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Index to Volume XXVIII

- A Homœopathic Echo from Canada, 196.
A. I. H., Denver and the West, 337.
A. I. H. Onward, 539.
A New Homœopathic Journal, 364.
A Real Old Problem, 387.
Acne (Grubbe), 405.
Aconit, The Story of (Bradford), 3.
"Active Principles," 31.
After Dinner Talks (Coz), 511.
Agaracin in Cataract (Allen), 105.
Alcoholic Drinks, 130.
Alternation (Freeman), 74.
Alternation in Three Tongues (Boger), 73.
Alternation, 153, 156, 274.
Alternation of Drugs (Freeman), 17.
Alum for Rattle Snake Bites, 205.
Anti-Germ Theory Society (Tisdale), —.
Antitoxin (Freeman), 466.
Any Port in a Storm, 172.
Appendicitis, 151, 186.
Appendicitis Treatment Without Operation, 151.
Arsenic Symptom, An, 237.
Arsenicum Case, An, 78.
Aurum, 197.
Auto-Therapy, Considered from the Point of Biochemistry (Vondergoltz), 444.
- Bacteria, The Latest About, 122.
Bacteriology and Biochemistry, 565.
Bacterins (Shadd), 483.
Bacterins, A Defense of (Shadd), 506.
Bechamp, 124.
Belladonna, A Proving of, 213.
Biochemical Treatment of Cancer (Vondergoltz), 547.
Biochemical Treatment of Fever (Vondergoltz), 292.
Birth Marks (Bailey), 406.
Born of Ignorance, 128.
Bovine Tuberculosis, 193.
Breast Tuberculosis (Chislett), 406.
Bronchitis, 37.
Calcarea Carb. with Verifications (Stearns), 99.
Calculi Gelsemium, 419.
Calendula, 175, 198.
Cancer (Vondergoltz), 547.
Cance, Cause of, 137.
Cancer Skin (Grubbe), 405.
—— Latin, 430.
Catheter and Apis, 175.
Causticum, 197.
Causes, 180.
Central Hom. College of Calcutta, 316.
Cerebro Spinal Meningitis, Symptoms of, 129.
Chemical Smells vs. Sanitation, 331.
Children's Diseases, Some Pointers on, 178.
Chromico-Kali Sulph, Dosage (Mersch), 76.
Clinical Cases (Sieffert), 216.
Clinical Urinology (Mitchell), 409, 479.
Compulsory Medicine in Canada, 97.
Concerning the Origin of Disease, 443.
Contagious Disease in Children (Cameron), 477.
Constipation (Sloan), 503.
Council on Medical Education, A. I. H., 208.
County Kings Society, 562.
Cratægus Oxyacantha, 474.
Criticism Wanted, 35.
Crusades Against Witchcraft, the Insane and Tuberculosis (Mayo), 25.
Cry of a Child Before Delivery, 146, 366.
Cuprum in Syphilis, 131.
- Delivery in Tubercular Pregnancy at Full Term via Naturalis (Morrow), 395.
Deliver, etc., Answer (Freeman), 466.
Diabetic Gangrene (Costain), 406.
Diarrhœa, Painless Morning (Askenstedt), 405.

FEB 19 1914

87417

- Diet in Homœopathic Practice (Leonard), 349.
 Diphtheria Guard, Apis, 84.
 Diphtheria Prophylactic, 203.
 Disease, Its Cause (Pufford), 465.
 Dolchicas, 545.
 "Don'ts" in Heart Disease (Askenstedt), 475.
 Dosage, 455.
 Dropsical Patient, A, 414.
 Dysmenorrhœa (McBurney), 524.
- Earache (Lewey), 406.
 Echinacea in Typhoid, 416.
 Eczema, 152.
 Elaps Corallinus Deafness. Oppression, Phthisis, 513.
 Electrolysis—Beautifying (Grubbe), 476.
 Epilepsy (Hoopes), 319.
 Epsom Salts to Prevent Insect Bites, 84.
 Erigeron (Fahnestock), 66.
 Erysipelas (Dearborn), 404.
 Eternal Truth and Specialism (Rose), 316.
 Exit Germs, 30.
 Extra! Extra! (Pulford), 117.
- Fagopyrum, 545.
 Far Reaching Discoveries in Medicine, The Two Most, 166.
 Feeding Infants (Weirick), 477.
 Ferrum Phos., 329.
 Fœtal Serum, 189.
 Food, Symptomatology of (Powel and Hutchinson), 492.
 Fucus Vesiculosus, 80.
- Goitre, 152.
- Heart Murmurs (Askenstedt), 523.
 Hedemo (Pennyroyal), 517.
 History of Medicine, 241.
 Homœopathic Literature (Jones), 114.
 Homœopathic Pride (Moore), 255.
 Homœopathy and the Churches, 179.
 Homœopathy Has No Excuse for Existence, 49.
 Homœopathy on Proper Basis (Casseday), 110.
 Homœopathy, Some Attractions of (Read), 397.
 How the Single System Works, 171.
 How to Cure Disease, 29.
- How to Dispel the Gloom (Simson), 70.
 Humbugs, 190.
 Hyatiform Mole (McBurney), 524.
- In Spite of Every Effort He Died, 174.
 Insanity, Drugs in, 169.
 International Proceedings, 453.
 Is There Anything in the 30th, 289.
- Jingersnaplets (Pro Boni P.), 402.
 Johnson Key, 172.
 Justicia Adhotoda, 516.
- Kali Bichromicum (Vandenberg), 541.
 "Kill and Curing" (London Truth), 54.
 Kings Co. Society, 205, 321, 365, 469, 561.
- Laboratory Technique (Toren), 407, 477, 525.
 Latroedectus Mactaus, 211.
 Laryngeal Diphtheria (Boger), 500.
 Law of Nature, To Test a, 278.
 Let Your Light Shine, 148.
 Letting Down the Bars, 126.
 Locked Out (Kroh), 67.
 Looking to the Future, 473.
 Loosening Bandages, 38.
 Lumpy Jaw, 174.
- Malaria and Tuberculosis, 532.
 Medical Conservatism (O. K. L., A. P.), 464.
 Medical Trust, The, 470.
 Mental Case, A, 414.
 Mercurius Oxydatus Niger (Morrow), 266.
 Method of Aborting Typhoid Fever (Swingle), 312.
 Misocania in Medicine (Rose), 352.
 Missionary Work, 35.
 Mixing Incompatibles, 369.
 Morbid Anatomy, The Passing of, 1.
 Mysticism, The New, 182.
- NEW PUBLICATIONS.
 ADAMS. Domestic, 281.
 BERNSTEIN. Carbon D., 229.
 BOERICKE. M. Medica, 38.
 CARLETON. Hom. in M. and S., 325.

- CULBERTSON. Law, 133.
 DAVIS. Doctor Bills, 326.
 DEARBORN. Skin, 481.
 ELLINGWOOD. Pregnancy, 177.
 PETTY. Narcotics, 326.
 RICHBERG. Eat, Drink, 371.
 ROSE. Russian Campaign, 176.
 SUDDER. Specific, 132.
 STANDARD Dictionary, 574.
 STEDMAN Dictionary, 85.
- Neuralgia, Supposed Facial
 (Doxey), 477.
 Number of Drops in 30 Potency
 (Banta), 120.
- OBITUARY.
 Arndt, 82.
 Cushing, A. M., 36.
 Delbridge, 165.
 Knapp, 62.
 McClelland, 566.
 Miller, 567.
 Whaley, 164.
 Whitworth, 323.
 Woodruff, 82.
- Obstetrical Forceps, —.
 Obstetrics, A Question of (Free-
 man), 509.
 Obstetrical Pointers (Befan), 477,
 522.
 Office Practice, etc. (Burnett),
 270.
 Olive Oil, 32, 173, 518.
 Olive Oil in General Practice, 32.
 Onward, Medical Soldier, 189.
 Osler on Education, 491.
 Ozone, 533.
- Penile Pain (Wieland), 406.
 Pennyroyal, 517.
 Permanganate of Potash in Dipht-
 heria, 520.
 Petroleum (Hutchinson), 16.
 Phosphorus in Surgery, 196.
 Pneumonia. Infantile (McGeorge),
 242.
 Poliomyelitis. Epidemic, 142.
 Post Hoc Ergo Proper Hoc, 181.
 Post-Operative Tonsillar Hæmor-
 rhage (Street), 404.
 Potency, 60x. A Test of, 145.
 Potency Evolution (Bayliss), 450.
 Potency Question, The, 52, 273
 Prevention vs Cure, 185.
 Primula Obconica, Proving (Staun-
 ton), 458.
 Pro Bono. P. and his Comments,
 363.
- Psoriasis (Blackmar), 476.
 Pruritus Senilis (Bernstein), 545.
 Pure Milk and Confidence, 34.
- Radium (Yingling), 388.
 Rats and the Plague, 237.
 Rattle Snake Bites (Reed), 318.
 Remedies in Infantile Pneumonia
 (McGeorge), 242.
 Renal Therapeutics (Mitchell),
 410, 480, 526.
 Rhus Poisoning, Salt, 370.
 Rochester. Things Doing in, 206.
 Roentgen Ray in Dentistry (Sim-
 mons), 404.
- Sea Sickness, Treatment, 528.
 Serum Therapy (Staunton), 457.
 Shock, Surgical, 37.
 Shucks (Hintz), 22.
 Skiagraph in Surgical Diagnosis
 (Hunter), 524.
 Sore Throat Specific (McBean),
 523.
 South Dakota Society, 411.
 Specialists' Department (Mitchell),
 403, 475, 522, 568.
 Spondylo-Therapy and Hypericum,
 155.
 Stannum Indications, 37.
 Statistics, 517.
 Successful Prescribing (Varney),
 390.
 Sumbul, 23.
 Sweat, Fetid, 37.
 Symphytum, 196.
 Symptomatology of Food (Powel
 and Hutchinson), 492.
 Synovitis, Sub-Acute, 60.
 Syphilis Treated with Distilled
 Water, 281.
- Vaccination, Variolinum and Thuja,
 81.
 The Law, 222.
 The Proof of the Pudding, 171.
 Therapeutic Notes from California
 (Gobar), 110.
 Therapeutic Psychology (Parker),
 62.
 Thiosinamine, 76, 150.
 To Test a Law of Nature, 279.
 Tonsillitis (McBean), 523.
 Tuberculin Tests, 429.
 Tuberculosis, 531.
 Tuberculosis, Stamping Out, 383.
 Tuberculosis, The Origin of, 184,
 215.

- Typhoid Vaccination, 483.
Vaccine, Etiology of, 382.
Vaccination, 214, 485.
Vaccination, Sore, 367.
Vaccines and Tuberculin, 488.
Vaccine Therapy, 531.
Vaccine Therapy Given a Blow,
291.
Vaccine Therapy, The Reductio ad
Absurdum, 417.
Vaginal Hæmorrhage (Wharton),
523.
Virginia, Letters and Papers from,
60.
Vondergoltz Expresses His Opin-
ions, 401.
Voices, Hearing, Nitric Acid, 173.
Why We Get Sick (Holmes), 274.
Wiley, Dr., and Diphtheria Figures,
137.
X-Ray Dermatitis (Bailey), 522.

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“THE PASSING OF MORBID ANATOMY.”

After reading the fine oration, “The Passing of Morbid Anatomy,” delivered by Sir James F. Goodhart, Bart., M. D., Aberd., LL. D., before the Royal College of Physicians of London, on St. Luke’s Day, 1912, and printed in the *Lancet*, of Oct. 26, one is forced to the conclusion that scientific medicine, is only scientific in realizing that what it knew in the past, but teaches today in its colleges, isn’t true. This is a curious state of affairs, but nothing else can be drawn from Sir Goodhart’s oration. It would take too much space to go through this long paper for proof of that assertion, so let one quotation suffice for the whole. Said Dr. Goodhart:

“And pathology is still shifting. We have not yet reached finality. Even bacteria are probably results and not causes; they strive with or cancel one another to ulterior ends, and we are gliding on in advance of the most painstaking morbid anatomy.”

Now here you will observe is a declaration that the teachings of the schools for the young medic to-day are probably not true. Do not the text-books declare that the bacteria are the “sole and only” cause of disease. They surely do, and isolate, quarantine, disinfect, fumigate and set aside “carriers” in consequence on whom they find the effects of the unknown cause. They spend millions on “wars” against the effects of disease under the erroneous idea that they are “fighting” causes—if Goodhart is right. It seems as if the discoveries made by the real investigators, which are curious and suggestive of unknown things, were seized upon by others and made to serve as a foundation for theory, which is adorned as medical science from which are evolved civil laws with much power.

If these gentlemen will declare the orator of the Royal College to be a dreamer and false scientist that will put another phase on the matter.

We said above that one quotation would suffice, but the matter is too rich for that. Here is another for the gentlemen who say they are scientific physicians—on the theory that bacteria are causes: “To-day a broader view of physiology would teach that pain is no certain indication of any existing morbid anatomy; that its intensity is always subjective, individual, aloof from standardization; and it is evident in such *chronic pain* one needs to recreate the nervous elements, or to instill them with some electrode that shall reset the spring of the machinery in motion and guide it smoothly on its life long bent.” And to this he adds: “Nor, though it has been the quest of æons, does *this* seem to be inexorably beyond the knowledge of the future.”

Now it seems to us that in old Homœopathy this quest of æons has been found. The man who really knows Homœopathy knows that at times pain and disease vanish before his infinitesimals in a way that seems miraculous. He cannot scientifically explain how it is done any more than can the investigators of the Goodhart class tell how the pain and disease originated, but because he cannot the learned ones of scientific medicine laugh him to scorn. Yet judging from this, the latest from the temple of what is really scientific in medicine, they are the ones who are in the dark, for it looks as if the old homœopath and those in the inner shrine have unwittingly met. The one admits that he cannot account for pain, and the other does not know how he removes it. It would be curious to see the pioneers of what is real in scientific medicine, and the old “back-number” homœopaths emerging together in the vanguard of medical science; to see the *Organon* in the inner temple.

Anæmic; very weak ankles: *Natrum carb.*

Very much worse from lying on the left side: *Ptelea.*

Sabadilla is a neglected remedy in “colds;” just look it up.

Pains in the stump, or after amputation: *Hypericum.*

Furious congestive headaches: *Melilotus.*

THE STORY OF ACONITE.

Aconitum Napellus, Monkshood, Wolfsbane,
Helmet Flower, Blue Rocket.

By Dr. T. L. Bradford.

The origin of this most valuable medicine and virulent poison is lost in the mists of the past. In the last exploit of Hercules he went down with Mercury and Minerva into the lower world and obtained permission from Pluto to carry the three-headed dog Cerberus to the upper air, provided he did it without weapons. When the Hell-Hound Cerebrus was brought upon the earth the froth from his mouth scattered upon the ground and from it sprang this deadliest plant AKONITOS.

The old Greek chronicle states: "For it is related that Cerberus being born could not endure the rays of the sun, and vomited, and from the vomit sprang the plant. But the Acheron is a river in Heraclea in Pontica, where Hercules led out the dog from Hades, and the hill is called *Akonitos*."

Paulus Aeginita tells us that they who eat the honey of Heraclea, of Pontus, experience the same symptoms as they who have drunk of wolfsbane, and that the same remedies are applicable. Xenophon in the *Anabasis* (iv. 8) says that the Pontic honey produces madness. Aristotle, Pliny, Diodorus, Siculus and others confirm it. So deadly was the Aconite plant upon the hills that even the honey that the bees pilfered from the blue hooded blossoms of the *Akonitos* was lethal.

In the *Alexipharmaca* of Nicander: "But know the bitter Aconite, deadly to those eating it, but the Acheronian banks bear it."

Ovid in the *Metamorphoses* (vii. 515) tells us that Medea, the sorceress, who had fled from Corinth and became the wife of Ægeus became jealous of Theseus his son, and persuaded Ægeus to give the son a cup of poison.

"For him a bowl of deadly Aconite she drugged,
From Colchis brought, and from the jaws distilled
Of that fell hound Echidna bore, whom erst
Up through the darksome pathway cavernous
That slopes to hell, in adamantine chains,

Struggling with vain averted eyes to shun
 The noontide beams, Alcides* dragged to-day,
 Furious, with triple howl, and scattering white
 Around his rabid foam, that where it fell
 Coagulate, from the fat and fruitful soil
 Sucked nurture, and in growth of baneful herb,
 Potent for ill upsprang—which from the rocks
 The shepherds cull, and call it Aconite.”

Diodorus Siculus hath it that Hecate, the goddess of witchcraft, discovered Aconite :

“She being skilled in the composition of deadly poisons, was the first to discover the plant called Aconite, and was accustomed to make trial of the efficacy of every poison by mixing it with the food set before strangers.”

Pliny, the ancient naturalist, ascribed the discovery to Hecate. There is a legend that Aconite came from the corrupt matter flowing from the wound in the body of Prometheus. A plant growing in Heraclea a city of Greece, near a place of cliffs called Aconas, was from this fact called Aconite.

Some have fancied the name was derived from the Greek word *ἀκόνη*, a stone or whet stone, because the plant is to be found in stony places, or because it was found beside the stone used for sharpening instruments. Others that it is from a privitive, and *κονις*, dust, because it grows among rocks where there is little soil.

Napellus is derived from *napus*, a turnip, its root resembling a turnip.

It is presumed by some that the term *Aconitum* was used to signify any very virulent poison. Dioscorides named it *Cammaron* from the cruel death it produced; *Pardalianchus*, pard or leopard killer; *Theripponon*, or brute killer; *Cynoctonon*, or dog killer; *Lycocotonon*, or wolf killer; hence the name, *wolfsbane*. *Cucculus monachi*, monkshood. Up to the 18th century Dioscorides seems to have been considered the authority upon Aconite, and his statements were copied without question.

Dioscorides Pedacius, of Arazarba, afterwards Cæsarea Augusta, in Cilicia, was really the father of modern medical botany. He was a contemporary of the naturalist Pliny. He followed

*Alcides, *i. e.*, Hercules.

the armies over the world to personally examine the natural products of different countries. He wrote a materia medica in which he described about 700 plants, giving their botanical characters, modes of action and methods of preparation. He treats of drugs taken from the animal and vegetable kingdom. There were crude drawings of plants. The book was in the form of a dictionary. But five books of his writings are extant; three on materia medica, two on fish and venomous animals. For 1,500 years after this, the first century A. D., Dioscorides was the only authority on materia medica. As late as the 16th century it was believed that there was not a plant that grew in Germany, France or England that had not been described by Dioscorides.

Theophrastus, 371 B. C., is the first author who describes this plant called Aconite. He gives two species, both growing as grass. Dioscorides gives two species of Aconite. The first—leaves three or four, like the Cyclamen or cucumber; stalks a cubit length; roots like a scorpion's tail. The second—leaves like those of the plane tree, but divided by deeper indentations; smaller and darker stalk, like the fern; height a cubit or more; seed in pods, somewhat oblong root a dark color, and representing the cirri of the animal called *Squilla marina*. This second sort mentioned by Dioscorides is probably our *Aconitum napellus*. It is said that huntsmen dipped their arrows into the juice of this plant when hunting wolves, hence the name wolfsbane. Dioscorides thus refers to its poisonous qualities:

“The roots are employed for catching wolves, placing them in pieces of raw flesh, which being eaten by the wolves, they kill them.”

The poisonous properties of Aconite have been used by the poets. Shakespeare in *Henry IV.* says: “Though it do work as strong as *Aconitum*, or rash gunpowder.” There are many varieties of this plant designated by the older writers, the *napellus*, *neomontanum*, *cammarum*, *ferox*, *variegatum*. Merat in his *Dictionary Universel de Matiere Medicale* also mentions *aconitum salutiferum* with also the other varieties.

Aconite is of the Botanical genus *Ranunculacæ*, and it is likely that the plants known to the ancients under the name Aconite were Hellebore, *Doronicum*, etc. Pliny's aconite is thought to be the *Ranunculus Thora*. Gray gives but three varieties: *A. uncinatum*, *A. reclinatum* and *A. napellus*.

Fleming writes:* “The *Aconitum napellus* belongs to Linnaeus’ class and order Polyandria Trigynia, and to the order and suborder Ranunculacæ Helleboræ of Decandolle. Much difficulty has been experienced by botanists in arranging the numerous species and varieties of the genus to which it belongs. Decandolle has included all the varieties at present known, amounting to 107, in 22 species, which he has classed under four sections, viz., Anthora, Lycoctonum, Cammarum and Napellus. They are for the most part tall herbaceous plants, with yellow, white, and sometimes variegated floral envelopes. They flower in May, June and July.”

Through the Dublin and London College adopted the *A. paniculatum* as the variety used by Stoerck in his provings, yet Fleming asserts that it is “perfectly inert.”

Botanical. Gen. Char. Sepals petaloid, irregular, deciduous or withering, the upper sepal concave, and helmet shaped. Petals 2, on long stalks, prolonged at the apex into a bag hidden beneath the helmet.

Spec. Char. Stem always quite simple. Leaves completely divided to the base into wedge shaped lobes, which are 3-fid; their segments being also slashed, linear and acute, usually callos at the re-entering angles. Raceme cylindrical, quite simple. Flowers deep purple, hairy. Helmet semicircular, gradually ending in a point. Wings hairy inside. Ovaries 3, smooth.

Root formed of two parts, a tapering root-stock and one or more pyriform tubers, attached by narrow necks to its upper part. From both proceed numerous fibrillæ of dark color and woody texture. The root-stock seldom exceeds, at its upper part, the thickness of the middle finger. It is of a very dark brown or even black color externally. Its internal texture is white and soft; on the approach of autumn becoming succulent and spongy, after which it rapidly decays. A longitudinal section shows a cavity of variable size, divided into cells by transverse septa. The tuber is more active immediately after the period of flowering.

Fleming deducts: “First, that the root is the most eligible part of the plant for medicinal use, both on account of its greater activity and also from the ease with which it may be obtained

*A. Fleming. Inquiry on Aconite, p. 3.

in large quantity. Secondly, That the leaves ought to be gathered before or during the flowering season, and the tuber soon after it."

The antidotes for aconite are vinegar and other acids.

It is pretty certain that Hahnemann used the *napellus* in his provings. The *neomontanum* and *napellus* have similar lethal properties, and Hahnemann and his predecessor, Baron Stoerck, doubtless experimented with these two varieties. All the varieties are poisonous though in different degree.

Diogenes Laertius states upon the authority of Eumelus that the philosopher Aristotle killed himself with a draught of Aconite. Pliny says it proves fatal when applied to the genital organs of women.

Dr. Dudgeon tells us that: "In India the roots of all the species, viz., *A. ferox*, *napellus*, *palmatum*, *luridum*, are sold in the bazaars under the name of *bikh*, or *bish*, from the Sanscrit, *visha*. The Hindoo *bikh* or *bish* is the generic word for poison. In Madras the aconite root is called *nabhi*, an abbreviation of *vasanabhi*, which represents *vatsanabha* (calf's navel), the Sanscrit name of this plant."

It is the opinion that while Aconite is fatal to all kinds of animals as well as to mankind, yet the degree of poison differs in the different species. Teste in his *materia medica* says: "Aconite is supposed to be fatal to every species of animals. If given to wolves, dogs, cats or rats, even in small quantities, it destroys them in a few days and sometimes in a few hours. According to Scopoli, a decoction of its root kills bedbugs, and if mixed with butter or milk, kills flies as effectually as an arsenic solution could do. I do not think it affects herbivorous animals as much as carnivorous. It is true that some authors pretend having seen oxen and goats poisoned by the fresh leaves of the plant. On the other hand, Linné affirms that horses eat the leaves when dried and mixed with other food, without any inconvenience. Giacomini says that animals avoid aconite when they find it on pasture grounds. It acts like a violent poison on every species of animals. It is said, however, that horses, goats and sheep eat it without hurt."

Haller relates that in Poland, Russia, Lapland, the *A. napellus* is considered harmless, and Lucrisis says it fattens geese and

quails, while some other varieties are said to be eaten as a salad in Sweden.

The huntsmen in the mountains of Greece sprinkle the juice on their arrows. Calpurnius Bestia was accused of killing his wives by Aconite. As a poison to man there is ample evidence. The tyrant Agatharchus killed many of his people with Aconite. It is said that Clearchus, of Heraclea, killed many of his guests by giving them Aconite. The juice of Aconite formed the poison cup presented to the old men of Ceos, when they were no longer useful to the state. Aconite was also used by many barbarous nations in poisoning the streams and wells of their enemies. Dr. Wallich states the attempt was made in the Nepal war, at Hotonura. Some have asserted that the plant is poisonous when held in the hand, and the effluvium from the full grown flowers is said to be deleterious.

Galen says: "Aconitum pardalianches possesses the property of putrefying and is a deadly poison, and, therefore, to be avoided in food and drink; it is proper also for corroding the parts outside the mouth and anus. The root is the part of the plant to be employed for this purpose. The variety as *Lycotconon* also possesses properties similar to the other, but is particularly poisonous to wolves, as the other is to panthers."

Avicenna says: "It causes hæmorrhage from the nose and bloody expectoration, and speedily proves fatal to dogs. The person who partook of both kinds (of the Aconite) was affected with swelling in the palate, uvula, gullet and trachea, and dryness accompanied by swelling; a smoky vapor arose from his mouth, and heaviness of the tongue and a tremor of the temples set in, and afterwards, tremors, spasms, obscuration of color and suffocation. This took place with a rumbling in the belly and with a great deal of flatulence, and the person drinking the poison experienced, as often as he wished to go or move, dizziness and cloudiness of vision, with humor in the eyes, and his breast was heavily oppressed."

Pliny employed it in diseases of the eyes.

While the old physicians were cognizant and fearful of the effects of Aconite it was not until the 16th century that any scientific efforts were made to establish its poisonous effect upon the human body. Scribonius Largus, Aetius and Avicenna say

that Aconite causes inflammatory swelling of the lips and tongue; the eyes are forced out of their sockets, vertigo, swooning, sinking together of the legs." Peter de Albano: "Swooning, pulselessness, gradually all the limbs become black, the whole body swells, the eyes project, and the tongue hangs out of the mouth."

Claudius Richard poisoned a robber, who had been condemned to death, at the command of the Emperor of Austria, in 1524. Dose, 1 drachm. Immediately oppression of the chest set in; stomachache; vertiginous dimness of vision, without alteration of the pulse; great weakness; vomiting attended with anxiety; pain in the occiput and neck; transient delirium, during which he whistled upon a leaf. When the delirium passed away he complained of pain in the stomach and head, in the jaws, chest, and here and there in the joints; after the lapse of seven hours all his joints were painful. The abdomen swelled as if tympanitic or dropsical; the hypochondria were tense, hard and painful to touch; stitches in kidneys; retention of urine. One arm and leg became paralyzed; pulse often intermitting and febrile. During the day he vomited and purged several times, and complained constantly of aching and coldness in the stomach as if a stone lay there. To the astonishment of all he was finally attacked with so frightful, painful inflammation of the eyes, with lachrymation, that he rather wished himself dead than to be forced to endure such agony long. In the course of eight hours more all signs of poisoning ceased, and the next morning he was quite well and remained so. In 1561 Matthiolus poisoned a condemned robber with Aconite. Dose, 2 drachms. The result was death. He gave one drachm to another who recovered.*

*For an account of various poisonings by Aconite, see *North American Journal of Homœopathy*, Vol. III., p. 133. A. Teste. *Hom. Materia Medica*. Philadelphia, 1854. p. 491. *British Jour. Homœopathy*, Vol. XIV., p. 670. "Aconite," by R. E. Dudgeon, in "*Materia Medica, Physiological and Applied*. London. 1884." Hempel. "*System of Materia Medica*." 1859. p. 87.

REIL, W. "Monograph on Aconite. Its Therapeutic and Physiological Effects, with Its Uses. Trans. by Dr. H. B. Millard. New York. Radde. 1860."

FLEMING, ALEX. *Inquiry Into the Physiological and Medicinal Properties of the Aconitum Napellus*. London. John Churchill. 1845."

In 1762 Anton Von Stoerck, a Viennese physician of learning and celebrity, employed at the Austrian court, published a little Latin pamphlet with the title: *Libellus quo demonstrator Stramonium Hyosciamum, Aconitum non solum tuto posse exhiberi usu interno hominibus, verum et ea esse remedia in multis morbis maxime salutifera. Vindobonae, 1762.*

Stoerck made some careful experiments with practically a minute and attenuated quantity of Aconite and noted the results. He says: "Take extract of Blue Monkshood, two grains; white sugar, two drachms; mix and grind them together for a long time in a marble mortar, to the finest powder."

He took six grades of this powder, and increased the dose to 20 grs. for 14 days, and deduced: "This powder promotes sweat. It caused no disorder in me, and may safely be given to my patients in small doses. It seems adapted to diseases in which the peccant matter may be expelled by the sudoriferous ports or emunctories."* It will be seen this was really a proving, the first ever made.

Baron von Stoerck found Aconite useful in scirrhus, pains in joints, ulcers, intermittent and quartan ague, gonorrhœa, neuralgia and rheumatism. Since this first little pamphlet there have been many books and pamphlets published upon this valuable remedy. The Index Catalogue of the Surgeon General's Library at Washington, Vol. I., devotes three quarto pages to titles of books and magazine articles.

Loesacke was the first to introduce Aconite into the *Materia Medica* in his *Materia Medica Concentrata, &c. Dresden. 1764.* Murray, in *Apparatus Medicaminum*, recommended it; Haller, Armenann, Plenck, Gmelin, followed.

In 1796 Samuel Hahnemann, who was then investigating curative principles, published in *Hufeland's Journal*† an essay on "A New Principle for Ascertaining the Curative Powers of Drugs."

The splendid pathogenetic picture of Aconite presented in the

*This pamphlet was printed in the North American Journal of Homœopathy, Vol. III., p. 539.

†Hufeland's Jour. der praktischen Arzneykunde, Vol. II., p. 3. Kleine medicinische Schriften, Dresden. Arnold. 1829. Lesser Writings of Samuel Hahnemann Trans. by Dudgeon. London. 1851. Same. New York. Radde. 1852.

Essay of 1796 is worthy of presentation. Hahnemann says: "The monkshood (*Aconitum napellus*) excites formicating, also acute tearing in the limbs, in the chest, in the jaws; it is a prime remedy in pains of the limbs of all kinds (?), and it will be serviceable in chronic toothache of a rheumatic character, in pleurodynia, in faceache, and in the consequences, of the implantation of human teeth. It causes chilling pressure in the stomach, occipital headache, shootings in the kidneys, excessively painful ophthalmia cutting pains in the tongue; the practitioner will be able to employ these artificial diseases in similar natural diseases. It has a peculiar tendency to produce giddiness, faintings, debility, apoplexy and transient paralysis, general and partial paralysis, hemiplegia, paralysis of particular limbs, of the tongue, of the anus, of the bladder, obscuration of vision and temporary blindness, and ringing in the ears. It is also just as serviceable in general and partial paralysis of the parts just mentioned as experience has in a great measure proved; as a similarly acting remedy, it has in several cases cured incontinence of urine, paralysis of the tongue and amaurosis, as also paralysis of the limbs. In curable marasmus, and partial atrophies, as a remedy capable of producing similar morbid symptoms, it will certainly do more than all other known remedies. Successful cases of this kind are on record. Almost as specifically does it produce convulsions, general as well as partial of the facial muscles, of the muscles of the lips on one side, of the muscles of the throat on one side, of the ocular muscles. In all these last affections it will prove useful, as it has also cured epilepsies. It causes asthma; how, then, can it be wondered at that it has several times cured different sorts of asthma? It produces itching, formication in the skin, desquamation, reddish eruption, and is hence so useful in bad cutaneous affections and ulcers. Its pretended efficacy in the most obstinate venereal sufferings was probably only founded on its power over the symptoms of the mercury that had been previously employed in that disease; and this conclusion is justified by what we know of its action. It is valuable to know that monkshood, as an exciter of pain, cutaneous affections, swellings and irritability, in a word, as a similarly acting remedy, is powerful in subduing the similar mercurial disease, and is even preferable to opium, as it leaves behind no

debility. Sometimes it causes a sensation about the navel, as if a ball rose up thence, and spread a cold feeling over the upper and back part of the head; this would lead us to use it in similar cases of hysteria. In the secondary action, the primary coldness in the head seems to change into a burning sensation. In its primary action are observed general coldness, slow pulse, retention of urine, mania; in its secondary action, however, an intermitting small, rapid pulse, general perspiration, flow of urine, diarrhœa, involuntary fœcal evacuation, sleepy intoxication. (Like several other plants that produce a cooling effect in their primary action, it resolves glandular swellings.) The mania it causes is a gay humor alternating with despair. As a similarly acting remedy, it will subdue manias of that sort. The usual duration of its efficacy is from seven to eight hours, excepting in cases of serious effects from very large doses."

Again, in 1805, Hahnemann, in the *Fragmenta de viribus* published a list of 147 symptoms of Aconite which he had observed on healthy persons after they had taken the fresh juice thickened in the sun. Following these symptoms are a few observations of others: Richard, Matthiolus, Vincent Bacon, Roedder, Moraeus, Anton Stoerck, Eberh'd Gmelin.

During the years from 1805 to 1811, when the first edition of the *Materia Medica Pura* was issued by Arnold, Hahnemann and his provers were busy. Aconite was proven by Provers G. A. Ahner, Wilhelm Gross, Feridrich Hahnemann, C. G. Hornburg, Ferd. Rueckert, Ernst Stapf, Wilhelm Wahle.

In the first edition of the *Materia Medica Pura*, published in 1811, Hahnemann gave 206 symptoms of Aconite which he had observed on himself and other healthy persons, and in addition 108 symptoms witnessed by other earlier observers. In the third edition, 1830, the list of symptoms was 541.

Experiments were made by Christison and Pereira. In 1845 the inaugural thesis of Fleming was issued. About 1840 the Austrian Homœopathic Society made some provings of Aconite. These were published in the first volume of the *Oester. Zeitschrift für Homœopathie*, and a translation was published in the *Homœopathic Examiner*, new ser., Vol. 2 (Aug., 1846). The first drug tried by these provers was Aconite and the provers were Dr. F. H. Arneth and Adolph Gerstel.

Since that time the pathogenesis of Aconite has occupied the first place in all the materia medicas of the homœopathic school and numberless papers and pamphlets and books have been written about the remedy.*

In the earlier days of our school when so many of the best of the allopathic physicians were gladly turning to Homœopathy as something more scientific and certain than the moss grown practices of blood letting, salivation and counter irritation, the great value of Aconite in controlling inflammation was quickly recognized. It became one of the most commonly used and greatly valued of remedies. And when in the years from 1835 to 1850 the system of Hahnemann had been introduced into nearly all the states and the people had discovered its usefulness and also when there were far too few homœopathic doctors to supply the demand an effort was made by certain homœopathic physicians to educate the people and to assist them by the publication of books for the layman. Books on domestic practice. Hering published such a book in 1835. Later came the books for the family by Small, Pulte, Guernsey, Lutze, John Neisz, E. A. Lodge, Joseph Laurie, Hempel, Ellis and others. Many a mother living in the country far removed from the little pill doctor has consulted her Small's Domestic and pinned her faith upon the Aconite vial in her little medicine case when the baby woke up choking with croup in the middle of the night. In those days in many a family in the solitary farm house or remote village when ailment came, the prescription from the good mother was: "Take a dose of Aconite; that will break the fever." And it usually did, too. Nowadays it is probably the fact that while yet the mother who can not get a doctor depends and successfully upon Aconite, the doctor himself seems to have outgrown Aconite and has thought that just to give Aconite is to write himself down an amateur. Many a doctor fancies himself abstruse when he is only foolish.

The doctors who listened to the lectures of our older teachers heard the story of Aconite and realized the value of the remedy. Dr. Chas. Hempel in his college lectures devoted eight lectures to Aconite. The boys used to call him Dr. Aconite. But he

*For complete list of provings, see: Bradford's Index of Provings, Phila., Boericke & Tafel, 1901, p. 29.

knew, and his boys went out into the world with a faith that Aconite was a very sufficient remedy for many initial ailments.

It is not within the scope of this paper to go deeply into the symptomatology of the remedy. But there are certain facts regarding its use that may be mentioned.

The Aconite person is plethoric, of lively disposition, bilious and nervous constitution, brown or black eyes and hair, deep color in the face. Subject to active congestions.

Aconite affects that part of the sympathetic nervous system controlling the heart and arteries. Hughes calls it "our great febrifuge." It increases the heart action and is the great remedy for congestion of the capillaries. It affects the heart, arteries, the sensational nerves, the serous membranes, muscles, joints and digestive organs.

FEVER resulting from exposure to dry cold air, congestion of the capillaries, in a word; even if after some length of time an ailment can be traced to exposure to cold air, Aconite will cure it.

FEAR is a great keynote. Anxiety, does not know why he is afraid, but the anxiety is insupportable. This leads one to look to the condition of the heart. Children are afraid to go alone into the street, even to leave the doorstep of their own house; the patient is sure even when he has but a trifling ailment that he will die. Fear is as much a guide to the use of Aconite as tears are to the Pulsatilla patient. Fears he will go crazy.

Whatever the complaint when there is this intense fear it is well to think of Aconite.

BLOOD SPITTING when the blood comes up easily after mental excitement, coughing, exposure to dry air; this condition comes from congestion of the lungs with blood, due to irregular heart action—hence we trace the key for the use of Aconite—CONGESTION. Nose bleed of plethoric persons.

CROUP where the child goes to bed well and wakes up in the night with a cough like a dog bark and greatly frightens the mother. Aconite will relieve at once.

When the baby cries and will not be comforted and we can not see why it should cry Aconite will often relieve it.

OPHTHALMIA, particularly from cold winds. It is often the only remedy needed. Inflammation of the eye from foreign bodies, when even after the substance is removed the patient is sure it is still in the eye. Great sensitiveness to the light.

NEURALGIA of the face, congestive toothache, toothache from cold. Great sensitiveness of the scalp. Whole body sensitive; can not bear to be touched.

NUMBNESS. Tingling of various parts of the body; numbness especially of the left arm.

DENTITION difficult. Baby bites its fingers, is restless, cries, gums greatly congested.

PATIENT raises up in bed, the red face becomes pale.

AMENORRHŒA of young girls, of sedentary life, tendency of blood to head, or chest. Hæmoptysis instead of menstrual flow. Menses suppressed from fright. Amenorrhœa in plethoric women.

FAINTING. Young girls, especially at the time of first menstruation.

DYSPNŒA. When the new born baby fails to urinate Aconite will often remedy the trouble.

SLEEPLESSNESS. Patient cannot sleep, restless, worse after midnight. Lies thinking of dreadful things that will happen, that he will die.

The mental symptoms are most important. In a word, Aconite is indicated where there is fear, anxiety, primary fever, ophthalmia, neuralgia, spasmodic croup, hæmoptysis, numbness of various parts of body. Ailments from cold, dry air.

It has been said that the medicinal plant is useful for complaints common to its natural habitat. Thus the Aconite grows on mountainous regions and is particularly useful in ailments arising in cold and dry regions. Pulsatilla is of value in complaints common to low damp districts. Complaints from wet feet. The Pulsatilla patient is a moist person and the anemone grows in wet low grounds.

Like the doctrine of signatures this may be fanciful yet from the pathogeneses of our remedies it would seem to have some truth. And it is said that the plant to be the most useful must not be transplanted from its natural habitat.

If we as a school would depend more on Aconite in initial fevers instead of many of us employing the depressants donated to our notice by the pharmaceutical chemists, our patients would get well quicker and more pleasantly, and we should feel more confidence in homœopathic medicine.

And yet: Among the fearless discoveries of those great hearted gentlemen who devote their lives to the advancement of Science (with a capital S), there is an erudite Englishman (don't ye know) who has by great research and painstaking laboratory struggles discovered that after all these years in which the medical profession fondly thought that Aconite was a pretty good remedy that it is of little value. In a report to the Royal Society of Medicine of London he declares that his extensive investigations result in the dire knowledge that Aconite does not depress the pulse and that it, therefore, is of little therapeutic value. O tempora! O mores!

1862 Frankford Ave., Philadelphia, Pa.

PETROLEUM.

By JOHN HUTCHINSON, M. D., New York, N. Y.

Would you observe, study and learn the facts of medicine and of healing, do so in the laboratory of Homœopathy. This laboratory is not an artificial one: - It is normal and natural in every respect. This laboratory is the healthy human organism.

In this laboratory the life forces express themselves with absolute certainty. When their integrity is disturbed by the invasion of a foreign element, by an excess of any substance that is either native or foreign, by a force that is introduced from without, absolute expression is given by the organism in its revolt. Such expression constitutes a permanent record of fact in the laboratory of Homœopathy.

This laboratory is profoundly responsive to any experiment. The human organism is affected through diverse channels of approach. Certain conditions may either favor or retard an im-

Inhalation and olfaction offer a somewhat neglected method of investigation. The positive effect on the system of a substance thus received into the laboratory of Homœopathy is shown in the following experience. Refined petroleum or kerosene caused these symptoms in a man who uses kerosene oil to clean woodwork and incidentally availed himself of the volatile properties of this agent. The task occupied him for a day. For several days following he suffered from an unusual headache.

The man has dark hair and a dark skin. - He sought treatment for the cure of the headache, which was peculiar in type and severe in character.

The whole picture of this headache from cause to conclusion corresponds faithfully to symptomatology already on record. It perhaps adds to that an emphasis by virtue of its origin and intensity. This individual proving stands in relation to characteristic symptoms as a verification, and possibly something more.

Petroleum : A Proving.

Olfactories oppressed.

Odor of kerosene distressing, both mentally and physically.

Sense of kerosene saturation.

Sense of illness, faintness, prostration.

A sense of nausea as of the whole system, and not gastric.

Soon a pinching headache came on.

Impatient, vexed easily over slight annoyance.

Noise distressing, depressing, confusing.

Heaviness of head mornings, with pinching pain.

Spasmodic and marked sensation of pinching in sides of head.

Pinched sensation as of the sides of the head being drawn inward.

Pinched sensation extending to occiput at times.

Sensation of chilling as from wind against the head.

Numbness or woody or cracking feeling of outside of head.

Eyes itch, burn and smart.

Spasmodic sneezing, sometimes in bed at night.

Throat sore, feeling swollen and scraped.

Much thirst.

Drinking of water followed by frequent passage of urine.

Micturition accompanied by nervousness.

Sleep restless, dreamful, distressing.

78 East Fifty-fifth Street.

THE ALTERNATION OF DRUGS.

Editor of the HOMŒOPATHIC RECORDER :

In Dr. Heysinger's article advocating alternation, he asks: If the older prescribers could meet all their *Gelsemium* cases with some other drug, why can't we do the same to-day?

The answer to this is, that, fortunately for our patients, it is

now unnecessary to continue such an unsatisfactory makeshift. He might just as logically ask: Why, if the older surgeons got along without asepsis and anæsthetics, should we use such to-day?

When he says that the addition of such drugs as *Gelsemium* to the materia medica "*only adds to and muddles an already overloaded, difficult and diffuse repertory and to no purpose,*" he became the exponent of the lazy and indifferent who prefer ease and ignorance rather than an increase of knowledge and efficiency through increased effort. The logical windup of such retrograde teaching is the limitation of drug usage to the easy allopathic hexad—iron, arsenic, strychnine, quinine, calomel and salts.

He quotes Hahnemann's suggestion for the use of *Aconite* and *Coffea* in rotation for certain types of scarlatina for which there was at that time no known similar remedy; but for which the modern homœopath would give either *Lachesis* or *Ailanthus*, and therewith cure a certain percentage that would otherwise make a very slow recovery or die under *Aconite* and *Coffea*.

He says of this recommendation of Hahnemann's: "*Could any thing be more clear, comprehensive, common sense or scientific?*" That it was the only sensible thing to do at that time and under such circumstances, there can be no doubt, but that such would be a sensible thing to do at the present day, no one with a reasonable intellect would argue for one minute.

His efforts to make Hahnemann bolster up his irrational and unscientific treatise is puerile, and his effort proves nothing to the scientific mind other than that he has never developed homœopathically and is still in swaddling clothes as a scientist.

As has already been intimated, Hahnemann not only never advised alternation but was unutterably opposed to it, and condemned it on every possible occasion in no uncertain language.

Hahnemann did, however, advise the use of several remedies *in sequence* or *in rotation*, as required, when, on account of the still imperfect and incomplete state of the materia medica, one single drug failed to cure; or when a drug with a similar totality had as yet not been discovered—which is an entirely different thing to the advocacy of two or more drugs in combination or alternation as the usual procedure.

Hahnemann's frequently reiterated advice and forcible objurgations on this point, so familiar to every reader of his works,

leaves no excuse for an opposite interpretation, other than crass ignorance or wilful misrepresentation.

The assertion that "*the old practitioners were never baffled,*" even though they had to depend upon "*one-half the remedies*" which we now use, is an unwarranted assumption opposed to common sense and existing evidence.

Dr. Heysinger wishes to know "*what we are doing to make it possible for a young doctor to go to the bedside of a stricken patient and feel that he has in his hand the needed rescue.*"

We have no means of knowing how this question would be answered by the majority of college faculties, but we feel a great deal of sympathy for all young doctors and for their patients. We know of two faculties, however, namely, Hering, of Chicago, and the New York Homœopathic, where all students are instructed properly how to take the case, how to use the repertory, and how to select and use the single remedy. We know of no institution, however, which makes good prescribers and competent physicians out of those who are lazy, indifferent or mentally defective; nor where the wisdom of experience and maturity is imparted during the four-year medical course.

pression, and circumstances unlooked for often bring about a discovery of no mean significance.

Accordingly it is important to heed whatever has taken place, since the peculiar, the uncommon, and the striking facts are sure to become useful in the healing of the sick. Proper recognition of these facts and one might almost say, of these facts alone, makes the art of healing possible.

Dr. Heysinger seems to think that the remedy for ignorance, immaturity and inexperience consists of the alternation of drugs. Instead of diligent study and an effort to reach precision by painstaking practice with the single remedy or weapon, he advocates the use of many weapons at one and the same time for those who are ignorant of the use of weapons.

To demonstrate the force of his argument he describes his method of killing lions. He would follow the lion into a cave, armed with a *double-barreled rifle, two bowie knives and four revolvers*, in addition to which we would like to suggest the advisability of perfumery, insect powder and fire-crackers.

One of the chief reasons why no conscientious or intelligent homœopath is willing to consider the antiquated and unscientific

plan resurrected by Dr. Heysinger, is that abundant experience has already demonstrated its utter worthlessness.

To fully understand how this foolish plan works in practice we need only to observe its results as demonstrated in our colleges in the past.

A small coterie of really great prescribers and teachers founded a college and filled the chairs of anatomy, surgery, obstetrics, etc., etc., with the best men obtainable to co-operate with the chairs of materia medica and therapeutics. While this coterie continued in control the teaching was satisfactory, and the graduates entered practice properly grounded in the fundamentals of homœopathic science and with nothing other than their own laziness or stupidity to prevent them from attaining to a mastery of it by further study and experience.

Within a decade or two, however, the original coterie of master minds had died off and had been replaced by a clique who lacked the ability and high ideals of their predecessors and who had obtained their professorships because of nepotism and pull rather than merit. The best men for such positions were purposely kept out of the faculty because the ins wished to stay in and joined hands to keep the others out.

Now began a regime of pseudo-homœopathic instruction, suicidal alike to the college and to the entire homœopathic profession; alternation, palliation, suppression and empiricism ruled the roost; and the graduates were sent forth to battle with disease with a surplussage of weapons but with a total lack of adequate instruction in their scientific usage.

It has been the rule without exception that every homœopathic college which has begun the teaching of alternation has soon degenerated into a mere diploma mill, the majority of whose graduates soon became disgusted not only with Homœopathy but with their Alma Mater as well.

This it is which has accounted for the closing of certain homœopathic colleges and not the increased cost of modern tuition, for had there been any real good reason for their continuance, funds would have been forthcoming to carry on the work.

No alumnus or business man is ever fool enough, however, to subscribe good money to an institution for the teaching of ideas which it never really teaches or believes in.

Regarding Dr. Heysinger's statement that "*No one condemns alteration except a little coterie of more or less theoretical philosophers,*" it might be more truthfully said that none defend it except the incompetent and inefficient who feel the need of some such excuse to bolster up their self respect.

That the vegetable remedies are compounds of various alkaloïds, we admit; but they are Nature's compounds, they have been proved on the healthy and we know their capabilities—which is a far cry from the heterogeneous compounds made on the spur of the moment by the prescriber.

That by giving several drugs in alternation one is enabled to cure conditions incurable with the single remedy—is a contention unsupported by any facts and contrary to the testimony of the best therapeutic experts, who have demonstrated positively that remedies are invariably more effective when given alone.

Richard Hughes, who was a very entertaining writer, was after all only a second or third rate prescriber, in the opinion of those friends and acquaintances best qualified to judge of his capabilities.

He was intellectually incapable of ever fully comprehending homœopathic science, as is shown by his writings, which are full of technical and philosophical errors and which have done more to lead others astray by false reasoning than can be compensated for in the lifetime of several men.

More homœopaths have been converted away from Homœopathy by Richard Hughes than there ever were allopaths converted to it, through his writings.

The best that can be said of Richard Hughes is, that he meant well and that he was an enthusiastic and continuous worker for Homœopathy; but that his efforts resulted in more harm than good. No well informed homœopathic scholar ever quotes him as an authority at the present time.

Diletantism and false reasoning should always be properly branded as such whenever they attempt to pose authoritatively. Pseudo-science should never be tolerated in medicine without serious protest, because the practice of medicine is altogether too serious a business to stand for such trifling.

W. H. FREEMAN, M. D.

263 Arlington Ave., Brooklyn, N. Y.

SHUCKS.

Editor of the HOMŒOPATHIC RECORDER:

Referring to "Shucks" in the November number of your RECORDER, would state that I recalled the circumstance of one of my friends having been cured of chills and fever by a decoction of what I remembered to be corn shucks, and wrote him for a statement regarding his experience with that remedy.

From his reply I find it was not the shuck, but the leaves from the stalk that cured him. As his statement may interest you notwithstanding the change, I quote him liberally:

"About thirty-three years ago we lived in Darke Co., Ohio, and at that time the county was poorly drained, and being a low, wet, marshy land nearly everybody had the old fashioned chills and fever, and it made us shake till our teeth would rattle. The attack would come with some every day, with others every other day.

"It was the latter kind that father and I had. He would get it one day and I the next.

"On one of my well days I accidentally broke our plow, and father heard of one being for sale in a German settlement about eight miles north of our place, and on *his* well day he went there to purchase it.

"We both looked very bad indeed, mere shadows of our former selves, and this prompted the old German to ask my father what was the matter with him, and on being told, advised my father when he got home to look for the greenest corn fodder leaves (this was in spring) and make a quart of strong tea of them, and drink the entire quart in one day. This would cure his ague and he would never have it again.

"Father acted on the advice, and as the old German assured him, we never had any more ague. I never will forget the drinking of that tea; it was the bitterest and most disagreeable dose I ever tasted, but it did the work, and not alone for us, but for nearly the entire neighborhood.

"I have never heard of a failure, and hundreds of people tried it.

"The cure was perfect, and there never was any occasion to repeat the dose.

“At that time Darke Co. and nearly all the surrounding counties were noted for chills and fever.”

I am not a doctor, but have used homœopathic remedies with my family, my friends and acquaintances for some forty years, and during this time have had frequent occasion to admire the wonderful efficiency of the infinitesimal dose. My interest in the matter prompted me to subscribe to your *RECORDER* and *Envoy*.

J. O. HINTZ.

Barracks No. 20, National Military Home, Ohio.

Dec. 2, 1912.

OFFICERS ELECTED OF THE SOUTHERN HOM- ŒOPATHIC MEDICAL ASSOCIATION.

The Southern Homœopathic Medical Association at their meeting held in Richmond, Va., Oct. 15, 16, 17 elected the following officers for the ensuing year:

Dr. Wellford B. Lorraine, Richmond, Va., President.

Dr. H. E. Koons, Danville, Va., First Vice-President.

Dr. J. Burnie Griffin, St. Augustine, Fla., Second Vice-President.

Dr. Myron A. Newman, Norfolk, Va., Treasurer.

Dr. Lee Norman, Louisville, Ky., Secretary.

Application blanks and all other information regarding the Association may be obtained from the Secretary.

LEE NORMAN, M. D.

712 W. Broadway, Louisville, Ky.

SUMBUL.

The root of *Sumbul*, or, as it is sometimes known, *Jatamansi*, comes to us from Eastern Asia where it is used as an incense in religious ceremonies. It first came into use among western peoples in Russia, whence it spread to Germany and other countries. The drug has been pretty well proved as owners of Allen's *Handbook* can see. Dr. David I. Macht, of Baltimore, contributes a paper to the *Therapeutic Gazette*, Nov., from which the following points are taken that may be of interest to the *RECORDER* family. He writes:

“Therapeutically *Sumbul* has been recommended in various conditions. Its original use as a remedy in cholera and atonic dysentery and diarrhœa is now rarely resorted to. In Moscow it is used for delirium tremens, and in America, too, alcoholism is one of the conditions in which it is indicated. One writer speaks of it as ‘an excellent nervous sedative, especially for the shakiness which follows strong liquor galore.’ But the chief use of this drug has been as a stimulant and antispasmodic in nervous exhaustion, and especially in functional nervous disorders of females, such as hysteria, neurasthenia, climacteric disturbances, etc. It is lauded as possessing marked sedative and even slight hypnotic properties. Thus J. Morgan in describing the effect of an overdose in a young man who took an ounce and a half of the tincture at night, says that the patient ‘felt confused during the next day, and worse in the afternoon, with a tendency to drowsiness and snoring.’ A distinct odor of the drug could be detected from his skin and his breath.”

In his own practice Dr. Macht found it to be useful in relieving, especially in women, the “hot flushes,” “nervousness,” headaches, indefinite pains, “lump in the throat,” insomnia, palpitation and all that sort of thing, but the relief was not lasting. The drug was given in drachm doses of the tincture three times a day, and “on repeating the drug most of the cases did not seem to respond, and in some there was even gastric distress noted.” Dr. Macht’s observations were made on a series of 100 cases among the out-patient department of the Johns Hopkins Hospital. This report on the use of *Sumbul*, as others on other drugs from allopathic sources, loses all its value from the fact that it and the others were given in doses so large that the drug effect overshadowed everything else. It is a great pity that the allopaths cannot see that when enough of a drug is given to produce its physiological effect (proving) that the disease is overshadowed and the doctor is unwittingly confronted with a combination of diseases, part of which is caused by his own effort, or that of the drug he has given. Then he condemns the drug when in reality the fault lies in his overdosing. He ought to know that because a small portion of a drug will prove beneficial it does not follow that an enormous dose will do proportionately more good. Because 1/120 of a grain of *Atropin* may

prove beneficial no one gives the lethal dose of 1 gr. Yet the same relatively holds good with drugs like *Sumbul*, a minute dose of which may prove beneficial while a 3 drachm dose will sicken the patient. When our allopathic brethren learn that it is not necessary to drench a patient with drugs like a burning building is drenched from the nozzles of fire hose, he will cease to be a therapeutic nihilist and will have made the biggest "step in advance" of his long career. Let him cross off his "maximum dose" and put in its place his present "minimum dose" and for the latter go into the decimals and centesimals of the homœopath and he and his patients will be the happier.

A good illustration of how a remedy should be used will be found in Dr. Wallace McGeorge's (Camden, N. J.) paper, "Sumbul in Cardiac Lesions," read before the New Jersey State Homœopathic Medical Society at Atlantic City, and printed in the June RECORDER, 1912. There, in cases of cardiac asthma, McGeorge, as did Macht, found some improvement from drop doses of the tincture (not 3 drachms), but the cases were not satisfactory. The first potency did much better and the second potency did so well that he did not go up further in the potential scale. It is a paper worth keeping in mind, for the dyspnoea of heart ills is not a pleasant thing for patient or doctor, and the fact that the potency did great work when the tincture failed is a mighty lesson.

THE CRUSADES AGAINST WITCH-CRAFT, THE INSANE AND THE TUBERCULOUS. THREE OF A KIND.

Dr. Thomas J. Mays, a physician of professional and social standing in Philadelphia, and Dr. Flick, who is the local chief of the tuberculosis crusaders (if we dare put it so), have been having a tilt in the columns of the *Ledger*. Dr. Flick's side is familiar to all, for it has bred that "insane fear" against which Dr. Mays protests. Incidentally it may be mentioned that the crusaders it is said get somewhere around \$12,000,000 a year from various sources to enable them to "stamp out tuberculosis" and are ever asking for more, though, as a matter of fact, the disease pursues the even tenor of its way quite regardless of the

stamping process. Dr. Mays' side, however, receives scant attention, so we propose to give a part of what he says what publicity we can. As regards the theory on which this "crusade" is conducted Dr. Mays writes:

It is "the exact counterpart of that which some of the Italian States had enforced by royal authority a hundred years ago, and which, on account of its indescribable barbarism and absolute uselessness, was discarded in the course of fifty years' trial and dumped on the refuse pile of Naples' and Tuscany's defunct sanitary laws, from which it was resurrected and foisted on the unsuspecting people of America as a new panacea for the same old evil."

As for the theory of "contagion" on which the "scare" is founded that causes the public to contribute yearly millions, Dr. Mays quotes a number of authorities, of which we will only cite one, Dr. Williams, of the big Brompton Hospital for Consumption, London, who five years after Koch's "discovery," which started the "germ theory" working overtime, said:

"For the last twenty years I have carefully watched for cases of infection in hospital and private practice, and, though I have come across a certain number of apparent cases, they have never stood the test of close inquiry."

Now, with this preliminary, we will give the floor to Dr. Mays that the other side of this matter may be heard. The following from the letter in the *Ledger* is worthy of a careful reading:

"Stripped of all their fustion and sophistry, Doctor Flick's arguments only demonstrate that he is a huge dreamer, who believes that he is doing wonderful things for his times, but, really, he is abetting measures which are working incalculable mischief that will require years to rectify. While, on the whole, the world is rapidly becoming better, there is a strange eccentricity in human nature which tends to impose suffering for the sake of principles which find neither justification in their foundation nor in the practical ends which they seek to attain. It is out of such stuff, encouraged by bigotry, that much of our misery is engendered. That which Doctor Flick calls his great educational movement, and with which he hopes to wipe consumption out of existence in a remarkably short time, is merely the symptom of

a wave of mental delusion of which the history of medicine affords a number of examples—all of which have been dependent on the wide acceptance of erroneous theories regarding the origin of disease.

“Perhaps the most notorious wave of this kind was that of witchcraft in the 17th century, in which many thousands were hanged or burned at the stake because they were regarded as being in league with the devil. A century later another wave of delusion broke out in the shape of a theory that the insane were possessed by demons, and in order to expunge these evil spirits such people were subjected to the most diabolical abuse and torture for a period of many years.

“Now, on account of the insane fear of consumption, which Doctor Flick admits, consumptives are everywhere regarded as suspects who breed and disseminate deadly germs; members of families, sick or dying of consumption, are circumspectly avoided; employes refuse to work alongside of others who cough; life insurance companies withhold their protective blessings from those who recently have been exposed to a consumptive member of their own family, no matter how healthy they may be; and nearly all the States of this Union have passed laws declaring consumption to be a disease dangerous to the public health.

“Nor are these all the ill-fated results which follow in the wake of these preventive measures. The reliability of our statistics of consumption and pneumonia is greatly despoiled. The line of the yearly death ratio of acute pneumonia remained below that of consumption until about 15 or 18 years ago. At about that time the pressure of the so-called modern prevention movement began to be felt, and this was about the time when the pneumonia line crossed that of consumption, and has remained above the same ever since. It is said that the insane fear of consumption has caused some deaths of the latter to have been reported under the heading of pneumonia.

“Moreover, every physician knows that despair, fright, worry, depression of the mind, grief and disappointment are powerful causes in paving the way for the onset of consumption; and, of course, also exercise a corresponding enervating and depressing effect on those who have the disease, and greatly diminish their resistance and lessen their chances of recovery. Under these

circumstances, not only will the number of deaths from this disease be increased, but the efforts of physicians to cure the disease will also prove more futile. It is, therefore, quite probable that the insane fear of this disease which has been aroused by the consumption crusade is not only responsible for the increased death rate of consumption, which recent statistics show to be true, but confirm the indications gained from other proof that this disease is not treated so successfully as it was before the contagion craze came into existence.

“And, last, but by no means the least of the horrible effect which the fear of this disease has generated, is the suicidal sacrifice of consumptive parents for the sake of protecting their families from themselves. As a telling example of the fearful gamut of wrongs which have been inflicted by this so-called educational movement, it may be proper briefly to refer to the most pathetic story of a young man, his wife and baby, which was enacted about three years ago in this city, as described by the daily papers of that time. He was one of the most enthusiastic visitors of the Chamber of Horrors in the International Tuberculosis Exhibit, located on Walnut street, perusing its literature with morbid interest, and as his knowledge of the subject grew his fears for his health became painfully marked, and, although apparently a well man, within that month developed every symptom of the disease in rapidly advancing stages. On the evening of his last visit he went home, said he had the disease, accused his wife and baby of having the same, and drank the fatal contents of a bottle of carbolic acid.

“Finally, it is obvious that the insane fear of this disease is creating a system of tyranny akin to bondage, the subjects of which are denied the inalienable rights of social existence. Their chains, although invisible, are just as real, as powerful and as hard to bear as those which were shattered in 1863. The one was in process of formation for two centuries, became a legal institution of this country and enslaved four millions of alien souls; the other has been in existence for less than two decades, and holds legal sway over the heads of a million of our own countrymen; the one was instigated by avarice and rapacity, and the other comes to us under the guise of the Goddess of Preventive Medicine; the one is dead, and from the length and

breadth of this great land arises the mournful wail that the other may be speedily and so effectually crushed that it will never be able to raise its nefarious head again.

“THOMAS J. MAYS.

“Philadelphia.”

Probably there was nothing ever hatched out of the human mind that opened greater possibilities for power and perquisite than the “germ theory,” before which the world falls on its face as did their forerunners before Dagon and the idols of other days.

HOW TO CURE DISEASE.

This abstract is from an editorial of our learned contemporary, the *N. Y. State Journal of Medicine*, Nov., headed “Aggressins.” It is a faithful abstract, though only an abstract, but still accurate.

The cells coming in contact with the bacteria “produce antibodies which are inimical to bacteria,” but these in turn “being living cells” “produce antibodies which are inimical to the tissue cell.” So the battle is joined which “may be conceived as an immunizing contest in which each participant is stimulated by its opponent to the production of cytotoxins hostile to the other, and thereby endeavors to make itself immune against its antagonist.”

The writer we are following then goes on to illustrate the combat by demonstrations from experiments on animals. It is extremely difficult for the uninitiate to clearly follow these, but it seems that when the bacteria are winning “there is not an absence of opsonins, but a neutralization of the same by the bacterial aggressins.” Now the man who knows meets these “aggressins” by means of “antiaggressins” or “artificial aggressins” which, as near as we can make out, are prepared from the exudate of the disease by means of centrifugalization, which frees them from bacteria. This product is said to be much better than “dead bacteria” or “vaccines,” a proposition we are not able to dispute. We will give the concluding period in the writer’s own words.

“In conclusion, we must bear in mind that the aggressin is to

the micro-organism what the opsonin is to the animal; that the most virulent pathogenic bacteria, when robbed of their aggressins by the antiaggressins of the body cells, become mere saprophytes, an easy prey to phagocytosis.

“WILLIAM LINTZ.”

From this the reader can see that all he needs do to cur a case of disease is to rob the pathogenic bacteria of their aggressions after which phagocytosis will do the rest. The RECORDER, perhaps justly, has been accused of being too ruggedly homœopathic, but it is liberal enough not to seek to deflect the rays of the sun of “scientific medicine” from its readers, as the foregoing demonstrates.

EXIT GERMS.

If one may judge by the increasing outcroppings here and there among those who “lead medical thought,” the germ, or bacilli, is being quietly shooed off the stage. The *Journal A. M. A.* of Oct. 19 editorially comments on the investigations of Wolbach. Just here it may be said that when a man’s name is mentioned in this manner in a world journal it is supposed to be universally known, but in many cases it is not. Wolbach has been studying in a certain line and finds that there are 30 distinct diseases that may pass through a Berkefeld, or a Chamberlain, filter. Among these may be mentioned smallpox, yellow fever, trachoma, poliomyelitis, typhus, dengue and a number of others. Anything that will pass through one of these filters is of such a nature that the most powerful microscope aided by the ultra-violet rays cannot distinguish any distinct form; it is “invisible,” to quote the *Journal*. In short, these filters will arrest the “smallest cocci” known, and yet the virus, the miasm, or what you please, goes through.

The *Journal* says: “It has been suggested that in several tropical diseases there seem to be intermediate stages when the organism is visible as a protozoan form, and in other instances as a spirochete. Here we have a distinct field for further research, for if such intermediate stages really exist in one case, it is quite likely that they exist in practically all of a similar type.” Further the *Journal* thinks that these causes, ultramicro-

scopic, may "obey the laws of diffusion of gases." Thus we get away from the much-talked of, and legislated about, "germ," and go back to what looks like the old miasm. Modern Medical Science can no longer say, as it did not many moons ago, that as there are no "micro-organisms" in sewer gas there can be no disease in it, a proposition that, while logical with the premises, rather gagged its followers, for while agreeing with the theory it violated the canons of common sense.

As the matter now stands, if we read it aright, the disease, or the cause of the disease, is invisible. After it enters the human body it develops the micro-organisms. This is diametrically opposite to the theory generally taught, and found in nearly all medical text-books, that the micro-organism enters the body and there procreates its kind. There will surely be a rattling of medical dry bones, and a wailing among medical publishers, if these ideas are not stamped out at once, for they mock all that which has been so proudly taught and published during the past generation. In the new light the germ ceases to be the cause and becomes the effect, and it may be only a secondary or casual effect at that. If this be so it may explain why it is that clinically a disease so often exists when it is bacteriologically absent, and why the disease bacteriologically exists in so very many persons, it might be said in all persons, when there are no clinical signs of it. The collapse of the germ theory will produce a medical earthquake.

"ACTIVE PRINCIPLES."

We find the following in a paper credited to Dr. G. H. Sumner, of Waterloo, Ia., secretary of the State Board of Health: "Take up the vegetable *materia medica*, and what do you find? In each medicinal plant the therapeutic action depends on certain elements which we call the active principles as distinguished from the inactive, or inert, parts of the plant; and if a part is inert, why should we use it?" As a homœopath we should say because the tincture of the plant has been thoroughly proved, while the "active principle" has not; that in the few cases where the latter has been proved it has been found to have a somewhat different action from the tincture; that some plants,

Cactus, for example, have no "active principle," yet *Cactus* is curatively active—"The Council" to the contrary—; that "active principles," being the product of the laboratory, necessarily undergo a change owing to the chemicals used in their extraction; that the "active principle" of wine (if we may so call it) brandy, has a different action from wine; that no one has demonstrated that the so-called "inert" properties, differing in every plant, are inert; that if "active principles" are unchanged and the "inert" part of a tincture is inert, yet the tincture is active, why change; that there is the possibility of active principles varying enormously from different manufacturers; that, finally, granting the "active principle" argument, *the only gain is a slight decrease in size of dose*, as the active principle, according to the argument, is all in the tincture that acts and it remains unchanged.

OLIVE OIL IN GENERAL PRACTICE.

By Israel Bram, M. D., Physician to Out-patient Department of the Medico-Chirurgical College and Hospital, Philadelphia.

In tuberculosis olive oil is capable of causing a rapid increase in weight. In a young female suffering with pulmonary tuberculosis I ordered the administration of $\frac{1}{2}$ ounce two hours after each meal, increasing $\frac{1}{2}$ ounce per dose every week until oz. III t. i. d. were taken. The patient, whose weight had been declining during the past several months, gained twelve pounds in seven weeks and improved in all other respects. She had been taking cod liver oil, peanut oil, cotton seed oil, etc., without benefit.

This oil is of great value as a nutrient in such wasting diseases as marasmus, scrofula, and chronic skin diseases as well as in convalescence from measles, scarlet fever, and whooping cough. In young children and infants good results may be obtained by its administration by inunction once or twice daily. Babies suffering with mal-nutrition and stubborn constipation may be relieved of both conditions by the administration of one drachm of olive oil once or twice daily.

Olive oil is a valuable emollient in the treatment of irritant

poisoning (excepting that caused by carbolic acid or phosphorus) and may be given in large doses to soothe the gastro-intestinal tract.

It is an excellent demulcent laxative in cases of hemorrhoids and fissure of the anus. Obstructive jaundice is oftentimes relieved by the administration of oz. $\frac{3}{2}$ to oz. III of the olive oil, and it is said to cause the expulsion of gall stones indirectly by stimulating the flow of bile.

I have seen the most stubborn cases of lead colic relieved and the persistent constipation overcome by the administration of a tumblerful of olive oil once daily. On the second or third day there was free catharsis and a subsidence of the nervous manifestations.

Obstinate and painful cases of dry pleurisy may be relieved by the injection of drachms $\frac{1}{2}$ of sterilized olive oil into the pleural sac over the site of the friction sounds. This acting as a substitute for Nature's lubricant promptly relieves pain.

In progressive anæmia, symptomatic or pernicious in type, the administration of equal parts of olive oil and glycerin in gradually increasing doses two hours after each meal is a most valuable procedure, oftentimes yielding wonderful results.

Rectal enemas of olive oil are highly useful in the treatment of muco-membranous colitis, the constipation of neurasthenia and in intestinal atony. Oz. III-X are injected slowly at bed time. This is retained over night if possible, and an evacuation results the following morning.

In typhoid fever olive oil has an almost unlimited field of usefulness. As a food administered in oz. I to III doses t. i. d. it is a valuable adjuvant, assisting to overcome the strong tendency to emaciation. As a laxative it has no equal in this disease. By its bland, soothing influence it permits the intestinal contents to escape without irritating the inflamed Peyer's patches, in a way preventing the occurrence of that very troublesome and dangerous condition, tympanitis. This is accomplished by rendering the bowels free from gas forming ingredients. A high injection of lukewarm olive oil as occasion demands is also very gratifying to patients suffering with typhoid fever.

The oil is best administered cold in gradually increasing doses about two hours after meals and may be taken alone or flavored with glycerin, orange juice, coffee, or syrup of sarsaparilla.

No untoward symptoms have been observed during a very extensive use of pure olive oil. Its apparent harmlessness and wide range of usefulness commend it to those requiring a readily available nutrient, emollient, demulcent, laxative or cholagogue. —*Medical Review of Reviews.*

PURE MILK AND CONFIDENCE.

“In one of our esteemed contemporaries it is stated that the people of Los Angeles failed to pass the ordinance for pure milk, a result greatly to be deplored, etc.

“As this is a subtle perversion of the facts, it seems necessary for us to state that the ordinance in question provided for a tuberculin test for cows, and that the question of purity of milk was wholly inferential. Apparently the majority of the voters believed that the so-called tuberculin test is no test at all. Just why this proposed measure should have been advanced by some members of the medical profession we have been unable to learn. Has it ever been proved that the administration of tuberculin is a reliable test for tuberculosis in humans? At this writing is it even alleged to be a reliable test? Certainly not! It was discarded long ago. This being true, why infer that it is any more reliable when used on cows? Let us have proof and plenty of it, before we commit the profession to a mere theory.

“The people know a lot more about these things than we give them credit for. They want milk as pure as it can be had, but they don’t gulp down confidence stuff like they used to.”—*California Eclectic Medical Journal.*

MISSIONARY WORK.

“By training their patients in homœopathic thinking and using a few medicines accurately for simple ailments, the older homœopathic physicians sowed seed that created a homœopathic clientele in every town, and the young graduate settling there immediately found welcome and sympathetic understanding of his mode of practice. He established himself easily and soon found a lucrative practice. The later generation of homœopaths are reaping the benefit of this very thing. Its neglect, if not oppo-

sition, of the modern practitioner has produced the general indifference and ignorance of its distinctive and great advantages over all other methods of practice. The laity must be told what Homœopathy is doing, what it has already accomplished, what it is capable of doing. This is a pragmatic age, and we can do most by displaying our fruits, for by these we are known and can appeal to others for recognition and acceptance. Short popular treatises with modern ideas of hygiene and sanitation plus the rational and effective treatment of Homœopathy, in simple and concise language, will do more for the cause than much more effort at organization within ourselves. In this connection it is proper to call the attention of every homœopathic physician to the unique monthly paper, the *Homœopathic Envoy*, published now for twenty-three years, that has done and is doing single-handed just such enlightening service to the community and for the homœopathic school."—*From Pacific Coast Journal of Homœopathy, Dec.*

CRITICISM WANTED.

Madeline, Cal.

Editor of Pacific Coast Journal of Homœopathy:

I have read the appeal in the last *Journal* for support of the Field Secretary's work. I herewith forward my check for \$2.00 in payment of the first year's subscription. The work certainly needs to be done, and I am glad to be able to assist with my slender mite.

In regard to homœopathic propagandism, I fully believe that we should either die respectably or else let the laity know that we are alive. I am sending under separate cover a copy of the *Homœopathic Envoy*, containing a short article on Homœopathy, designed for the laity. I had two hundred copies of this issue and have and am distributing them where the soil seems receptive of such seed. I should appreciate any criticisms—especially any *unfavorable* ones—either on the plan or on the paper itself. I ask for any unfavorable criticisms, as they will help us to do better next time.

I am *not* the only homœopathic physician in Northern California, but the only physician of any kind for thirty-five miles in

the nearest direction, and find considerable to do. I am Assistant County Health Officer and Assistant County Physician.

