N. J., trained nurses testified in court under oath that they threw away the medicine prescribed by the

doctor and administered their own. These nurses had been recognized by a so-called nurse's law. They had 'R. N.' after their names. They were following the dictum that 'the domination of the doctor and the man must cease when he leaves the sick room.' It is claimed that being recognized by State law the same as doctors, they had the right to decide upon the advisability of withholding or administering the doctor's medicine or substituting their own."

Has the medical profession in the kindness of its heart raised up a new Frankenstein monster to destroy itself. How many doctors are sure of thirty dollars a week, or even of four dollars a day, several days hand-running?

It may not be apparent to the nurses that they are insidiously but certainly killing the goose that has been laying their golden egg; but such is the fact. A very large wave of protest is passing over the profession against this high-handed fashion of treating the sick and the doctor. As the woods are rapidly filling with new nurses every day, some of these brevet-doctors may have to dismount their heady Arabian steeds and again engage in pedestrian exercises. That there are here and there among the four hundred, families who are able to retain a nurse at thirty dollars a week, and then pay a doctor about two dollars a day merely to write the death certificate, in case the trained nurse, by substituting her own concoction for the doctor's medicine, lets the patient die, goes without saying. It is so comforting to feel, when the body is being embalmed, that all was done that could have been done for the deceased; that they had two or three nurses all the time; that the doctor came every day, sometimes twice a day, in a beautiful auto-car; but alack and alas, the poor woman had to go, it was God's will! And the will will be read day after to-morrow.

But in the overwhelming majority of cases, where the breadwinner earns a pitiful sixty dollars a month, and needs about fifty of it to keep his soul and body together in this age of unprecedented prosperity—for the nurses and other trusts—that man or that woman cannot employ these dainty brevet-doctors who, emulating the late King Alfred of burnt griddle cake fame, have divided their day's work into seven for work, seven for recreation, seven for sleep, and three for making out their bills against the afflicted family. What shall this great majority do when they are unable to invest in these b.-d.'s, whose laundry is more plentiful than the rest of the family's, who have to be waited on hand and foot, who rarely do aught that is not nominated in the bond with two good and sufficient securities? What can they do?

That these incomparable brevet-doctors are not wholly to blame for this reaching out after big pay alleged to be received by some of the surgeons is evident, when the ordinary doctor looks about him and notices with what infernal readiness the average specialist runs a high-priced nurse into a family. In one instance, in our personal knowledge, an elderly lady with a slight mental twist requiring merely care and watching,

and no skill whatever, the physician, a specialist, insisted upon a trained nurse. At great inconvenience this immaculate personage was shipped into the case at twenty-five per. She has been there now over six months, and it looks like a life job. A good ten dollar a week untrained nurse—God bless 'em!—or even a companion at a dollar a day and found, would have filled the bill just as well, and have assured the old lady of a good deal more sympathy and attention than the twenty-five dollar article with her rules and regulations, her constitution and by-laws, her washing and attention. Some of our new doctors who are doubtlessly envious of the elders in the profession make the accusation that these said elders do this nurse-recommending with graft in view.

With medical practice reduced now to an expert knowledge of chemistry, biology and serum therapy, and specialism in general, on the one hand, and a twenty-five dollar trained nurse throwing out the doctor's medicine on the other hand, where presently shall the general practitioner find dry land enough to rest his weary feet upon and withal?

If this continues, will it not soon be time to drop that old fool notion that medical men are gentlemen, not tradesmen, that they cannot advertise, cannot patent any contrivance, or keep secret any trade discovery, and that they cannot continue in the profession merely as money-getters; and instead thereof issue from their caves of Superlative Righteousness and Ethical Decorum, seize the commercial bull by the horns, form trades-unions, go on a strike, have black-lists, raise their prices, use jointed gas-pipe persuaders and other agricultural instruments to convince scab-doctors of the merits of the strike. Perhaps then they might earn as much as a union carpenter, or blacksmith, or an "R. N." trained nurse. If we may not go this far in this generation, it may be necessary for a good many of us unspecialists to "kill" the trained nurse who plays every case to which she is called into the hands of her pet friend and specialist.

Sairey Gamp and her intimate friend Mrs. Harris were horrible enough in all good sooth; but they could be guarded against by not employing them. But the present article, smooth and finished off, who can answer questions in medical treatment that would stump the ordinary practitioner after a few years' hand to mouth struggle, is far more dangerous, for she knows too much of the things that ain't so, as Josh Billings put it; thus undoing the work of the conscientious practitioner. Of what use to spend several thousand dollars and four years in a medical school, and five years more fighting that empty potato bin, the wife's last year hat and the children's made-over garments, when an R. N. may reverse you the minute you descend the front steps.—*The American Physician.*

In pruritis ani, or pruritis vulva with pressing down of the womb, use small doses of conium.

OPSONINS IN SURGERY.

BY DEAN T. SMITH, M. D., Ann Arbor, Mich.

Dr. Packard has asked me to "prepare a paper, covering the progress of surgery and gynæcology for the past year." I am sure you and he will excuse me if I only partially comply with his request. Most of the various phases of surgery and gynæcology are well covered by the excellent program provided by our secretary. There is one subject that, judging from the topics in our printed list, is not to be discussed in any paper provided for. To this subject I will limit my paper, namely, Opsonins in Surgery.

I will review briefly the theories on which the opsonic treatment depends that we may have a working basis for our discussion. These theories depend on two facts: First, the leucocytes, under favorable conditions, will destroy many of the various forms of pathogenic bacteria (phagocytosis). Second, the power to destroy these bacteria depends on a quality of or substance in the blood that so acts upon them they may become victims of the phagocytes. When a few drops of blood serum from a normal individual is mixed with a culture of bacteria and properly treated, the leucocytes will take up and destroy a certain number of the germs. This number varies with the different bacteria, but for each species is found to be nearly constant for all healthy individuals. This number gives the opsonic index or the average for the supposed healthy individual. When the leucocytes fail to take up the number for a certain kind of bacteria, the index is low for this species. The index is often found to be low when a patient is suffering with a bacterial disease, especially of a local or subacute character. If his index can be brought up to normal or above, the bacteria are soon destroyed and the disease manifestations disappear. It is found that injections of preparations of cultures of the bacteria that are causing the disease symptoms will raise the index. The material used is called a vaccine, and each species of bacteria has its own vaccine. The bacteria are killed in its preparation. To illustrate, it is often found that the opsonic index is low for the germ, the staphylococcus aureus, when a person is suffering from boils. An injection of staphylococcus vaccine will raise the index and cause the boils to vanish. The same is held to be true for other bacterial diseases. So much for the definitions. Now a few words as to the relation of opsonins to Homeopathy.

To Sir A. E. Wright of England, is due the promulgation of this theory in its present form. I say in its present form, because I regard Wright's deductions but the old homeopathic idea expressed in modern laboratory terms. We have always held that back of the pneumonia, of

the tuberculosis or other infectious disease there is in the organism a lowered vitality or resistance, a psora, some lack in the individual without which the specific bacterial disease could not develop. Wright is showing us just where this lack, this lowered resistance is, what it is and how to measure it. More than that, he is showing us one way to treat it, and apparently to treat it successfully. In the application of the remedy Wright is like us. We have always contended that the symptoms that diagnose the disease are not the most important in selecting the remedy, but the peculiar characteristic symptoms, those that indicate the dyscrasia back of the disease. Wright does not note the degree of fever, character of cough, or physical symptoms of the lungs. He finds the germ that is acting, determines its index (the patient's dyscrasia), and makes this the basis for treatment.

In the selection of the remedy Wright keeps very close to the homœopathic principle. First, as to the size of the dose, he says; "For myself I am day by day more impressed with the fact that the machinery of immunization can be brought into action by very small stimuli, and that it can very easily be overtaxed. In accordance with these facts I regard it a matter of great moment, especially in connection with immunization against tubercle, to employ in every case the smallest doses which will elicit a satisfactory response; to repeat the dose only when the effect of the preceding inoculation is passing off, and to increase the dose only when it becomes clear that the dose previously employed is ceasing to evoke a sufficient immunizing response. Acting in accordance with this principle I now begin with a quantum of tuberculin corresponding to not more than 1-1000th milligramme of the tubercle powder, and now never advance to doses larger than 1-600th milligramme." The dose given according to Koch's method is sometimes 10 milligrammes.

I believe the homœopathic remedy acts the same as Wright's vaccines. It is a recognized fact that in most bacterial diseases the toxins, not the bacteria, produce the disturbed function. Wright makes use of these toxins in his vaccines and applies them in the treatment of disease, for the relief of the symptoms that are caused by the same kind or identical poisons. It is to me a reasonable proposition that two poisons that produce similar symptoms do so by acting on the same cells in the same way. If one of these poisons introduced into the system "at suitable intervals and in suitable quantities" will develop an immunizing agent, an opsonin or an antitoxin, why not the other? to the extent that it acts exactly similar. To me, if we do not split hairs on our definitions, the opsonic theory is but a corollary of Homœopathy, or Homœopathy but a corollary of the opsonic theory, the crux of the matter being the degree of the similitude of the drug, "the suitable dose and the suitable interval."

I consider the opsonic theories and methods a scientific application of the homœopathic principles. Hence I can accept, to a large extent,

the results claimed by those who have used them and without hesitation present these results to you for your consideration.

If bacteria could be eliminated as a factor in disease, it would greatly circumscribe the surgeon's field of labor and would markedly lessen the anxiety incident to the care of what remained. It is not to be expected that we will be able to eliminate the bacteria, but I think we have reason to hope that in the use of the vaccines we will have a means of curing some bacterial disease that we now regard as only operative; that we will be able to ascertain the degree of resistance of subject of surgery, and so determine in many cases much more accurately than we can present methods whether the operation is safe or advisable; that we will be able to shorten the convalescence in some slow, indolent, infective cases.

We welcome any measure that promises valuable assistance in the treatment of tuberculosis and cancer. The opsonic treatment of cancer, while showing good results in some inoperable cases, has not been attended by as much success as the treatment of decidedly bacterial diseases.

The micrococcus neoformans, described by Doyen in 1886, has been found in so large a per cent. of cancers that it seems probable that it has some relation to the cause or growth of the neoplasm. Acting upon this supposition, Jacobs and Gleets have prepared a vaccine that seems to have some specific influence on the cancer growth. According to a report in the *Lancet*, April, 1906, they have treated forty six cases. Seven of these they claimed were cured, twelve were benefitted, the improvement persisting; seven showed temporary relief, in eleven there was no result. The remaining nine were still under treatment. The method of treatment has been used by other surgeons, but their reports are not usually so favorable as these.

Mr. A. E. Neatby reports twelve in the *Hahneemannian Monthly* for January, 1907. His result presents what, it seems to me, may be reasonably expected from this method of treatment. The detailed description of his patients tallies with his general statement: "It is always noteworthy that the early cases of a hopeless disease which come for treatment by any new remedy are the refuse of other clinics and practitioners." Three of his cases died. All these were for extensive recurrence after operation. "Two discontinued treatment because they were inaccessible, two others because it did not appear to be doing any good." Three were checked in their growth, and the patient's general condition improved. Two were under treatment without notable benefit. When it is remembered that all these cases were recurring or inoperable, the fact that in three of the twelve the extension of the disease was checked or general symptoms markedly alleviated is not a bad showing. He makes this deduction: "Whenever operation is possible I advise that treatment as a preliminary. It is quite conceivable that the protective powers of the blood might become equal to preventing a recurrence or controlling a slight growth, and yet be unequal to the absorption of a gross mass of diseased tissue."

The surgical treatment of local tuberculosis has to its credit a large percentage of excellent cures. But it also has some protracted cases and some miserable failures. As said before, we welcome any measure that will give us better results and simpler treatment. Koch's new tuberculin is used as the vaccine for the tubercle bacillus. The results seem to be quite uniform and positively beneficial in local or surgical tuberculosis. The doses used are small, and Wright uses even smaller doses than his followers. In the *Lancet* for December, 1906, Wright gives extended discussion of his work, and reports results of treatment of lupus, deep ulcerations of the soft tissues and bones, tubercular glands and tuberculosis of the genito-urinary organs. Of the cases of lupus he reported only one as cured, but all the others were greatly benefited. He had treated seven cases of deep ulceration and bone tuberculosis. These were of the worst type, most of them having gone through extensive treatment by tuberculin, X-ray, Finsen light or surgery. In every case the results of his treatment were most gratifying. The ulcers and sinuses healed up after a few weeks' to a few months' treatment. The improvement in the general health was fully as gratifying as that in the local conditions. In regard to the lymph glands, he says: "In view of the uniformly successful results which are in my experience obtained by inoculation in connection with tubercular glands, it will suffice to recite by way of example only the following five cases." Of these five cases four were for recurrence after removal. All of these cases were apparently cured. He also reports five cases of genito-urinary tuberculosis that showed improvement if not cures. In the December 2, 1906, *Lancet*, Dr. W. Bullock reports eleven cases of surgical tuberculosis treated. He says of them: "All the cases that I have had to treat have been severe. The majority of them had passed from the hands of physicians and surgeons and were regarded as incurable." His results in the treatment of lupus were better than Wright's. In the other conditions the results were not quite so good. It is possible the better results in the treatment of lupus was due to the effects of the X-ray of Finsen light that had been used extensively prior to the use of vaccine. These physicians claim that local tubercles as found in lupus are often surrounded by a barrier of coagulated exudate that hinders the opsonins or leucocytes coming in contact with the bacteria. The action of the light or ray treatment is to increase the flow of blood or lymph to these tissues. If the blood is rich in opsonins benefit will follow the treatment, if not extension of the disease may follow.

Wright suggests that the use of the vaccines before the other local measures or surgery will increase the benefit from these operations. He does not believe the bacteria are often all removed by operation, but that the tissues or cells take care of those that are left. The ability to destroy these remnants depends on the opsonins present in the blood serum. The use of the vaccine would raise the opsonic index. We have all, at times, been surprised by the way the wounds have sometimes healed when we

felt that it had been impracticable to remove all the diseased tissue, and at other times have been surprised at the way our wounds have not healed when we thought our work was thoroughly done. According to Wright, in the one case the opsonic index was probably high, and all that had saved the bacteria from destruction before the operation was the force of exudate that prevented the opsonins and leucocytes getting at them. In the other case the index was low, and the few germs left in the tissues found no force strong enough to destroy them or even to prevent them from multiplying and spreading.

The reported results of the workers in this country and on the Continent tally well with those of Wright and Bullock. Some have not been able to carry out the technic as well and then results have been less positive. But the almost universal sentiment among those who have been able to use the vaccines is that an exceedingly valuable aid in the treatment of surgical tuberculosis has been discovered. It is to be hoped that the technic of the treatment will be simplified so that it may become more generally available.

The ordinary germs have not been neglected in this study. The opsonic literature is full of cases treated beneficially by the staphylococcus colon bacillus and other pyogenic bacterial vaccines. Most of the cases reported were chronic or semi-chronic, and the vaccines were often made from culture of the bacteria taken from the patient. The results obtained from such vaccines, those made from cultures of bacteria taken from other sources and kept for general use. As noted before, in the treatment of tuberculosis, Koch's new tuberculin is used. The tubercal bacilli do not seem to be easily handled in making vaccines.

Ohlmacher, of Detroit, in the February 16, 1907, Journal of the American Medical Association, reports a series of cases that is the most varied of any that I have seen.

Acne and furunculosis of the disease due to staphylococcic infection are most frequently and satisfactorily treated by the vaccines. Ohlmacher reports several cases. One of axillary adenitis following boils responded marvelously to an injection of stock vaccine. Two subsequent injections of autogenous vaccine were used to complete the cure. A palmer abscess was in the list. From the report the disease seemed far advanced when the treatment was begun. The arm and hand were both badly swollen. Two injections of antistreptococcic vaccine had been used without benefit. Some of the pus from the abscess showed the infecting germ to be the staphylococcus aureus. The treatment was begun with a stock vaccine. The swelling and constitutional symptoms began to subside within twenty-four hours. This treatment was followed by three doses at intervals of the autogenous vaccine. The hand healed with perfect function restored. Other cases cited were cystitis with pyelonephrosis, pneumonic empyema, mastoid fistula, gonorrhœa in most all its manifestations, and other bacterial diseases of less importance to the surgeon. His cases were all cured. Of course he reported only his successes.

There is a rumor in our section that Ohlmacher is enthusiastic and optimistic, and his reports have to be taken with some reservation. In view of these facts, I should not have given the space to his paper that I have but for this: The paper was read before the Chicago Medical Society, and was discussed by its members, some of whose names are already linked with the opsonic literature as conservative writers. All of them reported results about as favorable as those of Ohlmacher.

In one particular Ohlmacher's work differed from that of Wright and most of the other operators with the vaccines. The exact, the scientific way of prescribing them is to study the opsonic index, and repeat the dose only when the positive phase has passed and the index is dropping. Ohlmacher was not able to always do this tedious work of repeated testings for the index. He was guided by the symptoms largely, as to whether the medicine should be repeated, rather than by the falling index. Other observers have noted the improved general conditions during the positive phase, and the patient feeling worse as the negative phase came on. If effectual stock vaccines can be prepared, and the general condition of the patient be the guide to repeating the dose, I see no reason why the opsonic treatment cannot be carried out as well by the general practitioner as the antitoxin treatment of diphtheria. In this day, when nearly every physician has a microscope, it ought not to be very difficult to determine the germ present in the diseased condition.

I believe it is possible that when observations have been made with this point in view, symptoms will be discovered that will furnish a practical guide to treatment. The symptoms may not be along the lines of those we have learned to note, but some indices other than the study of the condition of the phagocytes will be found.

I am hopeful, in lieu of the work done, that we have in the opsonic theory that which will prove to be a valuable asset in combating disease. More than this, I believe it is going to lead to a more general acceptance of the homeopathic idea, and also is going to, in some way, help to put our practice on a more exact basis.—*Am. Inst. (Medical Century.)*

BALSAMUM PERUVIANUM IN PHTHISIS.

There is no doubt that this remedy has cured undoubted and confirmed cases of phthisis, used in the 1x dilution, m5 every three hours for a long period. It is indicated when there is a cough, with a copious expectoration of a thick, yellow, green, or foetid muco-pus. It is homœopathic also to the hectic fever of phthisis, and is also useful when there is an irritating, short cough, with scanty expectoration, accompanied with hectic fever. I have obtained most brilliant results with the drug, given as above directed, on sugar, and have, therefore, great faith in its efficacy.

DANGER SIGNALS AND BEACON LIGHTS IN GYNECOLOGY.*

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The first warning, no matter how slight, of an approaching storm is never overlooked or passed by unheeded by an alert mariner. Many times before the inexperienced fears danger at sea, all preparation for the safety of the passengers has been completed. Oftentimes the danger has entirely passed and the ship is lying safe in the harbor impatiently tugging away at its anchorage before the passengers know what has threatened. But supposing the early danger signals had been unheeded and the mariner had not profited by their warnings, the craft would perhaps be floundering about, rudderless and unmanageable, at the mercy of the storm or, worse still, driven on to some rockbound coast, a hopeless wreck.

As the safety of the passengers in time of danger depends so much upon the man at the wheel, with his keen sense of appreciation of the importance of timely warnings, so the lives of the patients committed to medical care and judgment depend many times upon the physician's early recognition of danger signals. This measure of responsibility is equally shared at times by the general practitioner and specialist, according to the circumstances present.

We will now for the time leave the abstract and deal directly with the above named subject in the concrete, *i. e.*, the importance of early recognition on our part of gynecological lesions, which in their incipency may to the patient or inexperienced physician seem altogether insignificant. Yet others of larger experience know well that the innocent appearing lesion of to-day may ere long, unless vigorously combated when first discovered, be aroused from its lethargy and become a dangerous adversary.

It is the intention of the writer to point out in as brief a manner as possible in the 20 minutes allotted the early danger signals, or in other words the cardinal signs and symptoms, both objective and subjective, with their diagnostic value and significance in diseases encountered in the field of gynecology.

Gynecology has been and is to-day, though perhaps to a less extent than formerly, the *bête noir* of most practitioners on account of the time which is consumed in treatment and the usual unsatisfactory results. Even though some physicians find this branch distasteful, there are few of any considerable experience who have been able to eliminate gynecology from their practice, for the medical or obstetrical case of to-day may be the gynecological case of to-morrow.

Right here I take this opportunity to warn you that in this paper you will not be startled by any innovations which will enable you to arrive at a snapshot diagnosis. On the contrary, the ideas herein embodied will be quite commonplace, and although intended to be helpful, yet may possibly seem rather trite to most of you. If you should find them such I trust you will be charitably inclined, and that this review, for such it will be, may in return be productive of good to us in subsequent discussion and indirectly to our patients.

Gynecology will be considered by the writer here only from a surgical viewpoint. In my opinion there is at present no medical treatment for most gynecological lesions, and in our present knowledge of this branch of our profession as soon as a case becomes serious enough to require special treatment it should be referred to the surgeon.

The pessary, formerly recommended in displacements, has long since been relegated to the realms of medical iniquities. It is rare indeed to find a physician to-day even of the very old school who employs them.

The vaginal douche never had any value therapeutically except perhaps in a hygienic sense, and as for drugs, who here dares claim a cure in a single instance? The most that can be said in their favor is that they have been palliative, but this is nothing less than criminal when one considers that by palliation or procrastination—its usual synonym—the condition has not been improved or kept dormant. Consequently, in a logical sequence, it has been progressive, thus lessening the poor woman's chances of ever getting cured.

This, then, brings us to the consideration of the signs which point to an existing lesion. Subjective signs are those appreciated only by the patient and these enter largely into the early diagnosis of the case, for they include the past and the present histories, pain, tenderness, paresthesias, etc. Objective signs are those detected by the physician in his examination and serve as a verification of the subjective derived mainly through a deductive process of reasoning, and always include a thorough physical examination.

Our attention will first be called to pain. It is this one subjective symptom that most concerns the patient. Her object in calling you was that she desired to be relieved of the pain. She gives very little, if any, thought of its importance pathologically, but to the physician it has a diagnostic value and points to a pathological condition. Ordinarily it corresponds to the seat of the lesion, yet frequently it is transferred to a remote part of the body along the sensory nerve tract. For instance, our attention may be called by the patient to a pain in the mammary gland, which in addition may be considerably swollen, but the real seat of the disease may not be here, but in the uterus. In the absence of other local diagnostic signs further examination should be directed to that organ, and you will not often be misled as to the causative lesion. Perhaps it may be pregnancy, abortion, subinvolution, displacement, pelvic abscess, menorrhagia, metrorrhagia, amenorrhea, dysmenorrhea or some neoplasm, as

a fibroma. All these points revolve rapidly in your mind as you prepare for physical examination, to which I shall refer later.

The patient may complain of pain in the upper anterior portion of the thigh just where the anterior nerve emerges from the pelvis under Poupart's ligament, and from this location of the pain you may infer that she has some trouble with the ovary, possibly ovaritis or ovarian cyst, or with the tubes, acute salpingitis, pyosalpinx, hydrosalpinx or hemosalpinx.