Wishing the "cause" all success, I am,

Very truly yours,

L. CARL SMITH.

N. B.—There are several places up in this country where homœopathic physicians could be placed, places where there is no competition, and they could not fail to make a living. Refer any such to me. We should grab these choice spots before the allopath gets them, as he surely will—if we go to sleep.

L. C. S.

OBITUARY.

Cushing.

Dr. Alvin M. Cushing, born at Burke, Vt., Sept. 28, 1829, departed this life at Springfield, Mass., Dec. 1, 1912, at the ripe age of 83. For the past twenty-five years Dr. Cushing lived at Springfield, where he was in active practice until within a few years of his departure for a better world. He studied medicine at Dartmouth, and also at Hahnemann, Philadelphia, where he took his degree. He was a physician of the old homœopathic order, who did not hesitate to *prove* the effects of drugs on his own person, as did so many of the pioneer homœopaths—perhaps that was why he lived to a good age. We know that somewhere Hahnemann says that the proving of the homœopathic drug is a rather life-prolonging pastime. Intimately associated with Dr. Cushing's name is *Mullein oil*, *Homarus*, of which we believe he was the only prover; *Ratanhia*, *Phaseolus nana*, and possibly some other drugs that we do not know. The last time we met him was on the train going to the Institute meeting at Detroit, 1910. At that time he was very enthusiastic about *Phaseolus nana*, which he said was a wonderful drug, and probably it is, though sadly over-shadowed by the scientific (and much advertised, gratis and otherwise) products of the wily German chemists. Dr. Cushing led a useful life. He was not on a pedestal, but was a good homœopathist of the old order, the school that laid the foundations on which the present edifice of Homœopathy is reared—to which has been added, in late

years, some very ephemeral ornamentation in the shape of "science" borrowed from the ever erratic allopaths, who demonstrate that a given "bug" will kill a rat, but, plus the extract of the same, or kindred, bugs, will not kill a rat—and it goes for SCIENCE! Well, our old friend Cushing experimented on his own person with drugs and not on rats.

May he rest in peace!

PRACTICAL POINTERS.

Bromidrosis (fetid sweat) "leads to no dire end except ostracism," writes Dr. H. A. Watts, of Sacramento, Calif., in *Pacific Coast J. of H.*, Dec., yet "the writer has seen a number of cases promptly cured, after using all the washes on the market, with a few doses of *Silicea*. *Silicea* has also done excellent work in curing pyorrhœa, which the dentists consider incurable, and it is worthy of much more extended use."

Also from Dr. Watts, same journal: "In *Veratrum album* we have a drug that sometimes saves human life and that under very desperate circumstances, as the writer has seen demonstrated beyond doubt, several times. In the profound shock and lowering of all the vital forces after surgical work that even the best of operators occasionally meets, *Veratrum album* is a very valuable remedy and oftentimes will work wonders after all the usual means have been exhausted."

An indication for *Stannum*, according to Dr. H. L. Stambach in *Pacific Coast Journal of Hom.*, is: "Low-spirited in phthisis—where hopefulness usually predominates; nervous irritability, anxiety and palpitation from even slight exertion or supervision of the household. The exhaustion is particularly noticeable on *downward motion*—descending stairs, or on sitting down; she *drops* into the chair; while dressing, must frequently sit down, and can scarcely move. This pervading weakness occurs with prolapsus of the uterus and vaginal walls, accompanied with leucorrhœa."

Dr. W. W. Houser (*Ellingwood's Therapeutist*, Dec.) put two thin ladies on the tincture of Alfalfa seed, said to cause fat or plumpness. At the end of six months neither could be made to believe she had gained an ounce.

It is said that peroxide of hydrogen is useful in loosening bandages, etc., that adhere to the skin.

Reading the *Lancet's* learned papers on the prevention and treatment of cholera, by which the death-rate has been reduced to 32 to 37 per cent., one wonders why *Camphor*, *Veratrum alb.*, *Cuprum* and *Arsenicum*, which reduced it to 6 to 10 per cent., are persistently ignored. At the first onset Rubini *Camphor* pills would check the most cases, and as a preventive there is nothing like an occasional dose of *Cuprum*, say, a 3x tablet. But they will not!

As soon as the hungry child begins to nurse it must let go of the nipple—to breathe. It needs *Sambucus*.

In Dr. Phillip Rice's experience *Mephitis* 3x, unless some other remedy is plainly indicated, will do the work in whooping cough. (*O.*, *O.* and *L. J.*)

BOOK REVIEWS.

POCKET MANUAL OF HOMŒOPATHIC MATERIA MEDICA, Comprising the Characteristic and Guiding Symptoms of all Remedies. By William Boericke, M. D. Fifth edition, revised and enlarged, with addition of a Repertory, by Oscar E. Boericke, M. D. 1,155 pages. Flexible binding, \$3.50, *net*. New York: Boericke & Runyon. 1912.

This fifth edition is printed on fine, thin "Bible" paper and contains 177 more pages than was in the fourth edition, and this about tells the story. Among the new drugs added, to quote from the Preface are: "Lecithin, Radium, Adrenalin, X-ray," etc.—why not fill out the "etc.?" William Boericke is a man to be cherished, in other words, a man who *believes* in Homœopathy. "Judged by its fruits," he writes, "Homœopathy is here to stay, a possession of the rational faculty of man." Of such possession he, man, has none too many, so it behooves us to cherish those we have. The *Pocket Manual* will not take the place of Allen's *Handbook* (that misnamed, ponderous, unabridged materia medica) nor is it intended to but as a piece of condensation it is unexcelled—and exceedingly handy. Needless to add that it is soundly homœopathic—a good book.

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NOTES AND COMMENTS ON THE PASSING SHOW.

THE RECORDER.—Well, kindly reader, here is No. 1 of this journal's twenty-eighth year, and with it goes the hope that you will continue with us and lend a hand now and then with a paper, letter or comment. The text of the RECORDER is plain Homœopathy, and with it goes the necessity of touching some of the many medical bubbles that float about. In spirit the effort is for charity towards all and malice towards none.

“DR. FRIEDMANN'S CURE OF TUBERCULOSIS.”—The *Lancet* of Dec. 7 takes up this much telegraphed “cure,” and after remarking that the doctor enjoys no particular scientific advantages says that in Berlin the cases he treated in the hospitals showed no striking results, while with the animals on which he experimented “the unvarying end was that they all developed tuberculosis.”

GETTING CYNICAL.—Our most esteemed contemporary, the *Journal A. M. A.*, editorially touches on the “Friedmann's inoculation against tuberculosis,” a secret, “not in accord with the ethical standard of scientific medicine.” After dwelling on some obvious objections to the proposed inoculation it adds, as a final one, the danger of “reversion to virulence on part of the bacilli” that are inoculated. But is not this true of all inoculations? Several billion bacilli put into the body of a normal human being must have some effect, and as disease bacilli, dead, alive or “killed,” are not exactly wholesome the general effect cannot

be wholly sanitary in any of the inoculations that, like an unhealthy crop of fungi, have recently sprung up. Later, under "Science as an Iconoclast," the *Journal* mentions many beliefs (calomel, for example) which science has "shattered," "idols of the earlier epochs of thought," and concludes: "And so it goes." Whether the innumerable things being shrieked today in the medical bedlam are scientific remains to be seen, but most likely they will go with the other "idols" the *Journal* mentions. Yes, our contemporary is becoming cynical, which is at least one hopeful sign.

CONCERNING TUMORS.—Dr. C. M. Moullin delivered an address before the Royal College of Surgeons, entitled "The Biology of Tumors," which is printed in the *Lancet* of Dec. 7. Dr. Moullin said as a preliminary that "they are so common that there is scarcely an adult without one." The lecture is interesting, but of what avail to one familiar with Hahnemann's *Chronic Diseases*, wherein it is shown that all eruptions are but nature's effort to throw out abnormal conditions that infest the body? If this effort is suppressed the disease remains within, which spells disease and death. It was to meet these conditions that the *Chronic Diseases* was written. Because Hahnemann included "itch" certain ones became excited, "because," quoth they, "itch is caused by a mite and is not a disease." In their excitement over this supposed error of the old scientist they lost sight of the fact that he included all eruptions from cancer to a rash—that these to be cured must be removed or antidoted, or what you please to call it, from within, the suppression or closing of the vent from without meaning *chronic diseases* in a more aggravated form. Some day, it is to be hoped, the world will appreciate that mighty book.

SUBCUTANEOUS INJECTIONS.—The fact that other effects than curative may follow this method of medication is beginning to dawn on those who make much use of it. Some medical gentlemen seem to think that the hypodermic syringe can be kept going on a patient day after day, and never to think of the possibility of evil effects following the injection of all sorts of foreign material into a sick human being's life-stream. Then every time the patient develops "alarming symptoms" the heavier be-

comes the hypodermic. Something of this is dawning on the allopathic practitioner, for the *Journal of the A. M. A.*, Dec. 14, gives a mild editorial warning on the subject, of the "importance of extreme care" necessary in such medication. As every one knows much quicker action is gained by this method than by any other, but it follows that quicker disaster must also be possible. Today everything from animal serums to *Arsenic* and *Strychnine* are freely injected. The effect? Well, that is the question that is beginning to move for an answer among those who look with contempt on the normal way of administering remedies.

EUGENICS.—Dr. J. G. Adams discoursed on this subject before the Canadian Medical Association. His address is printed in *Lancet*, Nov. 2. Among other things he said that Weismann cut off the tails of rats for 20 generations and the 21st, like its forebears, had normal tails, which proves what is plain to all. On the other hand, a drunken, degenerate and thievish mother and father produced a family like themselves, and this went on through succeeding generations. It looks as if it were the spiritual rather than the physical that concerned eugenics. This opens up a startlingly wide field for the work of these new reformers. Here are parents who procreate children who, without doing any useful work, accumulate many millions from the community. If such there be—and they say there are such—are not they worse citizens than the degenerate, pilfering and drunks, and also more expensive? You eugenics have a job ahead if you cut to the seat of the trouble, and the census will fall off if you succeed.

"STRIPE FOR STRIPE."—So wrote Moses. As you measure so is it measured to you. Dr. W. J. Robinson (*Am. Jour. of Clinical Medicine*, Dec.) writes of "Coitus Interruptus." In brief, this is abnormal and consequently, according to the Law, those who practice it receive "stripe for stripe"—impotence, neurasthenia, pollutions and, in short, nervous hell generally. It is an intimate subject. That is Robinson's gist.

BACTERIA BIGGER THAN MICROBES.—*Lancet*, Nov. 23, editorially says: "The list of diseases due to 'filterable viruses'—mi-

crobes which pass through filters with pores too small to give passage to bacteria—is longer than might have been supposed.” The number is about 30 that will pass through the Berkefeld, or the Cumberland, filter. Probably further experiment will show that the virus of all diseases can be passed through, thus straining out the germs, but transmitting the “miasm.” At any rate, there seem to be 30 diseases that can be passed along without their “germs,” which seems to show that these are but effects of the disease.

A PSYCHOLOGICAL PROBLEM.—That is what the orthodox medical men are. Their reasoning is peculiar, indeed, at variance with logic. They admit that at one time “almost every man, woman and child” who came under their care “lost their teeth, ruined their gums and sacrificed their hair, blood, flesh and bones.” This loss was not caused by the disease, but by that which was given by the doctors. Many pages could be filled by heart-felt confessions of what failures they were. Yet the reformers who lifted them out of this slough were dubbed “quacks” when they did the rescue act.

PASTEURIZATION.—E. O. Jordan, Ph. D., of Chicago, runs a tilt against the opponents of the Pasteurization of milk, whose number seems to be increasing; you will find it in the *Journal A. M. A.* for Oct. 19. The secretary of the State Board of Health considers the process “an unreliable remedy for an uncertain danger,” but Mr. Jordan thinks that it protects the consumer against tuberculosis, typhoid, diphtheria and a lot of other ills. No one can readily disprove this, but as a general proposition few will dispute the further contention that raw milk capable of conveying disease is unfit for food under any circumstances.

THE HEROIC AGE AGAIN.—One of Brother Taylor’s interesting *Medical World* family recently asked: “Will the administration of diphtheria antitoxin under any circumstances produce paralysis?” To this another, Dr. L. E. Shode, Girard, Kan., replies: “It will not do so. The trouble is in not giving it soon enuf and in large enuf doses. In a 5-year-old patient a few months ago I used 34 doses or 167,500 units. The patient is well and runs around perfectly.”

THE SPIROCHÆTA PALLIDA.—Dr. J. E. R. McDonagh (*Lancet*, Oct. 12) and Dr. H. C. Rose (*Lancet*, Oct. 19) have been discussing the “cause” of syphilis, the *spirochæta pallida*, discovered by Schaudinn and Hoffman about seven years ago. It was accepted at once (by the majority), according to Dr. McDonagh, “as being the sole cause of everything syphilitic.” (Just here we may add that last week we heard a man, high up in a great medical institution, cite the *pallida* as proof of the tremendous strides made in learning by modern medicine.) But Dr. McDonagh is of the opinion that the *pallida* “is only one phase of the life cycle of the syphilitic parasite.” Dr. H. C. Rose does not fully agree with Dr. McDonagh, but we cannot attempt to go into this important matter for the very simple reason that it is all Greek to us. When we tackled it we were at once entangled among “protozoæ parasites,” “lymphocytes,” “spirochætas,” “lymphocytozoon cobayæ,” “microgametes,” “intra-corporuscular parasites,” “protoplasm,” “sporozoite,” “zygote,” “leucocytozoon,” “the conjugation of the spirochæte and the macrogamete,” “leucocytes,” “sporotrichosis,” “macrogamete,” “sporogony,” “sporoblast,” “telosporidia,” “leucocytozoon,” the “male” what-ye-may callum and the “female,” the “coiled up” and the “blunt” and so on. All this and much more is very interesting to those who understand it, but in the meantime how much better off is little Cholly who comes for relief? Or, in other words, how much nearer the doctor who has to treat that youth to a *cure*, the end of all medicine, for all this barbaric lingo which, (whisper it low), do those who use it comprehend?

(Now understand, Claude, we are not saying a word against science.)

A FINANCIAL PROBLEM.—Doctors are often accused of being poor financiers, but we are not so sure that the same accusation holds good for the average man. Our esteemed contemporary, *Puck*, who is sometimes funny, sometimes witty and sometimes neither, put up the following proposition not many moons ago in its Wall Street Column. A man with a \$2.00 bill wanted \$3.00. So he pawned his \$2.00 bill for \$1.50. Then he met a man, told him he was sorely in need of \$1.50 and got an advance for that amount on his pawn ticket calling for \$2.00.

TUBERCULIN.—Word goes forth that the use of tuberculin in the treatment of tuberculosis has been discontinued in the Government sanatorium at Fort Stanton, New Mexico. After giving it a thorough trial it was the unanimous conclusion of the officers who did the work that no benefit was observed from the use of either of the two kinds of tuberculin employed. If the learned doctors would cease using this agent hypodermically and administer it on the lines laid down by Burnett in his *New Cure of Consumption by Its Own Virus* a valuable agent might be saved from the scrap heap.

“SECRET REMEDIES.”—The *Lancet*, like our own beloved and ethical *J. A. M. A.*, sometimes familiarly termed *Jama*, fires broadsides of its heavy guns at “secret remedies.” The RECORDER backs them both up in what they say. But turning to the *Lancet’s* own 96 fat advertising pages (as is the case with *Jama*) the inquirer will find page after page taken up with advertisements of secret remedies, remedies with names not to be found in any text-book, of whose merits we have only the word of the advertiser, just as is the case with the despised advertiser who disports himself in the *Cross Road’s Bugle* or the *Eatanswill Gazette* about his “balsam” or “rheumatism cure,” or whatever else he may have to offer. There is very little difference; the “ethical” “ads.” would fit nicely in the *Bugle* or *Gazette*, for the doctor can find in them cures for (we quote) “tuberculosis,” “cancer,” “wasting diseases,” “rheumatism,” “torpid liver,” “kidney troubles,” “headache,” “catarrh” and everything else that afflicts humanity. We are not condemning these goods, but it seems inconsistent for the editors of these two mighty medical journals to call fire down on the “ads.” in lay journals of “secret medicines” and then run a full line of them in their own pages. The homœopathic physician is the only one who has a right to the term “scientific” in the matter of therapeutics, for he knows what he is giving his patient and why.

THE CAUSE OF TYPHOID.—The *Charlotte Medical Journal*, Oct., prints a paper read before the Medical Society of Virginia, by Dr. Eunion G. Williams, Richmond, Va., State Commissioner

of Health. The address is in accord with modern ideas, yet when one reads it curious doubts arise. Dr. Williams says "the very existence of typhoid is dependent upon the dissemination of human filth." Further, that if this be taken as a test of civilization the United States would rank lower than any other country excepting Spain. Keep in mind the assertion concerning the cause of typhoid and then mentally compare the sanitation of the United States with, say, that of Italy, Greece, Turkey, Bulgaria and Russia, to say nothing of India and China! Is it true that we are more unclean than all countries excepting Spain? If it is not true what then becomes of the theories concerning the origin of this one disease, not to mention the many others? It is all very curious. The United States and Spain leading in typhoid; Italy noted for smallpox and pellagra; Germany for cancer; Russia for cholera, influenza and smallpox; India for the plague! Gentlemen scientists, is there not a deeper cause at work than the bacilli?

Dr. Register, editor of *C. M. J.*, in this issue writes: "There are almost as many exciting causes of disease as there are diseases themselves, but lying underneath them are a few great causes——." Even so. Is it not about time to turn from the "bacilli" to the deeper causes?

PARACELSUS WANTED JUSTICE.—From a paper in *Le Propagateur d'Homœopathie*, Sept., we get this bit of history. An official in Lichtenfels heard of the cures made by Paracelsus and being "played out," as we would say today, offered him 100 florins if he would cure him. Paracelsus accepted the offer and effected the cure, after which the patient sent him six florins. This was not according to agreement, so Paracelsus took the matter to court and lost. Then he wrote what was evidently some spicy literature on the matter. The court was after him for what today would be termed "contempt of court" and so he skipped the country. Our sympathies are surely with Paracelsus in the matter. After that he seemed to have roamed about Europe a mocker. The Chronicle of Sebastian Frank mentions the visit of "le Dr. Theophaeste von Hohenheim medecin et astronome" to Nuremberg, where he laughed at the doctors and mocked at their medicines, books and practice. No wonder he

became the "arch quack," yet today no one can say but that he was justified in his mockery. Some of the medicines he discovered are in use today. When he died he left his money to the poor.

ONLY A COMMERCIAL AFFAIR.—At Los Angeles Dr. John B. Murphy complained that the legislators "have almost universally failed to enact sufficiently strict laws controlling the practice of medicine, notwithstanding the repeated and urgent requests made by the profession for their enactment." And also: "There must be a national legal standardization of medical educational institutions and medical practice laws, corresponding to that controlling inter-state commerce." President Murphy, however, seemed to forget that even if the high calling of medicine is to come down to the basis of merchandise the inter-state commerce law is designed to prevent monopoly and would not sanction giving the allopathic merchants only the right to trade. He might argue that only such know the business, but, legally, that is a question for the jury to decide—and in this case the whole people are the jury.

MEDICINES COME AND GO AND COME AGAIN.—The *American Practitioner*, writing on the subject of the recurrent use of drugs, says, among other things: "*Arsenic* was recommended by Hippocrates for cancer, by Lentilius for fevers," and so with many other drugs that come and go. They must have been successful to have come into vogue and have failed to have gone out. Why? It seems to us that the answer is: Because men did not know of the guiding law of therapeutics, *similia*. If *Arsenic* is curative it is because it is indicated; if it fails, though the *name* of the disease be the same, it is because the case does *not* present *Arsenic* symptoms. Learn the law, gentlemen!

WATER DRINKING.—The *Jour. A. M. A.*, Nov. 30, editorially considers Hawk's experiments on water drinking with meals and presumably between meals. As a summary: "The subjects showed increase in body-weight and a general improvement in physical and mental condition. There were many desirable and no undesirable results. The effects were more pronounced when larger quantities of water were taken. The results were not

temporary, but persistent, after the close of the experiment." The *Journal* concludes: "As the matter stands the experimental evidence seems to refute the theories previously held regarding the effect of water taken with meals."

THE NEW SALVARSAN.—The *Jour. A. M. A.*, Nov. 30, prints an abstract of a paper by J. Simon in *Münchener medizinische Wochenschrift*, Oct. 22, on the successor of "Salvarsan"—*i. e.*, "Neosalvarsan." Among the effects noted were angioneurotic symptoms, exanthem, collapse, unconsciousness, congestion, "swelling of the brain," frightful headache and death. "He declares that these fatalities are not due to any fault in technic, but to the treacherous action of *Arsenic*, which can never be foreseen in the individual case. This danger inheres in the new preparations of *Arsenic* just as in the old classic preparations, and the physician must reckon with the possibility of encountering it when he uses large doses of any one of them." Both of them are really patent medicines.

WHAT IS HE GOING TO DO ABOUT IT?—Suppose the patient suffers from chlorosis, a word that in the Greek stands for "green." and is, therefore, a more learned term for the older "green sickness." One theory is that the disease is due to "insufficient formation of blood from weakness of the hæmatopoetic organs primarily, or secondarily, to ovarian insufficiency," or it "should be considered as the effect of an intoxication from the internal secretion of the corpus luteum, insufficiently eliminated by the uterus through absence or irregularity of menstruation, or its excessive abundance." Well, whether you are an old timer, or a recent graduate, having adopted one of the theories quoted above, or one from the abundance offered elsewhere, here is the patient with "chlorosis" before you—now what are you going to do about—or for it? The homœopath, of course, would (if no removable cause were found—which sometimes may be) "take the symptoms" and prescribe accordingly. But what of the other physician?

PERSONAL.

"How many ways of curing disease are there?" asks Dr. Z. T. Miller, of Pittsburgh, the man with the iron hammer. One!

Every man who recovers is not *cured*.

They say the Chicagoan instead of mountain climbing walks up to his office instead of taking the elevator.

Cleaning out the bowels has succeeded blood-letting.

One of our "esteemed" has an "Editorial Editor."

Geo. Ade says the toothless Arab speaks gum-arabic.

Samuel Thompson, the old "botanic," dryly remarked, "going to college will not make a wise man of a fool."

Claude made search for the cause of the death of the dead languages with a view to writing a paper.

War, pestilence and famine are logical sequences.

"Metchnikoff is now devoting his attention to prolonging life." Why, when we consider time with eternity?

"What is the chief cause of high mortality infantile mortality?" asks an ex-board. "Are we gods?" should be the answer.

When a Christian Scientist bumps his bare toes in the dark— Oh, well! All cats are gray in the dark.

The gentlemen who are feverishly bent on "raising the standard" ought to read the story of Mr. Toots in *Dombey and Son*.

We talk much of "our *rights*." What are they *really*?

What an awful state would be if every one were to give value received for every dollar he received!

De Quincey said you ought not to murder a sick person because he is not in a state to bear it.

Be brave! You won't die until your life ends.

"*Dogma*: That which is held as an opinion." *Webster*. Oh, you multitudinous dogmatists!

Money talks, but a deficit causes howls.

PASTEURIZATION. A process by which diseased milk is supposed to be rendered wholesome.

As the unexplainable, contradictory point is reached the full band breaks out with Onward, Medical Soldier!

"How to keep well," Claude? Why live decently, morally and physically, for if you "go the pace" you pay the piper.

If all criminals were sterilized and all feeble-minded put away, what would the census show in a generation?

Monkeys, if we may believe Darwin, were the first to have family trees.

"Nature Fakirs"—Wall Street Bulls and Bears.

THE HOMŒOPATHIC RECORDER

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HOMŒOPATHY HAS "NO EXCUSE FOR EXISTENCE."

So says John Benjamin Nichols, M. D., of Washington, D. C., in the leading paper of *The Journal of the American Medical Association*, Feb. 1. To quote: "Of all the medical systems of present or past times, there is none which in my opinion has a scantier basis of fact or reason, a poorer excuse for existence, or a more fantastic set of principles and methods than Homœopathy." Reading this in connection with what he states elsewhere leaves one in doubt as to whether he is funning or considers himself to know more than the facts warrant. To illustrate this point read the following from his paper :

When, however, we contemplate the zeal, enthusiasm and faith of the devotees of the pseudomedical sects; when we consider the large numbers of their adherents; when we appreciate that their following comes from the most reputable, most substantial and most intelligent sections of the community—from the better rather than the lower classes of society—then we should begin to realize that these popular beliefs are not the product of perversity or wickedness or ignorance, but result from powerful causes deeply rooted in human nature. To ignore these causes, to deny whatever merit or justification the sects may possess, is to meet the situation ineffectively. In view of its manifest powerful hold on human nature we should look on medical sectarianism as a psychologic phenomenon presenting a definite scientific problem, and study its causes, nature and manifestations in precisely the same dispassionate way as we would investigate any other pathologic condition.

Now you see the point? "Homœopathy has no excuse for existence," yet its following "comes from the most reputable, most substantial and most intelligent section of the community." Is he making fun of his brethren? As he says this fact is "a psycho-

logic phenomenon presenting a definite scientific problem," but a problem that the gentlemen who lay so much stress on being the only doctors are unable to solve, for they, as he says elsewhere in his paper, work from things objective only. Is it not this that causes the "intelligent" to turn away from allopathic medicine in increasing numbers every year?

It is easily within the range of rational science to believe that a universal principle, such as is expressed by the word "Homœopathy," will continue to exist quite regardless of what medical law makers may do. It is this point that Dr. Nichols seems to be unable to grasp. A given drug always has and always will act according to its law governed nature even though the allopaths say that to so believe is "*a priori*" and "sectarian."

Dr. Nichols says that his medicine proceeds from observed facts in matter. The power to observe these facts is mental, which power is immaterial, or at least is so considered by the intelligent.

But it may be asked, what has mentality to do with disease? That is a "problem." One fact bearing on it is that every great war that stirs nations to their mental depths is followed by a pestilence. The Balkan war is today accompanied by a dreadful visitation of cholera. The war between Japan and Russia was accompanied by a very fatal epidemic of small-pox in Japan and the pneumonic plague in Manchuria, a plague that was awfully fatal. Japan and China had a war and bubonic plague seemed to start up afresh and has been creeping about the world ever since. The United States had a brush with Spain and a mild epidemic of "Cuban itch" or small-pox—as you prefer—swept the whole of this country. This is not advanced as a scientific fact, but as an observation, which may or may not have to do with cause and effect. It seems, however, to demonstrate that if medical science confines itself solely to matter, to that which it can see through a microscope and make cultures of, it is a one-legged science, a cripple, and that probably is the reason why the intelligent among the people go off in increasing numbers every year to realms that are not so constricted.

Dr. Nichols quotes several things from Hahnemann and concludes that they are all "stupendious nonsense." One of these is "his denial of the healing power of Nature." We might men-

tion that Sir William Gull also denied it. If Nature alone heals of what use is medicine?

Another is "his teaching that chronic diseases are due to the itch." He teaches nothing of the sort—our denial will offset Dr. Nichols' affirmation; let the book, *Chronic Diseases*, settle the question. Hahnemann taught that it was the *suppression* of disease outwardly manifested that caused chronic disease.

"That the shaking of drugs increases their power." Take the equivalent of "shaking," *i. e.*, "trituration," does it not increase the power of mercury in calomel?

Of olfaction. You can be, of a surety, powerfully affected by inhalations, why not curatively affected by the same means? Can Dr. Nichols tell us why not?

However he merely quotes these things and then says: "The two cardinal doctrines, however, continue to form the distinctive features of the homœopathic system, the use of similars and the infinitesimal dosage."

The doctrine of similars is the heart of Homœopathy, while the doctrine of infinitesimals is but the addenda of that sometimes rare thing, common sense. Arsenic, mercury, strychnine, atropin and other drugs are known to be curative and deadly. Scientific medicine seeks the dose giving a "physiological effect," which is smaller than the lethal dose; Homœopathy seeks the curative dose—and finds it as experience demonstrates.

And now as to the doctrine of similars. To-day scientific medicine is giving "vaccines" of various diseases, or "serums," for the cure of the diseases which produce the vaccines, or serums, which at best are but "similars" of the diseases. The whole is but an approach to the law of similars.

Finally, Dr. Nichols says: "Except among a minute remnant Homœopathy as a system of practice at the present time is practically extinct." That is a question of statistics that neither Dr. Nichols nor the RECORDER can decide, nor does it affect the question at issue. There are more followers of Confucius to-day than of scientific medicine, but does that affect the truth or falsity of either in any way? If you allopathic doctors are wise you will stop this sort of ancient foolishness.

THE POTENCY QUESTION.

That was rather an interesting discussion at Pittsburgh, reported in the December issue of the *Journal A. I. H.* All those taking part were, perforce, liberal, as, indeed, is inevitable for, unlike the allopaths, we haven't the police and the courts back of us. You know they have, at various times, called in these powers to force their practice on the recalcitrant. What the rest of the medical world (including the homœopaths) would do if it had the power is a dark problem, but not having it liberality prevails—as it should. The discussion ranged from advocates of the millionth potency on down the line to the tincture and beyond into the uncharted region of vaccines and all that sort of thing. The RECORDER, like its esteemed friends, is also liberal; in fact, if patient and doctor agree we are willing that the former should receive the eleven millionth, which, we believe, is the highest potency achieved, the tincture, big doses of calomel and mercury, have all sorts of stuff jabbed in hypodermically, or have Christian Science, faith, hoodoo, or any other old treatment. In fact, we only become illiberal when one sect is allowed to call in the police to enforce its treatment and shoulder its rivals out. That isn't playing the game on the square—on merit.

If called for a preference in potency it would be from the 1x to the 30th. Why? Well, because the Institute, the colleges, hospitals and everything homœopathic were built up on these. When Dr. Gramm, the first homœopathic physician who ever set foot on these shores, landed in 1825, he faced a medical wilderness which was later conquered largely by the little domestic books and medicine cases stocked with 3d and 6th potencies. These convinced the people and thereby made the institutions named above possible, for, after all is said, you cannot do anything unless the people believe in you and come to you. The police and courts are not back of you. The 3d and the 6th conquered the wilderness and we cannot see the wisdom of greatly departing from them either way, unless by so doing you can convince the people, which, so far, has not been the case.

There ought to be somewhere a haven of medical rest, but it certainly is not in what is termed Scientific Medicine, which today is spouting fire and smoke like Vesuvius, but the fire and

smoke of to-day will be blown away by that of to-morrow, even as yesterday's has become mere tradition, the dust and ashes of old medical libraries. The scientists of the yesterdays looked about them with pity on the old doctors of their day, while to-day *they* have changed, or else they are looked upon as veritable old moss-back curiosities by the men of to-day who, in turn, will go down and out as poor, old, out-of-dates when the men of the to-morrows arise and play their brief part. The curious feature of it all is that the restless ones are ever furiously racing around in a circle. To-day the Rockefeller Institute is careering over the old ground of the Alchemists and Ponce de Leon, hunting for the elixir of life, and for life itself, possessed by the idea that these are untrodden fields, whereas they are as old as Egypt, and probably the men of to-day are not as "advanced" in that mysterious realm as were the Egyptians of Pharaoh's day.

There must be medical truth somewhere and when found it is a rational proposition to believe that you cannot depart from it without tumbling into error. To us, medical truth in the domain of practice, theory and therapeutics lies in the old Homœopathy that conquered the medical wilderness of calomel and bleeding in the face of many-foes. But, with due respect to the brilliant, scintillating, sputtering of the Rockefeller Institute, man is mortal, and, in the light of the teachings of Malthus (to say nothing of those higher up) it is well he is. No one to-day can name a single thing in the host of modern therapeutic agencies that is doing as good work for the sick as does old Homœopathy. As for the numberless so-called prophylactics that are injected into humanity no one can deny that they may be the means of the physical degeneration of the race. In surgery alone have there been real advances—enormous advances—so great, indeed, that many ultra moderns think that aside from it all else in medicine is vanity and vexation of spirit.

But in spite of surgery and the Rockefeller Institute and other theorists, like the Christian Scientists, man is mortal: Homœopathy can help him over the rough places in his allotted span, but sooner or later the silver cord will be loosed or the golden bowl be broken "then shall the dust return to the earth as it was; and the spirit—" but, then, the Rockefeller Institute says the spirit (with its endless aspirations, ambitions, loves and passions)

is but a "chemical re-action!" Be that as it may the body of the mightiest scientist waxes old and in time returns to dust, while his spirit, or "chemical reaction," goes the way of all the countless millions of mortals who have preceded him. And old Homœopathy, a section of truth, will remain to aid his successors over the physical ills of their journey if they care to seek its aid. Here we rest, quite undisturbed by the flaring headlines in the Sunday newspapers—or in more stately garb in medical and other magazines—announcing a "new discovery that will revolutionize the practice of medicine," for, indeed, the old art has been "revolutionized" so often that no one but those with the bloom of youth on them get excited any longer about a new revolution with its "advertising campaign."

The paper, "Killing and Curing," which immediately follows this, sent us by Dr. E. Petrie Hoyle, taken from *London Truth*, seems to show that even old Homœopathy has at last a chance to come in for recognition. If it ever becomes general practice it will stay.

KILLING AND CURING.*

The Case for Homœopathy.

The office of this journal continues to be a focus of illumination from all quarters on the present condition of the art and science of medicine. The light is poured out in communications from doctors, from "quacks," from patients, and even from those who are whole and need not a physician, but have contracted strong views about physic and those who prescribe or consume it. Even if space were available, no good purpose would be served by presenting to the public a mass of more or less controversial correspondence, which would only convey the impression of a Babel of confused, contradictory, and in some cases very heated voices. All one can do with any good effect is to keep to one aspect of the subject at a time.

From a number of letters, therefore, evoked by the article on

*This article appeared in *London Truth* of January 8th. The meat of the matter will be found in the last two paragraphs. *Truth*, as all know, is what might be termed a "world journal," and when it advises the people and the government to pay attention to Homœopathy it means something.
—ED. H. R.

"Killing and Curing," which appeared in *Truth* of December 18, I will select first a very elaborate statement of the case for Homœopathy which I have received from Dr. E. Petrie Hoyle, an American homœopath who is in a position which makes him an accredited exponent of this subject. Reference was made in my last article to the attitude of orthodox medicine towards Homœopathy as a particular example of the operation of the boycott of "outside" practitioners as a hindrance to the advance of knowledge in the ranks of the "registered" profession; and, among other things, it was said that "if, as is apparently the case, homœopathic practice does not cure less or kill more people than allopathic, one is as good as the other from the public point of view, and it seems highly probable that if the allopath studied and assimilated homœopathic doctrine instead of arrogantly boycotting it his usefulness to his patients would be increased by the possession of that much additional knowledge. On this last point Dr. Hoyle observes:—

"The homœopath starts out in practice with identically the same amount of theory, knowledge, and even bedside (hospital) practice as any allopath, for in Europe all homœopaths are such only by reason of their brave acknowledgment that allopathy did not satisfy their conscientious consideration of their patients. So after leaving the ranks of the allopaths their brother homœopath has to add to his previous knowledge a new knowledge, which the allopath is debarred from acquiring because of the collegiate boycott and because allopathy condemns without a trial. * * * Thus it can be said that we all 'start fair,' so to speak, in the knowledge of how to cure or kill. We homœopaths use, identically with the allopaths, the same bacteriology, pathology, preventive medicine, hygiene, diagnosis, etc., but our therapeutics and *prognosis* are anything but the same, and, when viewed by the light of statistics, the difference is all in favor of Homœopathy and those patients who employ this prognosis."

Dr. Hoyle follows this up with some American examination figures, which indicate that, in that country at any rate, the medical neophyte trained in a homœopathic college starts with some educational advantages over the allopath; but this point is of minor interest to the British reader. Of very much more consequence are the statistics which he gives of the comparative re-

sults of homœopathic and allopathic therapeutics in certain specific diseases. These are shown in the following death rates:—

PNEUMONIA.

Per cent.

Average world homœopathic death rate for 32 years.. 3.9
 Do. do. allopathic29.5
 (For all details, including actual hospital percentages, see the *Medical Century*, New York, August, 1912.)

DIPHTHERIA.

Homœopathic death rate (without anti-toxin) 3.8
 Allopathic do. (with anti-toxin)16.1
 (See the *Medical Century*, New York, February, 1912.)

The next table covers a variety of diseases, and is given on the authority of the American Institute of Homœopathy, the percentages being averaged over a period of 100 years:—

	<i>Allopathic.</i>	<i>Homœopathic.</i>
Cholera	49.57	16.83
Yellow Fever	43.68	5.33
Pneumonia	31.22	5.34
Measles	6.3	3.7
Hydrocephalus	90.0	57.0
Pleurisy	13.5	2.5
Typhoid	33.95	8.58
Diphtheria	50.3	11.2
Erysipelas	8.6	1.6
Small-pox	33.3	18.5
Peritonitis	20.5	4.5
Scarlet Fever	20.6	2.17
Croup (membranous)	78.5	21.5
Diarrhœa	21.0	9.0
Dysentery	22.0	3.0

Finally, here are some statistics of the result of general hospital treatment in New England under the two systems in 1910. Dr. Hoyle cites the *North American Journal of Homœopathy*, 1911, p. 40, Editorial Department, as the authority for them:—

	<i>Patients treated.</i>		<i>Deaths.</i>		<i>Percentage of deaths.</i>
Mass. Homœopathic Hospital ..	4,925	....	178	....	3.61
Mass. General Hospital (Allo- pathic)	6,392	....	450	....	7.04
Worcester City Hospital (Allo- pathic)	4,630	....	410	....	8.85
Rhode Island Hospital (Allo- pathic)	6,399	....	638	....	9.97

For 1911, says Dr. Hoyle, Massachusetts Homœopathic Hospital had a death percentage of 3.4.

Nor is it only in dealing with the body that Homœopathy has the advantage, according to Dr. Hoyle's figures; it comes out equally well in ministering to a mind diseased. In ten allopathic hospitals for the insane Dr. Hoyle gives the percentage of cures in all cases admitted (on the authority of the Report of the State Board in Lunacy for the State of New York) as 23.92. In the Westboro' State Homœopathic Hospital (Mass.) for five years ending March, 1909, the percentage of cures was nearly double this figure—46.31. In Middletown State Homœopathic Hospital (N. Y. State) during the last five years it was 40.31. In three other homœopathic hospitals the rate ranges for recent periods from 32 to 45.53 per cent.

These figures are Dr. Hoyle's, not mine. If they are inaccurate they can easily be disproved; but it is difficult to believe that the huge disparities shown in many cases can be entirely founded on error or misrepresentation. I conclude that the case for Homœopathy was very much understated when it was said in my previous article that "homœopathic practice does not cure less or kill more than allopathic." It appears to cure more and kill less.

The letter from which I take these statistics deals with the attitude of "orthodoxy" towards Homœopathy at too much length for reproduction here, and the following passages will suffice to show what homœopaths have to say on this subject:—

"It is not as if allopathy was of one mind, or even content with all its work. Its ideas and tenets are changing all the time. Works of reference—that is to say books for teaching the profession—are out of date every few years. Yet the prime factor of

Homœopathy, the Law of Similia, has not changed since 1796. Hahnemann insisted that as it was a law of nature it must have existed for all time, and he even showed that Hippocrates mentioned it several times.

"You mention how allopaths condemned Pasteur for years, because he was a layman, yet they have adopted his views. Another instance of their worthless opinions is the way they hounded out Semmelweiss, of Vienna. He was Professor of Obstetrics and discovered asepsis, and when he ordered that no one who went near the pathological sections should enter his lying-in wards he was called insane, and was actually put away in an asylum. Auenbrugger (Wien), who discovered the method and signs of chest percussion, kept back his knowledge for twenty years, saying eventually, in his preface, 'I realize that envy and blame, and even hatred and calumny, have never failed to come to men who have illumined art or science or have added to their perfection.' So when the allopaths pour contempt on Hahnemann and Homœopathy, we only suffer as did these men and many others.

"We find the same uncertainty and the same acrimonious fighting going on in the allopathic ranks to the present moment. Sir Almroth Wright, whose name is known to every reader as the leader of a 'new therapy' (which is getting dangerously though crudely near homœopathic thought), said, in addressing a public audience:—

"The previous erected edifice of medicine has broken down and a new one has to be erected from the foundations. We must cast aside all our old beliefs and *admit we have been practicing quackery*. The new medicine may not be perfected, *but the old one is no good.*'

"Before allopathy can condemn Homœopathy with any face, (1) it must be of one mind as to its own value and its own doctrines and methods; (2) it must have tested Homœopathy publicly in hospitals (but, of course, under suitable control and under the guidance of a competent instructor).

"For 116 years we have offered them our knowledge, but we have been scouted. My suggestion is that we should now turn our attention to the laity, and tell them where their safety lies."

* * *

My own suggestion would be rather that the laity should turn

their attention to Homœopathy and to the wider question of the validity of the pretensions of the medical profession in regard to the treatment of disease. Far too much is taken for granted in this matter by the laity; indeed, from such utterances as that of Sir Almroth Wright, quoted above, it would seem that even more is taken for granted by the laity than by the more open-minded of the doctors themselves.

The whole subject has acquired an entirely new importance for the public with the passing of the National Insurance Act, which makes the State directly responsible for the efficient medical treatment of millions of its citizens, and thereby requires it to ascertain that they are treated in the best way possible and that the vast sums of money raised for the purpose are expended to the best advantage. In America the State takes no account of distinctions between different schools of medical opinion. Homœopathy and allopathy flourish side by side in public medical institutions. There consequently exists in America a very valuable field for testing the respective pretensions of homœopaths and allopaths in regard to the treatment of diseases. It is obviously the duty of the Insurance Commissioners, as soon as they have got their business into working order, to enter upon some inquiry of this kind: and if it shows anything like the superiority of results for Homœopathy that is indicated in the above figures, it will become their further duty to make provision for affording homœopathic treatment to insured persons wherever they can be induced to try it. Even if the two systems showed themselves pretty much on a par in regard to killing and curing, there would remain one overwhelming argument in favor of Homœopathy in its incomparably greater economy in the use of drugs. Dr. Hoyle, noticing this point in the letter above quoted, states that £100 in homœopathic drugs will go as far as £2,000 in allopathic. The importance of this point is self-evident. The cost of drugs is a big item in the expenditure under the Insurance Act, as everybody will have seen from the part it has played in the preliminary wrangling over terms of service, and a little difference of 1.900 per cent. in this item is a matter of very considerable consequence to all the contributories under the Act. With this very practical hint I commend the whole subject to the consideration of Mr. Lloyd George and his assistants.

A LETTER, PAPERS AND NOTES FROM VIRGINIA.

To the Members of the HOMŒOPATHIC SCHOOL OF VIRGINIA :

In casting about, after having been elected President of the State Society, for some method by which I might be of service to the homœopathic fraternity of the State, I conceived the idea of serving you in the manner as now presented.

This work is one that I cannot carry out unassisted and I must have the support of each and every one of you; to all those to whom I have been unable to communicate I want to say, that you are each requested to send me an article or case report before the 15th of each month, so I can arrange them for early distribution.

Let us all unite in this manner for self-improvement and mutual assistance of the rest of the fraternity in the State.

If each man will make it a rule to sit down, as soon as he has read the articles sent him each month, and write me his most interesting experience of the preceding month, together with any interesting matter he has found elsewhere, I am sure we can have interesting and helpful reading matter.

Criticisms and queries are also solicited, for the purpose of this medium is helpfulness, and not to establish the authors of the articles as authorities.

Finally, gentlemen, your help, our success; your failure, our loss.

DR. F. B. PARKER,
Roanoke, Va.

* * *

A CASE OF SUB-ACUTE SYNOVITIS.

By **E. C. Williams, M. D., Hot Springs, Va.**

On November 19th a Mr. T., a stone mason and plasterer, came into my office and asked we whether I could not give him something for his knee, which, he said, "had water on it." He had been treated by me some time before for the so-called muscular rheumatism and wished to know if my remedies could do anything for his present condition.

Inquiry elicited the fact that this condition was of some weeks' standing and that he had been under the care of an old school man for three or four weeks, during which time he had been treated by electricity in some form applied to the knee and, as this gave no benefit, he was put to bed with a plaster cast on his knee. Of course, the effusion was gone from the knee after this treatment, but returned as soon as he began to use it. He then came to me with the request or hope that my treatment would allow him to continue his work.

The patient is rather tall, angular, with "loose" or "flabby" joints. An examination found the right knee with the usual characteristics of effusion, but with no heat nor any history of heat in it.

The knee had never seemed as strong as the left knee, as showed by the fact that it would tire easier than the left when used in various ways in his work. He also reported two falls from a bicycle in which the right thigh had been injured, in one instance quite severely. Examination of the thigh found it smaller than the left one, the muscles were soft and lacking the tone necessary to proper action, while the ileo-tibial band was lax and unable to carry out its important function.

* * *

Though this condition was doubtless made worse by the use of the plaster cast, that alone did not seem sufficient to account for the state of the muscles and fascia. The site of the severe injury, which occurred a year or more ago, was marked by slight tenderness and hardened tissues.

The patient complained only of a feeling of weakness in the knee and an occasional "catch" on the outer side of the back of the knee.

It at once occurred to me that the trouble was due to an injury of a part that had never been strong and that the rational treatment was to increase the strength of the muscles and fascia of the thigh so they could hold the knee in proper position and give proper tension to the ligaments surrounding it. To accomplish this, vibration and massage have been given on alternate days, omitting Sunday, for three weeks, and the results have been all that one could expect. The effusion has nearly disappeared, the muscle and fascia have increased in size and tone,

the ligaments about the knee are increasing in tension, the sense of weakness is lessening, while the "catch" is rarely felt. Treatment is given not only to the muscles of the thigh, but to the gluteal and lumbar muscles, while the lumbar and sacral nerves of the affected side are stimulated, as well as the inguinal glands. *Apis*, *Arnica* and *Sulphur* have been given internally and the patient instructed to restrict the use of his knee. As foreman he was able to favor himself though there was an occasional walk of two miles to his home and, recently, a few days of hard labor.

Treatment was stopped because he yielded to the persuasion of his wife and used a liniment that made the parts around the knee so tender that he could not allow it to be touched. As I shall leave in a couple of days the masseur will give daily treatment for a time and then, at intervals, as seems best. After a time, movements, passive and active, will be given for strengthening the parts and the ligaments about the joint may be given a light massage. This has been a very interesting case for me and if the results are what is promised it will cause me to suspect that the plaster cast is as useless in many cases of effusion where it is used as it is in the great majority of sprains.

* * *

"THERAPEUTIC PSYCHOLOGY."

By Dr. F. B. Parker, Roanoke, Va.

In June, 1906, I was called to see a negro, who was complaining of pains about the heart and after several attempts at diagnosis and to obtain a cure I, as well as the family, realized that I was up a tree.

Needless to say, I lost the case and another physician was called in and, as I after learned, he was succeeded by several in turn.

The case became the talk of the colored population and the medical fraternity was coming in for no small share of "enthusiastic" commendation (?).

However, the patient was surviving the administrations of the medicos and was the recipient of no small amount of sympathy.

Fortunately, in my efforts to relieve the patient, I had tried to cheer him by telling him there was not much wrong with him, and

this, being overheard by some, was interpreted as my views of the case.

In March of the following year my washer-woman remarked to me that "John —— is still laying ober dere libin on his 'surance."

This remark started me to thinking and upon further inquiry I elicited the fact that it was generally conceded that John had built his home upon the fruits of his wife's illness of a few years previous.

Being owed a bill for my previous services, I decided to call, ostensibly to collect my bill, but really to get the case again and achieve a reputation.

When I called I made inquiry about John's case and remarked that if I had some medicine that was being imported into this country from Paris I could certainly cure John; after some parleying it was decided that I should get the medicine and assume charge of the case.

The medicine having arrived from the nearest drug store and labels being destroyed, so the patient could not see that it was simply *Calcium Sulphide* $\frac{1}{2}$ grain, I waited a few days (to allow the medicine to arrive from New York) and began giving the medicine in increasing doses.

When the atmosphere of the entire house became filled with the odor from John's sulphur saturated body, he thought it time to rebel and refused to take any more of the medicine and I was hastily summoned.

I do not believe that I ever before or since maintained such a professional bearing as I did when I examined John on that visit, but after a thorough examination I solemnly announced that the medicine was having an unusual effect and the only hope of ever revivifying the patient's decaying organs was for him to get in the open air and exercise.

RESULTS.—On the next day, after about ten months of very severe (?) illness, the patient was seen walking up and down the front porch and after about a week or ten days of exercising he was back at work and has remained there ever since.

John's is one of the few colored families I practice upon now, as increasing practice elsewhere has caused me to give up the colored families, but the fame I derived from the cure of John's

case would have maintained me in colored practice the remaining days of my life had I cared to attend to it.

I mention this to show that I attained the results sought in this case, namely, the cure of the patient and the making of a reputation.

My only regret is that I did not tip the insurance companies and petition them for a pension, as I later learned that the old washer-woman's diagnosis was right and that John was pulling down enough money to make me wish, in those embryo days of my practice, that I could "lay ober dere libin on my 'surance."

* * *

NOTES.

CEDEMA.—Eliminate salt from the diet.

ANGINA PECTORIS.—Avoid cold baths.

HYPERIDROSIS AND BROMIDROSIS.—A five per cent. solution of chromic acid will harden the feet and stop the worst case.

AMENORRHŒA.—Potassium permanganate, 2 grains in a pill form t. i. d. is a very efficient remedy.

URTICARIA.—Fifteen drops of chloroform in water allays irritation.

DIABETES.—Try B. & T. Tincture of *Vaccinum myrtillis*.

TINNITIS AURIUM.—First decimal of Thiosinamine does excellent work.

A BREAD FOR CONSTIPATION.—One quart of bran; one pint of flour; one cup of sour milk; one cup of molasses and a pinch of salt.

PRURITUS ANI.—Paint with a two per cent. solution of silver nitrate.

ACETONE TEST.—A few drops of a freshly prepared solution of nitroprusside of sodium are added to three c.c. of urine. On this is run a strong solution of ammonia. If acetone is present a magenta color appears at the junction.

* * *

Dr. W. B. Van Lennep, at Hahnemann in Philadelphia, on December 11th, performed an operation of thirty-five minutes' duration under the influence of ether and water solution injected into the veins. Two minutes were required to anæsthetize and two minutes for recovery. No nausea.

APOLOGY.—This is your servant's first attempt to manipulate a type-writer; so with this knowledge and a realization of the trouble I have had I know you will pardon any mistakes in print, etc.

REMINDER.—There must be an issue next month, so don't forget your part. If you have been pleased, don't be a clam. Open up.

PARKER.

ERIGERON.

To the Editor of the HOMŒOPATHIC RECORDER :

I confess it has been a long time since I promised an article for your journal and I must say a journal I look forward to its coming each month with keen pleasure.

When the remedy, *Erigeron*, is mentioned, there immediately comes before my mind the many suffering individuals it has cured.

I wish to particularly call attention to its curative action upon the genital and urinary organs. And to do so it will be best shown by relating a most distressing case, a case which looked to be hopeless in the beginning or when I first saw the case.

A young man contracted gonorrhœa and had the routine allopathic treatment given him, but failed to cure him and as time rolled on the case grew worse. He was passing blood and pus all the time and, at intervals, quite a profuse hæmorrhage of bright red blood. The bladder had been irrigated morning and evening for the period of two years.

He had a constant desire to void urine, always attended with more or less pain; at times there would be great pain in end of penis, often extending into the bladder and at the same time a most agonizing pain in right kidney. The attending physician informed him that his kidney must be removed before he could get well.

He was taken to the hospital and when the anæsthetic was given respiration almost stopped and it was fully four hours until he fully regained consciousness.

That put a stop to all operative procedures and he gradually regained strength and, finally, was removed to his home.

At this turn of the case I was called, found the patient greatly exhausted, thin, great pallor.

Severe pain in right kidney, unable to lie on that side.

His nights were disturbed, owing to the frequent urination. Great smarting and burning when passing urine.

Urine looked milky, being heavily laden with pus. At times he would have bright red hæmorrhages.

When the urine would stand a while in a bottle it looked to be about one-half pus.

After a complete survey and looking up the indicated remedy, *Erigeron* was given.

There was quite a noticeable change for the better within three days.

Within five months this man was free of pain, urine cleared up, gained rapidly in flesh and to all appearance was well.

To the surprise of all his friends he was married the following year and eighteen months have passed to date, has not been sick a day since.

Reader, just look up Dr. Burt's proving of *Erigeron*, that will tell you why I selected that medicine.

J. C. FAHNESTOCK.

Piqua, O., Jan. 3, '13.

LOCKED OUT

To the Editor of the HOMŒOPATHIC RECORDER:

Just a day or so ago I received from Mr. Titherington, editor of Munsey's Magazine, the following communication:

"Dear Sir:—

"We thank you for your letter of January 6, as we are always glad to receive comments and criticisms from our readers. What you say is interesting and your criticism of Mr. Welliver's article may be justified, but we trust that you will excuse us from entering into a discussion of so controversial a subject."

In other words, Munsey's Magazine is lined up with McClure's, the Cosmopolitan, the New York American, the Philadelphia North American and a whole lot of other members of the progressive family that—in fact—are distinctly reactionary and to the exclusion of absolutely everything in medicine and the science of disease that is progressive. They are open to reason, sometimes, but daren't go against the allopaths that are not.

I have among my papers a half dozen just such letters as that from Mr. Titherington.

In justice, let me say there are exceptions. In all my life I have found no man more broad or more open to logic than Mr. John Ames Mitchell, of Life.

Life published over my signature in the issue of April 25, last, a 200-word squib for which I asked nothing, but for which I received a nice check. Along with it was a 3,500 word article upon small-pox, which they also purchased in which I agreed with many students that small-pox is undoubtedly of syphilitic origin, by showing that when the earliest epidemics of that illness broke out in Europe they followed by periods of from 60 to 90 years the return of European armies from syphilis-ridden nations to the east.

I also put forth in that paper that an anti-toxine, so-called, does not neutralize the taint in the blood in the strictest sense, but alters it so that if a man is tainted with syphilitic miasm in the small-pox phase and be given a "prophylactic" that the action of that will be simple; *i. e.*, it will change the present taint into one of heavier phase.

Consequently, it was pointed out, if Nature did her work in the usual, even way, and the bacteria removed little by little, then it would not be long before the man needed re-vaccination to "protect," while if the bacteria did not properly perform their function the toxine would most probably manifest itself in some chronic trouble, paralysis, cancer or insanity, for instance, to name some of the possibilities.

That paper, showing the inter-relationship of facts to the satisfaction of Mr. Mitchell, has undoubtedly been of assistance in the fight of that magazine against vaccination.

In striking contrast is the manner in which the New York American recently sustained Nathan Straus against his critics.

They permitted the publication in their "Editorials by the People" column of a communication in which Straus offered to give \$1,000 to anyone that could show that the feeding of infants on sterilized milk results in scurvy and rickets.

I replied, sending a letter to Mr. Straus and a copy to the American. In that letter I made the assertion that it was illogical that anything else should occur as the result of such infant feeding and offered to debate the subject with Mr. Straus in Carnegie Hall or anywhere else that he might choose. I never

heard from the letter and the New York American did not publish it.

Realizing the crass unfairness of that, but recalling that I had addressed it to Mr. Straus, I wrote another letter for the "Editorials by the People" column. The letter was, I think, a statement of fact and showed that the number of bacteria in a sample of milk indicate the amount of the opsonins, or toxins, in the milk and that the killing of the bacteria does nothing whatever to remove the opsonins from the milk. Consequently, the baby is up against the proposition as the Arctic traveler; there are no bacteria to carry off the poison and it stays there. When it begins to undermine the health too severely the scurvy and rickets ensue.

Of course, they would not publish anything like that,—allopath medicine claims that the opsonins are one of the natural protections.

In November, 1911, Dr. Henry Smith Williams published in Harper's Magazine a very concise summing-up of all the bigoted rot that has grown out of the germ-theory.

In an article which they never published, but which they did hold two weeks and return with the reply that my deductions could not help but impress them I advanced the following explanation of the place of the "germ:"

The "germ," so-called, is not a germ, but a scavenger whose duty is merely to feed upon and take from the tainted (or opsonized) system the toxic poisons which would limit it if permitted to remain. In other words, the bacteria stand between the apparently healthy and the chronic invalid.

That there is nothing particularly wonderful in the process was shown very clearly, I believe.

Sir Almroth Wright's theory that the opsonins are chemical "somethings" placed by Nature in the blood to kill the bacteria (the bacteria which Nature sent to generate poisons in the blood mind you) was attacked on the ground that bacteria show preference of taste and do not devour the opsonins indiscriminately.

The self-limitation of these so-called infectious diseases, the future immunity when Nature has been permitted to take her course and the reasons why the typhoid bacilli will show no interest in blood from one individual while the diphtheritic will, or

vice versa, were shown to unfold naturally under the theory given above, while those things were admitted to be "riddles" and "puzzles" by Dr. Williams, who signs himself "M. D.; LL. D."

In a letter to the Philadelphia North American I tried two years ago to get before the people in that city some facts which should, I believe, aid in the fight against tuberculosis.

If I remember rightly, I held that tuberculosis is a manifestation of the psoric taint, which is not new, of course, to the homœopathist, and that the taint in question may be inherited or brought about by combination of sycosis inherited and small-pox vaccine injected (or syphilinum administered), or by injected typhoid vaccine (gonorrhœal) and small-pox vaccine or syphilinum (syphilitic).

To state it differently, that psora is a combination of syphilis and sycosis.

Of course, no attention whatever was paid my communication, although supported by the results of empiricism and research, as well as the government reports upon some conditions in the far East.

As far as I can ascertain the Chinese, unsanitary and poverty-stricken as they are in the interior, and flat-chested, do not know what tuberculosis is and the only sections of that empire in which it is known are those along the Manchurian border and the big cities, where gonorrhœa has been introduced and spread by the Aryanean peoples.

In truth the people are being stuffed, crammed to the neck with the marvels of the only "science" in the world founded upon theory,—unproven theory; theory that presents "riddles" and "puzzles" that tax and re-tax and then leave exhausted and in despair the profoundness of the LL. D.'s.

It might be added that I have been greatly aided and encouraged by Dr. A. K. Kline, of New Jersey; Dr. Louis Crutcher, of Kansas City; Dr. Williams, of Spring Lake, N. J.; Dr. Mullin, of Chestnut Hill, Philadelphia; Dr. Charles E. Page, of Boston; Dr. Phillips, of Pensacola, and others, with one exception, of the homœopathic fraternity.

HUBERT R. KROH.

Pensacola, Fla., Jan. 18, 1913.

HOW TO DISPEL THE GLOOM.

To the Editor of the HOMŒOPATHIC RECORDER:

In the December number of the RECORDER, on page 563, is an editorial, *A Very Gloomy Outlook*, and on page 534 an address by Dr. Stevens, *Medicine Has Become Mere Politics*, that corresponds with my ideas so thoroughly and corroborates my remarks that I made at the New York State Homœopathic Medical Society, held at Buffalo, last October, that I cannot resist the inclination to send you a copy of my remarks.

The subject before the society was: "Can a Homœopathic Prescription be Learned at an Allopathic College?" Before the chairman closed the discussion on the subject he requested someone to speak in favor of the proposition, which called forth the inclosed remarks.

As you say it is a very gloomy outlook to the medical profession, our State legislators do not seem to comprehend that they are throttling off all the different medical practices but one, and making them the bigoted rulers of the universe, and making slaves of all the people, themselves included. Every compulsory law placed upon our statute books, pertaining to medicine, is a nail in the coffin of progress. All school and similar examinations should not only be discountenanced, but should be prohibited, and all State medical examining boards should be abolished, their existence is entirely uncalled for and only for power, etc.

The power of the health boards should be limited to taking care of contagious diseases, and when I say contagious diseases I mean those that are such, and not consumption, typhoid, pneumonia, boils, corns and the like.

This world got along finely without all of those laws, and advanced every way. In every instance where men are given power to control the acts of their fellow-man they use such power tyrannically, and the less of such offices exist in the United States the better it will be for this Government. Hoping for a change for the better soon,

I am yours, etc.,

Tonawanda, N. Y.

DR. J. R. SIMSON.

* * * *

Address.

DR. J. R. SIMSON: Mr. Chairman, I might say just a few words on the opposite side. As you say there is more than one side to this question to be considered in sending our students to an allopathic college.

I have a son that I contemplate sending to college. I do not know what I shall do with him: whether it would be better to send him to a homœopathic, or an allopathic college.

Of course, I much prefer to send him to a homœopathic college, for one reason, that I do not believe a student can be properly taught to make a good homœopathic prescription in an allopathic college. They know no more about homœopathic prescribing than they do about the center of this earth, but, as I have said, there is more than one question that arises in deciding as to what is the best for a young man.

To-day one starting out into the world as a homœopathic physician is heavily handicapped. He cannot expect to receive any patronage, or recognition, excepting from the general public, and even that is being usurped by the allopaths, in our army and navy, eleemosynaries, schools, and clinics, from where it is carried into the homes of our families.

Our whole country is running into State medicine, and as the allopaths have a monopoly of the whole medical affairs of the nation, State and municipal, as a natural consequence everything in the medical line is running into allopathic treatment and prescribing.

They examine our patients in the public schools, and send trained nurses to their homes to see that their suggestions are carried out.

Occasionally, you will come across a doctor holding one of the insignificant offices, who professes to be a homœopath, but let me tell you that you will invariably find that he practices more allopathy than Homœopathy, and that he advocates the use of typhoid serum, anti-toxine and the like which is not Homœopathy. In fact, we are compelled, for self-protection, to use them ourselves, against our better judgment. Dr. Rankin, Secretary of North Carolina State Board of Health, says he will swear before a court that a doctor treating a case of diphtheria, without anti-toxine, is criminally liable. And if the Owens bill

should become a law, it will be but a short time that giving a homœopathic prescription for any condition will be a criminal act.

This may appear overdrawn, but if they can do so in one, they can do so in all.

The boards of health, and examining boards, are assuming more authority than the State that put them into existence. The State will give an institution a charter, giving it the right to teach medicine, and grant certificates to practice the same, with all the rights and immunities pertaining thereto. But these boards will tyrannically annul such certificates. They will not even stop here, but will place a ban upon this State chartered institution and close its doors and will take over into their own hands our eleemosynaries and asylums. Dr. Potter has just given you warning of what is coming. The allopath says that the Gowanda asylum is not needed, that Western New York is well taken care of by the Buffalo institutions. Now, this is simply a forewarning, and unless you place none but Americans on guard the doors of that asylum will be closed, or its halls will be filled with allopathic doctors.

They have placed their ban upon our colleges to such an extent to-day that it may be taken as a fact that those colleges that are not under such ban are teaching more allopathy than Homœopathy and advocate the serums, anti-toxines and vaccines.

A professor of one of our colleges admitted that a great amount of time was occupied in teaching the students a lot of stuff that was of no use to them as homœopaths, but that they had to have it to pass the State Medical Boards. And, as one doctor puts it, that it takes five years to become an M. D., and five more to get rid of the rubbish taught.

Our colleges, to make them efficient, should have more freedom, that they would not have to teach a lot of rubbish not essential to make good homœopathic prescriptions. And after one has passed through a State chartered institution, should not be called upon to undergo any further inconveniences, examinations or expense. He has certainly earned his certificate by his years of hard study, loss of time, in the best years of his life, and thousands of dollars expense, but should be allowed to practice wherever the American flag flies for the balance of his life, and should be protected in that practice by force of arms, if necessary.

The present laws are a great injustice to our students and often place them at the mercy of tyrannical, unjust men.

Patrick Henry's statement is as true to-day as when he made it. Show me that age and country where the rights and liberties of the people were placed on the sole chances of their rulers being good men without a consequent loss of liberty! I say that the loss of that dearest privilege has ever followed with absolute certainty every such mad attempt.

Therefore, Mr. Chairman, after due consideration of the disadvantages that one labors under, graduating from a homœopathic college, that he always will be, as the oldest of us are, flouted by the veriest tyro from the allopathic colleges, as being inferior in ability and knowledge, that he has to learn allopathy whether he attends a homœopathic college or elsewhere. One cannot criticise a parent, if he sends his son to an allopathic college to get his education and license from first source and teaches him the homœopathic prescription at home by the bedside, as one of the speakers has just told his experience in learning the homœopathic prescription.

What we homœopaths must do is to rouse up from our lethargy, stop apeing the old school, get the spirit of our forefathers of '76, place none but homœopaths on guard, demand our equal recognition before the public, stop the trespassing, and usurping of our patients, by their school and other examinations, and give our colleges full and independent control of their students, so that when one passes out from their doors with his diploma in his hand he can look the world in the face like an independent American citizen. Then, and not until then, will they get all of the homœopathic students.

ALTERNATION IN THREE TONGUES.

To the Editor of the HOMŒOPATHIC RECORDER:

The idea that no one of eminence has condemned alternating or giving more than one medicine at a time in sickness can hardly be substantiated in view of the following quotations: "A number of remedies may be indicated in any given case of disease and, indeed, a number of homœopathic agents may bear upon a disease, but only one remedy can be truly homœopathic to the disease, and correspond not only to the principal symp-

toms, but to all the secondary circumstances and phenomena.”—Bœnninghausen in *American Homœopathic Review*, Dec., 1864, p. 255.

Also “Sicher ist es indessen, dass von Seiten der Aerzte unendlich öfter durch zu häufiges Wechseln der Arzneien gesündigt wird, als durch übertriebene Konsequenz, und es ist sehr zu bedauern, dass es nur gar zu häufig an der erforderlichen Mittel-Kenntniss liget, wenn solche Fehler begangen werden. Tritt nun noch gar der weitverbreitete Irrthum hinzu, dass die Arznei unmittelbar Hülfe schafft, und man der Lebenskraft keine Zeit gönnt, ihre unenthehrliche Reaktion zur Geltung zu bringen, so wird die Sache doppelt schlimmer, und bei gefährlichen Erkrankungen eben durch solche Uebereilungen und vorzeitiges Wechseln der Mittel das Endresultat beklagenswerth.”—Bœnninghausen *Aphorisms of Hippocrates*, Book 2, Aphorism 52, p. 161.

Also “De tout cet amas, ayant fait une mixtion de breuvage, n'est-ce pas quelque reverie d'esperer que ces vertus s'aillent divisant et triant de cette confusion et melange pour courir a charges si diverses? Je craindrais infiniment, qu'elles perdissent ou echangeassent leurs etiquettes, et troublassent leurs quartiers. Et qui pourrait imaginer qu'en cette confusion liquide, ces facultez ne se corrompent, confondent et alternent l'une l'autre?—Montaigne.—Bœnninghausen, *Aphorisms of Hippocrates*, Book 7, Aphorism 70, Note 5, p. 545.

Yours truly,

C. M. BOGER.

Parkersburg, West Va., Jan. 9, 1913.

ALTERNATION. HEYSINGER VS. FREEMAN.

To the Editor of the HOMŒOPATHIC RECORDER:

This morning I received the proof you sent me of an article about my paper on “Alternation.” I don't think I need to say anything besides what I have said; probably this new article may induce some others to read what I have already said. However, I did not advise perfumery and fire-crackers to kill lions; I suggested some efficacious alternates. Nor do I agree with him that Constantine Hering, Henry Brooks, and Dr. McClatchey were the destroyers of Homœopathy in our medical colleges.

Nor did he quote me quite right in saying that Hahnemann's *Aconite* and *Coffea* used alternately would fail to cure purple rash, for Hahnemann said it would cure every case, while *Belladonna* would leave them mostly to die.

Nor do I agree with him that the proper thing for a young practitioner, suddenly called in to an instantaneous case of life or death, should go home and begin to study.

However, all these are trivial, and the whole paper is nonsense, as any one of sense will see. I could not add anything to what I have already said, nor is anything more needed for reasoning people of sense and knowledge. I am sorry he doesn't like Hughes: perhaps Hughes doesn't like him.

Yours truly,

I. W. HEYSINGER.

1521 Poplar St., Phila., Jan. 13, 1913.

DIABETES MELLITUS.

To the Editor of the HOMŒOPATHIC RECORDER:

I am undertaking an exhaustive research into the pathology, etiology, and dieto-therapy of diabetes mellitus. I am very anxious to hear from every physician in the United States who has a case under treatment, or who has had any experience in the treatment of this malady. Von Noorden says "the best treatment for the diabetic is the *food* containing the *greatest* amount of *starch* which the patient can bear without harm." If any physician who reads this has similar or contrary experience, and would take the trouble to write to me, I would esteem it a special privilege to hear from him, if only a postal card.

Kindly address,

WILLIAM E. FITCH, M. D.,
355 West 145th St.,
New York City.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

To the Editor of the HOMŒOPATHIC RECORDER:

The sixty-third annual meeting of the Rhode Island Homœopathic Society was held at Narragansett Hotel, Providence, R. I., Friday, January 10, 1913. The speakers, Dr. D. L. Richard-

son, superintendent of the City Hospital (Providence); Prof. John L. Coffin, M. D., and Prof. Horace Packard, M. D., Boston University. Doctor Packard spoke of the parasitic growth on trees of a cancerous nature and illustrated with slides and made the analogue with cancer in the human race. There being a lack of cell salts in high class foods of well-to-do. The thought being brought out for criticism and discussion.

Officers.—President, Martin S. Budlong, M. D.; Vice-President, Ralph W. Hayman, M. D.; Secretary, Martha B. Bates, M. D.; Treasurer, Chas. H. Finch, M. D.

W.

THIOSINAMINE.

To the Editor of the HOMŒOPATHIC RECORDER:

Dr. J. E. Gilman, who is one of our leading physicians in this city, gave me some information regarding the use of *Thiosinamine*, and which information would make a good RECORDER item.

He used it in urethral stricture with enlarged prostate, using it hypodermically. The formulæ that he uses is as follows: *Thiosinamine* pure, 15 parts, and Antipyrine 7 and $\frac{1}{2}$ parts, and Aqua Dist., 100 parts, using it hypodermically, 10 drops to the dose for rectal stricture. For urethral stricture in enlarged prostate it may be used by injecting into the urethra, diluting it with water throwing it back to the neck of the bladder.

The Antipyrine prevents smarting. Dr. Gilman says also that he thinks that *Thiosinamine* alone, in potency, would produce the same results, but during his experience of about one year he has obtained results as above stated. '

M. R. F.

Chicago, Jan. 22, 1913.

THE DOSAGE OF CHROMICO-KALI-SULPH.

This letter, as the reader will note, was addressed to Messrs. Boericke & Tafel, but as it concerns a new remedy and was written by the physician who introduced that remedy it was thought well to print it in this journal. If any of our readers have had any experience with the drug we would be glad to re-

ceive it, as Dr. Mersch requests.—Editor of the HOMŒOPATHIC RECORDER.

Messrs. Boericke & Tafel:

I noticed in your "Jottings" the reference to this medicine I discovered a few years ago, "Chromico-kali-sulph.," and I fear that in certain cases one may not succeed with the doses you have given. If you will kindly read over again what I wrote on the subject, especially the second pamphlet presented to the British Congress last year, you will see that in some cases even the ordinary dose of the 1st x was not sufficient. I had to give for them up to 1/6 of an ounce every day, in several times. But in these cases the patient has never had to take the remedy more than a few days to get rid of the hay fever during the whole season. This dose may seem enormous, but in reality the stomach is less troubled by taking during two days the remedy at a pretty large dose than by taking it during a long time in feeble doses, especially when one does not thereby relieve the patient of his affection. Besides, I had to give such doses only twice and each time not the least trouble was felt. I have taken myself as a trial, one *gram* of the crude substance, *i. e.*, 10 *grams* of the 1x, feeling nothing else than a slight increase of the appetite. (I experienced it only one day in that big dose.)

I thought it was useful to give you the above details in order to meet the objections that could be made in cases where the remedy would not have acted.

In most of the cases, it is the 1st x, 3 powders a day, which gives the best results. Dr. Jousset, of Paris, however, has had a case where the 3x produced some aggravation before the cure. Perhaps it will be of interest to you to know that I have read in the "Revue française d'homœopathie," that Dr. Jousset declares to have succeeded with *Chromico-kali-sulp.* in all his cases.

I would be much obliged if you would kindly let me know the results obtained by the American physicians. It may be that the hay fever in your country be of a different kind than it is here and that the dose ought to be stronger or feebler and I would be very glad to know about it.

Thanking you very much in anticipation, I am, dear sirs,

Yours sincerely,

DR. MERSCH.

Bruxelles, Belgium.

THE ECLECTIC MEDICAL JOURNAL.

To the Editor of the HOMŒOPATHIC RECORDER:

As you may have noticed I have purchased my brother's interest in the Eclectic Medical Journal and the assets and good will of the Scudder Brothers Company and will hereafter conduct the publishing business in my own name.

Since the Medical Gleaner suspended publication in November last I have been fortunate in securing the services of Harvey Wickes Felter, M. D., to act as editor.

The January Eclectic Medical Journal has been enlarged and much improved, editorially and mechanically, and, with renewed efforts, we hope to make our seventy-third year conspicuous in many ways.

Fraternally,

JOHN K. SCUDDER.

Cincinnati, Ohio, Jan. 1, 1912.

AN ARSENICUM CASE.

By L. H. Maloney, M. D., Savanna, Ill.

Every practitioner of our school, even of small experience, has been frequently impressed with the fact that arsenic is a powerful drug; powerful for good or evil, according to the method of its employment. Hahnemann, in *Chronic Diseases*, gives a lengthy dissertation on the harmful effects of the drug when given in large and often repeated doses. Even in this day, nearly a hundred years after Hahnemann wrote, much harm is done by giving it in material doses.

While the numerous provings of arsenic show that nearly every part of the anatomy is affected by its internal administration, the alimentary canal seems selected for the deeper and more lasting pathological results.

The case I wish to report is that of a German woman, 64 years of age, married, mother of seven or eight children. She has always worked hard and enjoyed good health till about two years ago. Since then she has been continuously ill, much of the time in bed. I first saw this woman August 6, 1912. The family did not think it possible to help her for she had been sick so long,

and was given up by all the physicians who had seen her previous to myself. I have had no opportunity to talk to these men and do not know what their diagnosis was, but the family assured me that they called it cancer. The family and relatives were all the more ready to accept an unfavorable prognosis because a twin sister of the patient was taken the same way about eight years ago and died.

At time of my first visit I found the patient in bed too weak to move without help. She complained of great pain in the abdomen, which was very much bloated, but was not overly tender to touch. The bowels were inclined to be loose, but the evacuations were incomplete. Mentally she was very much dejected and discouraged. Her agony increased at night, in fact, all her symptoms were aggravated at night. She got no rest nor did any one of the household, except when she was under the influence of morphine, which was the only medicine that was being used.

To make this a truthful report I must confess that I did not give the indicated remedy at my first visit, nor at three subsequent visits. It was on August 23, the occasion of my fifth visit, that I saw the light and gave the medicine that would have cured her two years ago had it been administered. On this occasion I inquired further into symptoms attending the beginning of her illness two years ago. In reply she stated that she was taken with a violent diarrhœa that was always worse at night—especially after midnight. This statement, together with the present symptoms, caused me decide in favor of *Arsenicum*. I gave her one dose of B. and T. 30x with instructions to give her one dose daily till I should call again. My next visit was 5 days later, August 28. For the first time since the patient was in my care I found her easy in body and quiet in mind. Her son told me that the change came the next day after my last visit. When I saw her again, a week later, she was up and dressed and was taking her meals at the table with the family. The improvement has continued without interruption. For the last three weeks she has been helping with the house work, putting up fruit, etc.

She was given six doses of *Arsenicum*, a dose daily from Aug. 23 to 28, inclusive. She then went a week on *Sac. lac.* From

that time to the present she has taken *Apis mel.* 30, 1 dose daily. The *Apis* was given for an œdematous condition of her feet and lower limbs. It is helping that condition very fast. I wish to add that I made no change in diet. The appetite was good, even when the patient was at the worst. She had a desire for such food as cabbage, kraut, and was allowed to have it, but no matter what she ate, it always had caused an aggravation of the pain. I believe the woman will ultimately be completely cured. She is steadily gaining in strength, eats and sleeps well and is re-tored to a happy state of mind.—*The Clinique, Jan.*

FUCUS VESICULOSIS.

Every year or so some one brings this rather curious drug to the front, from which we may conclude that it has virtues, but that they are not very clearly defined. The latest one to write on it is Dr. Edward J. Farnham, of Chicago, in *Ellingwood's Therapeutist*. The following is what he has to say of its use in practice:

"It has been applied externally to enlarged, or scrofulous glands, and internally it is given in obesity; though it has failed to cure so often as to cast doubt upon its value in these diseases, but a specific diagnosis promises to distinguish the cases wherein it is likely to prove curative.

"In doses of from one to two drams three or four times a day, it will, in suitable cases, reduce excessively fat patients without interfering with normal health. It is not a suitable remedy where adiposity is a normal condition, but in those cases where an excess of adipose tissue is an abnormal condition. It applies to cold torpid conditions where the skin is cold and clammy with loose and flabby rolls of fat and a relaxed and pendulous abdomen. Here fat is a morbid condition, the result of a vitiated function. The remedy corrects the morbid condition by toning up the vascular and sympathetic systems. It is more especially a remedy for the lymphatic temperament.

"*Fucus vesiculosus* is curative in recent cases of goitre in young women, and this lesion may be associated with some disorder of menstruation. In old, fibrous cases of goitre it is not so valuable. If there be an undue deposit of fat in the case it is likely to relieve both conditions.

"In exophthalmic goitre it is also reputed curative, but here, as in simple goitre, the general condition must be our guide. As iodine is a tonic where the sexual power is feeble in the male, and is also a remedy in cases of goitre where menstrual disorder is also present in the case, we may find it curative of both lesions. Here we might associate it with *Gelsemium* for the extreme nervousness of exophthalmic goitre, with *Veratrum* for the vascular excitement, and with *Apocynum* or *Macrotys* for the menstrual disorders. It relieves irritation of the urinary tract in desquamative nephritis.

"*Fucus* does not show any remedial effect until it has been employed for some time. After it has been administered several weeks its curative power is manifested. When given to reduce obesity, it must be given at least a month before its good effects will appear. It tones muscular fibre and is a remedy to have in mind in fatty degeneration of the heart. It increases the flow of urine. It acts on kidney lesions removing congestion and irritation of the urinary tract. It acts well on all chronic inflammation of the mucous membranes.

"*Fucus* has been recommended to remove abdominal deposits, and tumors both benign and malignant. It acts on the glandular system directly and is indicated in cases when the abdominal walls are flabby. Dose, five to thirty drops, three or four times a day."

VACCINATION, VARIOLINUM AND THUJA.

"The second point of interest to which I want to allude before concluding is in reference to vaccination. In six cases whom we have vaccinated here at out-patients I have first given a three weeks' course of *Variolinum* 30, three times a day, and not one of these cases showed the slightest tendency for the inoculation to take. Two of them I asked Dr. Hare to vaccinate, as he was very sceptical, but when he came down to see them the following week he was, I think, astonished; six other cases I have vaccinated without giving any preliminary treatment, and using vaccine from the same source as in the first set of cases, and all of them took well. This certainly suggests that there is something in *Variolinum* 30, even though a chemical analysis of the preparation would not detect the slightest evidence of a drug of

any kind. As an antidote to the effects of vaccination we all know the value of *Thuja*; I vaccinated my own baby two months ago, and the arm became very red and angry-looking, so I gave him a dose of *Thuja* 200, and the whole thing subsided very rapidly, and no bad effects were apparent. Another case I remember: a baby had suffered from constipation ever since being vaccinated, and he was then seven months old. There had been no alteration in his diet, as he was being fed on the breast entirely. Three doses of *Thuja* 30 were given, and on the second day the bowels acted naturally, and have done so every day since, and that is nine months ago."—*W. Percy Purdom, M. D., B. S., Lond., in The British Homœopathic Medical Journal, Jan., 1913.*

OBITUARY.

Knapp.

Another veteran has gone over to the Great Beyond—Dr. Theo. P. Knapp, of Union, N. Y. He was a graduate of Hahnemann, Philadelphia, Class 1854. He died September 25, 1912, after a brief illness. He moved to Union in 1859, where he remained in practice ever since.

Woodruff.

On Wednesday, November 6, 1912, Marietta Huntoon Crane Woodruff, M. D., died within a few minutes from hæmorrhage of the lungs, brought on by hard coughing spell, rupturing walls of artery. She had been out making calls on sick in the morning and around her yard and in house in afternoon. She was sitting at desk writing, when coughing spell came she walked out on back step on account of choking, then the blood came rapidly, she soon lost consciousness and passed away easily without suffering. Age, 75. Was a pioneer woman physician and homœopath, always stood up for principles of Homœopathy and was an earnest, sincere Christian.

Arndt.

Hugo Richard Arndt died at Cleveland, Ohio, on January 2, of pneumonia, after a short illness, in his 66th year. He was born in Germany and, after coming to the United States, was

brought into the homœopathic medical profession by Charles J. Hempel, studied at the Cleveland Homœopathic College from which he was graduated in 1869. He first practiced at Ann Arbor and thence went to San Francisco, where he lived until called to the office of Field Secretary of the American Institute of Homœopathy. He was editor of the *Medical Counselor* for six years and afterwards of the *Pacific Coast Journal of Homœopathy*, a journal evolved from the *California Homœopath*, started by those (then) young men, Boericke and Dewey. Dr. Arndt was editor of that big work in three volumes, "A System of Medicine Based on the Law of Homœopathy," brought out by the Hahnemann Publishing House, 1885-6. He also edited an edition of Hempel's *Materia Medica*. Later, in 1898, Boericke & Tafel published Arndt's *Practice*, a work of 1,331 pages and in 1903 his *First Lessons in Symptomatology*, a small, but most excellent *resumé* of homœopathic materia medica. Surely the veterans are fast answering the last Great Roll Call.

KING CO. HOMŒOPATHIC MEDICAL SOCIETY.

The 6th annual meeting of the Homœopathic Medical Society of the County of Kings was held at the Medical Library building, 1313 Bedford Avenue, Brooklyn, Tuesday evening, January 14, 1913, Dr. Ralph I. Lloyd, president, in the chair.

The following board of officers was elected for the year: President Roy Upham, M. D.; Vice-President, John F. Ranken, M. D., Secretary, L. D. Broughton, Jr., M. D.; Treasurer, Alfred Bornmann, M. D.; Necrologist, E. R. Fiske, M. D.; Board of Censors Orando S. Ritch, M. D., Ralph I. Lloyd, M. D., Alton G. Warner, M. D., W. S. Rink, M. D., Stanley W. Pallister, M. D.

Dr. J. F. Walsh, recently an interne at the Cumberland Street Hospital, was elected to membership. Dr. Frank M. Wright, formerly of Brooklyn, and now a resident of Stamford, Conn., resigned from membership.

The report of the secretary showed a membership of 115. Three members have applied for senior membership during the year, Dr. George Clinton Jeffery, Dr. John H. Moffat, Dr. H. J. Pierron.

Dr. H. D. Schenck read an interesting paper on the "Sanitation

of the Canal Zone," outlining the work done by the United States service under the direction of Col. Gorgas in making the Panama district habitable during the building of the canal. The paper was discussed by Dr. Roy Upham.

Owing to the meeting of the New York State Homœopathic Society during the early part of February the meeting of the Homœopathic Medical Society of the County of Kings will be deferred one week to February 18th.

L. D. BROUGHTON, JR., M. D.,
Secretary.

THERAPEUTIC POINTERS.

Dr. Douglas H. Stewart, of New York City, in a late issue of the *Medical Standard*, says: "I use *Aconite* in fever whenever there is a rapid, strong pulse and a dry, hot skin. I always used the homœopathic mother tincture unless I'm overruled by my confreres.

Here is what may prove to be a good hint—of a "do not" nature. Dr. H. R. Stout, Jacksonville, Fla. (*Med. Century*, Jan.), relates how he, on going to bed, took six drops of *Gelsemium 2x*. Next morning could hardly get up and all day had difficulty in moving about on account of a heavy feeling akin to paralysis. Do not be too hasty in prescribing this drug in material doses. The 3x seems to be quite "strong" enough.

An English doctor tells of almost unbearable pain in a stump twenty-seven years after amputation. If he would give that patient some homœopathic *Hypericum 3* and bathe the part with a half water dilution of the tincture he might give relief to the sufferer.

"As mullein oil is an excellent remedy for diseases of the ear and post-nasal passages, it is natural to believe, as Dr. Morrison writes in the *American Journal of Clinical Medicine*, that this remedy properly applied will benefit acute catarrh."—Ellingwood's *Therapeutist*, Dec.

Apis is a better guard against diphtheria than serum also much safer, and also much cheaper.

A writer in *China Medical Journal* says that if you dissolve an ounce of Epsom salts in a pint of water, rub your body with this

solution, and not wipe it, but let it dry on, not a fly, louse, gnat, bedbug, mosquito, or other small-fry of that nature will touch you. It is up to the reader to verify this.

"Spiethof agrees that more cases of nervous symptoms occurring during the course of syphilis after treatment have been seen since *Salvarsan* has been introduced, but he also finds that they are more common when small doses of *Salvarsan* are used, and he has come to the conclusion that they occur in inverse proportion to the size of the dose."—*B. M. J.*, Jan. 4. Rather curious conclusion.

BOOK REVIEWS.

A PRACTICAL MEDICAL DICTIONARY, of words used in Medicine with their Derivations and Pronunciation, Including Dental, Veterinary, Chemical, Botanical, Electrical, Life Insurance and other Special Terms; Anatomical Tables of the Titles in General Use, and those Sanctioned by the Basle Anatomical Convention; Pharmaceutical Preparations, Official in the U. S. and British Pharmacopœias and Contained in the National Formulary; Chemical and Therapeutic Information as to Mineral Springs of America and Europe and Comprehensive Lists of Synonyms. By Thomas Lathrop Stedman, A. M., M. D. Editor of the "Twentieth Century Practice of Medicine;" Editor of the "Medical Record." Second Revised Edition. Illustrated. 1,028 pages. Plain, \$4.50. Indexed, \$5.00. New York. William Wood & Company. MDCCCCXII.

The first edition of this work contains exactly 1,000 pages, the second, as you can see, contains 1,028, which pages we presume represents the word additions of less than two years. A reading of the full title above will give you an idea of the scope of the work, but it would take a more learned man than the reviewer to make a scholarly criticism of the book. We have often listened to learned words rolling off the tongues of those who read papers at medical meetings, and of those who discussed them, and wondered if all were penned up as Chinese students are said to be and required to write out a definition what would result.

As this is a rather interesting opening, let us take one word: "Amboceptor." Write a definition! Dr. Stedman says—and we

are ready to take his unsupported word—that an amboceptor is: “An antibody with two haptophore groups, cytophil and complementophil; the substance in serum which possesses an affinity for both the complement and the bacterium erythrocyte, or other cell upon which the latter acts, and which serves to unite the two so that the lysis or destruction of the cell may be effected.” Its synonyms are: “intermediary body, immune body, substance subsibilatrice, substance fixatrice, copula, desmond, preparator, sensitizer fixative, bacteriolytic a., bacteriolysin, an a. capable of causing bacteriolysis in the presence of complement,” and so on for a lot more. Dr. Stedman admirably calls the bluff of the new-words, but whether they or he understand—comprehend—what this word, a sample, means, is another question. Yet it is through this rank growth of exotic verbiage that the young man must struggle in order to get a license to tack up his sign, to treat Uncle Eben’s rheumatiz, baby’s colic or Cholly’s indiscretions! Is it genuine learning or is it colossal bluff? Who knows?

However, Dr. Stedman belongs to Dr. Johnson’s famous class of “harmless drudges,” who make dictionaries for the benefit of those who want to play the game, and call those who have gone to the dictionary before them and rung in big words, and he has done his part well. If you want to write a paper chock-full of learning and strange lingo he will furnish you with the material. Furthermore, he will tell you how to roll these, and all other terms, off your tongue most glibly and with the accepted pronunciation—which will be welcomed by more men than one. Have you never heard a man at a medical meeting use a word, and seen him mentally wince as some one better up in dictionary signs markedly accented a certain word differently? For instance, all words ending in *itis* (so far as we have seen) must go as *etis*. To be sure an old professor friend of ours rages at this—says “it’s all tommyrot”—but it goes and you might as well get in the swim and it looks as if Stedman had that end of the thing slap up-to-date. Finally, to come down to the formal, this dictionary contains all the latest words, their accepted definitions, root meanings—the most enlightening feature in the life of a word—and the current pronunciation. What more can be asked?

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EDITORIAL NOTES AND COMMENTS.

"THE QUACK IN THE CRISIS."—This is the heading of an item in the *J. A. M. A.*, Jan. 4. From it is the following: "Who is found on the battle-field attending the dying and wounded, the quack or the regular doctor?" The "regular," of course, because he allows no others the opportunity, and then brags of the fact that they are not there and calls them "quacks." Now, *Jama*, that is not a nice thing for you to print; also, in the light of facts it is rather assinine, for, given the opportunity, the other doctors would be quite as brave on the field of battle as you are and quite as ready to go. Drop such stuff, dear brother!

THE ORIGIN OF "QUACK."—Dr. J. R. Borland (*Eclectic Review*, Dec.) quotes a note to be found in Cullen's "First Lines of the Practice of Physic," 1805, concerning Paracelsus, who introduced mercury, or quicksilver, into medicine. The German people termed those who afterwards followed his practice in the 15th century "*quack-salber*" doctors, *i. e.*, "quicksilver," and this was in time shortened into "quack" doctors. Time was when the esteemed brother was quite noted for the use of this drug.

A NEW CANCER TREATMENT.—The latest cancer treatment is "Fischera's method, as follows: Fresh sterile human fetuses of 2-6 months of intra-uterine life are ground or chopped up and placed in a flask of sterile physiological salt solution," etc., etc. This emulsion is administered hypodermically. The quotation is taken from a very respectable medical journal, the *New York State Journal of Medicine* for January, otherwise one might think that it was a parody on the broth brewed by Macbeth's witches.

ARE THE BACILLI A MYTH?—Two French scientists, Albert and Alexandre Mary, have recently published a little work that is causing comment in the European medical journals. The title is *Synthese du "Bacille" de Koch*. (Jules Rousset, Paris.) Have not seen it, but learn from the journals that, in short, the authors deny the existence of Koch's bacilli, say they are but a chemical precipitation, are the result of the action of the disease, and the phagocyte is the direct product of the microbe, a third stage apparently. Some men have written the authors that their brochure is "nonsense," but they come back with the assertion that, on the contrary, the prevailing theories are nonsense. The journals are not committing themselves very ardently on the subject either way; probably they realize that the "dawn of science," "standing on the shore of knowledge" and things like that are something more than poetical figures of speech, and that when there is more light the futility of much that passes current to-day will be seen.

THE WAY OF PATIENTS.—Sir William Gull hardly ever gave physic. A patient of his, at Guy's Hospital, says a writer in *B. M. J.*, made a good recovery from typhoid without the usual and too often strong drugs. Sir William congratulated him and the patient replied: "No thanks to you!" This ungracious retort was made because the patient had received no drastic dosing. This reminds us of an honest Irishman we once knew, who, after urging, by a bunch of us, took his ills to a homœopathic doctor; on leaving the doctor's office he flung the vial of pellets into the street with a muttered "t'ell with it!" governed by the same spirit that possessed Gull's patient.

A TYPHOID DILEMMA.—The official journal of the A. M. A. is worried because a certain newspaper has swallowed whole the talk given out about typhoid vaccination and said: "It will be a boon in towns where water-purification plants cannot be built because of the expense." While our esteemed A. M. A. contemporary has our hearty support in wishing that the newspaper's view will not find many supporters still we are inclined to believe that the newspaper is quite right in thus arguing from the rose-colored premises laid down by the A. M. A. doctors. They tell the newspaper men that the protection is certain and ab-

solutely harmless, and any one can see that it is cheaper than a filtration plant.

AT THE CONFESSORIAL.—“There is something wrong with us—the medical profession. That ‘something’ we believe to be the pernicious habit of prescribing proprietary mixtures, for the public is awaking to the fact that there is very little difference between the secret or semisecret ‘ethical proprietary’ prescribed by the physician and the secret or semisecret ‘patent medicine’ bought over the counter.”—*Journal of the A. M. A.*, Dec. 21.

A POINT SETTLED AS TO TYPHOID.—The student doesn't often go to *Life*, but—you can learn everywhere. That journal recently printed a letter from C. T. Stokes, Surgeon General, United States Navy, in which he said that “the typhoid fever bacillus, or germ,” is “a vegetable organization.” This is official, and, therefore, important, because of the prevalent idea that it was from human dejecta and, therefore, it was supposed by many to be of animal origin.

FLIES AND SUPERSTITIONS?—“Insect Porters and Bacterial Infection” is the title of a lecture delivered before the Royal Society of Physicians recently by Dr. C. J. Martin, *Lancet*, Jan. 4. In it he mentioned the observation made in India that enteric fever had a very definite season, following the coming of the rains. “The abundance of flies increased also soon after the beginning of the rains, but earlier than the admissions for enteric fever.” Another observation is that in Australia (it probably holds true elsewhere) when a hot, dry wind blows flies must seek shelter or they dry up and die. The theory is that the flies carry the disease, which may be true, but is at variance with the older observation—or is it superstition?—that in seasons when flies are notably scarce, or absent, epidemics are far more deadly than when they are about as usual. If this latter is a fact it opens up a curious field for investigators for it is undoubtedly true that the flies and the fever come together from the rainy season. Has any reader observed anything bearing on this matter?

DEATH AND THE DOCTORS.—The statistician of the A. M. A. reports the death of 2,120 physicians in the United States and

Canada during 1912. How many were graduated is not stated, but it is doubtful if they reached that number. Ten years or more of study for the privilege of risking a turn-down by the Examining Boards is not an attractive prospect for young men; neither is the fact that they are tied down to one State and after a few years are unable to move elsewhere, because of inability to answer the "latest" questions. These arbitrary laws were designed to put down irregular practitioners, but in effect they tend to make the pathway of that class easier, because the modern much-studied and expensive physician cannot afford to go to the small towns. The numerous two-year men are passing away—who will take their places?

EXAMINING AND LICENSING BOARDS.—The spirit of the law establishing these boards was to prevent incompetent men from practicing medicine. In time these boards assumed a power to throw out colleges, a power which seems to be contrary to that given them by letter of the law. To-day we have a condition in the noble profession of medicine that would make the gods on Mt. Olympus roar with laughter at their companion who presides over medicine. The men from an old university or college may practice in this State, but may not even apply for "examination" in that; and, on the other hand, the excluded men are permitted to practice in other States, where the first named are, in turn, excluded. One can imagine the laughing gods asking Apollo whether the great profession, ruled by his son, Æsculapius, about which he has bragged so much concerning its lofty character, is, after all, on the same level as the tariff on wool, steel, sugar and the other articles of merchandise.

THE OUTLAW, SAMUEL THOMPSON.—All over the country the allopathic politicians are as busy as bees trying to gather in profitable legislation for their diminishing party. It was about 1819 that their predecessors tried to pass a law outlawing Samuel Thompson, the old herbalist. They did succeed in having him imprisoned for a time. But in those days there were men in their ranks animated by the true spirit of medicine, men disdaining the petty spirit of the tradesman. Among these was Professor Benjamin Waterhouse, of the Harvard Medical School, who said that Thompson "cured and relieved many disorders" which

his persecutors could not. Also: "Had John Hunter, whom I well knew, been born and bred where Samuel Thompson was he would have been another such a man."

THE CAUSE OF RHEUMATISM AS SEEN BY MODERN EYES.—Dr. W. P. S. Branson (*British Med. Jour.*, Nov. 23) opens that number with "A Clinical Study on the Avenue of Rheumatic Infection." The conclusions arrived at in this lengthy paper are that Sydenham's chorea and rheumatic fever are due to the same infecting agent; that the chorea depends on emotional stimuli; that the principal avenues of infection are nose and throat, and the first essential of "rational treatment" lies there. These are the conclusions—boiled down. The part of wisdom for the homœopath not to neglect his *Rhus tox.*, *Bryonia* and other remedies that cured rheumatism before it was discovered that it is primarily a nose and throat disease.

THE "MISSING LINK."—Mr. Chas. Dawson, of Lewes, England, has discovered the remains of a creature which some members of the Geological Society think is the "missing link" that Darwin could not find. The find "links modern man in some respects very closely with anthropoid apes." The missing link in the doctrine of evolution is the fact that if evolution is a natural law it must be always operative and we should find it at work all about us—but we don't, neither did Darwin.

A CASE OF ARNICA POISONING.—Dr. Proctor-Sims (*Br. M. J.*, Dec. 21) writes of a young married woman who came to him "with a history of having fallen a few days previously whilst going downstairs. A sympathetic friend advised an application of tincture of arnica to the bruised parts, and the treatment had evidently been carried out with great thoroughness. When seen by me the lumbar and sacral regions were covered with a red, angry, and extremely irritable erythematous rash. One side of the face was puffed, and there was a rash there in appearance very like urticaria. There was a similar rash on one forearm. I was assured that none of the arnica had been applied to these latter two parts. The rash and irritation subsided in a few days under combined treatment by saline purges and a sedative ointment. I thought the case of interest because, though arnica has

been expunged from the *Pharmacopœia* as an uncertain and often dangerous remedy, it seems still to linger in the minds of some members of the public as a specific in certain forms of injury."

Arnica is very useful, internally (3d) and externally, for heavy blows or concussions. When used externally it should be diluted with twenty parts of water. For cuts, bruises, lacerations or any bleeding surface *Succus Calendula* is far better; it can be applied freely, undiluted, with entire safety and splendid results, being at once very healing and preventing suppuration far more effectively than bichloride, etc.

DOCTOR AND PATIENT.—When a man puts forth something more than a platitude we like to report it. This man had been in the swim for twenty years or more; knew allopathy, homœopathy and all the rest. A case was mentioned in which the hypodermic of morphia had seemed to make the case worse. Some one said, "Why not let the patient fight it out under the indicated remedy?" "You can't do it," was the reply of the experienced one, "they demand quick relief and if you don't give it some other fellow will. You've got to live." "Then it is a question of bread and butter?" "Yes." "What of the high ideals?" A shrug of the shoulders was the answer. And yet we believe they are not dead in *any* school of medicine.

THE EARLY DAYS OF OHIO VALLEY MEDICINE.—Otto Juettner, who writes "M. D., F. R. S. M. (Eng.)" after his name, recently read a paper on this subject before the Ohio Valley Historical Society that is interesting. One of the noted men was Benjamin Winslow Dudley, who was born in Virginia in 1785, but emigrated to Kentucky when one year of age. He was the founder of the medical department of the Transylvania University, at Lexington, Ky. Transylvania was the original name for Kentucky. He studied at the University of Pennsylvania (Benjamin Rush was then in the Faculty) and, after some adventures, studied surgery at Paris, France. Returning to Kentucky he was in at the founding of the medical school at Lexington. In time he had a quarrel with a brother professor—what barbarous times—and fought a duel with him in place of back-biting. Dudley was missed, but his bullet severed an artery of his opponent, and then the surgeon in him came to the fore and he saved the life of the

man he had shot, and they were afterwards warm friends. But what we are leading up to is the fact that he performed over 600 operations of lithotomy with a death-rate of 4 per cent. With this percentage in mind one will read the next fanfare of modern surgery in a slightly modified light. Each generation ought to be better, for it has the light of all the preceding generations to guide it, but this is not always utilized. We are too apt to think we know it all simply because we are a part of the temporary "latest."

THE RISE, SPREAD AND FALL OF DISEASE.—Each decade sees the rise of some new disease, or the appearance of an old, old one in new trappings. At present it is poliomyelitis. As is always the case, the learned ones are looking about for the cause of the trouble. Pretty much everything has been accused of carrying these invisible germs—the pesky *Musca domestica*, the *Culex sollicitans*, *Pediculus vestimenti*, *Cimex lecturarius*, cats, dogs, human beings and nearly everything else. Now, Claude, this is not "knocking" the Professor, but only a statement of fact. It seems, to some, at least, that such "epidemics" are like the wind—whence they come and wither they go we know not. There is a big unexplored field awaiting you, Claude, but you must go beyond microbes and other bugs to things or causes back of them. You must get closer to great elementary causes. A greater field than Darwin's lies shrouded before you.

VIS MEDICATRIX NATURÆ.—In olden times the allopaths said that nature cured those entrusted to homœopathic treatment. The weak spot in this assertion was—and is—the fact that more got well under *vis medicatrix natura* than under the orthodox treatment, which fact presented the obvious horns of a dilemma. On this point the following from a letter by Dr. A. F. Millar (*Br. M. J.*, Dec. 28) is illuminating:

"You no doubt had in mind a passage in Professor Huxley's essay, 'The Struggle for Existence in Human Society.' Huxley was talking with Sir William Gull on this subject, when 'Stuff!' said Sir William, 'in nine times out of ten nature does not want to cure the man; she wants to put him in his coffin.'

"Nine times out of ten seems rather a tall order; and I have always been surprised that Huxley accepted the statement without

question. Most of us feel rather proud if we think that we have defeated the evident intentions of nature, when those intentions are malignant, in *one* case out of ten.—I am, etc.”

A NEW ORDER PROPOSED.—The following is clipped from the *Eclectic Review* for January:

“The health authorities in several States seem to favor abolishing small-pox quarantine, taking the position that a small-pox patient is harmless to those who have been successfully vaccinated, and that there need be no sympathy wasted on persons who decline to be protected. The patient’s house is, of course, to be placarded to warn the public. Some people are beginning to get rather tired of protecting those who refuse to protect themselves. This feeling is especially noticeable among taxpayers who are obliged to support pest houses. The anti-vaccinationists are taunting the health authorities with inconsistency, and ask: ‘If vaccination does protect your children, why are you so afraid of mine?’ This is a question which will sooner or later have to be satisfactorily answered, or the whole compulsion system must collapse. In pointing out these facts *American Medicine* sensibly asks:”

“Why would it not be a good plan to ignore the antis, and then if the unvaccinated children get small-pox, put the parents in jail for criminal neglect? These abnormal people have “fixed ideas,” which cannot be eradicated. They resent force and will ignore compulsory laws as they always have done. They have enough influence to defeat such bills in legislatures and the only thing to do is to insist on punishment when the neglect causes disease. Prevention has proved impossible.”

Try it on, brother sinners, try it on!

NEWS ITEMS.

Dr. E. Mather has removed to 4 Warren Ave., Detroit, Mich.

Dr. G. Harlan Wells, editor of the *Hahnemannian Monthly*, has removed from Arch St., to more roomy and better located quarters, at 1806 Chestnut St., Philadelphia, Pa.

Dr. J. V. Blood, Three Rivers, Mich., writes that there are several good locations open for homœopathic physicians in Southern Michigan.

The American Institute of Homœopathy will hold its next annual meeting in the New Albany Hotel, Denver, Colo., July 6-12, 1913. The Chicago and Northwestern-Union Pacific Route has been chosen as the official route. Address communications concerning transportation to Dr. C. E. Fisher, Sterling, Colo.

Dr. W. A. Dewey having declined to serve as Chairman of the Press Committee, Dr. Burton Haseltine was appointed in his stead.

Dr. Grant S. Peck, 226 Majestic Building, has been appointed by President Hinsdale Chairman of the Local Committee on Arrangements.

The subject of social hygiene has been added as a part of the work of the Bureau of Sanitary Science and Public Health.

Genito-Urinary Diseases is a part of the work of the Bureau of Dermatology, whose correct title is "Bureau of Dermatology and Genito-Urinary Diseases."

Dr. F. Woodruff, 11 Burnett St., Newark, N. J., writes that there is a good opening there for a homœopathic physician.

On January 1, 1913, the *British Homœopathic Journal* passed into the hands of the British Homœopathic Society and thus becomes its official organ. We wish our always interesting contemporary success—and that success will come by adhering to the principles on which both the journal and the society were founded. If it, or the society, enters into competition with what is vaguely, very vaguely known as "modern medicine," it will disappear because in *that* field there are better equipped journals. There are an increasing number who want Homœopathy, while the other illusive field is crowded to suffocation.

Mrs. T. P. Knapp, Union, N. Y., writes us that there is a good opening there for a homœopathic physician to succeed the late Dr. T. P. Knapp, who was in practice there for over fifty years.

Dr. G. M. Andrews, surgeon, has removed from Stella to Silver Creek, Neb.

Dr. C. A. Yocum has removed from Phoenixville to 333 King St., Pottstown, Pa.

Dr. W. A. Wallace has removed from Beloit, Wis., to Rockton, Ill.

PERSONAL.

An innocent kid wrote Santa Claus a letter. Papers published it. Now the P. O. D. is worried about disposing of similar letters.

"Never put off until to-morrow what you can possibly do to-day," as the boy remarked when he got hold of the jam pot.

Life says thieves are just as bad as others.

Johnny said he didn't think he'd care for the play of *The Slipper*.

What is the popular dance of the Balkans?

History teaches generally what you want it to teach.

It does not follow that all who have other views are quacks.

The demagogue is a man who makes you believe you are being cheated.

"*Life's*" problem: "How much would you be worth if you lost all your money?"

"Ungrateful creature!" exclaimed the vegetarian to the bull that had chased him.

"Headless living cats the latest thing in surgery!" But of what use is a headless cat?

Spirit Review remarks that you never see a glass of beer full.

"No man's land"—suffragette States.

The man who puts on style is often he who puts off creditors.

Mary writes us advising a limosine car to disinfect the gasoline.

I sat at bridge at midnight, out only twenty-five—

The horse that pulls the cart is the horse that gets the whip.

When asked to "take an oath," she replied, "I'm a lady!"

The dentist who advertises "spares no pain" is left.

"Where there is life there's hope." Hope of what?

Probably one of your best gifts is your capacity for suffering—when you read jokes.

"Mama, what is a 'huff' that people leave in?" asked Dickie.

"What bone may be fractured if he, papa, has on his winter's shoes?"

Proposed Ex. B. question.

"Mind is all! Five dollars, please!"

When it is so easy to be amusing why strive to be funny, asks (in effect) Agnes Repplier.

Boston: A city where glory has departed to Indiana.

New York: The chief city of Palestine.

Chicago: The home of Æolus.

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COMPULSORY MEDICINE IN CANADA.

From a Toronto newspaper sent in by a subscriber it may be inferred that they are having a warm time trying to enforce compulsory medication and surgery on the Canadian people. It seems that the medical inspectors notify parents when in the inspector's opinion a child needs treatment or a surgical operation. To quote the words of one of the officials as printed in the newspaper (*Evening Telegram*):

"All cases taken to the Juvenile Court are those in which the medical inspectors are convinced that the health of the children is endangered, and that medical or surgical treatment is necessary.

"In the Juvenile Court the parents are given the option of taking their children to specialists, or paying a fine, or going to jail. If they take their children to specialists, and receive a certificate that an operation is unnecessary, and that a course of other treatment is necessary, then the parents must carry out the instructions of the specialists."

Also this:

"I find that most of the parents who appear before me at the instance of the medical inspectors of the city schools are more desirous of fighting the law than of removing any danger to the health of their children," said Commissioner Starr of the Juvenile Court.

"When I ask them if they are reasonable in objecting to taking their children to specialists they reply that they will leave the country.

"When they offer certificates of doctors who are not specialists, and I ask them if it is unreasonable to also require certifi-

cates from specialists, they abuse the medical inspection system of the city schools.' ”

After more discussion of the matter, Mr. Commissioner Starr said: “Under the circumstances I have to educate the parents by fining them to obey the laws of the country.”

It seems that the other doctors—they are not homœopaths—are not supporting the inspectors. One of them, Dr. Young, said: “It is neither their business nor part of their duty to force parents to have operations performed on their children. There is no law in the land that permits of such action. There is good ground for an appeal and the case should be appealed.”

Also:

“‘I don't like notoriety,’ said Dr. Edmund E. King, ‘but I consider Commissioner Starr's action as absolutely outrageous. There is a great diversity of opinion among the medical profession as to whether it is necessary to remove adenoids or tonsils, and what right has a medical inspector or a nurse to say that the operation shall be performed?’ ”

On the other hand, the chief medical inspector after stating that no cases were ordered to be treated but those needing it, and that when the parents refused to obey orders in the matter, said: “The criticism that the personal liberty of parents is assailed by applying the criminal code is injudicious, since all laws for the protection of society are regarded by some people as an infringement upon their personal liberty.”

We do not think that many men will back up the chief inspector in his Machivellian reasoning, for there is considerable difference between a respectable, law-abiding family afflicted with a defective child, concerning whose care they may differ with the official doctors, and a criminal. The other physicians also have just cause for indignation when the inspectors refuse their certificates and insist on specialists. However this is inevitable wherever a medical bureaucracy is established. The people do not like it and it is bad for all other physicians who are not within the official sphere of influence. The scarlet thread running through all the autocratic acts of the medical bureaucrats is that these acts will the sooner do away with the whole outfit and we will return to the saner habit of looking to our family physicians as did our fathers.

BRIEF NOTES ON CALCAREA CARB. WITH VERIFICATIONS OF SOME OF ITS LESS WELL-KNOWN INDICATIONS.*

By Guy Beckley Stearns, M. D., New York.

It is not the purpose in these brief notes to give anything new about *Calcarea carb.*, as it is one of our best proven remedies, and probably nothing new could be written about it.

But in the hurry of a busy practice, unless one is constantly comparing his cases with the recorded provings and verifications in the materia medica, many important indications slip from his memory.

Everyone is familiar with the general picture of *Calcarea carb.* and its inestimable value in the treatment of children. The fat, fair-haired, pot-bellied youngsters with sweaty heads; the sour-smelling babies with voracious appetites; the cross infants who crave eggs, and eat dirt and other indigestible things; are prone to diarrhœa and are apt to be in the best health when constipated; who have enlarged cervical glands which tend to break down, and suffer from suppurating middle ears; who are always taking cold and continually have the snuffles.

As familiar are the fair-haired and fair-skinned adults, who get out of breath on walking up the least incline, who have an excess of adipose tissue, who take cold on the least exposure, are always chilly, and are always miserable when the weather is cold and damp, though they stand the dry cold very well; who perspire much, have cold, clammy feet, cold abdomens, and in women whose menstrual periods come too early and are too profuse.

All of the above is so familiar as to be at everyone's finger tips, and verifications would be but repeating the experiences of everyone.

But this very familiarity with such prominent symptoms is prone to limit one's knowledge and use of a remedy.

The type of the *Calcarea* patient as taught is so prominent that one would hesitate to give *Calcarea* excepting in fair complexioned, obese patients, and yet some of its most brilliant cures have been made in just the opposite type.

*Read before the New York State Homœopathic Medical Society.

My first experience in such a case was in a young college student, a trained athlete, who was on the college foot ball team. He was dark, almost swarthy, and would be picked out from a crowd to represent the *Nux vomica* type. For a year or so he had overtrained and during the autumn previous to coming to me in February had suffered from diarrhœa. This was checked, after some heavy drugging, by blackberry brandy. He then became constipated and did not feel well for two or three months, and finally came down with the worst attack of jaundice I have ever seen. His skin was a deep orange with a greenish tinge, and he was as crabbed and miserable as his skin was yellow. *Nux vomica* and *Chelidonium* were given without benefit, when a careful review of the case was made. Going back over his case from the jaundice to the period of constipation and lassitude which followed the repressed diarrhœa was the history of physical over-training. He was a hard student as well as athlete, and both his brain and muscular system were overworked.

I consulted with Dr. Spencer Carleton and he called attention to the following in Hering's Cards under *Calcarea carb.*: "Loss of appetite when over-worked (horses when over-driven)." For the benefit of those who do not know of these cards, they were published by Constantine Hering in the form of little slips, with a characteristic printed on one side and the drug to which it belongs on the other, and were for the purpose of studying and memorizing characteristics.

This particular characteristic, which is a verification of *Calcarea* deduced from a knowledge of the general action of the drug, appears, so far as I know, in no other place.

It may seem a long jump from a case of jaundice to over-driven horses and the loss of appetite from over-work, but it was the key to the case and the remedy.

When one stops to consider, what could more vividly represent the case we have to deal with than a horse jaded by a long season of hard driving? *Calcarea carb.* was given in the 200th dilution, and I have never seen so prompt or perfect a response to any remedy in a similar condition. Since then I have many times had occasion to use this remedy for conditions of various kinds, where they could be traced to a jaded state due to over-work, whether physical or mental. This is especially true of

chronic recurrent headaches in brain-workers where other symptoms agree. A strong indication is where the pain is relieved by pressing the head against some cold, hard substance, as the cold, plastered wall of a room. The pain is usually atrocious.

Calcarea is useful also in old sprains with symptoms similar to *Rhus tox.*

A few years ago, during a vacation in the country, a woman of 65 consulted me about her knee, which she had sprained a year before. She was short and swarthy, and her hair had formerly been black. Since her accident she had been able to get about the house only with great difficulty and could not go out of doors at all. The joint was swollen and gave her pain all the time; worse at night and in wet weather. She could never find an easy place for the leg at night and slept very little. She kept it wrapped in cotton. Persistent motion limbered it slightly. She had always worked hard and used to perspire formerly, though not in late years. In her younger days had occasional attacks of diarrhoea, but never was constipated. I had with me a case of high potencies and gave her a dose of *Calcarea carb.* c. m. (Fincke), and to my surprise, as well as hers, in a few weeks her knee was well.

Calcarea carb. 30th removed the bad symptoms in a twenty-year-old college boy who developed a hypertrophied heart from too severe training and long distance running. His pulse was from 48 to 56, and his heart at times shook his body with each pulsation.

The mental symptoms of *Calcarea* I have verified many times and the remedy has often been useful in insomnia.

As is well known, *Calcarea* is both the chronic of and the complement to *Belladonna*, and in some respects its mental symptoms are surprisingly similar. The difference is that *Calcarea* will be given in cases which show the need of a remedy of more profound constitutional action than that of *Belladonna*.

One of the uses I have found for it is in delirium tremens. Not in a simple drunk, but in the profound chronic alcoholic poisoning which carries the patient near death. The character of the delirium is active and full of fear, with hallucinations of rats, fire, etc. But the peculiarity is that these come when the patient closes the eyes, but disappear again when the eyes are

opened. There is no sleep for these patients because they dare not close their eyes. Another indication in this condition is profuse perspiration, and great weakness and slow convalescence, with prominence of the veins on the extremities. The veins stand out large and blue. It is a venous rather than a capillary stasis.

These patients when given *Calcarea* do not relapse into alcoholic excess as soon as when given the usual remedies for this condition.

In insomnia *Calcarea* is similar to *Belladonna*. The patient may be sleepy, but as soon as the eyes are closed everything comes vividly into the mind; thoughts, scenes, visions and even hallucinations.

I was led by this symptom to give it successfully in a case of malaria. The patient was a soldier of fortune in the Boer war and contracted malaria in South Africa. He, like most of the cases thus far reported, was the opposite of the *Calcarea* type, being swarthy, muscular and thick set. He had the worst case of malaria I have ever seen and had been given 40 grains of quinine a day, with other heroic treatment, without any improvement.

His paroxysms began at 4 P. M. with chill and temperature of 105. During the next 24 hours his temperature did not go below 102, and at 4 P. M. the next day he would have a chill and his temperature would rise to 104. After a few hours it would drop to normal and so remain until the next day at 4 P. M., when the 24-hour paroxysm would be repeated. Under *Nux vom.* 200 the paroxysms became regular every second day, the chill beginning at 2 P. M. with temperature between 105 and 106.

The chill began internally between the abdomen and the back, as though the blood were congealed, with violent shaking. He lay huddled in bed with eyes bulging and staring and the pupils dilated, tormented by the delusion that it was some one else shaking, and he wanted to go to sleep and let the other fellow shake. With the fever there was severe headache, as though the head expanded, with fancies and delusions. One persistent hallucination was the seeing hanging in the doorway the body of a negro whom he helped to lynch during the war. All the delu-

sions were disagreeable and terrifying. One day as I came into the room he confused me with his hallucinations, and his great weakness was all that saved me from receiving a quart bottle filled with hot water, which he attempted to throw.

The sweat, which was profuse, began with the fever and lasted through the hot spell, about $3\frac{1}{2}$ hours. The cold period lasted $2\frac{1}{2}$ hours. The night after the paroxysm he could not sleep until 2 A. M., and then woke unrefreshed at 5. The peculiarity of his sleeplessness was that as soon as he closed his eyes everything came vividly before his mind, and he lived through disturbed and exciting times, and was kept stark wide awake by his fancies.

Remembering my experiences in insomnia and delirium tremens I studied *Calcarea carb.* and found it to cover all the other characteristics. There was only one slight chill after a single dose of the c. m. potency, after which I lost track of him until some months later, when he reported that he was having some light chills, though they did not keep him in bed. I gave another dose of *Calcarea carb.* and have never heard from him since.

Some time after this I treated a colored man for malaria, which he contracted in Brazil. His chill came every day at 2 P. M., beginning in the chest and abdomen. This was followed by the fever and sweat together. One dose of *Calcarea carb.* 1 m. (Boericke & Tafel) cured him and he has had no return, now eight years since. This last case had none of the mental or sleep symptoms which led me to the remedy in the former, but he had the three other prominent characteristics—chill at 2 P. M., fever with sweat, and the chill beginning internally in the region of the stomach.

I report these two cases because in our study of malarial manifestations the symptoms rarely correspond with those of *Calcarea*. I have verified the mental symptoms so many times, and they are so prominent and so well defined, that the question has often occurred to me, why is not this remedy used more frequently in insanity? It has a great deal of fear of going insane, particularly in the evening. I recall one case of a woman of about 35, who was constantly oppressed by the fear of insanity. She was dark complexioned with black hair, thin and of medium height. Her father died a year and a half before she consulted

me, and since that time she had had periods of insomnia, when she would lie awake nearly all night or awake in the night, and there would appear from the opposite side of the room a shadowy nebulous form, which gradually approached, and as it got nearer it assumed the appearance of her father's face in most hideous and grotesque shape, wearing huge goggles. She knew this was an illusion, but she could not shake it off. She was depressed toward evening, was chilly, and her feet were cold and clammy, so that she had to wear wool slippers in bed. *Calcarea* 200 relieved her at once and the trouble did not return; she was able to dispense with her slippers in bed, and the next summer she reported she could drink milk and digest it for the first time since she was a child.

It would be tedious to detail further cases illustrating the value of the mental symptoms of *Calcarea*, but before leaving this phase of the drug I will mention a case of peritonitis following abortion, which seemed almost hopeless. There were severe abdominal pains and sleep had been absent for a week, neither condition being modified by morphine. The patient could not close her eyes without seeing horrid visions, particularly rats and mice. She was very weak and perspired constantly; was despondent as the evening came on and wanted to die. After a dose of *Calcarea carb.* she slept the first night, and made steady progress to health from that time. This patient was also dark with black hair, though of large frame and moderately fleshy.

In lung conditions *Calcarea* is occasionally indicated upon its constitutional symptoms, especially when the middle of the right lung is affected and cavities have formed. In two cases of tuberculosis it was helpful; in one curative and in the other palliative; and in both there was a peculiar character to the sputum, which I have never observed in any other case, nor do I find it in the books, and I give it for what it is worth. The sputum looked exactly like white balls of cotton, which floated in loose, though undisseminated, lumps in the water of the sputum cups.

One was a hopeless case, with large cavities in the right lung, and she could not sleep because of the faces which appeared to her when she closed her eyes. *Calcarea* gave her perfect sleep, and relieved her of the restlessness and other distresses of impending dissolution, as she died easily ten days later. The other

was *Calcarea carb.* in type and symptoms, and was apparently cured. Her case was not far advanced.

On the symptoms "appearance of the menses from any emotion" and "the occasional show of blood between the menstrual periods" I gave *Calcarea* in a case of nasal polypus. The polypus disappeared, but her dysmenorrhœa, which was the worst I have ever seen, was not changed.

Hering mentions *Calcarea* as being useful after *Sulphur* where the pupils remain dilated. This I have verified a few times, once quite brilliantly in a case of Bright's disease with ascites. The patient had been benefited by *Sulphur*, but her abdomen became so distended with fluid that paracentesis seemed necessary.

I observed that her pupils were widely dilated and gave *Calcarea carb.*, with the result that she began to pass large amounts of urine, and in a few days her abdomen was down to the normal size.

She died two and a half years later, but was not again troubled with ascites.

I have also observed the correctness of the old writers' dictum that *Sulphur* should never be given after *Calcarea*, though *Calcarea* is frequently useful after *Sulphur*. So if there is any doubt in a case as to which is indicated I always select *Sulphur* for the first prescription.

The statement of Hering that *Calcarea* should not be repeated in elderly people I have also found to be usually true, though it can be repeated in children.

180 West 59th Street, New York City.

AGARICIN IN CATARACTS.

By E. T. Allen, A. M., M. D., Ph. D.

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He who thinks that there is only one remedy which will cure all cases of cataract is as far from the truth as he who says that cataract cannot be cured with medicine at all. *Dionin* dropped in the eye in a 5% solution reddens the conjunctiva and brings blood to the front of the eye, and its advocates claim from 15 to 20% of cures by that method. This is largely on a par with the New York institution which used mustard for the same purpose.

Ammonia applications to the skin over the lids and temples does the same, and serves to keep the patient busy and eases the mind with the thought that he is "doing something." I do not know that it hinders the recovery, but I have never seen much benefit from the practice.

My reliance is in prescribing the strictly homœopathic remedies, letting one act for a month before using the next. True I cannot tell just which one always clears the sight, but I do know that giving them in order for from six months to three years has during the past sixteen years resulted in saving 87% of my cases from the knife, for I have kept a full record of every case, which I am willing to submit to any reputable physician.

While I generally begin with *Sulphur*, and find that *Silicea*, *Phosphorus*, *Calc. carb.*, *Graph.*, *Mag. carb.*, *Mer.*, *Conium* and *Calc. fluor.* are among the most commonly called for, occasionally *Puls.*, *Chelid.*, *Nat. mur.* and *Lyc.* have done wonders in special cases.

But I wished to call especial attention to one remedy which is seldom thought of in this connection, but which in three cases has proved of signal service, viz., *Agaracin*. It is not a specific any more than *Sul.*, but when called for and persistently exhibited for some time is wonderful in its efficiency. Let me relate these cases.

The Rev. F. N. B., an aged Baptist clergyman, 76 years old, came to me Aug. 20, 1896. He lived in the eastern part of Michigan and could not visit Chicago oftener than once a year, so I took particular pains to get all his symptoms and prescribe for him most carefully. His vision was 20/120 in each eye, but I brought it up to 20/80 with a plus glass. Further than that I was prevented by the cataract from improving his sight. He was a large, fleshy man, very kindly in disposition, and showed a cortical cataract plainly in each eye. The peculiarity of this cataract is that it starts from the periphery of the lens and grows toward the centre. In the earliest stage it is invisible unless the pupil is dilated as it is hid behind the iris, but when it is seen it appears to the ophthalmoscope as a series of spikes or pins pointing toward the centre of the pupil. His cataracts, however, were well advanced, but to make assurance doubly sure I dilated the pupil with a mild solution of cocaine, when they were very

plainly seen. He had some history of an old eczema, but I could not get much of a description of it. Cataract generally follows a suppressed skin eruption of some kind. There were dark floating spots before the eyes, and he could only see in a very bright light which contracted the pupil so as to shut vision away from all but the clear centre.

I gave him in turn *Sul.*, *Sil.*, *Lyc.*, *Merc.*, but he got no better. A year from the beginning *Calc.* was followed by some improvement. Then followed *Caust.* and I tried *Cineraria*, but without much help. April 25, 1899, he visited me and I found his vision in the right eye had come up to 20/40 or double what it was when we began, and the left vision was 20/60. The cataract was plainly there, but not so extensive.

In June he wrote me that he was dizzy when walking, and that there was much itching of the skin, as if he had frozen it. *R. Agaricus*. July 26 his vision was 20/40 with each eye. The same remedy was continued. In August he wrote me a letter which would make me blush to read to you, but as his vision had cleared up so that he could see again as in youth it was full of such words as "wonderful," "delighted," etc. Continuing, he says: "Nothing has ever helped me so much as this last treatment. I can now see much clearer than I have done for many a year. It is just superb. I had not expected such marvelous results nor thought it possible at my age," etc., etc.

Of course it was not the *Agar.* alone. For months we had been attacking the obscurity with other remedies, but it was the *Agar.* which helped us remove the last traces which clouded his vision. And the especial indications were the dizziness on walking and the itching as if the skin had been frost-bitten.

Years passed by before I had another call for this remedy, but in Feb., 1912, a Mrs. E. E. E., age 66, was sent me by Dr. Pixley with nuclear cataracts of both eyes. That in the right eye was incipient with vision of 16/100 and the left one was nearly mature, reducing vision to 1/100. I cannot do anything with a mature cataract. I have read of cures being made by certain European physicians, but thus far I have failed after the cataracts have progressed so far that structural changes have taken place in the lens. Mrs. E. had a lot of symptoms. I found 11 under *Sul.*, 8 under *Phos.*, 7 under *Puls.*, 5 under *Caust.*, *Calc. carb.*,

Sil. and *Merc.*, and I gave each one in order; and later, taking the case over, gave them again about a month each, using the 12x trit. three times a day. (I have used the 30th, but though specially indicated have not gotten results.) But this case did not improve either to any extent. Vision was very cloudy and dim, and she was discouraged. But there had come on an itching that was terrible. Itching of the lids of the eyes; itching piles; itching of the vulva, which nearly set her crazy. Bloating after eating; deep cough with heavy expectoration and a swelling of one finger as if it had been frozen. All these symptoms are found under *Agar.*, and I gave it more in despair than because I remembered what it had done for me once before. That was last December, the 3d. On the 20th she said that vision was clearer and she felt better in every way. I had used the 12th of *Agaracin*. Vision was 20/20. On Jan. 8, 1913, I again exhibited the remedy, and at present, Feb. 4, her vision has come up to 20/20, the right cataract has disappeared and she feels splendidly, though there is some itching all over her. The vision in the left eye has not improved above counting fingers at eighteen inches and doubtless will never clear up. I will not take a case now for medicinal treatment with vision less than three one hundredths.

The third case is that of Mother W., the "Prison Evangelist," as she styles herself, and if there ever was an angel garbed in flesh it is that good old woman. She is about 70 years of age, fat, light-haired and tearful, but very energetic. I had examined her eyes in 1910 and obtained a vision of 16/13 with a compound plus cylinder on the oblique. But about Thanksgiving, last year, she complained that she could not see well with the glasses. I tried her again, but her vision was decidedly below normal with the best glass I could give. Her pupil was very small and I had to dilate it, when typical cortical cataracts became apparent. *Sul.* had 12 indications, *Calc. carb.* 13, *Sil.* 10, *Lyc.* 9, *Nat. m.* 8, *Caust.* 7, and *Sil.* 6. But the one symptom which just stood out more than anything else was an itching of the pudendum which kept her on her knees praying for relief most of the time. My wife is a physician also, and I had her examine the old lady, and she reported to me that the vulva looked like dry brown leaves or leather.

I gave *Sul.* to start the treatment, but in view of what *Agar.* had recently done for the other case I put her on it the last of December. A letter just received from her in California says that it has begun to give her relief already. Just what the result is on the cataract I have not yet learned. Time is an essential factor. I never take a case unless they will agree to stay by me for a full year.

Now there is nothing secret about this. Any of you can do as well as I if you will individualize your cataract cases carefully. True I have a system whereby I can find how many indications there are for each drug in a very few minutes, and I shall be glad to help any homœopath out if he desires it, but over sixteen years of work along this line has demonstrated to me that those physicians who say that cataract can only be relieved by the knife know very little of the power of similar medication; and the fee for operating serves to blind the eyes to the crying despair of those who are needlessly going blind.

Why should not the lens be influenced by medicine? It is enclosed in a membrane or capsule, it is true, but that membrane is very porous, and it is washed on both sides by humors which are constantly renewed from the blood. In my forthcoming book I show by scores of experiments (which any of you can perform) that cataracts may be set up and cleared away from the eyes of frogs, fishes, cats, horses and even men—quicker in the lower animals, but also readily in our own species. The saying of our authorities of a few years ago that the claim of "Certain that cataract is curable must be taken *cum grano salis*" but shows their lack of investigation. It is now an accomplished fact, being demonstrated daily here in Chicago, that cataract is no more difficult to cure when the proper remedies are exhibited, and the exciting causes removed, than are scores of ailments which were considered incurable to our fathers. But the laws of cure must be observed, viz., "Remove the cause," and "*Similia similibus curantur.*"

32 N. State St., Chicago, Ill.

MY PLAN TO PLACE HOMŒOPATHY ON THE PROPER BASIS AS THE THERAPEUTIC RESOURCE OF MEDICINE.

By **Frank F. Casseday, Ph. B., M D., Portland, Oregon.**

The old school has laid down on the job. They say there is nothing to internal medication for a purely curative effect. The present is the psychological period for placing Homœopathy before the laity as the method which is curing and will cure disease. Our medical societies are well enough in their way, but all the associations in the world confined to physicians will not advance Homœopathy by a hair's breadth if the campaign of publicity education of the laity in the nature of Homœopathy, its field, its efficacy, and the great fact that homœopathic therapeutics will cure a larger percentage of all kinds of diseases than any other form of therapeutics.

Homœopathic physicians are either ashamed of Homœopathy, ashamed to avow their allegiance to its tenets, fearful they will lose a few patients, who might otherwise call them as "physicians," or they are afraid of the jeers and taunts of the extremely scientific (?) old school physicians, and feel in consequence that if they have the courage of their convictions and come out boldly for Homœopathy that they (the homœopathic physicians) will be considered the pariahs of medicine. That bugaboo is as dangerous and virile as a stuffed scarecrow in a corn field. Perhaps the fact that man is a gregarious animal accounts for his persistent desire to travel with the crowd, follow the leader, even though the leader be a false one sailing under a red flag. So the physicians are drifting away from Homœopathy. Many quit it entirely and make a solemn affirmation that it is no good when they join some old school medical society after being patted on the back and jollied into becoming a member of said society. Others practice Homœopathy, but are very careful to avoid giving any publicity to the fact for fear of offending the devil or some one else. In every city in the country there are members of the laity looking for and wishing to employ homœopathic physicians, but so far as any external evidence of the existence of any homœopathic physicians shows there are none. This happens daily in this city, and I presume it happens in every con-

siderable town and city in the United States, for people are continually moving about the country and need physicians in their new homes.

We are brave and fearless in our medical societies, but like the famous soldier who went forth to fight the windmills the effort is lost and amounts to nothing.

If we really believe in Homœopathy, practice it, and would like to see it take its rightful place as *The Therapeutic Resource* here is a plan to do it now:—

1. A Central Bureau of Publicity with (a) Department to publish short and long articles on health matters, always containing practical references to Homœopathy, these to be printed on one side of slips, width of newspaper columns, ready for clipping and printing without credit. (b) Department for supplying spicy health articles, short and pithy and referring to Homœopathy, in small folder form size, to go in No. 6 envelopes, to be sent to homœopathic physicians free, to be mailed by each physician in his own locality with his personal professional cards to his own selected lists of names of the laity. (c) Suggestive slips containing boiled down statistics, news, comparative death rates, etc., to the local lecturers all over the country, who will give the public lectures.

2. Cut out the traveling representative of the American Institute of Homœopathy to physicians. It is a useless expense and does absolutely no good. It is not the doctors who need converting and backbone stiffening, it is the people. Poor Arndt was a good fellow, but he was barking up the wrong tree. I told him so many times. I also told him when he could show the doctors in practice where the publicity campaign would benefit the practicing doctor and bring him some new people, then the doctors would dig up all the money necessary to finance any reasonable expense for such a campaign.

The moral support and backing of a great national organization under the control of the American Institute of Homœopathy would place Homœopathy on a basis before the people to sweep the world as a scientific resource. Homœopathic physicians all over this country are fighting singly and alone. It is a losing fight. We cut no figure in public matters of health, and only in communities where a few representatives are clever politicians

does Homœopathy, organized and aggressive, present its face and demand recognition. The recognition of Homœopathy by the Government is a joke. When I have a case in court I do not permit my opponent to choose the jury. We are tackling the dilemma at the wrong end. We should turn about and face the other way. Educate the people, give public lectures year after year, and two or three times a year in every city and town of any size in this country. Then when you have educated the people and get them behind Homœopathy it will amount to something as an organized movement to benefit mankind. That is the reason the Christian Science movement is so strong.

3. The public lecture by physicians. There is no need for special lecturers to travel about the country at great expense to give lectures. There are bright, intelligent men in every section of the country among homœopathic physicians who can talk intelligently to the laity in non-technical addresses, which will interest and draw hundreds of thousands to Homœopathy. People are flocking to the standards of religious cults because that is all there is in sight. Homœopaths have gone into their caves and pulled the door too after them. The people are clamoring for help in their physical infirmities. We have the remedies to help them, but refuse to tell the people about it. We expect the laity to become mind readers and learn about Homœopathy through their imagination kindly helped along by a few friendly suggestions from our good (?) friends of the old school or else by dint of much search to seek us out in our cave dwellings and insist on receiving some homœopathic treatment. It is not surprising that Homœopathy is suffering from the doldrums and decay; it is surprising that Homœopathy has any standing at all, or that any of the younger generation either know anything of it or have any faith in its efficacy.

Local homœopathic physicians should hire the hall or theatre, secure good music and pay for advertising. A paid display advertisement of the meetings should be inserted in the daily papers and paid for in real money. Before these meetings are held the daily papers of each city and town have been on the mailing list of live homœopathic propaganda literature from the head bureau for several weeks or two months. With the notice of the public lectures following the receipt of the literature the editors begin

to sit up and take notice that a great movement is under way. Then the paper will gladly publish reports of the lectures and if necessary a stenographic account of the lectures. Any movement which has a large number of people behind it will receive all the newspaper notice it wants if the campaign is carried on regularly, persistently and efficiently. A clipping bureau should supply the head Bureau of Publicity with every clipping from every publication referring to Homœopathy in any way. This service should be continuous and a follow up system should be employed in supplying all these newspapers with live matter relating to Homœopathy. It makes no difference whether these publications or newspapers write favorable or unfavorable criticisms on Homœopathy, or ignore it entirely. They should be bombarded with this propaganda literature week after week, year after year. That will create a demand for better and better literature about Homœopathy, and special articles in the magazines will follow, and the battle will be won—if the fight is kept up. Continuous publicity is the only thing to win this fight.

4. The cost and securing the funds. Local physicians will pay for the lecturership campaigns. Local men can exchange courtesies in the way of giving public lectures in different cities in their district or section of the country without salary expense and very little other expense. For my part I am ready to go any reasonable distance in this section of the country (Pacific Coast) and pay my own expenses, and there are many others who will do the same. When these lectures are held literature should be distributed to each attendant, and with such literature the names and addresses of each homœopathic physician who joins the movement. This is the practical and timely way to place the laity in touch with the homœopathic physicians, and thereby we serve both.

This leaves only the expense of maintaining the central bureau with its staff of stenographers and mailing clerks. The preparation of the matter, which should be done by some man who can write live health matter, non-technical, breezy, in readable form, should be in form handy to clip for use in newspaper and weekly publications. These should be mailed to some thousands of publications regularly, and supplemented with personal letters as a follow-up system, asking how the free service is appreciated,

and if at any time any further information is desired it will be furnished—also free of all charge.

If the proposition is placed for the physicians of the country with active membership of the Institute as a nucleus a subscription of from five to ten dollars a year for a term of five to ten years can be secured easily. This will create a fund of from ten to twenty thousand dollars, but even so small a fund as \$500 a month for the first year would start the plan in fine shape, and once it was started and the doctors saw that it helped them in their individual work the fund could be raised to any sum within reason. Just forget the propaganda work for members for the Institute for a time and concentrate every energy on the educational publicity work. As soon as the publicity work is fairly under way the membership will grow by leaps and bounds.

5. Have as little complicated machinery as possible. Pick men who know something of publicity work and compel them to get results or quit. Put the money into publicity. Do not permit the money to be expended for salaries for high brows who do no work. I will be glad to hear from every homœopathic physician who reads this paper.

418 Dekum Building, Portland, Oregon.

HOMŒOPATHIC LITERATURE.

Eli G. Jones, M. D., Burlington, N. J.

I have always regarded Dr. Richard Hughes as the intellectual giant of the homœopathic school in England. It was a great surprise to me to read in the last number of your journal an article by Dr. W. H. Freeman, of Brooklyn, N. Y., in which he says that "more homœopaths were converted away from Homœopathy than there were allopaths converted to it through his writings." I have studied carefully his book, "*Pharmacodynamics*," and consider it a fine work. I personally know of very many regular physicians who have spoken to me in the highest terms of the above book. It was the first book that taught them the definite action of drugs. Hughes' work on "*The Principles and Practice of Homœopathy*" is far better than many books that I have seen on homœopathic practice.

I have heard some doctors of the homœopathic school say that

"Burnett was a dreamer." What a pity it is that many of our modern homœopaths should not have the same kind of *dreams* that he did! They would not have to say as I have heard some of them say: "I don't know how to cure that disease." Such a remark not only shows the *weakness* of the man, but it also casts a *reflection* upon the school of medicine that he belongs to. We cannot be too careful what statements we make to a brother physician, especially when he belongs to another school of medicine.

In the literature of the homœopathic school I have found diamonds and precious jewels. Many of our physicians are satisfied with "surface indications" to get a superficial knowledge of materia medica. When you ask them why they give a remedy, and what the indication is for it, they don't know. If we want to find the diamonds we have got to dig for them. We won't find them on the surface.

Nash's *Leaders in Homœopathic Therapeutics* is my daily reference. I have read it as some men read their Bible. I have recommended it to hundreds of physicians, and they study it and like it. I have always advised my students to study the materia medica of all schools of medicine to fit themselves to heal the sick. Blackwood's *Materia Medica* is the book I always recommend as the "stepping stone" of homœopathic materia medica. It contains the *meat* of what the student wants to know about materia medica. Pierce's "*Plain Talks of Materia Medica*" follows well after that and is a fine work.

It may be a matter of interest to the readers of your journal that at the next convention of the American Association of Progressive Medicine a "commission to test *Bacillinum* (Burnett) in consumption" will make a report of clinical tests at the bedside of the sick to show what they have been able to accomplish with the remedy as advised in "Burnett on Consumption." The report will be an impartial one and made by members of the commission in Maine, Ohio and Florida.

It is a sad fact and no great credit to our profession that in 60% of the diseases common to our country the mortality is increasing. When we realize what this means we must be impressed with the fact that our doctors are not doing all they might do for the sick. Almost every day we read in the daily

papers of deaths from suicide, where the victim of some so-called "incurable disease" had given up the fight and taken his own life. These deaths lie at the door of our profession. We cannot escape the responsibility if we would. These "incurable" diseases and useless surgery are what the undertakers largely depend upon for a living. As physicians we are supposed to be able to heal the sick. If so, then we have got to "make good."

PRACTICAL NOTES FROM CALIFORNIA.

Editor of the HOMŒOPATHIC RECORDER:

It pleased me much to note the stand taken by Dr. Dunn on page 553, Vol. 27, with regard to the use of *Cantharis* in the treatment of burns. I have used no other, except occasionally I used *Calendula cerate* externally, but one fault with it is that if applied continuously for long it will develop pus.

Ierat. alb. is useful in constipation of infants where there is great straining and the stool is forcibly shot out of the rectum followed by cold perspiration on the forehead. There are colicky spasms, followed by the cold perspiration on the forehead, intervening.

China off. 30th, one dose, will often allay the symptoms of diarrhœa where the colic is severe and weakening, the straining great, while only a small quantity of brownish floating particles are passed. The weakness is so great the patient can hardly rise after stool.

Lachesis during pregnancy where the coccyx is so tender the patient cannot sit; no position is comfortable. Very sensitive hæmorrhoids accompany the condition. The patient may have paroxysms of an "all gone" feeling; they cannot do another thing, but must lay down.

Ars. alb. 6x, a few doses every ten or fifteen minutes, will soon quiet and put to sleep a restless patient. *Ars. alb.* follows well the use of *Calc. carb.*

With every wish for the continued prosperity of the RECORDER I remain,

IRVING C. GOBAR, M. D.

1653 Divisadero St., San Francisco, Calif., Feb. 11, 1913.

EXTRA! EXTRA! HOMŒOPATHY FAST BEING DISCOVERED BY THE BELATED ALLOPATH.

Editor of the HOMŒOPATHIC RECORDER:

Scientific Medicine is fast beginning to realize what a poor show it has been making of itself. The road from Jerusalem to Jericho was said to be exceedingly rough and rocky, but it was as a table-top compared to the road Scientific Medicine is now traveling. The people are slowly awaking to the fact that their anatomies, in the minds of certain ones, are nothing more than play grounds in which to "make mud pies," only to be destroyed at will.

The scientific medical man knows beforehand, if honest and intelligent, that he never hopes to reach his goal.

In a recent article, clipped from the *Toledo Blade*, we note that Johns Hopkins University has even proclaimed that "we are going to use *Radium* by inhalation in the treatment of chronic rheumatism, neuralgia, facial paralysis and diseases of the joints." Just think of it, and this after all these years of ridicule of the method suggested. Would not that make you sit up and take notice? How delightfully exhilarating it must make our allopathic brethren feel to be compelled to swallow it all!

The more intelligent of the so-called scientific element are shaking off the dust, but the rag-and-tag, frayed element remaining are still bemoaning the bumps they are getting. Only last Sunday we read in the *Chicago Examiner* of a subject who had been chump enough to allow himself to be "vaccinated" against typhoid fever. Then, like a fool, he up and died. The faithful bemoaned the victim's fool act with loud weeping, wailing and gnashing of teeth, by no means at the life lost, but because they were afraid the *antis* would take up this club and use it against their securing a law to make this kind of thing legal and compulsory.

Another sad blow to germ theory comes in a pamphlet from Parke Davis and Co. As 606 has been succeeded by 1001, or something to that effect, so have bacterial products been succeeded by bacterialess products known as "Phylacogens." To produce "Phylacogens" you make a bacterial culture; as soon as the animals are all born you take a gun, an axe or any other

convenient weapon and brain every last one of these beasts: then eliminate them by means of filtration through porcelain. Simple, isn't it? But it produces "Phylacogens," from which greater things are expected than from the raw, live product.

This brings us to the query: Why, if these bacterialess "Phylacogens" will cure, will they not produce? Again, if they are not necessary to the relief, why are the bacteria necessary to a cause? It looks as if the "Phylacogen" proposition were going to place the germ theory in a very awkward position.

Pretty soon these *modern* moss-covered, antiquated medical *scientists* will get the cobwebs swept out of their mental garrets and as the light struggles through their "bone heads" they will discover that, instead of being *modern*, they were anticipated by Hahnemann 200 years ago.

I was asked the other day what, aside from *materia medica*, the real difference was between a *real* homœopath and an allopath. Here is my answer:

The *real* homœopath is first of all a man, honest in purpose, faithful in trust, seeks the truth, seeks knowledge, open to conviction, too broad to be prejudicial, gives honor and credit where each is due, will do no wrong knowingly and acknowledges he is wrong when wrong, is no grafter, seeks neither self-praise nor dominating power, whose brain contains no barbaric cells that are tickled by a tin medal and brass buttons, who has no screw loose in his mental make-up that would cause him to chase fads and fancies to the injury or destruction of those committed to his care. These are the real attributes of the *real* homœopath.

But come back to *Radium by inhalation*, contrast it with calomel and quinine by the tablespoonful, and bacterialess phylacogens with bacteria by the millions, and all this by men who ridicule Homœopathy. They are slowly, reluctantly, but surely, coming to it. LONG LIVE HOMŒOPATHY!

DR. A. PULFORD.

Toledo, O.

DR. TISDALE PROPOSES A NEW SOCIETY.

Editor of the HOMŒOPATHIC RECORDER:

I would like to sound the pulse of the homœopaths on the problems of the "germ theory."

We see so much in the medical press, both for and against it.

We see evidence of thorough organized efforts on the part of friends of the "germ theory" to fasten their pet hobby upon the human race.

Why not meet this organized defense of the germ theory by organizing a compact movement to be known as "The American Anti-Germ Theory Society?" And why not, through such a society, proceed to educate the public from the other side? Why not confront them with the real truth as shown by Prof. Béchamp in the microzymian theory of organic life?

Why not free the people from their slavery to old school superstitions and lead them out from the land of traditional medicine, with its darkness, into the clear sunlight and freedom of homœopathic doctrines?

Surely there are those on the side of true Homœopathy who are opposed to the germ theory, who are personally fighting it, and who could get together and perfect a compact body and effectively educate the public along the other side. This may sound like taking extreme measures, but such extremes are needed to counter-balance the other existing extreme.

I move you, Mr. Editor, that steps be taken by the readers of the HOMŒOPATHIC RECORDER, who are against the germ theory, to bring such an anti-germ theory organization into being.

Who will second the motion and who will volunteer to join?

Why not present this matter for discussion and get busy at once?

Yours, to let the light shine where darkness alone is,

C. S. TISDALE, M. D.

Carrollton, Mo., Jan. 28, 1913.

THE NUMBER OF DROPS OF ALCOHOL IN THE 30th POTENCY.

Editor of the HOMŒOPATHIC RECORDER:

I am going to ask you a question. In a little book, *Elements of Homœopathic Theory, Materia Medica, etc., etc.*, by Drs. Boericke and Anshutz, they indicate on page 28 that one drop or grain to 3,000 drops makes the 30th potency. It is also stated in HOMŒOPATHIC RECORDER of December, 1912, that one grain or drop of medicine to 2,970 will accurately make the 30th potency, the centesimal. This seems to be a contradiction. Will you please explain it through the RECORDER?

W. BANTA, M. D.

Calistogo, Calif., Feb. 2, 1912.

The last statement is mathematically correct. When a centesimal potency is made 1 drop of the mother tincture is put in a vial with 99 drops of alcohol and the whole very heavily pounded in a corked vial held in the fist of the one making the potency. Of this, the 1st potency, one drop is put in another vial and 99 drops of alcohol added, and again the pounding process is gone through with. In all 30 vials are used and as in each 99 drops of alcohol have been added to the previous potency (the start being the drop of the tincture) it can be easily figured that 99 multiplied by 30 equals 2,970. The authors of the book evidently were making a general statement and did not figure it out to the *actual* number of drops required.

Now it should be added here, to anticipate any further queries, that the statement "1 drop of mother tincture," etc., in the making of the first potency is used to illustrate the mathematical feature of centesimal scale, for, as a matter of fact, the actual number of drops of the tincture varies according to the class in which the tincture is. Thus *Belladonna*, Class 1, is "drug power" $\frac{1}{2}$ therefore two drops of the tincture is used in making the first centesimal, to which is added 98 drops of alcohol. In *Staphisagria*, Class 4, 10 drops of the tincture are put with 90 drops of alcohol to make the first centesimal. The reason for this variation is due to the amount of alcohol in the tincture itself, the idea being to make the actual amount of the drug 1 to 99 or the 1/100th.