Again the pain may be in the lumbar region near the junction of the lumbar with the sacral vertebræ, and if there is no disease of the transverse colon, subsequent examination will undoubtedly reveal uterine disease.

Sharp pain across the instep, which comes and goes, but is rarely absent for any length of time, and which is especially acute when she is on her feet, may be—and frequently is—an indication of ovarian disease. Thus a pain at the heel or at the top of the head, two points remote from each other and from the true seat of the lesion, may indicate disease of the uterus or ovary.

The keen and lancinating pain which begins at the ilium and extends down along the course and distribution of the sciatic nerve may point to disease of the uterus or ovaries, but oftener is a cardinal symptom of pelvic inflammation, and our mind reverts to many of those acute affections which woman is subject to, as gonorrhea, salpingitis, ovaritis, etc.

Pain in the pubic region more frequently points to pelvic disorders than any of those previously enumerated, and leads us to suspect dysmenorrhea, uterine displacement or some other pelvic inflammation.

We have already given much time to the consideration of pain, yet it was not time ill spent, for we have been deceived many times in following this veritable will-o'-the-wisp in seeking the true origin of the disease.

We will briefly consider two other subjective signs or symptoms, namely, tenderness and paresthesia. Tenderness is a symptom not so elusive or deceptive as to its origin as pain. It is rarely absent after prolonged or repeated attacks of pain, and unlike the latter, generally exists over the seat of the lesion, and is present to a marked degree in dysmenorrhea, salpingitis, ectopic pregnancy and pelvic abscess.

Paresthesia is largely of cutaneous subjective origin. For instance, our patient complains of heat, fullness and throbbing. These symptoms may either individually or collectively point to pelvic inflammation.

Familiar with the meaning of these symptoms, we at once anticipate an abscess, possibly following an abortion, a ruptured tubal pregnancy, or salpingitis. The paresthetic symptoms of weight or oppression or bearing down suggest a displacement, a tumor pressing on some large nerve trunk or possibly a pregnant uterus.

Formication or itching of the vulva or vagina is usually indicative of a local disturbance, as migratory seat-worms or leucorrhea which of itself is only a symptom of either a displacement, subinvolution, erosion, endometritis or a pus tube. Pruritus, however, frequently points to a more

serious organic lesion, diabetes. Leucorrhea, as previously said, is a symptom and not a disease, and is invariably present in pelvic disorders. It may be a manifestation of anemia, prolonged lactation, etc., but when the discharge is tinged with blood and very offensive it is suspicious of carcimona. Leucorrhea in young girls may also be caused by seat-worms, yet may arise from masturbation.

The pulse and temperature are two most important indicators of the physical condition of our patient and are reliable diagnostic aids. The rapid and weak pulse may indicate the presence of shock following rupture of tubal pregnancy or hemorrhage from abortion, etc. The pulse alone will many times aid us in determining the patient's chances for recovery from operation, or it may point to the urgency of an immediate operation.

The temperature, if subnormal, may, like the rapid and weak pulse, show hemorrhage or shock following hemorrhage. An elevation of temperature may point to the presence of pyogenic micro-organisms in the pelvic tissues.

Chill is associated usually with an elevation of temperature and may teach us that we are dealing with an inflammatory trouble and that an absorption of toxic elements into the system is taking place. Peritonitis, septicemia or ulcerative endometritis are common causes.

Vomiting may indicate nothing serious, yet be due to the circulation of bacterial toxins in the blood, back of which there is probably a serious lesion, salpingitis or ovaritis or perhaps septicemia following abortion, parturition, or operation. If the vomiting is reflex, as in early pregnancy, we are little concerned unless it becomes so persistent as to interfere with nutrition.

There is one symptom never absent to which I would call your attention, that of intense dysmenorrhea in neurotic young women with antelexion of the cervix. Constipation and paralytic inactivity of the lower bowel may point to the presence of a tumor or uterine displacement, while rectal tenesmus may indicate cancer of the rectum or uterus or both.

Pus in the feces may come from Douglas's cul de-sac, the vagina or urethra as a result of inflammation. Only recently a young woman came under my care referred to me by a physician from an adjoining town. She was suspected to be septic following an abortion, yet on account of the meager and obscure clinical information obtainable, we delayed an operation fearing typhoid, and decided to await further diagnostic signs. We had not long to wait. Early the following morning the writer was hastily summoned by her nurse to the hospital with the news that the patient had just had two severe hemorrhages from the bowels. I was surprised to find her pulse good and temperature nearly normal, not subnormal, and while the appearance of the dejecta closely resembled blood to the naked eye, yet upon placing a slide or the same under the microscope it showed very little blood, barely enough to give it color, but instead a large quantity of pus which cleared up our diagnosis.

Dysuria may be caused by prolapsed uterus, cancer of the cervix, acute metritis, pelvic peritonitis and abscess, especially if there are adhesions preventing the complete contraction of the bladder, in which case the greatest pain is felt towards the end of micturition.

Amenorrhea, or cessation of the menses, is due to a deranged blood or nerve function when not the result of pregnancy or the menopause and may point to a renal or hepatic lesion.

Dysmenorrhea frequently points to a blood disorder, but in the large majority of cases is due to a local lesion in the pelvis. Menorrhagia and metrorrhagia also are usually symptoms of some disease of the uterus or appendages.

The previously mentioned signs or symptoms lead up to, but are, after all, of very little diagnostic value without a physical examination.

In the examination of the abdomen, especially in fleshy or neurotic patients, it is often advisable that she be placed under an anesthetic. If she thinks you are liable to hurt her she will readily consent.

If the skin of the abdomen is smooth, shining and stretched, with a deposit of pigment, especially in the middle line, a general enlargement of the superficial abdominal veins, the navel deeply retracted and absence of respiratory movements of the abdomen, you may infer that one of the following conditions exists, pregnancy, an ovarian cyst or cyst of the broad ligament, or a pelvic cellulitis. Should the abdomen appear irregular suspect multiple pregnancy or a fibroid.

Palpation and percussion will satisfy you whether you are dealing with a movable or adherent mass, or whether it is solid or cystic.

The distension in large neoplasms is usually antero-posterior rather than transverse, and the swelling does not change in shape upon examination or on changing the position of the patient. Thus the presence of gas or ascites can be eliminated from the diagnosis by keeping this in mind.

Auscultation is of little diagnostic value except in pregnancy, and then not until late when the fetal heart signs are audible. The ear may serve you, however, in mapping out fluid or gas, but I have grave doubts as to its utility.

Upon vaginal examination the presence or absence of lacerations will be at once apparent. You will also note the sensitiveness of the parts, whether leucorrhea exists and the character of the discharge. If it be of a foul nature be wary of some carcinomatous growth of the vagina or cervix uteri. Prolapsus and other displacements are in themselves of sufficient importance to warrant treatment, but when a mass is distinctly felt accompanying such a condition you may suspect cancer, fibroma, ovarian cysts, or cysts of the broad ligament.

Atresia of the vagina, septa or imperforate hymen are all more or less apparent upon examination and point to nothing more serious than malformation, readily corrected in most cases.

Microscopical examination of the scrapings from curettage enable

one to differentiate between endometritis, remains of an abortion, carcinoma and sarcoma.

Recto-vaginal and bimanual examination assist the surgeon in making the diagnosis, and in flabby relaxed abdominal walls the uterus may, if not too adherent, be palpated with both hands.

The aspirator will also be found of great diagnostic value in differentiating between salpingitis, pelvic abscess and ovarian cyst.

If, after all, you are still unable to arrive at an intelligent diagnosis, an exploratory incision, either abdominal or vaginal, the former preferred, should be done. This will rarely be denied you in these days of aseptic surgery when practically no risk is involved.—*International Journal of Surgery*.

The Lancet Clinic, quoting from Court records in a damage suit has this to say:

A case of \$10,000 damages for X-ray burn was brought recently in New York in which the jury decided for the defendant. The expert evidence on both sides was that the duration of the treatment and the distance of the tubes from the neck were regarded as safe; that the static machine was deemed safer than a coil; that the quantity of the ray varied continuously, not merely from day to day, but in the course of a single treatment; that the protection by lead sheaths was the best known to science, and that no means was known to science of accurately measuring either the quantity or quality of the X-ray. The judge charged the jury along the lines of ordinary care and skill, and he must treat the patient according to his best judgment. The part of the charge of chief significance was when the judge dealt of the doctrine known as *res ipsa loquitur*, that is, the accident speaks for itself. The judge charged that an X-ray burn was not a thing which could be foreseen under the uncertain conditions of our knowledge of X-ray science. He likened it to a bursting fly-wheel or exploding oil tank, things which cannot be foreseen and not as the collision of railway trains, which, if operated correctly, cannot come together.

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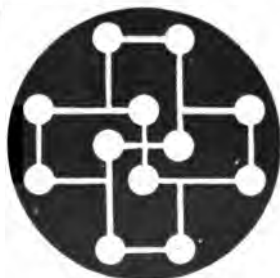
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THE CLINICAL REPORTER.

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Original Articles.

A FEW CONSIDERATIONS OF CANCER OF THE UTERUS.

D. M. GIBSON, M. D., St. Louis.

Cancer like "the poor we have always with us" and the malady is on the increase; medical science has done nothing to stop its ravages and the victims increase as the years go by. The environments of present day life and the decreased vitality of the human race as a whole may have something to do with this increase, but is insufficient to account for all of it. The dread of child bearing and the numerous devices used to prevent this among women who cohabit may be another reason but this is not and cannot be considered a tangible cause of cancer.

Food adulteration and high living may also be a factor but we find the scourge equally prevalent among the rich and poor among those in the fashionable set as well as the poorest workingwoman and there is no respect to the inhabitant of clime or country.

Scientists have searched in vain for the cause and biologists have tried without success to determine the germ, if it be a germ, that works all the mischief. Still like Banco's ghost it will not down and ever and anon we find the disease appear sapping the life of its victim and so fatal is it, that to tell a woman she has cancer of the womb is much the same as reading her death warrant.

There is a good deal of discussion regarding the diagnosis of these growths, if we may call them such, and while almost all authorities maintain that the final decision must be made by the microscopic test it is freely admitted that many times the findings of the microscope are not true and after all the clinical test is the one that must be relied upon in the end. So too do authorities differ regarding the use of the knife, some maintaining that operation is useless and others claiming that by this means brilliant results have been attained and that clean, careful, early

and radical work will save many cases and even where long delayed will prolong the life and lessen the suffering of the patient.

Cancer doctors flourish as a green bay tree and have a large following, and while these men are for the most part devoid of learning and are willing to profit by the credulity of their patients it must be admitted that they like other healers sometimes succeed in stopping the malady and occasionally do we read upon good authority of medicine, having effected a cure where all signs even the microscope, evidenced cancer.

Great claims have been made for the proper application of electricity and there is none but will admit it is an agent of great value if rightly applied and I believe the time will come when it will be of far greater use than we even dream of at this time, be it remembered however that it is a power for good, yes, and a great power for harm also.

No matter what the treatment, or in whose hands and by what method undertaken, all with one accord agree that the case should be treated early and the sooner it is commenced the better are the chances for recovery; early treatment of necessity means early diagnosis and this can only be made by early investigation which is, for obvious reasons, difficult. The natural delicacy of women as a class, their reluctance to believe that so great a calamity could befall them individually and the patience and fortitude with which they endure pain, renders woman slow to seek medical advice for uterine ailments, nor will she do this until compelled to do so by the drain on her system. Many times when advice is sought and examination made we discover it is too late and the condition one that is hopeless.

Many times also the doctor is not without fault; he does not inquire carefully, does not search for the history as he should, does not make out a "chain of evidence" as he should and instead of suggesting or ordering a clinical or other examination, passes the matter lightly and contents himself with making a prescription and ascribing the trouble to some trivial cause, or the ever satisfying cause "Change of Life."

But all maladies have a beginning; there is a time when the morbid process known as cancer, commences, when the normal cells begin to give way to this morbid process and when normal tissue contains a malignant focus.

It is well known that syphilis can be transmitted from parent to child and the disease lie dormant for years only to crop out in all its fury when favorable chances arise. Why not this also in cancer for it is a well recognized fact that heredity is no small factor therein.

At one period of our existence our growth is by segmentation of cells and at still another the muriform mass is "without form and void," by the development of the dcrmic membranes do we take form and shape and anything that hinders and renders imperfect these cell changes tends to the retention in the body of wandering cells or cells of imperfect growth.

Numerous instances of this fact could be cited but it would be like

pressing a full man to eat to relate them: and so assuming that the wandering cell in the human body is a reality may we not assume further that it is of less force and has less resistance than the adult cells surrounding it, without a home, a place or a habitat, of no use in a normal body; once its integrity is impaired it is either quickly destroyed or takes on a morbid growth. Where the latter cause obtains it usually fastens itself in some tissue of relatively slight resistance such as the skin, the bone, the fibrous fascia or fibroid tissue, it is needless to add low vitality in these structures as from trauma, favors such attachment. Less rarely do we find it in the fat, the serous tissue or the nervous system, yet when once the morbid unnatural growth is started there is no tissue that will withstand its encroachments; moreover while the mass is in a measure confined to the locality where it first rests, or begins its habitat, it in time gains strength, causes a corresponding lack of resistance in the cells and tissues adjacent, and at length casts off cells that find lodgment in other parts of the body and we have metastatic growths. There is a certain element in the body, call it vital force or metabolism, or cell co-ordination as you will, supposedly controlled by the action of the ductless glands and the pancreas, that fails to be maintained in cancer victims and so we find that in many cases where the growth is removed, the morbid process does not stop and death follows. The well known fat necrosis due to diseases of the pancreas has served as a clue for certain experimenters to note and determine the action of the juices of this and other glands under the name of trypsin, to try to artificially destroy, that which the economy, of itself has been unable to hold in check, and so by injections of this "trypsin" cause necrosis of the fat and wandering cells found in these masses.

It is many times averred that traumatism and irritation long continued and violent, causes cancer and we believe it is a most potent factor, but not the initial cause; for if, as we aver, these wandering cells are in all parts of the body it is but fair to suppose that traumatism may produce the first segment and start the morbid process. Clinically it is true that malignancy following trauma is as a rule of the sarcomatous variety. So also does irritation of the skin and mucous membrane cause an accumulation of the epithelial tissue and a burrowing of the same into the tissue, but if unchecked it will in time, also harbor, the wandering cell and take on a malignant type of growth.

All malignant growths of whatever sort have a common characteristic, namely in the beginning, hardness, firmness and a well defined area, but as time goes on and the line of restriction is lost we have the opposite condition, breaking down and softening first of the mass and later of the adjacent tissues.

If the above meager outline be in any measure correct it will lead us to believe that the present great increase in cancer is due in a large measure to "high pressure living" and that the effects are cropping out more and more in succeeding generations; that a weakened resistance

and imperfect cell development is handed down from the parent and the seed of disease sown before the child is born, awaiting only some slight influence to start into activity a destructive process that will end only with removal of the focus or the death of the economy.

If these premises are true and the facts, mentioned are without question, the treatment of cancer must resolve itself into one of two courses, anticipation and removal of the focus, or the strengthening of the system and the careful avoidance of any habit that induces a recurrence of the malady. Early, quick, clean, thorough removal of the malignant focus and all suspicious tissue should be done whenever possible, but of more importance still is the strengthening of the metabolism of the body and conserving of the body's forces. Not only should we remove all diseased foci but all suspicious looking ones thus removing the "very appearance of evil:" herein lies the weakness and unreliable voice or report of the microscope for there is none can tell the exact spot malignant focus of the mass and in the test there is no infallable guide to the initial degenerate cell and for this reason the section on the slide may appear as a healthy tissue when the next thin stroke of the knife would lay bare the "next" we sought.

On the other hand it is a waste of time and misdirected energy to dig into a malignant mass that we cannot remove; once disturbed the cancer partially excised will grow with redoubled vigor and the end will be hastened indeed our only excuse or need for using the knife in a case where we cannot remove the growth in toto, will be for the relief of pressure symptoms and pain caused thereby.

Potentized medicine will aid much and in a few cases has cured and while the "animal therapy" promises much it is too early to tell if it will be successful, though it has an appearance of a successful outcome.

4337 Washington Ave.

SOME OBSERVATIONS ON MASTOIDITIS.

GEORGE N. SEIDLITZ, M. D.

Mastoiditis is not of as common occurrence at present as in the past. The removal of the underlying cause by improved, local therapeutic methods; and the broad dissemination of the requisite skill are responsible for this happy fact.

Be it known—by self-evidence—that practically all cases of mastoiditis are due to an antecedent otitis media purulenta, either acute or an acute exacerbation of the chronic. We can only imagine a case arriving via any other route.

A radical operation, of comparative recent introduction, viz: exenter-

ation of the tympanic cavity, is now resorted to for the cure of an otitis media purulenta which has resisted all milder methods. When successful this has been an additional factor in the decrease of mastoiditis, however, said operation, although tantamount in its results to mastoidectomy, is not so easy of execution, hence not so certain of accomplishing its aim.

Cases of chronic mastoiditis are not infrequent; they are, however, often overlooked; they sometimes yield to treatment directed to the removal of their cause; they are sometimes arrested in their progress by the characteristic pathologic condition within the mastoid process.

Not every case of apparent mastoiditis is actually such in fact. There may be observed many of the typical symptoms, unaccompanied by an involvement of the mastoid cells. This transpires by reason of pus infiltrating the soft tissues in and about the ear, the infection, of course, originating in the tympanic cavity. A case of this kind is a cellulitis. The Wilde incision, formerly credited with curing a genuine mastoiditis is still efficacious here.

The diagnosis of mastoiditis is not always absolute. If the affirmative is decided upon, no serious harm can ensue from beginning a mastoidectomy and abandoning it when a mistake in the diagnosis is established.

Assuming that the aural surgeon is up-to-date, the prognosis of mastoiditis is always good. There seems to be no age limit in which this is not true. This of course, bars complications like meningitis, thrombosis of the sigmoid sinus, cerebral abscess, already present. Even these later do not always signify hopelessness.

The prime object of mastoidectomy is to establish communication between the mastoid antrum and the site of the operation. Any result short of this is useless. There is, of course, a natural communication between the mastoid antrum and the tympanum. A through and through drainage is not absolutely essential; as a matter of fact, however, it usually does take place.

There seems to be one danger to apprehend in mastoidectomy, viz: injury to the facial nerve, a danger, improved technique will help to avoid.

To my mind the first step in the mastoid operation is one of serious consideration, viz: the cutaneous incision. Many operators are too timid in this respect. I can fully indorse Whiting's method of exposing the entire mastoid process. Again, some hesitate at sacrificing mastoid cells when no harm can ensue from removing all of them—at least all that are diseased.

A noteworthy feature of the mastoid operation, when a patient has a favorable start is the celerity with which recovery takes place.

The subsequent benefit to the patient from a timely mastoidectomy is well-nigh incalculable. The menace to life is removed; health is improved; mental energy is stimulated; a marked and permanent increase in weight often takes place. Perhaps no surgical procedure of equal gravity can assure the patient of a more favorable issue.

Olivia Building.

UNPHYSIOLOGIC LIVING.

JAMES BURKE, M. D., Mahitowoc, Wis.

Unphysiologic living nearly always precedes for a lesser or greater time, acute infections of the bowels; in fact the *materies morbi* is practically always present awaiting a favorable culture medium on which to propagate; functional balance of the physiologic processes of the body must be upset to usher in the morbid process; certain physically strong individuals transgress physiologic-laws, with apparent impunity, and maintain an artificial life for years, exhibiting a grade of health, that deceives, even the elect, strenuosity and a total disregard of right living characterizing their conduct, till finally a cachexia is established and a hybrid being is the climax of his impetuous stupidity. Proteid, carbohydrates and fats are the classes of human food, and which are foreign to the human organism till they are reverted to their simpler, component units and reconstructed by a normally functioning alimentary tract. Of the three classes, the proteids are the most important. With normal quality and quantity of digestive ferments, other conditions being favorable, the food proteid is reverted into the proper variety of amino-acids, capable of being reconstructed into protein, homologous with the tissues of the host; but under unfavorable conditions, only a fraction of the food protein is reconstructed into the homologous variety, leaving the rest in the hybrid and heterologous states, which with the homologous protein are absorbed from the walls of the small intestines into the general circulation, there to be vicariously acted on by the tissues in the effort to make of them the homologous kind, but generally failing in this vicarious action, to a great extent, the residue is stored away in the tissues to await a physical, chemic or medical force to resolve the stored heterologous protein out of the tissues into the blood and fluids of the body, where it is met by a pseudo or other incomplete affinity, with which it combines, for a time, to form a leucomain; another source of leucomains is the incomplete catabolism of waste proteid matter. Leucomains are of many varieties, and different grades of poisonous quality.

Developmental and digestive ferments of the animal and vegetable kingdoms, ptomains and leucomains and the vegetable alkaloids are all of proteid origin, allied and closely related, the ultimate simpler, component units of which are chemico-biological interchangeable in forming a variety of new entities and stable compounds. The treatment of bowel infections consists in cleaning out the fermenting contents of the lumen of the bowels with proper doses of magnesium or sodium sulphate, thereby, also, freeing the walls of the bowels from the residue of heterologous protein; practice asepsis of the contents of the bowels by the liberal use

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of the sulphocarbolates, acetozone, alphozone or any one of the aromatic antiseptics, thus limiting fermentation of bowel contents, and consequent gaseous distension of the intestinal walls, and allowing the resumption, by the bowels, of their normal caliber, thickness and circulation, leading to gradual healthy ferment action. In these cases there is generally systemic leucomain poisoning which must be neutralized by the administration of the proper alkaloids—isolated alkaloids, because we have seen that it requires a healthy alimentary tract to properly revert the food proteid to the proper variety of amino-acids, capable of being built up again into the homologous protein; the alimentary tract of a sick person is unable to properly isolate, revert and reconstruct the medicinal proteids; the proper reversion of the isolated alkaloid is as much as we can expect from any patient.

After the toilet of the bowels is properly done, we must neutralize the leucomains remaining in the intestinal walls by giving as indicated: emetine, hydrastine, podophyllin, in proper dilution to suit each patient, and at frequent intervals. The systemic leucomains must, next be attended to by giving veratrine for a full bounding pulse; digitalin to round out the leucomain causing a paresis of the musculature of the arterioles; atropine to round out the leucomain causing spasticity of the arterioles; strychnine or brucine to make a complete product for excretion of the leucomain causing difficulty with the breathing. The minimal dose, frequently repeated and of proper dilution, till results are at hand, is excellent practice. Nature assists materially in discontinuing the appetite, till the alimentary canal can recuperate.

ABDOMINAL SYMPTOMS IN THORACIC DISEASE.

Pain in acute pleuritis may be referred to the hypochondriac region. Some cases of Empyema may present acute pain in the abdomen, diffuse or relegated wholly to the inguinal region.

Epigastric pain caused by myocardial pain is frequent.

The pain of empyema may be referred to the lumbar or umbilical region.

Disaster often follows over-indulgence at dinner in the confirmed asthmatic, and the difficulty in such cases lies not so much with stomach as with the lungs.

Tympanites, meteorism may present one of the first as well as continuous and troublesome symptoms of acute lobar pneumonia.

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G. A. MELLIES, M. D., Managing Editor.

WHAT WILL WE DO?

The summer season of ease, quiet and vacation is over and it is now time to commence active work. Now we will be busy if ever, so much, so good. Most of us are busy, but ere we commence the winter it may be well to look about us, size up ourselves, our doings, and way of doing things, and see if we cannot improve on our manners and methods.

If we have been running or crawling along in a rut, get out, get some idea of the way the leaders in the profession are doing things, measure their success by your own or your own by theirs and see how it compares?

Do they cure more cases than you! If so why cannot you improve and if your experience is better than the average, get busy, very busy for a little while and enlighten your professional brethren as to how you attained results.

Do you keep a close record of your work and do you keep a close study of your failure and the cause thereof?

If not this is a good time to begin. Make a resolve that you will do better work than ever before, there are plenty of good books in your library, spend some of your time perusing them. Keep posted on the advances in medicine as reflected in the Medical Journals of today and be brave, be courageous? Think not that medicine has lost its value; that Nature alone can do as well as nature aided and above all things, profit by your own experience and the experience of others.

Get hold of some new thought if you can be up in the foremost of the battle if you feel able, but if not get the most out of life, and in your practice the best that is possible. Be sure that your medicine is good? Use your best ability, exercise your very best judgement and highest skill in all that you undertake.

Be no quitter, yet maintain your dignity, defend your position, and preserve your integrity and self respect at any cost.

OPENING EXERCISES OF THE HOMEOPATHIC MEDICAL COLLEGE OF MISSOURI.

On the evening of the Tenth day of September, the Dean, Dr. L. C. McElwee called the meeting to order, followed by some appropriate remarks fitting the occasion.

Dr. McElwee reported to the large audience of visiting physicians and students that the College comes up to all the requirements of the State Board of Health, and has ever been in the lead in medical education, and its graduates fill responsible positions and many have gained enviable reputations in the field of medicine. The College now entering on its half century course of study has reason to be proud of its graduates. He emphasized the dearth of old school therapeutics, and the ever present pessimism in the old school Textbooks on Therapeutics. The real source of therapeutic knowledge is found in Homeopathic Textbooks of Therapeutics and *Materia Medica*.

The work of the teacher in the College is a work of love, and love of the work. The compensation, is the gratitude of its students, and the reward of spreading the law of a Therapy that has stood the test for a century.

Dr. McElwee introduced the President of the Board of Trustees, Dr. D. M. Gibson, who spoke as follows:—

Mr. Dean, Ladies and Gentlemen: In behalf of the Faculty and on the occasion of the Half Century Opening of our college I bid you all a hearty welcome. Fifty years have passed over us as a college and our work speaks for itself. A long line of good men, tried and true have gone forth from these halls, they have made us "not ashamed" and today occupy places of honor and trust in different parts of the world.

But the needs of today are greater than they were fifty years ago; the wheels of progress move, and the wheels of medicine move with them, though not so fast. Sometimes we read of the wonderful discoveries that have been made and the advancements for the cure of disease and when we do, we are reminded of the story of little Irish Jimmy;

Jimmy at the age of fifteen was sent to a Friar's school in Dublin and the one thing he was to learn well, according to the parting admonition of his parents, was Latin, and this was the one thing in which he made no progress at all; in due time he came home for a vacation and when he had greeted the members of the family, mother confidently told him that on the morrow the parish priest would do him the honor to call and examine him in Latin. That was a sleepless night for Jimmy, Latin, the one thing of which he knew nothing, and to be examined by the priest in the morning, what would he do? What could he do? He remembered that many of the words ended in "um" yet he could formulate no sentence. At length he cast his vision out of the window and saw the moon shining upon the lake. Happy inspiration, here was a sentence "Moonum lake-um shin-

um o'er um." Could he get another and save himself from everlasting disgrace, perhaps after all his examiner would not be so severe. And even as he mused, a rat ran across the floor and commenced to tear at the meal bag in the corner. Happy inspiration, here was his second sentence to translate. "Ratum runum meal-bag toreum." Again he repeated the lines;

"Moonum lakeum shinum o'erum
Ratum runum meal bag toreum."

On the morrow came the priest and asked for Jimmy, the mother in her pride ushered him in. "And now," said the Father, "we will hear you say your Latin." With a confidence worthy of a better cause Jimmy began "Moonum lakeum shinum o'erum, Ratum runum meal-bag toreum." "What," said the priest, "do you call that?" "Latin," said Jimmy. "Oh no," said his examiner, "I never heard such Latin as that." "Hooray!" shouted the fond mother. "Hooray for Jimmy! Shure and Jimmy beats the priest, what a fine lad he is."

Like the old lady of the story, the public like new things, enjoy sensation and display when they hear or see of some new thing they with one accord exclaim, "Hooray! Jimmy beats the bunch! What a fine fellow he is!"

There have been but few new discoveries in medicine since the time Hahnemann announced and proved his wonderful law of cure; which Sir Charles Wright is again proving true by his demonstration of the so-called opsonin and the opsonic index.

During this same period, surgery has made wonderful strides, order has come out of chaos and today unheard of operations are being successfully performed. Sanitation and hygiene also are working wonders.

Our means of research and investigation are increased an hundred fold; the microscope, the culture tube, the manifold examinations of blood, sputa, and excretions, open up avenues to the investigator that were unheard of and unthought of by his predecessors.

But the therapist has not made the same corresponding progress. Since the days of Hahnemann there has been little if any improvement in the choice of medicinal agents and their application to the cure of disease.

The administration of animal serum has proven of some value, notably in the application of Antitoxin in diphtheria. But do we need a new therapy? There is in this day and generation an overturning of the things that are, a change has come upon the people, and on every hand in every quarter we hear the cry "Enforce the law. We do not need new laws but an enforcement of the old that we already have."

Fire the rascals out. "Enforce the laws we have!"

And so, paraphrasing these expressions may we not say in sincerity and in truth, "Apply the medicine you have!" "Search out the needed drugs and apply them in the proper manner!" In the immortal words of John Bright when he spoke of the English Nation may we not say; "We

have experience, we have beacons, we have landmarks enough. We know what the past has cost us, we know how much and how far we have wandered, but we are not left without a guide. It is true, we have not, as the ancient people had, Urim and Thummim, but we have the eternal and unchangeable law to guide us, and only so far as we walk by that law can we be permanently great."

This requires men and women who have the good of the profession at heart and the best interests of their patients first in their thoughts. You will pardon me for so saying but I believe a good many of us have enough energy but apply it wrongly as was done in the case of the Poet's creation "Mrs. Rodgers." You will bear with me as I quote the lines:

"Mrs. Rodgers lay in her bed
Blistered and bandaged from foot to head
Bandaged and blistered from crown to toe
The good old lady was very low.

With catnip, capsules, boneset and squills
Mrs. Rodgers was very ill,
Quinine, calomel, opium and lead
Made the poor old lady wish she was dead.

But a new doctor came, and,

He opened the window
The day was fair,
And God gave Mrs. Rodgers fresh air.

He drew up the curtain
The sky was bright,
And God gave the poor worn lady some light.

He banished the nauseous doses to —
And then Mrs. Rodgers hoped she would get well.

Then he gave her a remedy, potent, yet mild,
And the good old lady sat up and smiled.

But alack and alas!
When he came with his bill
Said the Deacon "Now Doc,"
"You gave mighty few pills,

And since nature, you say,
Did the most of the cure;
We'll just cut this in half.
You'll be willing I'm sure."

O! Y-e-s, quoth our hero, Ahem and Ahem.
"But if ever I doctor that woman again,
I'll give her some medicine made by men."

What is needed in this day and generation is one—yes a thousand

who have the courage of their convictions and will maintain them. Who will lay a foundation broad and deep and who will build thereon a super-structure that will stand the storms of time and the winds of adversity, a character and principle that will resist temptation, a mind that is trained to choose wisely and well, a determination that will brook no defeat and a steadfastness of purpose that will push aside all allurements that hamper.

An honesty and integrity that cannot be gainsaid, and yet withal a depth of reasoning that will enable us to "examine all things, prove all things" and accept that we find good.

May we, in well tried things be certain; in doubtful things, liberal; and in all things charitable.

In high places we do not find numerous friends of "the little pills" but the "common people receive them, gladly." If you espouse the cause of Homeopathy for its value and the good you may do, you do well; if on the other hand you join its ranks for the sake of a portion of the loaves and fishes only, you will become a dead weight sooner or later.

Today you begin again the study of mankind; not alone of bones and muscles, nerves and arteries; not alone of bacteria and toxins, of poisons and antidotes; not alone of dilutions and triturations, dosage and potency; but your investigation must be of man himself, fearfully complex and wonderfully made. Mirth and sorrow, fear and hate, icy chill and burning fever, joy that runs riot and maddens the being or a despondency that makes the very reason totter.

With all these things you must deal and the training you will receive in the class room under the instruction of your professors is but the practice service that is to prepare you for the actual conflict.

May you ever be ready to do more than your portion; ever ready to assist your classmates, kind, dignified, courteous to all.

Then shall the great reward of success be yours; "good measure, pressed down and running over."

At the conclusion of Dr. Gibson's address the Registrar announced the roster for the week. The Dean then announced the fiftieth annual session opened. The visiting physicians and students were served with refreshments in the college library.

'T WAS EVER THUS.

"—for there was never yet philosopher
That could endure the toothache patiently
However they have writ the style of Gods,
And make a pish at chance and sufferance."
Leonato, in Much Ado About Nothing.

"With stupidity and sound digestion man may front much.
But what in these dull and unimaginative days are the terrors
Of Conscience to diseases of the liver"—*Sartor Resartus.*

THE SOUTHERN HOMEOPATHIC MEDICAL ASSOCIATION.



W. H. McCREARY M. D.

President Southern Homeopathic Medical Association.

The Southern Homeopathic Medical Association will hold its annual meeting in Louisville, October 28, 29, 1907. Headquarters at the new Seelback Hotel.

The officers and bureaux chairmen are as follows: W. H. McCreary, M. D., President, Knoxville, Tenn.; C. A. Fish, M. D., Vice President, Frankfort, Ky.; H. M. Clendennin, M. D. Secretary, Louisville, Ky.; J. T. Bryan, M. D., Treasurer, Louisville, Ky. Chairman, Bureau Surgery, Willis Young, M. D., St. Louis, Mo.; Chairman, Bureau Gynecology, E. S. Bailey, M. D., Chicago, Ill.; Chairman, Bureau Diseases of Children, Jos. P. Cobb, M. D., Chicago, Ill.; Chairman, Bureau Obstetrics, Wm. A. Boies, M. D., Knoxville, Tenn.; Chairman, Bureau Materia Medica, H. R. Stout, M. D., Jacksonville, Fla.; Chairman, Bureau Clinical Medicine, J. S. Stearns, M. D., Washington, D. C.

The above list is sufficient promise that no effort will be spared to make the meeting successful. Homeopaths from everywhere are most cordially invited to attend. They are urged to contribute to any of the bureaux without waiting for an invitation from the chairman. The title of any contribution sent to the Secretary or any officer before October 10th will be printed in the official program to be published on that date. A number of Cincinnati, Indianapolis, Chicago, St. Louis and Louisville men will figure actively in the meeting. The surgical bureau will endeavor to make its part of the program largely clinical.

NOTES.

Dr. Geo. R. McGee of Eldorado, Ill., recently visited St. Louis on professional business.

Dr. Jno. W. Higson (H. M. C. '02) has removed from St. Louis to Salt Lake City, Utah.

Dr. Charles Barnard has purchased a country residence on Manchester Road, St. Louis County.

President McCreary, whose portrait appears in this issue of the CLINICAL REPORTER, is a member of the Board of Medical Examiners for Tennessee.

Dr. Geo. Coffman has established his residence and office at 6701 Michigan Ave. Hours, 8-9 A. M., 1-3, 7-8 P. M. Phone, South, 143. He will continue to maintain his Broadway office.

Dr. Edward H. Skinner has recently been appointed head of the X-ray department of the K. C. Post-graduate Polyclinic. He is now making a "clinical tour" which includes Rochester, Minn., Chicago, St. Louis and Cincinnati, where he will attend the American X-ray Society meeting.

Dr. L. C. McElwee is arranging to take a party of friends on a cruise up the Mississippi in his club launch, the "*Septem*," their new twenty-five footer gasoline propeller. When the club acquired this launch, each of the seven members wanted, very gallantly, to name her for his own particular lady. The name as it stands suggests that the name of the club might well be "the seven wise men."

Prof. Osler, regius professor at Oxford, delivered one of his characteristics, when he said "Be skeptical as to the pharmacopocia as a whole. He is the best doctor who knows the worthlessness of medicines. Study your fellow-man and fellow-woman and learn to manage them. Remember above all things that you are in the profession as a calling and not as a business. Once get down to a purely business level and your influence is gone and the light of your life is gone out."

The worthlessness of medicines referred to by Prof. Osler, is that of the dominant old school, and every Homeopath will say, amen!

The surgical department of the Homeopathic Medical College of Missouri have presented the following cases to the class as a whole or in sections from the opening of College September 10th to September 22nd.

CONDITION.	NO. CASES.	TREATMENT.
Ascites accompanying inoperable		
Fibroma of uterus	1	Laparotomy - Drainage
Floating kidney	1	Nephropexy
Fracture 10th dorsal vertebra	1	Laminectomy
Abscess ovary and pyosalpinx	1	Salpingo-ophrectomy
Retroflexion uterus	1	Internal Alexander Appendectomy
Hydrosalpinx double	1	Salpingo-ophrectomy Appendectomy
Hernia	2	Herniotomy
Lacerated wound Knee	1	Dressing
Ventral hernia		Herniotomy
Cystocele and Lac. Perineum	1	Anterior Colporrhaphy and Perineorrhaphy
Syphilitic Ulcer Rectum	1	Local treatment

In regard to the aspiration of empyemas one is lead to the following conclusions:

1. Aspiration may be used for diagnostic purposes but repeated aspiration as a means of treatment is time worse than wasted.

2. In large empyemas it may be used as a preliminary step a short time before operation to relieve the pressure on the lungs, heart, and blood-vessels and so lessen the shock of the operation.

3. In double empyemas, after operation on one side, aspiration may be used on the second side as a preliminary step to a later operation, though the double operation has been successfully performed at one sitting.

4. It should be used as a palliative measure in empyema before the resolution of a pneumonia.

5. It may sometimes be used as a palliative treatment in cases with advanced tuberculosis, though most cases with accompanying tuberculosis improve, and many are cured by drainage.

6. A tentative aspiration is called for often in the pleurises of children on account of the frequency and the obscurity of their empyemas; however, aspiration should not be used as a method of treatment, even in the pneumococcus pneumonias of children, because, though some of them recover under this treatment, most of them do not. Practically all of them recover if properly drained before they are exhausted. The same statement is probably true of the more rare condition of typhoid.—A. T. MANN *In Surgery Gynecology and Obstetrics.*

THERAPEUTIC HINTS.

Capsicum is a remedy of no little value in malarial conditions.

Facial paralysis, will yield more readily to causticum than any other single remedy.

For the "hot flashes" so universally experienced by women during the menopause there is no one remedy so potent as *Aconite*.

Agaricus is of much value in the treatment of neuralgia, chorea and spasmodic twitchings, but is useless in the treatment of true epilepsy.

The hard, dry, ringing cough spasmodic in character, and so frequently the most distressing symptom of a common cold, will yield readily to *Aconite*.

Thuja, tincture, applied locally to warts will as a rule cause their disappearance in a short time. The drug should be applied twice daily, in large growths oftener.

If a chill comes regularly at 3 P. M. quinine is the proper remedy. Follow this remedy with *Natra Mur* and the paroxysms will not return on the seventh or fourteenth day.

Cocculus Indicus will cure many cases of epilepsy if given early in the disease; even when the malady is fully established it will often control the paroxysms, or lessen their frequency.

Chelidonium is a valuable remedy in functional diseases of the liver and renders good service in hepatic colic. It will be found most valuable for these conditions if used in the low potencies.

Cannabas Sativa internally will be found a very excellent remedy in the treatment of Gonorrhea. Two to ten drops of the tincture three or four times daily, will work a marked change in a few days.

In functional diseases of the heart, *Cactus Grand* will be found of much value, regulating and strengthening the heart's action. Unlike digitalis it at the same time soothes and quiets. The 1x will be found a satisfactory preparation.

A FEW DON'TS, OR WHAT NOT TO DO IN EAR, NOSE, AND THROAT PRACTICE.

Don't neglect, in convulsions of children, to examine the ears. In most cases the disturbance will be due to some form of indigestion, but in not a few the swelling and pressure caused by an abcess formation in the middle ear will be the source of the trouble.

Don't neglect to look for ear complications in all eruptiv fevers, typhoid fever, diphtheria, and pneumonia.

Don't attempt to remove hardened cerumen from the external auditory canal, dry or by syringing with warm water. Make a few instillations of a two per cent mixture of bicarbonate of soda mixture in glycerin; on the following day no trouble or discomfort will be found in cleansing the canal.

Don't advise or even permit a patient with a profuse suppuration of the middle ear to constantly wear cotton in the ear; it must necessarily cause retention of the discharge, and operate against that diligent attention to cleansing the ear and other treatment which might otherwise be given.

Don't neglect to keep watch of the mastoid prominence in cases of purulent otitis, and if swelling, heat, and tenderness are present, to take measures to subdue a probable incipient mastoiditis.

Don't blow insoluble powders into the ear, where there is a purulent discharge thru a small perforation; it may appear to stop the discharge, but it does so usually by occluding the perforation and may be followed by a worse condition.

Don't overlook in chronic ear diseases constitutional condition, such as rheumatism, tuberculosis and syphilis. This also applies to the nose and throat as well.

Don't use the actual cautery in the external auditory canal; it is liable to be followed by necrosis ulceration and perhaps stenosis.

Don't Politzerize thru nares in which there is stored up foul catarrhal mucus. An acute otitis may follow as a result.

Don't Politzerize with much force in sensitiv patients, or those having a thin drum membrane.

Don't attribute the cutting of teeth in small children to be the cause of every case of chronic suppuration of the middle ear. In a great many cases adenoids will be the cause, the removal of which will cure the middle ear disease. Not only in children but in adults, adenoids seem to cause such a condition. The writer has seen during the past six months a chronic suppuration of the middle ear of several years' standing in a person about thirty years old cured by curetting the naso-pharyngeal vault.

Don't neglect to examin for adenoids, children who complain of deafness; for in a large number of cases they will be found.

Don't spray the nose with alkalin solutions that differ much in specific gravity from the blood serum. If denser than this, it causes osmosis outward thru the mucous membrane; if less dense, endosmosis; in each case with decided irritation.

Don't spray the nose with powerful solutions, or only occasionally with such as produce pain.

Don't be surprised if you have a middle ear inflammation to contend with if you allow your patient to use a douche from the fountain syringe, especially if held high enuf to exert any force.

Don't fail to remember that in patients of middle age there is a tendency toward atrophy; and don't think it necessary to secure an absolute normal capacity on both sides at the expense of an entire turbinate body.

Don't cauterize a turbinated body near a point lying in juxtaposition to the septum, or operate on the septum and turbinate at the same time. The result will probably be an adhesion, and the final state of the person be worse than the first.

Don't neglect to give special attention to the posterior nares and vault of the pharynx; aside from operative measures, it is in these regions that treatment will prove most effectual.

Don't make strong applications to the vault of the pharynx without guarding against surplus fluid dropping into the larynx and thus setting up an alarming attack of laryngeal spasm.

Don't under any circumstances cauterize the pharynx above the level of the soft palate. At this time no one has succeeded in curing adhesions between palate and wall of the pharynx.

Don't cauterize the septum; it will result in troublesome ulceration, or not unlikely in proliferation of tissue, producing exostosis or epichondrosis, according as it is either bony or cartilagenous tissue that has been affected.

Don't remove packing from the nose after an operation in less than thirty-six hours, or leave it longer than sixty; the former action delays the progress of the case by causing irritation and hemorrhage; the latter is needless and may result in some septic infection. Don't use any but antiseptic dressings and iodoform gauze is as good as any.

Don't prescribe cocain preparations for corzya and tell your patients what you are giving; equally good results can be obtained with a twenty-five percent of a one to one thousand adrenaline chlorid solution.

Don't give patients suffering from atrophic rhinitis or fetid catarrh with crust formations an alkalin spray with some expensive atomizer, and assure them that a few practical demonstrations of the wonderful spray producing power of some energetic and enterprising manufacturer's atomizer will effect the desired result. Alkalin sprays are good, atomizers are all right, but neither the use of alkalin sprays nor atomizers are of any use whatever without first the removal of the crust formations. This condition is more than a local disease, and besides requiring thoro cleansing and removal of the inspissated crusts, followed by local applications,

it requires general treatment, and if possible, improvement of the general hygienic conditions.

Don't neglect, in attacks of aphasia in children, to look for enlarged tonsils and adenoids. While it is quite true that nearly all forms of aphasia depends upon some abnormal condition of either the cortex or bulb, it might be possible for adenoids and enlarged tonsils to cause something to go wrong with the glossal or other muscles, or the fibres of nerves, hypoglossal and all other which control the act of speech.

To the writer's mind the following case tends to prove the above statement: Dec. 27th, Helen B., age ten, was seen by the writer. She complained of repeated attacks of aphasia, which seemed to be followed in most instances by syncope, especially in school. She had previously been examined by an oculist who determined that the vision was normal. Her general appearance was poor; she seemed anemic, emaciated, and complained of headache and poor appetite. Examination showed enlarged tonsils and excessive adenoid growth. Dec. 29th, ether was administered and the tonsils and adenoids were removed. Recovery was uneventful. In three weeks she returned to school. She now has better color, has gained flesh, and is generally much improved, and with all has never since suffered from aphasia.

Don't fail to examine the nose and naso-pharynx in case of asthma. It should be clearly understood that asthma often depends on pulmonary lesion (emphysema) cardiac or renal disease, and is in no way connected with the nose or naso-pharynx. It may in some case be due to an excess of uric acid. That some cases of asthma are certainly of nasal origin there is no doubt. Writers of internal medicine have too often ignored this fact, while rhinologists have as often overrated the frequency of this etiological relationship. The writer has many reasons to believe that many cases of asthma can be cured by the removal of some abnormal nasal deformity.

Don't call all ulcerations of the larynx tubercular; some of them that you see may be due to syphilis.

Don't fail to keep in mind antitoxin in so-called "membranous croup" or "non-infectious membranous laryngitis." Possibly it may be unnecessary to use it in some instances, but in many others it will be a source of pleasant results.—*In the Medical World.*

JARVIS B. WOODS, M. D.

In cases of whitlow affecting the thumb or little finger there is always risk of extension of the inflammation up the hand and arm, while this is much less liable to happen if the index, middle or ring fingers be involved. The reason for this is that there is a direct communication of the serous sacs within the flexor tendons of the thumb and little finger with the large serous sacs lying beneath the anterior annular ligament. Hence the importance of early incision in suppurative tendo-synovitis of these fingers.—*International Journal of Surgery.*

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ADVERTISING RATES FURNISHED ON APPLICATION.