The context in both *Elements* and in the RECORDER shows that the subject under consideration was to refute the oft-repeated assertion that the homœopathic potency of the 30th represented vast oceans of liquid and was not intended to go into anything but generalities that would answer the old school generalities.

Editor of the HOMŒOPATHIC RECORDER.

DENVER PREPARING FOR THE INSTITUTE.

All the homœopathic physicians in the United States and Canada should be interested in the coming meeting in Denver of the American Institute of Homœopathy. The committee is now busy on the details of entertainment, and is making large preparation to show all the visiting doctors and their families a royally good time.

Denver is a beautiful city with many attractive environs, and in addition has the best summer climate in America. With the snow-capped mountains, affording a constant delight to the eye and the imagination, and the rushing, roaring streams, teeming with the gamiest fresh water fish, and the hundreds of varieties of beautiful flowers and scenic grandeur not equaled anywhere else, Denver surely should be the objective point for the summer's vacation.

The committee is making all arrangements to give the visitors the best time ever experienced. They are planning mountain trips by auto and train, and working out every detail that will add to the pleasure and profit of the visitors.

It is perhaps a bit incongruous to be planning where to go to be cool while we are so vigorously shoveling coal as at this time, but even this early we can begin to think of those scorching hot July days and the insufferable nights. So the cool breezes of Colorado, with the nights so cool that blankets must be used on the beds, is a big oasis in the long enervating summer.

You should plan to attend this session of the A. I. H. even if you are not a member. It will do you good to rub elbows with the other fellow, and get the moss off your back and the cobwebs off your brain. If you are a member you surely must be on hand, for this will be the biggest and best meeting ever enjoyed by the Institute.

CHICAGO—1913 I. H. A

Editor of the HOMŒOPATHIC RECORDER:

The next annual meeting of the International Hahnemannian Association is to be held in Chicago in June.

As an unusually large attendance is assured, it is desired that all bureaus be ably supplied with good material that this session may be the banner one in its history.

Contributions to the Bureau of Surgery are earnestly solicited, particularly papers dealing with the application of surgery to Homœopathy, Homœopathy as applied to surgery and actual cases showing the superiority of strictly homœopathic prescribing in all cases where surgery is indicated.

Except there be such advantages in this combination of methods, there is no longer any excuse for the distinctively homœopathic surgeon.

Papers should be sent to the writer as early as possible.

Very sincerely yours,

BENJ. C. WOODBURY, JR.,

Chairman Bureau Surgery.

43 Middle St., Portsmouth, N. H., Feb. 7, 1913.

THE LATEST ABOUT BACTERIA.

That the readers may have the "latest" from ultra-modern medicine we quote here from an editorial from *Lancet*, Feb. 1, on "The Pathogenicity and Virulence of Bacteria," which some hard-working physician may find useful, though in what way is not quite clear. The *Lancet* writes:

"To Bail we owe a useful classification of bacteria with reference to pathogenicity and virulence. He distinguishes three classes of bacteria—the saprophytes, the half-parasites, and the whole-parasites (*ganzparasiten*). When introduced, even in enormous numbers, into the animal body the saprophytes do not lead to specific disease; they are non-pathogenic. In the case of the half-parasites the power to infect depends upon their numbers. In certain numbers such bacteria fail to produce disease in a susceptible animal; in greater numbers they produce specific disease; and in greater numbers still they lead to the death of the animal. Whole-parasites are so virulent for susceptible animals that if one single bacterium is introduced into the body death inevitably follows."

From this one would conclude that the "half-parasite" only gives occasion for the doctor to show his skill, but this conclusion

would be erroneous, for if you go a step further the bacteria are seen, as it were, to do the "presto!" act, for we read:

"It must, of course, be realized that a given bacterium may be a whole-parasite for one kind of animal, a half-parasite for another, and a saprophyte for yet another. A considerable amount of experimental study has been devoted to this question of recent years, and many interesting facts have been brought to light."

From this it would seem that the character of the bacteria depend on the man or beast they are supposed to enter. We say "supposed" because we cannot shake off the idea that the bacteria originate in the body as an effect and do not enter as a cause. If this idea is correct—and it is held by an increasing number—the science of bacteriology from being an essential slips away into the realm of things interesting but not essential. Indeed it seems to us that the bacteriologists themselves are being driven to that view, as witness what is said in the following from the same editorial:

"Last week we published a preliminary communication on the Pathogenicity and Virulence of Bacteria from the Bacteriological Laboratory of University College Hospital, by Dr. F. H. Thiele and Dr. Dennis Embleton. The paper contains much that especially concerns the experimental bacteriologist, and also many ideas which are of interest to the practitioner of medicine who is responsible for the clinical study of infective diseases. The authors conclude from a number of experiments that the pathogenicity of bacteria depends on the presence in the susceptible animal of a ferment capable of producing lysis of the proteids of the bacterial body; the mechanism of the cellular defences of the body is hindered by the setting free of anti-phagocytic substances (aggressins in the sense of Bail), with the result that the bacteria multiply to numbers sufficient to cause disease or even death. Thus, if the bacterium is not acted upon by ferments, it remains innocuous (saprophytes). If the ferment action is able to split off from the bacterium toxic substances sufficient in amount to inhibit phagocytosis, the animal becomes infected (parasites). Further, the authors believe that if the ferment action is sufficiently active and rapid the changes in the bacterial protoplasm may advance to such an extent that even the toxic products of degeneration are destroyed; in this event no aggressive substances are liberated, and phagocytosis can proceed unhindered. The destruction of bacteria is facilitated by the leucocytosis, a cellular reaction so often associated with bacterial diseases, and recovery from the infection follows. The authors were actually able to show that by previously sensitising animals, in the anaphylactic sense, they were able so to alter the amount of specific fer-

ment in the animal body that bacteria, saprophytic for a particular species of animal, became parasitic and led to the development of a specific disease or even of a fatal septicæmia. With regard to virulence, the authors believe that it depends upon the power of the bacterium to exude around itself a zone of its cytoplasm which remains in position and acts as a protective shield. This shield, in some cases a visible capsule, protects the bacterium against the action of specific ferments, and also resists phagocytosis by virtue of its aggressive property. They hold, then, that pathogenicity is due to the virulence of the bacterium and the relative activity of the ferment to the bacterium. Immunity is due to ferment action and phagocytosis—*i. e.*, it is cellulo-humoral."

Now all that *seems* to be very learned on account of the serried ranks of unfamiliar words, but when you have finally got hold of its drift what does it amount to for the hard-working, practical physician or, for that matter, for anyone? Perhaps they are shifting to Béchamp's views. At any rate the more we see of the phantasmagoria of ultra-modern medicine the larger, saner and sounder appears to be *The Organon* as a medical rock on which to found one's self for a useful medical career. Like the bandar-log of Kipling's *Jungle*, these gentlemen really believe they are going to do wonderful things, but nothing ever comes forth but talk and promises—with an occasional trade-marked remedy. Forever and forever "more time" or "further investigation" is required to confirm a given theory until the investigator tires out and drops the matter which the rest of the world never took any interest in from the beginning.

This journal would rather always praise than "knock," but, dear sir, just carefully read those quotations above again and if you, as a man who has the care of the sick, can make horns or hoof, head or tail or a useful, practical idea out of them we will print it in sack cloth and ashes.

BECHAMP.

A little over a year ago Béchamp's book, *The Blood*, was published in an English translation for the first time. Those who take up with the views of this old French scientist become enthusiasts. He and Pasteur were the opposite poles. The majority are still with Pasteur, but there are signs that since his death the star of the older scientist is growing brighter. The follow-

ing letter taken from the *Lancet*, while written by one who is not a follower of Béchamp, will be of interest to his friends, and to others will throw a side light on *The Blood*:

THE PROBLEM OF SPONTANEOUS GENERATION.

To the Editor of *The Lancet*.

Sir,—In an annotation entitled as above you refer in *The Lancet* of Jan. 25th to Dr. H. Grasset's learned work, entitled "A Historical and Critical Study on Spontaneous Generations and Heterogeny," in which he gives a valuable and detailed history of this much controverted subject, including especially a very full account of all the discussions that took place in France between Pasteur and those who opposed his views in the French Academy and elsewhere from 1858 to 1880.

Dr. Grasset shows that in several respects Pasteur had obtained the credit of views first enunciated by Béchamp, and he himself became so much enamoured with the views of Béchamp concerning *microzymas* that in 1910-11 he published a series of articles in *La France Médicale*, entitled "L'Œuvre de Béchamp" (subsequently republished in book form), in which he strongly supported Béchamp's vague doctrines concerning cell granules which were to be styled *microzymas*—though no criterion was even given as to how these particular granules were to be distinguished from other granules contained within a cell. These supposed *microzymas* were even said to be found living in chalk and capable of resisting marvelously prolonged and high temperatures. Thus in the second edition of this book, at p. 28, Grasset quotes from Béchamp the following passage:—

"La craie sortant de la carrière contient donc les organismes actuellement vivants, adultes et sans doute très vieux. Ils peuvent être tués; il suffit pour cela de maintenir la craie à une chaleur humide soutenue à 150 ou 200 degrés C. pendant plusieurs heures."

It may fairly be said that very few persons share Dr. Grasset's notions as to the value of Béchamp's doctrines concerning *microzymas* and their properties. It was after having made himself the champion of Béchamp, and before he had read any of my most important work concerning archebiosis, that Dr. Grasset published in *La France Médicale* another series of articles, which

have since been republished as the book to which your annotation refers. In these articles he gave a full and very appreciative account of my work up to the date of 1906, but there was even no mention in them of my book, "The Origin of Life," published in 1911. On my pointing out to him how strange this would seem for an authoritative work purporting to give a history of the subject up to the end of 1912, Dr. Grasset was induced to add two pages in the form of an appendix in which he states his opinion as to the interpretation to be attached to my experiments. He cannot assent to my view that they go to prove the reality of archebiosis, though he believes, as you say, that I have "obtained living beings which are unable to resist the heat to which he subjected the solutions employed; and further, that he has made no error in technique, so that external infection is out of the question."

In short, what I regard as archebiosis Dr. Grasset looks upon as heterogenesis—because he thinks that my solutions, or any other solutions, would have contained some of these mysterious microzymas such as Béchamp believed he found living in chalk and capable of resisting prolonged very high temperatures.

Why in all the death-point experiments that have been made in this and other countries by so many experimenters, which have shown that torulæ are killed invariably at, or a little above, 60° C. for a minute or two, there has never subsequently been a resurrection of such torulæ, due to the survival of imaginary microzymas, Dr. Grasset's views give no sort of explanation.—I am, Sir, yours faithfully,

H. CHARLTON BASTIAN.

The Athenæum, S. W., Jan. 27th, 1913.

LETTING DOWN THE BARS.

A good many estimable gentlemen and medical editors are chronically disturbed at the thought of "sectarianism." It is quite evident that these well-meaning persons do not know what a "sectarian" is except that to them he is a very objectionable individual who ought to be squelched. If you ask them why this process should be resorted to they will reply because a sectarian is an objectionable person; if you ask why objectionable they

will answer because he is a sectarian. The dictionary, the very latest, says that a sectarian is one who is "a member of a special school," and a school is a place for instruction in any branch. So it seems to follow that anyone who is instructed in any branch of learning is a sectarian. From this it would seem to follow that surgeons, eye-men, nose-men, throat-men and all other specialists were nothing else than sectarians, who must be overlooked or looked over with a fine scorn by those who—shocking thought—have no special knowledge in medicine or, perhaps, in anything else.

A writer in one of our esteemed exchanges, after reprobating the sectarians in what is perhaps wrongly termed the orthodox manner, remarks: "The day for sectarian medicine is past. . . . To show what has been attained a number of our county medical societies of the regular school have thrown down the bars and now allow any reputable member of the homœopathic or eclectic schools to join their ranks."

It is quite evident that this writer thinks that the change has occurred in the men blessed with special knowledge, whereas it is not unreasonable to believe that the change is really in those who put up bars against special knowledge; if this be the correct view "there is hope!" But if, on the contrary, the bars are let down only to those who have no special knowledge, Egyptian darkness still hangs over the barred sections of medicine and those who enter must leave light behind.

Really if it were not for a certain feeling of sad pity one would be inclined to smile at the barred in "regulars" who from a certain feeling akin to religion sedulously protect themselves from contamination by contact with those who have special knowledge even as the saintly do from contact with sinners. To be sure a special knowledge teaches some that all are miserable sinners, which includes the saints, but it is just this sort of thing that the bars are intended to bar out, namely, special knowledge.

It is true, however, that there are some among those confined within the barred space who are possessed by the peculiar idea that they are as free as those without the inclosure, but this satisfying belief is due to that peculiar and unexplainable state known under the unexplained term "hallucination." This hallucination (to use the word in the dictionary sense) is that all of medical

knowledge is theirs, whereas they must not go beyond the bars of authority.

If you look at the whole of this matter in the light of calm science you will see that "letting down the bars" really means giving liberty to the shut-in "regulars," something for which all good medical Christians should heartily pray, for they are brothers and worthy men.

"BORN OF IGNORANCE."

Dr. E. Petrie Hoyle, of London, kindly sent us a copy of *The Medical Press and Circular*, Jan. 29, from which we quote the appended editorial. It might be stated here that the toleration of Homœopathy is not much better than damning it. It is *the curative drug law* and eventually must be so regarded. However it is encouraging to see a little light is breaking in the darkness. Here follows the editorial in question :

A GIFT FOR HOMŒOPATHIC RESEARCH.

The announcement that Mr. Otto Beit, whose benefactions to medical science are already well known, has given £5,000 to the British Homœopathic Association to constitute a fund, the proceeds of which are to be devoted to research into problems of medicine, particularly those the solution of which is likely to throw light upon the range and mode of action of the homœopathic law, will not come as a surprise to those who know the true catholic spirit of the donor. It would be ungenerous, indeed, to cavil at such a magnificent donation towards medical research merely because this time the giver has not thought fit to bestow his favor upon the better-known medical organizations, for the recollection of Mr. Beit's generosity towards the pursuit of medical investigation is fresh in the minds of all. Moreover, it must be admitted that the old-time prejudice against Homœopathy, largely born of ignorance, is gradually breaking down in the light of modern discoveries, for, after all, the whole of serum and vaccine treatment is but an adaptation, or rather an illustration, of the homœopathic law. Perhaps the name "Homœopathy" may need to be altered, for it is something like the proverbial red rag to most orthodox practitioners, and the term "single-drug therapy"—in microscopic doses, of course—might be substituted.

An impartial scientific investigation of the whole system under the auspices of a committee composed of equal numbers of homœopathic and other practitioners would be most desirable with a view of establishing, or otherwise, the claims of a method of medical practice which has stood the test of a century and is still flourishing today in spite of all opposition.

THE SYMPTOMS OF CEREBRO-SPINAL MENINGITIS.

There were eighty-five cases of cerebro-spinal meningitis treated at the Swinburne Island Hospital. Dr. Francis C. Clark, connected with that hospital, gives the following symptoms that occurred with marked regularity (*Long Island Medical Journal*):

Headache.

Cyanosis.

Photophobia.

Hyperæsthesia.

Rigidity.

Herpes. Often present; in 30 cases or 35.3 per cent., and irregularly distributed, most frequently upon the face, lips, nose, forehead and ears, but did occur upon the trunk, thighs and hands.

Rash. General and discrete, having no selective sight. Occurred in 40 cases or 58.7+ per cent., petechial in 37 or 43.5+ per cent., purpuric in 13 or 15.3+ per cent. One case showed a combined petechial and rose-rash, the latter quite general, but most marked upon the trunk and arms. In one of the purpuric cases the lesions remained moist with gangrenous tendencies.

Intense thirst.

Vomiting.

Eyes. Conjunctivæ injected, at times there was deviation, rotation and nystagmus.

Pupils. Early, contraction and sluggish light reaction; later, dilatation and inequality with the advent of pronounced coma and increased intra-cranial tension.

Fever. Of irregular septic type ranging from 101 deg. to 104 deg.

Delirium and early coma.

Sordes, parched tongue and congested throat.

Pulse. Usually regular, but low tension. Commonly 60 to 100, but almost imperceptible due to low blood pressure. Even with low pressure the pulse would have greater amplitude than the diacrotic typhoid. At times cerebral effusion did induce high tension.

Respirations were usually normal except in the graver cases, where they were shallow and no respiratory murmur could be heard below the angles of the scapulæ.

Heart. Normal with rather indistinct sounds.

Abdomen. Rigid and scaphoid.

Spleen enlarged.

Reflexes were variable, depending entirely upon the condition of the patient. Exaggerated with hyperæsthesia and absent in coma. Very active at the onset of the relapses. The knee-jerks were often absent when there was nerve tenderness on pressure.

Cystoplegia occurred early and acute retention was rather common.

Proctoplegia was the rule and although constipation was common there was frequently aggravated diarrhœa.

Emaciation. In the serum-treated was not pronounced, but by the end of a week, in the untreated late admissions, the emaciation was as noticeable as in a three-week typhoid.

ALCOHOLIC DRINKS.

It is not often that a man in these reforming days has the nerve to defend the use of alcoholic drinks, but that is what Charles Mercier, M. D., F. R. C. P., has done, and the *Lancet* prints it. The address is quite long—it was delivered before an English medical society—but the closing gives you a sort of summary of the argument and a taste of the style of this man. Here it is:

“In further corroboration of my thesis that the effect of moderate doses of alcohol is to stimulate the mental faculties of those who possess mental faculties, and stimulate those faculties which some think the highest, such as imagination, fancy, picturesque imagery—the artistic faculties as we may call them—I point to the fact that there has never been one distinguished originator

in any branch of art who did not take alcohol, at least in moderation, and many have taken it, alas! in excess. It is the fact, indisputable if lamentable, that it is the great nations, the victorious nations, the progressive nations, the nations that are in the van of civilization, that are the drinking nations. I don't say they are great because they drink, but I do say that this disposes of the argument that a drinking nation is necessarily a decadent nation.

"A world of total abstainers might be a decorous world, a virtuous world, a world perhaps a little too conscious of its own merits; but there is no reason to suppose that it would be an uncontentious or unprejudiced world, or a world from which exaggeration of statement, intemperance in speech or intolerance of opinion would be banished; and there is some evidence to make us anxious lest it should be a drab, inartistic, undecorated world; a world without poetry, without music, without painting, without romance; utterly destitute of humor; taking sadly what pleasures it allowed itself; and rather priding itself on its indifference to the charms of wine, woman and song.

"I should like, if possible, though I fear the effort is hopeless, to guard myself against misinterpretation. I make no doubt that it will appear in the papers tomorrow that I have advised you all to go home and get blind drunk—and that you followed the advice. I make no doubt that I shall leave this room with the reputation of an habitual drunkard, and that I shall be known in future as the Dop Doctor; for there is a considerable section of my countrymen who cannot distinguish between moderation and excess, either in drinking, or in statement, or in anything else. I must put up with that, however, and fortify myself as best I can with the consciousness, which I hope you will share with me, that all I have said is to urge that we should appreciate and value at their actual worth, no more and no less, the kindly fruits of the earth, so as in due time we may enjoy them."

PRACTICAL POINTERS.

"Fifty patients, who showed various manifestations of syphilis, were cured by the copper sulphate [*Cuprum sulph.*]; the copper salt proved more efficacious and required less time for its bene-

ficial action than did the mercury salts; in a case of very grave syphilis, where mercury had proved useless, copper effected a rapid and complete cure."—Hering, *Guid. Symp.*, Vol. 4, p. 58.

A man connected with a big iron works remarked to us the other day that when any of their men were burned, which frequently occurs, there was nothing in their experience that was better for immediate application than *Picric acid*. Inquiry found they used a 1 per cent. aqueous solution. This is a hint for the practical. Does any reader have any actual experience in the use of this agent? Burns need quick attention.

BOOK REVIEWS.

SPECIFIC DIAGNOSIS AND MEDICATION. By the late John M. Scudder, M. D. 12th edition, reprinted. 12mo., 819 pp. Cloth, \$3.00. John K. Scudder, Publisher, 630 W. 6th St., Cincinnati, Ohio.

This is really two books bound in one cover, Diagnosis, covering 387 pages, followed by a distinct volume, paged and indexed independently of the first, covering 432 pages. Both are reprints and evidently from very old plates, as the pages present anything but a neat typographical appearance. However, no deception was intended in the matter, as, we understand, it was reprinted by request, because John M. Scudder brought order out of the chaos of old eclecticism, and his works, like those of the older homœopaths, are cherished by the men of today of that school. The books are full of that element we term common sense, but the materia medica, to a homœopath at least, seems to be very meagre. In general it is somewhat akin to the homœopathic indications, but sadly lacking their *specific* character. This leads up to the author's section, "Differences from Homœopathy." In it he writes: To homœopaths "the remedy is a remedy *because* it will produce the exact diseased condition, or at least the exact symptoms of such condition." On the other hand: "In ordinary practice, whether it be Old School or Eclectic, there is no *principle* or *law* of cure. Remedies are not given because they are opposed to or agree with diseased action, but simply because they have been previously used with reputed good success. It is, in fact, pure empiricism."

The *italics* in the quotations are Dr. Scudder's. This is a frank confession by an unusually able man of the condition that prevailed in eclectic as well as in allopathic practice in his day and with due regard to all the talk about "scientific medicine" rules today. It may be asked: What is the difference between this rule of experience and the homœopathic provings? There is this difference: The homœopaths try a drug on healthy human beings, or utilize cases of poisoning, and note the effects; there is no empiricism in this—it is pure science. Following this comes the law of similars, empirical at first, of necessity, but so uniformly demonstrated that rational men were justified by all the canons of science of lifting it out of the realms of empiricism, in which the other schools remain, into the realms of true scientific medicine—the only system deserving the much-abused term. *Ipecac* is a universal emetic. In small doses it is a cure for vomiting in all schools. But other drugs will cause vomiting—how distinguish? By the carefully noted *other* effects. Herein is medical science.

In conclusion. You will get a book from battered old plates if you buy this one—but you will get an epochal book and the worth of your money if you want to go to primary things.

MEDICAL MEN AND THE LAW. A Modern Treatise on the Legal Rights, Duties and Liabilities of Physicians and Surgeons. By Hugh Emmett Culbertson, Esq., member of the Ohio and New York Bars; Contributing Editor to many Legal Publications. Octavo, 325 pages. Cloth, \$3.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

In this book the author writes in his Preface: "I have endeavored to deal with all the main features in the modern law pertaining to physicians and surgeons." Now, as the reviewer knows nothing of legal matters, he is unable to state whether Mr. Culbertson has made good in his endeavor or not, but thinks, from his standing together with that of the publishers, that he has, and that any physician after the lore of the law on his profession, his rights and, perhaps on his shortcomings, he cannot do better than to consult this the latest work on the subject. The book is divided into twelve chapters treating of "Definitions,"

covering from physicians to magic healers: "Who May Practice," a big chapter; "Relation of Physician to Patient;" "Compensation," big and interesting; "Malpractice and Negligence," big and important; "Criminal Liability;" "Exemptions;" "Physicians as Witnesses," may you be spared! "Right to Protect Professional Reputation;" "Contracts," etc.; "Wills," and, finally, an Index. This book contains a fund of information based on actual court decisions, put in an interesting way and printed on good paper with good type. It is well to know these things—your rights and your liabilities—but knowing them our unlegal advice is: Keep clear of the courts if possible. This advice is rather strengthened by reading on page 56 the ruling in four States on Christian Science. For instance: "It has been held in Ohio that the giving of Christian Science treatment for a fee for the cure of disease is practicing medicine within the meaning of the statutes," etc., while: "In Missouri it has been held that a Christian Scientist who believes that disease is an illusion of the mind and not a reality, and teaches the sick this theory of disease, is not a physician within the meaning of the Missouri statute." In general Nebraska lines up with Ohio, while Rhode Island rather sides with Missouri. Sometimes we incline to the, perhaps, heathen belief that there is too much legal pother over the fact that some one has proved the truth of the axiom that "all men are mortal."

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EDITORIAL NOTES AND COMMENTS.

MEDICAL EXAMINING BOARDS.—“Every homœopath should be aroused to action and move to certain safeguarding amendments of our State medical law, or better still, *its annulment*. There is a hopeless inequality of material conditions and educational estimation placed within this law, whereby wealth, power and official rank are divorced from justice and educational merit. The law has been ‘weighed in the balance and found wanting.’”
—James W. Ward, M. D., in *Pacific Coast Journal of Homœopathy*.

They say the other States can exclaim “same here!”

“MEDICINE AND LIBERTY.”—This is the title of an address delivered by Dr. William Gordon, F. R. C. P., printed in the *British Medical Journal*, Jan. 11. One of the first propositions is this: “I propose to show that for the fullest expansion towards perfection of medicine liberty is essential.” And his first “conclusion,” in the summary, is this: “There is sound historical and contemporary evidence that the progress of medicine is intimately related with liberty of thought and action.”

This is respectfully referred to the A. M. A.

“WHY WE GROW OLD.”—This is the title of the learned opening paper in the *Wisconsin Medical Journal*, a paper written by Drs. Burdick and Abel. Although the paper is replete with modern wisdom we cannot change our preconceived opinion that we grow old because we cannot do otherwise.

AN APPRECIATION.—Dr. H. K. Brouse, of Baton Rouge, La., after some nice words about the RECORDER, adds: "Whether or not we altogether agree with Dr. Heysinger, his able article on the alternation of remedies in the December number is worth the price of more than a year's subscription." As we read Heysinger's paper it does not advocate the indiscriminate alternation of drugs, but claims that there are cases requiring alternation, and in these skill of the highest order is needed. Also it should be remembered that alternation and combination are two very different propositions. Combinations produce new things, as witness the combination of glycerine and nitric acid.

THE MISSIONARY SURGEON.—Certain very strenuous gentlemen insist that the surgeon ought to reform the human race by desexualizing the physical and mental defectives. Once there was a law that every one taken in adultery should be stoned to death. One so taken was brought before the Great Judge and he asked the one without sin to cast the first stone. The accusers all walked out, beginning with the oldest. If the white light of unveiled truth were to shine on all how many would escape the missionary surgeon?

DR. FIELD AND HOMŒOPATHY.—Under the heading, "*Similia Similibus Curantur*," Dr. D. L. Field, of Jeffersonville, Ind., after stating that no homœopath any longer has the "nerve" to announce the fact on his card, and that the canny "regular" has got on to the trick of "small and oft-repeated doses of palatable medicine," writes: "Scientific investigation and therapeutic experience, among learned men the world over, prove that medicine must be capable of doing what is required. It must be neither too powerful, and hence injurious, nor too weak to produce any curative effect." Now if Dr. Field will tell what scientific investigation has found to be the proper dose (and drug) to cure any one disease mankind will rise up and call him blessed. It looks as if he and others labored under the obsession that Homœopathy was nothing but small doses of palatable medicine. If this is so they should get away from it if they hope to remain scientific, for such a notion is nothing but a musty superstition.

A HINT TO OLD PRACTITIONERS.—"When an old practitioner

passes away his experience dies with him. * * * Yet if old practitioners could and would set down faithfully what they had seen and done in their professional career, a mine of information not to be found in text-books or scientific monographs would be available."—*British Medical Journal*.

Just consider that, you men of practical experience, and let your light shine through the pages of the RECORDER, a journal that finds its way to all parts of the world, and we have reason to believe is *read*.

SURGICAL EXPERIENCE.—A contributor to the *Long Island Medical Journal* for February incidentally remarks concerning the career of a young surgeon in a hospital: "After a man has done 250 appendectomies, further experience with that operation is gained at the expense of other fields of surgery, where he should be proficient." It may surprise some to realize how very prevalent appendicitis must be.

A NEW CAUSE OF CANCER.—Two independent observers, Dr. W. Melville-Davison, of England, and Professor Fibiger, of Copenhagen, Denmark, have arrived almost simultaneously at the conclusion that cock-roaches are at once a cause, and spreaders, of cancer. In brief, it is the excreta of these vile insects getting into the food that cause, or is one of the causes, of cancer in rat and man. Whether this be true, or not, a dwelling infested with cock-roaches cannot be an altogether healthy place in which to live. However it is pretty safe to assume that the origin of cancer lies deeper than in these nasty vermin. If any one wants to go deep into the origin of disease let him begin with the *Chronic Diseases*—the didactical part.

FACTS VS. TALK.—In a speech at Dayton, Ohio, Dr. H. W. Wiley told the people what could be done by official medicine backed by ample appropriations. He said that there had not been a death from diphtheria in Indiana for the past four years because, it appears, the officials there have ample funds. Some one looked into the matter and found that in somewhat less time than the last four years there had been reported to the Health Board of Indiana 1,213 deaths from diphtheria.

THE IOWA LAW OF VACCINATION.—*Public Health Reports*, Feb. 7, prints the "State Laws and Regulations Pertaining to Public Health," now in force. Under Chapter II., Rule IV., is the following:

"Vaccination.—Section 1. Vaccination for smallpox is the introduction by scarification of the bovine vaccine virus through the skin."

"Sec. 2. In addition the Iowa courts have held that the administration by mouth of a proper preparation of variolinum constitutes a legal method of vaccination."

AS IT IS.—"In these days of modern medicine with its very high standards of education, its therapeutic nihilism and its therapeutic numerosity, with its consequent quackery and multiplicity of medical sects, with its scientific skepticism and its psychic research, one who, at least thinks he thinks, becomes somewhat Oslerian and hesitates to give full credit to any therapeutic method, which may theoretically and practically appear to be of great value."—*Dr. Rollin H. Stevens in Buffalo Medical Journal*, Feb.

What has become of those "tremendous strides" we ever and anon hear of?

A MODERN PRESCRIPTION.—The *Journal A. M. A.*, Jan. 25, prints a recent prescription written by one who probably would feel aggrieved if it were intimated that he were not a scientific physician. The ingredients were *Strychnine*, *Nitroglycerin*, *Digitalin*, *Caffeine cit.* and *Diuretin*. The *Journal* does not say so, but the gist of its comments, in our own terms, is that such a prescription is like throwing a lot of tom cats and bull dogs in a pit together. If any one takes the trouble to look up the physiological action of the various drugs found in many mixed prescriptions he will be surprised at the absence of science in those prescriptions. Science lies in the single drug and minimum dose, though not every one will believe this "dogmatic" statement.

WHO IS HE?—Drs. Russ and Croftan have been crossing swords in the *Jour. A. M. A.* In the Feb. 8 issue Croftan writes: "Just think of it; Russ knows of only two really, truly, honestly

honest American medical men, and one of them has left the country." The identity of the other will probably take its place with the question, Who wrote *The Beautiful Snow*?

"SCHOOL DISEASES."—This is the title of a paper by E. O. Jordan, Professor of Bacteriology at the University of Chicago, which leads the *Journal A. M. A.* for Feb. 8. To begin with, Mr. Jordan is not sure whether these are school diseases or diseases of school children, and he concludes: "In point of fact we do not know to what extent the various influences summed up under school attendance are factors in the dissemination of infectious diseases." The chief feature of this paper is the acknowledgment that bacteriology teaches nothing concerning the origin or spread of disease. You may be possessed of all germ lore extent, yet you cannot tell why Johnny got the disease and Mary didn't. In short, you know no more of the fundamentals than did your medical great-grandfather, though some put up a bluff that they do.

ALLOPATHY—SCIENTIFIC MEDICINE—PNEUMONIA.—Our estimable contemporary, the *Jour. A. M. A.*, Feb. 8, opens an editorial on "Chemotherapy of Pneumococcus Infection" as follows: "The history of the treatment of pneumonia by drugs consists of a series of false, usually poorly grounded hopes, and subsequent disillusionment." Now it seems, judging by the editorial, their hopes lie in quinine, but (after detailing results) it is added: "From these results it is evident that the experimental work so far conducted on a specific chemotherapy for pneumonia has not advanced beyond the earliest stages, and that it is still far from practical therapeutics." This confession of present helplessness is admirably honest, but why in the name of all the gods in the Pantheon will not these gentlemen buy a homœopathic book of domestic practice and learn how to cure some of their patients?

WHENCE THEIR AUTHORITY?—The *Eclectic Medical Journal*, Feb., is indignant that the "Council of Medical Education" of the A. M. A. has taken it upon itself to divide "the 116 colleges of the United States into three classifications," "A," "B" and "C." If it were possible to get the gentlemen who have taken it upon

themselves to make this classification before an impartial jury and ask them "By what authority is this done?" they would look foolish, for their authority is self-conferred; it is a case of the frog inflating himself to the size of the huge, patient, long-suffering public ox. The frog isn't big enough, even with wind, to do it. He will explode before long. To judge a college by its money and not by its brains is Philistine; to judge it by its brains is to assume that your brains are the standard. The old boys of the A. M. A. are a pretty decent lot, but too fresh—they need hazing.

CONFLICT OF THEORY AND FACT.—"The current view that certain infectious diseases may be contracted by exposure to the foul air of drains or cess pools is difficult to reconcile with the fact that such air contains fewer microbes than ordinary air." Dr. Miguel says that "the air of sewers contains fewer microbes than the air circulating in the streets of Paris" and "the air of cess pools is free from microbes." This is quoted from the *Lancet*. The blood must be purified by pure air breathed into the lungs else man sickens and dies, microbes or no microbes, and possibly the gas makes the missing links out of the once healthy tissue.

AN ANTIVACCINATION EXHIBIT.—There is (or was) a "Children's Welfare Exhibition" being held in London. Somewhat to the consternation of those at the head of it the Antivaccination Society applied for space, which was granted. Director Cooke in a letter (*Br. Med. Jour.*, Jan. 11) explained things, concluding as follows: "In these circumstances I think you will see that the directors of the exhibition could not have refused to accept them as tenants of a stall without entering into controversial matters—a course which would generally be regarded as improper." One of the distinguishing virtues of John Bull, Esq., is his willingness to let the other side take part in the show.

A COMPLIMENT, SIR READER!—"Sir James Paget, as is mentioned in his *Memoirs and Letters*, sat one evening at that very select club, Grillion's, between Gladstone and Matthew Arnold. The talk turned on professions, and Gladstone said that medicine, steadily developing and improving, was the profession of the

future. Arnold said he had been much impressed in America by the superiority of the doctors over the clergy and the lawyers."—*British Medical Journal*, Jan. 11.

FOR THE WELFARE OF BACTERIAL THERAPISTS.—The following taken from a paper by Willard J. Stone (*J. A. M. A.*, Feb. 15) is respectfully referred to those gentlemen who lightly buy vaccines of the manufacturers and use them on patients. Dr. Stone was one of the students of Sir Almroth Wright. He says, among other things:

"If success is to be secured it will be necessary, in the consideration of any infection, to obtain certain definite information on the following points:"

"1. The localization of the infection, whether general or focal, whether pyæmic or septicæmic, whether saprophytic from retained necrotic tissue, whether acute or chronic, as well as other factors, such as local tension of the focus of infection under pressure, and the local blood supply."

"2. Definite knowledge of the predominating type of infection present and of the secondarily infecting organisms."

"Speculation should not enter into the consideration of the rational worker, for, if definite knowledge in the application of the method is lacking—if hit-or-miss empirical therapy is employed—the guess may as well be wrong as right and the method discredited. One should remember that bacterial vaccines are toxic products, capable of good or harmful results, according to the method of use."

Keep out of it, you homœopaths, for that way lies possible professional disaster. Your own science is greater and mightier than anything that will ever arise from bacterial therapy.

NO DOUBT IT IS IRRITATING.—A correspondent of the *J. A. M. A.*, writing of "sectarians," says, among other things: "Usually the advocate of scientific medicine finds so much to irritate him in the arguments of those who champion the sectarians that he grows hysteric and does harm rather than benefit to the truth." Scientifically viewed, probably this hysteria is not due to the arguments of the sectarians, but to the shifting ground on which the irritated one stands. He is like a man living on a ceaseless earthquake trying to make others believe that he stands on the immutable.

That this is not written in a partisan spirit, let the following, which is clipped from the English journal that corresponds to our *J. A. M. A.* testify. The paper from which it is taken is on fever and is given the place of honor in the *British Medical Journal* for Feb. 8. The writer is E. C. Hort, of the Lister Institute:

"The antigens, then, and pyrogens of infective disease are substances so vital to the production of immunity and of fever that precise knowledge of their true source, as well as of their chemico-physical nature, must always be a necessary preliminary to an intelligible conception of how they act."

"It is widely believed, largely in consequence of Pfeiffer's early work, that the main source of supply of both antigen and pyrogen in infective disease is dissolved bacterial protoplasm. In an infected subject the primary source of supply of these substances is therefore, we are taught, one foreign to that subject, whether the agents affecting their liberation be of an autolytic or heterolytic character. Moreover, since antigen and pyrogen are supposed to be genuine derivatives of bacterial protoplasm in solution, the theory lays down that it is only dead organisms that can supply them. The living bacterium as such has, we must infer—if we accept the theory—no antigenic or pyrogenetic values. Its potential worth, in terms of the production of antibodies and of fever, only becomes kinetic when bacterial death followed by bacterial solution and absorption has occurred."

If you have carefully read this you will see that it, in the final analysis, is but uncertainty and speculation, yet presumably stands for the latest word on the subject of the gentlemen who grow hysteric when a "sectarian" dares peep! It really looks as if the best thing these emotional ones could do would be to go to the "sectarians" and learn a little common sense clinical medicine.

EPIDEMIC POLIOMYELITIS.—Drs. Flexner, Clark and Fraser, of the Rockefeller Institute, contribute a paper to the *Jour. A. M. A.*, Jan. 18, in which they state that "the manner of conveyance of the virus of poliomyelitis to infected persons is not yet wholly worked out;" also, concerning human carriers, "thus far indubitable experimental demonstration of the occurrence of such passive carriers has not been brought." They also say that considerable difficulties, however, surround the initial implantation of the virus on monkeys. Even when the human spinal cord,

derived from a recent fatal case of poliomyelitis in man, is employed for inoculation, the experimental infection has not always been produced." This looks as if the effort was to establish the theory that the disease is contagious. In this it fails.

PSORA.—"Physicians of the present day do not comprehend Hahnemann's definition of psora. They think he refers to the itch vesicle or some sort of tetter. Hahnemann's idea of psora was that it corresponds to that condition of man in which he has so disordered his economy to the very uttermost that he has become susceptible to every surrounding influence. Cause does not flow from the outermost of man to the interior because man is protected against such a state of affairs. Causes are so immaterial that they correspond to, and operate upon, the interior nature of man, and are ultimated in the body in the form of tissue changes that are recognizable by the eye. Such tissue changes must be comprehended to be the results of disease only or the physician will never recognize: What disease cause is; what potentization is; what disease is; or what the nature of life is."—*Richard Blackmore, M. D., Farmington, Conn.*

NEWS ITEMS.

Dr. E. Mather has removed to 46 Warren Ave., E., near Woodward, Detroit.

Dr. Geo. M. Dillow announces his removal to 125 West 58th St., "The Milano," New York City.

Dr. W. E. Hathaway has removed to 1982 Fairfax Ave., Cincinnati, O.

The RECORDER noted the removal of Dr. W. A. Wallace from Beloit, Wis., to Rockton, Ill., which was an error in the name of the good doctor, who is W. A. Mellen, not "Wallace."

Dr. C. S. Tisdale has removed from Carrolton to Joplin, Mo., where he "expects to be a permanent fixture."

PERSONAL.

The absented editor wrote the widow "would be pleased to receive obituary of your husband."

"While there is life there's hope;" all very well, but what after the undertaker?

The problem of the rich: The price of gasoline.

"Melancholy men of all others are most witty."—*Aristotle*.

"Go to the ant, thou sluggard." But then the ant loafs six months, as Claude remarks.

"All our geese are swans," said that anatomist of melancholy, Burton.

A good tailor is usually needed for the making of a broad-shouldered man.

Angelic editors write, but the devil has a hand in the printing, and generally a blackened one.

"*Secundum artem*" would fit some tombstones.

Not even the fashionable want a chic egg.

"It's all the same," said Binks, "your stenographer and your wife both take you down."

If the U. S. A. D. ever turns loose among misbranded "science" there will be a riot in shoel.

The modern under-man is the automobilist.

Harvard College was founded "to educate youth in godliness."

"Hell" is a wide-meaning word.

Why should editors be sorry when the Lemon crop fails?

Binks says his whist partner rivals Ibsen in his queer plays.

After reading the pathogenesis of *Bella-donna* one wonders if it was named in irony.

The fruits of aviation said Billy, must be eggs.

The phrase "he died cured" "has been attributed to several surgeons," says an allopathic exchange.

" * * * the multitude of medical counselors, in which there may be safety for themselves, but hardly for the patient."—*B. M. J.*, Dec. 25.

When an orthodox Rabbi meets Santa Claus—?

According to *Life* a family may be numerous, but "not much."

They say that only artificial harmony is possible in a chorus and for once "they say" is O. K.

Classical music: Something you should admire but don't—that is, not all of you. *You* do, of course.

An alderman is really an earl in the original.

To be very polite you might write, instead of "belching," "gastric zephyr."

THE HOMŒOPATHIC RECORDER

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A TEST OF THE 60x POTENCY.

A drop of liquid or a grain of insoluble substance run up in its entirety to the 30th centesimal potency, or its equivalent the 60x trituration, according to Hahnemann's directions, as given in his works, would occupy a bulk of matter equal to fifty-seven times—and something over—the bulk of this earth, according to the latest calculation. This enormous amount is the stumbling block in the way of belief in the infinitesimal in the minds of many, and has often been advanced, even among otherwise good homœopaths, as being inconceivable, and in truth it is beyond human comprehension, verging on an attempted conception of time and space—things beyond the human mind.

We do not intend to enter into any arguments here on the subject but to confine ourselves to facts that have been proved beyond question, because they have been demonstrated to human senses.

After months of negotiation Messrs. Boericke & Tafel succeeded in securing a supply of Radium *pure*, so certified by the chemists of Europe.

This *Radium* was subjected to photographic tests; that is to say, photographs were made from its rays as tests.

Among others was a distinct impression that was taken through a hard wood maple plank of half an inch thickness, which was placed between the Radium *pure* and the object photographed.

The Radium was then trituated up to the 12x, and a very brilliant picture was taken by exposing an object, and the necessary plates, to its rays.

This 12x was trituated up to the 30x, and again it showed very distinctly on the plates.

Then this 30x was triturated on up to the 60x, which is the 30th centesimal potency, according to the Hahnemannian process—1 to 9 of each preceding x potency—and again this trituration—of the 60x—was subjected to the photographic test, and after an exposure of forty-eight hours, showed a distinct impression on the plate of the object photographed.

These experiments were made not with a view of establishing a theory but of ascertaining facts.

To make assurance doubly sure, after the above was written, a supply of the 60x trituration was taken from the “stock bottle”—that from which orders are filled (this was done at the request of the editor of the RECORDER), and again subjected to the photographic test with a brand new object, to prevent any possibility of error, and again the result was a very distinct photograph. The actual amount of the trituration used in taking this photograph was no more than is contained in a half drachm vial.

These experiments demonstrate, it would seem, beyond question, the presence of the drug in this potency. It is reasonable to believe that other drugs so treated must be also present in this potency even though that presence cannot be visually demonstrated.

These experiments ought to settle the vexed question that has been so long discussed in and out of the American Institute of Homœopathy.

THE CRY OF A CHILD BEFORE DELIVERY.

Editor of the HOMŒOPATHIC RECORDER :

The February issue of the RECORDER now lies before me and I have read and enjoyed the articles contributed by my professional brethren.

I think it is the duty of a physician, if he meets in his practice with any unusual experience, to give the benefit of that experience to his fellow practitioners, and the best mode of communication is through his medical journal. So if the RECORDER will permit me I will relate a very novel case which occurred in my practice a short time since.

I was engaged to attend an obstetrical case, a primipara eighteen years of age, and the time for her accouchement carefully

noted in my visiting list. Two weeks before the expected event, in the early morning, I was hastily summoned with the information that my patient was having convulsions. When I reached her house I found six ladies in the room with her, all in a state of wild excitement and piteously appealing for help. I assured them that all that was possible would be done for her relief, and at once chloroformed my patient and sent for my friend, Dr. Howard Fletcher, to assist me. The doctor, realizing the urgency of the case, came in quick time, and we agreed, without hesitation, that instrumental delivery should be accomplished without delay. After placing our patient in the proper position my assistant administered the anæsthetic while I prepared to dilate the os. And now comes the novel and interesting experience in the case. I had just made an examination and found the os soft, but nearly closed, and as I reached for the dilator the child was distinctly heard to cry in the mother's womb. We were of course astonished beyond expression and a solemn silence prevailed when a few seconds later the cry was repeated. The os was then dilated and the instruments applied. Delivery was duly accomplished without injury to the child and with but a slight tear of the perinæum. The mother made a good recovery, and she and her child are now well and happy.

I have never seen any record of a case similar to the one I have narrated.

Have any of your readers had a like experience or heard of any such? If so I would be glad to hear from them. I mentioned this case to a number of leading physicians of Washington, D. C., and not one of them had ever heard of a similar case. The reply of one of them was, "Doctor, if I didn't know you to be a truthful man I wouldn't believe you."

Now I think I have the explanation of this case. Of course no sound could have been made by the child unless it had air in its lungs. The woman could give me no history of the escape of the waters, but I am sure they leaked away a day or two before, and air must have reached the child's lungs through this rupture in the membranes. This is to my mind a further explanation of the mother's convulsions. There must have been a peculiar nervous condition set up in the mother from the fact that the child was, if I may so describe it, living a double life—

life from the air which was reaching its lungs and life from the mother's circulation through the placenta.

I would be glad to have this case commented upon and discussed in the columns of your valuable journal, of which I have been a subscriber and reader for many years.

Dr. Howard Fletcher, of Fairfax, Va., will testify to the facts as I have stated them. He reported the case at one of his society meetings, no member of which had ever had or heard of a similar case.

Dr. Fletcher and I are of different schools of medicine, he being a graduate of Johns Hopkins University and I of Hahnemann College of Philadelphia, but we are devoted friends, and are ever ready to render each other assistance when called on.

Yours truly,

W. P. MONCURE, M. D.

Fairfax, Virginia.

LET YOUR LIGHT SHINE.

The 464th regular meeting of the Homœopathic Medical Society of the County of Kings was held at the Medical Library Building, Brooklyn, March 11, 1913. Dr. William Henry Abbott, Hahnemann Medical College, Philadelphia, '11, was proposed for membership. The bill recently introduced into the New York State Legislature increasing the powers of the Board of Regents in the control of the practice of medicine was discussed and referred to the Legislative Committee with power to take action in opposition. The following papers were read: Dr. H. D. Schenck, "Phosphorus in Retinitis;" Dr. James W. Fox, "Nux Vomica in Chronic Malaria" and "Mercurius Corrosivus in Cystitis;" Dr. George H. Ding, "Bryonia in Rheumatism" and "Argentum Nitricum in Neuroses of the Stomach;" Dr. N. L. Damon, "Two Cases of Myocarditis;" Dr. George S. Ogden, "Paris Quadrifolia in Eye Condition" and "Hepar Sulph. in Ptyalism." Dr. John B. Garrison spoke on the propagandism of the American Institute of Homœopathy as follows:

Mr. President and Members: You all know that the Institute has decided to take up the work of homœopathic propagandism, and it occurs to me that possibly you may want to know why and

how such action may be necessary, and how we intend to use the funds that are being raised for this purpose. If homœopathic physicians had continued to be as steadfast in their work for and in Homœopathy as were the old-time members, and if in their work they would continue to instruct their patients along the fundamental lines of Homœopathy, it would not probably be found necessary for the committee to take such steps as they have taken. As the homœopathic profession grew and became more prominent they have left out that work, and it has been found that they are not telling their patients and outsiders just what Homœopathy is. They have been content to be merely physicians. In one way it was right, but in another way it is not proving to be the best way. There is a feeling among the laity that the schools of Homœopathy and allopathy are coming close together and it is hardly worth while to distinguish between the two. It has become a difficult task for a stranger coming into town to find a homœopathic physician. The drug stores will not aid him; at least they will not in Manhattan. I do not know if it is any better in Brooklyn. In olden times the homœopathic physicians used the name and people knew them, as they know the osteopaths now, by their signs. In our day a homœopathic physician cannot be found so readily. That is why we find it necessary to work along the lines announcing to the public that Homœopathy still exists and is still doing its work; that homœopathic physicians are doing the same kind of work as formerly. This society is undoubtedly composed of physicians who are proud of their profession. You can do much toward the propaganda. Patients ask me what is the difference between the schools. They do not know and they think it is the small dose of medicine. They do not know how you are healing them unless it is by your personality. We believe that the propaganda is necessary; to go among the laity and to instruct them, and to tell them some of the fundamental truths as to the difference between Homœopathy and allopathy. Now to do this in one word requires "publicity." The idea of the trustees of the Institute is to use these funds for public lectures in different towns and cities, to provide halls and speakers: men who believe in Homœopathy and who will instruct the laity as to what it is and what is its history. To tell the public what it will be interested

in in every town and city. Where Homœopathy becomes better known it will increase the demand and increase the number of students. There will be a press agent who will keep the papers in the news of the colleges and institutions; the improvements and other matters relating to the colleges that will show that they are thoroughly up-to-date. Their sons will want to attend lectures in the homœopathic colleges. Publicity is the one word we are having in our minds, for Homœopathy must be made popular. There is no use going among physicians. We want to go outside and to tell the people that Homœopathy is just the same today as when it was first introduced by Hahnemann. I think every one here has received the red card from the Institute with the circular, and I hope you will sign the card and send it in.

Dr. George F. Laidlaw, of Manhattan, was to have read a paper on "Diagnostic Problems," but a mistake in dates made it impossible for him to be present, and the society has that paper to look forward to for a future meeting.

L. D. BROUGHTON, *Secretary.*

THIOSINAMINE IN STRICTURES

Editor of the HOMŒOPATHIC RECORDER :

The query, "When is a news item not a news item?" can best be answered by reading the article signed "M. R. F." on page 76 of the HOMŒOPATHIC RECORDER for February.

Of course "M. R. F." is to blame for having submitted such a loose and rambling statement concerning the action of *Thiosinamine* in strictures, rectal or urethral, but the editor is also to blame for having printed it in its present form.

It is fairly obvious that before one could intelligently use *Thiosinamine* in rectal stricture it would be necessary to know how often a 15-drop dose should be given, and as for using it in urethral stricture, how much water must be added, and again how often must it be used?

Just why "urethral stricture with enlarged prostate" should be specified is also obscure. "Enlarged prostate" may mean one of

a number of conditions, and stricture of the urethra is not always accompanied by an "enlarged" prostate.

VICTOR D. WASHBURN.

Wilmington, Del., Mar. 5, 1913.

Answer.

Editor of the HOMŒOPATHIC RECORDER:

I am returning you herewith the letter from Dr. Washburn, and would state that I called upon Dr. Gilman and got additional information as to the detail of the use of *Thiosinamine* in stricture. The doctor says that in rectal stricture he uses 10 drops of the solution, hypodermically in the gluteal region, each day. For urethral stricture he uses the solution in the usual urethral syringe, throwing as much in the urethra as it will hold, leaving it remain for a time, and then voiding it, then refilling the urethra and then voiding it after holding it a while. This operation to be repeated once a day.

I believe the above information is what Dr. Washburn wants, but would also advise you that Dr. Gilman would give him any additional information if he would write him. The doctor's name and address is Dr. J. E. Gilman, Masonic Temple, Chicago.
M. R. F.

Chicago, Mar. 10, 1913.

THE TREATMENT OF APPENDICITIS WITHOUT AN OPERATION.

Editor of the HOMŒOPATHIC RECORDER:

Dear Sir: In almost every medical journal may be found something about appendicitis, and how to diagnose and how to treat a case, which is too often with the knife. In more than twenty-five years of active practice I have treated quite a number of cases and I have lost none, nor have I found it necessary to operate, some of them having come into my hands after having been diagnosed as appendicitis by physicians of the regular school.

As I have never seen my method advocated by anyone else I will give my method of treatment.

The first thing I do is, flush the bowels with warm water

and a little castile soap. Next I inject high into the bowels half a pint of olive oil, using a good-sized catheter, inserting the catheter nearly full length and forcing the oil through this, and at the same time have them take from one to two ounces of the olive oil. I have used sweet oil in two or three cases. I then continue the olive oil in spoonful doses, about three doses a day, and *Belladonna* 3x every hour, with a hot compress of the oil over the seat of pain, and repeat the injection if I think it necessary. When the fever and pain and tenderness have passed away I put them on *Nux* 3x, and have them continue for a few weeks, three doses a day; and that is the end of their trouble, even in chronic cases—never a single recurrence. That there are cases in which operations are necessary, and indeed the only course, I have no doubt, but I am of the opinion that many persons who die from operations might be saved by proper treatment.

U. W. REED, M. D.

Topeka, Ind., Feb. 26, 1913.

ECZEMA AND GOITRE CURED.

Editor of the HOMŒOPATHIC RECORDER:

A graduate of "Old School" in 1888, although willing, yes anxious, to accept the good wherever found, and knowing our limitations, a few years ago I strayed into neighboring pastures led by a case of very stubborn eczema in a woman of middle life. The trouble at times, especially after becoming heated from undue work in sunshine, covered her face, hands and exposed parts of her arms, the skin being very red and exasperatingly itchy and thick.

After repeated failures in my efforts and those to whom I applied for assistance, I sought for help in the domain of Hahnemann, when I was recommended to give *Skookum chuck* 3x, four tablets q-d-, and to my surprise and our thankfulness the case was cured in two weeks, the lady never had an itchy skin again and the skin cleared up entirely. If we have anything in our school that will do this it was my misfortune to never find it.

A year ago a lady of fifty-seven years applied to me for relief

from a pain in her right brow, toward the temple, attacking her at frequent periods nearly all her life. Three years previously I corrected her eye strain with lenses, which dissipated at least half of her suffering. I gave her *Magnesia phos.*, somewhat irregularly for a few weeks, with but partial relief from pain, but to our surprise and real joy a goitre on right side, in size very noticeable even through an ordinary collar, was gone; not a vestige was left. I at once began research for such and found in Dr. Vondergoltz's Biochemical Manual that *Magnesia phos.* is the second remedy he recommends for goitre. To this day the goitre is not to be seen.

I might continue relating further results, especially in nasal catarrh and adenoids in cases of children from eight to seventeen years, but the foregoing is likely enough for my maiden effort in new company.

TRUMAN COATES.

Oxford, Pa., Mar. 12, 1913.

THE ALTERNATION OF HOMŒOPATHIC REMEDIES.

Editor of the HOMŒOPATHIC RECORDER:

Returning from a two months' vacation, my first interest in medical journals centered in the HOMŒOPATHIC RECORDER. Glancing over the "Contents" my eye caught "The Alternation of Medicines, with Special Reference to the Needs of New Practitioners," by Dr. I. W. Heysinger, M. A., M. D., in the December number.

The subject of alternation of remedies in our school of practice has been an interesting one to me, for in the first few years of my practice I invariably gave two remedies in alternation, no matter who the patient or what the disease. But after attending several meetings of the American Institute of Homœopathy and one of the International Hahnemannian Association, I felt that I would like to be one of those who practiced on straight homœopathic principles and whose work might serve to teach others to do the same. I then resolved to stop alternating remedies, for I could never learn which remedy did the work, could learn nothing by it that would help me in another case, and could never

become a teacher in the practice of our school. I believe that was in June, 1886, when both of our associations met at Saratoga Springs, N. Y. From then on I have been a single remedy prescriber, and I must say I have done better and surer work ever since.

Dr. Heysinger, in a discussion covering almost eighteen pages, advances no argument in favor of alternation except in a sort of defense of carelessness. If he admits that he can *always* find the *two* remedies out of a possible 700 that are indicated in his cases, why in the name of common reason does he not take, or advise the young doctor to take a few minutes more and pick the *one* best indicated? I am always thankful if I can simmer a case down to a *half dozen* remedies to begin with. Then I remember the little illustration in the preface of Dr. Bell's first edition of "Diarrhœa." That tells how to select the *single* remedy where many seem at first indicated.

There are so many paragraphs and sentences in Dr. Heysinger's article that to me are incomprehensible that I often wondered, while reading it, whether my mind or his was out of order. For instance the last paragraph beginning on page 545 consists of a single sentence of eighteen lines. I have read this over several times until I cannot tell whether I am a physician of ordinary intelligence or a "syllabub." Will some good, kind doctor please inform me?

I will just quote one other paragraph and ask any reader, from our good editor down to the veriest tyro in our school, whether he can see through it. "But the *vice versa* is where the shoe pinches; they all concede that the whole of the drug symptoms, in any case, are more than ample enough in number and extent to match the symptoms of any particular disease—that they overlap them in nearly all directions; else we would have a divinely ordained mathematical puzzle, and new diseases as well as new drugs would be under the ban; and no physician ever objected to a new disease, and a twenty-page article of his own, describing it. But they deny that disease symptoms in any particular case can ever overlap the pathogenetic symptoms of some particular drug, which, to a man brought up in the old-fashioned way of common sense, and who don't believe that a plant growing in one corner of the moral vineyard was divinely ordained, before the

evolution of man, in the days when the morning stars sang together and all the hosts of heaven shouted with joy, to be matched up with the specific symptoms of some disease which had never yet appeared, and which when it should appear would do so in an opposite corner of the earth, these factors never by any possibility coming together, to be of any therapeutic use whatever, until within the last century or so, is very strange and interesting, but not at all logical or scientific." (Oh, for the love of Heaven! will some good friend help me to understand this?)

I suppose I ought to thank Dr. Heysinger for writing this article, and our good Dr. Anshutz for allowing it to appear in the pages of the HOMŒOPATHIC RECORDER, for I am certain it can never, in any way, influence anyone to become an alternator.

HORACE P. HOLMES, M. D.

Sheridan, Wyoming.

SPONDYLO-THERAPY AND HYPERICUM.

Editor of the HOMŒOPATHIC RECORDER:

I will report a very interesting case lately cured by "Spondylotherapy" and *Hypericum*.

Mr. N., carpenter, of this city, seven years ago sustained an injury to his spine by a board striking him in the lumbar region. He consulted a number of physicians who gave him no relief and invariably falling back on an opiate to relieve the pain.

About two months ago he consulted me. Suspecting congestion of the spinal nerve roots I gave him two treatments over these roots, similar to the method as used by Dr. Abrams, as follows: *Borrowing* a half dollar from my neighbor, I placed the coin snugly over the root, alongside of the spinous processes, and, picking up a tack hammer, gave *each* root a few heavy blows. I put up some *Hypericum* 3x, to be taken every two hours, and dismissed him with a *guarded* prognosis. In a week he returned, greatly improved. The same treatment was given him, and at the end of another week he was quite free from pain. I did not give him another "spinal" treatment, but continued the *Hypericum*, and a liniment of equal parts of *Hypericum* and alcohol, to be rubbed into the area, formerly affecting him. Another week under this treatment he was not only freed entirely from

his affection, but had also abandoned his opium, a fact remarkable to relate! This man had taken Dover's powder for seven years (daily), from one to five doses, and these did not afford him the relief as did the ones under my first treatment. I have observed a number of patients letting up on "dope," coal-tar products, morphine, *et al.*, and abandoning these *under similia*. This patient quit on the fifth dose and has not wanted any in over five weeks *because* there is no longer any need for the drug to relieve his pains. I saw him today, and he informed me that he was strong and well.

Five weeks ago I was called to prescribe for his daughter. She was suffering from a congestive headache, coming on every morning at 4 and continuing until 3 P. M. She had to keep her bed. I could get no modalities or anything reliable to be certain of any remedy except *Belladonna*, and this was not clearly indicated. I gave her various potencies, but I got no effect whatever, and changed to *Glonoine*, 6th potency, and got some improvement. My stock of *Glonoine* becoming exhausted, shifted to *Melilotus* 1, and after a few doses I had the pleasure to hear the report: "The last medicine hit the spot. Maude is free from her headaches, and no need of her remaining in bed as before." Several days having passed with no return of the headaches I believe her cured, and don't question a bit that it was under *Melilotus*, as the response was prompt (15 minutes). That seems reasonable, does it not, to credit *Melilotus* with the cure?

J. W. KING.

Bradford, Pa., Feb. 25.

THE ALTERNATION OF REMEDIES.

Editor of the HOMŒOPATHIC RECORDER:

As a student in a homœopathic college and a beginner in the study of materia medica, I have read with interest the various articles that have appeared in your paper on the subject of "Alternation of Remedies," both pro and con.

This subject, it seems to me, is one of great importance and should be answered in such a way that would leave no doubt in the mind of a student who is searching for the truth in materia medica. Dr. Freeman's article should have done this, but apparently some still hold that alternation is correct.

It occurred to me that the Great Founder of Homœopathy might have something to say on the subject that had not as yet been published in this series. I found an answer in a copy of "The Lesser Writings of Hahnemann" in an article, entitled "Are the Obstacles to Certainty and Simplicity in Practical Medicine Insurmountable?" I enclose a few paragraphs from this article which give Hahnemann's opinion or views in no uncertain manner. Possibly you may not wish to publish them or to continue the series, or maybe Hahnemann did not mean the single remedy only, and that my simple mind is too easily satisfied. But I believe that he did mean one remedy only for each case, and if he and the other great homœopaths found the single remedy sufficient, as they did, then should not we be satisfied with the same beliefs, which they tried and did not find wanting, and be ready to attend any case, even the life and death case, with a single remedy? At least in 999% of cases this rule should follow.

From actual practice I cannot, of course, speak, but I can say that the opinion of a doctor who has practiced medicine for fifty-five years (ten years Allopathy, forty-five years Homœopathy) is that the single remedy is sufficient for the practical needs of an every-day practice, and properly selected will never fail to cure where the vital forces are sufficient to react under the influence of the drug.

Yours very truly,

W. W. READ.

Student N. Y. H. M. C.

Extract from "Hahnemann's Lesser Writings:"

Does opium mingled with ipecacuan cause sleep because the excipient in the recipe has been invested with the dignity of the principal ingredient? Does the ipecacuan here perform the part of base, adjuvant, corrective, director or excipient? Does it cause vomiting because the prescriber wills it?

I have no hesitation in asserting that whenever two medicines are mingled together they almost never produce each its own action on the system, but one almost always different from the action of both separately—an intermediate action, a neutral action,—if I may be allowed to borrow the expression from chemical language.

The more complex our receipts the more obscure will it be in medicine.

Anyone who should see me give one medicine yesterday, another today, and a third different from either tomorrow, would observe that I was irresolute in my practice (for I am but a weak mortal), but should he see me combine two or three substances in one prescription (and ere now this has sometimes been done) he would at once say, "The man is at a loss, he does not rightly know what he will be at"—"He is wavering"—"Did he know which one of these was the proper remedy he would not add to it a second and still less a third!"

What could I rejoin? Nothing.

Dare I confess that for many years I have never prescribed anything but a single medicine at once, and have never repeated the dose until the action of the former one had ceased: a venesection alone,—a purgative alone—and always a simple, never a compound remedy, and never a second until I had got a clear notion of the operation of the first? Dare I confess that, in this manner, I have been very successful and given satisfaction to my patients, and seen things which otherwise I never would have seen?

TO THE FOLLOWERS OF DR. HAHNEMANN.

Both the Homœopathic Physicians and Laymen.

Editor of the HOMŒOPATHIC RECORDER:

I beg to ask you, gentlemen, why we should use the dilution beyond 30 (say, 36, 60, 100, 200 and so on) when our revered founder, Dr. Hahnemann, says in his letter of the 13th of September, 1829 (see *Brit. Jour. of Hom.*, V., p. 398): "I do not approve of potentizing the medicines higher (as, for instance, up to 36 or 60). There must be some limit to the thing, it cannot go on to infinity. By laying it down as a rule that all homœopathic remedies be diluted and potentized up to 30 we have a uniform mode of procedure in the treatment of all homœopaths, and when they describe a cure we can repeat it, as they and we operate with the same tools?"

Again, in 1832, when commenting on Von Karsakoff's new-fangled mode of attenuating drugs, Hahnemann says: "I must

say that these proceedings chiefly seem to show how high we can go with the potentized attenuation of medicines without their action on the human health becoming nil. For this these experiments are of inestimable value, but, for the homœopathic treatment of patients, it is expedient in the preparation of all kinds of medicines to remain stationary at the *decillionfold* attenuation and potency, in order that homœopathic practitioners may be able to promise themselves uniform results in their cures." (Arch., XI., 2, 99.)

S. P. BHARGAVA, L. H. P. F. I. S.

Dr. in Charge, Theosophical Charitable Dispensary, 235 Bahadurgani, Allahabad (U. P.), India.

D. Allahabad, the 17th Feb., 1913.

FIRST ANNUAL MEETING OF ORIFICIAL SURGEONS.

Editor of the HOMŒOPATHIC RECORDER:

I hand you the following report which will be of interest to many of your readers:

"The first annual meeting of the Iowa Association of Orificial Surgeons was held in the parlors of the Savery Hotel at Des Moines, Iowa, March 5th. The following officers were elected: President, Dr. W. H. McCartney, Des Moines, Iowa; vice-president, Dr. C. L. Stoddard, Boone, Iowa; secretary-treasurer, Dr. W. J. Buck, Des Moines, Iowa; Dr. A. E. Shaw and Dr. W. A. Guild, both of Des Moines, Iowa, members of the Executive Committee. Des Moines was chosen as the place of the next meeting. Dr. E. H. Pratt, A. M., M. D., LL. D., of Chicago, Illinois, conducted an Orificial Clinic at the Des Moines General Hospital in the forenoon. Eight cases were operated on, demonstrating the fundamental principles of orificial surgery. Forty of Iowa's foremost surgeons were in attendance. In the evening a banquet was spread, with Dr. E. H. Pratt as the guest of honor. The entire meeting was a success."

Yours fraternally,

W. J. BUCK, *Sec'y-Treas.*

Des Moines, Ia., Mar. 18, 1913.

TO THE MEMBERS OF THE HOMŒOPATHIC PROFESSION.

My Dear Doctors:

The reports from the Council of Medical Education show that the efforts to secure pledges for re-propagandistic work have been encouraging. However it appears to some of us that we must resort to more effective and strenuous methods to secure the pledges from a large number of our physicians who have not yet subscribed. As the originator of this method for securing the pledges from every homœopathic physician, namely, \$2.00 or more a year for five years, and among the early promoters of the propagandistic and evangelistic work I am deeply interested in its ultimate success. The plan as presented has already awakened an interest all along the line, and the interest *must be kept up*. How shall it be done? It is very essential that all the journals should lend a helping hand, through their editorials, thereby indicating the importance of the work and urge their readers to respond to the efforts being put forth for propagandizing and evangelizing. Would it not be well for the Council of Medical Education to give to the profession, monthly reports, of the results of the efforts obtained by the directors, publishing the names of those who have given pledges and the amounts subscribed, in all of the journals, and especially the official journal of the Institute?

Where the first appeal has failed to secure a pledge it should be followed by another more pronounced, and if necessary, repeated until the pledge *is* obtained. The "Spread of the Gospel" and "Team Work" editorials in the February and March numbers of the official journal of the American Institute of Homœopathy are timely editorials and good results are sure to follow. Though I cannot endorse all of the suggestions of Dr. Casseday, as stated in his "Plan to Place Homœopathy on the Proper Basis," etc., the doctor has advanced some very good and practical suggestions, and even if not altogether approved by the entire profession his suggestions, and those from others, show that there is an awakening all along the line for the advancing of homœopathic interests.

Much praise is due the Council of Medical Education for the

vigorous efforts to secure pledges, and especially to Dr. W. A. Dewey, the Secretary of the Medical Council and the Director of the Propagandistic work.

We are certainly awakening from our lethargy, the result of a long period of successes and triumphs, and it is necessary for us all to keep ourselves aroused and wide awake to the importance of the Cause, and thus working strenuously and unitedly with this aim in view the victory will surely be ours.

The business methods adopted by the Trustees of the American Institute of Homœopathy, the energetic President Hinsdale, ever on the alert for homœopathic interests, and the inauguration of the College Alliance of the American Institute of Homœopathy, all betoken a bright future for Homœopathy.

I feel confident that if this plan for securing pledges is vigorously pushed that sufficient funds will be received to carry on the work and the co-operation of the entire profession secured. It is endorsed by the Institute, and the Council of Medical Education is fully and duly authorized by the Board of Trustees to carry on the work. We must not forget that it is a work of love, that the director and sub-directors are all working without any financial remuneration. The pledges and moneys collected by the Council of Medical Education are turned over to the Treasurer of the Institute, and the Institute through the Board of Trustees are the advisors as to the distribution of the funds thus collected, and we have confidence and faith that the funds collected are thus safely guarded and that they will be economically and wisely distributed.

I think the efforts to stimulate us to greater activities and to spur us on in this important and vital propagandistic work, are most gratifying, and I am very optimistic as to the results, if we all put our shoulders to the wheel and work with a determined effort to advance the interests of Homœopathy.

Yours fraternally,

H. F. BIGGAR.

Cleveland, Ohio, March 26, 1913.

ON TO DENVER!

Ann Arbor, Mich.,
April 1, 1913.

My Dear Mr. Editor:

The time is not far distant for the convening of the American Institute of Homœopathy in the city of Denver. Naturally I am intensely interested in the success of the meeting, and believe you will lend the use of your valuable journal for me to say to the profession that it is of unusual importance that we have a full and enthusiastic convocation. These are the times of strenuous society activities. Scientific people, pseudo-scientific people, and all others for that matter, are active in organization work. This is also the era for long-sighted, purposeful co-operation upon the part of those who wish to be identified with progress.

Let no one say he gets nothing worth while out of the Institute; rather let him feel the Institute can get something from him. Denver is the only place in the country where one can receive the invigorating influence of a wide-awake, enthusiastic medical meeting and by a slight expense see the greatest sights that nature unfolds to the physical senses. The Transportation Committee have given special attention to "side trips" and will have a long list of delightful long or short excursions to select from after the Institute is over. Not only that—the accommodations for the trip are being delightfully arranged. Those who go, as they should, "with the crowd," from Chicago or even from farther east, will experience the benefits of an Institute *en transit* because the good conversationalists, the best story tellers and the enthusiastic good fellows will be on the train.

Pass the word along. Take as a companion at least one candidate for membership. Urge the young men to seek the place where the enterprising and progressive element of our profession congregate.

The local committee are perfectly organized to make your coming to, stay at, and departure from, their beautiful city an event to be remembered and a celebration royal. Everybody, from now to the date of departure, be a "booster" for Denver and the sixty-ninth meeting of the American Institute of Homœopathy.

Most cordially yours,

W. B. HINSDALE.

**AN OPEN LETTER TO THE HOMŒOPATHIC
PROFESSION OF THE UNITED STATES
AND CANADA.**

The American Institute of Homœopathy meets this year in Denver, the Queen City of the West, from July 6 to July 12. There are in the United States and Canada approximately 15,000 homœopathic physicians. Of this number but 2,700 are members of our national organization—the oldest national medical organization in the United States. Never was there a time in the history of Homœopathy when it was more necessary for the protection of the individual homœopathic physician to have back of him a strong national organization than at the present time. In every State in the Union restrictive and proscriptive medical legislation is taking place, whose chief object it is to limit the number of physicians in each State, and especially the number of so-called “irregular” physicians. That such legislation, which in many instances results in much good, may result in infinite harm to the homœopathic profession there cannot be the slightest doubt. Up to the present time a comparatively small number of homœopathic physicians in the United States have made the fight in your behalf. The Institute is protecting your interests through its various committees on education, on legislation, etc. We, however, need the co-operation of every homœopathic physician in the United States and Canada.

With this end in view the admission fee has been reduced to one dollar for the first year, two dollars for the second year, three dollars for the third year, four dollars for the fourth year and thereafter five dollars a year. In twenty-five years you become a senior member and further dues are not required. Subscription to the official journal, which contains the papers and transactions of the Institute and is issued monthly, is one dollar per year. You are therefore taken into the Institute for the small sum of two dollars, including one year’s subscription to the Institute journal, with access to all its transactions and scientific papers.

If you have never attended a meeting of the Institute, doctor, you have missed one of the greatest privileges of your life.

Aside from the social features of the Institute, which bring you in close touch with the men and the women in the profession who are "doing things," there is the scientific aspect which you will find of even greater value. The Institute is in session six days and I have never yet attended a meeting that I have not been repaid a hundredfold for the time and money spent. To me this week is a "post-graduate week" and I come home refreshed, full of new ideas and in infinitely better shape to take up my work.

It has been the effort of the undersigned to organize the United States and Canada in such way that every homœopathic physician not a member of the Institute will be personally solicited to become one. Should you not receive such solicitation, notify the chairman of this committee or its secretary, Dr. Alden E. Smith, of Freeport, Illinois, and a proper application blank will be sent you. Your colleagues who know you will gladly endorse your application.

Will you not, doctor, join the Institute this year, attending the Denver session if possible, and if not possible, at least give us your moral support? The meetings usually alternate between the East and the West, and in all probability next year's session will be held in the East or in the Middle West.

JAMES C. WOOD,

Chairman of the Committee on New Members.

OBITUARY.

Dr. D. C. Whaley.

Dr. D. C. Whaley, whose death occurred from the effects of pneumonia at his home in Pomeroy, Ohio, Dec. 30, was one of the pioneers of Homœopathy.

At the time of his passing away he was eighty-four years and six months old. He was born June 29, 1828, in the country eight miles from Parkersburg, West Virginia, and came to Pomeroy with his parents in 1832. His father, Captain James Whaley, was a Revolutionary soldier, who served in the 13th Virginia Regiment under Colonel William Crawford and who was a captain of artillery in the War of 1812.

An unusual circumstance was the fact that Dr. Whaley's father was seventy-eight years old when he was born.