VIN MARIANI NOT A COCAINE PREPARATION WILL NOT BE INTERFERED WITH BY THE HEALTH DEPARTMENT.

The American Druggist—August 19th, 1907 in reply to a query, erroneously stated that Vin Mariani is regarded by the health Department of New York as a cocaine preparation, and can only be sold under restrictions of the anti-cocaine ordinance.

Upon our protest that this was a misstatement of fact, injurious to us and to the trade handling Vin Mariani, the publishers in investigating the source of their information submitted the question personally to Dr. Darlington, the Commissioner of Health, who promptly repudiated the statement as unauthorized. He further said that "Vin Marini, under the new label adopted by the manufacturers, is not regarded as a cocaine preparation, and can therefore be sold as freely as any other medicated wine that does not contain cocaine."

In a retraction of their misstatement, the Editor of the *American Druggist*—August 26th, 1907—referring to the status of Vin Mariani under the various state laws, set forth the opinion of the New York Board and concludes: "We have no doubt that the Health Departments of other cities throughout the country will be influenced by the judgment of the New York officials, and the precedent established by them will be followed generally."

There is therefore no reason whatever why Vin Mariani under this new label should not be freely sold in this city, as such sale is *absolutely legal*.

Very Respectfully,

MARIANI & Co.

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THE TREATMENT OF INOPERABLE MALIGNANT TUMORS—CARCINOMA.

I have two reasons for presenting a discussion of the treatment of cancer at this time: First the importance of the subject, and, second, the hope that I have discovered a method which may result in saving many lives. It has been affirmed by Wutzdorff that there has been an increase in the number of cases of cancer in the last few years, and some, with Sir W. M. Banks, believe the increase is due to excessive meat eating. At any rate, it has been shown that many cases occur in robust and well-fed individuals and especially in the comparatively young of both sexes. It often happens that the presence of such a growth is not suspected until it is too late for operative interference, because of the fact that the appearance of the patient does not indicate the progress of the disease (Nothnagel). Many cases also occur which cannot be operated on because of the location, as when situated near vital organs or around important blood vessels. Then, again, there are patients who will not submit to an operation.

Lauder Brunton was the first to investigate the chemical composition of cell-nuclei from which has been secured a compound called nuclein. This substance is an albuminoid and contains phosphorus. Nuclein is the most distinctive element of leucocytes, being the constituent by virtue of which the cell grows. (E. R. Larned). Vaugh and McClintock have demonstrated that the nuclein is the germicidal agent in blood plasma and is furnished by the polynuclear leucocytes.

The bromide of gold and arsenic is another remedy which, in my hands, has seemed to prove useful in the treatment of inoperable carcinoma; but I have always used it in connection with other agents. I have had more confidence in the nuclein than in the bromide, chiefly, perhaps because I have had two cures in which I did not use the bromide, while I have had none where nuclein was not used. I have come to consider the administration of nuclein and the bromide of gold and arsenic together as a most rational and valuable treatment in cases of inoperable carcinoma. It is the combination upon which I depend rather than on either agent singly.

I have used this method of treatment in many cases with apparent benefit, but I am able to report only five cases in which the treatment was carried out as prescribed from the time the patient came under my observation until the termination of the case. One of the cases died. The other four recovered.*

CASE I.—Mrs. S., aged 50. She had suffered no serious illness prior to the beginning of her present ailment, about one year before my first visit. Her first symptoms were indigestion, flatulence, heartburn, eructation of gas and similar disturbances of the stomach. The symptoms

* Cases I, IV, and V are cited here.

had gradually grown worse until pain and vomiting had supervened some weeks before. She had lost flesh and grown weak. At the time of my first visit, the patient was lying on a couch, in pain, pale and cachectic. She had been vomiting and apparently had suffered much. The ejecta having been destroyed, no opportunity offered to analyze the vomited material at that time. The temperature was normal. Temporizing treatment was adopted and the patient was not seen again for a week. Then I was summoned hastily to see her and found her vomiting and in great pain. She had not been free from these symptoms since my former visit. This time, following my directions, the vomited material had been reserved for examination. The patient had not improved. The ejecta were typical and abundant and contained dark grumous material, mucus and remnants of food. The occurrences of vomiting were periodical. A distinct tumor could be outlined at or near the pylorus. The bowel evacuations also contained a dark material. Chemical examination showed increase of lactic and absence of hydrochloric acid. The microscope showed cell-nests and bacteria. *Diagnosis, carcinoma of the stomach.*

Treatment.—The local treatment consisted of the use, by mouth, of a 2 per cent. solution of *Hydrozone*. The patient was told to drink half a pint of this solution half an hour before mealtime, lie on the back for five minutes, then turn on the right side and remain in that position for 25 minutes. This remedy was given for its antiseptic effect. The internal treatment was nuclein. This time the patient was kept under observation for a month, until the symptoms were not quite so severe. The treatment was continued, however, and after several weeks I called to see the patient in another exacerbation of her symptoms; but this time they were not so severe. After a few days I dismissed her again, with advice to continue the nuclein, *but to omit the Hydrozone*. Some five months later I called to see the patient and found her at work about the house. The symptoms and tumor had disappeared and the cachectic look had given place to a more healthful appearance. I did not see her again, but three years later I was informed that she was well and had no return of the old symptoms.

CASE IV.—Mrs. M. H., aged 38, mother of one child, six years old. She came to me in January, 1901. She was very nervous, somewhat cachectic, and suffered slight pain in the pelvis. She had slight, if any discharge, but was losing flesh. Digital examination revealed a hard enlargement on the anterior lip of the cervix. The growth presented considerable resistance to the finger, but the uterus was freely movable. The use of the speculum showed a small cauliflower area at the edge of the hardness and a slight discharge. The diagnosis made was probable carcinoma of the cervix. The patient put herself under my immediate case, so that I could watch the case daily. The local treatment adopted was *spraying the cervix with full-strength Hydrozone*, and the daily use of astringent and sterile douches. Internally, nuclein was used in 24 grain doses daily. A nervine and nux vomica were added to control the pa-

tient's nervous or unstrung condition. After a month of this treatment, the symptoms did not seem to be so severe. From this time the patient began to improve. In three months from beginning the treatment the hardness of the tissues had disappeared, the cauliflower appearance was removed and the pain and other symptoms had entirely subsided.

CASE V.—Mr. M. L. E., aged 55, a teamster. He had been strong and well and usually free from any ailment except a diarrhea until about a year before I saw him. The first intimation he had of serious trouble was in March, 1904. At that time he had pain and diarrhea. A physician was called and discovered a tumor in the region of the sigmoid flexure. After recovery from the temporary illness, he sought advice concerning the tumor; and, although he visited several surgeons of note, no one seemed willing to remove the growth, and their opinions gave him no hope of final recovery and little expectation of temporary relief. Most of them refused to operate, saying that the tumor was probably cancer and he would be better off without an operation.

He came to me in January, 1905, and I found the following conditions and symptoms: He was cachectic, was losing flesh and had a tumor in the region of the sigmoid about the size of a child's head, which was tender on pressure. He had sharp, cutting pains in the tumor, suffered from flatulence, and had a diarrhea with scybalous feces. The diagnosis was carcinoma of the sigmoid. I began medical treatment February 22, 1905. I advised him to return to bed, which he did, and remained in bed for eight weeks after the treatment was commenced. The treatment was bromide of gold and arsenic, 45 drops, and nuclein, 36 grains, daily. By the first of May, his pain had ceased, the tenderness had diminished and the tumor had ceased to grow. By the 1st of July it was plain that the tumor was slightly smaller. He was permitted to return home on September 1st. About the middle of October he came again to my office. The tumor had entirely disappeared and all symptoms had subsided, including the diarrhea. Dr. Murphy saw the patient soon after and confirmed my statement that the tumor had disappeared. A letter from the patient last month states that there has been no return of any of the symptoms—seven months after he was pronounced cured. He is in better health than for many years.

January, 1907, one and a half years after the cure was completed, he is in splendid health.

In presenting the foregoing cases, the author does not suggest that he has found an infallible cure for cancer, but rather that such results must convince us that cancer may be placed on a list of curable diseases. The treatment to be successful, requires great care in carrying out the methods. If the remedies are carelessly administered, satisfactory results cannot be expected. In all serious cases and internal tumors, I advise remaining in bed for weeks, depending upon conditions in individual instances. The bromide [i. e., the Arsenaurol] must be gradually increased. Few patients will bear large doses from the beginning—J. M. G. Carter, M. D., Sc. D. Ph. D., Waukegan, Emeritus Professor of Clinical Medicine, University of Illinois.

WHY HE WEPT.

Two skunks were sitting in a country road,
As an automobile whizzed by,
And a younger skunk let out a moan,
As a tear came in his eye.
"Oh, why do you weep?" said the older skunk,
"As though your heart would break,"
"Because the smell of that automobile,
Is like mother used to make."

THE APOSTLE OF PURITY.

Dr. C. A. Bryce resents the imputation that the independent medical journals are controlled by their advertising patronage, and in a forceful editorial in the August number of *The Southern Clinic*, throws back the charge in the following vigorous language. He says:—"Dr. Simmons, of the *J. A. M. A.*, seems to harbor a peculiar dislike to antikamnia and its compounds, and in its write-up in his pamphlet, sent gratuitously far and wide, he appeals pathetically to all physicians and journalists to leave the evil thing alone. He doesn't see how any self-respecting journalist can carry the advertisement of antikamnia, nor how any physician 'with a particle of self-respect or manhood' can continue to support any such journal.

"*The Southern Clinic* carries the advertisement of antikamnia and carries a large and influential list of subscribers—men who are neither renegades, proselytes nor ringsters—men who are, to say the least, as honorable, self-respecting, and truthful as this Apostle of Purity who seesaws like a supple-jack between truth and and policy. We carry the antikamnia advertisement because we know from many years' experience that it will do just what we expect antikamnia to do. We know its effects, its dose, and that it is safe to administer in the doses we have proven. We have found it a valuable remedy, and as such, use it largely in a variety of diseases. We have never had any bad results from its use in large or small doses in old or young. We therefore carry it as an advertisement and prescribe it in practice because we *know what we are doing*, and can confidently recommend it to our professional brethren. We presume they likewise, with all due respect for themselves and honesty of purpose, prescribe antikamnia and support the *Clinic* because they know that they are both good and honest productions. Moreover, as we are relying upon our own knowledge and responsibility, we prefer *our* opinion to that of the worthy Simmons."

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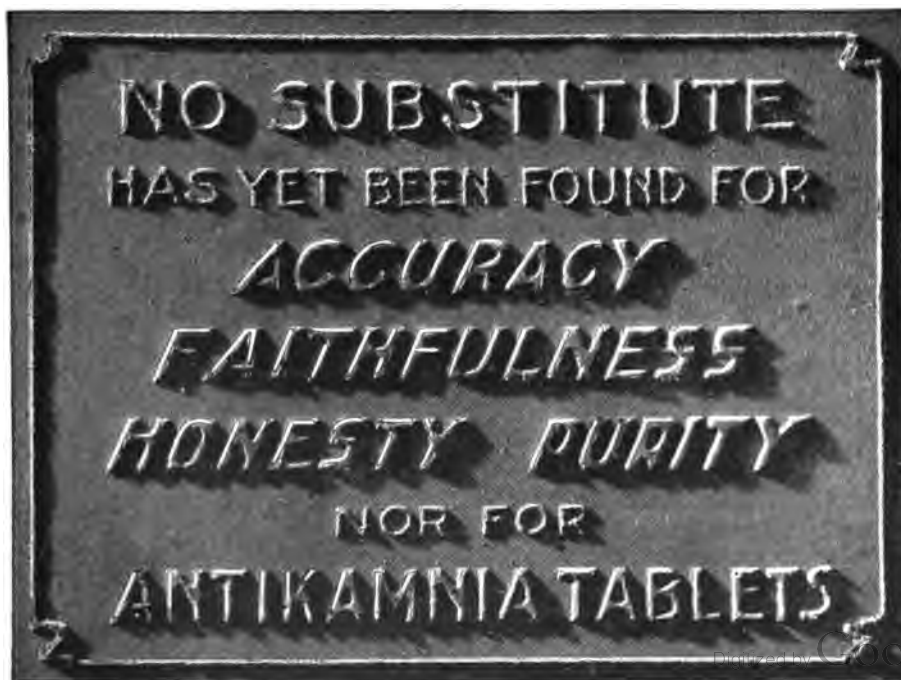
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Inflamed states of the various organs of the body frequently give rise to pain of such urgent character as to demand active steps looking to its relief. Upon seeing the patient for the first time (he has called his physician because his suffering has become intolerable), the medical attendant is met with a peremptory demand for relief from the suffering.

With a willingness, which frequently overrides their better judgment, some physicians resort to the hypodermic needle indiscriminately, and, in too many cases, a greater evil has followed the lesser one. The free habit of using morphine or some other form of opium is not a judicious practice, and for several reasons. The exact seat of an inflammation, for instance, might become difficult to locate, and thus a clear diagnosis interfered with. But the greater objection to the use of opium is the possibility of adding a recruit to the ever growing army of habitues.

Every time there occurs to a doctor the apparent need for opium he should deliberate well before resort is had to the needle. If, after careful consideration, his best judgment advises the use of opium, it should be given in some form by mouth. If the needle is used the patient at once knows what he is getting, but he is not so likely to acquire this information if it be given otherwise.

For relieving the pain of the inflammations Antiphlogistine will easily take the place of opium. The relief following may not be so prompt and so complete, but the edge of the suffering is taken off within a short time, and soon the patient is in a comfortable condition and has escaped the possibility of becoming addicted to a drug. There is not the likelihood that a patient, relieved from pain by it, will begin eating or using Antiphlogistine in any other way—which likelihood is the greatest disadvantage of opium.

In the future let your morphine become stale, and keep your Antiphlogistine fresh—use it in inflammation.—*The Medical Era.*

"A little more persistence, courage, vim!
Success will dawn o'er Fortune's cloudy rim.
Then take this honey for the bitterest cup:
There is no failure, save in giving up;
No real fall as long as one still tries,
For seeming setbacks make the strong man wise.
There is no defeat, in truth, save from within;
Unless you're beaten THERE, you're bound to win."

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—Henry Austin.



LINES TO THE PRINTER.

Dedicated to the medical editors of the nation with an outpouring of sympathy which will be wholly unappreciated by the mere layman who has never attempted to teach an unlicensed linotype machine the phraseology of the medical guild.

Mr. Printer, follow copy—be it smooth or be it choppy—
 Be it right or be it wrong, **follow copy** is my song.
 Mr. Printer, follow copy—I admit it's rough and sloppy,
 But it's what I want to say—follow copy, Printer, pray!
 No, I didn't write "tar hoptes," what I said was plain "sarcoptes."
 Wish you had a million now, with their itching and their row.
 Read the stuff before you set it, read again and don't forget it.
 Don't you think it's going some, to print that "telon of the thumb?"
 "Glycogen," deformed and crippled—wonder if the typo tiptoed—
 Comes to us, all learned men, as unheard-of "clygogen."
 Mr. Printer, follow copy—don't get proud, or strong or topky.
 Who the meaning could have guessed of "simple tanser of the dreast?"
 When I wrote of "episternal," what was your idea "infernal"
 That permitted you to say that an "x" replaced my "a?"
 When I speak of "lightly spraying," I know well what I am saying
 And my meaning hangs in doubt when I find the "s" left out.
 Guess you thought you'd surely burn 'em when you spoiled my "xiphisternum,"
 Threw my colleagues in a fit getting some sense out of it.
 Follow copy, Printer, try it—it is hard, I won't deny it,
 To throw off a habit old, as is yours, so I am told.
 If your types are mixed, go trade 'em, leave our bodies as God made 'em.
 One miscue of yours and "breath" comes to us in the form of "death."

—The Chicago Clinic.

WHY NOT IDEALIZE THE PATIENT SOME.

(With Apologies to James Whitcomb Riley.)

When our woes are growing heavy and a pressure's brought to bear
 By the folks we owe some money, and our lives are full of care,
 Then the gentle patient sees us—the one who once was ill—
 And with kind consideration, he settles up his bill.
 Then the sun it shines the brighter and our cares are blown away
 And the dove of peace it settles in the weary doctor's way,
 So when we're sad and weary, oppressed and broke and glum—
Why—not—idealize—the—patient—some?

—The Chicago Clinic.

TOOTHACHE.

Doctor, have you not often been disappointed in your endeavors to relieve an aching tooth? The remedies which you saw recommended in the books failed you. Your patient was disappointed in your skill, and dissatisfied. Says he to his friends: "If that doctor can't relieve so small a trouble as the toothache, he isent much of a doctor." You feel in your own heart that you got your patients money for nothing, and that he takes you for a humbug, an impostor.

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M. Sig.: Cleause out the cavity thoroughly (preferably by syringing) and apply on cotton. Also rub a little on gums.

Just here allow me to enter a protest against the wholesale extracting of teeth. Every aching tooth that comes to a physician should first be examined by him, and if the tooth can be saved, he should relieve the pain until the patient can have the opportunity of seeing a dentist.

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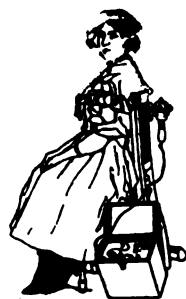


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Volume XX

NOVEMBER, 1907

Number 11

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ful, conscientious judgment, and a
spirit that is stern, yet kind and
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THE CLINICAL REPORTER.

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Original Articles.

WRINKLED FOREHEADS.*

FRANK B. SEITZ, M. D., Buffalo, New York.

If you will take notice of the upper part of the face of people you meet while walking along the street, you may be surprised to see what a great proportion there are who have a wrinkled forehead. Apparently the proportion of women having wrinkled foreheads is greater than in men; but, as women wear their hats so the forehead shows while men wear theirs so it is nearly hidden, it may be the proportion is nearly equal. What is the cause of a wrinkled forehead? What its significance, and if, as is quite natural to believe nature never intended such distorted features, it is due to some abnormal conditions, what can we do to make a more agreeable looking face by ironing out the wrinkles.

We know that the skin of the face is moved by the muscles underneath. The principal muscle of the forehead is the occipitofrontalis which elevates and depresses the skin in a vertical direction and produces the horizontal wrinkles. The corrugator supercilii draw the inner end of the brow down and in creating the central vertical wrinkle and the frown. The orbicularis palpebrae by contracting partially or wholly, closes the lids. The levator palpebrae superioris raises the upper lid. The tensor tarsi draws the lower lid up and assists in partially or tightly closing the lids.

*Read before The Western New York Homeopathic Medical Society, Oct. 14, 1907.

Let me say a few words about the so-called expression of the eye. I say so-called because the eyeball has none. Expression is done by various motions of the lids, brows and forehead. The eyeball has a blank appearance when deprived of the surrounding parts, as can be proved by elevating the upper lid and depressing the lower with two fingers, then looking into a mirror. Now remove the fingers, perform the pantomime of various emotions and note what muscles come into play.

It is said the eyes dilate in fear. They do not. The *lavator palpebrae superioris* contracts and the *corrugators* relax so the lid is raised and shows the sclera above the iris. At the same time, the *masseter* relaxes and the *depressor anguli oris* contracts and we have the wide open eyes, the open mouth with depressed corners. Wonder, apprehension and astonishment are kindred emotions for nearly the same muscles come into play though to a less extent.

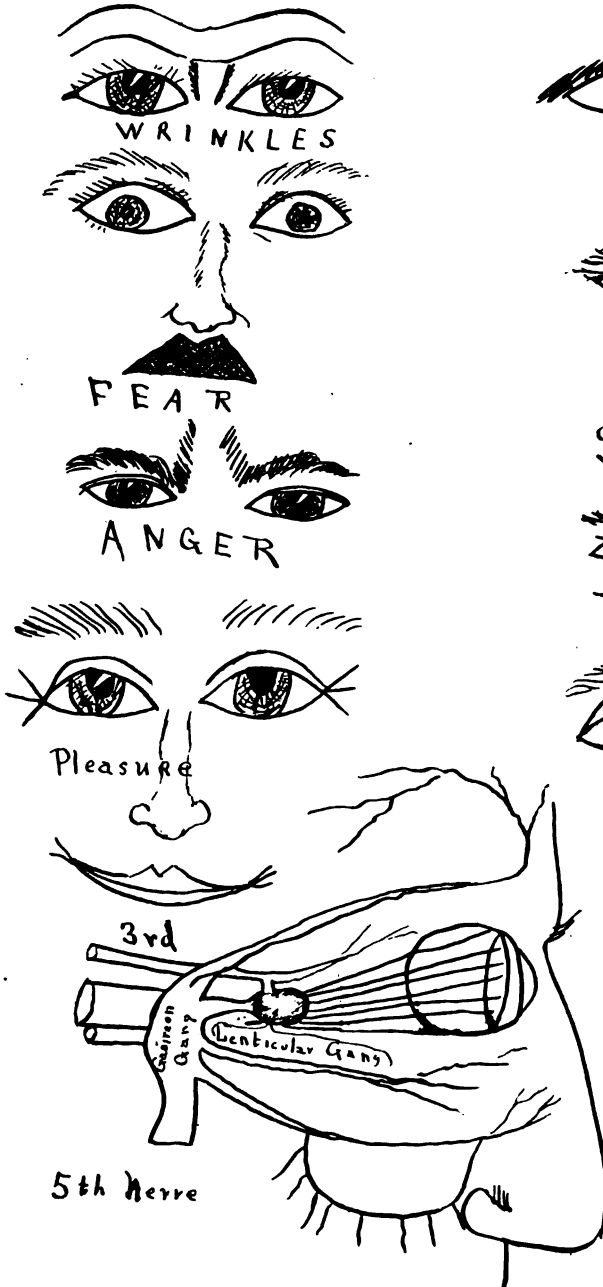
In anger we find the opposite from fear. The *corrugator*, *tensor tarsi* and *masseter* are contracted, depressing the brow into a scowl with the mouth firmly closed. A person of ill temper usually has a contracted *corrugator* and so has a person with hyperopia and a person with hyperopia is usually ill-tempered. There seem so much nerve force needed to accommodate in hyperopia that some is stolen from the latch string on the door of temper for it flies open very readily. So, in a way, a scowling forehead with central vertical crease would indicate hyperopia. The myope on the contrary usually is very mild mannered, satisfied to be let alone in the little sphere which he sees.

Strange as it may seem, the posterior end of the *occipito-frontalis* receives the first impulse in pleasure as shown by the tension of the entire scalp drawing it backward. The next impulse is felt by the *retrahens aurem*. The next time you smile or laugh you will notice that your ears will retract if but a fraction of an inch. This is easily explained as both muscles are supplied by the auricular branch of the facial, the nerve that supplies the other muscles that are brought into play when expressing pleasure. They are the *tensor tarsi* drawing up the lids into creases or so-called crowfeet; the *risorius* drawing back the corners of the mouth.

In fatigue you will note a drooping of the upper lid through relaxation of the *lavator palpebrae superioris* and if fatigue is prolonged the orbital fat is absorbed and the supra-tarsal crease is obliterated and the eyes look gaunt and hollow. This condition is frequently seen in eyestrain.

For the past year, I have cut out from periodicals, pictures of faces that show signs of eye strain in the shape of wrinkles, frowns, eyes or brows unequal in elevation and those proving the jump test. They are being passed around now and you will see the significance of closely observing and figuring out by anatomy and physiology the cause of such distortion and thereby arrive at some solution as to a cure.

Among some of the deviations from normal which you will notice among people on the street or in your office are the following. The sclera shows below the iris so there is a continuous white streak visible from the



IRVING Fig 1



Fig 1/2

Seward



Fig 2

Morton



Fig 3

Cannon

inner to the outer canthus while the iris is quite hidden under the upper lid. Such people usually drop the face and incline the forehead forward so as to bring the eyes down to the level of the object looked at. This is hyperesophoria and well shown in Fig. 1 and a drawing of Actor Irving and Sec. Seward.

Another type is when one brow is higher than the other, or one arched and the other straight or one lid more open than the other. Fig. 2 shows one type of this, it being a drawing of Ex. Sec. Morton now an insurance president. There is evidently anisometropia, that is one eye is different from the other or there is overcome hyperphoria. This peculiar condition is due to more contraction of the levator on the left side. In Fig. 3, drawing of Joe Cannon, we note the absence of the supra-tarsal fold. This shriveling of the skin may be due to his age but in younger persons it is due to absorption of orbital fat so there is not enough to create that fold, or line of beauty, above the upper lid edge.

Why those unsightly contractions of a few muscles and why such continued relaxation and contraction. Their activity during certain kinds of excitement is readily understood; but why they should be so continually, can be explained only by there being something wrong somewhere continually. The muscles in question are freely subject to will, act involuntarily only during some intense excitement after which they again return to be subjects of will power. For one pair of muscles or one of a pair to be in anything but repose means that something is interfering with its nerve supply for muscles are moved by their nerves.

It is therefore by tracing up the nerves of this group that one gets some solution of the cause of wrinkled foreheads. On the chart of the 5th nerve, you will note that the first branch of the gasserion ganglion is the ophthalmic and that it supplies the corrugators orbicularis, tensor tarsi, anterior end of the occipito-frontalis and cuticle of the forehead. The part that does the most constant work in seeing is the ciliary body. It increases and decreases the curvature of the lens every time the eyes turn from one object to another. The ciliary body is supplied from the lenticular ganglion. The lenticular ganglion is supplied from the gasserion ganglion, from the third and the sympathetic. As seeing is involuntary, it can be readily understood that the ciliary nerves, drawing their supply from the very small lenticular body are called upon for an immense amount of nerve force.

Again looking at the diagram of the 5th nerve, we find the lenticular ganglion intimately and freely connected with the gasserion ganglion, 3rd and sympathetic nerves, the nerves that supply the muscles of the forehead. When overtaxed the lenticular ganglion can, and evidently does, freely draw from these sources which of course must suffer loss; and, I believe we have in over use of nerve force from the lenticular ganglion a rational, anatomical, physiological and demonstrable reason for wrinkled foreheads.

21 North Street.

THREE CASES.*

DR. WILLIS YOUNG, St. Louis.

The specific reasons for reporting case No. 1 are because of the interesting pathology of hypernephroma and its rather unsettled place in the classification of tumors. The presence in one of the microscopic sections of a more or less typical miliary tubercle, in view of the patient's somewhat suspicious ancient and modern history, is somewhat suggestive of the possibility of the occurrence of tuberculosis and hypernephroma in the same kidney at the same time. The almost complete absence of record of primitive symptoms of hypernephroma may justify the somewhat tiresome detail.

Case 1—Hypernephroma of Kidney, Spec. 100507. Fibroma Uterus, Spec. 201106.

Jan. 5, 1906. Mrs. H. C. M. aged 51, a nullipara, large and well nourished. Presented herself and the following brief history was elicited: At 16 years had a pulmonary hemorrhage. At 30 had "abscesses of the rectum" twice operated, and successfully, by a Boston surgeon. Says she is losing strength and weight for the last three months. One and one half years ago a perineal hernia appeared which she desires to have operated; non-interference was advised. Pelvic examination revealed two tumors which were supposed to be ovaries; no symptoms of any kind being present, non-interference was advised for this condition also. As seen by inspecting specimen 201,106, a very good example of a multiple uterine fibroma undergoing calcareous degeneration, and never requiring removal except incidentally. The "incident" will be recited later.

Feb. 30, 1906. Patient re-appeared, complaining of profuse night sweats and headache occurring every night, with loss of weight and anorexia. Urinalysis was negative, likewise a chest examination. At this date there was fever ranging from 99.5—102 which continued with but one intermission of 13 days, for more than 15 months. Tuberculosis of some organ was strongly suspected. Remedies, homoeopathic, anti-malarial and anti-tubercular were not effective in the least.

April 30, 1906. She was referred to Dr. M. R. Reagan of Eureka Springs, Ark. He occasioned some relief of the headache and night sweats by using electricity and large quantities of water to flush the kidneys. He made no urinalysis.

July 17-30, 1906. An attack of sub-acute congestion of the liver and scanty urine.

*Read before the Southern Homeopathic Medical Association, Louisville, Oct. 28, 1907.

Sept. 20, 1906. Examination and consultation with Dr. Gibson showed a palpable and tender left kidney. A very complete and systematic urinalysis was undertaken at my request by Dr. L. S. Luton. His report was as follows:

Urinalysis. "Specimen examined Oct. 21, 1906; very pale in color; acid in re-action; no sediment; but a diffuse slight opacity; albumen, bile, and sugar absent. Microscopically: a few mucus cells but no blood or tubercle bacilli.

Specimen examined Oct. 24, 1906; amount 2000 cc; very slight sediment but the same diffuse opacity which does not settle and cannot be filtered out. Microscopically; no tubercle in all the sediment obtained from the 2000 cc.

Aseptic catheterized specimen examined Oct. 29, 1906; light amber; acid reaction; specific gravity 1015; no sediment but an opacity which does not disappear on filtering nor settled on sedimentation; the addition of acetic acid or alcohol, has no effect.

Animal inoculation: A very slight sediment was obtained after prolonged centrifugation and one cc. was injected subcutaneously into a guinea pig weighing 21 ounces.

Cultures obtained under aseptic conditions in two blood serum tubes showed a profuse growth of a con-motile bacillus morphologically corresponding to a colon bacillus.

Excepting for a slight indisposition on the following day at this date December 15, 1906, the guinea pig has shown no symptoms of an infection.

Summary: None of the 3 "specimens showed the presence of any abnormal chemical or microscopical findings. No tubercle bacilli could be found either directly or by inoculation. There was present bacteriuria probably of the colon bacillus."

Oct. 28, 1906. After several futile attempts to catheterize the ureters under local anaesthesia, I finally succeeded with the Kelley method under a general anaesthetic. The urine from both kidneys was identical. It is to be regretted that Cryoscopic analysis was omitted.

Nov. 6, 1906. X-ray plates of pelvis and both kidneys were quite negative.

Nov. 8, 1906. Exploratory operation was made, entering the abdomen at the level of the umbilicus through the body of the left rectus abdominis. Palpation of both kidneys revealed nothing except that the left one was displaced downward a couple of inches. The gall bladder was easily emptied, the stomach, pylorus, spleen, intestines and peritoneum searched, particularly for tuberculosis. The uterine fibroma was removed by myomectomy. An aspiration of the lower left pleura in which a consultant thought he detected a thimble full of fluid was made without result. The patient's temperature went to normal, night sweats and headaches ceased so abruptly that the suspicion was entertained that

a tuberculous peritonitis without effusion, had been overlooked; the fibroma showed nothing but calcareous degeneration.

Nov. 13, 1906. Thirteen days after operation, the headaches, night sweats and fever reappeared and continued. Between this date and May 16, 1907, frequent urinalyses were made and no abnormality discovered. The left kidney was becoming more painful and growing larger. At this time, May 16, my record of physical examination reads:

Tumor left hypocondrium and left lumbar felt bimanually—smooth, elastic and cannot be pushed up into the normal kidney fossa—very tender to touch. Tympanitic note over tumor anteriorly. Tumor does not move with respiration. Examination of lungs negative. The diagnosis of "surgical kidney" shows that my modesty was growing. A left nephrectomy was easily made through a lumbar incision after palpating the right kidney by introducing the hand across the abdomen through an incision into the peritoneum from behind on the left side. No trace of an adrenal was seen. The kidney presents a characteristic hypernephroma. Her recovery was quite without incident and her restoration to health astonishingly rapid. The fever, sweats and headache disappearing instantly.

Sept. 15, 1907: After four months of fine health she reappeared with the old train of symptoms which continue to the present time—plus pain in the right renal region. Physical examination is so far negative, but will probably be positive before long; by recurrence retroperitoneally or by a metastasis in bone, liver or lung, or development in the remaining kidney. The specimen, 100,507, preserved by Kaiserling's method, shows the gross characteristics of hypernephroma. The microscopic sections 100507 (a) 100507 (b) 100507 (c) prepared by Dr. C. A. Barnard in the Homeopathic College Laboratory, clinched the diagnosis of malignant sarcomatous Hypernephroma. I have emphasized the occurrence of headache, night sweats and moderate continued fever, anorexia and emaciation because of their common presence in tuberculosis, and also because I know of no record of symptoms suggestive of hypernephroma. The diagnosis was only made pathologically, gross and microscopic.

Pathology: Grawitz has shown the frequency with which aberrant adrenal tissue may give rise to either simple hyperplastic or malignant neoplasms in the kidney, which correspond in structure to the adrenal tissues. This tumor is exceedingly vascular, hemorrhage into it has occurred. It is distinctly encapsulated. Fatty degeneration and necrotic areas are present. Metastasis may take place in liver, lung, bone, retroperitoneal space, etc. The growth as a rule is slow and unless metastasis through the vascular channels takes place, gives rise to few clinical signs. The tumors are usually small and of slow growth, occasionally they are of rapid growth and attain great size. The primary tumor may be small, the metastasis enormous.

Etiology: Males are more often attacked than females, the occur-

ences being between the ages of 35 and 60. The clinical features may be almost nil, dull aching pains in the sides, slightly tender and palpable kidney, and mild cachexia. Occasionally haematuria.

Pathologic Anatomy: The tumors vary in size, usually very small, may be very large. On section dirty white or yellowish color. Areas of macroscopic hemorrhage may be presented. Tumors are distinctly encapsulated. The kidney tissue in the immediate neighborhood is markedly atrophied.

Histologic Sections—stained in haemotoxylin and eosin. The cells are in general large, cuboidal or polyhedral in shape; in many cells the cytoplasm is replaced by one or more vacuoles which represent fat washed out by alcohol. The cells are more or less regularly arranged in columns, separated by a fine, delicate septi of connective tissue, fibrils of which pass between the cells forming a delicate reticulum in which they lie. In many places, instead of the solid septi are seen fine capillaries. Along many of the capillary septi is considerable free blood pigment. The sections in which hemorrhage can be seen by the naked eye show cavities which have no walls, but rather seem to be spaces between the cells produced by mechanical separation. In other sections the cells appear to be developed from the vessel walls, giving the appearance of angiosarcoma. In others the well marked alveoli give the appearance of adenoma. In places the cells are so closely packed in relation to the blood vessels as to resemble sarcoma. The tumor itself has a striking relation to the adrenal tissue classification.

"The relationship between adenoma, which appear to develop from misplaced adrenal cells, and similar tumors regarded by others as endothelioma, endothelial sarcoma and forms of perivascular sarcoma, is not clear." (Delafield and Prudden.)

Various pathologists refer to the tumor as alveolar adenoma, suprarenal epithelioma, congenital adenoma, or struma aberratio suprarenalis.

Miliary tubercle may be present, identified by its characteristic coagulation necrosis.

In the endeavor to make somewhat clear this difficult subject, free use has been made of the writings of Clifford Mitchell, Stengel, Delafield and Prudden, Gaylord and Ashcroft, and the Reference Handbook of Medical Science.

I desire to acknowledge the interest and help accorded by Dr. Barnard in this pathological work.

Case 2—Vesical Calculus and Prostatic Hypertrophy, Spec. 50,107.

This case represents a result common enough to interest most any operator who does even a little of this class of work.

Mr. M. O., aged 65, of exemplary habits and a negative medical history. Has had recurring attacks of cystitis for the past three years. Present attack has lasted three weeks, during which time he has passed water every 20 minutes, a statement which his attending physician bears

out. Each effort to urinate is accompanied by much tenesmus in the bladder, and by pain in the top of the glans penis—very suggestive of calculous. The urine was ammoniacal and contained pus, mucous and blood. His physician was treating the cystitis medically and 10 days before had repeatedly introduced a soft catheter for irrigating purposes. This fact is worthy of note in view of subsequent developments. An attempt to do so at this time occasioned such extreme suffering, that it was abandoned. Examination per rectum showed a moderately hypertrophied prostate, the left side being the larger. The rectum itself was tender to touch and the contact of the examining finger with the prostate excited the shooting pain in the glans.

Diagnosis: Cystitis, hypertrophic prostatitis and probably calculus.

One week later, Subarachnoid Analgesia by Tropococaine, a prostatectomy was made through a transverse curved incision, splitting the capsule of each side vertically.

The urethra was opened and a good sized oval stone felt standing up on edge and firmly fixed before the neck of the bladder between the two lateral lobes of the prostate.

The specimen shows a well marked depression on either side indicating that the stone had occupied this situation for some time.

An enthusiastic assistant who desired to palpate the depths of the wound essayed to remove the left side of the prostate and accidentally made a moderate-sized triangular tear in the bladder just outside the sphincter.

The prostate was now dissected out with no more trouble than usually attends the enucleating process. This permitted the stone to fall back into the bladder, from which it was removed through the triangular tear, the idea being to save the sphincter from the stretching which removal by that route would have entailed.

A two-way rubber drain was introduced into the bladder through the perineal wound and a large sized rubber catheter through the urethra.

The Spinal analgesia was perfectly successful—the patient experiencing no pain and no disturbance of circulation or respiration, until he was shown the stone, upon which he promptly collapsed, and vigorous use of Adrenaline, Brandy and Strychnine was necessary in order to bring him around.

The catheter in the urethra was so painful that it was removed and at no subsequent time was it possible to reach the bladder with any instrument, save one single occasion, and then with a filiform bougie.

Fearing a permanent fistula in the perineum by a stricturing of the distorted urethra; 20 days after operation sounding of the urethra was attempted under ether. This failing a dissection of the urethra through the perineum was attempted. Failure attended a prolonged effort.

Expectant treatment was instituted and the increasing quantity of urine passed per urethra, and the diminishing amount by way of the perineum were observed with mutual satisfaction by both patient and operator.

Two months later the fistula was closed entirely—the urine could be retained for two hours and everybody was happy for two weeks. The fistula then reopened and has leaked enough to be a decided nuisance ever since—a period of six months.

At the same time that it reopened, the urination by the urethra became partly involuntary.

Every scheme, instrument and device that desperate determination on the surgeon's part could invent, short of cystotomy and retrograde catheterization, and an unaccountable patience on the patient's part permit the use of, has been tried and failed.

I can only conjecture as to where the fistula enters the bladder, through the urethra or through the hole.

The specimen weighs 677 grains and tested by the Caspar methods, is composed of urates internally, with an external shell of Ammonia-Magnesium Phosphates and Carbonates of Lime.



Case 3—Secondary Hemorrhage from Spontaneous Rupture of a Vein in the Pampiniform Plexus following removal of Intraligamentary Cyst. Specimen 48,507.

May 16, 1907. To copy from my case records, I examined Mrs. N. C., aged 42, a nullipara: "Tall, thin, good color and healthy appearance. Her mother died of cancer of the uterus. Menses always somewhat irregular. Always suffered with Dysmenorrhea. Says she has had a pelvic tumor for 13 years, which six physicians have diagnosed fibroid. One year ago took a course of intrauterine electric treatment for fibroid. Has

hemorrhoids and irritable bladder occasionally. For years has not been able to expel a formed stool.

Pelvic Examination: Uni-ocular cyst in the right pelvis—quite immovable—though the patient says it changes position—about the size of a cocoanut, probably intraligamentary—possibly ovarian—painless—not tender. Uterus small, easily palpated, riding very high on the left anterior surface of the cyst in the middle line of the pelvis. Rectal examination confirms the vaginal.

May 17, 1907, 8 A. M. Laparotomy—middle line—Trendelenberg—Appendectomy for chronic catarrhal—purse string method—right intraligamentary single cyst—including ovary and fallopian tube. Ovarian artery ligated at either extremity of the broad ligament—ligament split—cyst shelled out. Left ovary and tube much congested and removed because of the dysmenorrhoea. (Considering the woman's age, 42, this was considered as well indicated.) Switchback 2/20 gut and tax. 22 minutes.

Atropine-Morphine. Ether—administered by Dr. L. E. Bunte.

5 P. M.—The nurse telephoned that dressings were saturated with blood, belly distended, pulse 120, temperature 97. Her diagnosis was secondary hemorrhage.

At 7 P. M. with pulse 160, temperature 96, under ether, abdomen was reopened and a few handfuls of blood clots scooped out. Intestines much distended, which interfered much with speed in the systematic search for the open vessel, which was found to be one of the distended and thin red veins of the right pampiniform plexus. Double ligature applied, and a large Mikulicz drain placed. Camphorated oil and intravenous infusion of normal saline were freely used. A prolonged convalescence was the natural consequence of the hemorrhage.

I had never heard of the condition occurring before, and know of but one case reported. This was a case reported by Dr. W. A. W. Dorland of Philadelphia, and appeared in the *J. A. M. A.* of May 18, 1907, page 1658—the day following my own experience. He, however, quotes Byron Robinson as saying:

"The pelvic veins rupture frequently post-operative." Dr. Dorland remarks: "That they do rupture occasionally I can now bear witness. That this rupture is of frequent occurrence I entertain very serious doubts." My sentiment corresponds to Dorland's.

2344 Park Avenue.

Cases of ulcerative proctitis which often result in rectal stricture are particularly common in women and have been observed especially in prostitutes. In these cases gonorrhea or syphilis should always be looked for, although in some instances the ulcerative process follows an ordinary catarrhal proctitis or dysentery.—*International Journal of Surgery*.

HYDATIDIFORM DEGENERATION OF THE CHORIONIC VILLI.*

DR. WILLIAM A. BOIES, Knoxville, Tennessee.

Fortunately the above condition is rare, but when we do meet it in practice it is important that we deal with it intelligently. One author reports only one case in Twenty Thousand deliveries. The condition is most often found in multiparae of from twenty-five to forty years of age. The mole is a mass of pedunculated vesicles, resembling in appearance grapes or gooseberries, and there may be five or six thousand of such vesicles. The vesicles vary in size from a millet seed to that of a filbert, and they contain a fluid usually colorless, transparent, liquid as water and holding albumen in solution. If all the villi of the chorion are involved in the degeneration, the life of the ovum is always sacrificed. If only a small portion of the villi are involved, the life of the ovum is not necessarily interfered with, and development may go on to full term.

In the case of twin pregnancies one chorion may undergo degeneration, while the other may develop and go on to term. Again, in double pregnancies, the development of the cystic mole in one chorion seriously affects the other ovum with consequent abortion.

There have been numerous reported cases where the same woman developed the mole several times. One case is reported where it occurred eleven times in one patient. Cruveilhier is said to have first demonstrated the fact that there is a difference between the true hydatid and the uterine hydatid mole. Prior to his time they were supposed to be identical. Since his time the pathological condition is supposed to be due to a proliferative degeneration of the chorionic villi. This degeneration of the villi embraces hypertrophy of their investing epithelium, of their connective tissue cells (which may also undergo mucoid degeneration) and of their mucoid intercellular substance. Three cases have been reported wherein the chorionic villi grew so rapidly as to penetrate the uterine wall, even to the peritoneal covering, rendering successful removal impossible, without a fatal hemorrhage or a subsequent fatal peritonitis.

In an interesting case reported by Volkman the degenerated villi had invaded the uterine blood sinuses and by pressure led to so extensive an atrophy and absorption of the uterine walls, as to leave only a thin transparent septum between the mole and the peritoneal covering. The cavity formed by this process of erosion in the uterine parenchyma was larger than the uterine cavity proper and presented numerous intersecting trabeculae and resembling the columnae carnae of the cardiac ventricles. The destructive character of the cystic degeneration in such cases is attributed to some unknown morbid condition of the uterine walls, probably

*Read before the Southern Homoeopathic Medical Association at Louisville October 28, 1907.

the result of malnutrition. The degeneration usually begins during the first month of gestation, and, according to some authors, the end of the third month is a limit within which degeneration occurs. We very frequently find in these cases a cancerous or syphilitic dyscrasia on the part of the mother. In all such cases there is no doubt a pre-existing endometritis. The theory that a portion of retained placenta might become affected with the hydatid disease has been refuted by accumulated clinical evidence.

The symptoms of molar pregnancy are an abnormal increase in the size of the abdomen, uterine hemorrhage, and expulsion pervaginum of the vesicles of the mole. The uterus imparts a peculiar doughy feeling to the palpating fingers and sometimes fluctuation may be detected. In some cases the vesicles may be felt through the cervix. The lower segment of the uterus is unusually tense and there is usually a constant or intermittent discharge from the uterus consisting of disintegrated and unruptured cysts, blood and some cystic fluid. Owing to the distention of the uterus the hemorrhage may be very severe, and it may need energetic methods to control it. Abortion is usually caused by the mole before the sixth month, but in some cases expulsion of the neoplasm may occur as late, or even later, than the expected time of confinement. As to the prognosis of vesicular mole it is not in many cases very grave. Of course where the degenerative process assumes the intraparietal, or eroding type, the prognosis is extremely grave. As to the treatment of such a condition there is some difference of opinion. Some authors advise non-interference as long as the uterus remains passive, but I believe that when the diagnosis can be made with any degree of certainty that the uterus should be emptied without further delay. The patient's life is constantly in danger, and the risk involved by carefully dilating and emptying the uterus does not compare with the danger the patient is subject to by the ever present possibility of severe hemorrhage. Especially is this true in cases where medical assistance is not to be obtained quickly. In emptying the uterus, either the hand or the dull curette should be used, and right here let me emphasize the fact that extreme care and gentleness should be exercised, owing to the possibility of causing a perforation of the wall of the uterus. In a case in which I was called in consultation recently, gave a history of pregnancy having existed for three months. The attending physician was called and found the patient bleeding profusely. A quantity of the vesicles were removed by the hand, and I later emptied the uterus with a dull curette. The uterine wall was extremely soft and boggy and it was with a great deal of apprehension that I proceeded. I finally succeeded in removing a quantity of debris and the patient made an uninterrupted recovery. The family in such cases should be advised of the grave possibilities, as we never know what condition exists in the uterine wall.

In conclusion let me again impress the fact upon you of the great importance of using extreme care in emptying the uterus.

ANESTHESIA DURING LABOR.*

DR. M. D. VOSBURG, St. Louis.