Dr. Whaley in his young days was a carpenter, a cabinetmaker, a dentist and lastly a physician—a very successful practitioner and a devout homœopath.

Taking over the practice of his friend, Dr. John Elbin, a German physician of distinction, after his death in 1872 he continued in active practice until his advanced years made it necessary for him to confine his endeavors to office practice.

Dr. Whaley was active in municipal affairs, being president of the Pomeroy Board of Trade for many years, and he was popular throughout the State. He was a man of commanding presence, firm character and rare intelligence.

He leaves a wife, Dr. Amy L. Whaley, and two daughters, Amy Whaley, of New York City, a concert singer, and Cady Whaley, a special writer, also of New York.

John Delbridge.

John Delbridge, of the late firm of Gross & Delbridge, which dissolved some years ago, died at the residence of his son at Paxton, Ills., on March 19th, and was brought to Oakwoods Cemetery, Chicago, for burial.

The following account of his death is taken from a letter written by his son to Dr. M. R. French, of Chicago:

"Last October he noticed a small swelling not bigger than one's nail on the left outside of the neck about where the tonsil is, and the doctors he asked about it on his traveling seemed to think it a cold in the glands and not to pay much attention to it. The growth increased rapidly, and the latter part of December about Christmas, it had affected his speech so and had grown so large that he had to resign from his work and come to my home here (Paxton, Ill.).

"The doctors then pronounced it sarcoma, and the growth enlarged wonderfully fast. We gave him serum treatment for over a month, but he gradually grew weaker. About February 24th they opened his neck and removed a small amount of pus, and microscopic examination proved it to be actinomycosis without a doubt. His condition was pitiful; unable to eat the last week, could only whisper the last two weeks, and the last few days we fed him water with an eye dropper.

“He was practically unconscious the last week or two, probably from the great amount of morphine we had to give him to relieve the terrible pain.

“He died March 17th about noon, and we took him to Oakwoods Cemetery, Chicago, on March 19th; services were held in the chapel.

“Knowing the disease you can probably realize how he suffered, but to me it’s indescribable. He didn’t want to die one bit, and about the last words he said to me during one of his conscious spells was, ‘I hope for the best, and am going to hold on as long as possible.’

“His business life I won’t dwell on, for I don’t know if you care to say anything about it, and if you do you know it as well as I perhaps.”

THE TWO MOST FAR-REACHING DISCOVERIES IN MEDICINE.

This is the title of a paper by Dr. James Krause that was published in the *Medical Times*, New York, March. The paper is too long to reprint entire in the RECORDER’S limited space, so we will only give certain parts of it of especial interest to the homœopathic physician, and commend its reading to those who are beset by the idea that “Homœopathy is dying out.” As a preliminary, it may be stated that the first of the two discoveries was that of Hippocrates who, in brief, divorced medicine from superstition. The following is from Dr. Krause’s paper:

“The second most far-reaching discovery in medicine was made by Hahnemann. Both friends and foes alike have for a hundred years mistaken the real achievement of Hahnemann. Friends hail him as the founder of the homœopathic method, law or principle. Foes oppose him for pathological vagaries and the small dose. Both friends and foes take the unessentials and forget or overlook Hahnemann’s essential contribution to medicine. As Hippocrates brought disease action within the category of observable phenomena, so Hahnemann brought drug action within the category of observable phenomena. He discovered that drugs produce in the healthy body series of subjective and objective symptoms, corresponding to entire disease pictures. This

discovery was secondary only in time to the great discovery of Hippocrates. The two discoveries are of equal import to the scientific practice of medicine. If we except all the cases in which adjustive medicine, which embraces surgery, mechanics, mental and bodily hygiene, and so-called physical therapeutics, are applicable, there still remains the largest contingent of ills which demands treatment of a constitutional nature. To treat these ills with any degree of scientific certainty we must know not merely what we are to treat, but how, and, if possible, also why."

Then after citing the comments of Hippocrates, Galen and a number of others of ancient times on the doctrine of similia, and also Hahnemann's experiment with Peruvian bark, Dr. Krause continues:

"In Hufeland's *Journal de praktischen Arzneykunde und Wundarzneykunst* of 1796, volume II., parts 3 and 4, Hahnemann published his Essay on a New Principle for Discovering the Curative Powers of Drugs. In this essay he says distinctly that every powerful medicinal substance produces in the human body a peculiar kind of disease, and the more powerful the medicine the more peculiar, marked and violent the disease."

"The effect of bringing drugs, for the first time in the history of medicine, within the category of observable perturbations of the physiological life similar to the perturbations of the physiological life recognized in disease was as far reaching as was the effect of the Hippocratic discovery that diseases are of natural origin. When, on one side, we have the incontrovertible facts of disease, the subjective and objective symptoms of the diseased organism, and, on the other side, we have the incontrovertible facts of drug-remedies, the subjective and objective symptoms they produce on the healthy organism, we have the incontrovertible premises for a scientific, therapeutic conclusion and precise application. The discovery that Peruvian bark known to cure ague caused in a sensitive healthy person a disease indistinguishable from ague led to experimental provings of drugs on man and animals until it has become an axiom of modern pharmacology that drug proving is the only true basis of drug using; led to a rational understanding of pathology and therapeutics, to the scientific understanding that gross anatomic lesions are not

all there is to pathology, to the further understanding that not even the most careful analysis of the results obtained in the sick room is all there is of therapeutics; led to a more and more correct estimate of the great and varying virtues of drugs properly applied, to the gradual dawn on the medical mind that medicines are not to be given in sickness in order to find out what they will do, but are to be given because of what is known that they can do; led to the precise, discriminating, scientific practice of pharmacotherapeutics, a science and art of comparisons, to the knowledge that drugs have a direct affinity for diseased parts, that monopharmacy is more scientific and more effective than polypharmacy, that the small dose is more justified than the large dose; led to the most helpful, the most rational attitude the medical mind has ever taken, to the attitude of modern scientific medicine in which it becomes the duty of the physician to practice his art because of his science, to adjust the human mechanism according to anatomic and physiologic tenets and requirements, to substitute the curative affinity of drug energy for the injurious activity of disease energy."

The modern research work, experiments, etc., are then reviewed and the paper concludes as follows:

"In the structure of scientific medicine, every proved part is bound to have its relative place. There is no question of superiority. There is only the question of relativity. There is no superiority in the methods of experimental research except in the minds of those who do not understand the methods of research. There is no superiority in the method of simple observation except in the minds of those who would not look beneath the surface. Both observation and experiment, both clinic and laboratory, are needed for correct and comprehensive work."

"With the path-making discoveries of Hippocrates and Hahnemann, we can bring diseases and remedies within the category of observable phenomena. Once done, all the rest of medicine follows as a mere matter of course."

419 Boylston Street, Boston, Mass.

DRUGS IN INSANITY.

Dr. T. D. Adlerman, of Brooklyn, N. Y., contributes "Extracts from the Diary of an Interne in the M—— Insane Asylum" to the *National Eclectic Quarterly* (March) that are rather interesting to believers in the curative powers of drugs. Evidently the unnamed asylum must have been one ruled by what is termed "scientific medicine," for they called the writer of the diary the "drug crazy dutch doctor." Broadly speaking, his "indications" for drugs were on the line of *similia*, though he gave them in material doses and frequently by hypodermics. However what we are getting at is the "meat" in his diary, passing by the evidently bitter trials he had with his fellow doctors.

The first case was a man who broke out in one of his "red fire" fits. Everything was red to him—he was red, also his clothes, the room, the attendants, he was full of red insects, the day was red; in short, everything was red to him. *Belladonna* brought quiet and sleep. He gave that instead of the scientific morphine. Perhaps from another point of view the morphine would have been better, as it would have ended the patient sooner, but as the Jungle writer remarks, "that is another story." Under *Belladonna* the patient became quiet and slept—which is the aim of medicine.

The next case was a lunatic full of foul, filthy, cursing, erotic hallucinations and all that goes with that state. *Hyoscyamus* with *Gossypium* put him in a more normal condition.

The next case mentioned was one of puerperal mania, sarcastically suggested as a case for "drugs" by the ward doctor who had charge of it. The young woman was weeping, raging, cursing and wanting to kiss and have sexual intercourse with everyone; also talks religion and of the pleasure of masturbation. *Veratrum* quieted her.

Another case was a man who was impressed by the idea that he was the King of Holland, in which character he was full of fight, smashes the furniture (or tries to), tears his clothing, sees everything black—devils, animals and everything else—all black, frenzied, and all worse towards night. *Stramonium* quieted him.

Another case "of well defined dementia paralytica" yielded to

Lilium tigrinum. We will close with a clipping from the paper: "I have noticed that in all cases where there is great motor muscular activity, nervousness, restlessness, fidgetiness, associated with insomnia, as well as in active delirium, *Conium* will overcome these cases. I have used it in a few cases in women who start and scream at any slight and sudden noise; who are constantly talking incoherently, and always insist upon walking up and down. *Conium* in these cases produced a mental calmness, and a nice, quiet sleep followed shortly and the patients awake feeling much better and nearly lucid."

The materia medica man will note in the foregoing a striking confirmation of the great therapeutic law, *Similia Similibus Curantur*, and that it is effective even in the material dose of the eclectics. What miserably poor barren things are the stupefying scientific hypnotics and other treatments given to "quiet" the victim only. Probably never before in the history of the world has an honest word been more abused than is the word "scientific."

THE PROOF OF THE PUDDING, ETC.

It is evident that our esteemed friends, the allopaths, are getting tired of being bossed by "The Council," and the men of the laboratory whose clinical experience is mostly zero. On this point the *Medical Record* wrote:

"It is the proud contention of the profession that medicine is quickly evolving from the empirical state into the scientific. Fifty years ago we used remedies because the results obtained at the bedside showed the great benefit we could derive from them. Since the beginning of the last century, however, thinking physicians have rightly evolved the question, why does a certain remedy affect a certain disease? There must be some relation between this remedy and the disease. With the evolution of chemistry and pharmacology, medicine made use of these sciences, and drugs were submitted to analysis to ascertain their value. As long as bedside experience and laboratory experience went hand in hand, the results obtained were beneficial; but when in the eighties of the last century a nihilistic tendency swept over medicine, the experimenter became of more importance than the clinician, and the purist in medicine asserted that only drugs whose pharmacological constitution showed medicinal value should be used. Thus we forget that neither chemistry nor pharmacology is an absolute science; they both progress and new methods are invented

daily. It is high time that the clinician came to his own again, and the value of bedside experience should go before laboratory researches. A physician can exist only if he has results in curing his patients, and no physician will prescribe a remedy from which he does not gain results. The reports in reference to drugs coming from reputable hospitals should absolutely be taken as the standard. If such reports can be seconded by laboratory experiments, the value of the drug has been absolutely proved, but if the chemical and pharmacological analyses do not corroborate the reports from bedside experience, we should prefer the latter to the former."

There is only one salvation for the scientific doctors and that is to become really so by studying Homœopathy. When a man knows the scope of a drug on a *human being* he is a medical scientist in reality and not in name only. When you try it on the dog you really know nothing of its scope.

HOW "THE SINGLE CHILD SYSTEM" WORKS.

"The Hungarian Child Study Society has started a widespread movement for collecting data relating to the 'single-child' system. The collecting had mainly been done by Dr. László Nógrády, who lectured on this subject on February 10th. Until recently it had been thought that the system was a purely economical question. People did not want to distribute the lands between several children, but it had grown into a custom independent of land questions. It was quite clear that the 'single-child' family did not get richer; on the contrary, it grew poorer. The 'single-child' generation did not like to work; it tended to become idle and self-indulgent. Then, if landed proprietors, their farms were worked by others, to whom heavy wages must be paid with ruinous results. The single farmers already understood that the 'single' system meant their ruin, and still they did not endeavor to reform because it had become a custom and the people were very conservative. The man who would alter this state by begetting several children was despised and cast out from his class. The other reason for the 'single' system was female vanity. Women thought that they would remain young for a longer time and enjoy life. The spread of the system was aided by the assistance of midwives and quacks, and, unfortu-

nately, of doctors as well. The spread of the system was further promoted by unconscientious agents who sold preventives, and by offensive advertisements in the press. The only child was spoilt by his parents, and too often enters early into a career of dissipation, the result being rapid physical and mental deterioration. Such a system must ultimately ruin the whole people."—*Budapest Correspondence of British Medical Journal.*

ANY PORT IN A STORM.

"Don't let us forget that when an M. D. fails in curing a patient the latter would just as lief consult and take advice from a bootblack, clairvoyant, farrier, patent medicine dealer, pompous quack or Christian Science dogmatist. Have I not seen many a homœopathist prescribing or giving patent medicine, when their materia medica had been exhausted (?), for the sake of retaining and curing a case of intermittent fever? And did I not have an elderly allopath, who plunged from *contraria contrariis curantur* into *similia similibus curantur*, call on me in my early days of practice to prescribe for him suffering from icteus with a face as yellow as ochre? 'For heaven's sake give me something which will change this color; I cannot afford to see my patients looking as I do,' he said to me. 'Well, I shall physic you.' 'Never mind that,' he replied, 'I must get well.' And I gave him a lot of *Comp. leptandrin* pills (two parts of *Leptandrin* and one of *Podophyllin*), three grains each, of which to take from two to three every two or four days until cured. In two weeks his countenance looked natural. This may be heroic dosing, but I have always suited the remedy to the case in the city of New York, where I practiced the art for forty years."—*From paper by Dr. Richard E. Kinze, M. D., Phoenix, Ariz., in Calif. Ec. Med. Jour., Mar.*

THE REASON IT IS ALWAYS A SELLER.

"There is a little book, Johnson's *Therapeutic Key*, that may be carried in an inside pocket. It has the condensed outline of 46 drugs: it has topically arranged suggestions on over 200 subjects: it contains cross-reference and cognate remarks on every

page: it has differential symptoms under every drug and in all places. I venture the assertion that not one professor of materia medica in ten could pass a 75 per cent. examination on the contents of this book. There are more drug comparisons, more cognate drugs, more guiding symptoms, more special indications, more suggestions on the practical application of each drug than he has got in his head or ever will have. Examine him some time from this book and see."—*From paper by M. W. Van Denberg, Mount Vernon, N. Y., in N. A. J. of H., Mar.*

OLIVE OIL IN THE TREATMENT OF DISEASE.

In tuberculosis olive oil is capable of causing a rapid increase in weight. In a young woman suffering from pulmonary tuberculosis he ordered the administration of $\frac{1}{2}$ ounce two hours after each meal, increasing $\frac{1}{2}$ ounce per dose every week until 3 ounces *t. i. d.* were taken. The patient, whose weight had been declining, gained twelve pounds in seven weeks and improved in all other respects.

The oil is of great value as a nutrient in wasting diseases. In young children and infants good results may be obtained by its administration by inunction once or twice daily. Babies suffering with malnutrition and stubborn constipation are benefited by the administration of 1 dram of the oil once or twice daily.

The oil is an excellent demulcent laxative in cases of hæmorrhoids and fissure of the anus. The author has seen the most stubborn cases of lead colic relieved and the persistent constipation overcome by the administration of a tumblerful of olive oil once daily. On the second or third day there was free catharsis and a subsidence of the nervous manifestations.

Obstinate and painful cases of dry pleurisy may be relieved by the injection of $\frac{1}{2}$ dram of sterilized olive oil into the pleural sac over the site of the friction sounds.

In progressive anæmia, symptomatic or pernicious in type, the administration of equal parts of olive oil and glycerin in gradually increasing doses two hours after each meal is a valuable procedure, oftentimes yielding excellent results.

Rectal enemas of olive oil are highly useful in the treatment of mucomembranous colitis, the constipation of neurasthenia, and

in intestinal atony. In typhoid fever the oil, administered as a food in 1- to 3-ounce doses *t. i. d.*, is a valuable adjuvant, assisting to overcome the strong tendency to emaciation. As a laxative it is unequalled in this disease. A high injection of lukewarm olive oil as occasion demands is also very gratifying to these patients.—*Israel Bram, Medical Rev. of Reviews.*

“IN SPITE OF EVERY EFFORT HE DIED.”

“A young man aged 23 received from June 1st to Sept. 3d, 1908, a series of intramuscular injections of corrosive sublimate for a syphilitic roseola which had followed on a typical indurated sore. On March 24th, 1910, he returned because of a cutaneous syphilide and extensive adenitis, and was treated with similar injections for six days. Then, instead of them, he was given two injections of salicylate of mercury, a week intervening between these. He was seen again on May 30th, 1911, adenitis being still noted, and on June 10th at noon 0.3 gramme Salvarsan was injected into each buttock. At the time there were no manifestations of syphilis whatever except the condition of the glands. On the evening of June 12th, having been perfectly well in the intervening 56 hours, the patient felt a numbness in his legs and fatigue in them, and soon after had difficulty in passing urine. During the next day the condition rapidly advanced, and on June 14th there was a complete motor and sensory paraplegia. With bladder and rectum paralyzed, and bedsores and other trophic disorders setting in, his condition was serious from the beginning, and in spite of every effort he died on August 29th.”—*Lancet, Feb. 15.*

PRACTICAL POINTERS.

A contributor (*Med. Advance*, Feb.) writes of a farmer, one of whose cows had “lump-jaw.” The doctor gave the cow two doses of *Hepar sulph.* in potency. Some time later the farmer telephoned that the cow did not have “lump-jaw” after all. When it was intimated that the medicine had cured “he laughed a faithless laugh.” Bulwer held that skepticism was the evidence of a narrow mind.

Dr. C. M. Boger (*Med. Advance*, Feb.) had a case of a man cured of eczema of legs years before who began to hear voices persistently; sometimes he would swear at them and then they mocked him. This went on for a long time. Boger gave him *Nitric acid* 200 and the voices ceased. In time they resumed their annoyance and again *Nitric acid* shut them up.

"There is a use for *Calendula* which I have seldom seen referred to. It is for the prevention of scars. As a local application after any surgical operation this remedy is of much value. I think it is not properly estimated. Gangrene seldom if ever follows where this is used, and I believe that it prevents tetanus, but applied after cancers have been removed, or for other treatment for cancers, it exercises a wonderful healing influence, and certainly prevents the cicatrix."—*Dr. P. S. Jones, Roanoke, Va., in El. Therap., Mar.*

Gerarde's "Herball," published in 1597, recommends Mullein oil for the piles. So does Parkinson in his *Theatrum Botanicum*, 1640, who says that an "oyle" obtained from the flowers "is of very good effect against the piles."

The *Lancet* does not think that *Acetanilid* is a safe drug, as many deaths may be traced to its use. Overdoing, most likely, the curse, and the death, of so many drugs.

When one reads the marvelous results following typhoid vaccines in the treatment of typhoid and remembers Burnett's monograph on *Pyrogenium*, which remedy did even greater things, one wonders why *Pyrogenium* 6 is forgotten, while the vaccine, which costs many times more, is all the rage. It is quite on the cards that *Pyrogen. 6* will do all, and much more, in the way of prevention and cure, than will the passing show of typhoid vaccines.

"A few days before this was written a patient came in my office suffering with retention of urine. He had been using the catheter for six months, during which time he had been treated in one of the best hospitals in New York, with, as he stated, no results towards improving his condition. To my surprise, at the next visit, he reported that for the first time in six months he had been able to empty his bladder without the catheter. The improvement was gradually marked and obviously due to the *Apis mellifica*."—*Dr. Alperin, N. Y., in Ec. Review, Mar.*

Lady, aged fifty-five, had been troubled for years with a frequent recurring and distressing "colic." The attacks would commence with a profuse, windy-watery diarrhœa, with lumps of mucus-like jelly. She must hurry to the closet immediately after eating or drinking. There would be great and cutting, griping pain in the right and lower portion of the abdomen, which was excruciating before and during stool; after stool all pain ceased, leaving a profuse perspiration and extreme weakness. *Aloes* 30 removed all unpleasant symptoms in a very short time. The patient has been comparatively free from such attacks since; and when she is threatened a few doses of this remedy relieves.—*Dr. W. J. Hawkes.*

M. A. T., a girl æt. nine, presenting well-marked traces of syphilitic dyscrasia, was brought by her mother to the dispensary on account of deafness, which has afflicted her all her life, but increasingly so of late. She had the snuffles when a baby, and the teeth present that well-known and characteristic feature of congenital syphilis, a wedge-shaped form; besides, she is very old looking for her years. She is subject to attacks of vomiting, but except for this the general health is good and the bowels are regular. *Kreos.* 3 was given, and the hearing gradually improved, the vomiting ceased, and after six weeks' attendance she was discharged quite cured.—*Dr. R. T. Cooper.*

BOOK REVIEWS.

NAPOLÉON'S CAMPAIGN IN RUSSIA 1812. Medico-Historical. By Dr. A. Rose. With illustrations by O. Merte, taken from Yelin "in Russland, 1812." 212 pages. Cloth. Published by the Author, 178 Lexington Ave., New York, 1913.

This is, to us at least, an intensely interesting book concerning, perhaps, the mightiest military event in the history of the world. It is largely made up from records not to be found in other histories of the Titanic tragedy. There were about 620,000 men in the Grand Army in its prime and of these but a few pitiful thousands of frost-bitten human wrecks returned from that awful thing we term Russia. That country, if so huge a thing can be so termed, has been oftener beaten in battle than not. Napoleon

beat it in this campaign; the allies beat it later in the Crimea; still later Japan won. But what of it? To follow up the "victory" is to plunge into vast madness and death.

We cannot attempt a detailed review of this book, but will stop at one point (page 12) because it bears on a point the RECORDER has harped on at times, but at which fine-feathered modern medicine turns up its dainty and well nurtured nose, namely, the effect of mentality on epidemics. When the Grand Army started to move the weather was hot, the dust raised by the heat was terrible, the water was bad, the men discouraged and dysentery set in. Men fell out and died. In one corps of 4,000 "there were few quite free from dysentery" when the boom of the cannon that opened the fearful battle at Smolensk were heard. And yet "during the four days that the battle lasted, and for some days afterward, dysentery disappeared as if banished by magic." They were not as well fed or cared for during the battle as before, yet the disease vanished without the aid of medicine, only to return worse than ever when the dreary plodding routine was resumed.

Now you men who see the beginning of all epidemics in germs and its "conquest," in antiseptics or some "germ" killer, here is food for thought and a field opened for a mightier investigation than that to be found in "fighting" *bacillus dysenteriae*. But it is to be observed that this is only one of a long list of medical observations to be found in this book, too long indeed for us to even mention. Dr. Rose has written a fascinatingly dreadful book.

UNCOMPLICATED PREGNANCY AND LABOR. Presenting a Simple Scientific Method of Treatment of the Disorders of the Pregnant Term, for Their Cure and for the Prevention of the Complications of Labor, to Induce a Normal Balance of All Functions, so that a Labor Without Pain in Very Large Part is the Result. By Finley Ellingwood, M. D., Chicago, Ill. 160 pages. Cloth, \$1.00. Published by "Ellingwood's Therapeutist," 32 N. State St., Chicago.

Dr. Ellingwood's comprehensive title covers the scope of his book. No one not in more or less active obstetric work can say how near the promises of the title are carried out, but the book

seems to us as though it would be a useful one. The therapeutics embrace *Mitchella*, *Helonias*, *Senecio*, the *Viburnums*, *Cimicifuga*, *Pulsatilla*, *Caulophyllum*, *Aletris far.*, and *Hydrastis*. The first, *Mitchella*, we are told, is known to but few, but if it will do what is claimed for it the knowledge of this drug alone is worth the price of the book.

SOME POINTERS IN CHILDREN'S DISEASES.

The following pointers on children's diseases were given by Dr. Simonson at a meeting of the N. Y. M. M. Society:

Arnica mont. 3c or 3x. In scurvy although we do not meet with many cases nowadays. It is valuable where there is marked pain and soreness.

Hamamelis may also be indicated in similar condition, but without the soreness.

Asclepias tuberosa 3x. *Bryonia* is often given when *Asclepias tuberosa* is indicated. The cough is dry, harsh and painful. In squills the cough is loose and painful. In *Kali carb.* the cough is accompanied by sharp pleuritic pains.

Baptisia 3x. Indicated in chronic obstinate intestinal toxemias of children with fetid stools and eructations.

Calc. fluorica 12x. Swollen glandular conditions.

Erythroxyton Coca 6c. *Chamomilla* often given when this remedy is indicated. The child does not sleep well; wakeful due to reflex irritation; erythsm; mental excitement; nocturnal enuresis due to relaxation of the sphincter.

Heckla lava 6c. In indurated glands of the neck.

Hydrocyamic acid 6c. Collapse due to some pulmonary condition; not a cardiac collapse; collapse in disseminated bronchopneumonia. There is marked cyanosis; the pulse is bad; we have a venously congested lung.

Kreosote. Painful restlessness of dentition; sick cry; heavy sleep early evening; anxious restlessness the rest of the night; offensive excoriating stools.

Lapis albus. Fat anæmic babies, with iodine appetite.

Magnesium carb 6x. Infants whose intestinal canal will not tolerate milk; marasmus; hyperæsthesia.

Rhaphanus. Flatulent solic; cannot relieve gas either way.

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EDITORIAL NOTES AND COMMENTS.

HOMŒOPATHY AND THE CHURCHES.—The cheerful bunch who run our lively Chicago contemporary, *The Clinique*, quote a paragraph from the RECORDER to the effect that the mission of Homœopathy is not to patch up old medicine, but to heal the sick, and then add:

No one who has done successful bedside practice with homœopathic therapy, and compared results in such diseases as scarlet fever, pneumonia, typhoid, acute rheumatism, with the results under traditional medicine, will question the mission of homœopathic therapy. It is, however, possible—and probable just in proportion to its truth—that Homœopathy as a separate school of practice will find itself in the position of the Universalist Church in religious bodies. The fundamental truth of that branch of the Christian Church has been incorporated into most of the other so-called orthodox churches. Flexner's phrase, "incorporate in scientific medicine," is prophecy rather than statement of fact. But a century or two will make the phrase a matter of history.

S. M. H.

We do not know much about the Universalist Church, but it seems to us that all the churches (barring the Catholic and Jewish) have come together chiefly by dropping their fundamentals and taking up the same line of general morality that our learned friend, Dr. Heysinger, tells us Confucius teaches. We are not saying but that they are doing well in coming together, but the effect is great lamentation among the preachers concerning the falling of that that has followed this coming together. Religion, medicine and political parties must center about a principle they believe to be true, a fundamental which, when they drop for something "broader" (diffused, like gas), they, likewise, become

elemental bossed like the poor fellows over whom Brother Simmons, of the A. M. A., rules. Now, fellow citizens and suffragettes, Homœopathy is a fundamental, a central principle, around which men rally, and it is that principle which gives them strength. The strength comes from the principle and not from the men who are supposed to "support" it, whereas it is what supports them. The body of men who think that the strength of a principle lies in them are in the same mental condition of the famous fly on the wheel who commented on the fact that it was his presence that made the wheel go 'round. "But," some brother may exclaim, "if we did not get together and work what would become of Homœopathy?" Why it would remain dormant, but always ready to aid those who turned to it for help. The getting together is not for the benefit of the principle, Homœopathy, but for the benefit of those who get together, as at the Institute meetings. The idea that Homœopathy may be "absorbed" by the allopaths, as our learned *Clinique* says the Universalists have been absorbed by the orthodox churches, contains "a fallacy somewhere if we could only see it"—quoting from memory from *The Pirates of Penzance*. Probably it is the same fallacy that we are the supporters of principles rather than the reverse.

Somewhat dogmatic? Well, perhaps, but isn't it true? Does not the man who cuts loose from some well founded organization, or what is the same thing, principle, "strut and fret his brief hour and then is heard no more?" He was "absorbed" into nothingness.

CAUSES.—Our amiable *Jama*, Mar. 1, sarcastically observes that the Frenchmen, A. and A. Mary, have discovered "once more that the tubercle bacillus is not the cause of tuberculosis." Well, brother, do you know that it is? Your text-books say the aforesaid bacillus is the cause, but do *you* know it? What is a cause? To be sure it would be scientifically, literally and A. M. A. edly true to say that the match that lit the fire that burned Chicago was the cause of the fire, but even you would rather kick at this solution of the question. Well, brother, go a step further and "scientifically investigate" the origin of your tubercle bacillus, for it too had a cause else it is self-creative,

which is contrary to the canous science. To say that the tubercle bacillus is the *cause* is about as scientific as it would be to gravely assert that "tuberculosis is the cause of tuberculosis." Get out of that easy bed and face facts. Do not elevate the plumed part of your anatomy and bury your head as do the birds who furnish women's hats, but look at facts with the eyes of the science concerning which you say so much. Honestly, fellow sinner, isn't it of more importance, isn't it more scientific, to fight the cause of the tubercle bacillus than to tilt against that poor little microscopic creature—if it be a creature?

POST HOC ERGO PROPTER HOC.—This line of reasoning, "after this, therefore because of this," has been a red-rag to the scientific ever since the young man who was born blind and had sight given him replied: "Whether he be a sinner or no, I know not: One thing I know, that, whereas I was blind, now I see." "And they cast him out." Those old Pharisees wouldn't stand for any *post hoc*, "irregular," healing. Sometimes a man who has spent his substance on "regular" treatment falls into the hand of a homœopath who gives him the 30, or "higher," of *Calcarea carb.* or *Silicea*, or some other old polychrest and his health is restored. The allopaths say as the "drug" is only cane sugar it is a case of *post hoc ergo propter hoc*. As this has happened so often to those wearied of allopathy we are not so sure but that it is the better way for the patient even if it does not fit in the severely scientific mold of Allopathy. If the RECORDER is astray in the use of this much used term, will some logician put us right?

SALVATION.—Ever and anon some good man declares that "Homœopathy's only salvation" is to do so and so. If Homœopathy is a general law it is not easy to see how doing or not doing can have any effect on it. The effect can only be on those who do, or do not do. Homœopathy is a force that man can utilize if he cares to, but no matter what he does the force ever remains quite serenely above his effort to change it. Our beliefs affect only ourselves and those on whom we act. No one need worry over the salvation of a general law in the realm of that little known world we term Nature. "The wind bloweth where it listeth."

SOMETHING OF A "PROBLEM."—We read the other day something to the effect that if every one could double his output "a new era of prosperity" would dawn on the world. It reads well. But if the ability to consume two eggs remains the same and four are produced what is the result? Surely it looks as if there were something rotten, or would be rotten, if much of the current teaching in the world could prevail. There might be such a bankruptcy as would follow the ability of turning all the dornicks of New England and elsewhere into gold—all which seems to show that there is something in the higher realms of reason than is preached in the helter-skelter of the world—luckily for the world.

Again. "Everything that has been done well has been done calmly." How true! we exclaim, as we swallow the oily current philosophy ladled out by our daily, weekly, monthly and quarterly publications. Of course the crises of epoch-battles have been reached calmly. Men who proclaimed new things did so calmly and the world listened calmly! The dapper teachers of today have a snug house, wear overshoes, a silk hat, carry an umbrella and have decorous assemblies of well garbed ladies and gentlemen to platitude to, and it is all done very calmly, at so much per. There are so many ways of looking at things!

"THE NEW MYSTICISM."—A new cult by this name, headed by a Miss Curtis, has arisen in England which may prove to be a strong competitor to Christian Science. The central doctrine, according to the *British Med. Jour.*, is "the disassimilation of old ideas by the understanding of the purpose of the hypogastric plexus." One prominent feature of the new cult that will meet with approbation is the teaching of silence and meditation. No well-read man can deny that there is a certain little known but vital fact around which the various cults like Christian Science, mental healing, faith cure, prayer cure, suggestion and perhaps mesmerism and its modern imitator, hypnotism, all dimly grope. Medical literature, ancient and modern, contains too many authenticated reports of cases of the almost unbelievable influence of the mind over the body for this to be denied. Mrs. Eddy during her life-time, and many of our worthy allopathic physicians, put Homœopathy in this category, but in this they display

an unscientific spirit, for if one has a firm conviction that a few grains of *Arsenic* are harmless the *Arsenic* will kill if he takes it quite regardless of his mental state. There is no mysticism in Homœopathy, but it approaches nearer to pure science than anything man has yet discovered in material curative agents. The stumbling block to many is their inability to grasp the fact that matter may be resolved into what at least approaches its primal elements and yet retain its power. Indeed Homœopathy seems to stand as rational material science between the many fantastic cults and the materialism of Allopathy.

Apropos of the small dose we were recently shown a photograph made by exposing the plate to the 60x trituration of pure radium.

BY MOUTH OR SUBCUTANEOUS?—A correspondent of the *Jour. A. M. A.* asks whether as favorable results can be obtained by administering tuberculin by mouth as by the subcutaneous method. To this question the editor replies: "The administration of tuberculin by the mouth gives too uncertain results to make it advisable." What certain results are obtained by the hypodermic has never yet been very clearly shown, that is, favorable results, though the other kind were quite apparent when the drug was in fashion. One thing in favor of the old method which prevailed until the present era was that the results of an error were not quite so serious as by the present method. Once a dose is in the blood it is there to stay until nature throws it out or the patient goes the way of all flesh. It is taught by our learned allopathic friends that all they can do is to assist nature, which implies that nature is the chief and the doctor the subordinate. When the subordinate sends down a remedy into the stomach the chief has at least a little power of selection, which is not the case when the drug goes in through the skin, in which case the subordinate usurps the chief's place; the act is contrary to their fundamental teaching concerning the part nature plays. The juice of the tubercle of consumption injected in the blood doesn't seem to be a sanitary act.

TREATING ACUTE ARTICULAR RHEUMATISM.—The following is clipped from an article in an esteemed homœopathic exchange:

“Schurer found the streptococcus visibans in three cases of what was apparently acute articular rheumatism, only that no benefit was derived from salicylic medication. He ascribed great importance to tonsillectomy in the treatment of septic articular rheumatism.” Naturally a homœopath speculates on what would have been the result if Schurer had prescribed according to the individual symptoms of those three cases instead of salicylic acid against rheumatism. If disease is but the effect of the presence of a particular bacillus, or whatever you please to term it, then one is justified in giving a specific drug or treatment for all cases, but, on the other hand, if you have an ill human being to treat you should treat the human being if you would claim to be a scientific physician. Therein lies the essential difference between the only two really rival and totally opposite schools.

THE ORIGIN OF TUBERCULOSIS.—The argument was recently made that poverty is due to tuberculosis, which may be true in a limited and individual sense, but as a broad proposition is not the reverse of this the fact, namely, that tuberculosis is due to poverty? Down at bed-rock, were it possible to get there, it is doubtful if either condition would be found to be a cause. Learned medicine today is but looking at the surface of things and not in the least touching causes, as is evidenced by the costly warfare against Koch's bacillus. One consumptive will, according to their own teaching, turn loose on the world billions of the tubercle bacilli, anyone of which is capable of starting afresh the disease, and yet they are fighting these billions, these countless billions! Why not go back of the bacillus to the real cause? Scientifically viewed the present warfare rather tends to increase the disease by increasing poverty by higher taxes. But take the reverse proposition—that poverty breeds tuberculosis. Suppose it were possible to legislate so that all had ample funds, would not the result be even more disastrous? Some observers maintain that in flush times the doctors—and the police—have far more to do than when the people are in the pinch of hard times and must live the simple life. All of this, if there be anything in it, seems to show that the earnest men and women who are spending so much money in fighting microbes are engaged in a well meaning but futile warfare. Sanitarians can eradicate

zymotic disease from a city by cleaning it, so perhaps a spiritual cleaning up might make away with the others in time. For example, there be observers who maintain that the syphilitic taint underlies all tuberculosis. Does it?

PREVENTION VS. CURE.—The president of the American Protective Health Association, Dr. Hurty, in his address said that “with all due respects to those who have toiled and worked to bring out cure for disease, if disease is to be stamped out it will have to be brought about by prevention rather than cure.” It would be interesting to know how Dr. Hurty, and the gentlemen of this well meaning association, propose to “stamp out” heart, eye, ear, kidney, skin and a host of other diseases. How are the ills that attend the over-feeding and drinking, and idleness of the rich, on those of the underfed, clothed and over-worked to be “stamped out?” Many millions have been spent, with consequent increase in taxation, in “stamping out” tuberculosis, but tuberculosis goes its way just as it did before anyone started in to stamp on it. The doctor who “cures” is just a little more needed than ever, for the world has a superabundance of “stampers”—and a “waiting list” for positions on the job.

THE LATEST SCIENCE.—“Then there are the synthetic enzymes, which build up just those molecules which, it would seem, they are unable to break down, while some enzymes are able, like the toxins, to cause the production in the living organism of antibodies which retard the action of the enzymes. Anti-enzymes appear to behave like enzymes in the role of organic catalysts, and the relations between enzymes and anti-enzymes are identical with those between toxins and antitoxins. The specifically acting secretions produced in the organism in the presence of enzymes by immunization belong to the group of anti-enzymes. On the other hand, and lastly, there are the co-enzymes or activators, without whose co-operation the enzymic processes do not take place, and which, in fact, accelerate a reaction. A good example of activators is enterokinase, the constituent of the intestinal liquid which activates tryptase or trypsin.”—*Lancet*, Feb. 15.

That quotation, gentle reader, presumably puts you abreast

with a part of modern medicine, though what you can see when you are there is more than we can see. Indeed sometimes when in a depressed state one almost wonders if the gentlemen who write this sort of thing understand it. Have you ever in a medical meeting listened to the orator rattling off something akin to this and caught yourself assuming a grave profundity you did not feel?

NO OPERATION.—This story was told by a business man about this way: "Mr. —, whose warehouse is near mine, was taken violently ill last week. His men were scared and got a taxi and rushed him up to — Hospital," naming a prominent allopathic institution. "When he was carried in four internes looked him over and, after consultation, said to him, 'You had better call in Dr. — to do the operation.' 'What operation?' groaned the patient. 'For appendicitis,' was the reply. 'I won't have another operation; they cut out my appendix five years ago in just such an attack.' There was no operation and in a few days Mr. — was out again. I guess he had some sort of colic," concluded the man who told the story. Looks as if it would be well to pay more attention to treatment and less to operating else the well-to-do will get the same dread of hospitals that now possesses the poor—and the cults will grow apace.

APPENDICITIS.—The gentlemen who have official charge of medicine have been conducting "campaigns" against disease for many years, but so far the enemy seems to have the best of it and if anything is gaining more sinister power. The Berlin letter of the *J. A. M. A.* (Feb. 22) says that in the State of Prussia there were 2,547 deaths in the year 1911 from appendicitis, which, with the increase the previous year, represented an increase of 19 per cent. in two years. Perhaps it might be wise to drop official medicine for ten years with the exception of the work of the sanitarians and leave the people to the doctors, as in days of yore, when appendicitis, cancer, insanity and a lot of other ills were quite infrequent. Every human being who is ill should be treated for what is peculiar to himself and not *en masse*, as must be the case when the treatment is official and necessarily according to civil law. The suggestion is worth considering, for the officials seem to have made a mess of it.

FORMALDEHYD.—Dr. W. E. Morgan, Baltimore (*J. A. M. A.*, Feb. 22), writes of “The Serpent’s Tooth in Formaldehyd.” He opens as follows: “The reckless freedom with which Formaldehyd solution and its derivatives are used by hospital employees, surgeons, health boards, undertakers and food preservers leads me to call attention to the dangers attendant and to place a decided poison label on them.” He details a case of poisoning that occurred in himself from this “disinfectant” and adds: “Avoid formaldehyd as you would a pestilence.” Some day perhaps health boards will learn that simple cleanliness is a surer way of stopping the spread of disease than is poison, the fumes of poisons and dead germs in the blood. There are some curious things masquerading as medical science today.

A FUNDAMENTAL OF THE TRUE PHYSICIAN.—“Do not forget that this is a fundamental principle, namely, the individualization of cases. We do not, or at least we should not, treat diseases. We treat the patient—not the disease. This is the basic principle upon which rests the entire homœopathic doctrine. This we repeat so often that it sounds like common cant. Yet, as often as we repeat it or think it, how frequently do we hear the question: ‘What do you give for this or for that disease?’ The inquiry means absolutely nothing to a homœopathic physician. What we give for this or for that disease depends upon how this or that disease affects the one who has it. The sick person is a concrete expression of a complex of manifestations. The patient and the affection make up the problem. He has modified its type or form of attack, or whatever we choose to call it, so that he and it present to us a picture that is individualistic and unlike what we may find if the same disease manifests itself through another person’s body or as it may be described in the abstract.”—*From Address of Dean Hinsdale to His Students.*

PROPAGANDISM.—Our most esteemed and learned contemporary, *The Journal of the American Institute of Homœopathy*, in its February issue editorially remarks: “While it is still necessary to often and strongly place Homœopathy before the laity, it is just as necessary and perhaps more so to place Homœopathy before homœopathic physicians.” The other day a man con-

nected with a big and, some say, haughty University, called on us for a purpose with which this has nothing to do, and on leaving laughingly remarked, "All your men are giving the same treatment we do." Being of a cautious disposition we did not reply with the retort emphatic, but the retort courteous, in effect that he was not well informed; at which he came back with the reply that he was quite well informed—and there the matter dropped. And so arises the query: Why should such things be if they be as our esteemed contemporary, and our friend on the other side, say they be? Is there anything under the canopy that will save more lives than plain old Homœopathy?

WHAT'S THE ANSWER?—The following question was recently proposed by an Examining Board: "Outline the treatment you would employ in a case of acute articular rheumatism, covering every symptom which in your opinion should receive attention." The question seems to be akin to "What would you do if confronted by a great peril?"

AMERICAN SURGERY.—H. Gebele gives his impressions of medical matters in America in the *Tubingen Beit. zur klin. Chirurgie*. He says that American surgeons get better results than those of European countries because the people here more readily consent to be operated on. So the operator gets them earlier and oftener.

NONE OF OUR BUSINESS.—It seems that the Eclectic College of New York has been put out by the medical officials created by the State to protect the people. That presumably is the way the matter stands. The ostensible reason was—not enough money. Editor Boskowitz, in the *Eclectic Review* (N. Y.), says, among other things:

I believe that if we had reached the fifty thousand dollar mark they would have simply increased the amount necessary. We were to be put out of business and they had the power. They exercise that power at their pleasure. To show how lightly they treat their own standards when it suits them, let me report at this time Chairman Philbin's remark (which, by the way, is left out of the minutes of the hearing), having called the attention of the Licensing Committee to the fact that the Regents controlled the entrance examination and the licensing examination, we re-

ferred to the fine record of our students for twenty years past. Chairman Philbin remarked: "In our profession the office boy oftentimes knows better how to conduct a case than the graduate who has passed with high honor." How can you answer such an argument? The Regents set the standard, and when it suits their purpose they bowl it over.

Is there any grounds for the talk about a "medical monopoly?" Uncle Sam is the one to investigate, for no others have the power.

ONWARD, MEDICAL SOLDIER!—The paper entitled "The Use of Fœtal Serum to Cause the Onset of Labor," by A. J. Rongy, M. D., read at the annual meeting of the Medical Society of the State of New York, Albany, April 18, 1913, is given to the world in the pages of the *N. Y. S. J. of Med.* for Mar. Exactly what is "fœtal serum" is not made clear in the paper, though in the "Discussion" Dr. Ross McPherson, of N. Y. City, stated that he had tried it on twenty-eight cases and been disappointed in the results. Asked by Dr. Rongy how he prepared the serum he replied, "We separated it as we would human serum." To which Dr. Rongy replied, "The serum should be prepared by collecting it in a vessel and allowing it to separate." Dr. Rongy also stated that small doses were more effective than large ones. Some of a cynical turn might think that this is because the smaller the dose the less harm done—but then cynics growl at all progress. At best "fœtal serum" is a cryptic saying to the outside doctor who cannot experiment. Now for fear of the charge of "garbling" let us give in detail the first reported experiment on which this treatment is based.

Sauerbruch and Heyde tried this "natural experiment" on animals. *Series I.*—They sewed a pregnant rat to a normal male or female. They noticed that pregnancy was not influenced nor was the other normal partner in any way disturbed, but that a few hours before the onset of labor the other rat became very sick and fell into a state of complete apathy, which continued throughout the birth act. In a number of animals there appeared tetanic contraction or twitchings similar to those of uremia, either spontaneously or by the use of external stimulation. A number of these animals died of these manifestations; the survivors were those who had been united for a longer time to the pregnant ones. Both authors considered the symptoms as those of an intoxication brought about by substances formed during or shortly after birth and are harmless for the pregnant partner. They explained the absence of symptoms in those

partners joined for a longer time by the development of immunity or habitude.

The strangest part of all this sort of stuff is that it passes for science.

HUMBUGS.—Our most esteemed *Jama*, of Mar. 1, says, editorially: "We have no faith in the dictum, credited to Barnum, that the American people like to be humbugged. It is not true. Neither the American nor any other people like to be humbugged. They are humbugged because they do not know better; because they are ignorant. Give them knowledge; give them the facts, and in such a way as to convince them that they are facts, and the people will no longer be duped." To all of which we heartily assent. No race, or individual who is normal, likes to be deceived, *i. e.*, humbugged. This agreed upon, presumably unanimously, we must all get together and ascertain what among the stuff offered should be termed "humbug." *Jama*, as so often in the past—and there is no evidence of returning sanity (as we view things)—would class Homœopathy among the humbugs—and there we are! Dr. Frank Lydston thinks the little bunch of men who run the A. M. A. are blinkety — —, and they solemnly say that wisdom perishes with them, to quote Job. Who is to decide? Ephemeral legislatures? The A. M. A. bunch say "Yes. Make the laws and we will do the rest," showing that Lydston, in part at least, is right, for the wise men are picked by the A. M. A.—self-examined and passed unanimously.

NEWS ITEMS.

Dr. Walter Sands Mills has given up the editorial chair of *The Chironian*. Hereafter that journal will be under the care of the Alumni Association of the New York Homœopathic Medical College. At present Dr. F. W. Splint has supervision of its affairs, with Dr. F. B. Pedrick as editor, with a capable lot of associates.

Dr. E. H. M. Sell has removed to Hempstead, Long Island, N. Y.

The red cards for propaganda work of the American Institute of Homœopathy are out, beginning: "I hereby agree to pay two

dollars a year," etc. Now if you haven't received one and want to help along with the work just write to Dr. T. H. Carmichael, 7127 Germantown Ave., Philadelphia, Pa., or to Dr. T. Franklin Smith, 264 Lennox Ave., New York City.

"DANGERS OF THERAPEUTIC PROGRESS."

It is a far cry from old Father Hahnemann's *Chronic Diseases* to an editorial in the *British Medical Journal* (Feb. 15), but the highway between Egypt and Assyria is there, *i. e.*, Homœopathy, if men care to travel it. The *Journal* discusses "The Alleged Dangers of Therapeutic Progress" and quotes Irwell to the effect that "whenever a malady, hitherto almost invariably fatal, is added to the list of curable ailments there arises a new danger of national deterioration." What leg does this leave medicine to stand on? The fallacy in the proposition, it seems to us, is the use of the word "curable." Modern medicine with its vaccines, serums, morphines, antipyretics, analgesics and all the rest, merely smothers the evidence, or, as Hahnemann says, "suppresses" the disease, gags it, so to speak, but rarely cures it. Isn't there such a thing as "cure?" If there is what means the above quotation if not what Hahnemann has indicated? Take a man who has been inoculated with various disease products and thereby has the beneficent course of nature obstructed, and what Irwell says is true—he is the possible progenitor of the cancerous, tuberculous, insane or what not posterity. But let the same man be treated on the lines laid down by Hahnemann in his *Chronic Diseases* and the story will be different. There is not a man in the world who *understands* Homœopathy who does not know this to be true. As the matter stands today, and according to their own observation quoted above, the more of this semi-official medicine we have the worse for humanity. This is the logical conclusion of Irwell's statement of fact. No offense is meant, but what other conclusion is there than that the more of this modern treatment we have the greater is the national deterioration?

PERSONAL.

The English Lion enmeshed by the suffragettes may have to call in the mouse yet.

Though poverty's no crime, many get three months for it—"no visible means of support."

It takes a V. for W. to knock the vim out of Cupid and make him look like a spanked baby.

Locomotor ataxy. When your car gets stuck.

"Anaphylatoxins." On with the solemn dance!

When you strip a mighty medical journal of its ads. there remains but an attenuated body.

A fun man says a 5-cent cigar is a substitute for tobacco. Bet a Stogie that he smokes 5-centers.

The moon affects both the tides and the untied.

Truth is mighty and will prevail—provided we are willing, which, generally speaking, we are not. Oh, yes!

Some say that grafters and reformers alike need the switch.

"I haven't lost quite so much sleep over such cases since because they will live sometimes in spite of us." Dr. Belle Gurney. *J. A. I. H.*

"What difference does it make whether the egg was made first or the hen?" Dr. Walton. Well—hum! How did the hen get in the egg?

"I was fortunate enough in not hearing the beginning of this paper—I mean——" Dr. Who.

"A Plea for Patients Who Will Pay Their Just Bills." Title of a paper by Dr. Everymanandwoman.

Congratulating Dr. Essayist on his learning implies a certain sense of surprise that is a little left-handed.

As required by law the candidate reported his expenses: "Received nothing. Gave nothing. Got nothing."

Probably the acme of a vacant stare is looking at an empty pocket.

A touch of the grip—when some one swipes it.

"Throw it overboard and save me the trouble," said the seasick passenger to the ship's steward.

"Depending upon the vitality of the diseased organism." Yea, brother, but what about that "vitality?"

Most persons think the world owes them "a good time."

The most of us ought to be thankful that the world allows us to live.

Cui bona. What's the good of it, asked Cicero, and the modern philosopher answers "Nawthin."

"Art is long, but life is fleeting," remarked Hippocrates, the best known doctor.

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BOVINE TUBERCULOSIS AND OTHER THINGS OF INTEREST.

The learned allopathic medical officials and their followers have gotten themselves and the world into a curious tangle over "bovine tuberculosis." Some of them on the outer edges, medical free-thinkers, as it were, say that, given clean food, pure water and fairly decent quarters, all cows will be healthy. Others, like Koch, say the disease is not transmissible to man from cows. The third class say the tuberculous cows are a menace to the public health and that no one can tell whether a cow has the disease without injecting tuberculin into her blood.

One tangle is the fact that many cows that have reacted to the injection and been slaughtered were found to be healthy, while others who were obviously diseased took the "test" without reaction. So it seems it is a test that, like a law-suit, is open to exceptions.

Another tangle is in the realm of pure reason. They teach that the bacilli of tuberculosis and its virus is the cause of that disease, yet the *Tuberculin* they inject is made from the bacilli and must contain the virus. Furthermore, it, *i. e.*, *Tuberculin*, proved to be very disastrous to human beings in Koch's day. According to the theory of the spread of disease the *Tuberculin* injected cannot but help in doing so; indeed, many practical dairymen say it does, and that the tested cows are never so healthy afterwards. The "test" is the virus of tuberculosis and that virus is not a health-agent in the blood, at least so says common sense.

Another tangle is the fact that Koch, who discovered the bacillus of tuberculosis and jumped to the conclusion that it was the

cause of the disease and not its effect, also said, after years of investigation, that the bovine bacillus of tuberculosis was not the same as that in human beings, and could not be the cause of human tuberculosis; but the officials preach his first proposition but deny the second. What any of them really know on the subject is another "problem," for their apparent limitation is the "reaction" of the cow to the poison.

Here is another, a little more remote. It is said that plenty of good, substantial, nourishing food is necessary for recovery from this disease, said to be caused by Koch's bacillus. Yet Mr. Brittlebank (*Br. Med. J.*, Mar. 29), chief veterinary inspector, Manchester, says that "33 per cent." of the cows in England are infected with tuberculosis, which means, if the ideas of the medical powers are enforced, an advance of 33 per cent. in the price of beef, butter and cheese. Now, in view of the *fact* that the medical powers of the past have generally been in error, is it not likely that they are again in an error that, if enforced, will result more disastrously than any of their previous mistakes? This tuberculosis theory of theirs has already resulted in aiding materially in the advance of our most essential food stuffs (in the face of Koch's statement) by hampering and curtailing the cattle industry by insisting on their most uncertain "test." If these gentlemen cannot tell whether a cow is healthy without injecting a poison into her blood are they scientists?

Not one of them has proved that a single human being has ever died of tuberculosis contracted by beef, milk, cheese or butter, yet they are spending immense sums of money "fighting" a theoretical condition, hampering a vital industry and raising the cost of living—all on a disputed theory with their biggest man against them.

If these theorists are to be allowed to slaughter one-third of the cows of England and infect the rest with their "tests" the "roast beef of England" will be a thing of the past—and, probably, tuberculosis will have a firmer grip than ever on the people. If one-third of the cows in England are tuberculous, how is it that every one in that country from John O'Groat's to Land's End is not tuberculous if the theory is correct?

The more one reads of that tangled and confused maze known as modern scientific medicine the firmer grows the conviction

that the medical salvation of the world is to be found only in Dr. Samuel Hahnemann's *Organon* and the first section of his *Chronic Diseases*. A strong statement? You, whose head is a bit silvered, look back over the many things that have been exploited—where are they? Dead, rotten and forgotten! Just as the present things will be, and when they are dropped there will be no confession of failure, but the failure will be, as in the past, heralded as an "advance." An "advance" towards what? When the so-called germs were discovered the shout went up "Germicides! Kill the bugs and the problem is solved." Yet the germs are still unchanged, but who uses a "germicide" today? Even "Radame's?" Since that day one theory after another has been hatched until it is doubtful if even a dictionary maker can define all the words that have been evolved to bolster them up that insists that disease is not the result of bad living, but of "bacteria!" Knock, brother, if you want to!

Go back to the *Organon*! It has not changed in a century, but is more "up-to-date" than any book you can buy—if cure be the object. You, doctor, who may read a learned and labored article in the *Journal of the American Medical Association*, or *The Journal of the British Medical Association*, or *The Lancet*, or *The Medical Record*, or in some homœopathic or other journal, on "antibodies," "antigens," "antiagglutinins," "antiaggressinsins," "antialexins," "antiamboceptors," "antianaphylactics," "antiantibody," "chlamydobacteriaceæ," "biggiatacæa," "phragmidiothrix," and so on and on and on, what more do you know about that case of Jennie Smith or that of Billy Brown's that may be worrying you than you did before? Probably not so much, for you have been crushed under an avalanche of pseudo-learning that leaves you a bit diffident.

Yet at the bedside what is it all when all is done? What more do you know about Jennie's or Johnny's case than you did before? And what is the end of medicine but to cure Jennie and Johnny and their ilk?

And, finally, O Man of the Laboratory, why is it that in proportion as your ideas and remedies are enforced, or emphasized, the "cults" grow? That this is so every one knows. Is it that the common sense of the people, in which Lincoln so trusted,

has silently turned its back on the elaborate science you have so laboriously builded and the curious therapy you have evolved?

Would it not be well to re-survey your premises?

A HOMŒOPATHIC ECHO FROM CANADA.

By C. J. Veniot, M. D.

Dr. Burnett wrote "Fifty Reasons for Being a Homœopath." I would like to add to these a few reasons which have confirmed me in my conversion to Homœopathy a few years ago.

Case I.—*Phosphorus in Surgery*.—A young girl on whom I performed laparotomy to make suspension of uterus; the day after operation there was considerable distention of abdomen, with excessive pain; sleep impossible; patient vomited everything she took. No remedy being especially indicated, I gave successively *Arsenicum*, *Ipecac*, *Bryonia* and *Lycopodium*, but no relief at the end of twenty-four hours; all the ordinary methods to relieve the tympanites failed. The attending nurse in telephoning to me about the patient's condition mentioned the fact that she always vomited water or liquids a few minutes after they were taken. *Phosphorus* 30th was immediately administered. Twenty minutes later patient was asleep, slept soundly all night and never vomited nor felt a pain from that time until the day she left the hospital. The nurses who knew nothing about Homœopathy could not understand such a sudden change in patient's condition. Since that, one of my first cases, the nursing staff of the hospital are becoming accustomed to see my cases get along nicer than the other doctors' cases, thanks to Homœopathy.

Case II.—*Symphytum*.—A sawyer in a large lumber mill here, falling from a beam twelve feet high, broke both bones of forearm about an inch above wrist. The fracture was as evident as could be; crepitation, abnormal mobility, considerable deformity, all were present. Fracture was reduced and appropriate splint applied. *Symphytum* 30th was given twice daily. Patient never felt a pain or an ache worth mentioning. Splint removed after eleventh day; patient able to raise hand from table without pain in fracture, and massage now done daily. Patient resumed his

work cautiously five weeks after his accident. The lumber company protested against my bill, claiming that the fracture could not have been as bad as I had said it was since my client could use his hand in less than eight weeks. Well, I got the nurses of the hospital and the patient himself to corroborate my statements, the bill was paid in full, and, since then, I treat nearly as many fractures as my five brother practitioners together, because in my fracture cases I administer *bone cement*, as some of my clients call it, while other doctors let mother nature do her work alone.

Case III.—*Aurum*.—Another hospital case, osteomyelitis of tibia. The bone was incised, gouged, curetted and drained. Was absent from home a whole day and a half following operation; during my absence patient suffered great pain in knee, continuously and worse at night; hot applications gave no relief, neither did *three hypodermic injections of Morphia*, administered by order of superintendent of the hospital before my return. On seeing patient I prescribed *Mercurius*, with no relief in twelve hours; this was followed by *Aurum* 6th, every hour, until relieved. Pain disappeared after third dose; it returned four days after; another dose of *Aurum* put everything in order.

What puzzled the nurses was to see what appeared to be only little sugar pellets succeed so well where the omnipotent morphia had failed.

Case IV.—*Causticum*.—A wealthy lady of the place who was a well-known sufferer from "rheumatism" and chronic bronchitis called on me one day, having heard that I used a new kind of medicine *with electricity in it*; wanted me to give her "rheumatism" a trial. In answering my questions and giving me details of her case she incidentally mentioned another trouble which she said mortified her a great deal; she added that it was hardly worth while speaking of it, for she never expected a cure for it after uselessly consulting several specialists in Quebec, Montreal and Boston. Since seven years she could not cough, sneeze, blow her nose nor laugh, without involuntarily passing a certain quantity of urine, and as she was a chronic cougher her clothes were wet all the time. To be brief, I gave her *Causticum* 30th, a dose to be taken every night at bed-time, and told her to return in a week. Four days later I was surprised to see her

arrive beaming with joy. "Doctor, I am as *dry* as can be since day before yesterday; my cough is much better and my joints have not felt so good for years." The cure held good; her urinary trouble never returned, neither did her rheumatism; she died eight months later of empyæma and endocarditis.

These four cases will suffice for today; they are blunt facts in which it was hard for the imagination of the patients to have any play; the medicines acted by their own potentized virtue, that is why I consider them strongly conclusive in favor of nature's law of cure, the law of similars; they helped considerably to anchor me in my belief in the great curative powers of Homœopathy. Besides my "Causticum Lady" did not hesitate in telling all her friends of her wonderful cure; this case alone, in the beginning of my practice, brought me hundreds of cases which no allopathic medicine could have won for me.

In view of the great stir created by Dr. Friedmann's "*new cure of consumption*," I beg to suggest that homœopaths publish in the RECORDER some of their cases in which *Bacillinum* or *Tuberculinum* gave good results, and show how our school has been "curing consumption by its own virus" even before Dr. Friedmann could lisp in medical science. I have a few of these cases which I will be only too glad to communicate at first opportunity.

Bathurst Village, N. B., March 30th, 1913.

CALENDULA CERATE IN SURGERY AND HURTS.

Editor of the HOMŒOPATHIC RECORDER:

On page 116 of the March RECORDER I found a statement by Dr. I. C. Gobar "that *Calendula cerate* if applied continuously for long will develop pus." My experience is just the contrary. I have used a cerate of vaseline and borated *Calendula* for probably twenty years and have never seen pus with it. I have applied it to all sorts of wounds, especially burns. I remember treating a burn extending from the chin to the epigastrium and from one shoulder to the other and around neck as high as the hair line, an immense raw surface, partly necrotic. Patient was a girl six years old. The wound had been neglected for three days. Dirty rags stuck to it when I first dressed it. There was absorption of toxins.

Fever with delirium followed for from one to two weeks. *Calendula cerate* (borated) was the only thing applied: homœopathic remedies were prescribed. The whole wound healed without a scar and without skin grafting inside of six weeks. I do not use *Calendula cerate* when a wound is septic, but clean it up with antiseptics and then apply the *Calendula cerate*. I have never seen pus under the action of *Calendula cerate*, provided you can apply it constantly. It is the finest thing to heal a wound without a scar and beats the chemical wound dressings. The healing under *Calendula cerate* takes place, not only from the periphery of the wound, but when the wound is large a thin whitish flow forms on the raw wound surface. From this little islets of epithelioma spring up, which gradually coalesce. You must be careful not to disturb the young epithelium. I never wash such wounds after the preliminary cleansing. Just spread the *Calendula cerate* on sterile gauze. Spread as thick as a silver dollar; better too much than too little. Cover with absorbent cotton. Bandage and prescribe rest. Dress once or twice a day according to severity of wound. *Calendula cerate* has for me covered the stump of fingers. No need of a flap. It may take a little longer to cover the stump with skin under *Calendula* than by a flap operation, but the result will be more gratifying. There will be no ugly, sensitive red scar, but a smooth, normal scarless skin. This is my experience and I would not exchange *Calendula* for barrels of bichloride and other scientific dope.

Yours truly,

KARL GREINER, M. D.

Hammond, Indiana.

PROPAGANDISTIC WORK.

The RECORDER printed Dr. Casseday's Plan in its March issue. *The Journal of the American Institute of Homœopathy* commented on the Plan in its April issue, which brought out the following letter from Dr. Casseday, which he asks us to print. We thought it but fair to all concerned, including the readers of the RECORDER, to follow Dr. Casseday's letter with Dr. Horner's editorial, which brought it out, as the propaganda work is at present exciting much interest among homœopaths.

* * * * *

THE EDITOR OF THE JOURNAL OF THE AMERICAN INSTITUTE OF
HOMŒOPATHY.

In the April *Journal A. I. H.* Dr. Horner takes occasion to speak in a sneering way about the Plan for giving Homœopathy greater publicity among the laity, which I proposed and which was sent out broadcast all over the country. This Plan was carefully worked out and it has served, judging from the enthusiastic letters I have received from all parts of the country, to arouse greater interest in a practical workable plan. The excellent Council of Medical Education have been doing the best they could, but were handicapped by lack of funds.

The editorial is full of mis-statements and its entire tone is one of disparagement of a plan which is endorsed by practical far-seeing physicians as timely and feasible.

The spectacle of the Secretary of the Institute and Editor of the *Journal*, and the only salaried official of the Institute, pouring cold water on the efforts of this kind is certainly amazing and in very bad taste. This editorial does not voice the opinion of a majority of members of the A. I. H. or of non-members, and I protest against such talk at this time and from such a source.

The money to print and circulate this plan all over the United States was contributed by the members of the Round Table Club of Portland, Oregon, out of their own personal funds.

FRANK FISKE CASSEDAY, Ph. B., M. D.

418 Dekum Building, Portland, Oregon.

* * * * *

This is the editorial in the *Journal*:

THE ENTHUSIASTIC NORTHWEST.

There must be something in the air west of the Rockiês which makes for big things. All from the east who attended the meeting of the Institute at Pasadena can testify to this as being in that particular instance a fact which stood out bold and clear. We could speedily convince the absentees from that meeting of the truth of the statement were we to recount but half of the doings there. As a matter of fact we need but call to mind the *big* things done by the President for that year. Everything there reaches the colossal.

Oregon comes to the front as the last or rather the latest of

the birth-places of great things. From the fact that we have heard from it from all points of the compass, we have come to the conclusion that there has been sent broadcast a printed abstract of an address delivered presumably before both the Round Table Club of Portland and the State Society of Oregon. It gives a comprehensive plan by which a world-wide publicity campaign for homœopathic propagandism may be made. The author is Dr. Frank F. Casseday, Portland. It has been endorsed by both of the above organizations and carries the signatures of their officers.

There can be no question of the value of a number of the suggestions, granting without question the necessity for and the wisdom of making propagandistic efforts. As a matter of fact nearly all have been or are in the course of being used by the Institute. Publicity was a factor in the work of the Institute last year, that is, during the months of the year prior to December, 1911. It certainly did accomplish something and was stopped only because of a lack of the necessary funds to continue it. Following the Kansas City meeting the Council of Medical Education expended more than five thousand dollars in its work of propagandism. Following the California meeting some ten thousand dollars were spent in a like effort. Today the Council of Medical Education is engaged in a systematic effort to raise the funds for continuing the work on lines which are nearly the exact counterpart, so far as we have been able to learn, of those proposed by Dr. Casseday and endorsed so enthusiastically by our brethren in Oregon.

Nothing but the highest kind of commendation can be given these men of the Northwest for their unbounded enthusiasm and loyalty to the principles of the school. The spread of this enthusiasm would do much toward solving the present question of continued supremacy of the truth of the Law of the Similars throughout the world. It would be a fight, not simply for existence, but for world-wide conquest. We believe, too, that they are willing to back their enthusiasm with their money. So that with the whole body homœopathic leavened with the qualities of these men we might well cry, "The World Is Ours!"

Of course there must be differences of opinion and with some a question as to practicability, possibility and methods. The sug-

gestion, for instance, that there need be no one to visit various localities. The results of the work of our lamented Arndt seem to establish the vital necessity for a constant and personal supervision of local efforts. Again, the suggestion that no official journal is needed. Of course, Friend Casseday cannot expect us to agree with him in this point.

What we regard as a proposition fatal to the *bigness* of the work is the author's method of financing the project. We quote: "4. Financing the Campaign. There are something like fifty thousand homœopathic physicians in the United States. At two dollars per head per year that yields one hundred thousand dollars."

This, of course, is simply visionary. In fact it is worse than that. It is a statement which will work harm to us as a school of medicine. The most complete record of homœopathic physicians in the United States is that owned by our Council of Medical Education and by the most strenuous efforts about ten thousand homœopathic physicians have been located. Not only this, but of these only a proportion have so far expressed themselves as being willing to contribute even the small sum of two dollars per year for the work. What that proportion is we have not been informed. Dr. Royal's report in these columns shows the sum so far pledged and collected. We are forced to absolutely disagree with the optimism of the author. We endorse most heartily the enthusiasm of the publishers of the abstract and hope they will at once get in touch with the Council of Medical Education of the Institute.

A NOTE FROM DR. LEVERSON.

Editor of the HOMŒOPATHIC RECORDER:

When introducing a foot note on page 12 to one of the copies of the article on "Some of the Relations of Diseases to One Another and to the Body They Affect," reprinted from your RECORDER for May, 1901, it occurred to me that the foot note expressed a view taken by the lamented professor, Dr. A. Béchamp, which it was important should be preserved, as it will guide some future student of the works of that neglected genius to an important research and probable discovery. I have formulated Dr.

Béchamp's view in the following note to the word "*multiply*,"* last line but two of that page. There are fifteen pages in all in the reprint.

M. R. LEVERSON.

Villa Margurite, St. Sylvester, Nice, France,
March 16, 1913.

CLEVELAND-PULTE MEDICAL COLLEGE INCREASES ITS REQUIREMENTS.

Editor of the HOMŒOPATHIC RECORDER:

The Curriculum Committee of the Cleveland-Pulte Medical College institutes for the coming year additional entrance requirements. A year of college work is required, which shall include general biology, general chemistry and one language other than English. Following the four years' college course a year of hospital experience will be required. This is in line with the recommendations adopted by the newly formed College Alliance, which resulted from the suggestions made by President Hinsdale to the Board of Trustees of the Institute at their December meeting.

H. L. FROST,
Chairman of Committee.

DIPHTHERIA PROPHYLACTIC.

Editor of the HOMŒOPATHIC RECORDER:

When you have a case of diphtheria in a family or school immediately have all persons exposed, drink freely of tea made from Sassafras root bark, with a little cream and sugar if desired. You may find many with sore throats among those exposed, but not a membrane will you see; therefore no sepsis and

*Prof. Béchamp, in one of the lengthy interviews he granted me in 1908, shortly before his death, expressed the opinion that the alien ferment does *not* multiply in the blood, but being foreign to it, renders the vaccine's blood an unsuitable medium for its own microzymas, which thereupon become disease, and that these continue to multiply and spread the diseased condition to, or sometimes throughout the organism inoculated. Unhappily for science, Prof. Béchamp did not live to give me his reasons for this opinion.—M. R. L.

no danger. Sassafras defibrinates the blood and thus prevents membranous deposits on the inflamed membranes. This has not disappointed me in nearly forty years. Beats antitoxin.

S. ———, M. D.

April 6, 1913.

ALUM FOR RATTLESNAKE BITES.

Editor of the HOMŒOPATHIC RECORDER:

About 1880, W. R., aged 14, herding cattle. Stepped from his pony and his foot landed on a 14 rattler snake. This evidently made the snake angry, for it bit him twice on the naked calf of leg. He rode home in five minutes and whiskey was freely used, and two physicians, regulars, attended him for three days and gave him up to die. At this juncture he was completely comatose and limb swollen and spotted to waist and navel. A slightly sour solution of alum was now given in teaspoonful doses every one-half hour to hour. A compress of two thicknesses of old soft muslin was neatly applied from toes to waist.

Four pounds powdered alum in 10 quarts of water in wash tub placed beside bed and oil-cloth drainage back to tub. This solution of alum was dipped up with sponge and constantly applied to completely keep the compress wet day and night for thirty hours, at which time the boy was completely normal in every respect and the swelling entirely obliterated. I never knew this to fail in any case for the last thirty-five years at least. Why make "snake serum?"

M. B. SMYTHE, M. D.

Holton, Kan., April 6.

LIKES CASSEDAY'S PLAN.

Editor of the HOMŒOPATHIC RECORDER:

I am greatly pleased with Dr. F. F. Casseday's article in the March issue of your journal and I believe it will do great good if carried out generally.

WM. E. LEONARD, M. D.

408 Donaldson Bldg., Minneapolis, Minn.

COMMENT.

Casseday's is a good plan, and here is a little addenda to it: Write a report, if only a dozen lines, of some *homœopathic cure* and send it in to the RECORDER. It will serve to let the homœopathic fraternity know there is such a man and, then, always remember the ninety per cent. of practice is made up of comparatively simple cases. Furthermore—if we say so as shouldn't—this journal will give you a world-wide circle of readers and your hint, whatever it be, will not be wasted or confined to a single society. Come in the literary swim, the water's fine!

Editor of the H. R.

COUNTY KINGS MEN MEET.

The 465th meeting of the Homœopathic Medical Society of the County of Kings was held at the Medical Library Building, Brooklyn, April 8, 1913, Dr. Roy Upham, president, in the chair.

The Legislative Committee, Dr. H. D. Schenck, chairman, reported that his committee was taking steps to oppose the bill now before the State Legislature enlarging the powers of the Board of Regents so that they may revoke the licenses of physicians for seemingly insufficient causes, and giving them an arbitrary control over the physicians now in practice. It was resolved that the secretary write to the chairmen of the Public Health Committees of the Senate and Assembly in the name of the society and placing the society on record as opposing the bill. The Legislative Committee was authorized to prepare a circular to be sent to the members requesting them to write to their Senators and Assemblymen asking them to vote against the bill.

Dr. William Henry Abbott, a graduate of Hahnemann Medical College of Philadelphia, 1911, was elected to membership.

The members of the society and about one hundred lady and gentlemen friends were then entertained with a series of moving pictures representing the development of germ life under the microscope. Dr. George P. Olcott, Jr., of New York, who gave the exhibition, lectured upon the films, explaining the various processes. The pictures included the African Sleeping Sickness, illustrated by injecting the germ into a live rat, and showing the condition of the blood of the animal three, four and five days

later, the round corpuscles and disease germs being shown upon the screen magnified 1,200 times by the microscope to the film and a total of about 30,000 times to the screen. Other films shown were the war on the mosquito, with the germination and development of the marauding denizen of swamp-land from its first stage to its full growth, the evolution of the house fly and its disease-spreading habits, inhabitants of stagnant water and the development of the frog.

The Homœopathic Medical Society of the County of Kings has arranged with the Homœopathic Society of New York for an interchange of meetings, and the Homœopathic Society of New York will visit and furnish the papers at the Kings County Society meeting of May 13, while the Kings County Society will furnish the papers at the meeting of the Homœopathic Society of New York on June 12. An interesting rivalry is expected and arrangements are being made in Brooklyn to give the visitors a hearty reception.

L. D. BROUGHTON, *Secretary.*

THINGS DOING IN ROCHESTER.

On March 11th the Monroe County Homœopathic Medical Society held its quarterly meeting at the hospital of Dr. John M. Lee, 179 Lake Avenue, Rochester, N. Y. Owing to the large number of physicians and guests present, about one hundred, it was necessary to hold the afternoon session in the auditorium of the Lake Avenue Baptist Church. Dr. Harlan P. Cole, of New York City, gave a very interesting address on "Most Deformities Not Congenital But Acquired and How." It was very unique and heretical, as the author himself stated; nevertheless it was much enjoyed and appreciated by all present. Dr. Geo. Laidlaw, of New York City, gave one of his inimitable and valuable talks on Diagnosis, which was among the best efforts of this talented young professor. One of the members of the society said he would like to see how the wheels went around in Dr. Laidlaw's cranium when he was talking. While of course this cannot be realized, it only takes moderate intelligence to see that Dr. Laidlaw is far above the average teacher. Dr. R. S. Cope-land, the talented and successful dean of the New York Homœo-

pathic Medical College, gave an address in which he showed the marvelous progress of the good old Homœopathic College in New York City. It seems almost too good to be true; nevertheless the ground is broken and the one million dollar college and hospital is fast taking on material form. It will come none too quickly, for during the present session more than 250 students are registered, the largest class in the history of the college, and it is made up of men of superior acquirements and native aptitudes. May the good work continue.

At seven-thirty o'clock the session was adjourned and the members and guests of the society to the extent of more than one hundred crossed the street to the hospital, where Dr. and Mrs. Lee had prepared a dinner for the occasion. When this was over the tables were quickly cleared from the rooms and the evening session was called to order by Dr. J. K. Tretton, vice-president of the society. The president, Dr. Harold Baker, was prevented from enjoying the festivities of the occasion on account of serious illness in his family.

The first paper of the evening was by Dr. Frank Fowler on Gastroenterostomy. He had just returned from a visit to the Mayo brothers and was filled with the lore of St. Mary's Hospital. His paper was of an exceptionally high order, as they usually are, and the details of a very interesting case in line of his subject was cited in an instructive and forceful manner. The next was a paper by Dr. W. W. Winans on "A Study of Pulmonary Tuberculosis, Valvular Heart Disease and Exophthalmic Goiter." This also was very carefully prepared and good enough for a text-book chapter on the subject. Last, but not least, came Dr. David Jewett with an extemporaneous talk on the Induction of Artificial Pneumothorax in the Treatment of Tuberculosis, as exemplified by Dr. Murphy, of Chicago. This brilliant young physician appeared to be in his best "form," and while he always acquits himself with credit and satisfaction to his auditors, on this occasion particularly he surprised and delighted us all. Everybody appeared to be in excellent spirits, and the literary and professional parts of the affair showed the men to be alive to their subjects, and they worked at least above their average.

THE COUNCIL ON MEDICAL EDUCATION OF THE A. I. H.

George Royal, M. D., Chairman, Des Moines, Iowa.

W. A. Dewey, M. D., Secretary, Ann Arbor, Mich.

John B. Garrison, M. D., 616 Madison Ave., New York.

J. P. Sutherland, M. D., 295 Commonwealth Ave., Boston, Mass.

H. H. Baxter, M. D., 1021 Prospect Ave., Cleveland, O.

Dear Doctor:

The Trustees of the American Institute of Homœopathy, at the request of the Council on Medical Education, have acceded to the following resolution, anticipating its confirmation at the next meeting of the Trustees:

“That the Council on Medical Education be authorized to take full charge of the propagandistic work, including that of the field secretary, for a period of five years from July 1, 1913, with full power to act, and that its budget shall be limited to the fund that it has been empowered to collect, and that it report to the Trustees and to the Institute whenever meetings of these bodies are held.”

This action assures the Council that its labors will have continuity, support of the Institute, and a budget for its needs, which, as it grows, will enable more extensive work and secure better results.

The Council therefore begs to submit the following program:
First.—The Periodical Issuance of a News Letter or Bulletin for Propagandistic Purposes.

This shall be printed on one side only in order that items therefrom may be clipped and used handily by newspaper editors. The items of this periodical shall be live matters on the doings of the homœopathic school throughout the land in its colleges, hospitals, dispensaries, asylums, societies, etc., together with matters pertaining to health, sanitation and diet. This shall also include statistics, comparative and other; in short, such items as will inform the public that the homœopathic school is alive and active.

This News Letter or Bulletin shall upon its issuance be distributed to newspapers, as the funds of the Council will permit, all over the country.

Should the items of this sheet cause favorable or unfavorable comment from the papers in which they appear, we would ask

you to send clippings and comments thereon to the office of the Secretary of the Council. We ask you also to furnish items of interest for this News Letter, items that will interest the people in all rather than in a single locality. Send in whatever you think would be of value to the cause.

Second.—The Employment of a Publicity Agent.

The employment of a press or publicity agent is contemplated to secure the publication of the items above mentioned.

Third.—Public Lectures.

The Council will stand ready to furnish lecturers on popular medical subjects, especially those appertaining to Homœopathy, provided physicians in given localities will secure audiences and determine place and date of same. We ask you and your confrères to bear this point in mind: you secure the audience, we will furnish the man.

Fourth.—Instruction of College Students and Graduates in the Possibilities of Homœopathic Medicine as a Profession.

The Council asks physicians living in college towns to secure information as to those graduates contemplating the study of medicine and send their names to the Secretary of the Council, who will furnish them literature upon homœopathic medicine. You can greatly assist the Council in this work. If you favor any particular college you may rest assured that the Council will work with you in influencing the prospective student to that college and to no other.

Fifth.—Society Co-operation.

The Council will be glad to assist in every way in the work of arousing enthusiasm in all existing societies; in the creation of new ones or in the reorganizing of those that have been suspended.

Sixth.—A Clearing House.

The Council will be glad to serve as a clearing house for the location of physicians, situations for hospital internes, etc., and keep on file such information as may be serviceable to the profession, and in this we ask your assistance.

Seventh.—The Legislative Field.

If you live in a capital city or if you have in your clientele members of your State legislative bodies, you should see that the

Council be informed of all adverse and suspicious medical legislation that may appear. Great damage has been done to the homœopathic school by legislation passed while we have been asleep. Let us keep awake to this fact. Legislation favorable to our school should also be reported as an interesting item for the News Letter.

Eighth.—The Financial Question.

The Council on Medical Education is raising its own fund. The extent and permanency of the work depends upon the fund. We are asking every homœopathic physician in the United States to subscribe the small sum of \$2.00 a year for a period of five years. Many can afford more. Many can secure many times this amount from some appreciative patient. We are enclosing with this circular letter two pledge cards, one for you to sign and one for you to have filled out by some one else.

Then we ask you to keep us constantly in mind and send us an item about your hospital, something done for Homœopathy, some student interested, something thought of that will interest others. Then you will be classed as a live wire and it only needs live wires to keep Homœopathy in the forefront.

Very truly yours,

COUNCIL ON MEDICAL EDUCATION,

W. A. DEWEY, M. D., *Secretary.*

DENVER IN JULY, THE PLACE FOR YOU.

The local Committee of Arrangements meets and dines regularly every Thursday evening at the Albany Hotel, where the Institute is to hold its sessions in July. Each meeting is more largely attended and more interesting than the preceding.

If the happy, enthusiastic and concerted action of the members of this committee is any indication of what may be anticipated by those who come to the Institute the meeting will be a hummer; well worth the sacrifice in time and money necessary to attend.

The scientific sessions will be taken care of by those elected by the membership for that purpose; in this there promises to be no cause for misgivings. The local committee is bending its energies toward giving you the kind of entertainment which will

make you doubly thankful that you came; thankful that you live, and thankful you can see Denver and Colorado under such favorable circumstances; towards showing you scenery that can be excelled nowhere in the world; forms of entertainment which are distinctive and typical of Colorado on its gala occasions, and other things which you have never seen elsewhere and may never see again. In how far the committee may succeed in its efforts remains to be seen by those who are fortunate enough to attend the A. I. H. in July. We who have heard the plans, which we are not at liberty to tell because some of the stunts are intended to surprise the seniors *et al.*, believe no one will be disappointed except the fellow who stays away. Whether you are in the habit of attending the sessions of the Institute or not, come to Denver; whether a member of the Institute or not—come. If a regular attendant, keep it up—pass it along. If “a stay-at-home,” break away. Come to Denver, that you may have something pleasant to think and talk about in your later years; something to tell your children and your grandchildren. As for your wives and sweethearts, why of course you are expected to bring them with you. The ladies have plans for them which are sure to please.

PUBLICITY COMMITTEE.

LATRODECTUS MACTANS.

A good many years ago the late Dr. Samuel A. Jones contributed a paper to the RECORDER on this spider, which paper will be found preserved in the pages of *New, Old and Forgotten Remedies*. It is brought to mind by an article in Dr. Ellingwood's *Therapeutist* for April by Dr. C. D. R. Kirk, of Shuqualk, Miss. The following covers the symptoms of the two cases related:

“A negro called at my office recently for medicine to relieve a spider bite. He stated that the insect had bitten him about four hours before calling for treatment. It was a small black spider with red spots. The bite was on the foot, but the pain had rapidly ascended to the region of the heart and had caused a good deal of dyspnœa, weak pulse and anxious expression of his face. * * * A few days after treating the negro a spider of about the same description bit the writer on his upper lip

while he was eating a persimmon, which he found five or six miles from home on the road as he was returning from a call into the country. In less than a minute all of his teeth were aching very severely, and the pain extended rapidly to his ears and throat, and his whole face was soon swollen and the greatest ptyalism I have ever seen. No mercurial nor jaborandi could equal it in rapidity or profusion. As the negro's case of rapid invasion of the heart and lungs came back very vividly, the writer appreciated the dangerous condition he was in," etc.

In each case a preparation of *Echinacea* gave prompt relief, applied externally and some taken internally. Dr. Kirk's paper was written to refute the A. M. A.'s "Council's" rather vapid conclusion that this drug, *Echinacea*, has no merits. Those who have had any experience with *Echinacea* know that "The Council" is "off" (as usual) in its conclusion. The symptoms recited by Dr. Kirk are strongly confirmatory of Dr. Jones' contention that in *Latrodectus mactans* we have a powerful heart remedy for many desperate cases of the angina variety.

The abstract given by Dr. Jones of five cases of bites by this species of spider bear a very striking resemblance to those given by Dr. Kirk. The action of the poison seems to center in the heart with an anxious "sense of impending dissolution," accompanied by various pains.

There is but little doubt that the spider Dr. Kirk writes about is the *Latrodectus mactans*, not only on account of its quick and dangerous action, but also from the slight description given. This spider is a small, black insect with "a red spot on its back," or, probably in some cases, "spots," which are nature's danger signal. Its poison, "so far as is known," says Mr. Adams, "is the most virulent and powerful, drop for drop, secreted by any living creature," more so than that of the cobra.

Fortunately the amount secreted by each spider is so infinitesimal and its fangs so weak that a fatal bite is rare, but small as it is it comes near the dead line, as Dr. Kirk and others have discovered.

Clinically it has proved to be effective in angina pectoris. It seems to be especially adapted to chronic cases. A remedy worth keeping in mind.

A PROVING OF BELLADONNA.

The following case was related by Dr. Robert E. Coughlin (*N. Y. Med. Jour.*):

“Case. F. S., aged seven years. Family history: Father died of tuberculosis at the age of twenty-five years. Mother alive and well, though there was a tuberculous taint in her family. Her mother died at the age of fifty-four years from acute pneumonia, which complicated a chronic tuberculous condition. Her father died of tuberculosis at the age of forty-two years.”

“The child, F. S., is a healthy, robust appearing boy, but has always had the wetting of the bed habit. For this condition the tincture of *Belladonna* was prescribed by a physician, who was a friend of the family, in ten drop doses three times a day. This treatment was continued for about one week’s time, when the patient’s mother noticed that he was becoming drowsy. She continued with the medicine, however, till the next morning, when the boy arose from his bed much earlier than usual, complaining of a sick stomach. There was no vomiting, however. He said he arose early because some one had called him, although this was not so. Immediately upon entering the kitchen he proceeded to remove all bottles from the shelf. Next he said, ‘Oh look at the mice.’ After this he said he saw rabbits, goats and baskets of candy eggs. Among all these things was a fountain pen, which he repeatedly tried to pick up from the floor. On looking out of the window he saw the fences all decorated with red, white and blue for the parade, which he was positive was to occur on that day, although in reality no parade was to occur. Apparently no one could make him believe otherwise. Next he saw six soldiers climbing up a tree without holding on to the branches. At all this he laughed with the greatest glee. Next he saw stars on the parlor carpet. When his relative came into the room he immediately proceeded to pick up one of the stars for her. He ate his breakfast as usual, but persisted in asserting that the table was filled with crullers, which of course was not so, as there were no crullers in the house anywhere on this particular occasion. He also thought he saw a watch surrounded by pieces of fancy paper all over the floor. Next he saw a pool of water, over which he jumped and said: ‘There, I’m over.’

Later he compelled his mother, whom he believed to be his teacher, to take him out to see the parade, which he to all intents and purposes enjoyed for fully an hour's time. His mother becoming tired of standing on the street so long, had to almost drag him away from the curbstone. He demurred, however, to such an extent that she had to go back with him again till he believed the parade was over, after which he willingly returned to her. On the way she was compelled by his entreaties to buy a flag for him. This he carried and waved all the way home, though his flag was the only one to be seen on the streets that day. When they arrived home, he immediately began to entertain his friends who were present with an imaginary cigar, which he thought he was able to make appear and disappear at will. During all this time he leaned forward in walking and seemed to be walking on his toes in a stealthy sort of a manner. His pupils were very much dilated and he was apparently looking into space. His face was very red, while in his normal condition he is what might be called a pale child."

The sequel was that with a good dose of castor oil the child recovered, *but* with all this physiological effect was not cured of the enuresis. Perhaps some day the scientific brother will learn that physiological effects are N. G.—to lapse into "the language of the tribe." But, alas, there is many a physiological jolt ahead for patients before this needed lesson is learned.

FIRE, WATER AND VACCINATION.

The following letter is from the *British Medical Journal* of March 15:

SIR,—After an experience of seven outbreaks of smallpox, like Dr. Killick Millard, I am a believer in the efficacy of, but not in the universal necessity for, vaccination.

To my mind an outbreak of smallpox can be well likened to an outbreak of fire, and our public health departments to the fire brigade. In both we have "notification" and, as far as possible, "isolation." Vaccination we might compare to the water used. All contacts should be vaccinated. Water should be poured upon all adjacent combustible material. I have seen vaccination,

done in the early stage of smallpox, modify an attack. Water used early may suppress a fire.

We might, of course, so soak all buildings and their contents with water that they could not take fire; but I am inclined to think that the inmates would get as tired of it as the general public has of vaccination. With a fire next door we should have no difficulty in getting permission to pour water on a house and, with smallpox next door, we should have no difficulty in getting people to submit to vaccination. I am, etc.,

GEORGE RICE, M. D.

Bideford, March 11th.

CONCERNING THE CAUSE OF TUBERCULOSIS.

The following communication from Dr. Mays (Jefferson, Philadelphia) seems to show that the prevailing theory of the cause of disease is by no means universally accepted. The fact that you can inoculate some diseases into the healthy is not proof that the germs used in the inoculation are the primal cause of the disease, but only of the artificial disease set up by the inoculation. Here is Dr. Mays' letter:

To the Editor of the Public Ledger:

Sir—Just because the bacillus, when injected into the guinea pig, transmits a disease to that animal similar to consumption, it is believed that the latter is caused in the human being by inhaling the bacillus under ordinary living conditions. A greater error has never been perpetrated.

As a cause of consumption in ordinary life the bacillus is a fraud and a usurper. As a matter of statistics, this disease is treated less successfully today than it was 30 or 40 years ago. Thus, if the figures which are obtained from one of the leading sanatoria in New York State, containing a report of 1,066 cases treated from 1885 to 1903—a period of 17 years—are compared with those of Doctor Williams' 1,000 cases treated in the Brompton Hospital for Consumption in London and his private practice from 1840 to 1870—a period of 30 years—the former shows that at the end of 17 years 53.80 per cent. and the latter that at the end of 30 years 80.50 per cent. were living.

These results sound strange. It may, however, be safely pre-

dicted that, if all the wealth of the State is sunk into this pet project (driving tuberculosis out of the State by working on the bacillus theory), it will have no more influence in checking the ravages of consumption than a drop of water has a chance of penetrating the feather coating of a duck's back.

Indeed, such irrational propositions raise the question whether it is a greater perversion to distort the truth about commercial transactions than it is to mislead the people in matters of health, which is infinitely more harmful and causes a great deal more actual suffering than the exploitation of any money trust has ever inflicted?

THOMAS J. MAYS.

Philadelphia.

**CLINICAL CASES FROM THE PRACTICE OF DR.
G. SIEFFERT, PARIS.**

Translated for the Recorder.

I. CHRONIC INFLAMMATION OF THE UTERUS.

Mrs. M., thirty years of age, a widow, a seamstress, had an abortion eight years ago, which had proceeded without any complications. Since then there has not been any pregnancy.

Three months ago there appeared various ailments, which the patient at first disregarded, but as they became aggravated I was consulted.

Her condition was as follows: Anæmia with great nervousness, constipation, but especially a painful drawing and jerking in the region of the small of the back, the pains spreading all over the abdominal region, and, as Farrington expresses it, from one ileum to the other; besides there was a pressing down pain, which compelled the patient to cross her legs. She laid her hand on her vulva to support the bowels. Sometimes she felt as if all her bowels would gush out of her abdomen. This was accompanied with a watery, corrosive, yellowish leucorrhœa. An examination showed a considerable congestion of the neck of the uterus.

I prescribed *Lilium tigrinum* ʒ, four drops a day, morning and evening. Besides this every day a lukewarm clyster to promote the stools, and for local treatment rubbing the region of the

small of the back twice a day with a mixture of fifty grams of ammonia, ether and spirits of turpentine. Besides this, every other day the introduction of a suppository of glycerin into the vagina and a warm sitz-bath every other morning.

This treatment was continued for four weeks, when all the ailments as far as the uterus was concerned had disappeared. But the anæmia still continued, and so also the nervousness, springing from the original disease, and which had developed so far that the patient would jump up at the least unexpected noise and afterwards would collapse.

I remembered the advice of Ludlam, and prescribed the *citrate of iron* compounded with *Strychnin* (*Ferrum citricum cum Strychnin*), giving the third decimal trituration, dividing four grams into 24 doses, and taking morning and evening one-half of a dose dry on the tongue. This caused the anæmia and nervousness to disappear.

As this salt has been of use to me in several cases, I repeat what Ludlam says of this remedy in his "*Clinical Lectures on the Diseases of Women*:" There is no preparation of *iron* in which I have so much confidence as in this *citrate*, composed of iron and *Strychnin*, which has only come into medical use since a few years. I prescribe empirically the third trituration. According to my experience there is nothing more suitable in numerous cases of chlorosis, covering the totality of the symptoms, though it is not an infallible specific. The effect of *iron* seems in this remedy to be united with that of *Strychnin*. It acts better than *metallic iron*, better than *Ignatia*, *Nux vomica* or *Strychnin* prescribed by itself. It would be worth while to give it a physiological proving.

II. TERTIARY SYPHILIS.

A Russian workman had contracted lues, and his disease had received a merely superficial treatment. Since all the symptoms seemed to have disappeared he had not subjected himself to any dieting, and continued for six years in his old way of living, until he came to my office three months ago. His condition had gradually been essentially aggravated. It had now seized upon the hard palate, the root of the nose and the two eyelids. On the middle line of the palate I found a fissure two centimeters

in length, which extended through the soft integument even to the periosteum; the bone was essentially affected. Both on the right side and on the left the two eyelids were congested and blackish red and swollen. The lesion of the root of the nose was especially pronounced. Over a surface of four centimeters square the root of the nose was blackish red, as the eyelids. The nasal bone was swollen thick, felt somewhat soft to the touch, and from both nostrils was discharged a yellow putrid pus. There was no doubt that the case was one of tertiary syphilis.

I therefore prescribed a strict diet and for a general treatment *Kalium iodatum* in rather massive doses. As local treatment: Anointing the eyelids with a salve of *Mercurius præc. flavus*; twice a day rinsing the mouth with water containing mercury; two injections a day into both the nostrils of *Hydrastis canadensis*, six grams with 180 grams of distilled water. Every time a small injector full.

After two weeks' treatment the eyelids were so much improved that I could discontinue the *mercury ointment*. Also the suppuration from the two nostrils had diminished somewhat, but there was no improvement in the nasal bone and in the palate. I therefore continued the rinsing and the injection of the nostrils, but for *Kalium iod.* I substituted *Aurum muriaticum*, three decigrams with three hundred grams of Aqua destill., three tablespoonfuls a day. This is with me an old and tried remedy, which also proved its use here.

In a week the former color of the nose had grown paler; also the bone did not feel as soft to the touch, although it was still swollen as at the beginning, and the fissure in the palate looked as if it was about to heal up. The flow of pus from the nostril was no more fetid and was somewhat diminished.

The same treatment was continued once more for fourteen days, but the nasal bone still looked bloated but somewhat harder; the fissure in the palate was healing up. The use of *Aurum muriaticum* and the rinsing with water containing mercury was continued for four more weeks, and now everything has again become normal: the fissure is thoroughly healed up and the nasal bone is as with healthy persons.

I do not dare to say that there is no danger of a relapse. I have earnestly advised him to observe the prescribed diet all his

lifetime, not to use any alcoholic beverage and at the slightest symptom to at once consult a physician.

III. POISONING WITH OYSTERS.

Lately there has been much talk of poisoning with oysters. I myself had never seen such a case, until lately I met with it. I was called about eleven o'clock to a restaurant where a guest had suddenly become sick. The case was of no importance and the patient was restored in a few minutes. But scarcely was I through with this case when the owner of the restaurant suddenly complained of illness.

He withdrew to his bedroom and asked me to accompany him. He had not yet finished undressing, when he was seized with a violent shaking chill. Successively there followed suddenly cold perspiration on the forehead, coldness of the whole of the body, cramps in the calves, copious vomiting, involuntary diarrhœa and micturition. At first I took it to be a simple case of indigestion, and as I had no medicines with me I ordered an infusion of *Chamomile*.

But there was no improvement: the vomiting could not be checked and was now attended with colic, and there were three attacks of swooning one after the other. It was therefore a real case of cholera, and the astonished family were unable to explain to me its origin. The patient was a very temperate man and had taken very little food for supper, nor had he taken cold.

I therefore directed them to rub the whole of his body with *Spirits of camphor*—which was done at once—and internally I gave, in half hourly alternation, *Nux vom.* 1 and *Veratrum viride* 1, which luckily they were able to procure in a homœopathic pharmacy near by. This condition continued from midnight till 5 in the morning. Only then the pains gradually moderated, and when warm, dry compresses were applied to the abdominal region he went to sleep.

I was now able to go home, after requesting to keep the matter vomited up for examination. Next morning the patient was pretty well restored, only feeling somewhat weak, and by proper dieting he wholly recovered in two more days. The examination of the egesta showed the presence of undigested oysters, which the patient had eaten at breakfast, and which had not been

mentioned because it is usually supposed that oysters are easily digested.

IV. ACUTE CONJUNCTIVITIS.

Mrs. S., thirty years of age, a seamstress, had been in a draught and had in consequence suffered from a slight conjunctivitis, which she at first disregarded, the more as she was very busy and, as it were, compelled to follow her calling. But soon the eyes became so red and the pains so violent that the patient was compelled to stop working and consulted me.

I prescribed, twice a day, dropping in two drops of a solution of *Atropinum sulphuricum*. Internally I prescribed three times a day a tablespoonful of a solution containing five drops of *Mercurius corrosivus* 6 and Aqua destillata 250 grams, and of course the exclusion of all light. In four days her condition was essentially improved. There was only a slight redness, which would pass from one eye to the other. *Atropinum* was continued for a week and *Lachesis* 6 was given internally in the same way as the *Mercurius* had been given, and this cured the whole ailment.

V. EPILEPSY CURED WITH CUPRUM.

All our scientific writers are agreed that *Cuprum* is one of our most approved remedies in epilepsy. I report the following case, communicated to me by my colleague, De la Laude de Valliere, the more gladly, as it is a report of a purely homœopathic treatment:

E. M., eleven years of age, came to my friend's office during the free clinic owing to repeated cases of epilepsy. The parents of the child were subject neither to syphilis nor to tuberculosis, nor is there any anamnesis with respect to her ancestors as to this disease. There are six children, all still living and in the best of health. There is no inherited weakness on the side of the father; at most there might be suspected with the mother some abuse of spirituous liquor.

The menses have not yet appeared. There is no symptom of hysteria. The child is mentally sound and there is in her no sign of any degeneracy; she has never passed through any infectious disease, and has so far always been in good health. There are no worms. The reflexes of the cornea and of the patella

are normal. There is no anæsthesia in the pharynx nor in the cornea; no constriction of the field of vision; no convulsions due to violent emotions; no disposition to weep without cause. The compression of the ovarian points causes some pain.

Three years ago, when she went to school, the patient was one time subjected to great terror. Immediately the first crisis showed itself and was repeated every two weeks, and then in time every week. When I first saw the child, on the fifth of last June, the attacks had come to happen eight or ten times every day, occurring by night as well as by day. The attacks begin with a sensation of heaviness of the head, with the rising up of a vapor (*aura cephalica*). The child makes some motions as of empty swallowing, grows pale, utters a scream and then falls down prone all in a heap, wherever she may happen to be, on the street or at home. This is followed with a tonic spasm of varying length, with cyanosis of the face, foam on the lips, and sometimes she bites her tongue. After this there are general clonic twitches, which do not, however, extend themselves in any systematic manner to the one extremity or the other, or to one-half or the other of the body. After a period, which may be longer or shorter, the child falls asleep, and the whole thing concludes with vomiting; sometimes also with involuntary micturition.

The empty deglutition and the final vomiting caused me to give her *Cuprum 6* every day.

On the 12th of June I saw the child the second time. After the second day of the treatment the attacks had quite disappeared and had not since returned. The child was merry, ate and slept well.

On the 3d of July the child had secretly drank some swallows of absinth. On the following morning there arose in consequence a semi-crisis, or rather a swoon, lasting two or three hours without convulsions. I prescribed *Cuprum 12* to be given as above, and no suspicious symptoms have since appeared.

This is the report as given by Dr. De la Laude. Could it be that the imprudent use of absinth, permitted by foolish parents, was really the cause of the disease?

“THE LAW.”

(Extract from a lecture by Dr. T. Miller Neatby delivered at Chalmers House. *Hom. World.*)

Well now, what are the advantages of this law of similars? The first advantage of all is that it *is* a law. A law is, in its own sphere, of universal application. A law is like a round of beef—it is cut and come again. A mere instance of cure—some empirical formula, such as “drop doses of *Ipecac.* are good for vomiting,” or “*Salicylates* are good for rheumatism,” lighted upon by accident, but unilluminated by law, is sterile, it “abides alone”—but a law of cure is fruitful. Thus, if a man understands *why* drop doses of *Ipecac.* are good for vomiting he has got hold of a *law* that will help him to cure other things.

It has been objected that Homœopathy is an upstart, and some even allege that it is disfigured by the objectionable characteristics of the *parvenu*. A therapeutic law is a law of Nature, and would it have been left for someone at the beginning of the nineteenth century to discover so tremendous a law? I do not think such reasoning very cogent. Indeed, it seems to me an obscurantist appeal to prejudice—a contention that would logically oppose a barrier to all scientific advance. But there is this much of truth in it, as it seems to me, that if this law be really a law it is so tremendous a law, a law touching so intimately all the life of all of us from the cradle to the grave, that it must surely have been foreshadowed in some fashion, in some place, at some epoch in the thousands of years that man has lived upon the earth. I think that would be a not unreasonable contention. It would accord with that saying of profound old-world wisdom, that “there is nothing new under the sun.” You know that Hippocrates, who flourished in the fifth century before Christ, is called the “father of medicine.” Well now, Hippocrates gives the following prescription for the cure of mania:—“Give the patient a draught made from the root of mandrake in a smaller dose than is sufficient to induce mania.” Mandragora is botanically akin to *Belladonna*, *Stramonium* and *Hyoscyamus*, which are remedies that homœopaths at the present day use for mania. Now, Hippocrates, we are told, cured his old teacher Democritus

of mania; so that the prescription I have quoted is likely to have been the fruit of his own experience in practice, in which case one may say that Hippocrates was the first homœopathic practitioner! Certainly Hippocrates got a glimpse of the great law. But the great law was re-discovered by Hahnemann entirely *de novo*; for whatever homœopathic ideas may have lurked in the medical traditions of the ages were as effectually buried under cartloads of ridiculous and often disgusting rubbish as seeds of corn, thousands of years old, have been hidden from the light in the swathings of Egyptian mummies, to revive and germinate in these latter days. Not only did Hahnemann re-discover the law, but by patient and prolonged experiment he placed it upon a secure basis.

The eagerness with which many of our old-school brethren, who have been sincere if somewhat prejudiced and misguided seekers after truth, have hailed the vaccine treatment of diseases is easily understood, and at the same time a little pathetic. At last they have found a law of cure. Tuberculin was their first vaccine, but the great beauty of this discovery was not that it was (roughly speaking) a cure for tuberculosis, but that it opened up a vista to which there were no limits save the limits of bacteriology. The law appeared to be applicable to all microbic diseases. Theoretically, wherever there was a bacterium, you could make a vaccine and heal the disease which the bacterium had caused. The old school never had a law before. No wonder they are enthusiastic. The curious thing is that the law that underlies the use of vaccines is Homœopathy after all, but a Homœopathy restricted to a certain large but limited class of diseases, *viz.*, those that are due to the mischievous activities of microbes. But what I want you here especially to note is that this enthusiasm of the old school, an enthusiasm which they have never shown for anything else, is an enthusiasm for *law*. We see law everywhere in nature. We live under a "reign of law." To me at least it is inconceivable that, while there is what the apostle calls a "law of sin and death"—I use theological terms, but we all admit the existence of a law of disease and decay—it is, I say, inconceivable to me that there should not also be, if we will only seek for it, a law of healing and repair.

How different a law of cure is from the idea of specific reme-

dies! And how superior a law of cure is! And how piercing the insight that discovered the law under the so-called "specific!" For that was what actually happened. One of the few specifics that the old school has ever claimed to possess is *Quinine*. *Quinine* is a specific for malaria, they said long ago. They said it in Hahnemann's day. But they did not know why it acted favorably on malarial patients. It is well known that Hahnemann was translating Cullen's *Materia Medica* when, being struck by the unsatisfactory character of Cullen's explanation of the cure of ague by *Cinchona bark*, he suddenly conceived the idea of testing the effect of the bark upon a healthy individual. He accordingly took twice a day for several days a four-drachm dose of *Cinchona*, and was struck to find that he reproduced in himself an astonishingly accurate picture of the symptoms of malaria. By an elaborate series of experiments upon himself and other healthy persons with various other drugs, he showed that the case of *Quinine* was no "erratic block" in the world of therapeutics, but was merely one illustration of a great far-reaching law.

One great advantage of this law is that a homœopath, when confronted by some disease or form of illness which has not been described, or which for some reason or other he is not able accurately to diagnose, need never say, "I am unable to prescribe a medicine for this disease; I do not know what it is." The homœopathic physician should always do his very best to get to the bottom, the pathologic and pathogenetic bottom, of every case of disease that he treats. The pathology of a case will often immensely assist him; it may even be essential to correct treatment. Therefore, he must by no means neglect the resources of careful methods of physical examination and the resources of pathological and bacteriological laboratories. I will give you an instance. A man was suffering from sciatica. Several remedies in succession were given on the basis of the symptoms complained of, without any result. Then another physician came along, examined the rectum, found a large accumulation of constipated motions, and ordered some copious rectal injections. The bowel was emptied and the sciatica was cured. The sciatica in this case was not a disease, but simply a mechanical result of accumulated feces pressing on the sciatic nerve.

But sometimes even with the conscientious use of every ancillary method that is at our disposal we are not able to diagnose the condition. Nevertheless we may be able to cure it. Such a case is analogous to the situation in which Hahnemann found himself in reference to cholera when that disease was raging in the East, and was approaching Europe. Hearing by report what the symptoms of this strange epidemic were, he predicted the success of *Camphor* in its treatment, a prediction that was abundantly fulfilled. The success of Homœopathy in its application to cholera is worth recalling at this juncture. During the last epidemic of cholera in London, that is, in 1853, a medical committee of the Board of Health was appointed in connection with the epidemic, and also a medical inspector of those hospitals that received cases of cholera. The statistics of the results of treatment were so extraordinarily favorable to Homœopathy that they were at first suppressed by the medical board, but the government of the day required that they should be made public. They showed that under homœopathic treatment more than two-thirds of the victims of cholera recovered, whereas in allopathic hospitals more than two-thirds died. The medical inspector himself, Dr. McCloughlin, who was not himself "either by education, by practice, or by principle a homœopathist," said of the cases treated in the homœopathic hospitals, "All I saw were true cases of Asiatic cholera, in the various stages of the disease, and I saw several cases that did well under the homœopathic treatment which, I have no hesitation in saying, would have sunk under the other." He added, "Were it the will of Providence to afflict me with cholera and to deprive me of the power of prescribing for myself, I would rather be in the hands of a homœopathic than an allopathic adviser." The case of cholera shows that Homœopathy was prepared for the treatment of an unfamiliar disease.

Some time ago I had a case in my own practice of a continued fever. I never could make out what that fever was. The man had lived in America for a good part of his life, and I inclined to the belief that it was one of the low remittent fevers that are met with in some foreign parts. He never gave me any serious anxiety, or I should have sought another opinion. So I prescribed on a frank basis of symptomatology. He was well again

in two or three weeks. It might be said, "Perhaps he would have got well in any case, and perhaps just as soon." That is quite possible. I am not quoting the case as a triumph of Homœopathy. That would be irrational. My point is that, while I regretted not being able to arrive at a diagnosis, I was not in the least dismayed, because I had a therapeutic law which not wholly, but to a considerable extent, makes one independent of diagnosis. Thus I was hopeful, and the hopefulness of the doctor is often reflected in the hopefulness of the patient, a spirit which largely assists recovery.

I do not want anyone to suppose for a moment that I undervalue the importance of thorough and accurate diagnosis. Homœopaths have from time to time erred in this respect. Their well-grounded confidence in the great homœopathic law and their eagerness to apply it have sometimes led them to a fatal disregard of diagnosis, and to a prolonged medical treatment of cases that required surgical interference. The great homœopathic law is probably the only *law* of curative drug action known to men (I lay emphasis on the word *law*), but it is not the only principle of treatment. Thus we may upon occasion require to summon the surgeon's aid, as for instance to treat a fracture, to remove a stone from a bladder or kidney, to open an abscess, or to excise a tumor.

Now this brings me to the consideration of another of the advantages of treatment according to the law of similars. Why do a great many people come to our homœopathic hospital? A great many come in order to escape operation. They think that Homœopathy supersedes the dreaded knife. Well now, this is partly true and partly untrue. A good many operations undertaken at the present day are not necessary if a man has an understanding grasp of homœopathic principles. Now that may come about in two ways. Thus, a child with enlarged tonsils may come to a non-homœopathic doctor, and he may say, "Oh, these must come out; there is nothing else for it." That means that he does not know of anything else. But very often by means of remedies homœopathically used these tonsils may be so much reduced in size that there is no longer any question of removing them. It is the same oftentimes with enlarged lymphatic glands in the neck or elsewhere. Another way in which Homœopathy

may preclude operation is this. Take nasal polypi for instance. It may be desirable to remove such polypi if they are of any size and are obstructing the free passage of air through the nose. But the question arises, ought these polypi ever to have come? They are the result of a chronic nasal or naso-pharyngeal catarrh. If the catarrh were systematically treated from the outset according to our principles it would, I am convinced, never reach the stage in which polypi are formed. Much the same is true of adenoidal growths. They ought never to come, but even if they do come I have no doubt at all that in many cases—I do not say in all—they may become absorbed under homœopathic treatment.

POINTERS

The effect of copper on tuberculosis is the subject of a paper in *Jour. A. M. A.*, Mar. 22. It must be confessed that nothing very definite is to be learned from it unless it be that copper seems to “weaken” the tubercle bacillus. It is possible that a course of *Cuprum* 3x or 6x might have a favorable effect on cases of tuberculosis and it would at least do no harm to try it on cases that are hopeless or even well developed. Paroxysm of cough and mental and bodily exhaustion are noteworthy characteristics of this drug. Also some symptoms that at least look consumption-ward. Look it up.

Bayet, of Brussels, *Presse médicale Belge*, reports that in one case of syphilis treated with neosalvarsan “both legs and the bladder became paralyzed,” and in another case “bilateral neuritis of the nerves of the forearm with atrophy of one interosseus muscle followed five injections.” Abstract from *J. A. M. A.*, Mar. 22.

If you have a patient who, like Job, is afflicted with boils and is swearing about them, put him on *Echinacea* tincture, 5 to 10 drops, twice a day and earn his gratitude.

“I have been treating attacks of rheumatic inflammation of the heart with full and frequently repeated doses of *Gelsemium* and *Macrotys*. If the nutrition of the heart be impaired, or if its action be enfeebled, I use *Cactus*.” So writes C. G. McIntosh, Sarnia, Mich., to Dr. Ellingwood’s *Therapeutist*. He says he

has obtained "excellent results." This is combination and eclecticism, and is thrown into the pot for what it is worth.

"Many things were discussed that night" (in Berlin, Germany), "one of the most important to record being the report of Dr. Kroner, of Potsdam, of eleven cases of septic puerperal infection, all very serious, and all I think coming to him late in the course of the disease, some as late as the ninth day of fever, and every one cured by him, with *Pyrogenium* (about 10x I think was used). In many cases the good effect was remarkably prompt."—*From Report of Dr. E. Petrie Hoyle, Hom. World.* Dr. Hoyle is doing in Europe something like Arndt did in this country, being Envoy of the International Homœopathic Council.

Here is a substitute for intubation gathered from old Pennsylvania. It was told to us by a pretty well known newspaper man. In effect: When from croup (which according to the U. S. officials must be reported as diphtheria) the child's throat is choked up and it is near strangulation give it two drops of coal-oil (kerosene) on a lump of sugar and the trouble will vanish in a short time—almost at once. Now we cannot vouch for this, but it is a hint that may be worth a good deal and prevent the not nice operation of intubation. Whether it acts homœopathically or mechanically is a question, but probably the latter. It is a trick of mechanics when a screw is rusted in to pour a little coal-oil about it and in a short time the rust is cut away. At least it will do no harm, a few drops of coal-oil.

Dioscorides says of the Marigold (*Calendula*) that those with jaundice drink its juice after bathing "to have a good color." Whether this in water would clear up a yellow complexion is a question that only a trial would answer. Aside from jaundice and a jaundiced complexion the old authority considered it a remedy for tumors.

Do not forget *Melilotus*, one drop tincture doses, in those mad headaches, which are sometimes so severe that the patient wants to knock his head against a wall.

A diet of bread with plenty of butter and honey on it, says a French journal, is the best slow, but sure, remedy for constipation.

Here is a condensed case. The boy, between five and six

years old, had adenoids, etc., etc. Specialists cut them out and went through the usual treatment. Still the boy coughed at night, was wasting away, had many warts on his little hands; head and throat seemed stuffed with mucus, sort of a chronic cold, and all that sort of thing. An old friend of the father's was visiting him and the case of the boy was mentioned, the friend being one of the old style M. D. homœopaths. "Give him *Baryta carb.*," said the visitor. It was given, the 200th. "The effect was magical," said the father. "It was given a month ago, the warts are gone, the cough is about gone, the throat is clear, the boy sleeps well, breathes well and is altogether a changed being." Yes, there is something very big in Homœopathy.

BOOK REVIEWS.

SOLIDIFIED CARBON-DIOXIDE in the Successful Treatment of Cutaneous Neoplasms and Other Skin Diseases, With Special Reference to Angioma, Epithelioma and Lupus Erythematosus. Fully Illustrated. By Ralph Bernstein, M. D., Philadelphia, Pa., Clinical Instructor in Skin Diseases, Hahnemann Medical College, Philadelphia, etc. 95 pages. Cloth. \$1.00. Frank S. Betz Co., Hammond, Ind.

Bernstein is a man who, while fully up on homœopathic symptomatology, has not by any means neglected the, what might be called, outside methods of treating skin ills, as a visit to his interesting offices will reveal to any one. In this monograph he treats of the use of carbon-dioxide in a large range of skin troubles, ranging from leprosy to warts. The treatment consists in the application of what we might term frost, for carbon-dioxide when ready for work in temperature "is about one-quarter as cold as that of liquid air, being about minus 110° F." Rather cool! We have neither the ability nor knowledge to offer an opinion on this treatment, and can only say that if any one is interested in the freezing treatment this is a good book for him to buy, or its author a good man to consult. The book has a number of striking photographs of patients before, and after, being frozen in spots, which seems to be the whole of the treatment.

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EDITORIAL NOTES AND COMMENTS.

HOMŒOPATHY IN FUNK AND WAGNALL'S ENCYCLOPÆDIA.—The one who wrote this section says, among other things, concerning Homœopathy, "but whatever may be the real value of these principles, the use of such minute quantities of drugs as the millionth of a grain prove very clearly that many diseases naturally tend to self-cure." This is, first, an admission that the learned writer knows nothing of the value of the principles of which he writes and, second, a tacit condemnation of them.

THE RHEUMATICS.—Dr. Rosenow, Chicago, in a paper on "The Etiology of Articular and Muscular Rheumatism," which paper is a "Preliminary Note from the Memorial Institute for Infectious Diseases" (*J. A. M. A.*, April 19), says that "acute articular rheumatism is now generally regarded as an infectious disease, but much confusion exists as to the nature of the infecting micro-organism." He also states that there is reason to believe that the cause of muscular rheumatism "is identical" with that of the acute variety. It is to be hoped that the medical officials will not insist on quarantine, or isolation, for cases of "rheumatiz," because they are so very numerous that they would be a burden on the county. It would be much cheaper to give them a few doses of homœopathic *Rhus tox.* 3 and cure them.

FRENCH MEDICAL SCHOOLS.—A Paris medical letter touches on the "poverty of Paris medical schools," which are "wretchedly poor," so far as money is concerned, though they seem to

turn out some very able men. It is well for these old seats of learning that they are not in the bailiwick of the ruling powers in the United States, else they would be outlawed.

SCIENCE.—The RECORDER has a great respect for Science, a very great respect, but is inclined (as probably some older readers know) to be a bit skeptical towards what is said to be "scientific" because it so often turns out that what is said to be scientific is not science, but idle speculation. As an example, the English *Medical Press and Circular* tells us of a scientific theory that (to lump it) once there was more carbon-dioxide in the air than oxygen, while today the thing is reversed, and unless a change occurs life will become extinct. Now that is scientific, but it isn't science, which is another word for knowing. Our most ancient records, very dim, go back *about* 5,000 years, while the scientific gentlemen go back anywheres from eighty thousand to countless millions of years—and write about the latter just as if it were quite familiar to them.

OH YOU BALD HEADS!—Dr. David Walsh, in the *Medical Press*, England, has been turning some light on your bald head. He says the shedding of hair is "invariably connected with some gross failure in the general health." This is rather disturbing because the common idea is that the bald-headed man is rather a good-natured philosopher except in fly-time, and is rarely found in the asylums, where accentuated genius is sent for temporary or permanent retirement. He also says that constipation plays a part in baldness as a cause; "the bowel produces toxin," which is absorbed, and so on. If the good doctor will tell the world how to avoid constipation without taking a pill every day, which but aggravates the trouble, the world will make him "rich, beyond the dreams of avarice." But are bald heads habitually constipated? This raises a question that has never been statistically settled or, perhaps, asked before. The cure, according to Dr. Walsh, for the denuded pate is "heart tonics, rest, diet, baths, carefully graduated exercise and attention to the state of the heart," and all that sort of thing. After this if any one sheds his hair it is his own fault—he will be a physical sinner like all who preceded him. In "the fierce white

light" of modern times there is now no excuse for the bald-headed.

CANCER CURED HOMŒOPATHICALLY.—The *Daily Ardmorite*, Oklahoma, April 15, contains the following "personal:" "B. T. Leonard is in the city from Duncan. He is here for medical treatment from Dr. Peterman, the homœopathist. He says the cure which Dr. Peterman has effected is no less than a miracle and he is delighted. The trouble from which he suffered was a cancerous affection of the nose." Dr. Peterman writes that the patient, a banker, had a cancerous growth on the right side of his nose, the size of a half dollar, that was of brownish color, oozing, with very offensive odor. The treatment lasted a year, one prescription a month, and today the growth is gone and the nose is in normal condition. The case was treated homœopathically. The doctor writes us that he has treated over a hundred cases of cancer successfully and "I have not used a 'cancer remedy' nor found one." He always uses the remedy that is *homœopathically* indicated and says it is sufficient. Concludes that he would "pay \$20.00 a year for a HOMŒOPATHIC journal," which is a bit severe on the journalistic fraternity. We sincerely hope our friend Peterman will some day be gratified by finding a journal to his taste, but are willing to bet a new hat that no man, or body of men, will ever succeed in printing a medical journal that will not be more or less hammered even by its friends. Take what suits you in our journals and pass over that of which you disapprove. That is the only way in which the critical subscriber can find rest.

THE DRIFT.—Dr. E. Conradi (*Münchener medizinische Wochenschrift*, Mar.) states that in a year at Cologne he found ten infants with diphtheria bacilli who were being treated for digestive disturbances. These bacilli lingered from two to four months, but there was no diphtheria developed. Well, the moral of this will probably depend on the reader's attitude towards the germ theory.

EVERYONE PRODUCES HIS OWN CURE.—In the same journal (see above) Dr. B. Spiethoff tells of some cases that ought to

warm the heart of our friend, Dr. C. H. Duncan. In these cases he drew blood from the patients, got the serum and then put it back with "excellent results." What amazes the onlooker is the fact that disease has not disappeared from the presence of the many formidable batteries trained against it by our learned allopathic brethren.

A CURIOUS MENTAL STATE.—The following is clipped from a paper in the *Southern California Practitioner* for March dealing with those who oppose the A. M. A.'s being given a national department of health:

"Liberty," cries the nostrum-poison vendor. "Liberty," demands the food adulterer, when prosecuted by the government under the food and drugs act. "You take away my freedom," cries the criminal, sent to the penitentiary. "You deprive me of my freedom," says the murderer, forced into the electric chair. Freedom is their slogan—freedom to stunt the growth of children by selling opium in the guise of soothing syrup. For the people, freedom—priceless possession—to be ill and die!

Really when men see red in that manner they are scarcely in condition to be entrusted with the power they seek. It is also a reflection on the Department of Agriculture.

THE BACILLUS AND THE PREDISPOSITION.—The following is taken from a late medical letter from Berlin, Germany, the subject being tuberculosis: "The establishment of the disease depends not only on the bacteria, but also on the local predisposition. The fact that a person may be injected with bovine tubercle bacilli and remain healthy proves nothing."

On the contrary it seems to prove that the essential in the disease is the predisposition, hereditary or acquired, by method of living; that the bacillus is but the ashes of the disease, the transformed once healthy tissue; that the prevailing theory is something in the nature of the cart before the horse; that the alarm at bovine tuberculosis is baseless for those without the predisposition, while those having that diathesis need wise constitutional treatment more than official protection.

COWS AND TUBERCULIN.—The committee appointed by the English Government has made its report, a summary of which

is given in the London Letter, *J. A. M. A.*, Mar. 29. In brief, bovine tuberculosis, it is believed, can be eradicated, but it will require time; the cattle of the whole country should be put under local medical supervision, subject a central authority; "only guaranteed tuberculin should be used;" with provision for slaughtering cows, educating the public and so on. Whether this programme would free the country from tuberculosis or from cows is a question that the putting in force of the proposed rules alone will answer. There are practical men who refuse to buy tuberculin-tested cows because they say they are no longer in a healthy condition and are apt to die, presumably of tuberculosis. When one looks back on the very large experience on human beings in the hey-day of "Koch's lymph" this does not seem to be without some foundation.

A VEXED QUESTION SETTLED.—It is a relief to learn, from our estimable contemporary, *Jama*, of Chicago, that "the question of the simian ancestry of man" has been settled by "modern methods of study applied to the blood and the problem of immunity." It was "precipitin reaction" that "made it possible." But be it observed that it is not the cynomorphic monkeys that can claim the honor of being the sires of the human race, but the "anthropoid apes, which include the chimpanzee, orang-outang and gorilla." It is a satisfaction to know that the ancestors of humanity belong to the monkey aristocracy and not to the *canille* that travel with hand organs. It was the discovery of uric acid that acted as the strawberry mark in this instance. The *Journal* concludes: "The gap has been bridged by the studies on anthropoid apes, which have now furnished to science the reputable evidence for that relationship, which the behavior of apes in vaudeville and elsewhere has strongly suggested."

The *Journal* should be careful else it will be reproached, as the RECORDER occasionally is, for not showing proper respect for scientific, medical and biologic theories ever and anon flashed on the world from the laboratories.

IS TUBERCULOSIS A FIXED QUANTITY?—Dr. Samuel G. Dixon, Commissioner of Health, Commonwealth of Pennsylvania, contributes a paper to the *Jour. A. M. A.*, Mar. 29, in which he says

that in 1882 Koch discovered a rod-shaped organism which was accepted as the cause that produced tuberculosis until 1889, "when I observed a different morphology which at once suggested another cycle in the life of the tubercle bacillus of Koch." But this was apparently only the beginning, for afterwards "Maffucci described thread-like forms, branching like the mycelia. Klein, in 1890, described dichotomous and lateral branching attached at right angles. Koch, Flugge, Czaplewski, Fischel, Koppen Jones and many others have studied the form changes resulting in granulation, vacuolization, the production of spore-like bodies and the various changes suggesting the relation to the trichomycetes." All of this semi-official information must carry confusion to the soul of the honest and methodic bacteriologist, for, he must reason, if the tubercle bacillus can assume such protean shapes the others of the tribe bacillus may do the same, and then, "Where are we at!" We are unable to follow Dr. Dixon's learned paper, but this at least from his conclusions is reasonably clear to the unlearned mind: "As a result of these observations it is apparent that we have shown the tubercle bacillus to have a cycle of life——." All which can only again raise the question in the untutored (and possibly in the youthful and hopeful bacteriologist), "Where *are* we at?"

One thing, however, does vaguely struggle forth, namely, that until the learned men can agree on the morphology of disease it is the part of wisdom for those who have to treat it to be guided more by their experience and common sense than by this all-at-sea "science." (All right, brother, knock us if you want to and we'll "prent" it.)

THE HIGHER EDUCATION.—With much gusto the *Journal of the American Medical Association* quotes editorial opinions from four newspapers, the gist of which may be summed up in the following from the Wilmington (Del.) *News*: "It would be hard to reach too high a standard in medical education."

This is true, or, otherwise, according to what is put into the term "education." To elucidate this: We remember, some years ago, reading a letter in a big English medical journal in which the writer, in South Africa, said that in many diseases he would rather trust a Kaffir native doctor than the best European; while

in a Chicago medical journal an old American doctor said that certain old women in Mexico could do far better with cases of yellow fever than he, or any other outside doctor, could. These Africans and Mexican Indians had no education in the sense the term is used by the *Journal*, yet they could cure patients which the educated, according to their own acknowledgment, could not. Yet, for all that, no one can deny that a true medical education is an essential. The world has had a steadily increasing amount of what the *Journal* terms medical education for over a quarter of a century, yet, as a rather well-known physician pointed out the other day in a "regular" journal, the nations have been compelled recently to reduce the physical requirements for their armies and navies, in spite of that greatly increased medical education that they have enjoyed for years. It may be that the world is on a physical down-grade which even the high medical education cannot check. Or is that education based on error, and its ministrations of germs to check and defeat germs at fault? Who knows! All of which the world is sure is that, somewhere, there is something rotten in Denmark.

HE MIGHT HAVE BEEN SAVED!—"The death of Dr. A. T. Bristow from blood poisoning, developed from the prick of an instrument while operating, adds one more to the list of distinguished surgeons who have laid down their lives as an incident to their practice."—*New York Times*.

Dr. Carroll Dunham met with a similar accident (see preface to his works). His brethren said nothing could save him. Having a natural desire to live he went outside and consulted an old homœopath, who gave him *Lachesis* and he got well. Our esteemed brethren should at least get acquainted with *Lachesis* and a few other drugs, for the knowledge would be of more practical value than is much of that over which they now labor. Some years ago a letter came to this office asking what Homœopathy had to offer in a case somewhat akin to the one given above, concerning which the local physicians said there was no chance for recovery. "*Lachesis 6*" as the probable remedy was the word sent back. Later a note of thanks came from the patient, who had quite recovered.

GROWING DOUBT.—The Buffalo *Medical Journal* editorially says:

Soon after the general acceptance of the "germ theory," there was a natural exaggeration of the importance of contact or even propinquity in spreading disease. Of late, the pendulum has swung rather to the opposite extreme. Numerous articles have appeared in regard to tuberculosis, and while no author has been so bold as to deny the existence of the tubercle bacillus, there has been a tendency to the pessimistic view that the bacillus was so ubiquitous that any one predisposed to the disease would contract it somehow, some time, and somewhere, while one not so predisposed might expose himself to the implantation of the bacillus with impunity.

In a general way the *Journal* concludes that no matter what the skeptics may think there *are* such things as germs. No one has ever denied that there is a microscopic something to which bacteriologists give names, but to say, as some of them do, that these are the "sole and only cause" of a disease is to put science up in the air. Hence, probably, the opposite swing of our old friend, the pendulum, who sooner or later seems to get into everything.

AN ARSENIC SYMPTOM.—Under the heading, "Acute Pneumonia During Treatment With Arsenic," a London doctor contributes a letter to the *British Medical Journal* of March 8, from which the following is taken: "For some years I have made it a rule to stop arsenical treatment as soon as there is evidence of respiratory catarrh. Sooner or later, generally the former, a patient under treatment with arsenic begins to cough and expectorates a gelatinous mucus." This seems to be a pretty well authenticated symptom of *Arsenicum*. Further on he says that to go beyond this point "is to court danger," and also that the textbooks do not mention "the effect of arsenic on the deeper parts of the respiratory tract." This contains a useful hint, but back of it lies the query, why load up patients with drugs which it is known that even a healthy person could not take without being affected? Isn't the disease enough for the organism to fight without having to contend with the drug?

RATS AND THE PLAGUE.—The health officials at the various seaports of the world still act on the theory that rats spread the plague. The extermination of these pests and the making of buildings rat-proof is a good thing, but it looks as if the facts showed that the theory was erroneous. According to *Public*

Health Reports, Mar. 21, the disease begins with the rains and rapidly declines when that season has passed. The records show that in Hong Kong in the epidemic year of 1903 there were three cases in January. In May the number reached the maximum of 515, with 343 in June, and then rapidly declined to nine in September, five in October, four in November and two cases in December.

The same article states that Yersen's serum was tried for the first time this year on twenty-two cases, which gave three recoveries. It is a pity that Homœopathy cannot be given a fair trial in this disease, for according to past experience it has enormously lowered the death-rate in all other fatal epidemics, such as cholera, yellow fever and Russian influenza. Three recoveries out of twenty-two cases treated with serum is probably no better than nature unassisted would have done and possibly not so good. Homœopathy could have done no worse than the serum or any other treatment employed so far, for the three epidemic years, quoting *Public Health Reports*, run death-rates of 89.5, 88.1 and 96.1. Now as all other medical treatment has utterly failed, why do not the officials give Homœopathy the opportunity to show what it can do? Certainly it can do no worse than official medicine has done so far in the matter of curing the disease. Some of the Indian homœopathic physicians who have had actual experience in treating the disease could give the required information.

MEDICAL QUESTIONERS.—Some of the questions propounded by the examining boards are a source of unfailing interest. Take this one as a sample: "What are the causes of ordinary colds?" Searching around in the lumber room of memory we find the following answers: Draughts, microbes, flannel, wool, heat, cold, light clothing, "skin smothering," exposure, coddling, damp sheets, roast goose, dust. No doubt there are many others overlooked in a hasty search. Speaking according to the dictionary a cold is a catarrhal affection and a catarrh means a down-flow, while a coryza is defined as a catarrh.

A little farther on comes the foolish question, "For what disease has the fly been very recently said to be responsible?" For what isn't he responsible!

Still farther comes a question to which the Gordion Knot was simple. Here it is: "Give the most frequent causes of diseases among women." Everything has been accused, from candy and corsets to Cupid.

FORWARD!—The world has had the tuberculin era, the serums, the dead bugs and the live bugs dished up in many forms, and now Dr. J. O. Hirschfelder, of San Francisco (*J. A. M. A.*, April 5), comes forward with "bacterial extracts." In gonorrhœa, for instance, "a suspension of the gonococcus" is warmed up to 100.4 F., to which is added certain percentages of pancreatin, sodium bicarbonate and hydrochloric acid, the whole filtered and then is ready for injection. You can see from this, which has the sanction presumably of the Council, that we are ever marching forward, though what is the terminus not even the esoteric wot.

VACCINE TREATMENT OF TYPHOID.—Dr. B. M. Randolph, Washington, D. C., in *Medical Annals*, of that city (Mar.), tells of six cases of typhoid treated with killed cultures of typhoid bacilli. Two desperate cases died. In the others the fever subsided in from nine to eighteen days. This is cited as evidence that, as yet, the vaccine treatment is not up to simple Homœopathy in its results, and perhaps, it is safe to predict, never will be.

NEWS ITEMS.

Dr. Jos. E. Wright, for some months in Philadelphia, has returned to his old practice in Westfield, N. J.

Dr. Della M. MacMullen announces the removal of her office from 6633 Wentworth Avenue to Suite 202-3 Merrice Building, 357 W. 63d St., Chicago.

Dr. Wm. M. van Zandt has removed his office from 164 W. 97th St. to 165 W. 91st St., New York City.

Dr. R. A. B. Osterhuis, of Overton 464, Amsterdam, Holland, is managing editor of the new Dutch homœopathic journal. We wish it every success and regret that there are so few in this country who can read it with ease.

PERSONAL.

"She commands a fine salary," remarked Binks of the bank president's wife.

Every man has a right to his opinion, it is true, but that fact doesn't make his opinion right.

How would you like to have doctors, like seashore life savers, paid by the month?

"It may be recalled, however, that polycythaemia rubra, polyglobulism, means an excess of red corpuscles (erythrocytes)."—*Lancet*.

There are few who do not have to hike for the dictionary every now and then.

Also there are few who do not boggle at pronunciation.

There is now a fear of a "Nurses' Trust." No danger so long as mother is boss.

To learn how things should be done, sit in the country grocery store.

Here is wisdom? "All acute and many chronic diseases are caused by the metabolic products of bacteria."—*Learned Ex*.

"Charlatan, *n.* One who prates much in his own favor."—*Webster*.

News item. "Modern therapeutics are about to be revolutionized again." Reminds one of Mexico.

Now keep your eye open for the "production of immunity to tuberculosis with branched forms of tubercle bacilli."

Having discovered the bacillus of old age Metchnikoff should find that of youth. One thousand dollars per bottle should be the price to millionaires. (Free to your cook.)

The weigh of the dealer is often erroneous.

A paradox: There is often more sense in nonsense than in current sense.

You all know you speak with authority when you explain things to your wife.

A whistle is necessarily empty else it would not be a whistle; so also is he who whistles. It cannot be otherwise.

If gas were so highly protected as to become a "luxury" it would be better for the grouchy ones.

"Human life is now so full of want." That quotation seems to us sort o' full of a vacuum.

"To Hell wid the Medical Pope!" *N. E. Med. Gazette* on the Nichols paper! Hurroo!

Often the Boosters' Club is boosted by the toe of public opinion.

What is the etiology of "bug-house?"

Claude is searching for the bacillus of the suffragette.

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HISTORY OF MEDICINE.

Professor Julius Pagel died in Berlin January 31st, 1912. He was perhaps the greatest, the most trustworthy medical historian of his time and the value of his work is great and inestimable. Pagel was inexhaustible in his knowledge, especially of the medical history of the Middle Ages. We owe him the biographical lexicon of distinguished physicians of the nineteenth century. He understood how to bring life into his treasures of learning by inspiring physicians to make use of them and his works will continue to fascinate us. He wrote insistently that *from the standpoint of the practitioner nothing was less excusable than the neglect of the study of medical history*. History teaches caution and warns against the uncritical adoption of new methods. The critical education furnishes a powerful weapon against the hasty love of novelty of modern therapeutic industry. In his conversation he often dwelt on one thought, his aversion to *réclame* in medicine.

History is logic and history will deal with the remarkable conditions of medicine at the present time.

The disciple of modern medical science, entering into practice armed with a powerful amount of knowledge and trained in exact methods, finds sooner or later that scientific glory is not all sufficient, not all reliable. He finds that one thing alone is essential—to know how to heal.

The progress made in the natural sciences during the nineteenth century has brought to the front great changes in medicine. With new methods of investigation discoveries after discoveries have been made, facts innumerable have been discovered—so many, indeed, that it has become impossible for *one* man to grasp

them all. The microscopic technic, continuous improvements in microscopy, have served to establish so much new knowledge that it requires a long and assiduous study to learn all that has been discovered, even on a single subject. This has led to specialism in medicine. The more deeply the investigating specialists have entered into their special branches the more facts have been discovered; so many that even a specialist cannot master his entire specialty, and specialisms of specialisms have thus arisen. The whole body of investigators exerting themselves throughout the year are bound to make new discoveries and to publish them; hence a surprising growth of medical literature.

Hippocrates was the first to lay down the basis and the principles of the healing art for all time, and Hippocrates repeatedly in the course of history has been the salvation of medicine. The genuine Hippocratism lives in eternal youth, because the observations of Hippocrates, free from theories, are drawn from the inexhaustible well of nature, and therefore they retain their value independent of every, even the most progressive, phase of medical development. Hippocrates inspires with fresh and youthful ardor the researcher who has entered into his spirit, because he does not demand faith in scientific dogmata, but, on the contrary, incites step by step to sober observation.

When we take up the study of Hippocrates we are surprised how modern everything sounds.

Hippocratism always has had, and always will have, an historical mission.

What is the significance of Hippocratism in modern medicine? The division of medicine into more and more specialties must lead to untenable conditions, and Hippocratism alone will have to be the salvation.

REMEDIES IN INFANTILE PNEUMONIA.*

By Wallace McGeorge, M. D., Camden, N. J.

As a prelude I wish to say some things that may render me liable to criticism; nevertheless, because I consider them timely

*Read before the New Jersey State Homœopathic Medical Society at Montclair, N. J., May 8, 1913.

and appropriate, I call your attention to them in the treatment of young children.

He will be most successful in the treatment of these cases who wins the confidence of his patient by gentle, kindly, considerate treatment. An infant or a little child will not simulate distress or pain, but will quickly express his feelings if roughly handled. In examining them use all the senses God has given you and remember the gentle touch on the diseased lung will give you as good a key to the selection of the remedy as the cruel percussion mode sometimes practiced by the exact diagnostician.

The trained eye, the attuned ear, the skillful touch will give you a vast fund of information, and the sense of smell will help you many times in the selection of the indicated remedy. Be kind and gentle with your little patient, and he will watch for your coming, and frequently come to your arms and sit in your lap while you are, unconsciously to him, going over the case.

I have very little trouble in winning the confidence of my patients, except in those cases where *Antimonium crudum* is the remedy, and even they by the second or third visit will allow me to examine them as I should. To be successful then in treating young patients with pulmonary complaints you must first of all be gentle in your touch, and kind and considerate in your manner.

Objective symptoms predominate largely in all cases of young children, and many times a single objective symptom points unerringly to the indicated remedy.

Not all the remedies useful in infantile pneumonia will be named for the following reasons: I do not know all of them, and I have not time at this session to give indications for all I do know; so I have chosen *Aconite*, *Antimonium crudum*, *Arnica*, *Belladonna*, *Bryonia*, *Ipecac*, *Lycopodium*, *Phosphorus*, *Sambucus*, *Sulphur* and *Tartar emetic*.

Aconite is indicated in the very beginning, when there is high fever, dry skin, restlessness and an anxious countenance. *Aconite* has been used when there were cough and loud breathing during expiration, but not during inspiration. It is needed when the onset of the disease is sudden. A single dose as soon as a child has taken cold or been exposed to cold will frequently clear up the whole trouble. If given early enough *Aconite* will frequently cure the group of symptoms seen in cases of broncho-

pneumonia or capillary bronchitis, as it was called forty and fifty years ago. This was forcibly impressed upon me away back in 1875, when I had the late Professor H. N. Guernsey see a two-year-old child who had been sick a week or more with pneumonia, and, as a German friend of mine used to say, "he got no better fast." Dr. Guernsey observed that the child was hot, restless, thirsty, had plenty of fever and an anxious look for so young a child, and he had a dry, rasping cough.

Turning to me he said: "We will give this child *Aconite* and all the cold water he will drink. Fever is fire, and we put out fire with water." *Aconite* was given at once, the child made a quick recovery and needed no other medicine. In after years I was sorry this child did not die then, for he lived to bring his father down in sorrow to the grave. Twenty years later, in a fit of unaccountable rage or jealousy, he shot and killed a young woman who would not accept him for a lover and then turned the pistol on himself, falling dead alongside of his victim. But then *Aconite* was not responsible for this tragedy.

Antimonium crudum is useful in the old-fashioned cases called catarrhal fever, catarrh of the bronchi, or capillary bronchitis, but scientifically known now as broncho-pneumonia. The mental symptom—"The child cries as soon as you touch it or even look at it"—is the keynote calling for it, and *Antimonium crudum* has helped me so many times that I wonder I do not hear more of its administration in these cases. From my observation the child is sore—not sore enough for *Arnica*—and doesn't want to be touched for fear you will hurt it, and that is why it cries harder when you touch it, and sometimes cries even if you look at it for fear you will touch it.

In such cases I sit down and talk with the mother or nurse and find out from her all she knows about the case. I keep my eyes on the child's breast, my ears open for rales and wheezing and cough, but I don't look directly at the child's face. In a few moments the child realizes I am not going to touch it, nor take it up, stops crying, watches me and everything I do. Sometimes I find the child has been sick two or three days before a doctor was called in, and has not enjoyed the home remedies which he has had to swallow. If the tongue is white coated, all the more

reason for giving *Antimonium crudum*. I have prescribed this remedy in lung troubles, when this characteristic mental symptom was present, and in every case but one with curative results. In that case the broncho-pneumonia supervened in a case of whooping cough and the child left this vale of tears, notwithstanding I gave what I considered the indicated remedy.

Arnica is a great favorite and has made for me enduring friends in my many years of practice. Soreness is the characteristic symptom calling for its use. The child cries every time he coughs because he is sore on his lungs. Many times he will hold back the cough as long as he can and then cry before he coughs, for he feels the cough coming. When the child withholds his cough or when he holds it back because it hurts him to cough, and then after the cough cries again because it hurts him, *Arnica* is the similimum. There will be improvement in from twelve to twenty-four hours; in a week the child may be well enough to dismiss.

Arnica has a wonderful effect on the heart; when that organ is thumping so hard it makes the body shake and increases the pulmonic trouble *Arnica* will give permanent relief. In all the years I have been practicing I don't remember a case that I had given *Arnica* to that did not get well.

Belladonna is a glorious remedy in lung troubles of children as well as of adults, and many times cures the case without the help of any other remedy. When the attack comes on suddenly; when there is high fever with white coated tongue; when the child is out of humor with everybody and everything; when there is hot head, red face, twitching of the facial muscles, and sometimes slight strabismus, give *Belladonna* high.

It resembles *Arnica* in the crying after coughing with this difference: The child cries during the cough, while with *Arnica* the crying sometimes precedes the cough and always follows the coughing spell. *Belladonna* has more fever, and the child recovers quicker when *Belladonna* is the remedy. The redness of the cheeks is not circumscribed like *Phosphorus* or *Sanguinaria*, and may extend over the whole face, scalp and neck. Sometimes *Belladonna* has a pale face.

Belladonna high works quickly and works surely. Frequently

on the second visit so much improvement is manifest that I am able to give the anxious parents a great deal of comfort. I have never used this remedy lower than the thirtieth potency in pulmonary cases, and have made many hearts glad by the prompt relief this remedy has given.

Bryonia.—Dewey says: "*Bryonia* is the remedy for pneumonia; it furnishes a better pathological picture of the disease than any other, and it comes in after *Aconite*, *Ferrum phos.* and *Veratrum viride*." But I never was very strong on pathology, and this presentation of the case does not appeal to me. In pleuropneumonia it is certainly useful, and if the characteristic symptoms of *Bryonia* were present and covered the totality of the symptoms I should use it. But, in my opinion, *Bryonia* is not often called for in infantile pneumonia, and I leave to others to draw a picture of this remedy when it should be given in lung diseases. When both lungs and pleura were involved I should certainly use *Bryonia*, and I should probably use it in the second or third potency, for I have observed quicker and more lasting results from the low potencies than the high potencies with this remedy.

Ipecac.—This is not a long acting remedy, but it is a mighty quick one when indicated, and oftentimes a dose or two of it will clear the way for the deeper acting remedy to get in its work. When there is phlegm rattling on the chest and the child seems to be full of it, but cannot raise it, or when the chest becomes full of phlegm, but does not yield to coughing, a single dose of *Ipecac*, high, will bring almost instant relief. In incessant and violent cough with every breath in delicate children with great paleness of the face, and when the child loses its breath with the cough, turns pale in the face and stiffens, *Ipecac* is the remedy.

In cases where the mucus is streaked with blood, or when there is bright red blood after an attack of coughing, *Ipecac* is certainly fine. Whether there is much blood or just the faintest streak, if the effort to raise causes nausea or hæmoptysis, *Ipecac* is the remedy and won't disappoint you. It has a wonderful effect on the peripheral extremities of the pneumogastric nerves, and this is why it is so good in asthma and in other spasmodic

affections of the lungs. It is my second choice in asthma when *Bryonia* fails to relieve.

Lycopodium.—The characteristic symptom for this remedy in pneumonia is “fan-like motion of the nostrils,” as Dr. Ad. Lippe gives it in his *Materia Medica*, or “fan-like motion of the *alæ nasi* in respiratory diseases of young people and children,” as Dr. D. Wilson states it. There has been considerable pneumonia and bronchitis this winter and spring in our vicinity, and I have cured several cases with *Lycopodium* when this nasal symptom was present. Sometimes *Lycopodium* cured the case without recourse to any other remedy, but in my private practice I have had to give *Aconite* occasionally when a fresh cold was taken; *Ipecac* if the child felt sick at its stomach from swallowing so much of the phlegm; *Tartar emetic* if the child’s lungs were filled with mucus without the power to raise it.

Respiration with mucous rattle is one of Guernsey’s keynotes, but *Lycopodium* will be of great use long before there is rattling. Our English friend, Dr. Pope, says: “Few medicines are so valuable in pulmonary phthisis as this when persistently used. The cough, gastric irritation, exhaustion and intercurrent attacks of pleurisy are wonderfully mitigated by it.” It has cough with difficult respiration and stitches in the right side of the chest. *Lycopodium* is a right-sided remedy, particularly in diseases of the throat and lungs. Most of my cases have been on the right side and in the posterior portion of the lower lobe oftener than anywhere else. But yet I would give *Lycopodium* if the *alæ nasi* symptom was present, no matter which lung was affected.

Phosphorus.—Hughes says that *Phosphorus* is “the great mogul of lobar pneumonia,” and should be given in preference to almost any medicine in acute chest affections in young children, but my experience does not corroborate it. In hacking cough it is fine; when there is circumscribed redness of one cheek or when the spot is nearly purple it will often be indicated. There is soreness while coughing and the child holds the diseased lung with its hand while coughing to relieve this soreness. But *Bryonia* has this symptom in a greater degree than *Phosphorus*. In cough with rusty sputa *Phosphorus* and *Sanguinaria* should always be considered. *Sanguinaria* is more often indicated when there are valvular heart lesions, and also in adolescents.

Burt says: "No remedy has a more powerful and profound action, and well has it shown the beauties of specific medication in pulmonic diseases, especially in the second stage, typhoid form, with gray hepatization and purulent infiltration." But my energies have been used to prevent this condition, and so far I have not had to make a post-mortem and therefore cannot vouch for Burt. It is not the pathological condition that interests me, but the selection of the homœopathic remedy and the speedy restoration to health. I am content to cure my case and let the other fellow make the prognosis and post-mortem. In my vocabulary there is no such word as fear, so long as I give the proper remedy.

When the child coughs if it talks much, or if it coughs after laughing, or from breathing cold air, give it *Phosphorus*. Nash says *Phosphorus* attacks by preference the lower half of the right lung, but in my experience it is good when any part of the lung is affected. Nash also uses it to break up the stage of hepatization and promote absorption or resolution. There is no remedy will make the consumptive raise quicker or oftener than *Phosphorus*, but if continued too long it hastens the break-down and wearing out of the lung. *Phosphorus* will make your consumptive child more comfortable, and *Phosphorus* will send him to heaven quicker than any other homœopathic remedy.

Sambucus nigra.—This remedy is good in cases of suffocative cough in crying children or in children of tubercular antecedents, and *Sambucus* will cure these cases in the early stages at least, as I have happily observed many times. The *Sambucus* patient gets worse about midnight; the *Belladonna* patient is usually worse right after midnight. Hering and Nash both recommend *Sambucus* when there is dry heat while asleep, and profuse sweat when awake. My associate, Dr. H. B. Dean, promptly relieved with *Sambucus*, 200, a child who woke up with a cough and immediately began to sweat; as soon as he went to sleep the sweat dried up and the dry heat returned. No other remedy has this symptoms that I am aware of. *Sambucus* is useful in asthma Millari, and in coughs where the patient wakes up worse, like under *Lachesis*. If the child has a tendency to sweat after the least exertion or if it breaks out in sweat after a paroxysm of coughing, all the more reason to think of *Sambucus* for your patient.

Sulphur.—When in doubt give *Sulphur*, the early fathers said. But there are times when you can give *Sulphur* because it is the remedy beyond the shadow of a doubt. When there is much rattling of mucus in the lungs and the cough is worse in the morning, Guernsey says, use *Sulphur*. When the properly indicated remedy fails you, or when there is an accumulation of fluid in the pleura or in the chest walls, *Sulphur* will help amazingly. We do not often see these cases in children, but when I do, I use this remedy and leave my trochar home. *Sulphur* will absorb the fluid more safely, though not as speedily, as an aspirator, as I have demonstrated to doubting residents more than once. Another symptom, "children cannot bear to be washed or bathed," comes in very often in these cases. They cry when they are washed, they cry when they are changed, they can't bear the sight of water. Sometimes they cry when you give them their medicine in water. In cases where another remedy seems to be indicated, but where the stools are very offensive, and the mouth and other orifices of the body are bright red, a dose of *Sulphur*, dry, on the tongue will overcome the disagreeable odor, and the regular medicine will do its work more certainly. "White coated tongue with red tip and borders" is often seen in pulmonic cases and points to this remedy. When the child excoriates around the anus or in the folds of the skin, and we sometimes see this in scrofulous children when the lung trouble is clearing up, *Sulphur* often puts the child on its feet.