As a comparatively new member of this honorable society, I will not assume to occupy but little of your time, and will briefly speak of my experience in the use of anesthesia in labor.

I believe that I can safely say that very little progress has been made in the use of anesthesia in the past generation in this class of cases, except in the last two years. And I believe all will agree that there is no class of cases where more energetic thought and practice should be exercised than in labor cases, to subdue the severity of parturition. Admitting that much is imaginary and of nervous origin, all tends to promote tedious and difficult labor. I will not pretend to draw a picture of these cases at the bed side—for too well you know this—probably better than I. But the fact remains that if it is safely in the power of the accoucheur to accomplish he should do his best to relieve all pain possible.

With this aim in view, I have directed my practice and research so far as I have been able.

In my early practice, as seemed to be the custom, when called to a case of confinement I followed the usual course, having everything in readiness so far as we could, then wait and watch or assist in the various moods produced by pain and nervousness, and if any complication that required instrumental delivery arose, then an anesthetic was administered and delivery accomplished. I further learned that chloroform could often be given during the course of labor, but with great care. This I used, as I thought, to great advantage, and have no doubt that it lessened the suffering; but found it also had its disadvantages—First, in administering one should have an assistant, and competent ones cannot always be had. You have weak hearts to guard against—you have its tolerance to contend with—and its after effects if a little too much has been used, or a delicate person is the subject. Many points in the use of chloroform I have not mentioned, as I know you are conversant with them, and they will not particularly serve here.

After a short experience with chloroform I was called to attend a young, delicate lady in confinement who had a very weak heart. As the pain progressed the weakness was more apparent. Then, with a sudden, severe pain, the collapse seemed complete. I at once administered 1/60 grain strychnine hypodermically and such restoratives as were indicated.

At this period the pain ceased.

In forty minutes the patient was considerably restored—heart strong and regular in beat. At this period the labor pains began again, and as

they increased in power seemed to threaten another period of collapse, as there were sinking spells and diminution in the pulse that seemed to spell danger. But when the pain would subside the pulse soon bounded back to a full, strong wave. At this juncture I thought here best to relieve the severity of the pain and gave $\frac{1}{4}$ grain morphine hypodermically and waited results, with a needle ready containing strychnine $\frac{1}{30}$ grain.

And in my mind it seemed the effect of that morphine was carried at a more rapid pace than the witches moved the dancers in Tam O'Shanter's experience. Soon its effects were noticed. Between the pains the patient acted drowsy, and as labor progressed she actually snored between pains until delivery was accomplished. Then she soon rallied and stated she was hardly conscious of any pain. I attended her in two subsequent deliveries with nearly the same results, giving the strychnine as above, and at the beginning of the second stage of labor gave $\frac{1}{8}$ grain morphine. This practice I have followed in later years when I thought advisable or time would permit its use—conscious of this fact, that the pain was much lessened and in many instances stopped, so far as the patient's knowledge goes concerning the case.

In the past year my attention was called to a combination tablet composed of hyoscine $\frac{1}{100}$ gr. morphine $\frac{1}{4}$ gr. and cactine $\frac{1}{67}$ gr. and recommended for use in major surgery and obstetrical work. The same I presume has been called to the attention of the profession generally.

To me it had a special interest, as I thought it would better serve in labor cases, so I decided to give it a trial, and I am glad to report that in the few cases that I have used it, it surpassed all my expectations.

In each case I gave hypodermically $\frac{1}{2}$ the above quantity in the first stage of labor and second half at the beginning of the second stage, and to say that these ladies were grateful for its use does not fully express it. I have omitted giving any case step by step under the use of this combination tablet.

But I am sure that it accomplishes much more than anything I have ever used. To the end of relieving the severity of labor is the object of this paper.

I beg to submit it for your consideration.

321 Olive Street.

A doctor presented a cheque,
Of simoleans it called for a peque,
But the bank clerk said "Dogue,
Leave your money in hogue
You'll get it in time—in the neque."

EDITORIAL DEPARTMENT.

EDITORIAL STAFF

D. M. GIBSON, M. D. WILLIS YOUNG, M. D. J. H. McCAUGHAN, M. D.

G. A. MELLIES, M. D., Managing Editor.

THE UNION LABEL.

The Union label is a thing that has caused a good deal of trouble in the past and will in the future; we in common with most other men had thought that this sort of thing was the result of the cogitations of the working class and used by them as a weapon to force the payment of a certain rate of wages, maintain a working day of uniform hours and so on but now comes another phase of label question. From time to time we get circulars advising us that certain articles that we need in daily use, if in active practice, are approved by the council and appear in the U. S. P. or National Formulary and that we should use these to the exclusion of certain private or proprietary articles and should in "writing" use the newly adopted name. Why?

Who are these who thus approve and disapprove? How much do they know about actual practice and how much do they know of the value of the preparations they warn the profession is but a common product under a high sounding name? How do they know these things, and by what constituted authority do they these things? In the name of common sense if a doctor, or a patient for that matter wants a certain article made by a firm that has proven itself to be good and reliable, why should he be advised to "order and get something that is just as good and a little cheaper?"

Chemistry is a good thing and reveals many secrets but not all, already we read over the signature of firms whose standing cannot be questioned that the goods made according to a formula above referred to "are a very different article from that turned out at their laboratory."

And yet let us look a little further; why is it that we see so many of the approved manufacturers to be foreign houses and why do we find of the American products so approved so many of them from one house? And yet further, if we read the reports correctly we fail totally to find the bare mention of some very good preparations that are considered worthy and have borne this reputation for years?

Yes, it is possible that the council have not yet had the time to pass on every thing but they have a good while for the work and how much longer will they have us wait and watch until it is finished.

From time to time we hear a good deal of the druggist giving something "just as good" in place of what the doctor orders; we believe that in this accusation the pharmacist suffers many times unjustly; but we do not see why we the physicians should be asked and urged from time to time to prescribe after a certain manner and eschew all others.

If you get a preparation that is good, clean, uniform, convenient and does you good service, use it, keep on using it and tell the good qualities thereof to all you have occasion to inform concerning it.

This is but the beginning and we will soon have a promulgation that the prescription for anything and no matter by whom made must have the endorsement of the council before it can be filled and given to the patient. It is this kind of foolishness that makes a rich field for the itinerant doctor, the medicine peddler and counter prescribing by the corner druggist.

If you are to be a doctor, use the preparation that you find do your patients the most good and use them to the best of your knowledge and judgment. Dispense them yourself if you deem it best, but in every case be sure to get what you want if it can be found and "Call no man Master." We have more than once heard a man condemned in no measured terms for using remedies in a certain strength and in certain cases because, forsooth, the critic believed it wrong; yet his success in like cases he admitted was not flattering; neither could this same critic offer any sure guide in the selfsame matter. Hence there comes to mind the advice given centuries ago; to "First cast the beam out of thine own eye."

KILL THERAPEUTICS?

We are sometimes taken to task for reprinting articles that have appeared in other journals but the following one in the current issue of the *American Journal of Clinical Medicine* is so appropriate and so fully voices our sentiments that we cannot resist the temptation to re-produce it in full. The italics are our own.

"Dr. Reed made the proposition to the *A. M. A.* that the various state examining boards exclude therapeutics from their tests of candidates. Dr. Reed is a bit behind the procession, for this exclusion is at present made by some of these boards. The reason advanced is that it will do away with the objections of homeopaths and eclectics to a single board, by placing their candidates on an absolute equality with the others, since the only difference in the three schools is in this one department.

To this we may object that it will not do away with the distrust these

gentlemen manifest toward any board controlled by the regulars. They feel that under no circumstances would they receive an impartial examination from their enemies. Moreover, this would not apply to the other and possibly more numerous practitioners of osteopathy, Christian science and innumerable others, who have in law and equity as much claim for consideration as the two sects named and whose differences with us are by no means confined to therapeutics.

There are other and more fundamental objections. Every teacher in medical schools knows well that the student can not be induced to give attention to any branch except those on which he must stand examination. No matter how essential it may be to his success in practice, *he studies solely with a view to passing those dreaded exams.* They are an obsession to him. He thinks of them by day and dreams of them by night. He logically reasons that he must first acquire the legal right to practice, and the how to practice is a topic for future consideration. *The more difficult the trial, the more he must exclude all that does not directly aid him in meeting its requirements and concentrate his powers upon them.*

Our third objection is based on the foregoing: The exclusion of therapeutics nullifies the original object of the creation of these boards, and their only excuse for continued existence—the protection of the people against unqualified practitioners. It makes little difference how proficient a doctor may be in the fundamental branches of a medical education if he is ignorant of the best methods of treating the sick. He may be all kinds of a good anatomist, chemist, pathologist, bacteriologist and several other ists, and yet be utterly at a loss and useless as a practicing physician—and yet it is precisely that and nothing else in which the community has an interest in him and his qualifications. *Instead of excluding therapeutics from these examinations we would suggest that all else except this branch and diagnosis be excluded.* The rest could be taken for granted—the medical colleges surely look out for them—what interests the public, in whose name and for whose protection these boards were called into existence, *is the ability of the doctor to recognize and treat diseases.*

In our boyhood we had pointed out to us in Philadelphia a row of rather ordinary houses, which went by the name of Morris' Folly. It was said of them that the builder had seven stories of cellars, and by the time the structure reached the surface of the ground his means were exhausted and he could only place these mean buildings over the magnificent cellars. *Verbum sapienti sat.*

The only way to deal with the medical sects is to wipe them out, by leaving the question of practice to each man as his own private privilege; a matter for his own conscience, in which no other man can have anything to say in authoritative way. Recognize the principle of individual freedom of belief and action on which our commonwealth is founded, and drop the medieval idea of compelling uniformity. It seems so easy, if men were but wise and reasonable, and respectful of the rights of others."

HOMEOPATHIC MEDICAL SOCIETY OF ST. LOUIS.

PRESIDENT'S ADDRESS.

Homeopathic Medical Society of St. Louis now meets regularly every 2nd and 4th Saturday of the month at the library central Y. M. C. A. The officers elected for the coming year are G. W. Coffman, M. D., Pres.; M. E. Beall, M. D., Vice-Pres.; H. A. Uhlemeyer, M. D., Sec. and Treas. With the new organization renewed life has taken place. Dr. Geo. W. Coffman on entering his official career delivered the following address:

In assuming the duties of this office, I desire to thank you for the honor that you have seen fit to confer upon me by electing me your president for the ensuing year, and I hope that I may be able to serve you so well that at the end of this term of office you will find it in your hearts to give me a vote of thanks as you have done in the case of some of my predecessors in office. However, I am making no boastful promises as to how well I may succeed in the discharge of these duties, but like the boy who tried to enter a "sweenied" sway backed mule in the Brooklyn "handicap," I am willing to do the best I can.

One evening recently, after rather a strenuous day, while sitting, gazing pensively at the slowly dying embers of a flickering fire, I fell asleep and dreamed of an ideal medical society.

I saw a spacious building that was peculiarly adapted for the meeting of this society. It was divided into various apartments, some for committee rooms, some for smoking rooms, some for purposes of amusement as billiards and other games, a room where refreshments could be served, a large library containing all the medical publications of ancient and modern authors, a reading room on the desks of which were the choicest of the medical journals, a large auditorium which would comfortably seat several hundred persons. I learned on inquiry that this elegant building had been erected by the generous donations of grateful patients who had thought that their medical attendants had not charged them fees commensurate with the great value of their services, hence they contributed voluntarily to a fund for building this magnificent edifice to show their high appreciation.

This information caused such an exaggerated cerebration that it produced a temporary engorgement in my internal capsule adjacent to my left optic thalamus and I barely escaped a severe attack of cerebral apoplexy. However, I quickly recovered from this temporary discomfort and I noticed this large auditorium packed to overflowing, with earnest, enthusiastic physicians, intent on getting all the good they could out of the meeting. I noticed too a very remarkable circumstance; the president

called the meeting to order at exactly the time fixed by the By Laws as the meeting hour, and all the members were in their places ready to respond to roll call. The order of business was carried out without a "hitch." There seemed to prevail a spirit of harmony and fellowship, the muck raker and mocker were no where in evidence, no indications of petty jealousies, no biting sarcasm, no heated discussion, no offensive personalities. The president enforced only such parliamentary rules as would best expedite the business of the meeting, so that nearly all the time was devoted to the reading and discussion of a live medical paper which was presented by one of the members who had been assigned this duty. The discussion which followed was an honest charitable review of the facts presented in the paper, almost devoid of fulsome praise on one hand or carping criticism on the other.

One "head" in the order of business was the payment of dues. The treasurer was seated at his desk which was provided with a wire cage and receiving window. The members formed in line and seemed to contend for position at the head of the column. Each one as he passed the window handed the treasurer his dues and was given a receipt in return. One portly M. D. who looked as though he had prospered to a greater degree than the average disciple of Aesculapius handed the treasurer quite a large bill. The treasurer was about to hand him his change when to my great surprise this member waved his hand and passed on as he said "Keep the change."

When I awoke my wife was dashing cold water in my face, chafing my hands and doing all in her power to revive me. I had fallen to the floor in an almost fatal syncope. The willingness with which these doctors paid their dues and the interest they manifested in the society had produced such a mental shock that nearly all my vital functions were for the time completely inhibited.

But in all seriousness I think we can accomplish a great many things with our present efficient organization and loyal membership in the way of keeping the fires burning on our medical altars by these semimonthly meetings and by united organized effort we can come into the heritage that of right belongs to us as a great school of medical practice. This society as an organization representing our profession in this great metropolis of the southwest, is naturally expected to foster the interests of Homeopathy and defend its rights in this vast empire of industrial activity. It should be our highest endeavor to give our profession a standing before the public which its merits so eminently deserve. To this end I would recommend that all take steps towards securing one of the annual sessions of the American Institute for St. Louis. Surely, if a little country town of perhaps 20,000 inhabitants can entertain this great national body, a city of nearly a million population ought to be able to do so, and certainly it would pay us to have such a meeting here. The advertising it would give to Homeopathy, the brilliant gathering of its greatest celebrities and

strongest advocates would command the respect of even our friends of the dominant school.

I would suggest that a committee be appointed to formulate plans and start a fund looking towards securing this meeting. I have consulted some of our members who are also members of the American Institute and they think it is entirely feasible to do this if we put forth proper efforts along the right lines. We should also remember that the State society meets here next spring. We are the logical host of this society when they meet in our city. It will take some work and some money to properly entertain them.

The Alumni Association of our college will celebrate the 50th anniversary of their Alma Mater at the same time. We can as a society contribute greatly to the success of both these meetings if we are so disposed.

We should aid in every way possible the Missouri Homeopathic Equal Rights Society in the fight it is making for representation in the eleemosynary institutions of the State and an equal share of the patronage and financial support which the State is granting to medical education, to hospitals, asylums, etc.

We should also, as a society, stand behind the Christian hospital movement and give all the patronage and encouragement that we can to this institution. It is in our power to retain control of this hospital if we give it our support.

Let us not be unmindful of the long history and past achievements of our honored society to which we all make grateful acknowledgements, but let us bravely face the future with all its complex problems and make the coming history of this organization still more glorious.

PERSONALS.

Dr. Geo. Mellies is driving a very smart looking "Maxwell" runabout.

Dr. A. L. Boyce has recently purchased *another* "Maxwell" car. Maxwell seems to have the edge among the discriminating physicians who must have a machine that will "do the work" and lots of it.

Dr. C. J. Luyties bought a lot of shade trees, that he had not ordered, but he bought them just the same and added the cost of the trees to the running expenses of his lately acquired "Maxwell" automobile.

Ship Ahoy! When Dr. L. C. McElwee makes a professional or any other kind of visit to our sister State, Illinois, he has solved the "bridge arbitrary" question to his complete satisfaction. He crosses the father-of-waters in his launch the "*Septem.*"

SOUTHERN HOMEOPATHIC MEDICAL ASSOCIATION,

Louisville, October 28, 29, 1907.

NOTES.

President McCreary's address will appear in pamphlet form in the near future.

President McCreary, Knoxville, allowed everybody to talk as long and as often as he pleased.

Dr. E. J. Wunderlich, Louisville, told stories that must have been "bred in old Kentucky."

Dr. Chas. E. Walton, Cincinnati, reported a series of major cases satisfactorily operated under H. M. C. anaesthesia.

Dr. O. S. Runnell's scholarly essay under title of "The Sentinel" was one of the "first magnitude" effort of the session.

Secretary Clendenin, Louisville, receives well earned preferment by being elevated to the Vice-Presidency for the ensuing year.

Dr. Jos. P. Cobb, Chicago, advocates not only a modified milk, but when necessary a modified baby—by means of the Homeopathic remedy.

Prof. H. C. Allen, Chicago, ably and convincingly defended his assertion that the Homeopathic remedy could and did prevent congenital deformities.

Treasurer J. T. Bryan, Louisville, not only collected vast sums in dues from more or less unwilling delinquents, but read a "corking" good paper on "Breech Presentations."

Dr. G. S. Coon, Louisville, does not approve of "monkeying around" with cases of Pyothorax in the way of making aspirations and intercostal incisions, but believes in treating these surgical cases surgically.

Dr. Dean T. Smith, Ann Arbor, read a "gem" on "Surgery of the Round Ligaments," full of original ideas. In a measure it was a preliminary report, the author promising a fuller report, at a later date, concerning the exact point of attachment of the round ligaments to the body of the uterus.

Willis Young, St. Louis, was the only representative of the St. Louis profession who attended, but he was not lonesome, nobody *could* be lonesome at a Southern Ass'n meeting.

Next year's officers are as follows: President, V. A. Hallman, M. D., Hot Springs, Ark; Vice-President, H. M. Clendenin, M. D., Louisville; Sec'y, Edwin Harris, M. D. New Orleans; Treas., J. T. Bryan, M. D., Louisville.

Next meeting place, New Orleans, October, 1908.

The following cases were presented to sections of the Senior and Junior classes of the Homeopathic Medical College of Missouri by the Surgical Department, in the month ending October 20, 1907.

CONDITION.	NO. CASES.	TREATMENT.
Psoas Abscess double	1	Incision
Hydrocele, congenital	1	Excision Sac
Adenoids	2	Curretage
Talipes Equino-Varum	1	Tenotomy and Cast
Talipes Equino-Varum double	1	Tenotomy and Cast
Sarcoma Mesentery	1	Exploratory laparotomy
Incised wound thigh	1	Dressing
Splinter under nail	1	Extraction
Perforating wound of ankle joint.	1	Dressing
Phimosis	2	Circumcision
Stricture Urethra	1	External Urethrotomy
Deformity of cheek	1	Plastic operation
Cancer Rectum	1	Colostomy
Erysipelas	1	Dressing
Fracture Femur	1	Dressing
Fracture Humerus	2	Dressing
Tuberc. Synovitis of knee } Coxitis	1	Refused treatment
Fracture of Patella	1	Open operation
Septal spur	1	Flap operation
Appendicitis chronic	1	Appendectomy
Femoral hernia	1	Herniotomy
Lacerated Perineum	2	Perineorrhaphy
Lacerated Cervix	2	Trachelorrhaphy
Endometritis chronic	2	Curretage
Uterine Fibroma	1	Myomectomy
Disease of Tube and Ovary }		Salpingo-oophrectomy
Intestinal adhesion }		Excision
Calcareous degeneration of Gluteal Bursa	1	

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CONFERENCE OF COUNCILS ON MEDICAL EDUCATION.

A meeting of representatives of the Councils on Medical Education of the American Institute of Homeopathy, the National Eclectic Medical Association and the American Medical Association was held in the Auditorium, Hotel Chicago, on October 25th.

There were present Dr. A. D. Bevan, chairman, and Dr. N. P. Colwell, secretary of the Council of the A. M. A., both of Chicago. Dr. E. B. Shewman, Waymansville, Ind., vice-chairman and Dr. W. N. Mundy, Forest, Ohio, secretary of the Council of the N. E. M. A.; Dr. George Royal, Des Moines, Iowa, and Dr. W. A. Dewey, Ann Arbor, Mich., secretary of the Council of the A. I. H. Among visitors were Dr. Wm. P. Best of Indianapolis, secretary of the National Eclectic Medical Association; Drs. Robinson, Shears, Haseltine and Pollock of Chicago.

Upon motion of Dr. Bevan, Dr. George Royal was appointed chairman of the meeting and Dr. N. P. Colwell, secretary.

Four hours or more were spent in discussing the problems of raising the standard and unifying the requirements of medical education and providing for a schedule for inspection of colleges. Perfect harmony and good feeling prevailed.

After some preliminary remarks by Chairman Royal and Dr. Bevan

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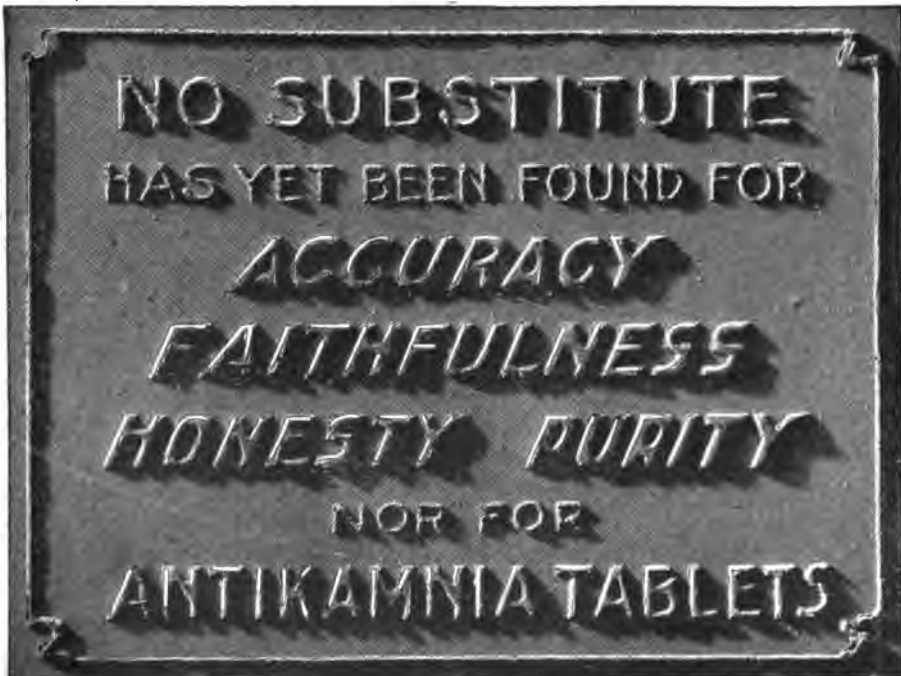
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upon the desirability of united action on the work in hand, Dr. Bevan made a motion that efforts be made throughout the States to secure a committee in each to co-operate with us and the medical examining boards to unify the standards of entrance examinations and curricula so as to secure proper medical education and higher medical standards. This was carried unanimously.

A letter was read from President Baxter, of the Ohio State Board Medical Examiners, the substance of which was as follows: That the State Board of Examiners, being responsible for medical education in its own State, would not take any action except on first hand information. As the colleges would be annoyed by repeated inspections by different bodies, the board invited representatives from each of the three national councils to join it in making the inspection. The reasons given for this action was not only the foregoing, namely, to avoid frequent examinations, but that the board of medical examiners and the representatives of the different councils would be able to secure their information at the same time and under the same conditions. This action of the Ohio Board met with instant favor on account of its impartiality and fairness, and Dr. Dewey moved, seconded by Dr. Bevan, that the examining boards of all the other States be asked to adopt the same methods. Unanimously carried.

In regard to standards of minimum requirements for college inspection, after careful discussion, Dr. Bevan moved, seconded by Dr. Shewman, that the secretaries of the three Councils on Medical Education be authorized to prepare a schedule to be submitted to the different councils and boards of medical examiners. Unanimously carried.

Dr. Best, secretary of the National Electric Medical Association, in a few well chosen remarks suggested that inasmuch as the old school had without question done much for advancement of original research in pathology, bacteriology and allied sciences, the homeopathic school had also done much in the study and development of drug pathogenesis, and the eclectic school in therapeutic research, that the work of all three schools should be considered in the promotion of general medical interests.

The meeting was then adjourned, and the feeling prevailed that it was a most successful and important gathering for the elevation of medical education in this country.

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TREATMENT OF UTEROVAGINAL CATARRH.

By C. E. BRANDENBURG, M. D., N. Y. City.

Fifteen months ago Mrs. X, came to me for treatment, giving the following history: Six years previous she had a miscarriage, since which she had been troubled with a profuse leucorrhœa of a very foul odor. At her menstrual period she suffered greatly and flowed excessively. On examination the cervix was found to be nearly four times its normal size and so badly eroded as to have every appearance of a cancer and had been mistaken for such by one physician. The uterus was soft and boggy and very much enlarged. She had been to the hospital on two occasions and each time had been curetted, but this seemed only to aggravate the general condition. For over a year I treated her with every means at hand, but to no purpose. I was making preparations for an operation, which would have meant the removal of the uterus, when my attention was drawn to Glyco-Thymoline and I determined to give it a thorough trial before operative measures were to be further introduced. An intrauterine douche of Glyco-Thymoline in 25% hot solution was administered and lamb's wool tampons saturated with Glyco-Thymoline pure were used. She began to improve from the first application. The leucorrhœa became less and the odor disappeared entirely. The cervix took on a healthy look. The uterus decreased in size and became firm; in fact she is now nearly well after nine weeks' treatment with Glyco-Thymoline.

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the latter is excessive, as in dysentery." In view of these facts it would seem that Antikamnia & Codeine Tablets are a remedy which should find a wide field. Prof. Schwarze (Therapeutische Monatshefte) in writing upon the treatment of the different forms of dysmenorrhoea, and the different forms of congenital deformity of the uterus, states that the coal-tar analgesics are of much use, as well as the preparations of iron and sodium salicylate. In many cases it is necessary to administer codeine in small doses, and the tablets of "Antikamnia & Codeine" would seem to have been especially prepared in their proportions, for just these indications.

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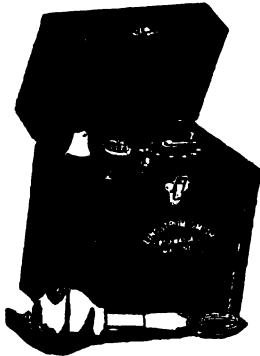
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Number 12

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THE CLINICAL REPORTER.

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Original Articles.

A CLINICAL REPORT OF CASES OF HYSTERECTOMY FROM NOV. 1906 TO SEPT. 1907.

BY WILLIS YOUNG, M. D., Saint Louis.

I wish to prelude this report by quoting Mr. Gladstone who once wrote at the bottom of a letter: "Pardon this long letter, I did not have time to write a short one."

The short notice given me by the Secretary accounts in part for the length of the report.

That technique and skill and judgment are exceedingly important factors in the results of surgical operations may be deduced from a comparison of the 75% mortality in abdom. hysterectomy by W. A. Freund who first invented and practiced the operation late in the 70's with the 4% mortality of Howard Kelley in 1898.

Kelley's record was made during a period when drainage was a "fashion" and some of his fatalities followed infection due to drainage. With better mental technique (judgement) in the employment or non employment of drainage and the invention of a drain that will *drain* even this 4% mortality will be reduced. It probably has been already. In 1888 I saw my Prof. of Surgery make Freund's operation. It required 2 hours, and 30 minutes time. The patient died.

Case 1, Nov. 24, 1906. Multipara aet. 41—large, well-nourished and healthy, save for rheumatism of many years standing. No heart lesions. Has a large multiple fibroid which has occasionally caused moderate hemorrhage. She sought relief from it because of the discomfort from its weight and the deformity of her body. Through a median abdominal incision a collection of fibroids were seen; 4 proved to be submucous, 7 were intra-mural and 6 subperitoneal. These vary in size from a marble to a

large orange. In addition there was another pediculated subserous tumor the size of a child's head. There were a number of omental adhesions easy to deal with. The vermiform appendix was also adhered to a tumor and was removed. The left tube and ovary were cystic and were also removed. The right ovary was cystic and was resected, that a part might be left to avoid climacteric symptoms. The outfit weighs 11 lbs. The supravaginal hysterectomy was made. 2/20 gut was used for ligatures to both ovarian and uterine arteries, the cervical canal cauterized with carbolic acid and the stump closed with 2/20 gut. Through and through silkworm and tax closed the belly.

Ether was given by an unskilled anaesthetist and caused some annoying delays. The total elapsed time was 33 minutes. Patient was out of bed on the 5th day and walked home on the 16th day.

She has no climacteric manifestations save amenorrhoea. It was observed that the fat in this abdominal wall was very firm, very dense, and very granular and that no oil oozed from its cut surface, as is usual.

Case 2, March 2, 1907. A nullipara aet 42 weighing 212 lbs., was operated for a huge ventral hernia and chronic obstruction of intestine. To make room for the reduction of the hernia, a submucous fibroid and the intestine containing it were removed by supravaginal amputation. In order to accomplish this the abdominal incision was carried around to the left of the flattened out bladder. In this instance the pelvic peritoneum anteriorly and posteriorly was not sutured together as is usual, nor was the cervix cauterized as is desirable. The woman died suddenly on the 13th day of a cerebral left hemiplegia. She had sustained a similar attack 5 years before, but had completely recovered. The prevailing fashion is to include all deaths occurring while the patient is in hospital, in the mortality list of the operation. Had this patient waited a month longer she had escaped the opprobrium of dying of something which did not kill her.

Case 3, operated March 10, 1907. Multipara aet 40. This woman was suffering with a severe cystitis and a "Typical Benign Adenoma" of the cervix. This was a clinical diagnosis. The microscope confirmed it in a section removed for the purpose. Much shooting pain in the cervix and bearing down sensations had existed for a year. The last two menstruations were too long and too profuse.

Having small faith in the benignity of adenomata of the cervix a hysterectomy was performed. The vaginal method, altogether one of the most unsatisfactory of surgical operations, was adopted. The bladder was drained through the urethra.

Time, 35 minutes, 15 of which was spent in searching for and securing one small vessel on which a Prior forceps was finally left for 2 days.

Then followed prompt, permanent cure of cystitis from the drainage and rapid restoration of general health. Microscopic sections from the *fundus* of this uterus showed carcinoma. Since carcinoma of the body of the uterus is so much more curable by operation than that of the cervix

and since operation was done very early, the prospect of permanent cure in this case is good.

Case 4, April 11, 1907. Woman aet 40. Has had 11 children and 11 abortions. Pain in right lumbar and iliac regions for 14 years. 15 years ago puerperal fever, since then is bedfast on account of pain. Right leg drags when attempting to walk, bearing down and backache. Menses regular, painless of a 3 day duration. Retroflexion of uterus. Her lacerated and badly scarred cervix showed a cylindrical plug of adenoma (clinical diagnosis.)

Small mass in right pelvis diagnosed as adhesions of tube and ovary. Appendectomy and pan-hysterectomy were performed. A gauze vaginal drain being used. Time 40 minutes. Frozen section made in operating room showed adeno-carcinoma. Two weeks later this woman was clamoring for permission to walk. She remains well and active to date. There was undoubtedly a large psychic element in this woman's being bed-ridden.

Case 5, operated June 10, 1907. Multipara, aet 50, fat, flabby, hysterical. Menstruation always painful and during last two years profuse and long lasting. Occasional discharge of blood between periods. Complaints of weakness, frequent urination, loss of memory and loss of vision. An optician reports her eyes as normal.

Pelvic Examination:—Fibroid about the size of a cocoanut, slightly tender in places, freely movable. Cervix all right. Rectal examination confirms. Urinalysis, negative. Supravaginal hysterectomy and removal of left tube and ovary. The cervix was not cauterized and the 2/20 gut sutures which closed the stump were made to include the anterior and posterior flaps of peritoneum. The closure of these flaps was completed with 1/20 gut. The tumor weighed about 2¼ lbs.

This patient had a slight elevation of temperature and a significantly rapid pulse until the 6th day and a restlessness and sleeplessness that were also suggestive. On the 6th day a dressing forceps passed through the cervix from below, liberated about 2 oz. of pus. She died of peritonitis that same day. The infection came from the cervix. Neglect to cauterize the canal in abdominal hysterectomy is not permissible.

Permit me to go backward in the chronological order of this report and recite as case No 6 one operated Sept. 4, 1905. Nullipara aet 41. Diagnosis of Fibroid made two years ago. During this time her physician has given her a long course of internal treatment of Hydrastinine. The tumor continuing to grow under this treatment, she desired it to be removed. Examination showed a curious condition of affairs. Two subserous spherical tumors were present, one springing from the anterior, the other from the posterior uterine wall. Together and with the uterus between them they resembled a short, thick dumbbell. The posterior one was imprisoned in the true pelvis, but could be rather freely rotated in all directions. The anterior tumor was of the same size and shape as its fellow and entirely above the iliopectineal line and freely movable in all

directions as far as the "universal joint" arrangement in the true pelvis would permit. Supravaginal hysterectomy was made and both tubes and ovaries which were thinned and flattened against the pelvic walls, were also removed.

The cervix was not cauterized. The stump was closed with flax-celloidin. The ovarian and uterine arteries ligated with the same material. The pelvic peritoneum closed with number 0 gut. Recovery was uninterrupted save that this patient ran a temperature of $1-1\frac{1}{4}^{\circ}$ for five weeks. This, according to the opinions of Bernays, Ochaner and Wm. Mayo was due to an aseptic necrosis in the cervical stump from too tight sutures. Through and through sutures of flax and tax were used to close the wound. Time 65 minutes, weight of specimen about 4 lbs. The results are entirely satisfactory.

Case 7. Was case No. 6's sister, aet 36 unmarried. She appeared June 1906 and requested examination of pelvis. The simple history was practically the same as in the preceding case, the tumor was a single globular intramural fibroid. She desired operation in the same month and on the same day, same hospital, same room, same nurse as her sister all of which was done, although the operating technique was modified, catgut being used for the pelvic ligatures and sutures. The abdomen was closed as in the preceding case. The result was precisely the same save the temperature.

Case No. 8 was a third sister aet 31 unmarried. She applied a few weeks later with a fibroid and elected to wait until the following year that she might also be operated, same date, same hospital, same room, same nurse, etc. She did and it is pleasant to record another successful hysteromyomectomy in this patient in September 1907. In this case catgut was employed for all purposes, including closure of the belly wall. The operating time in the first case was 65 minutes, in the last 26. At first thought the mental processes of these two women might be classed under superstition, but a more careful analysis may easily show them to have been logical. Tame and faulty logic, based upon erroneous premises, but logic for all that.

I have all of the specimens above referred to, except that of case No. 7 and would have been pleased to exhibit them, but transportation was not very feasible.

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It dusts the air. The woman who wears it bears about with her a net operating at a height of a little more than five feet above the pavement, a very promising altitude at which to gather in microbes. The feathers are so many tentacles for use in the chase. When she gesticulates with her head she distributes her "catch" upon the just and the unjust impartially, in church, in the theatre, and elsewhere. On her return to her home she is very apt to wave the plumage over her sleeping child, only to wonder, a few days later, from whom little Johnnie got the scarlet fever.—*N. Y. Medical Journal.*

AN ACNE REPERTORY.

BY P. W. SHEDD, M. D., N. Y.

There are some clinical conditions peculiarly adapted to repertorial assembling of symptoms; the dermatoses, for example. We are quite aware that in any disease any remedy may be indicated, but it is equally true that there are many nosologic types common and quickly recognized, whose remedies usually lie within a small and well-defined circle.

We should commend as a most useful practice, the formation of various such clinical repertories (symptomatic, however, in their evolution) to students old and young. A common profit will arise, and exact science will be advanced.

The writer for his own convenience, arranged the following repertory of that common skin trouble, "acne." 'Tis a small thing but useful. If it call the attention of others to the personal and general benefit derivable from such collocations, it will have more than served its specific purpose.

ACNE.

Anatomic.

Back: Bell. (and face and shoulders); Kali carb. (and chest and face.)

Chest. Bov. (and forehead); Kali carb. (and face and back.)

Chin. Calc. sulf. (and nape, face and forehead); Carbo V. (and face and nape); Nabulus (and face, nose and upper lip); Nit. ac. (and forehead, just below hair); Sepia (and mons Veneris, legs and flexures of joints.)

Extremities. Ars. (and face); Merc. (esp. the lower); Mez (thighs); Phos. ac. (forearm, knees, legs and face and scapulae); Sep. (and chin, legs and flexures of joints—also mons Veneris); Sulf. (forearms and face, nose, chin.)

Face. Ant. c. (and right shoulder); Ars. (and extremities); Aurum, Bell. (and back and scap.); Bov. (and forehead); Calc. c. (and neck); Calc. sulf. (and nape, forehead, chin); Carbo veg. (and nape and chin); Caust.; Chel. (left side?); Con.; Eugenia; Kali bi.; Kali brom. (and neck and shoulders); Kali carb. (and chest and back); Kali iod. (and shoulders); Led. (and root of nose); Nabulus (and nose, upper lip and chin.) Nux. jug. (chiefly about mouth); Phos. ac. (and scapulae and extremities); Sars. (and nose); Sulf. (and nose, lip, chin, forearms); Sumbul (and forehead).

Forehead. Calc. sulf. (and nape, face, chin); Granat. (and left

temple); Kreos.; Nit. ac. (just below hair; also on chin); Sumbul (and face.)

Genitalia. Sep. (mons Veneris—chin, legs and flexures of joints); Ver. alb. (right labium—before menses.)

Lips. Nabulus (upper lip—and face, nose chin); Sulf. (and face, nose, chin, forearms.)

Liver, region of. Nux jug. (and about mouth and shoulders.)

Nape. Calc. sulf. (and face, forehead, chin); Carbo veg. (and face, chin); Lyc. (and interscapular.)

Neck. Ant. tart. (and shoulders); Calc. carb. (and face); Kali brom. (face and shoulders.)

Nose. Caust. (above nose); Led. (root of); Nabulus (and face, upper lip, chin); Sars. (and face); Sulf. (and face, lip, chin, forearms); Thuja (alae nasi).

Shoulders. Ant. crud. (right sh. and face); Ant tart. (and neck); Bell. (and back); Kali brom. (and face and neck); Kali iod. (and face); Lyc. (between shoulders and on nape); Nux jug. (blood-boils); Phos. ac. (and face and extremities).

Sides. Asimina (alternating sides); Chel. (left face). Granat. (left temple).

Temples. Granat. (left).

Dermatologic.

Cicatrization. Ant. tart., Granat.

Induration. Brom., Con., Eugenia, Granat., Iod., Rob. (great tendency to).

Papules. Bar. carb. (with comedones); Caust.; Merc. (indolent, bluish-red); Kali iod. (sensitive, worse at night); Sabina; Sumbul (smooth, small, reddish, macular, with comedones.)

Pimples. Ant. crud. (small, red, stinging to touch); Asimina (itching, red); Aurum (red); Berb. (red, burning, gnawing, sensitive to pressure); Bell. (large, bright-red, stinging in tips of); Bov. (large, scattered; hard, red, worse from scratching); Calc. sulf. (painless, crusty); Carbo veg. (red); Chel. (groups of 3—4); Eugenia (painful); Granat. (sore; suppurating; nodulation); Kali carb. (small, red, swollen); Kreos. (dry; or greasy); Led. (red, small); Mez. (isolated); Nabulus; Nit. ac., (small, painful); Nux jug. (reddish); Phos. ac. (smooth, red); Rob. (very hard; long in suppurating); Rumex (dense rash, small red); Sulf. (with comedones); Ver. alb.

Pustules. Ant. tart. (tendency to); Asimina (itching in ev. when undressing); Bar. carb. (with comedones); Chel. (groups of 3—4); Kali bi. (varioid); Kali brom. (not breaking); Mez. (red); Nux jug. (reddish, various sizes.)

Skin. Ars. (dry, rough, dirty-looking); Graph. (dry, cracked; easy ulceration); Iod. (rough, dry); Kali carb. (sweat lacking); Merc. (dirty-yellow); Nit. ac. (dry and scaly; brown spots).

Aggravations; Concomitants; Constitutions; Causation.

- Acids, longing for.** Ant. tart.
Blondes. Kali bi.
Brandy-drinkers. Led.
Brunettes. Caust., Iod.
Cachectic. Ars. Carbo veg., Sil.
Chlorosis, with. Nat. mur., Puls.
Chronic, obstinate. Ant. tart., Ars., Bar. carb., Con., Sil., Sulf.
Constipation, with. Lyc., Nux Vom.
Drunkards. Ant. c., Rhus.
Dyspepsia. Lyc. (with constipation); Nux vom. (with constipation); Rob. (sour stomach.)
Face, yellow color of. Caust.
Flannel, worse from. Rumex.
Food, worse from. Carbo V. (butter, pork); Puls. (pastry, fat.)
Gastric derangement, with. Ant. c. Cimicif. (women), Lyc., Puls.
Glands, swollen, indurated. Brom. (neck); Calc. sulf. (with suppuration); Merc.
Hemorrhoids, with. Berb.
Lactation, during. Sep. (during).
Liver derangement. Chel., Puls.
Leucorrhea, with. Bov. (thick, acrid or corrosive greenish-yellow)
Melancholy, with. Aurum.
Menstruation. Berb. (scanty or suppressed); Bell. (worse during); Bov. (worse after); Calc. c. (worse before); Con. (after supp. of); Graph. (tendency to delayed); Kali carb. (worse during suppressed); Kreos. (worse after); Puls. (absent); Sars. (worse during); Thuja (worse during); Ver. alb. (worse before).
Mercurialization, with. Kali iod., Mez., Nit. ac.
Obesity, with. Graph., Kali bi.
Old Maids. Con.
Onanism. Aurum, Phos. ac., Sep.
Ovarian derangements. Cimicifuga.
Pallor, with. Puls.
Potassium iodid, overdosing with. Aurum.
Pregnancy, during. Bell., Sab., Sep.
Pulmonary troubles, with. Kali carb.
Rheumatic persons, in. Led., Rhus.
Scrofulous. Bar. carb., Brom., Calc. c., Con., Iod., Merc., Mez., Sil.

- Scurvy, with.** Nat. mur.
Sedentary habits. Nux vom.
Sexual excesses. Calc. c. (worse after); Rhus (addicted to);
 Thuja (worse after.)
Slender persons. Puls.
Smoking, worse from. Brom.
Spermatorrhea, with. Phos. ac., Rob. (nocturnal emissions.)
Syphilitics, in. Aurum, Merc., Kali iod.
Undressing, worse when. Asimina, Rumex.
Urinary troubles, with. Berb.
Uterine derangement, with. Cimicif.
Vaccination, following. Sepia.
Weakly persons. Phos. ac.
Wine-drinkers. Bar. carb., Sil.
Women, delicate. Bov.
Young people. Bell. (full-blooded); Iod. (brunettes).

* * *

This repertorial arrangement is, naturally, not complete, but it will be found practical. Someone else might work out an "eczema" repertory.

JUGLANDIN.

BY JAMES BURKE, M. D., Manitowoc, Wis.

Juglandin is a resin derived from the bark of the root of *juglans cinerea*, the common butternut. As supplied by Merck, it is in the form of a brownish powder, of a saline and slightly bitter taste. It is freely soluble in alcohol, little soluble in water, not at all in ether. Juglandin closely resembles iridin in its action on the enzymes and protoplasm of the cells of the digestive ferment producing glands; it resembles rhein when it is given in laxative doses. Juglandin is composed of one, or more, proteid substance whose affinity is for the toxins produced by a temporary catalysis of the digestive glands; in most cases of disturbed ferment action of the cells of these glands, other entities of proteid origin are necessary to neutralize their cognates in the toxin content in the walls of the stomach and bowels; such as emetine, hydrastine, iridin, colocynthin, chionanthin, or podophyllin, as may be indicated by abnormal symptoms.

Juglandin manifests the virtues of the astringent aromatic bitters; its mild action in doses sufficient to produce laxation or purgation is in proportion to its less aggressive chemical affinity, for the elements of the tissues of the bowels, necessary to make of it a complete excretory product.

The proper way to get the best therapeutic action of juglandin, on the cells of the ferment producing glands of the stomach and intestines is to clear the lumen of the bowel of its fermenting contents by the proper concentration of some saline laxative; rid the walls of the stomach and intestines of the proteid toxins lodged there by giving the indicated cognate active principles of vegetable origin; in the meantime prevent further fermentation of the bowel contents by the requisite amount and concentration of the sulphocarbolates, acetazone or alphazone, or other suitable antiferment, thus preventing further gaseous distention of the bowels and allowing the walls of the bowels to resume their normal thickness, and promoting a better exchange of the blood and fluids to the numerous glands. When this is done juglandin can be economically employed to neutralize cognate proteid poisons in the environs of the glands; the concentration and quality of the digestive fluids will, now, be able to give the juglandin the reversion and finishing touches to make it an acceptable agent in chemically uniting with the incomplete excretory products resident in the glands. The action of any proteid medicine introduced into a non-functionating alimentary canal, if absorbed into the general circulation, must be, to a certain extent, vicariously acted on by the blood and other tissues in the effort to harmonize the chemical construction of the foreign proteid (medicine) with that of the host's tissues; this vicarious action is identical with the process of immunization against and cure of bacterial infections by the injection into the tissues, of the curative sera and vaccines. The latter have the plant alkaloidal content from the macerated protoplasm of the bacteria used in the preparation of the serum or vaccine.

The bacteria are microscopic plants which must have a suitable soil on which to grow, to manifest in the human organism, the chemical and physical disturbances termed disease; these organisms in the ordinary course of nature must have a natural habitat, outside the living animal organism; and their invasion of an already sick animal organism is but an incident in their perpetual existence. The toxins they produce in the living animal organism are, also, but an incident in the cycle of existence of the invaded animal. The alkaloids of bacterial production have their synergists and antagonists in the alkaloids of the higher plant life, hence a study of the action of either on the human subject, adds to our scientific knowledge of both. Clinicians point out that juglandin exercises a salutary effect on the liver and small intestines, stimulating the flow of the bile, and the activity of the intestinal glands. Duodenal catarrh with resulting inefficiency of the liver is a specific indication; in small doses in bilious diarrhoea and dysentery, caused by the chemical irritation of incomplete nerve waste, juglandin is affinitive for the waste and saturates it. It is useful in irritable, hyperæmic conditions of the bowels from the same cause. When chronicity of the condition has produced chronic constipation, juglandin or a synergist must be used to relieve.