Antimonium et Potassium Tartras or *Tartarus stibiatus* may sound scientific, but *Tartar emetic* suits me better. What a wonderful remedy in grave, stubborn cases of pneumonia! How quickly and how beautifully it does its work! In the very beginning of life it will help; in the ending no medicine can give more relief or make the final more peaceful. How powerful for weal or woe! No wonder this invention of the alchemists was put under the ban and forbidden by the French Academy, because it was so dangerous and fatal in ignorant hands! Given in the potentized form it is safe and curative. Don't give it in the low potencies, for it is dangerous to leave with ignorant people. Even the regulars, as they call themselves, only prescribe it in doses of $1/30$ to $1/15$ of a grain as an alterative, and in doses

of $\frac{1}{12}$ to $\frac{1}{6}$ of a grain in pulmonic cases. My experience has been with the 200th and, latterly, the 30th potencies (Boericke and Tafel's preparations).

Where there is apathy and indifference to everything; when your patient shows no interest in your presence and scarcely answers your questions even with a monosyllable; when the heart's action is feeble and irregular; when the lungs are rattling and apparently filled with mucus; when the kidneys are laggard in their work; when the skin is cold and clammy; when the face is purplish and the eyes are lustreless; when you are afraid you have been called too late, give *Tartar emetic* in water and repeat every three, five or ten minutes, according to the urgency of the case. As soon as you see relief slow up, but don't stop giving your remedy until all danger is past.

When there is rattling in the bronchi which can be heard as soon as you enter the room; rattling in the trachea which continues until the mucus is raised and swallowed; rattling cough, worse at night, with suffocative spells, with sweat on the forehead; when he coughs till he vomits his food; when the cough comes less and less often and cyanosis is setting in, give *Tartar emetic* and give it hopefully, for if there is any remedy under the heavens which will do more for you in such cases I have not made its acquaintance.

Hering recommends it in profuse mucus with feeble expulsive power in bronchitis of infants and old people; also in those cases where children cough and gape alternately and seem to be in much distress. Lippe says the child wants to be carried, but cries if anyone else touches it.

In impending paralysis of the lungs from a giving out of the pneumogastric nerve *Tartar emetic* will occasionally pull the patient through, as I observed in an old German seventy-four years old last month. In answer to a hurry call I found him apparently dying, his children watching for the end, but *Tartar emetic* 30, in water, pulled him through, and he has been quite comfortable ever since.

Even when the paralysis is not stayed *Tartar emetic* relieves the dyspnoea and enables the patient to pass peacefully away, as I observed in a case I attended with Dr. S. E. Allen in 1869.

CLINICAL CASES SHOWING REMEDIES USED.

Aconite.—On Jan. 15, 1913, at 11 A. M., J. A., 16 months old, was admitted to the Children's Ward of the West Jersey Homœopathic Hospital with the following history: Took cold last Monday (Jan. 13th), wash day, and has been growing worse since that time. Body hot to the touch, child is sleepy. On admission the child was given a warm sponge bath. Temp., 105; pulse, 176; respiration, 60. Skin hot and dry, cheeks flushed; cotton jacket applied.

At 12 o'clock (noon) I saw the child and ordered *Aconite* 30 every hour, and water whenever he could take it. Diagnosis, broncho-pneumonia. By three o'clock the child perspired considerably; lies quiet most of the time. At 4 P. M., temp., 106; pulse, 170; respiration, 60; rolls head from side to side. At 5 P. M. seems more restless; does not take nourishment so well; pushes bottle away. At 6 P. M., large, soft, yellow, offensive stool.

At 8 P. M., temp., 107; pulse, 184; respiration, 84. Perspiring freely about head, very restless, throws hands and feet about and tries to get up. Ice cap applied to head, hot compress to feet, after which the child became quiet and appeared to sleep; respiration labored; expelled gas per rectum. At 10 P. M., pulse, 188; respiration, 84; small slimy, green and yellow stool. Water given. At 1 A. M. skin feels cooler; ice cap renewed. Lies with eyes partly opened, loose cough, but does not cough very often; grits his teeth more. At 2 A. M. hot compress renewed. At 2:10 A. M. babe straightens body and becomes rigid; clinches fists; small green and yellow stool; very restless; pupils dilated. At 2:30 unable to get pulse. Oxygen was administered by Dr. Hird, the resident. Child cyanosed, eyes glassy; cold packs applied. At 2:55 he was gasping and at 3 A. M. he died.

These copious notes are from the hospital records. It is given here to disprove the charge that we don't report our failures, only our cures. Had I seen the child in the evening I should probably have given it *Veratrum viride*, but as we had a careful and skillful resident on the spot I did not visit the hospital in the evening. The patient responded to the medicine, for there was perspiration in less than three hours after *Aconite* was given, and

this is always a favorable symptom where the temperature is so high.

My impression was that there had been too much delay in caring for this child, who had been allowed to go forty-eight hours before any medical aid was sought. The ice bag was ordered by the resident and is the scientific way, but I have never ordered an ice bag and probably never will. I do not believe in slow freezing, but I do heartily approve of hot applications where any local treatment is necessary.

Lycopodium.—On Jan. 19, 1913, at four o'clock in the afternoon, P. P., a sickly, ill-nourished babe, four months old, was brought to the hospital. The history of the case showed that the child had been sick two or three days. The child's mother had to work for a living and could not give it proper care and attention. Examination showed both lungs filled with large, moist rales; expiratory effort hard and accompanied by a high-pitched sound; blue faces, buttocks raw and excoriated. Pulse, 136; temp., 102°; respiration, 60. Skin warm and dry, profuse, thick, greenish coryza; wheezes when breathing; expiration appears difficult; tongue has thick white fur; vomits thick white mucus; eyes heavy in appearance; edges of eyelids red; tosses head from side to side; abdomen distended and tympanitic; large, dark, green, slimy stool with mucus in it. Specimen taken from nose and mouth for examination, which was later reported to be negative. *R. Aconite* 30. At 5 P. M. expelled large amount of gas from rectum and had large, greenish-brown, slimy stool. At 7 P. M. respiration easier; body moist to the touch; spasm of coughing, lasting three minutes. During the night had three light and dark-green stools.

Jan. 20. Was very restless and fretful; had a hoarse, whining cry; pulse, 150, full and throbbing; temperature, 102; respiration, 64. At 8 A. M. she was restless and fretful; tongue and roof of mouth has a yellowish-white coating; yellow discharge from right ear.

At 10 o'clock I saw the child with Dr. Hird. The facts as recorded above were given me and I looked the child well over. It was not a particularly encouraging case. The symptom most plainly observable was the fan-like motion of the *alæ nasi*. This

points unerringly to *Lycopodium*. Turning to the resident I asked what medicine had been given and he said *Aconite*. In reply I said *Lycopodium* was the remedy now and the only remedy to save filling out a certificate. The fan-like motion decided for me, but then the coryza with acrid discharge, the tympanitic condition of the abdomen and green, offensive stools were all covered by *Lycopodium*. *Lycopodium* 30 was given in water every hour when the child was awake until Jan. 27th, when a whole day was spent without any medicine. On Jan. 28, 29 and 30 it had *Calcarea carbonica* 30, one powder each day.

During the eleven days it was under treatment the temperature ranged from 103.4° on Jan. 20 to 97.4 on Jan. 30. After the second day the pulse dropped gradually from 150 to 130, and the respirations from 64 to 32 on Jan. 30. By that time the cough was gone, the coryza had ceased, the discharge from the ear had stopped and the stools had gradually become of a brownish color. It was visiting day; the mother saw her child was much better and begged so hard to take it home with her that I reluctantly consented to let the baby go, for during the time it was in the hospital, in spite of the good care our nurses gave her, she lost twelve ounces in weight. But the resident tells me the child got entirely well.

Sulphur.—On April 19, 1913, at 10 P. M., I was asked to see a child in the Children's Ward with the resident, the visiting physician being out of town. It was a case of pneumonia, a girl three years old, who had been sick four days, and got much worse during the day. The temperature was 106; pulse, 150; respiration, 48. The child was irritable and cried if you touched it or looked at it; there was some rattling and she had a nasty dry skin. It was getting *Antimonium crudum* and its mental condition certainly called for this remedy.

But the temperature and pulse had both risen during the day; the stools were very offensive, the mouth and lips were red, and her skin was rough and dry. I advised that a dose of *Sulphur* be given dry on the tongue, and to go on with the *Ant. crud.* in the morning, the child to have cold water every hour. At 10:15 P. M. the *Sulphur* was given and soon after she went to sleep. April 20, 3 A. M., she was restless; at 4 A. M. there was appa-

rently a crisis, for soon after the temperature dropped to 101.4, pulse to 120, respiration 28. At 3 P. M. temperature, 97.2; pulse, 120; respiration, 32. April 21 temperature, pulse and respiration all went up, but not as high as before. April 22 temperature normal; at 4 A. M., pulse, 124; respiration, 28. At 6 P. M., temperature rose to 99.4; pulse fell to 120; respiration to 26. April 25, temperature, 100; at 11 A. M., pulse, 112; respiration, 28, and very little cough remaining. On April 26 she looked so well and begged so hard for food other than the prescribed diet that some generous diet was allowed, and it would have made anyone pleased to see how happy she was. One more dose of *Sulphur* was advised. Improvement continued uninterruptedly after that time till her discharge.

Tartar emetic.—In the spring of 1875 I was called to see E. W., the babe of one of my families. The father was an old-fashioned Boniface, who did not sell on Sundays. The mother was a large, fine-looking woman, not ashamed to nurse and care for her children, and she had several of them. The hotel was old-fashioned, heated by stoves, hot in the room, cold in the hall. When a door was opened a cold draught blew in, and all the conditions were favorable for cold and bronchial troubles. The babe had been ailing all night and on this Sunday afternoon got much worse. When I arrived I found the child hot with fever, rales all over her chest, stupid and drowsy, taking no notice of anything, even refusing the breast. I watched that child five minutes, heard the ominous rattling, and dissolved some *Tartar emetic* 200 in water and tried to give her a spoonful, but she could not swallow and was apparently fast slipping away. *Tartar emetic* was her remedy and *Tartar emetic* she must have. So I opened her mouth and dropped a little of the water on her tongue, but she did not swallow, and I held her so it should not run out of her mouth, repeating this procedure every five minutes for one-half hour. There was very little response except that the rattling was a little less.

Once I opened her mouth a little wider than before and the father turned on me. "Don't you see she is dying? Why do you torment her so? I can't stand it any longer." I turned round to the mother and said: "You sent for me to attend this child and I am going to do what I can to save her. What I do

does not hurt her. Shall I continue or shall I stop?" The mother said to me: "Save my baby." To the father she said; "Go down stairs and don't come up again till I call you." The father went down stairs and I stayed with the mother and child. In half an hour more the child breathed easier, the rattling was lessened and the child went into a peaceful sleep. I ordered the medicine given every half hour the child was awake, but not to disturb her or wake her up, and I went home feeling I had won out in this fight with death. The child made a rapid recovery, grew up to be a beautiful woman and is today the wife of the mayor of the city in which this event took place. One thing more; the father of that child was ever after my steadfast friend, notwithstanding I was an out-and-out temperance man and he sold rum.

HOMŒOPATHIC PRIDE.*

By Frank F. Moore, M. D., Camden, N. J.

Once upon a time a man named Samuel Hahnemann, like Paul of Tarsus, had a great light burst upon him. You all know the story, hence repetition would tire you. As a result of this vision, of a medical utopia, a school of medicine was born. It is still afloat on the seas of time, and will probably float a few years more; at least until its salient features are a part and parcel of the greater body of medicine. A great many people believe in this system; there ought to be more.

Imagine an individual whose parents and immediate family all had an undying faith in this school, such as myself, who determined to become a physician, entering one of the homœopathic colleges. Would he not expect to find a great pride in the system? His preceptor was an enthusiast, his earliest recollections were of a physician, who is present now and let us hope listening, who time after time had brought his parents through sieges of rheumatic fever by the homœopathic remedy and whose dignified faith was an inspiration. So this person goes to college to study medicine—homœopathic medicine, with an expectation of joining and

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studying with a body of men full of faith and pride. He was suddenly awakened, his little delusion shattered. This is what he found: Three classes, about equally divided numerically of the student body and teaching force. First the man chuck full of homœopathic pride. Next the skeptic, who said: "Homœopathy? Well it's far from perfect. Of course I believe in the fundamentals of the system, but do not get too enthusiastic. It is only a little portion of medicine anyhow. Very often it is terribly disappointing." And a third class at least honest, who were out-and-out, dyed-in-the-wool disbelievers, agnostics and infidels. This division exists everywhere in our school. Why? Let us see if we can discover.

Without argument everyone must admit that Homœopathy is right or wrong. There is no half-way station. Those who try to court both factions ought to flop one way or another. It's moral to do so. "Ye cannot serve God and Mammon." Those on the fence not only hurt Homœopathy, but the regular school. They are drags on both, but especially Homœopathy. They are the ones who are responsible for the slow progress of Homœopathy. A physician told me the other day that it was the over-enthusiastic and bigoted homœopath refusing new ideas who kept members of our school from responsible governmental and insurance positions. He was honest in his belief, but only partly right. It's the lack of faith of our own men in our system. Who can have faith in a system whose very followers are skeptical and luke-warm? Be men. Either be homœopaths or allopaths. Several times I have heard this answer from homœopathic graduates when asked their school or system: "Well, I graduated from a homœopathic college, but (hastily) I do not hesitate to practice any system beneficial to the case." Neither does a good homœopath. You do not have to answer the question thus, for did not Hahnemann say, "When one has the saving of human life at stake, any failure to make himself master of all means to attain that end is criminal?" Such answers I repeat are a disgrace. Either say "I'm a homœopath" or "I'm a regular."

It is to this middle class this paper is addressed. Why does this class exist? The primal cause is lack of knowledge concerning our own internal armamentarium. Too often we endeavor to perform the melody of cure without an accurate knowledge

of our instrument, blaming the instrument for the horrible discords we ourselves have created. Let us be honest and lay the blame where it rightfully belongs. We do not know our *materia medica*. We are soldiers fighting with strange weapons. As a result we run to combinations and alternation. No sensible person denies that combination or alternation or both may be used scientifically in rare cases. But notice the "rare" and remember its meaning. Why do we alternate or combine? There are several answers. First the similarity of the symptoms gleaned is about equally divided between two remedies. Is this a satisfactory reason? One may easily be chosen, providing the prescriber is not too tired to make the effort. Fifty years ago Munaret, an eminent regular French clinician, said: "The mixture of medicines is the daughter of ignorance. . . . I add that polypharmacy is a very near relative to Charlatanism." Thus ignorance and laziness is the real answer to this defense. Another says: "The patient needs alternation or combination because he has a chronic condition with an acute disorder engrafted upon it." This is a good defense at first sight, but unscientific. It is more scientific to treat the more serious of the two disorders, reserving *pro tempore* the other treatment. Another (Heysinger, in a *Defense of Alternation*, in the December number of the *HOMŒOPATHIC RECORDER*, an article which is replete with nonsense) says: "Conditions arise where the symptom complex is different from that of any of our remedies alone and unaided." My, what a mind our Heysinger has! We only have 700 remedies and yet we can't get a similar remedy. We grant that one may not get the *similimum*, but he may and *can* get a similar remedy. How often do we get the exact *similimum* anyhow? Not once in a dozen times, and yet similar remedies act beautifully, although naturally not so well as the exact *similimum*. Possibly the doctor has never heard of a *reperitoy*. Give the nearest remedy to the condition and the results will be better than any alternation or combination (unless chemical). Others say alternation is necessary because the patient desires it, expects it; it is a pecuniary necessity. Patients always want things they shouldn't have. On the same basis give typhoid convalescents mince pie. Shame that a physician should give such an answer. He ought to be a green grocer. Another says:

"This combination is great. It has never failed in my hands. I've used it many years." With all due deference to the doctor's opinion it is far from scientific. He is using his diagnostic brain, while he lets some drug firm tell him what his therapeutic brain should tell. It's dangerous. It gets one in terrible habits. It is empirical and empiricism is directly opposed to Homœopathy. Isn't alternation ignorance and laziness? Listen to some of the gems gleaned from others. First and emblazoned with glory is the prime favorite, *Aconite* and *Belladonna*, then *Bryonia* and *Cimicifuga*, *China* and *Nux*, *Ignatia* and *Nux moschata*, *Belladonna* and *Bryonia*, *Arsenic* and *Lachesis*, and so on ad infinitum. Some put them in the same menstruum. Some use marvelous combinations, of which the following is taken from the repertory of a young homœopath and is authentic: *Aconite*, *Gelsemium*, *Bryonia*, *Hydrastis*, *Sanguinaria*, *Ipecac*, and *Tartar emetic* in water for acute bronchitis. It's a marvelous combination, he says. Better jot it down on your cuff for future reference. Munaret, who by the way was a regular, wasn't far wrong when he wrote, "Polypharmacy is a very near relative to Charlatanism."

What does Hahnemann say about alternation? *Organon*, §272, and note: "In no case is it requisite to administer more than one simple, single medicinal substance at one time.

Some homœopaths have made the experiment (in cases where they deemed one remedy homœopathically suitable for one portion of the symptoms in a case of disease, and a second for another portion) of administering both remedies at the same or almost the same time, but I earnestly deprecate such an experiment, which can never be necessary, though it may sometimes appear to be of use."

And yet our friend Heysinger tries to quote Samuel Hahnemann in defense of alternation. As W. Shakespeare once wrote, "Even the devil can cite Scripture for his purpose."

But we must not get too deep in the slough of combination and alternation or it will be impossible to get out.

Another potent cause for lack of pride in Homœopathy is the fancied marvelous advances in regular internal medicine. We sometimes feel as if we were standing still and the other school rushing past us and attaining results and winning the race. It is a new phase of the time-honored craze for specifics. It ex-

isted in the time of Hippocrates and will doubtless exist ages after we pass on. History has shown that most so-called specifics are not really specifics at all. History will show our age faulty too. Let us always remember that each age has supposed itself to have practically reached perfection. Most of our new specifics (so-called) are born prematurely from a desire for notoriety. Many of them are mushroom-like; when the sun of clinical application touches them they wilt and perish. This seething sea of internal medicine makes for unrest in our ranks. We are obsessed with the fear of getting to be old fogies or of being in "a rut." Let me say right here that a homœopath is and should be a true scientist, and no one has a better right to try out, experiment with and apply any or all new advances in internal medicine, especially if they are real advances. I have quoted our master Hahnemann—no other defense is necessary. Only one precaution is necessary—let us not lose our proper pride in our own system when we are trying out others. Most of the new advances are like false labor pains; they cause a big lot of time to be wasted without achieving any result. Valleix, of Paris, says on this subject: "After having examined the thousand systems of medicine, which from the time of Hippocrates to the present day have appeared and disappeared, what regret one feels to see so much study, time and genius wasted to obtain such unsatisfactory results. How few truths—how many errors!"

Again let me quote an editorial in the *Medical Review of Reviews* (Old School), June, 1912, page 364: "Among freshly acquired beliefs, how many remain true? Do not many of them soon disappear or receive just and severe arraignment for deception caused? Great discoveries may be counted with very few fingers."

Just for the fun of the thing let us consider a few therapeutic principles and specifics which have been advanced and discarded in the last decade; let us not do this in a spirit of satire so much as to see the abiding rock of similia rear its bulk through the storm—unchanged; not in a pessimistic vein but as a check rein to restrain us from plunging with too much avidity on the choice false specifics, thereby getting somewhat away from Homœopathy. Emile Metschnikoff startled the world with his colonic putrefaction idea with its Ponce de Leon antidote and

specific for longevity—the Bulgarian bacillus. The medical world went crazy, but for some unknown reason the plan went flat. Now Emile has another specific. Possibly his desire to find the fountain of youth lies in the fact of his 92 summers. And only three years have passed since Ehrlich had syphilis *destroyed* by 606. To-day Salvarsan has Cheyne-Stokes' respiration and a thousand other arsenical combinations have sprung up, which will again be superseded by new ones *ad infinitum*. Medical advance is slow. Let us cling to Homœopathy and rejoice that we do not have to follow every false scent like a pack of eager hounds, and having arrived at Salvarsan or what not, circle around with our noses to the ground, and finally go back to mercury or what not. Then Fowler's solution was given us for practically all forms of skin conditions. It passed on. Sumbul was advocated for the nerves. It died. Hypophosphites had their day; now in oblivion. Creosote flared up for tuberculosis like gunpowder; now used only by manufacturing druggists to beguile the unwary.

And what has been the result to the ancient school of medicine from all these and many other panaceas. Two things—medical nihilism and a trend toward Homœopathy, which will be discussed later. To the successes we give all praise as homœopaths. Diphtheritic antitoxin is a God-send; some of the serums are certainly triumphs; the advances in general measures we hail with delight. We are not bigots, we homœopaths, but ardent seekers after light. But let us not let *medical* advance discourage our Homœopathy.

Fear of ridicule makes us lack in proper homœopathic pride and enthusiasm. We are in the minority and like all other minority movements since the beginning of history, right or wrong, our ranks are filled with wavering men. See our own country when reverses came to Washington and the defeat of liberty seemed assured. Witness the disciples of the blessed Christ when things looked dark and Calvary at hand. Why multiply examples? History is teeming with them. It takes high courage to stand against the majority.

Then the fear of ridicule from our patients affects us. We are sometimes ashamed to give our little globules and tablets, so we resort to all sorts of schemes to make our medicines appear power-

ful. McCleary, of Cincinnati, writes: "Why can't we adopt the methods of the leading tablet manufacturers? Of course, we are homœopaths—but business-like ways are better. You can adopt different practical colors, as pink for the potashes, blue for the calcareas, red for the mercuries, and therein choose the one, two or three popular potencies and grade your colors accordingly." Is Dr. McCleary's idea so much the desire for business-like ways or to escape the never-ending criticism of the patient. "Why, doctor, what you gave me was sugar." If we cure the patient he will not object to the method. Let us all remember one salient point in dealing with our patient, namely, not to approach too close to our confrere of the opposite school, since many patients come to us because we are different. It is a well known fact that over 90 per cent. of homœopathic graduates remain in practice, while less than 60 per cent. of old school men can make a living. Our differentiations then are mercenary necessities, and the few patients we lose by prescribing sugar pills will be more than balanced by those who desire mild medicines.

Then the fear of allopathic ridicule should sit lightly upon us. Many of us remember when a follower of the ancient school would not consult with a homœopath. Let us go on serenely and smile at ridicule and let everybody know that we are homœopaths, and are proud to be so classed.

Our failures as a cause of lack of pride. As I have said before many of our failures are due to our lack of knowledge. Many are because we expect our drugs to do the impossible. Don't let us be foolish. Homœopathy has its limitations, and we should realize them. Homœopathy doesn't claim to raise the dead. Homœopathy never grew a wooden leg or made a glass eye. To quote Granier: "The treatment of disease may be compared to a man who sows his field. Our farm is our practice, and the remedies administered to the patients are like the grain which falls either into good or bad ground. When no obstacle occurs to choke our seed it springs up and brings forth an hundred-fold, but when it meets with thorns or stones it withers and dies." Again, "I now come to the most fruitful element of failure, I mean the impatience of the sick or their friends. What would you say of a sower, who, the very next morning after

he had sown his seed, should visit his field to see if the grain had not sprung up?" Imbecile homœopath, to ask time to effect a cure.

Why should homœopaths be proud of Homœopathy? Because our system has remained practically the same since our immortal founder made his first proving. Contrast the other camp. Do you think they have not changed materially? Listen to history. In 1859—fifty-four years ago—they employed bleeding in every acute infection. . . . Leeches, commonly called blood-suckers, held merry Bacchanalian feasts on sad-eyed patients. But bleeding—they had "tentative bleeding" when they were in doubt. "Depletive bleeding" for too much blood. "Spoliative bleeding" for inflammations. "Purgative bleeding" for purification of the blood. "Jugular bleeding," a decisive expeditious form. "Revulsive bleeding" to prevent apoplexy, and that acme of the art, "preventive bleeding."

Cups were applied; the main result, if not object, was to make one resemble a spotted dog.

Do not let us overlook purging—they *purged* in those days! In one year a patient, the Emperor of Austria by the way, received 1,800 doses of purgative medicine, and not the gentle form of cascara, senna or phenolphthalein.

Cauteries, setons, moxas, all helped to make the patient comfortable. Some in my hearing have seen setons and moxas applied. Hell must have appeared to the patient as a pleasant place after his treatment was completed. This was only 54 years ago! Sad as it seems these agents appear to be getting rejuvenated. Bleeding is again strongly urged by our confreres of the ancient school for pneumonia! In a general way, however, a regular of 54 years ago if suddenly transplanted to 1913, Rip Van Winkle wise, wouldn't be able to practice, while a homœopath would not find much change, at least, in prescribing. He would have a few new remedies to look up, but in a broad way he could give us cards and spades on prescribing and beat us easily. This simply shows the stability of Homœopathy. All good and true things are not changed much by time. The Constitution of the United States is still meeting requirements. The Ten Commandments are still the basis of law.

Is allopathic internal medicine of 1913 similar to that of so recent as 1903? It is so dissimilar as to bear no relation. Now all a

regular has to do is to consult a wholesale drug firm's catalogue (*vide* Mulford's Catalogue for 1912) and find a friable compound tablet to cure anything. Like Humphrey's Specifics, No. 18 cures gastritis. No. 84 cures urticaria, and so on. But what is this I see. *Bryonia*, 1/50 minim; *Pulsatilla*, 1/10 minim; *Aconite*, U. S. P., 1/20 minim; *Gelsem.*, 1/60 minim; *Hydrastis*, fl. ex., 1/12 minim. How does this happen? Old school medicine in *that* dose? Yes, and here is more, Sharp & Dohme, Baltimore, Md., *Ext. bella.*, 1/100 gr.; *Tartar emetic*, 1/25 gr.; *Ipecac*, 1/10 gr.; *Quinine*, 1/4 gr.; *Strych. sulph.*, 1/500 gr. Look at some of the literature sent you. Look at the doses in compound tablets. Shades of Hippocrates and Galen, what is medicine coming to?

Again, let's read Osborne, of Yale, in *J. A. M. A.*, of 10-28-'12. He says in part: "We have not yet eliminated mystery from medicines, and still have a belief in a multiple mixture. Although it may not be a mysterious mixture." "My desire is to go one step farther and say that we need these mixtures, whether Pharmacopœia, National Formulary or Proprietary very rarely. I do not say these mixtures have no value, but I do say that the active drug in the mixture can generally be given in a very simple manner and the treatment be more scientific." I have a hang-dog feeling that one S. Hahnemann advocated something similar several years ago. Keep it up, Osborne, you'll get there yet. Then he says further along: "The only active drug in a mixture is a simple, common, everyday one." . . . Medical nihilism and monopharmacy of the other camp should please us. It should make one have a greater pride in Homœopathy. Such articles as that of Osborne, and the trend of Puckner, of Chicago; Hynson, of Johns Hopkins; Le Fevre, of New York, and Osler, of chloroform fame, and, indeed, all the leaders of the ancient school should make us proud of our system, which in spite of persecution, libel, ridicule, scorn and malice, is still doing business in the same old way and doing it *well*.

We should be proud that the really scientific modern research tends to prove the fundamentals of our camp to be truths. What are the fundamentals of Homœopathy? The single remedy; the size of the dose; the law of similia. Let us look at these fundamentals separately and see if our statement will hold water.

First, the single remedy. I have already quoted Osborne. You are all cognizant of Osler's views on the single remedy. Watters, of Boston, one of our own research men, says of the single remedy: "Modern laboratory research shows that while we may know the effects of three or more drugs given singly, there is no knowing from this what will be the result when combined. This will not be the effect of one or the combined effect of all, but something quite unlooked for." Sajou, of Philadelphia, who is world-famous, and is quoted in almost every journal or book of old school therapeutics, gives single remedies. No more proof is necessary—I defy you to name one really accepted authority of the ancient school who is not a disciple of the single remedy; at least in theory. Our old friend, S. Solis-Cohen, of Philadelphia, is the only one who wavers, but we must excuse him because in other points he is the nearest homœopath of all. He is the great advocate of *aspidosperma* for asthma. He borrowed it from us but isn't publishing the fact.

On the size of the dose we homœopaths can now laugh where we formerly argued. Our maxim has been the smallest dose capable of effecting a cure. Listen! Trudeau, of Saranac Lake, the T. B. C. expert; Wright, of London; Denys, Pottenger, Baldwin and a host of others are advocating and using strengths comparable with our 6x, 8x and 10x. The dilution of *Tuberculin* is frankly urged by the *Cleveland Medical Journal* (old school) to be called 3x, 4x, 5x, 6x, etc. L. L. Lumsden, U. S. Surgeon, in Public Health Bulletin No. 51, issued by the Treasury Department, says regarding treating water suspected of containing typhoid bacilli: "To treat 5,000 gallons of water in a tank or cistern proceed as follows: Put 5j of good chloride of lime into a gallon of water, stir rapidly for about a minute. Let vessel set for a few minutes so that the insoluble part will settle. Pour the solution into the cistern, and by the manipulation of a board quickly diffuse the solution throughout the volume of water." One ounce to 5,000 gallons; 5,000 gallons = 640,000 ounces. Or in other words, the dilution of chloride of lime between our fifth and sixth x kills typhoid germs. Just let that soak in. If that doesn't illustrate the efficacy of the power of infinitesimals what under heaven does? No one laughs at Lumsden. This is

done at his suggestion and no one laughs at us now unless his brain is so small as to rattle in a mustard seed. We are just getting to appreciate the power of infinitesimals. Let us look at mechanics and industry and see if infinitesimals play any part. One-tenth of one per cent. of bismuth added to gold makes it so brittle that if a bar is dropped it snaps in two. Copper is affected the same with 5/10 of one per cent. Bubbles in castings of steel, due to occluded gases, can easily escape if a trace of aluminum were added, otherwise the castings are useless. The spectroscope can detect the millionth of a milligram of a metal. Vanadium without which steel is impossible, is used in 1/67,000 proportions. As Hahnemann says: "How insignificant and ridiculous is mere theoretical skepticism in opposition to unerring infallible experimental truth." When we consider electricity we simply have to stop doubting.

Our main plank, "Similia," Watters says, "the dominant school seek immunity as their guide. Cannot that be said to be identical with similia?" In order to prove this he cites cases, one of which I read in abstract, Furunculosis Staphylococcus, pure culture. Resistance .5, normal being one. *Hepar* given, one dose 1x. Index lower. *Hepar* 6x, several doses, index .9, and final 1.2—result injection gone." So Sir A. E. Wright helps us to prove similia with the opsonic index, and incidentally helps to prove our old preconceived clinical aphorism, give *Hepar* low to cause suppuration and high to cure it. Does the X-ray prove similia? Let any one make a list of disturbances that over-exposure may cause, such as eczema in its various forms, all the varieties of skin lesions, even including cancer. Then let him compare his list with that for which X-ray in short exposures is able to cure, and the similarity is striking even to a hurried glance. Dr. Lazarus-Barlow, of the Cancer Research laboratories, tested the ova of the ascaris with Roentgen rays, radium, thorium and uranium. He concludes: "The action of X-rays, radium, thorium and uranium is two-fold. In smaller doses it causes division to proceed at a faster rate than normal; in larger doses evidences of an inhibitory power are given which may lead to total arrest of development." Certain exposures to sunlight act as aids to cure, especially in tuberculosis. Over exposure produces aggravation. Sajou, of Philadelphia, whom I

have mentioned before, told Dr. A. Korndærfer, of Philadelphia, our old warhorse of Homœopathy, that in his last compilation of therapeutics one-half was homœopathic. He admitted this. Dr. Korndærfer repeated it before the Philadelphia County Society. Osler is more than liberal concerning our school. He admits that many curative agents are explained more scientifically by our law than any other.

Let us not be ashamed of Homœopathy. Let us have pride in our system. "The trend of recent research has been toward ideas promulgated by Hahnemann." Let us be proud. Enthusiastic that we are in the minority and right rather than in the majority and wrong. "Let us pursue our course in the firm and steadfast trust that in the phrase, 'Similia Similibus Curantur,' is found the best guide at present known for the administration of medicinal agents to the sick." So that when we lie down for the last time and look back on our lives spent in the noblest of human endeavors may we all say, in the words of that early missionary in another minority movement, "I have fought a good fight: I have kept the faith."

MERCURIUS OXYDULATUS NIGER (Hahnemann).

By Dr. D. B. Morrow, Houston, Texas.

In Dr. Hahnemann's *Materia Medica*, article *Merc. oxydulatus niger*, symptom 295: "Furrow in the upper surface of the tongue, lengthwise, where a pricking is experienced," is a symptom peculiar to *Mercury*. In Hull's *Jahr*, Snelling, article *Rhaphanus*, or radish, "A deep furrow with red points." Have not seen it mentioned in many other remedies or publications. Do not think it belongs to *Rhaphanus*. The prover had probably been mercurized before eating radish.

In the south where *Mercury* is the daily ration, same as corn dodger and bacon, it is a frequent symptom, occurring in sucklings and their progenitors alike. It almost bisects some tongues—like a dog's—and is an unerring key-note. Think it is often an inherited symptom, and *Mercury* is a miasm as much as psora, sycosis and lyssa.

When you find this longitudinal furrow if you will consult *Mercury* in your *Materia Medica* you will probably find the

totality of your case. If you do not have time at the moment it is a safe prescription until you can make a more careful scrutiny. When the furrow is marked deep with other *Merc.* symptoms a high potency will soon remove the trouble, if not, some of the more active antidotes will produce pleasing results.

When the tongue is clean and red and wet with the center furrow, *Nit. ac.* will be found homœopathic.

I give a few cases illustrative of the reliability of the symptom. A preacher calling on two old doctors, with whom I officed, seeking relief from a psoriasis, or rhagadus, in both hands, and cracks until they bleed. Worse, or only in cold weather. Ben, for God's sake—they referred him to me. Furrow in his tongue was marked. Gave him *Merc.* Gave him *Merc. protoid. 6x*, because of some irritation in his throat. Weather was unusually cold, even for an Illinois prairie. In three weeks he returned to exhibit his hands; said he had ridden night and day. They were healed, much to his surprise and that of the two old doctors, one an allopath; the other, both ways.

A father brought his son, a youth of seventeen years. Had a club thumb nail on right hand; furrow in tongue well marked. Tongue clean. One dose of *Merc.* caused it to grow out straight.

A maid, of about thirty summers, roomed with us, subject to hay fever. My wife came one evening: "Miss Sally had used up all her handkerchiefs to stay the watery flood from nose and eyes. And worse, all her lingerie was also dripping, she was about to be drowned from an interior flood." I sent her a powder, *Natr. mur.* etc. In thirty minutes wife returned saying, Miss Sallie's flood had stopped. A day or two later she wanted to know what next to continue. I advised to eat onions, as a joke. She took it seriously, ate them and was cured. Whether salt or onions doesn't matter.

Miss Sally had serious squint. One eye looked straight at her nose; was afraid to have it operated. Their doctor was eclectic, a board of health member and good for that school. Some years later, she, with her aunt, were calling upon Mrs. M.; she had a sore throat, tonsils and palate; subject to it every cold, etc. Tongue clean, reddish. A deep furrow running to base. Gave *Merc. iod.*, which cured throat. Later she visited us again, eye was straight. Declared it just came so, did nothing to straighten it. Think it is fair to give *Merc.* the credit.

An old German wife, having 48 or 50 years. Nursing a baby. Had a severe sciatic neuralgia, both sides, from sacrum to heels. I had cured a sciatic neuralgia of 25 years' standing in an ancient female friend of mine with *Ars. 30*, while yet a student. Was greatly disappointed when, at the third morning, Dr. ——— took the case off my hands; after I asked his opinion of it, his diagnosis agreeing with mine and that he "knew no remedy but *Opium*." A month from that time made a friendly call. The patient said, "Oh, doctor! I am no better. I will die this time." Then she said: "Won't you put that steam engine out? there are 4 or 5 fellows shoveling coal, and it is puff, puff, night and day." For three weeks the family was home waiting to see her die. I inquired, where is Doctor ———? "He came twice a day for three weeks, then he gave it up. See that black bottle on the mantle, a pint bottle; when I can't stand it any more I take a tablespoonful from that." It was ridiculous. Seeing my smile the patient said: "Do you think you can do anything? Replied, I know it, you won't die, it is wrong for you to suffer! Well then I try once more. I had a 6x *Merc. sub. cor.* with me for another patient. The center furrow was well marked with a dirty white coat, *Merc.* breath and an eczematous red rash, with sweat. Six powders of *Merc. cor.* cured over night, steam engine and all. She said, "Oh, doctor, you cured me that time. I got breakfast for the family next morning." Dr. ——— lectured at the Ohio Medical College, oldest and most respectable, and edited a medical journal, excruciatingly scientific, of course. I was in my first year's practice.

He was a well developed Irish American, about 23 years old. If he made any money, he immediately converted it into stimulants and imbibed it. Had a headache only at night that was most distressing. All over or through I thought it specific. Would jerk his head around toward his right shoulder with such violence his mother was afraid of a dislocation. Was quarrelsome—an undesirable member of the family. The center furrow was well marked. *Merc. sol.*, high and higher, cured.

A year after, when trying to get some pay, he said he had not drank anything stronger than coffee. Had no desire for liquors. The nervousness was also cured. The pay was never paid.

She was an only child of prominent lawyer, who was a de-

votee of Venus. She was a large, ruddy cheeked, black eyed brunette, 16 years old. Had always, from babyhood, been very twitchy and nervous. With ample means, had had the best medical attention. Was subject to a tonsillar angina. Her head and shoulders and countenance were very unstable, also upper extremities. She bit her finger nails unconsciously to the quick.

Center furrow in tongue well marked. Menses too soon, too free, lasted too long. *Calc. c.* corrected that trouble. Then a few doses of *Bacillinum* for the general condition with improvement. Contracting a "cold." Throat flared up, feet swell a little. *Merc. bin.* 500 seemed to aggravate throat symptoms and head jerks. *Merc. iod. rub.* cm. improved, always pulled hair, picked at bed clothes. *Merc. sol.* cm., furrow in tongue disappeared, jerking ceased. Mother said better than she had ever been, under treatment from February 1 to March 20. The center furrow, excepting the inherited bisecting variety, disappears as the patient improves.

He was a carpenter, 50 years old. Bibulous, occasionally. Wife and son sycotic. He had an old stricture, which interfered with his health. Tongue clean and wet, red, which was the great Prof. Scudder's symptom for the exhibition of an *acid*. Tongue had a deep center furrow the whole length. Gave *Nit. ac.* in water, probably sixth potency. Boils came on the inside of his left arm. Glands in left axilla suppurated. Took about a month to get well. The stricture was removed.

This will serve to call attention to a much neglected symptom in a much abused remedy.

Why Salvarsan?

When one doctor, Samuel Hahnemann, "the visionary sage of Coethen, in his defense of the Organon, page 124, criticizing Prof. Haekle's treatment of hard chancre by local cauterization only, said: "Every chancre may be cured without the aid of external remedies and without salivation, merely by internal treatment with the most powerful yet mildest anti-syphilitic mercurial preparations by all who deserve the name of rational and conscientious medical practitioners." A few days suffice to effect such a cure. This is the only proper and safe mode of treatment of this kind of disease, which I have practiced extensively for thirty years, with the most perfectly satisfactory results.

Have never treated a chancre locally, but I have never witnessed anything but a permanent cure.

How the ultra-scientific physicians could practice for 100 years with their poisonous doses and burnings, asserting all the time that syphilis is incurable, after such testimony from a scientist that reformed the medical practice of the world is incomprehensible.

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MANAGEMENT OF OFFICE PRACTICE—A PROPOSITION FROM A STATE WHERE THEY TRY NEW THINGS.

By J. A. Burnett, M. D., Hartshorn, Okla.

Office practice is a class of practice which is usually very much neglected by physicians in most localities.

It is surprising why no more attention is devoted to office practice and it is allowed to drift into the hands of "drugless healers." It is an evident fact that a physician cannot do a general calling practice and, at the same time, do justice to an office practice. It is my desire to do office practice and I am thinking of having a professional card printed containing the following and also carrying it in the local papers and would like to know what the profession thinks of my ideas:

"Dr. J. A. Burnett, office practice exclusively, except by special arrangements. Not a specialist, but a general office practitioner. All diseases of men, women and children treated that can be brought to office. I do all kinds of general office practice and do it the best I know how, at a modest fee. Medicines furnished without extra charge, except in few instances where prescriptions are given. Fees in ordinary cases, 50 cents, paid cash, at each office treatment or \$5.00 paid cash in advance for twelve treatments. In some cases that require special examination extra time and treatment or much medicine or mechanical treatment, \$1.00 paid cash at each office treatment or \$10.00 paid cash in advance for twelve treatments. In some instances where certain apparatuses are used the fee will be above this.

"Surgical operations, as may be agreed upon before they are done."

The object of this is to let the public know that I do not do a general practice by making visits at patients' homes, but do a general office practice exclusively, except in few instances by special arrangements.

The instances would be I would visit my relatives, special old friends, cases that I may begin with in office and they should become unable to continue coming to office, old chronic cases that are unable to come to office when the desire of them is to get relief enough to be able to come to office later on, etc. I would also desire that this should lay stress on the fact that I do not do a credit practice, but must have my fee right at the time of treatment. By placing the fees down as low as possible all are treated alike and all can afford to pay cash. Of course, for widows and orphans, without means, no fee at all is asked. Dr. C. E. Blanchard says:

"I consider it a dangerous thing to allow patients to owe me. It will often send them to another doctor. Those who have paid their bills are usually well pleased and, as a rule, usually stick to you."

He again states: "Doing business on cash plan enables him to pay his own bills promptly and make long friends by short accounts."

Personally, I have always preferred office practice. If people know a physician does office practice exclusively they will then know he can be found at the office at any time, which is not the case when a physician fills all calls. Dr. Blanchard says: "If you do certain work well, let the people know about it. If you are in a calling practice put your work on a business basis and extend your circle by open efforts for self advancement. If you like office work and are in a good sized town fit yourself and your office to deliver the goods then tell the people in some good way what you have to sell."

Again, Dr. Blanchard says:

"The only man that does not need publicity is the one who is dead, or, if living, he should be a retired millionaire living on his 'tainted money.' All living men need publicity. Even the dead advertise on their tombstones, but to get any good from advertising a man must be alive."

It is a certain fact that a public professional man must be

known to the public if he does any business. The public cannot call on a professional man that they never heard of. Dr. Blanchard says: "I do all sorts of work for all sorts of people, from head to foot, and do it the best I know how. It covers all these little, mean, unscientific things spoken of by the good Dr. Holmes from a wen or a wart to an ingrowing toe nail; all these things receive my best attention. Those who wear silk and diamonds get the same treatment as those with the horny hands of toil; they are all just human beings needing help." I do the same kind of practice as Dr. Blanchard states he does. In some cases of eye, ear, nose, throat, mental or nervous diseases, etc., I send them to the specialist, same as a general calling practitioner, or, in some surgical cases, I send them to a good surgeon. In other words, I do a general office practice and treat all diseases that do not need a specialist on their lines.

I am a general office practitioner and not a specialist unless you would call me an office specialist or a specialist on general chronic diseases and diseases of children. In office practice many cases are chronic, but not all of them. Various acute diseases can be brought to an office for treatment and will be far cheaper than to call a physician to come to see the patient.

I like the practice in diseases of children better than any other class of cases.

WHY WE GET SICK.

Editor of the HOMŒOPATHIC RECORDER:

The question, "Why we get sick," is one that has occupied the attention of the writer for many years. Hours of thought devoted to the elucidation have always resulted in unsatisfactory conclusions, and the real answer has always been evasive. At last I have found a solution of the question so simple that anyone of ordinary intellect should be able to grasp the whole thing, and to feel that at last he understands clearly what has heretofore been one of the principal mysteries of life.

The reason why one person gets sick while another, with less general attributes or respectability and perfection, remains the walking image of immaculate health is because his amboceptors fail to meet complementoid to the haptophorous groups, thereby stimulating a bacteriolysin which produces zymotic autocytoxin.

Now, isn't this perfectly clear to you? It wasn't to me at first, but I am trying to get used to it. I studied over the thing for some little time, read all the most scientific authorities, and then went to Webster's newest International Dictionary for relief. I ran down a few words that I had never heard of before and finally was referred to the "side-chain theory." You will find it in its place on the same page which gives a picture of a side-saddle. I will give the whole thing here:

"Side-chain theory: A theory proposed by Ehrlich as a chemical explanation of immunity phenomena. In brief outline it is as follows: Animal cells and bacteria are complex aggregations of molecules, which are themselves complex. Complex molecules react with one another through certain of their side-chains, but only when these side-chains have a definite correspondence in structure (this accounts for the specific action of antitoxins). A receptor is an outlying part of the cell which is able to combine, by means of a so-called haptophorous group, with foreign molecules, as with a food molecule (thus helping to nourish the cell) or with a toxin molecule. Such combination stimulates the cell to produce other receptors and may at last result in overproduction, the superfluous receptors becoming detached from the cell. The so-called immune bodies formed in immunizing processes are detached receptors and are called also intermediary bodies, or amboceptors, because they have two haptophorous groups and act as links to bind invading cells to the complements (also called addiments, alexins, cytases), which are normally present and which, when so united to the foreign cells, are able to destroy them by means of a zymotic group or toxophore group. The amboceptor with its complement constitutes a cytotoxin, hæmolyisin or bacteriolysin. Other detached receptors act as antitoxins, as agglutins or precipitin. Toxins have a haptophorous group (by which they combine with antitoxins) and a toxophorous group to which their injurious effects are due. A toxin which has lost its toxophorous group, as by heating, is called a toxoid. Similarly a complementoid is a complement which has lost its group to which their injuriou effects are due. A toxin which has lost one of its haptophorous groups. The presence of a foreign cytotoxin leads to the production of an anticytotoxin, which may act on the amboceptor (antiamboceptor) or on the complement (anticomplement)."

Now you may believe that you understand this quite clearly, but if you will read it again, more carefully, you will find it necessary to go back over it the third time in order to clear up some uncertainties. After the third reading you will certainly believe in a haptophorous hiatus.

It is queer that scientific men will talk in such language. It is said that when Professor von Ehrlich had given birth to this monstrosity, his wife sat him down upon a large cake of ice and wrapped his overstrained calvarium in cloths wrung from boiling water in order to prevent the amboceptoids from hæmolysing the receptors and thereby immunizing the precipitins. She succeeded, and Webster's newest dictionary has to bear the responsibility of making it all too public.

Some of these words are not in the dictionary (outside of this definition), even the very latest one. Very scientific men do not need dictionaries. When it becomes necessary for them to fire a word at the public, they fire it, and if you question their authority they answer you as does the Christian Scientist: you do not occupy the same plane we do, hence you cannot understand it.

It seems hard to believe any such explanation about the cause of getting sick, and one would be truly just as well satisfied if he didn't really know anything about it. Mark Twain tells of a fellow who got mad because another fellow called him a "logarithm;" but I would sooner be called a logarithm any time than to feel that I had a haptophorous group within my parenchyma.

HORACE P. HOLMES, M. D.

Sheridan, Wyoming.

THE ALTERNATION OF HOMŒOPATHIC REMEDIES.

Editor of the HOMŒOPATHIC RECORDER.

Having read the contribution from W. W. Read in the April number of the RECORDER, I will here give my experience for his encouragement. I studied under a man who frequently alternated remedies and, of course, I imbibed the habit. I commenced practice in 1871 and did very much as my preceptor did, alternate frequently. But in 1872 I had a case of intermittent fever for which I was not clear in my mind whether the remedy was *Arsenicum*

or *Ipec.*, so true to the teachings of my preceptor, I alternated the two with no improvement, as the chills came on regularly every other day with no change in the symptoms. So I studied the case again, but did *not* do as my preceptor would have done, change one of the remedies and alternate again, but decided to give *Ars.*, 200 alone, and the patient never had another chill after the first prescription, and was perfectly cured of the fever in two or three days and so was I cured of alternating, and have never done it again to this day, now forty years. I have always found the single remedy sufficient, and I believe that two remedies *can not* be indicated in a given case at the same time, and when two remedies are given in alternation they will necessarily interfere with each other's action.

The remarks of Dr. Horace P. Holmes, in the same number of the RECORDER, should also be encouraging to Mr. Read, and I, like Dr. Holmes, am unable to understand Dr. Heysinger, but, perhaps, my intellect is too small to grasp it.

L. HOOPES, M. D.

West Chester, Pa.

THAT MATHEMATICAL PROBLEM.

Editor of the HOMŒOPATHIC RECORDER,

In reading over the March number of THE HOMŒOPATHIC RECORDER my attention was attracted by an article, entitled "The Number Of Drops Of Alcohol In the 30th Potency." While I am an ardent Homœopath and recognize the value of both high and low potencies, there was such a glaring error in the article that I beg to call your attention to it in the hope that you will correct it.

For the sake of a concrete example, let us take *Aconite*. According to the *American Homœopathic Pharmacopœia*, *Aconite* belongs to Class I, or, in other words, it has a drug power of one-half. This, of course, means that in order to make the first centesimal potency two drops of the mother tincture are added to ninety-eight drops of the menstruum—which, in this case, is alcohol. After percussion it is plain to see that each drop of the resulting mixture contains $1/50$ of the original drop. The second centesimal potency is then made by adding one drop of

the first centesimal to ninety-nine drops of alcohol. In other words, each drop of the second centesimal potency contains 1/100th of the original drop of the first centesimal potency, or, mathematically, 1/5000th of the *tincture drop*. By analogy, the third centesimal potency contains in each drop just 1/100th of the original drop of the second centesimal potency or 1/500,000th of the original drop of mother tincture. Hence, in order to make the third centesimal potency, one drop of mother tincture is dissolved in 500,000 drops of alcohol.

All this may be simply expressed in a mathematical equation by which the drops of alcohol needed to make any given potency may be figured. In this equation "x" equals the desired potency, while "D" equals the number of drops of mother tincture required to make the first centesimal potency. The result will be the number of drops of menstruum required to each drop of tincture in order to make the desired potency.

$$\frac{(100)x}{D} =$$

While, as is explained in THE HOMŒOPATHIC RECORDER, only 2,970 drops of alcohol are required to run up a 30th potency, it is out of the question to make the 30th potency by adding one drop of mother tincture to 2,970 drops of menstruum, since only *one drop* of the preceding potency is carried to the next higher one. The dilution obtained by this method is almost beyond comprehension until one sits down to actually figure it out. For instance, if an individual had an unlimited amount of menstruum and one drop of mother tincture and essayed to make the sixth centesimal potency of *Aconite* directly, 500,000,000,000 drops of alcohol would be needed. It is due to Hahnemann's excellent theories in regard to the technique of dilution, of course, that such an enormous amount of alcohol is made unnecessary.

The mistake in the article published in THE HOMŒOPATHIC RECORDER lies in the fact that they failed to take into consideration that *one and only one* drop of the preceding potency is used in making the succeeding one. If the entire amount of the former potency were used and simply ninety-nine drops of alcohol were added, then all that would be necessary to make the desired potency from a drop of mother tincture would be to add the num-

ber of drops of menstruum obtained by multiplying the desired potency by ninety-nine. Practically, however, each potency must be percussed individually and by adhering strictly to the rules as laid down by Hahnemann himself it would be impossible to make any potency except by making each one separately.

Respectfully yours,

WILLIAM DEF. VOORHEES.

136 Rutland Road, Brooklyn, N. Y., April 23.

In the paper criticized by our correspondent it is stated: "Of this, the 1st potency, one drop is put in another vial and 99 drops of alcohol added. . . . In all 30 vials are used and as in each 99 drops of alcohol have been added to the previous potency it can be easily figured that 99 multiplied by 30 equals 2,970." We stand corrected it should have read, "as in each 99 drops of alcohol have been added to *one drop* of the previous potency." But it was thought that this fact would be understood from the context.—Editor of the HOMŒOPATHIC RECORDER.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The attacks and encroachments that have been and are now being made upon Homœopathy make it very necessary that more attention should be paid to the annual meetings of our international, national and State societies than ever before and that they should be better attended and more active interest awakened. Unless homœopathic physicians wake themselves up out of the "sleeping sickness" and apathy that seems to affect them, they will be rudely awakened by the loss of most of the privileges and rights that they now enjoy. There are fifteen thousand homœopathic physicians in the United States, only a small per cent. of whom belongs to or take any interest in their associations and societies. Opportunities for showing some interest are now offered plentifully. The International Hahnemannian Association that has ever been an active fighter for Homœopathy and has never, in its thirty-six years of existence, had a dull or unprofitable meeting, holds its next meeting in Chicago at the Chicago Beach Hotel on June 23, 24, 25. Come, doctor, get out of your rut,

break into your routine, make the slight sacrifice of time and expenditure necessary and attend this important meeting. Its last meeting was pronounced by a competent judge to be as good as a month's post-graduate course. Do not forget it, it will pay heavily.

J. B. S. KING, M. D., *President.*

TO TEST A LAW OF NATURE.

75 Halsey Street, Brooklyn, May 17th, 1913.

To the President and Secretary of the American Medical Association, 535 Dearborn Avenue, Chicago, Ill.:

GENTLEMEN:—In 1908 the undersigned were appointed a committee by the American Institute of Homœopathy to present to the American Medical Association on behalf of the Homœopathic profession of the United States a proposition for a *joint* investigation of the scientific merits of the method of drug selection expressed by the formula "Similia Similibus Curentur."

The committee has presented the matter to individual members of the House of Delegates, but we believe the matter has never been regularly presented to the House or to the Association itself, as a whole. We request that you bring the matter up for consideration and early action by both. For the following reasons it seems to us a subject worthy of your serious thought:

This rule has governed the selection of drugs in the treatment of disease by a considerable number of medical practitioners for over a century. We feel that the time has come when this formula should be brought before the whole medical profession, carefully investigated by modern scientific methods and a determination made of the exact value of this method in the practice of medicine. We seek this:

First, Because the voluntary testimony of a large number of physicians who do not understand the correct application of this method indicates their desire to make use of it.

Second, Because a large number of men who attempt its use ought to be able to get a better understanding of its true significance.

Third, Because we believe a large majority of the medical profession would have their usefulness and their power to benefit the sick largely enhanced by a thorough knowledge of this method.

Fourth, Because we believe that suffering is lessened and sickness more speedily and comfortably terminated through drugs administered according to the rule of similars.

Fifth, Because we feel that a careful investigation of this subject belongs to the whole medical profession and not to any single branch of it.

Sixth, We feel that such research regarding the formula of similars is desirable. Because the exactness of modern science with the present means of investigation, together with the accurate observation of the subjective as well as the objective symptoms, make it expedient to investigate the action of many drugs coming into use at the present time, as well as to re-examine those long proven.

For the above various reasons we pray that your organization appoint a Committee of Five to meet a like Committee from the American Institute of Homœopathy to discuss this subject with a view of attempting a demonstration of the accuracy of the theory of similars, or of proving its falsity.

It seems to us that its joint investigation should be made under the auspices of some research laboratory like the Rockefeller Institute of New York or the McCormick Institute of Chicago. These institutions have the experts necessary for such a test; with trained eyes they could follow its course from start to finish. Whether the result of the particular investigation should prove satisfactory or not, the effort would not be wasted because a list of drugs in common use among the members of your Association as well as ours can be selected for this study of their physiological action. These accurate observations would be of permanent value to both schools.

After careful investigation of the effects of these drugs in different strengths upon the human body, as well as observing their poisonous effects in animals, an extensive trial of their therapeutic efficacy should be made in some of the large public hospitals to test the action of these remedies in exemplifying this theory of drug administration.

In recent years every effort has been made to unite the medical profession. A large number of legal practitioners is kept from affiliation because of its belief in a method of drug selection, the truth of which is questioned by the majority. Let us make a

thorough test of this hypothesis. If it be proven true, humanity will be benefited by the enlarged and improved armamentarium of all physicians; if it be disproven, the last obstacle to medical union will have been removed.

To the end, therefore, that the truth be established, let us put this theory to the test proposed. Naturally we feel confident that the principles will be established, but in the interest of mankind we request you to join with us in a scientific demonstration of the truth or falsity of the theory of cure promulgated by Samuel Hahnemann.

Respectfully submitted,

(Signed.) HERBERT DANA SCHENCK, M. D., Brooklyn.
 J. B. G. CUSTIS, M. D., Washington, D. C.
 WILLIAM RUFUS KING, M. D., Washington, D. C.
 ROYAL S. COPELAND, M. D., New York.
 FRANK RICHARDSON, M. D., Boston.
 ALONZO C. TENNEY, M. D., Chicago.
 FRED. W. WOOD, M. D., Chicago.
 BENJAMIN F. BAILEY, M. D., Lincoln, Neb..

* * * *

(We might state here that the headline is our own.—Editor of the HOMŒOPATHIC RECORDER.)

POINTERS.

A new treatment for syphilis is given by Dr. G. A. Stephens (*B. M. J.*, Apr. 5) consisting only of the injection of distilled water beneath the skin. There were no bad effects, and every case showed marked improvement and many were totally cured. The hypodermics were given every other, or every third, day. Only one mention is made of dosage, "8 c. cm. of distilled water under the skin of the back previously rubbed with alcohol." This case was so horrible that the room had to be fumigated, but after the third injection the foul odor ceased. The paper is headed "Distilled Water Versus Salvarsan in the Treatment of Syphilis." This in connection possibly with a homœopathic remedy ought to work wonders among the new and old cases.

"In the sleeplessness, nervous irritation and restlessness which is found in some cases of despondency with one-sided headache,

which is a little more at the top of the head, I would advise the use of *Conium maculatum*."—*G. F. Wents, Saugatuck, Mich., in El. Therapeutist, Eclectic.*

BOOK REVIEWS.

A PRACTICAL GUIDE TO HOMŒOPATHIC TREATMENT. Designed and arranged for the use of Families, Prescribers of limited Experience, and Students of Homœopathy. By Myron H. Adams, M. D., Consulting Physician to the Rochester Homœopathic Hospital, Member of the N. Y. State Homœopathic Medical Society, etc. 455 pages. Cloth, *net*, \$2.00. Postage, 14 cents. Philadelphia. Boericke & Tafel. 1913.

This attractive looking book is the author's contribution to Homœopathy "after nearly half a century of active medical practice," his "records of the results and conclusions which have, with me, long since become demonstrated realities. If practical experience has a word to say or a duty to perform in making public some of the knowledge and observation of a lifetime, then, herein has mine been accomplished;—the real value of which the future must determine." The book is divided into three Parts, the first being devoted to the generalities of Homœopathy, the second covering practice or "Diseases and Their Treatment," while the third part consists of a concise materia medica embracing sixty-one remedies, the whole work being rounded out by an Index.

In one respect this book, among the primary works of Homœopathy, merits a niche of its own, for the writer strongly believes in germ theory of disease and writes very approvingly of vaccines and antitoxin. In the matter of vaccination against small-pox he thinks it is difficult to understand how any one "with even a slight knowledge of the history of small-pox" can oppose it, but is of the opinion that this opposition arose from the use of humanized virus and "the shiftless, criminal way it was employed in the process of vaccination."

In the matter of diphtheria it is said: "The great value of diphtheria antitoxine has been demonstrated beyond all doubt and the early administration of the same by hypodermic injection is fast becoming the rule with all physicians."

In the matter of tuberculosis the book is in line with the modern views that it is an infectious disease and advice is given accordingly.

Some cases of adenoids may be cured in the early stages by internal medication, but failure or only partial relief follows most cases so treated. Little is accomplished by local treatment and an operation is needed in many instances to give relief and prevent unpleasant results, such as dull hearing, mouth breathing, facial disfigurement, stupidity, etc.

In malaria "sufficient proof is now at hand to show that many, if not all, cases of the disease are directly due to the bite of a certain species of mosquito primed with the malarial parasite which simply means practical inoculation." In the treatment, *Quinine* in very small doses will cure if indicated, while in large doses its effect is only to palliate.

Dr. Adams strongly protests the use of opiates for insomnia.

We have picked out these few points in order that the reader may know the tenor of the book, because there is a marked difference of opinion on some of them. To some physicians they will be welcomed, while others will disapprove. Now aside from this feature, which you may approve or condemn, you will find the book a good one, full of sound Homœopathy and many practical points for families, individuals and enquirers. Dr. Adams has given the world his best, but the best of every man never has and probably never will escape criticism, for, fortunately, no two human beings are alike else the world would be a failure. Mechanically the book presents a fine appearance—good paper, press-work, type and binding. It is one that all physicians interested in this branch of homœopathic literature should investigate.

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EDITORIAL NOTES AND COMMENTS.

AN ICONOCLAST.—The subject was “Rheumatoid Arthritis,” the lecturer was Sir James Barr, M. D., LL. D., F. R. S. E., President of the British Medical Association, the lecture was before a division of the association, and we find it printed in the *Journal* of that eminent body, April 12. As a sort of preliminary the President gently remarked: “It is only the young men in all ages who propound infallible cures,” which leave the patients and the doctors “perhaps wiser men.” He also put in “if it had not been for these cocksure gentlemen, I feel confident that we would have known more about this disease than we do at present.” A little further on the President remarks: “You will find a whole series of diseases inexplicably mixed up under the same name, or different names applied to the same disease. You will find such as rheumatoid arthritis, infective arthritis, toxic arthritis, arthritis deformans, osteo-arthritis, chronic rheumatism, rheumatic gout indiscriminately applied to a variety of affections of the joints and to different stages of the same affection.” Arthritis deformans is a much used name, he remarks, but if you wait for it to develop you have a “hopeless cripple” to deal with and, consequently, not much to boast of. Some, he said, call this condition “an infective arthritis, and others call it a toxic arthritis without offering any proof in support of their contentions. As a rule, the less these gentlemen know about infections or toxins the more dogmatic their statements.” He also remarked that the much used word “toxin” is “as vague and undeterminate as the imaginary ‘stimulus’” of an older generation. Having neatly carved up the

younger generation with their fondness for sesquipedalian terms the President proceeds to give his own views on what we may bluntly term "rheumatism," but as the reader can get better treatment out of any homœopathic text-book no attempt will be made to give an abstract. You may be loaded to the muzzle with big words and science, but you must go to Homœopathy for a cure. Very dogmatic, the foregoing, of course, but hasn't a homœopath as much right to be dogmatic as the other fellow?

ANTIMENINGITIS SERUM. DEATH.—Dr. S. P. Kramer, Surgeon in the Cincinnati Hospital, contributes a paper on anti-meningitis serum to the *Journal A. M. A.*, May 3. After giving details, he writes "we have here six deaths coming on with respiratory paralysis a few minutes after the injection." He also notes papers from other physicians concerning the fatal effects of this serum and then adds: "Indeed, so common has this catastrophe become that in a circular letter issued by the New York Department of Health, directions are given as to what should be done when breathing stops following the administration of serum." Would it not be better to abandon its use? For years homœopaths have successfully treated this disease, but many men (who should not) get angry if you even mention the fact. It is a curious state of affairs.

NOSODES VS. VACCINES.—It is a safe bet that the nosodes, *Psorinum*, *Variolinum*, *Diphtherinum*, *Bacillinum*, *Medorrhinum*, *Pyrogenium*, and all the rest will do better work in the 30th potency for the patient, and, at an infinitesimal part of the cost, than will the similar vaccines, serums, etc., etc., of which we hear so much to-day. Also that they will not *harm* the patient, something that cannot be said of the newer form of the hoary, old isopathic treatment, which parades about to-day just as if it were new.

A NEGLECTED FIELD.—A number of medical journals have been discussing "beauty doctors" lately, which the medical profession consider *infra dig.* The people, or, at least, many of them, want this treatment; if the profession refuse to have anything to do with it, they ought not to denounce as "quacks" those who take

up such treatment. Why the removal of warts, moles, hairs and disfigurements generally, and the cultivation of a good, fair skin, should be beneath any one's dignity is a question they alone can answer. Looks as if the journals calling attention to this were right. Also that there is a good field here in which the trained physician might specialize with good results to the public and, incidentally, to himself.

SMALL-POX IN GERMANY.—“The number of small-pox cases in Germany during the year 1909, as reported to the imperial bureau of health, was 247, as against 434 in 1908, 345 in 1907, 256 in 1906, 212 in 1905, 189 in 1904, 172 in 1903, 114 in 1902, 375 in 1901, 392 in 1900, and 346 in 1889.”—*Public Health Reports*, May 2.

SALVARSAN AGAIN.—With the possible exception of Koch's “lymph,” to go back to the original popular name, or Friedmann's turtle cure for consumption, no product of modern scientific medicine has received more attention from the daily press, the magazines and medical journals than has “606,” or “Salvarsan,” or, as is its latest name, “neosalvarsan.” But, apparently, this drug, like all else that grows up in this class, is a failure. Dr. Fritz Lesser read a paper before the Berlin Dermatological Society on “Epileptiform Convulsions Following the Administration of Salvarsan” of which a note is made in the *B. M. J.*, April 26. In brief, Lesser had collected data of eighteen cases of epileptiform convulsions and of these “recovery occurred in 2 only.” He also expressed the opinion that such cases are more common than is thought. Even with this record he does not condemn the drug, but thinks it is not necessary “to be hasty in employing” it. A complication or accident following the exhibition of Salvarsan in the primary and early stages of syphilis might be justified by the fact that an attempt at a *therapia sterilisans magna* had been made. He insisted on the value of Salvarsan when used in such circumstances, but it was “quite another matter to employ the drug in other stages merely because the Wassermann reaction seems to be present.” This is the latest authoritative statement we have found on this remedy. Looks like the homœopath would be wise to stick to his indicated remedy.

VACCINATION AGAINST TUBERCULOSIS.—A French doctor, G. Rappin (abstract, *Journal A. M. A.*, May 10), has been at work on a vaccine against tuberculosis since 1894 and now the results are “extremely encouraging.” What with Friedmann’s “cure” and Rappin’s vaccination, this old and formidable enemy of the human race ought to be wiped out in a jiffy. Whether the public will stand for another universal vaccination is a rather interesting problem.

DOCTOR-DENTISTS.—A Paris letter says that a great many French physicians have taken up with dentistry of late years and all of them seem “to be doing well.” The letter writer says that the people seem to rather turn to them, the doctor-dentists, and in consequence the regular dentists are bestirring themselves to equalize things by having the Government allow them to be graded as “doctor.” This move is violently opposed by the present doctors, who argue that if the dentists are allowed to assume the title so might chiropodists, mid-wives, masseurs and the like. All of which is to be found in the Paris letter of the *Therapeutic Gazette*.

PUNISHING SMALL-POX VICTIMS.—In reply to an enquiry put in the British House of Commons Dr. Maessamara said that only three out of a crew of seven hundred on an English war vessel had contracted small-pox. The question arises as to what should be done with these men, and many others who contract the disease after being vaccinated, if the proposition to punish all who come down with that ill is put on the statute books as certain emphatic editors advise?

THE OPEN WINDOW.—Dr. J. E. Gilman, Chicago (*Medical Advance*, April), contributes an interesting paper on “The Holocaust of the Open Window.” Some of the hypercritical may object to the term “holocaust,” for what the writer protests against is the “open window,” etc., with its frigid, damp and fog-laden air, which is hardly in the holocaust category. He claims that the cry “sleep with your window open” has been the death of many, for while some can endure it others cannot. Dr. Gilman cites a number of cases which he cured by the very simple plan of hav-

ing the patients keep their bed-rooms up to a dry warmth of 70 degrees. He also tells of a surgeon possessed by the "hardening" idea who "hardened his first three children into the ground," after which he gave the rest of them the proper warmth and they lived. If you have the vitality you can stand the open window in cold and raw weather for a time, but if you have not it will sooner or later get you. Dr. Gilman concludes: "There has been no other one cause so productive of disease and death in Chicago during the cold weather as the advice, keep your windows open at night."

RHEUMATISM CURES.—Dr. Ralph Stockman deals with this subject in the pages of the *British Medical Journal* of Mar. 22, and comes to the conclusion that "so far as I am able to judge the real efficiency of the numerous compounds which have been recommended by manufacturing chemists in rheumatic affections depends solely on the amount of salicylic acid which they contain" * * * "yet it is notorious that heart lesions occur very commonly even while large doses of salicylates are being administered." So, it would seem, that the patient, and the doctor who goes in for salicylates, are between the devil and the deep sea. If the doctor were to consult some good homœopathic books on the use of *Rhus tox.*, *Bryonia*, *Dulcamara* and a few other natural drugs in the treatment of rheumatism, and forget for a while his very latest theories, he would be headed up the real scientific pike.

TREATING DIABETES.—In a very elaborately tabulated article on the relation of the Wassermann reaction in diabetes (*J. A. M. A.*, April 12) Dr. John H. Richards relates the particulars of several cases. One of these was a woman, aged twenty, with no history of syphilis, but showing polyuria, thirst and sugar in urine; also a very positive Wassermann reaction. The treatment was as follows. "Mercury was given continuously to the limit of toleration from October 30 to January 24 of the following year. The salvarsan was given intravenously on January 5 and January 24 in doses of 0.4 gm. In spite of this treatment there was no change in the Wassermann reaction, and the diabetes became progressively worse." Really, wouldn't Homœopathy have been better for the patient?

PERSONAL.

Some auto horns are so insulting that one wants to resent them with an 'arf brick.

"Why does the average man think virtue is stupid?" asked the philosopher. "Because he doesn't know it," replied Binks.

If every mother's son of us spoke what he thought there would be—something to pay!

A man with really independent views is very lonesome, else he would not be independent.

There is nothing so much counterfeited as truth.

Every reformer is sure he has diagnosed the ills of the world and has the remedy. Yet the world is *æt.* 6,000!

One old horse will tow a 20 h. p. auto.

Why do we kill time when life is so short?

"It is the effect of age," said the young doctor, and wondered why she never came back.

The man who is ahead of his time but behind in his payments is in bad—too bad!

The Remedy? Well, "Golden Rule Jones, mayor of Toledo, O., found one in an almost forgotten book.

So many men are on the fence to-day that it is in danger of collapsing.

"Get the habit of eating for moral ends."—*Ex.* Great Jupiter Pluvius!

Advise to young editors: Preach smooth things.

Insanity = "A condition marked by abnormality of the reasoning faculty." Well—hum—

Normal = "According to pattern."

Pattern = "Anything proposed for imitation."

The Trojan war (actually) is still going on in the Balkan States.

Old Dry-as-dust says the gallant name "Hussar" originates in the Slavonic word for "goose herd."

"Man is the only animal that uses tobacco." Yes, and the only one who wears glasses, says the *O., O. and L.*

Once the man who flouted uric acid as the cause of rheumatism was a medical anarchist.

"A splendid mass of polysyllabic perfidity" is the phrase used by an Englishman concerning certain medical literature.

An old but true definition: Fiction = mining literature.

The rule of three One not wanted. But which? There is an exception to every rule.

Much good stuff has gone into the waste basket. Also much bad stuff has been printed.

If a Christian scientist were to be hit by an auto what would happen?

THE HOMŒOPATHIC RECORDER

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No. 7

IS THERE ANYTHING IN THE 30th?

The June issue of the *New England Medical Gazette* contains a long and interesting paper by Dr. Sanford Burton Hooker, member of the 1913 graduating class of B. U. S. M. The interest, to an old timer, lies in the contrast between the views held by the graduates of today and those prevailing in the period when he was graduated. For instance, the essayist writes:

“It is my opinion that in none of the so-called provings of *Natrum muriaticum*, or of similar drugs in the 30th or higher, have any authentic symptoms ever been produced.”

Also: “Can we conceive of a simple chemical substance *in an inert vehicle* being transformed into a state governed by vital principles when the laws governing chemical and vital conditions are fundamentally immutable and non-interchangeable?”

These two quotations will serve as showing the key-note of the paper, which in its totality is ably written.

The statement that the laws governing chemical and allied conditions are immutable is one to which all will give assent; indeed, one might go further and say that this applies to all matter, animate or inanimate—animal, vegetable and mineral. But the question arises, does even the most learned man know much more than the mere surface of those laws?

And, then, it is possible that there are a mightier set of laws than even those governing matter, namely, those governing the spirit or the mentality. Laws that in their working drove Napoleon into the horrors of the Russian campaign, so ably depicted by our esteemed Dr. Rose in his recently published book. Who can deny the possibility, away beyond the ken of man to-

day, of an equally immutable relation between these two sets of laws?

This is indeed the age of science, and the discoveries are wonderful. It is an age when everything must be demonstrated on the material plane, an age that contemptuously brushes aside all else as mere superstition. This act is not quite in keeping with what some believe to be the true scientific spirit. A few months ago an English doctor in India wrote of an incident that occurred in his practice. He had two letters to write, one to a man informing him that he was incurably ill, with but a few months to live; the burden of the other was that all he needed was a few weeks at Simla, the summer resort of India. By a mistake he got the two names mixed. The dying man cheerfully went to Simla and recovered, while the other, when next seen, was really in the shadow of death. This illustrates that there are things—"superstitions?"—*actually* acting on matter in a striking manner, yet no laboratory can find a trace of this formidable force.