Skin disease, whose existence is dependent on the presence in the blood of an affinitive cognate, is promptly relieved by juglandin.

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The financial stringency is one of the things of which the doctor thought not until it came and even when upon us he did not feel its full force until it began to affect the wage earner, the laborer, and the salaried worker, for the doctor as a rule has not a large bank account and the ukase of the money vender to give but a few dollars on his check mattered little to him for the bank account was small at best and a few, very few dollars would cover it all. "Let them hold on," said he.

But it is of this condition that we ponder, hard times have often come and gone and this period is no exception to the rule; the panic will not last forever and following it will come the natural healthy industrial and business reaction and together with the return of better days; then is the time to do something; for though the income be ever so small it is a good plan to make the expenses just a little bit less, and carry some money to the bank (for we have faith in these), and it is a good deal better to have some of the filthy lucre, well stored, even though you can not draw all that be in the till, than to have nothing to think of drawing.

Doctors as a rule are not good financial men and while the most of them get a fairly good start at some period of their career they get the desire for wealth and fall easy victims to the various "get rich quick" schemes, and bite readily at almost any kind of bait. The mining promoter (we have seen a few of these), the pool promoter, the bookmaker, the stock booster and a horde of fakirs, find the doctor, to use the expression of one of their number "good and easy," and as a rule "fat picking," for said this self same chap, in a burst of confidence, "we do not get very much from any one of these as a rule, for they do not have it, but they are so easy to land and you get so many of them."

If the doctor would but keep on in the way he started, retaining some of the frugal habits that were forced upon him in college days, instead of striving to outshine everybody in the town, he would do better; too much prosperity has ruined a whole lot of medical men.

Too many times he cuts off expenses at the wrong place; poor goods in his office, poor drugs, poor instruments, and poor care of himself are economies that he should not practice, and if he does it will work untold damage to him in time to come.

Financial stringencies, *i. e.*, hard times are a blessing in disguise and like most lessons are not pleasant to the student; but as for us, who see so much of the dark side of life, of suffering and despair, it will draw us closer to our work, make us more sympathetic with our brother who labors in obscure places and who often must cheer and comfort with good words and advice while he soothes with medicine and must often devise ways and means to nourish the frame while he treats the ailments thereof.

The struggle is upon us, let us do the best we can and from the present experience learn if possible a lesson for the future. A good doctor is a poor speculator, he may be a careful investor, but he does not make the most successful banker if we are to judge by the experience of those who have tried it; and while as a speculator he may occasionally draw a grand prize he is much more prone to draw a blank from the lottery.

Let the doctor keep to his own business; if he manages well the financial end of this, he is a first class man and may well leave the deeper questions of finance to others. All the surplus money that a doctor can gain from his daily practice he had best put in the bank for it is much more likely to be safe there than in a majority of investments he will make.

* * * *

A good many prominent members of the A. I. H., if we are to judge by what we read are not "stuck" on the idea of going to Oklaloa City for the next meeting of the Institute. In other words they do not feel as if they should pay much heed to the cry, "Come over and help us." Come to think of it what is the use of the annual meeting anyhow? Why not have a few of the leaders meet and decide on a given course and the rest of the rank and file follow, and—not forget to pay their dues.

But hold on; the paying of the dues is a small part of the thing, and well rewarded by the annual copy of the transactions, yet there is another thing to be borne in mind; the homeopath of the West has not all the advantages of his Eastern brother, he has not had the way so well paved for him and he is not so strong numerically or proportionately as those who practice in the East, give him a show he needs a chance to see something of the big "pow wow," have a chance to "butt into" some of the discussions and see what is going on.

If you can go all the way to California (and we hope you all will go sometime to a national meeting) you surely can go half way and lend the grace of your presence to the people of the middle West and South.

The doctors of these states should be brought together in a meeting of the Institute and interested therein, they should have the encouragement

to be gained by a national meeting among them and be enthused by the presence of those whom they admired, yet have known but afar off.

So therefore, do not try a new tack, sidetrack the meetings of some of the allied societies and talk of shifting the 1908 meeting to some other point. If these meetings cannot be popular let us change our plans and have the different portions of the country represented by delegates to a corporate body.

* * * *

The St. Louis Medical Society wants to take the Municipal Hospitals out of politics—a most laudable desire—and to accomplish this end are about to fight the devil with his own fire—that is, they propose to form ward and precinct organizations and use the power of the ballot to accomplish this change. The need of charter revision stands in the way but it is hoped that this measure can be accomplished.

Any scheme that will give to the students of the various colleges in the city better clinical facilities and more demonstrations than they now receive will be for the better; demonstrations that should be seen and could be seen by senior classes are now done in the presence of a few physicians and their demonstration lost to all save this few.

It is to be hoped that if such a change is accomplished it may not result in a monopoly for the advantage of one or even two medical schools; there should be an equable division among all the colleges, that is all should have representation and an equal chance.

It may seem a little bit funny for a medical society to come out openly and arrange for "ward heelers" etc., but this is the way to accomplish results and the men in charge of the movement well knew it, yet the Health Department is not quite ready to be put to sleep and resurrected in a new form that it knows not of; for this reason the success of the movement is by no means assured.

* * * *

The pure food law has not reformed the entire food problem, has not to any great extent reduced the trade in patent medicines and while we buy the same old stuff under a somewhat different name and pay more for it, still the new rulings do some good; not the least of these is seen in the label on some of the drugs we buy, sometimes we get a tincture and while before time we were assured by the compounder and vender of the same, that the tincture media was of pure alcohol when we know from the nature of the plant in question this could not be, we were squelched in the argument and forced to hold our peace; to-day it is a great deal of satisfaction to see this same drug tincture appropriately labeled, *alcohol 60 per cent.*

Why all this mystery in the preparation of drugs anyhow? Are they so precious that they can not be seen by the common mortal or is it feared he would become too wise and spoil the trade. There is nothing so good as a good druggist unless it be the good drugs he prepares, but what of

the baser sort who dispenses socalled tinctures of drugs that never saw a plant, who raise or lower a prescription as suits their fancy, both in the quantity and brand of the ingredients desired, who refill these same formula for Tom, Dick and Harry, dispense over the counter at every opportunity and meantime revile all those who dispense their own medicines?

What is the doctor going to do about it? What protection has he against such unless he has his own medicines and dispenses them and retains the prescription.

This the Homeopath usually does but when he has a chance, there is no reason save his own choice why he should not write his prescription and let the patient have it filled where he pleases, provided it be a reliable apothecary who does the work.

* * * *

Dr. Porter in a recent issue of the *North American* lauds the independent *Medical Journal*, and points to this as a sufficient reason against the establishing of a monthly publication for the American Institute. While it is true that the independent journal is one that cannot be well dispensed with, one that has a proper place, and one that has an immense power, still, there is another side to the question. Civilization makes it necessary that there should be social and political organizations, and if the system of Medicine under which we practice as the right one, the true one, there should be a systematic method of keeping the members of its association in touch with one-another. It is not sufficient that we should meet once a year, and that such meeting should represent but a small portion of our actual number. There are questions arise from time to time that should be brought before the members of the Institute as a whole. The old Law of ours is as true to-day as it was hundreds of years ago, but there are improved methods of its applications. In all organizations there are some few individuals who make extraordinary progress, who win extraordinary success in certain directions, and there should be some method by which reports of these successes can reach the members at large. There are other questions that should be agitated and kept continually before our members and if you wish an example, we might point to a very great disparity between the condition of our Colleges through the Country. The independent journal does a good work, a vast work, and there is no criticism to it, but we believe and always have believed that there should be some official, easy, means of communication between the members of the American Institute, some medium whereby the questions of Education, and State Registration should be kept prominently before us.

The American Institute should be a representative body and it is obvious that not all the members thereof, or even one-half of them can attend the sessions, and how much good out of a possible total can the average member obtain by paying his annual dues and get a copy of the transactions, some months after the subject matter has been read and discussed.

The Homeopathic Medical Society of St. Louis held its second meeting since the adoption of the much amended constitution and by-laws. Drs. J. Maurice Thompson, E. T. Grauer and W. N. Bahrenburg were favorably reported by the committee on new members and were by ballot elected to membership. Dr. Willis Young read the paper of the evening a clinical report of eight cases of hysterectomy operated in the past year. The discussion was participated in by Drs. Jones, McCaughan, Coffman Galloway and others. The meeting of Nov. 23rd was devoted to the report of a case of successful operation of sacculated aneurism of the external iliac artery, by Dr. W. E. Jones and a case of epithelioma of the female urethra, by Dr. J. L. Dryden.

A Few "Rifle Shot" Prescriptions is the title of an interesting reprint by Dr. F. C. Askenstedt of Louisville, in which he relates the cure of four cases, two of headaches, one of menorrhagia and one of dysmenorrhœa, That the treatment should be a scientific demonstration of Homeopathy. Dr. Askenstedt conformed to the following self-imposed conditions:

- (1) The case should be a chronic one.
- (2) In order to eliminate the possibility of mental suggestion, it should be one which has resisted non-homeopathic treatment.
- (3) Nothing but the homeopathic remedy—the single remedy, of course—should be prescribed; no palliative medicine, no change in diet or surroundings.
- (4) Improvement should begin a short time after the administration of the medicine.
- 5) The remedy should be designated, independently, by a majority of homeopathic physicians informed of symptomatology of the case—or better still—who themselves have examined the patient.

A copy of the article may be had upon application to its author.

"Drainage after operations," "Cleft Palate," both by Dean T. Smith of Ann Arbor. This last paper discusses at some length the age at which operation is best performed and presents some new features of technique applicable to some of the more difficult cases.

"Doin' any good?" asked the curious individual on the bridge.
 "Any good?" answered the fisherman, in the creek below: Why, I caught forty bass out o' here yesterday."
 "Say, do you know who I am?" asked the man on the bridge.
 The fisherman replied that he did not.
 "Well, I am the county fish and game warden."
 The angler, after a moment's thought, exclaimed, "Say, do you know who I am?"
 "No," the officer replied.
 "Well, I'm the biggest liar in eastern Indiana," said the crafty angler, with a grin.—*Recreation.*

NOTES.

Dr. Max Azzman of Chester, Illinois, recently visited St. Louis on professional business.

Dr. John W. Beare of Ellis Grove, Ill., visited St. Louis recently in the interest of a patient.

Dr. T. W. Conzelman has removed his residence to 5043 Vernon Ave., still retaining his office at 2835 Morgan Street.

Dr. and Mrs. Louis E. Schermann are receiving the congratulations of their friends on the arrival the Stork—bringing them another son.
T. R. take notice.

Dr. W. A. Wilcox has removed his office and residence to 5744 Cates Ave., corner of Goodfellow. Hours 8 to 9 a. m., 1 to 3 p. m. Phone Bell, Forest 2974.

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The following cases were presented to the various classes of the Homeopathic Medical College of Missouri during the month ending November 20, 1907, by the Surgical Department: Removal of steel from eye; circumcisions, four cases; genu varum, two cases; inguinal hernia; infection of hand; removal of foreign body from eye; carcinoma of cervix (vaginal hysterectomy); curettage (2); trachelorrhaphy; perinaeorraphy; tonsillectomy, enucleation of dermoid cyst; tenotomy (ring finger of right hand); removal of adenoids; varicose ulcer leg; punctured wound of posterior part of leg; ovarian cyst (right); colostomy (impacted feces); puncture of conjunctiva of eye; removal of adenoids; displacement of semilunar cartilage of knee.

DON'TS IN DERMATOLOGY.

The tendency to regard lightly lesions of the skin as "only some skin trouble," and then mechanically to prescribe arsenic and zinc ointment, is a common error, according to L. Duncan Bulkley, M. D., 531 Madison avenue, New York. His exhaustive lecture (*The Therapeutic Gazette*, October 15, 1907) endorses the claims of leading dermatologists that success in this department demands the best skill in applying medical art and science—in a word, that the medical man must be both an accomplished physician and an able surgeon to succeed well.

Dr. Bulkley sums up his subject in twenty-five "Dont's," which the following, somewhat abridged, appear fully to cover:

1. Don't be too hasty in positive diagnosis, certainly not from inspecting any single portion of an eruption; many a cutaneous disorder will present very different appearances in different localities.

2. Don't forget that a patient may have several entirely distinct and different diseases of the skin at the same time, one masking the other.

3. Don't neglect to keep a full history of every case, the symptoms at each visit, the effect of remedies, and copies of prescriptions given.

4. Don't fail to use a magnifying glass in studying all lesions, however good the vision; it demonstrates details in eruptions which the naked eye overlooks.

5. Don't lose sight of the value of the microscope when there is any suspicion of parasitic disease.

6. Don't forget that syphilis is a great imitator of many diseases, and in most dermatological statistics forms about one-tenth of the cases.

7. Don't exclude syphilis simply because of the absence of a venereal history, if the character of the eruption, the history and other symptoms corroborate it.

8. Don't ignore the fact of the relative frequency of "syphilis in the innocent," and don't fail to search for the present or past point of entrance of the poison by means of an extra-genital chancre, when other explanation is absent.

9. Don't overlook marital infection or hereditary acquirement of syphilis, although the latter seems to be much less frequent than in years past.

10. Don't forget, while studying the eruption, that the patient commonly requires to be studied also, to enable him to understand the proper basis for treatment.

11. Don't forget that to have a healthy skin the body must be healthy, and all the organs perform their functions in a proper manner.

12. Don't forget that the urine affords an index as to how the metabolic processes are performed; also that while there may be no albumin, casts, or sugar found in it, its chemical constitution may be far

from normal and indicate great metabolic errors which should be corrected.

13. Don't forget that the diet and hygiene may play a very important part, as contributory causes at least, in many eruptions, and that when faulty treatment may be unsatisfactory.

14. Don't imagine that arsenic is a panacea for diseases of the skin; experience has shown that it has relatively little if any effect on most eruptions, although when combined with other remedies it often does much good.

15. Don't simply give iodide of potassium when in doubt, or when a syphilitic nature is possible; if the eruption is due to syphilis it should be so diagnosed and efficiently treated with mercury also, even to the end.

16. Don't fail in your duty to syphilitics, both in guarding against the infection of others and also in securing for them effective treatment, sufficiently prolonged, to guard them against the serious possibilities of neglected syphilis.

17. Don't attempt too much local treatment in any of the lesions of syphilis; if the disease itself is efficiently treated constitutionally, there is very little need of other than the simplest local measures.

18. Don't forget that much distress, and often harm, is caused by too stimulating and irritating applications, and that the skin is a delicate organ, when the epidermis has been removed or profoundly altered by accident or disease.

19. Don't suppose that any of the nostrums advertised for commercial advantage can have virtues above the remedies known to the profession, and do not employ them, as is often done, simply as a ready-made article of hoped-for value; whatever is known to be of value should, of course, be used by the profession.

20. Don't try to have too many remedies or combinations of remedies; it is better to have a few well-known tools than a vast number with which one is poorly acquainted,

21. Don't use nitrate of silver too freely or too frequently on superficial sores; those of simple character can be often thus stimulated into an epithelioma of serious character.—*The Medical Council.*

An English professor wrote on the blackboard in his laboratory:

"Professor Wilson informs his students that he has this day been appointed honorary physician to her Majesty, Queen Victoria."

In the course of the morning he had occasion to leave the room, and found on his return that some student-wag had added to the announcement the words:

"God save the Queen."

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ADVERTISING RATES FURNISHED ON APPLICATION.

THE CHEMICAL ANALYSIS AND PHYSIOLOGIC EXPERIMENTS ON "MEATOX" THE NEW FOOD PRODUCT.

BY I. V. S. STANISLAUS, B. Sc., Pharm. D.

Medico-Chirurgical College of Philadelphia, Department of Pharmacy, Dean's Office.

August 23, 1907.

Editor Medical Bulletin, Philadelphia.

Dear Sir: Enclosed please find the report of the Chemical Analysis made by me and of physiologic experiments conducted by me upon "Meatox," a food product recently introduced by Mr. Charles Marchand, the well-known New York chemist. "Meatox," as will be seen from below given findings, is in a class by itself. It can hardly be called a "meat extract" in the ordinary sense of the word, as it represents *more food-value* than any of these. The findings given below speak for themselves.

Very respectfully,

I. V. S. STANISLAUS.

PHILADELPHIA, PA, March 28, 1907.

ANALYSIS OF MEATOX.

Upon analysis of a sample of Meatox it was found to be composed of the following ingredients and proportions:—

Moisture	4.80
Celery Flavoring (residue from alcohol extract)	2.21
Sodium Chlorid	4.56
Proteid Matter	73.54
Insoluble Matter	9.43
Total	94.54
Ash	4.96
	99.50
Loss	.50
	100.00

Submitting the enclosed analysis I take pleasure in stating that basing it on the protein content this is the most wonderful exponent of the modern nutrients extant. It is practically five times the meat value as a food, and as such will command the attention of every physiologist and hygienist interested in food products.

PHILADELPHIA, June 29, 1907.

PHYSIOLOGICAL EXPERIMENTS ON MEATOX.

Meatox is a pale yellow, granular powder, having the odor and taste of celery, with which it is flavored.

Its composition, according to my analysis of March 28, 1907, is as follows: 73.54 per cent. of proteids, 4.5 per cent of salts, and 12 per cent. of fats.

It does not dissolve in cold water, but imparts to the water an opaque color. When applied in a solution to the frog's heart it increases the rapidity of the beat for a short time, then makes the beat stronger.

The effect on blood-pressure in the human subject was noted. A man was fed on Meatox, bread and butter, water, a little hot tea, without milk, and fruits and berries with a little sugar for ten days. Blood-pressure was estimated with a Rivi-Rocci sphygmomanometer, the systolic pressure being only recorded. Before starting in on the Meatox diet, the radial systolic pressure was 115 millimeters of mercury, while at the close of the diet the radial systolic pressure was 118 millimeters of mercury.

The blood-pressure on a rabbit was taken and confirmed the rise of pressure. The rabbit was carefully etherized and a cannula placed in the left carotid artery, which was attached to a Ludwig's mercury manometer, and records of the various changes in the pressure were noted on a smoked drum of a Ludwig's kymograph.

One decigram of Meatox was macerated thoroughly with about 1 drachm of warm water and then filtered through glass wool; a few drops of warm water was added to wash out that which might remain in the filter and to make up the desired quantity.

The solution of filtered Meatox was injected into the right external

jugular vein, and the following will give result of heart-beats per 15 seconds, also blood-pressure per millimeter of mercury:

P. M.	Heart-beats 15 seconds.	Mm. Pressure.
4.00.00	45	56
4.00.30.	Injected Meatox 1 decigram (1 drachm to water)	
4.01.00	51	69
4.02.15	50	87
	Change of drums—2 minutes.	
4.04.15	51	87
4.04.30	53	93
4.05.00	54	87
4.05.30	56	83
Rabbit began to struggle while changing drums—waited until it quieted down.		
4.10.00	56	96

The effect of Meatox was tried on intestinal peristalsis. The effect was studied after the method of Professor Magnus, of Heidelberg. A piece of the small intestines of about 10 centimeters in length was taken from a rabbit. This was placed vertically in a glass containing about 225 cubic centimeters of a modified Ringer fluid kept to the temperature of 37.5° C. One end of the intestine was attached to an L-shaped glass rod by means of an S-shaped pin hook, and the other end to a Porter's heart lever slightly weighted.

Oxygen was allowed to pass through the solution all the time. Before the Meatox was added contractions were recorded, to get about as near normal contractions as possible. About 2 decigrams of Meatox were then added, and it was noted that the tonus of the contractions increased but the frequency remained about the same (Plate 6.) When larger doses of Meatox were added to the intestine the frequency became a little slower, but the tonus and force of contractions increased quite markedly.

The effect on voluntary muscles was studied by soaking the gastrocnemius muscle of a frog in a watery solution of Meatox. The muscles were allowed to soak in this for various lengths of time, ten (Plate 7) or fifteen minutes being the usual periods (Plate 8).

The recording of the effect of a maximal break electric shock was noted on a smoked drum by means of a Porter's muscle lever and moist chamber. The muscles contracted very rapidly. Both the systole and diastole were very rapid, and when a strong tetanizing current was added it was noticed that the contractions became stronger after the current was on for a few seconds. Return to the normal was gradual. From this it appears to assist in muscular contraction.

The above deductions convince that Meatox as a concentrated food, is an easily digested, assimilated, and sustaining condiment. It is the first in the field of foods as a true, highly-organized proteid food. Acknowledgment is here made of the valuable assistance rendered by Joseph F. Ulman, M. D.

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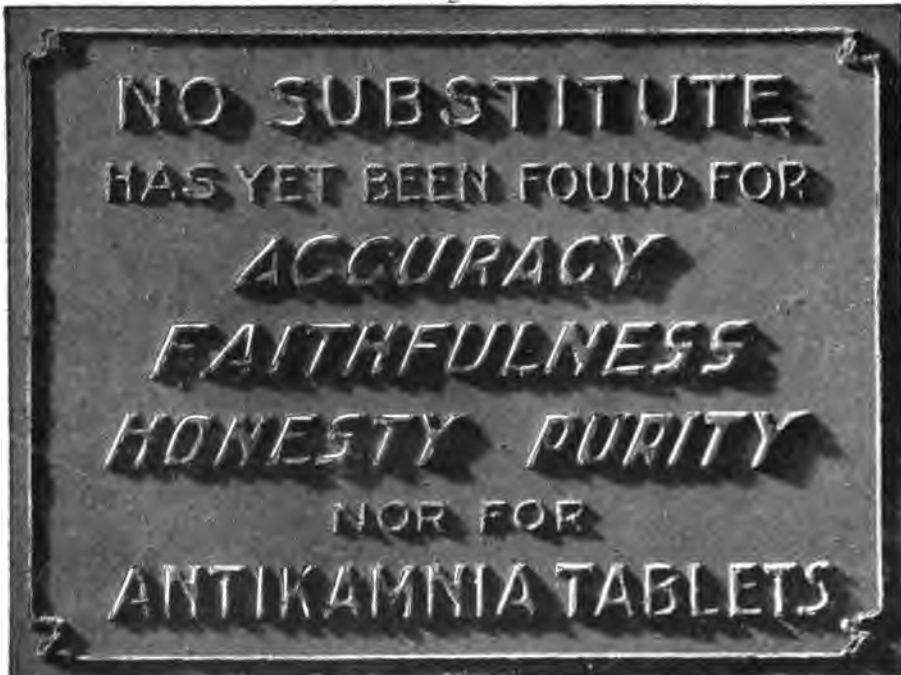
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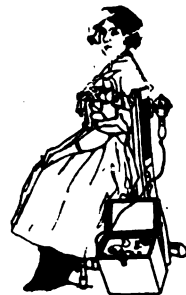


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