Concerning Dr. Hooker's disbelief in the 30th potency, it may be said that he is one of a numerous company, and that the skepticism is natural, for it is a hard thing to believe. Von Grauvogl was one of this company, as every homœopath knows; an allopathic doctor and a scientific man. But he put the matter to the test by taking repeated doses of *Arsenicum* 30, and he developed the very striking symptoms of arsenic in himself. Also, he repeated the experiment several times to be assured that it was not a coincidence. Several Austrian doctors flouted the idea that there was any power in *Natrum mur.* 30. They put the matter to the test and published the fact that against their wills they were forced to the conviction that there was an uncanny power in the drug when dynamized.

Sharp, of *Tract* fame, tells of a woman who could not take *Ipecac* 30, and the writer once knew of a woman who had been badly poisoned by *Arnica*. Afterwards a dose of *Arnica* 30 would at once bring back the symptoms of the poisoning.

These, and many more instances that could be cited, may not be science in the meaning of that *very* big term, but they are facts, and, after all is said, is not science but fact?

The excavators in the cradle of the human race, Western Asia, have traced human work back ten or twelve thousand years, and the old records say it goes back to sixty, or some to 600 thousand years. Now it is a fact that the sun has shone with apparently the same fervor, and remained the same size as far back as knowledge goes. Whence comes the fuel and *whither go the ashes* that accompany a fire like the sun?

In view of all this, and much more that might be brought forward, it seems hardly reasonable to deny any power to the high potencies. They may not be, or do, all the extremists think, and these gentlemen, or some of them, may have the idea that they know more than is really the case—but cannot the same be said of the extremist in modern medicine?

Let every man follow his light such as it is, but—let us have medical freedom.

VACCINE THERAPY GIVEN A BLOW.

A Committee of the Council of Pharmacy has been running a long paper in the *Jour. A. M. A.*, which is concluded in June 28 issue. The committee sum up as follows:

“CONCLUSIONS.”

“Vaccine therapy is a highly specialized field of medicine whose successful pursuit calls for a particular training in bacteriology, immunology and clinical medicine.”

“The therapeutic possibilities of vaccine therapy have been exaggerated.”

“The promiscuous use of the stock bacterial vaccines of commerce in the treatment of acute and chronic infections is an irrational procedure.”

“Ready-mixed commercial vaccines should be abolished.”

“In cases suitable for bacterial therapy, autogenous vaccines are with few exceptions superior.”

“Autogenous vaccines should be prepared by those in touch with the patient and not through the agency of remote laboratories.”

THE BIOCHEMICAL TREATMENT OF FEVERS AND INFLAMMATIONS.

By **Eric Graf von der Goltz, M. D.**

Personal, as well as the experiences of others, have caused me to try to eliminate those drawbacks from the biochemical practice which constitute all that which has been denounced by homœopathic writers as "*Schüsslerism*" and "*the Delusion of Schüssler's Philosophy notwithstanding the popularity of it,*" and, finally, the sweeping condemnation by those writers who say "*it will be found to be a failure in practice.*"

Such, and other, critical notes must be brought back to a deficit in the writings of Dr. Schüssler who, too much taken up with the inner working out of biochemistry, neglected altogether the systematic teaching, as also the publication of a practical handbook for physicians.

The fact also must not be forgotten that not only for translation, but even for born Germans, the style of the late Dr. Schüssler is not easy to read or to understand.

The German language can be absolutely correct in grammar and syntax, yet at the same time can also be very tiresome, so that the sense of the writing will be comprehended with difficulty.

If now such difficulties will be met with by the native reader knowing only his language, how great will be these difficulties for the translator, especially if not absolutely perfect in his knowledge of the German language?

It is therefore my wish to show in the present paper that biochemistry will appear really as something quite different from the before-mentioned criticism and, therefore, more acceptable when some order has been brought out of this chaos.

The first step in any therapeutic undertaking for the relief or cure of the diseased organism consists in *diagnosis and the selection of the indicated remedy.*

Already here biochemistry must suffer from a great disadvantage. Hardly has a diagnosis been offered than the would-be therapist has the remedy ready!

How deleteriously such biochemistry will end has best been proved by the cited critics in the introductory remarks.

In most cases the newcomers to biochemistry entering from the rank and file of homœopathic physicians make the fundamental mistake—they go according to symptoms, involuntarily combining symptoms of the homœopathic materia medica with the indications of Schüssler.

To be absolutely fair it must be conceded that some symptoms of the homœopathic materia medica and some indications of Schüssler are identical. This incidental coincidence is worrying and perplexing to the beginner, especially if the neophyte vacillates between Schüssler's original (last 25th edition) treatise and one of those books which give a mixture of Schüssler and Homœopathy. For this reason we will consider first the examination of the patient.

The examination of the patient must be divided into two parts. The oral one to bring out the history, which examination is the same as that of the homœopathic and allopathic physicians.

The second part of the examination must show every detail of the physical condition of the patient. Perhaps here the examination must be done with the greatest circumspection, going into the most minute facts, for on these rest the final selection of the remedy, to decide if the present fever, for example, is the *result of the interrupted cell equilibrium in muscular, epidermal, bone, glandular, interstitial tissues, or in the nerve and brain tissues, or if the disease will be found in the intercellular fluids.*

To decide the question, to be able to find the original starting point of the disease, the primarily disintegrated chemical equilibrium of a certain cell-group is really the aim of the diagnostic work of the biochemist.

Also, last and not least, the physical examination must clearly bring out the borderland between medicine, surgery and mechanical therapy, so that the physician will be saved the mortification of being defeated by a simple advice (surgical or mechanical) when he might have worked faithfully with his remedies without seeing any result on account of a wrong analysis of the phenomena.

Having finally arrived at an opinion in regard to all stages of the disease, the physician once more must return to his oral examination to come to a special understanding of the presented pathological or semiotic facts and signs.

Having now gained a knowledge of (a) *the full picture of the disease in history and signs*, and (b) *the present pathological condition of the organism*, it will be comparatively easy to find the necessary cell salt *when reviewing in one's mind the point by indicated remedies*.

This process is to be observed in all those cases of diseased conditions where two or more remedies may be indicated or where a sharp differentiation, as, for instance, between *Calc. phos.*, *Mag. phos.*, *Kali sulph.* and *Kali phos.* must be made.

It is well known that at times, especially in the practice of a casual user of biochemistry, or by the beginner, one remedy after the other has been tried till finally the right one is found. But it must be conceded that this method can neither claim to be scientific nor can the physician in the interest of the patient be content to see the disease cured at last by the chance-right remedy in his hand.

The selection of the remedy must be thus argued for the well known reason that the whole edifice of biochemical results is built upon such a reasoned-out remedy.

The post-haste application of biochemistry (mostly sinned against by the casual user) is absolutely unsatisfactory and is that which Schüssler warns against.

In biochemistry every case, every treatment, must be argued and reasoned out in every step.

There does not exist in the whole domain of the biochemical therapy one single instance where the physician in a skematic way can rush in and administer the curative remedy. The following experience shall illustrate the meaning of this:

Mrs. L. S., twenty-two years old, was recommended to come under my treatment for rheumatism. Patient complained of the usual pains in her legs and feet, burning in the soles and a general tired feeling, going up the thighs to the hips and to the small of the back. More or less the patient had been treated for such rheumatic pains since her school days.

The exact physical examination, especially of the lower extremities, revealed that the patient was suffering from not exactly flat-feet, but from broken down arches with overstraining of nearly all the muscles of the legs, causing the wrong posing of the mechanic and static of the pelvis. That here, therefore,

no medicine could effect anything must be clear to everybody. Only it is curious that such a simple thing, ridiculous in its triviality, had not been seen before. The complaints were the general rheumatic ones; the casual glance at the lower limbs was all that was done in a way of examination.

The resulting therapy, a rational arch support, changed and so relaxed the tension of the muscles that finally a resulting altered median line of the whole equilibrium brought about the cure.

The differentiation of the remedies, as previously mentioned, is the most important factor in biochemistry. I will give in the following lines a complete synopsis of these differentiations culled from Dr. Schüssler's chaotic writings. Those differentiations for immediate use must be studied well and firmly kept in mind.

- 1) *Calcarea fluorica*—in cases of the matured bone.
Calc. phos.—in the growing bone.
- 2) *Nat. sulph.*—eliminates the water formed in the body.
Nat. mur.—attacks the water to be used in the body.
- 3) *Calc. phos.*—in pains arising from anæmic conditions.
Mag. phos.—in pains arising from neurasthenic conditions or where by the deficit of this salt caseous, tuberculous degeneration has taken place.
Kali sulph.—in pains arising from lack of oxidation of the blood.
Kali phos.—pains arising from overtiring, that means deteriorating the nutritive tonus.

If now the biochemist is trained to decide quickly, and in painful conditions of whatever form is able to consider and to analyze the presented disease, the cure will satisfy patient and physician.

It must not be forgotten that every tissue remedy is a pain remedy. The pain is only nature's danger signal.

To continue this differentiation we must regard: *Nat. sulph.* with *Kali mur.*, *Calc. fluor.* with *Silicea* and finally *Calc. phos.* with *Kali phos.*

- 4) *Nat. sulph.*—has been referred to in its water eliminating power.
Kali mur.—acts also in a similar way on the leucocytes, but the splitting up does not evacuate them along with

the water, but segregates same in for mof blisters, quickly changing the contents to thick fibrinous matter.

- 5) *Calc. fluor.*—acts in regard to *Silicea* as its forerunner in possible absorption of hard lumps before any possible melting has been instituted. Here must the elastic fibre and the epidermal cell, as also the glandular structure, be considered.

Silicea—acts as the caretaker of the *Calc. fluor.* patient after *Calc. fluor.* has become inert.

- 6) *Calc. phos.*—can only be discriminated from *Kali phos.* by the lack of animal vitality, where in *Kali phos.* the nervo-tonic character of the whole organism is visible.

Kali phos.—the patient must be characterized as first nervous, later paretic.

The following illustration will show the importance of this unceasing mental counter-balancing in practice:

Called into consultation, I found a fifteen-week-old baby, well fed, troubled with wind colic, slaving and screaming day and night; the baby nursed well, but was constipated to a certain degree.

The baby was previously treated by a well-known specialist of the allopathic school.

The further treatment was homœopathic and then I was called into the case.

As the baby showed all signs of *Calc. phos.* and *Nat. mur.*, as also of *Mag. phos.*, so at first for the colic (as the presumable cause of the screaming) *Mag. phos.* was given with some improvement. The next step was the changing off to *Calc. phos.* and *Nat. mur.* by the treating physician.

Having then observed the baby for ten to fifteen minutes I came to the conclusion that the only possible remedy could be *Kali phos.* *Kali phos.* restored peace, but why?

As the examination of the eyes and the whole face showed the nervous disposition, *Kali phos.* proved to be the curative remedy.

This case evolves the rule that the biochemist after having come to an understanding must balance the possible remedies from the eventual causing points of the manifestations of the disease.

This is why Dr. Schüssler constantly refused to give any repertory or any index.

But we must have an index, or repertory; only it must be kept in mind that the mechanical and unthinking use of a repertory in biochemistry is more harmful than the mechanical use of such books in the homœopathic practice.

The experience of the great difficulties presented to the reader caused me to divide the materia medica into three distinct subdivisions:

1) *Selection of the Remedies.*—Characterizing the remedies for the beginner under aggravation, amelioration and general symptoms, but strictly in the sense of Dr. Schüssler.

2) *Clinical Synopsis.*—If now the first division, "*Selection of the Remedies,*" had been written with some leaning towards the homœopathic form in the interest of the beginner of biochemistry, the second part is absolutely only biochemic. The each-time remedy arranged from the two-fold view, "*will cure*" and "*will be used therefore,*" including everybody's biochemic observations, so soon as the same could be traced to true biochemic therapeutics.

3) In the third division the rudimentary conception of a *facial diagnosis* was presented. This in a broader development I had the honor to communicate to the New York Materia Medica Society, October 25th, 1911.

The practical application of the preceding lines will be found if the student of biochemistry will try to bring the whole domain of *Special Therapeutics* under separate *Divisions*, viz.:

Fever and Inflammations.

The semi-biochemic books, and also those on Homœopathic Materia Medica, which works are not fully antagonistic to biochemistry, write as follows: "*Ferrum phosphoricum, the remedy for first stage of all febrile disturbances and inflammations before exudation sets in.*"

This sentence of one special author must be repudiated by every good homœopathist from the point of symptomatology and must be branded as the most formidable proof of absolutely knowing nothing of biochemistry. If we remember that this homœopathic writer has published also special works on bio-

chemistry, it is easily understood why true biochemistry is judged so harshly.

The following special treatment of the biochemical fever and inflammation remedies will easily prove that *Ferrum phosphoricum* is not more nor less in use as the primary fever remedy than *Kali mur.* or *Calc. fluor.*, or any of the other remedies.

Before entering on a repertorial review of the fever remedies I propose to give under the heading of every remedy the most exact description of each time fever and inflammation reducing properties of the salt.

Calcarea fluorica and *Calcarea phosphorica*.—*Calc. fluor.* will be found in the surface of the bone, enamel of the teeth, in the elastic fibres and in the cells of the epidermis.

Calc. phos. is found in all cells, but mostly in osseous ones; in the epithelial cells of the serous membranes, in the cells of the epidermis, in the epithelium of the mucous membranes. This salt is the chief actor in the formation of new cells.

Both are used in fever arising from injuries to bone structures or new bone tissues (cartilages, etc.). These two named remedies are also the fever remedies of any feverish bone disease.

It is therefore easily understood that *Calc. phos.* is the chief fever remedy in croup (diphtheria), as is *Calc. fluor.* in hard inflammation of the gums.

The differentiation between *Calc. fluor.* and *Calc. phos.* (as mentioned before) is sometimes very difficult, especially if the patient belongs neither to the one class nor to the other regarding development of bone. In this case the facial diagnosis and, very carefully, the coating of the tongue, must be consulted; carefully, I said, as in *acute diseases* the coating of the tongue is often misleading.

Ferrum phosphoricum is contained in the blood corpuscles, in the muscles and nerve cells.

It is the fever remedy in muscular tissues, organs lined with mucous membranes. It is, therefore, easily understood that the chief characteristic leader in the semiotic of *Fer. phos.* is hyperæmia resulting from the pathological relaxation of the physiological tonus of the tissues in which are imbedded the blood vessels.

But as soon as the fever cannot be analyzed into the necessary predisposing moments of an active hyperæmia, resulting from at

first relaxed and then overfilled blood vessels, the fever, the high temperature and accompanying pains, malaise, headaches, etc., are not amenable to *Fer. phos.*

If at times in bone diseases *Fer. phos.* is used, it must be stated that eventually great injury in the muscular tissues brought on by the sharp edges of the fractured bone may cause the use of *Fer. phos.*, but it must be kept in mind that *Calc. phos.*, respectively *Calc. fluor.*, will quickly mend the bone.

Fer. phos. will not shorten the time of cure against the time used in allopathic practice, but the rational use of either of the named calcium salts will in nearly all cases reduce the required time of callous formation to one-half—very important in the interest of many patients.

Kalium muriaticum is contained in almost all the cells, prominently in mucous membranes, epidermal tissues and acts as principal fever remedy with hyperæmia signs or symptoms all over in those parts where are the epidermal tissue cell formations, as also the interstitial connective and lymphoid tissues.

We know from the researches of embryology that the epidermis, for instance, and the eye are nearly related. It is therefore clear why in true biochemistry, as, for instance, in keratitis superficialis vasculosa, with formation of inflammatory processes in the superficial layers of the cornea, *Kali mur.* must be used.

We know that Dr. Schüssler has built up his biochemistry on the principle (now already partly recognized by every school of medicine) of the restitution of the cell deficit expressed by the each-time manifested disease.

In the epidermal tissues and, therefore, in the cells of the cornea, no *Fer. phos.* can be found. Why then shall *Fer. phos.* be a remedy for a diseased condition resulting from the deficit of a cell salt that primarily has never been in the formerly healthy cell?

The cell contents of the epidermis, as also of the cornea, are made up primarily by *Kali mur.*, *Calc. fluor.*, *Kali sulph.* and *Silicea*.

Furthermore it is not difficult to understand the irrational injustice of condemning biochemistry on failures resulting from faults in practice.

Equally well can the irrational use of *Fer. phos.* in mumps,

croup, diphtheria and pseudo-croup be proved. Here in this place I will especially record that Schüssler with *absolute and clear precision* writes on page 97 of his *Therapy* that *Calc. phos.* is the chief remedy in genuine croup. One of those pretentious books *corrects Schüssler* (!?) and writes *Calc. fluor.* is the chief remedy in true croup!

In diphtheria Dr. Schüssler with absolute clearness gives the indications of *Kali mur.*, *Calc. phos.* and *Kali phos.*, and *Kali sulph.* (compare his *Therapy* from page 96 to 98 and further his special publication of *Treatment and Cure of Diphtheria by Biochemistry*, 1895) from the experience of his great children practice.

What is this special corrector of Schüssler now doing? Under the heading of *Diphtheria* he writes: *Ferrum phosphoricum*—at the commencement and for the fever, going through the falsely to Schüssler attributed indications of *eight tissue remedies*, “inclusively of *Natrum sulphuricum!*”

Can anybody think of a more deleterious falsification of Schüssler's teaching?

Kali phosphoricum is contained in the cells of the brain, the nerves, the muscles and the blood corpuscles, plasma of the blood and the other intercellular fluids, and will be used in all cases of septic inflammation and disintegration of the blood. The use of *Kali phos.*, therefore, is comparatively easy. And in the singular position of this cell salt we can see that besides all homœopathic by-work the editors of these works on biochemistry (?) are accurately stating the working sphere of *Kali phos.*

Kali sulphuricum is contained in all the cells which contain iron and as a fever remedy it plays a secondary role to *Fer. phos.* and *Calc. phos.*

The only isolated position as chief remedy and there only on account of the peculiarity of carrying oxygen (oxidation) is in balanitis, but here more than the want for oxygen the proper want of the epidermal cells comes into play.

Magnesia phosphorica is contained in the blood corpuscles, in the muscles, in the brain, spinal marrow and nerves, and in the bones and teeth. It offers for its selection as the at times only rational fever remedy characteristic difficulties as follows: *Mag. phos.* must be regarded as the antipode to *Kali phos.* If now in

sepsis or any disease with fever the cell salt *Kali phos.* is indicated and the antithesis of *Kali phos.* is predominating, that means a great temporary alertness of the nervous system instead of showing in comparison to the physical examination the well known lethargic intoxication—*Mag. phos.* will be the curing and so saving remedy.

Natrum muriaticum is contained in every cell. The nascent chlorine, which is split off from the *Nat. mur.* of the intracellular fluid, combines with the sodium of the cells. Such newly formed *Nat. mur.* attracts water into the cell. It is the fever remedy in all those diseases which have originated by sudden loss of normal physiological water percentage of the cells. The fever will be cured along with the disease by causing the splitting of cells necessary for their multiple action mostly in bringing to the dried out parts (that means cells) the necessary quantity of water—so in burns, scalds, etc., with high fever. The fatal results of burns and scalds are effected (as we know) by the same mechano-chemical process of desiccation as we may observe in true Asiatic cholera, cholera nostras, etc.

Natrum phosphoricum is contained in the blood corpuscles, cells of the muscles, nerves and brain, and in the intracellular fluids. It is used in first line for fever and inflammation, depending on uric acid formation and retention, on free lactic acid formation, and further tubercular (scrofulous) infection, and last, not least, septic processes, compare *Kali phos.* and *Mag. phos.* Regarding sepsis it must be mentioned that *Nat. phos.* is the most active invigorator of the leucocytes.

Natrum sulphuricum is the remedy or cell salt in biochemistry not contained in the cells, but is to be found only in the intracellular fluids. It is the fever remedy based on the retention of decayed leucocytes. *Nat. sulph.* is, therefore, a fever remedy of the greatest importance for the most different states of hydræmia.

Silicea is contained in the cells of the connective tissue, of the epidermis, the hair and the nails. It is used in fevers and inflammations from stagnation, blood or sero-albuminous accumulation, as the beginning of cellulitis and abscess.

Silicea is the consecutive remedy after *Calc. fluor.* and has proved to be unable to dissolve indurations.

Before going further I wish to mention the following not known facts from the late Dr. Schüssler's numerous (but not yet translated) didactic and polemic publications:

Dr. Schüssler published in 1888 a sharp and sarcastic retort to Dr. Von Villers' denouncing criticism of biochemistry, in which v. Villers asked how Dr. Schüssler had really found his indications if not homœopathically?

Dr. Schüssler answered that after having found out and formulated the tissue salts in a schedule in regard to their distribution in the organism, he put up speculatively indications from the well-known chemical reactions of these salts, and according to those indications the patients were treated.

If the indications were rightly surmised, cure as a result followed. Such a result was then recorded for further use. If, on the other hand, no cure followed after repeated trials, the indication was given up as faulty.

In such a slow and laborious work the whole biochemical, therapy was worked out.

Furthermore I must add some words about the potencies to be used.

Dr. Schüssler, writing for the use of the layman, restricted the potency to 6x with the exception of 12x for *Calc. fluor.*, *Fer. phos.* and *Silicea*.

Dr. Schüssler decidedly made those two selections of the potency under the influence of v. Grauvogl's teaching of *the three constitutions*, which in the successful practice of either homœopathist or biochemist should not be neglected!

From my personal experience of many years nearly of an exclusive biochemical practice I must declare that it is impossible to understand that v. Grauvogl's teachings are utterly unknown, at least hardly mentioned in any of the up-to-date didactic homœopathic publications.

It must be stated that the failure and defeat of an absolutely low or high potency homœopathist is certain under special conditions, for in a carbo-nitrogen constitution the most brilliantly selected remedy in the 6x will not work. Also in a hydrogenoid constitution all work and fineness of a high potency man is wasted and thrown away if the constitution is not recognized and the remedy is given in a high potency.

In the following short sketches I have extracted out of v. Grauvogl's text books all that which is necessary for the recognition of the three constitutions in regard to the wants of the biochemist:

Hydrogenoid Constitution

Appears mostly under the picture of Hahnemann's sycosis, but the principal characterization is the great or too great retention of water in the tissues or hygroscopic quality of the blood. The constitution can be recognized in the accompanying circumstances. Before, so to say, the patient is examined in any more direct way the physician shall by well directed questions come to a perfect understanding of the constitution.

The questions must discover how the patient feels in wet weather; also how patient feels after cold, eating and drinking. When the patient is worse the patient shows a regular periodical appearance of his sickness; the constitution of the patient is a hydrogenoid one, and as such, after v. Grauvogl's many and painstaking observations, must be treated only by low potencies.

Oxygenoid Constitution

Shows a too great percentage of oxygen, which eats up in a too quick way the tissues of the organism. The incorporation of chemically combustible nutrition serves as a means of always more excited oxidation of the whole organism.

Therefore the patients feel themselves better in an atmosphere nearly unsupportably overcharged with nitrogen and even with carbon.

These constitutions show an aversion to those things which are needed in their organisms, as, for example, meat.

The oxygenoid constitution is sharply outlined by the nearly absolute deficit of albuminates and fat, and all oxydable tissue material.

These constitutions are characterized by feeling bad for hours and even days before a change of the weather sets in. Who has not yet seen patients telling that they feel best in rain, snow weather or fog? This same aggravation is noticeable shortly before a thunder storm. It must not be overlooked and forgotten that the physician will meet with hydrogenoid constitutions which will be ameliorated by rain and again oxygenoid natures

aggravated by rain. This paradoxical behavior must and can easily be explained that under certain telluric conditions rain weather is accompanied with a great ozone percentage of the atmosphere, therefore ameliorating the hydrogenoid and aggravating the oxygenoid constitutions, namely, working on a heightened process of reduction and again forcing an already forced process of oxidation.

The experience has taught the use of medium potencies and triturations.

Carbo-Nitrogen Constitution

Is Hahnemann's true psora theory and can shortly be pictured as the result of altered functions of the organism—a pathological retention of nitrogen and carbon resulting from a too slowly proceeding excretion.

We see therefore in the urine too few chlorides and phosphates, an uncomparable riddle for the scientific or allopathic physician.

The physician can only get the absolute proof for the carbo-nitrogen constitution by the aid of the microscope, as the microscopical examination of the blood will show us the melaneous cells. The diseases in a patient of the carbo-nitrogen constitution can only be treated by high potencies.

As now the most different diseases can be found under any of those constitutional forms, it must be evident that the different diseases will only be curable by the different potencies of the necessary remedies.

Von Grauvogl was the first who showed and proved by this in an easy and natural way how under circumstances an allopathic physiological dose either in hand of homœopathic or allopathic physicians will effect a perfect homœopathic cure.

In the biochemical treatment this question of the constitutionality of the patient is of the most important consequence. I have seen at repeated times that pneumonia in a carbo-nitrogen constitution would not be influenced in the least by *Fer. phos.* 12x, but like magic responded to the remedy in the 200th potency.

The few results of a medicamental tumor and cancer treatment must also today be attributed to those faults of overlooking v. Grauvogl's constitutions.

If the biochemist in the examination of the patient, and later

on in the selection of the remedy and dosage (potency), uses well all those successively treated methods the results in acute, as also in chronic, diseases must be satisfactory to the keenest wish and anticipation of the physician.

The resulting practical review of the foregoing descriptive sketches of the tissue salts after this necessary digression is as follows:

Fever and Inflammatory Processes:

In muscles, serous membranes (congestive hyperæmia): acute traumatismus in soft parts, *Fer. phos.*

Of bony and near-bone tissues, *Calc. fluor., Calc. phos.*

Of epidermal formation, *Kali mur., Kali sulph.*

Septic, toxæmic, pyæmic, gangrenous, *Mag. phos., Ferr. phos.*

Of hydræmic origin, *Nat. sulph.*

Tubercular (scrofulous), *Nat. phos., Mag. phos.*

Uric acid formation, lactic acid excess, *Nat. phos.*

Abscess formation, *Silicea.*

Desiccation of tissues, alcoholic, septic delirium. *Nat. mur., Silicea.*

Septic phlegmonous, *Nat. phos.*

Infiltrations:

Œdematous, *Nat. sulph.*

White shining, *Kal. mur.*

Indurated, *Calc. fluor.*

Suppurating, *Silicea.*

As soon as the beginner in biochemistry has worked out such a paradigm for the treatment of fever and inflammation an eventual repertory will only serve to refresh the memory and in some cases, in some dubious questions, the selection will be made easier, as, for example:

Diphtheria, pseudocroup, *Kali mur.*

Genuine croup, respectively diphtheria, *Calc. phos., Kali sulph.*

Dysentery, *Fer. phos.*

Influenza, *Nat. sulph.*

Keratitis, *Kali mur.*

Acute rheumatism of the joints, *Nat. phos.*; the muscles, *Fer. phos.*

Endocarditis, simplex, *Fer. phos.*; rheumatica, *Nat. phos.*

Erysipelas, soft œdematous infiltration, *Nat. sulph.*; deep, phlegmonous infiltration, *Nat. phos.*

Furuncle, *Silicea*.

Carbuncle, *Calc. fluor.*

Uvulitis, *Nat. mur.*

In this present paper I presented Dr. Schüssler's biochemistry as it presents itself to an allopathic physician and an uninfluenced layman. A layman used to Homœopathy and homœopathic symptoms also finds, like the most homœopathic physicians, biochemistry a disappointing failure.

The claim of the critics that Schüssler's philosophy is a failure, notwithstanding the popularity of it, expresses that which is the difficulty for everybody homœopathically trained—to *associate involuntarily with naming or reading the different tissue remedies, a symptomatological thinking.*

So soon now as the beginner, perhaps with great difficulty, at first by exertion of the most concentrated will power, has begun to eliminate from his brain the unconsciously performed symptomatological enumeration the student of biochemistry will be able to be successful in his biochemical work. It follows that the study of biochemistry should be made obligatory exactly as we see that homœopathic colleges give a synopsis of so-called physiological or allopathic treatment, and further electrical and X-Ray therapy and local Radium application, etc., etc.

Biochemistry to the present day, I am sorry to confess, has had the most enthusiastic followers from the ranks of allopathic physicians. Under the homœopathic medical men we find few of an authoritative position as Drs. Goullon, Schlegelman, Fuchs, Professor Rapp and other men.

Failures will be met with all around, and for the two-fold benefit of physician and patient the medical student at the time when his youthful elasticity of body and mental powers are in their prime, if rationally prepared for the necessity of looking for help to biochemistry and its ways when in practice not willing to give up the patient and declare himself beaten, shall at least know how to procure it.

The consideration of a possible obligatory study of biochemistry would not have been brought up if not at different times I had the opportunity to hear the late Dr. F. T. Adler speak and speculate about this fact, that, as he expressed himself, thank God! not often the necessity arises to give to a patient allopathic

medicine, in allopathic fashion, in allopathic doses, when even in consultation with men like Dr. Dunham, Lippe and Hering Homœopathy was powerless, and what surprised him most was that those failures were mostly happening in that disease which gave to Hahnemann the immediate cause for the first fundamental stone of the homœopathic edifice in the study of the Cinchona bark for intermittent fever.

From my point of view biochemistry could claim the preference to allopathy, especially as J. Compton Burnett and other writers vociferously claim that Homœopathy and Biochemistry finally were one and the same.

Finally I believe that Hahnemann's great words so often cited: "*Where one has to do with an art the end of which is the saving of human life, any neglect to make oneself thoroughly master of it is a crime,*" can be applied to Biochemistry as well as to the euphemism, "*Physical Therapeutics,*" comprising everything from so-called affinity, electrology, manual training, radium, X-Ray, hydrotherapy, etc., in programs of homœopathic societies representing the bulwark of Homœopathy.

Fever and Inflammation Repertory to Dr. Schuessler's Original 25th and 26th (Posthumous) Editions.

I.

FEVERS AND INFLAMMATIONS FROM THE GENERAL BIOCHEMICAL POINT.

In muscular tissues, congestive hyperæmia, serous membranes or traumatism, *Fer. phos.*

In bone or near-bone tissues, *Calc. fluor.*

In epidermal (cornea, etc.) tissues, *Kali mur.*, *Kali sulph.*

Septic, typhoid, toxæmic, pyæmic, gangrenous, puerperal, *Kali phos.*, *Mag. phos.*, *Nat. phos.*

Desiccated tissues [alcoholic or septic delirium], *Nat. mur.*

Hydræmic leucæmic constitutions, *Nat. sulph.*

Tuberculous, scrofulous (caseous detritus), uric acid diathesis, lactic acid (redundant) processes, *Mag. phos.*, *Nat. phos.*

Abscess formation, *Silicea.*

Infiltrations—phlegmonous, *Nat. phos.*; œdematous, *Nat. sulph.*; white shining, *Kali mur.*; indurated, *Calc. fluor.*; with beginning suppuration, *Silicea.*

II.

FROM THE POINT OF THE INDIVIDUAL DISEASE.

(Alphabetically arranged.)

- Abdominal inflammation (fever), *Fer. phos.*
 Abscess formation, inflammation and fever, *Nat. phos., Silicea.*
 Angina tonsillaris, *Nat. phos.*
 Balanitis, *Kali sulph.*
 Bilious fever, *Nat. sulph.*
 Bladder, catarrhalic inflammation, *Nat. phos.*
 Blepharitis ciliaris, *Kali mur.* or *Silicea.*
 Bone—inflammations, injuries, *Calc. fluor.* or *Calc. phos.*
 Bronchitis, *Ferr. phos.*
 Brain, *Fer. phos.*
 Burns (with fresh blister formation), *Nat. mur.*
 Carbuncle, *Calc. fluor.*
 Caseous processes, *Nat. phos.* or *Mag. phos.*
 Catarrhalic fevers; compare the different organs.
 Cephalæmstom, *Calc. phos.* (mostly traumatic intrapartum),
 or (later), *Silicea.*
 Chaps, *Calc. fluor.*
 Chills and fever (mostly malarial), *Nat. sulf.*
 Chilblains, *Nat. sulf.*
 Cholérine, *Nat. sulf.*; cholera, later, *Kali phos.*
 Concussion of the brain, *Kali phos.*; respectively, *Magn. phos.*
 Conjunctivitis, *Ferr. phos.*
 Cornea, inflammation, *Kali mur.*
 Coryza, *Ferr. phos.*
 Craniotabes, *Calc. phos.*
 Croup, *Calc. phos.,* and *Kal. sulf.*
 Delirium tremens, septic, *Nat. mur.*
 Diarrhœa in infants with excoriations, *Nat. phos.* or *Nat. mur.*
 Diphtheria, *Kal. mur.*
 Diphtheria, quickly to be changed accordingly, *Calc. phos.,*
Kal. sulf., Kal. phos.
 Duodenum, catarrhalic inflammation, *Nat. sulf.*; later, *Kal.*
mur.
 Dysentéria, *Ferr. phos.*
 Endocarditis (simplex) [rheumatica, *Nat. phos.*], *Ferr. phos.*

Erysipelas, *Nat. sulf.*, or *Nat. phos.*

Erysipelas if combined with brain symptoms, *Ferr. phos.*

Eruptive fever after vaccination, *Kal. mur.*, or *Nat. mur.*

Eyes of infants after birth, *Nat. phos.*

Eyes, gonorrhœic inflammation, arthritic, scrofulous, *Nat. phos.*

Fractures, *Calc. fluor.*, or *Calc. phos.*

Fractures involving soft parts, *Calc. phos.* and *Ferr. phos.*

Furuncle, *Silicea.*

Gastric affections with fever, *Ferr. phos.*

Glands, lymphatic, inflamed, *Nat. phos.*

Glands, sebaceous, inflamed, *Silicea.*

Gonorrhœa, *Nat. phos.*

Gout, acute, *Nat. phos.*, or *Silicea.*

Glossitis, *Ferr. phos.*

Gums, inflammation of, hard, *Calc. phos.*

Hæmorrhoids, *Ferr. phos.*

Hyperæmia, *Ferr. phos.*

Hypopion, *Silicea.*

Inflammation of the skin; phlegmonous, or of the subcutaneous connective tissue, *Nat. phos.*; rheumatic of the heart, *Nat. phos.*

Inflammation of the intestines, *Ferr. phos.*; of the kidneys, of the pleura, of the meninges, of the peritoneum (not septic), of the muscles (rheumatic), *Ferr. phos.*

Influenza (high fever, etc.), *Nat. sulf.*

Injuries (mechanical), muscular and other soft parts, *Ferr. phos.*; bony substances, near bone tissues, *Calc. fluor.*; from over-exertion, *Ferr. phos.*; resulting in ganglion, *Calc. fluor.*

Insect stings, inflamed infiltration, *Nat. mur.*

Intermittent fever, *Nat. sulf.*; later, *Nat. mur.*; respectively, *Kali sulf.*

Iritis, *Kal. mur.* (*Nat. mur.*).

Jaundice, *Nat. sulf.*

Kidneys, vide inflammation.

Laryngitis, *Ferr. phos.* and *Calc. phos.*

Leukæmic fever, *Nat. sulf.*

Mastitis, *Nat. phos.*

Measles, *Ferr. phos.*

Meatus, audit ext., *Silicea.*

Meningitis, vide inflammation.

- Mumps, *Kal. mur.*
 Noma, *Kal. phos.*
 Orchitis, *Ferr. phos.*
 Ozæna, *Nat. phos.*, or *Magn. phos.*
 Panaritium, *Silicea.*
 Pericarditis, rheumatic, *Nat. phos.*
 Periostitis, *Silicea.*
 Pneumonia, *Ferr. phos.*
 Proud flesh, *Kal. mur.*, or *Silicea.*
 Pseudo-croup, *Kal. mur.*
 Puerperal fever, *Kal. phos.*
 Retinitis, *Ferr. phos.*
 Retinitis (not septic), *Ferr. phos.*; septic, *Kal. phos.*, *Magn. phos.*, *Nat. phos.*
 Rhachitis (*Kal. phos.*), *Calc. phos.*
 Rheumatism, articular, *Nat. phos.*; muscular, *Ferr. phos.*
 Scalds, *Nat. mur.*, or *Kal. mur.*
 Scarletina, *Ferr. phos.*
 Scurvy *Kali phos.*
 Septic processes, *Kal. phos.*, *Nat. phos.*, *Silicea*, *Nat. sulf.*
 Sall-pox, *Kali mur.*
 Sprains, *Ferr. phos.*
 Stomach, inflammation, *Ferr. phos.*; respectively, *Kal. phos.*
 Stings of insects *Nat. mur.* (*internally or externally*).
 Styes, *Silicea.*
 Suppurative fevers, *Silicea*, or *Nat. phos.*
 Teething—fever, *Calc. phos.* and *Ferr. phos.*
 Teething—fever with spasm, *Magn. phos.*
 Testicles, inflamed, *Ferr. phos.*, or *Calc. phos.*
 Trachoma, *Kal. mur.*
 Tuberculosis, *Nat. phos.*, or *Magn. phos.*
 Typhoid, typhus, *Kal. phos.*
 Urethritis, *Ferr. phos.*; with fever and bleeding, *Kali phos.*
 Uvulitis, *Nat. mur.*
 Vaginitis, *Ferr. phos.*, with fever and spasms, *Magn. phos.*
 Whooping cough, ordinarily, *Ferr. phos.*; fever with convulsive cough, *Magn. phos.*
 Wounds (fresh), inflamed, *Ferr. phos.*

III.

TISSUE AFFINITY MODIFYING THE PRIMARY FEVER (INFLAMMATION) REMEDY.

- Abscess, phlegmonous inflammation, *Nat. phos.*
 Abscess, with following suppurative centre, *Silicea.*
 Abscess, remaining hard masses, *Calc. fluor.*
 Abscess, pus becoming smeary, fetid, *Kal. phos.*
 Abscess, in leukæmic patients, *Nat. sulf.*
 Boils, absorption, tendency, *Silicea.*
 Bones, chief remedy—growing, *Calc. phos.*
 Bones, chief remedy—matured, *Calc. fluor.*
 Bones, rhachitis, craniotabes, defective ossification, formation of callus, *Calc. phos.*
 Bones, teeth, enamel, *Calc. fluor.*; substance, *Calc. phos., Silicea.*
 Periosteal, *Silicea, Calc. fluor.*
 Bones, fracture, *Calc. fluor., Calc. phos.*
 Bones, hip joint inflammation, *Ferr. phos., Nat. phos.*
 Breasts, hardened masses, *Calc. fluor.*
 Breasts, inflammation (primary remedy), *Nat. phos.*
 Breasts, if suppuration sets in, *Silicea.*
 Breasts, remaining hardness, *Calc. fluor.*
 Bruises, soft parts, *Ferr. phos.*
 Bruises, remaining swelling, *Kal. mur.*
 Bruises, neglected, with feverish suppuration, *Silicea*; sanious, gangrenous, *Kal. phos.*
 Bruises, finally forming proud flesh, *Kal. mur., Silicea.*
 Burns, blisters formed (clear water), *Nat. mur.*; (grayish white exudate) *Kal. mur.*
 Burns, suppuration, *Silicea.*
 Carbuncle, at first, *Calc. fluor.*; later, *Kal. phos.*
 Felon (respectively, panaritium), *Silicea.*
 Follicular inflammatory infiltration, *Kal. mur., Nat. phos., Silicea, Calc. fluor.*
 Ganglion, *Calc. fluor.*
 Gout, acute, *Nat. phos.*
 Glands, indurated, *Calc. fluor.*
 Glands, infiltrated, *Kal. mur., Nat. phos.*
 Glands, infiltrated, sebaceous, *Silicea.*

Glands, tubercular swelling, *Nat. phos.*

Glands, caseous detritus, *Magn. phos.*

Glands, ulceration, *Silicea.*

Glands, sebaceous, inflamed, *Silicea.*

Glands, in leukæmic patients, suppuration, *Nat. sulf.*

Glands, lymphatic, inflamed, *Nat. phos.*

Glands, hypertrophic, *Magn. phos.*

Leucocytosis, *Nat. sulf.*

Mortification, *Kal. phos.*

Necrosis, *Silicea.*

Nutrition defective, *Kal. phos.*

Scrofulosis, *Magn. phos., Nat. phos.*

Scurvy, *Kal. phos.*

Sycosis, *Nat. sulf.*

Syphilis, *Calc. fluor., Kali mur.*

The publication of this present paper on Fevers and Inflammations has been urged by some friends of Biochemistry who, at various times, lamented the chaotic writings of the late Dr. Schüssler, and, on the other hands, were more than vexed by the difference between Dr. Schüssler's original therapy and his commentator's.

205 East 72d St.,

New York City,

June, 1913.

METHOD OF ABORTING TYPHOID FEVER.

By Dr. C. M. Swingle.

When the symptoms of typhoid develop cleanse the bowel tract as follows: Give the patient hot salt water or cold salt water, say, a glass or two, rather strong, a teaspoonful to the glass, and follow this in about half an hour with a large dose of castor oil given in cream or lemon juice. Immediately flush out the colon by means of hot salt water enemas, so that nothing will hinder the action of the salt water and the castor oil. Give the salt water and castor oil for two or three successive days, depending upon the condition of the patient.

On the evening of the second day, after the salt water and cas-

tor oil have had several hours time to work, it is well, in cases which have torpid livers, to give a laxative which will act on that organ. This may be followed with great advantage in many cases with a small dose of epsom salts and this with a small dose of castor oil. If this is done and enemas are taken every day faithfully the salt water may not be necessary on the third day. By an enema is meant several bowel injections taken one after another until the water comes away clear.

In giving the salt water, care should be taken not to over-poison the patient, and for that reason the physician should inform himself as to the symptoms of salt poisoning. If the case is seen early there is no especial hurry; the salt water need not be pushed. The only advantage in giving the larger dose is that the salt water and castor oil are usually both very disagreeable to the patient and if enough can be given in two or three days to answer the purpose it is much better; however, in cases of weak heart or persons who are especially susceptible to salt, it were better to "go slow." We never can tell just how the salt in excess may affect the patient.

Of course no food, absolutely no food, is allowed the patient from the time the treatment begins until a day or two, at least, after fever disappears. Any food which might be taken could not be well prepared for blood service and would only add to the poison already in the bowel tract and in the body in general. Water should be given in abundance—a glass every hour would be a good allowance during the day and a glass or two at night. More than this would prove beneficial in some cases. It goes into the blood and washes out the toxins or poisons of the disease. It thus removes from the blood the delicate, yet dangerous, substances which disturb the heat-producing and heat-regulating functions. Water thus keeps down the fever and precludes the possibility of wasteful consumption of the body tissues, which are thus preserved to sustain the patient during his fast. Lemon juice may be given with the water. This aids in eliminating the waste from the body tissues. The juice of half a lemon or even a whole one may be given with each glass of water. No sugar should be allowed.

If the patient be a man he should have a daily sponge bath with soap and water, followed by a brisk rub with a crash or salted

towel. This stimulates the skin. In case the patient is a woman she will make better progress if the sponge can be given. The physician should decide this matter.

As for medicines I give the indicated homœopathic remedy. In case it is counteracted by the lemon juice I do not give it and lemon juice both, but usually give the lemon juice with some remedy which is compatible with it. I use thyroïdin also to hasten oxidation of waste matter. This seems to make fasting more easy for the patient and also aids very much in all cases where the thyroid gland is not perfect in its functioning, as is probable in all cases who come down with typhoid.

The salt in the blood and tissues doubtless has some beneficial influence. It aids in cleansing the bowel tract and, together with the oil and other laxative, probably causes the expulsion of many germs which are produced early in the disease in the matter which lies very close to the mucous membrane of the bowel tract, as well as that mucous membrane a little later in the disease. Of course after the germs enter the blood and get into all the tissues they may even propagate there, and the salt or the excess of salt in the blood and tissue probably renders them less virulent. At the present time experiments are being performed to determine how salty a medium may be to support the life of typhoid germs so that we may be more certain as to the effect of the salt in the blood and tissues. The temporary excess of salt in the body may act in a manner similar to the action of salt on plant growth on certain soils. If a little salt be put in each hill of corn in certain kinds of soil the corn will be much more thrifty in growth. Some think this is due, not to the direct action of the salt on the plant, but that in some way the salt overcomes or counteracts the influence of certain substances in the soil which hinder plant growth. In this case the salt may make some change in the blood and tissues or in some secretion, such as the opsonins or other secretions, which are always present in the blood and lymph.

The originator of this method of treatment does not claim a large experience in the treatment of typhoid. However he has never had a case which ran the usual course. Under this treatment the temperature of the patient in every case treated has become normal within less than a week. I have one case now under my care. This is the sixth day and the temperature was

normal yesterday afternoon and is so this morning. This case may have a mild run of the fever, although it would seem hardly probable. She has not had a very strenuous course of treatment owing to the fact that she has a very weak heart. Once she took castor oil and it produced vomiting. She has taken epsom salts since instead. The oil produces a marked peristaltic action of the whole bowel tract, whereas the epsom salts draws out the watery portion of the blood into the tract and flushes out the bowel in that way. The oil and the common salt get right after all the waste in the folds or little valves all along the bowel and this seems to be essential. This last case or the one now under treatment has had a fluctuating temperature which was not manifest in any of the others treated and it must be because the folds of the bowel have not been well cleansed.

This method has proved efficacious in cases which showed marked symptoms of typhoid with pneumonic symptoms and also in gastro-intestinal typhoid. Just what it might do in cerebro-spinal typhoid or in nephro-typhoid is yet to be determined. In nephro-typhoid hot packs or strong magnetic influence should be used over the kidneys. These agencies would probably be beneficial in all cases. In nephro-typhoid the salt might prove very dangerous. However the other part of the treatment is applicable to many diseases and has been tried out in many cases with the very best results. Acute articular rheumatism yields very readily to this treatment and will usually clear up within a week or ten days.

Note.—Since writing the above the case mentioned has made a splendid recovery. Her temperature was normal after the fifth day, although the mistake of giving her food in very limited amount was made on the third day. This caused a slight rise, which promptly came down after several bowel injections of very warm water. Food was given only because of fear of heart failure. Later she fasted five days and has had no trouble at all with her heart. She is now taking a shower bath and massage treatments each day. This is now the fourteenth day since she was taken down with the fever.

2101 Prospect Ave., Cleveland, O.

CENTRAL HOMŒOPATHIC COLLEGE OF CALCUTTA.

We have received the seventh annual report of this college. The college was started seven years ago in two small rooms and amid much opposition, but today, the report says, it occupies an entire flat of well lighted rooms with new appliances. It also has "a fully equipped homœopathic hospital" run in connection with the college. During the seven years they have sent out "121 fully qualified homœopathic doctors into various parts of India and so far as we hear from them they are all doing splendidly." Also: "The present year has been one of unprecedented success. We have already referred to 120 new admissions. There is hardly a province in India which has not contributed one or two students to our college. There are students even from the farthest corners of India, such as the Frontier Province and Assam. To all who are interested in the spread of Homœopathy we extend a hearty invitation to visit our college *in situ*, to see for themselves what is being done there."

While we do not know anything directly about Indian medical politics—if they have such—or institutions, it is plain that a college like the Central Homœopathic must be doing good work in sending out among the people practitioners, even if they have no more medical education than a knowledge of homœopathic therapeutics, for the empire is vast and the people are numbered by the millions, but for the most part very poor, whose choice of medicine must lie between the native herb doctors and the homœopathic practitioners. The cost of an American or European medical education is practically prohibitive to all save the few who, even with that education, would hardly care to practice among the poor. In view of all this it seems to us that it would be a wise policy for the Government of India to encourage the homœopathic colleges, hospitals, etc., or, at least, place no unnecessary restrictions on them. It is truly said that a physician should be thoroughly grounded in the sciences and in all branches of medicine, but if the people cannot support such a man what can be better than the work the Central Homœopathic College is doing? And then, after all is said, a man with a good knowledge

of homœopathic therapeutics can do *better for the average run of cases* than can the educated man *who lacks that knowledge*. Aside from those requiring surgical treatment when a given case gets beyond the reach of Homœopathy it is also generally beyond the reach of the highest medical skill of the universities. The Indian homœopathic practitioners are the medical salvation of India.

The dean, or principal, of the college gave an "at home" on the occasion of Hahnemann's 158th birthday. The list of guests takes up half a column of a local newspaper and embraces a large number of very prominent men and physicians. Among the latter were many of the allopathic school.

ETERNAL TRUTH AND SPECIALISM.

Editor of the HOMŒOPATHIC RECORDER.

Permit me to say a few words to the editorial in the June number of your esteemed journal. The majority of us think it is ridiculous to devote time to historical studies because they do not consider it real scientific work, but only as a pastime, and that we have more important things to attend to. It is difficult to convince our brethern that the history of science is useful and important, that we can learn and shall learn, as the editorial has demonstrated, a great deal from it, that it is of scientific as well as practical value. And whence originates this deafness against the teachings of history and the blindness which does not conceive the intimate relations of modern medicine to its past? This deafness and this blindness are due to our implicit faith in evolution, which is so characteristic of our time. We say we have arrived at present at the highest evolution, therefor, all physicians of former periods who had not climbed so high on the climax as we have, are many steps below us; what good could it do us to occupy ourselves with the meanings of those whom we have overtaken? We are so far advanced that we cannot learn anything from the ancients and need not waste our time with studying history. The consequence of such reasoning will be that those who will succeed us and who have them climbed higher yet than we have climbed, will look down on us with the same pity as we look upon our progenitors.

When we study the writings of Hippocrates, who, according to modern views, stood on the lowest step of the ladder of evolution, we find that he has formulated all the principal and essential truths of the healing art to such perfection that we, with all our evolution, cannot improve on it. The principles of Hippocrates are of eternal truth, and if we do not return to Hippocrates medicine will be lost in specialisms of natural science, and it will not be the art of healing any more. And as a German philosopher, Constantine Brunner, has demonstrated, this doctrine of evolution to higher and higher perfection is a new form of superstition. I am giving here the thoughts which I have found in the writings of a Berlin physician, Dr. Edward Bäumer, who is a man of true originality, above the ordinary level; he wishes to wrench from us fixtures, and to elevate us to a higher and clearer level. But to quit our old fixtures, especially if we have set in them with comfort for a long time, is not an easy business; we demur, we resist, we even give battle. This is misocania, that is the hatred against new ideas.

DR. A. ROSE, New York.

(We should be very glad to hear from Dr. Rose on the general subject of misocania and all that pertains to that little known term, and feel sure that all of our readers, of every "school"—and so they are—feel the same. In the meaning, though not the words, of Macbeth: "Let us have the light, and damned be he who cannot stand it."—Editor of the HOMŒOPATHIC RECORDER.)

RATTLE SNAKES.

Editor of the HOMŒOPATHIC RECORDER:

Every now and then some one writes up a cure for snake bites. Some eighteen years ago I gave to the profession, through the RECORDER, a cure for the bite of the rattle snake, a remedy which has never failed in a single instance and always gives prompt relief. I have used it in many cases, in some seemingly hopeless cases, and have never failed. At the time that I gave the article to the editor of the RECORDER it was withheld, by request, till the Boericke & Tafel pharmacy could prepare some of the medicine. After the article appeared I received letters of inquiry from all over the United States and one from London. The medicine

(*Sisyrrinchium*) was prepared by Boericke & Tafel and placed on the market. How extensively it has been used I do not know, for I have seen no mention of it since. It is the blue-eyed grass of the Iris family, *Sisyrrinchium*, the thread-like roots which are used. I have always used the alcoholic extract, applied to the wound and given internally. It completely neutralizes the poison and makes a perfect cure. I have taken cases after thirty-six hours of the usual treatment, and when all hope seemed gone; yet I have *never* failed to cure.

W. W. REED, M. D.,
Topeka, Ind.

* * * * *

The fact is that very few homœopathic physicians have cases of this class to treat. It would be well if we had some indications for the use of *Sisyrrinchium* in other maladies.—Editor of the HOMŒOPATHIC RECORDER.

A CASE OF EPILEPSY.

Editor of the HOMŒOPATHIC RECORDER:

Patient a little girl about three years old, a brunette. Had at least one epileptic seizure nearly every day, and if other children came to play with her she would have as many as a half dozen in a day. I don't remember the symptoms in detail, as it has been about fourteen years since I treated the case, but the most prominent and peculiar symptom was a dread of downward motion. She would not walk downstairs, and when her father carried her down she would clasp him around the neck with all her might and would not let go till her feet were on the floor. Any little excitement would bring on a spasm. I gave her *one dose* of *Borax* 1,000 and she has never had a spasm from that day to this, as I positively know, for she is still my patient. I gave her mother about a dozen powders of the *Borax* 1,000, with directions to give her a powder after each spasm, and her mother told me some time ago that she still had the powders in the house, but had never had occasion to use them. Would anybody claim that the result was *not* the effect of the remedy? Epilepsy does not tend toward spontaneous recovery.

L. HOOPES, M. D.

West Chester, Pa., May 22d, 1913.

HOMŒOPATHY IN SOUTH DAKOTA.

Editor of the HOMŒOPATHIC RECORDER:

I have just returned from a large and enthusiastic meeting of homœopaths of the State of South Dakota, and one of the most peculiar things of it is the fact, and no other organization in the country can boast of it, that the out-going president is over seventy years old, Dr. O. N. Hoyt, of Pierre, S. D., and the hold-over vice-president is over seventy years old, Dr. D. F. Sullivan, of Frankfort, S. D.; and both are active men and in practice of their profession.. The officers elected for the ensuing year are: President, E. W. Feige, M. D., Woonsocket, S. D.; vice-president, D. F. Sullivan, M. D., Frankfort, S. D.; secretary and treasurer, Dr. Wm. Lowe, M. D., Madison, S. D.

D. F. SULLIVAN.

NEW YORK OPHTHALMIC HOSPITAL.

Editor of the HOMŒOPATHIC RECORDER:

The course of instruction of the College of the New York Ophthalmic Hospital closed May 13th with the usual graduating exercises. The degree of *Oculi et Auris Chirurgus* was conferred upon the following graduates in the order named:

Calvin Edwin Williams, M. D., New York.

Arthur Hays Richardson, M. D., New York.

Frank I. Nichols, M. D., Mount Vernon, New York.

Harry Leland Fifield, M. D., New York.

William Edward McCormack, M. D., Albany, New York.

Arthur Lewis Piper, M. D., Buffalo, New York.

W. O. McKNIGHT,

Secretary of the Faculty.

KENTUCKY STATE HOMŒOPATHIC MEDICAL SOCIETY.

Editor of the HOMŒOPATHIC RECORDER:

The twenty-eighth annual convention of the Kentucky State Homœo. Medical Society was held at the Seelbach Hotel, Louisville, Ky., May 21 and 22, 1913.

Many papers of high educational value were read and discussed. Those deserving of special mention were Dr. Lillian B. Askenstedt's paper, "The Relation of the Thyroid Gland to Nervous Conditions," and Dr. Minnie Dunlap's paper, "Palagra."

From a pathological standpoint these two papers showed the wonderful progress which the homœo. physicians are making along these lines. This was a true homœopathic meeting, and the visiting physicians brought their Homœopathy right with them.

Dr. T. H. Hollinshead was elected President; Dr. Mary E. Hopkins Vice-President for the coming year.

KINGS CO. N. Y. HOMŒOPATHIC MEDICAL SOCIETY.

Editor of the HOMŒOPATHIC RECORDER:

The 466th regular meeting of the Homœopathic Medical Society of the County of Kings was held at the Medical Library Building, Brooklyn, May 13, 1913, Dr. Roy Upham, president, in the chair. Dr. Cornelia C. Brant, of Brooklyn, spoke on the advisability of forming another hospital in Brooklyn. A paid worker had canvassed the hospitals of the two cities and visited physicians to ascertain the feeling regarding the plan, and it seemed to be commended by all. The need was for a hospital where women could send patients and retain control over their treatment; and this applied to women of the allopathic as well as the homœopathic schools of medicine, and to many men who were not connected with the hospitals. Dr. George F. Laidlaw said that there is a need in New York for an institution where women can have access to treat patients. Women now hold subordinate positions in hospital work, and they need opportunity to develop under responsibility, and if they had a hospital it would be of value to them, it is one of the elements in higher education. The hospital worker is the better physician, and every physician should try to obtain that means of education. Dr. John F. Ranken, of Brooklyn, spoke in favor of the plan, and moved that the Homœopathic Medical Society of the County of Kings endorse the plan and pledge itself to render it moral and financial support. The motion was carried.

The Homœopathic Medical Society of the County of New York furnished the papers for the evening, and Dr. John Hudson Storer, president, was invited by Dr. Upham to preside.

The program included "Some Experiences With Blood Pressure," by Dr. Egbert Guernsey Rankin; "Historical Charts; the Origin and Growth of Modern Therapeutics," by Dr. George F. Laidlaw; "Later Experiences Regarding Intravenous Anæsthesia," by Dr. Charles Francis Honan; "Report of Cases Citing Unusual Results Following Tonsil Removal," by Dr. Harold A. Foster.

About forty members of the New York Society made the trip to Brooklyn, and, with a large gathering of the Kings County Society, made a very interesting evening, the discussion being active and instructive. The papers were discussed by Dr. W. L. Love, Dr. A. J. Stewart, Dr. Harold A. Sanders, Dr. J. W. Dowling, Dr. Francis T. Brennan, Dr. W. H. Freeman, Dr. T. Drysdale Buchanan, Dr. W. B. Winchell, Dr. Egbert Guernsey Rankin, Dr. Storer, and others.

The Kings County Society will furnish the papers for the next meeting of the New York Society, which will be held at the Academy of Medicine, June 12, the second Thursday, at 8:30. The hope was expressed that these interchanges of meetings would be an annual fixture, Dr. Storer remarking that the meetings would be of great benefit not only to the members and the societies but to Homœopathy in general. There is power in numbers, and as the cordial relations are increased there will be just so much more power to aid each other in the stand for Homœopathy. He extended a cordial invitation to physicians to visit the Academy of Medicine on June 12th.

L. D. BROUGHTON, *Secretary.*

THE NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

Editor of the HOMŒOPATHIC RECORDER.

The sixtieth annual meeting of the New Hampshire Homœopathic Medical Society was held at the Eagle Hotel, Concord, on Wednesday, June 11, 1913.

The following program was carried out: Forenoon session at which regular business of the year was transacted.

A resolution was adopted to the effect that the society does not favor any change in state board legislation that would give to the regular school of medicine a majority membership.

Dr. Maurice W. Turner, of Brookline, Mass., was elected to membership.

At the afternoon session the following papers were read: "Emergency Surgery of the Abdominal Cavity," by William F. Wesselhœft, of Boston, Mass.; "The Profession of Medicine—A Survey," by Frank W. Patch, M. D., Framingham, Mass.; "Per-nicious Vomiting," by B. C. Woodbury, M. D., Portsmouth; "Our Joint Examining Board," by R. V. Sweet, M. D., Rochester, N. H.

A goodly number of members was present and listened with much interest to the program, which proved most instructive, enhanced, as it was, by Dr. Wesselhœft's excellent paper on "Surgery," and Dr. Patch's able "Survey of Medicine."

The following officers were re-elected for the ensuing year:

President, C. A. Sturtevant, M. D., Manchester; Vice-President, L. R. Clapp, M. D., Farmington; Secretary, B. C. Woodbury, M. D., Portsmouth; Treasurer, H. C. Christopher, M. D., Manchester.

The meetings of this society continue to grow in interest and attendance, and it is hoped that future years will see not only a continuation but an increase in the same spirit of enthusiasm which has characterized them in the past.

It was voted to hold the next annual meeting in Laconia, near the Weirs, Lake Winnepesaukee, on the second Wednesday in June, 1914.

B. C. WOODBURY, JR., M. D., *Secretary.*

OBITUARY.

Whitworth.

Herbert Whitworth, M. D., was born February 19, 1843, at Budby, Nottinghamshire, England.

In 1849 he came with his parents and an older brother and sister to America, six weeks being required to cross the Atlantic at that early day.

The early life of the doctor was passed on a farm in Michigan and in attendance at the district and village schools. In 1863 he enlisted in the 1st Regiment Mich. Engineers and Mechanics, remaining in the army until the close of the war. He was made a non-commissioned officer soon after arriving at the front. On returning from the service he took a course in literature at Oberlin College, Ohio. The doctor's first course of medical lectures was taken at the Cincinnati College of Medicine and Surgery, later taking his degree of M. D. at Pulte Medical College, Cin., Ohio.

Shortly after graduation he removed to Niles, Mich., where he continued in practice six years, maintaining Homœopathy single-handed in that city of 5,000 against the opposition of a dozen "regulars." The winter of 1879-'80 was spent in post-graduate work in New York City with Prof. Wm. Tod Helmuth at his public and private operations, and one month with the noted gynæcologist, Prof. Emmett, besides a special course in electrotherapeutics under the late John Butler, A. M., M. D., and other special studies and work in the practical anatomy room.

In 1881 he moved to Grand Rapids, Michigan, where he soon had a liberal patronage. In March, 1891, he attended the post-graduate course of the Chicago Homœopathic College. For a number of years he was a member of the Homœopathic Medical Society of Mich., and one year its vice-president. He was also associated with Dr. H. R. Arndt as assistant editor of the *Medical Counselor*, and was a member of the American Institute of Homœopathy.

The doctor was married to Sarah Emily Schermerhorn, of Grand Rapids, and to them were born three daughters and one son, the youngest daughter dying in infancy.

On the advice of Dr. T. C. Duncan, of Chicago, Dr. Whitworth went to southwestern Kansas in July, 1891, with the hope of improving his health. He practiced his profession twenty years in Dodge City, Kansas, being the only homœopathic physician within a radius of fifty miles. In 1911, by reason of failing health, he was compelled to retire. He was county coroner four years in succession, county physician and county health officer many years, also United States Examining Surgeon. He had been a member of the G. A. R. for over thirty years.

BOOK REVIEWS.

HOMŒOPATHY IN MEDICINE AND SURGERY. By Edmund Carleton, M. D. 311 pages. Cloth, \$2.00, *net.* Postage, 14 cents. Philadelphia: Boericke & Tafel. 1913.

This book by one of our veteran homœopathic physicians and surgeons will, it seems likely, rank with Jahr's *Forty Years' Practice* as one of the homœopathic classics. The author thoroughly believed in Homœopathy, practiced it, and wrote it in this his life's monument. It is not a book that was written, so to speak, at a sitting, but is the slow accumulation of years, not made up of theory or other men's experience, but of Edmund Carleton's own work. Every book by an able man about his own work is not only valuable but interesting. As to the style it is personal and clinical. Carleton doesn't deal with disease in general but of the cases he has treated. Let this stand for a sample. Under the heading "Cataract" he begins: "I understand oculists say that cataract is incurable. My experience leads me to ask oculists what, in addition to the restoration of sight, is needed to constitute a cure of a case of cataract? For instance:"

And then he details his *practical* experience with that ill. Our formal text-books give us the necessary knowledge, theory and accepted treatment, but this writer tells of what he has done. Valuable? It seems so to us. Again, under "Ulcers" we read the opening lines:

"It is my belief that an ulcer, unless of traumatic origin, is the expression of a sick organism, and that the ulcer gets well when the individual is restored to health."

This is also given as a specimen of Carleton's book. In line with this it may be said that a very considerable portion of it is taken up with the part of the title, which may be read, "Homœopathy in Surgery." Here Dr. Carleton opens up what is not a new field but what might be properly termed a neglected field, one which might be studied with advantage by every surgeon in the world. Take the average surgeon of any standing to-day and no one doubts his technique or ability, but a man who reads this

book may well doubt his ability to do the best for his patient who does not possess a knowledge contained in *Homœopathy in Medicine and Surgery.*"

THE NARCOTIC DRUG DISEASES AND THEIR ALLIED AILMENTS, Pathology, Pathogenesis and Treatment. By Geo. E. Pettey, M. D., Memphis, Tenn. Member Memphis and Shelby County Medical Society, Tennessee State Medical Association, etc., etc. Illustrated. 516 pages. Cloth, \$5.00. Philadelphia: F. A. Davis Company, Publishers, 1913.

To begin, the author believes that drug habitués are in most cases the blameless victims of disease, and that they not only merit sympathy and consideration, but are entitled to rational and skillful medical aid, such as is accorded the sufferers from other physical ailments. The same applies to alcoholics. This will give the reader the attitude of the author towards his subject. The book is full of interesting matter and details of actual cases. For instance, a class of five Harvard men are mentioned who, on the word of a professor, that morphine, hypodermically, would do no harm, used that drug; four of these died prematurely, two by suicide and the fifth, after thirty-seven years, was relieved by treatment. What is said of *Ichthyol* is important. He makes large use of it in treating tuberculosis. It is used for that condition in drunkards where nothing will stay on the stomach, no nourishment; it seems to aid in this state. It also tends to aid consumptives to take nourishment and thereby build up their strength. We can assure the readers that the book is interesting, and if any one has such cases to care for it may prove to be very useful. The type is large and easy on the eyes. The illustrations are line work and not at all elaborate.

HOW TO COLLECT A DOCTOR BILL. By Frank P. Davis, M. D. 93 pages. Cloth, \$1.00. Publisher, Frank P. Davis, M. D., Enid, Oklahoma, 1913.

Dr. Davis tells you how to collect your bill by "sentiment." He says that "you cannot get it by any other way;" this, of course, among the majority of patients. Hence it may be concluded that this is not a gook for the reception room table. Two-thirds of the book is made up of the "Exemption Laws" of the various states, which may be worth the dollar the book costs to any doctor thinking of entering on a collection campaign. However, a sentiment campaign will prove to be more profitable, and Davis tells you how to run it in a heart reaching manner. Davis, by the way, used to run *Davis Medical Magazine*, of Oklahoma, which is the last remnant of the "wild and woolly" we have left in these United States. All "schools" seem to be on a par in that young state, which shows that babes, etc., can lead them—and wisely, Oh, ye medical big-wig.

THE U. S. P.

Dr. O. T. Osborne, of Yale, (*Jour. A. M. A.*) is disgusted with "The Absurdities and the Commercialism of the Proposed Ninth Decennial Revision of the United States Pharmacopœia." He writes: "One hundred and fifty-eight drugs and preparations were deleted by the subcommittee," but seventy-nine of these were voted back by the Executive Committee. Among the drugs classed as worthless are to be found *Arnica*, *Berberis*, *Calendula*, *Cimicifuga*, *Mesereum*, *Phytolacca*, *Sanguinaria* and *Staphisagria*, which leads one to believe that if our iconoclastic friends would devote a little of the time they now spend on "bugs" to therapy they would be the better able to meet actual disease at the bed-side. At the head-long rate they are going they will soon get down to the Johns Hopkins level of four remedies—and these not worth much. Curious, isn't it, to see the descent from the *Theriaca* with its limitless drugs, to the present level? It seems to show that they have never known how to use drugs.

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EDITORIAL NOTES AND COMMENTS.

VONDERGOLTZ ON BIOCHEMISTRY.—You will do well to read Dr. Vondergoltz's paper published in this issue of the RECORDER because it will give you a fairly clear notion *what* Schüssler's ideas were, and also many practical points on the use of the 12 remedies. Also note what is said of the "high" and the "low" potencies; why they are sometimes brilliantly successful and at others failures. It is not a homœopathic paper but then the border-land of Homœopathy and Biochemistry seems to overlap. The repertory that accompanies the paper is worth preserving.

ALLOPATHY.—The N. Y. *Evening Journal* gives this sage advice to one of its readers about medicine: "Medicine can do very few things. It can make us vomit, it can act on the bowels, it can stimulate the bladder, cause perspiration, or accelerate the action of the heart. Whenever you do these things artificially, you do it by poisoning the body in some way, and thus forcing part of the body to work overtime. And that weakens the whole body and retards recovery."

When an organ of the multitude like the *Journal* writes this way it bodes ill for certain practitioners. What a beneficial opening for the people there is in Homœopathy.

CORRECTION.—On page 199 of the May RECORDER, paper by Carl Greiner, on line 12 from top, read "whitish film" for "whitish flow;" and on line 13 read "islets of epithelium" for "islets of epithelioma."

EPIDEMICS.—Nothing is more common than to read in medical and profane literature of the rise, progress and decline of epidemics; and of how this, that and the other one was “controlled,” or how “they have it well in hand,” or one of the other common terms used on such occasions. Philosophically considered, is there not an abundance of “rot” in all this? Measles, scarlet fever, grippe or anything else breaks out. Why? Really not even those who explain the epidemic know. It ceases and, again, no one, not even those who “control it, knows. The cut and dried medical scientist explains the matter by learned talk about germs, but the philosopher, aside from all question as to whence the germs came, reflects that at the beginning there were fewer germs than at the time when the disease began to die out—yet it died out and was soon forgotten. The pneumonic plague in Manchuria arose, assumed frightful proportions and mortality, died out and is now only a memory. No one said it was “under control,” for, really, no one was there to take the credit. It seemed to go as it came, but how it came, or why it went, no one knows, and the man who tries to explain is putting up a—bluff.

There are more things under the sun, O Horatio, etc.

FERRUM PHOSPHORICUM.—“In incontinence of urine resulting from weakness of the sphincter or excessive secretion of urine, its action is decidedly corrective, and in irritation of the neck of the bladder it is deemed a remedy of merit. In the early stage of gonorrhœa and in orchitis *Ferrum phos.* is employed with good results, and in epididymitis it often constitutes a useful remedial agent. When the menses are too frequent and profuse, and there is pressure in the abdomen, bearing down sensation and constant dull ovarian pains, accompanied by pain in the top of the head, this agent will exert a relieving influence. In vaginismus and vaginitis resulting from dryness and increased sensitiveness of the organ, *Ferrum phos.* has been used with much advantage. As a preventive of fever after childbirth it is also deemed useful.—*Fyfe.*”

A BIG BUNCH OF VOTERS.—The *Pacific Medical Journal* in a long editorial on medical legislation incidentally remarks that “the League for ‘Medical Freedom’ has 50,000 registered voters

in California today and the legislative bodies are going to listen to their demands." Our big Chicago contemporary, the *J. A. M. A.*, always refers to this league as being made up of patent medicine men. So it seems that this class is very numerous in California or else *Jama* is in error, as has happened once in a while. It has always seemed to us that it is not wise for our homœopathic journals and societies to assume too haughty an attitude towards the league, for it contains a good many thousand solid citizens who have nothing to do with medicine save when they call in a physician, when all they ask is the right to call in whom they want without dictation from Chicago. It is not good policy to say nothing of anything else to flout so many American citizens. The *A. M. A.* leaders are too prone to turn drivers.

AN ACCIDENT.—An Arkansas doctor sends in the following clipping from the *St. Louis Globe-Democrat*.

"A verdict of accident was returned yesterday by Coroner L. R. Padberg at an inquest into the death of Henry H. Clayton, former Washington University foot ball star, who died at 2 A. M. Wednesday in the St. Louis Baptist Hospital, Garrison and Franklin avenues, ten hours after he had collapsed in the offices of Dr. M. Edgar Hagerty in the Century Building. The evidence showed death was due to arsenical poisoning, following an injection of a blood specific into the veins of the young man by Dr. Hagerty. The injection was the second taken by Clayton, the first having no ill effects. Clayton was twenty-three years old, a civil engineer, and resided with his father, Rev. John B. Clayton, of Kirkwood, Mo. The father was present at the inquest and was not aware his son had been under treatment by physicians until just before Dr. Hagerty took the stand."

Even the "30th" could have done no worse.

TODAY IT IS, TOMORROW IT IS NOT.—"Fully ninety-five per cent. of all State and municipal 'disinfection' in this country is performed by means of fumigation with formaldehyde, a fact which, in view of the scientifically demonstrable inefficiency of this method, is to be deplored."—*Dr. J. T. A. Walker, Med. Review of Review.*

Once this method was a triumph of medical science. Cleanli-

ness is better than many bad chemical smells, even though the latter do set the superstitious mind at rest.

THEN WHY ARE THE NAMES USED?—"Primary polycythæmia or erythræmia is analogous to leukæmia, there being no obvious reason why the bone marrow should show the excessive erythroblastic activity. It is known by a variety of names, including 'Vaquez's disease,' 'Osler's disease,' 'splenomegalic polycythæmia,' 'myelopathic polycythæmia,' 'polycythæmia with chronic cyanosis' and 'erythrocytosis megalosplenica.' These titles, however, are not all suitable, since cyanosis is absent in some cases, while in other cases there is little or no splenic enlargement. Whether the syndrome represents a single morbid entity, a disease *sui generis*, may be more definitely ascertained when a greater wealth of pathological and clinical material has accumulated, and the degree of affinity between the different types can be more precisely determined."—*J. H. Teacher, Lancet.*

Let us hope, gentle reader, that you now know more about—well, about whatever the disease is than before.

CHEMICAL SMELLS VS. SANITATION.—The RECORDER has always insisted that soap, water and sunlight are the proper disinfectants, but it is rather gratifying to find the London *Lancet* editorially ranging alongside of this very self-evident proposition. That journal, anent railway carriages, writes: "Possibly the management of the company consider that in the public view the smell of carbolic acid amounts to a conviction that something really sanitary has been done, and that if no evidence has been left behind in the shape of a distinctive smell the company might be regarded as having been neglectful in applying common hygienic measures." The public have been taught that germs cause disease and that something akin to carbolic acid drives them away, but as the public, or the railways, did not evolve this it is hardly fair to reproach them for a belief that has been assiduously instilled into them. There is no doubt but that the public in epidemic times sits in peace so long as it can smell carbolic acid or some other chemical, but, then, who taught them this fond belief?

FLIES A TOUGH NUT TO CRACK.—A correspondent of the *Journal A. M. A.*, H. H. Stevens, of Yonkers, N. Y., after stating that they of that community had been engaged in exterminating the flies, in a modest way asks the editor (with what may be malice) "what becomes of the flies in cold months." The editor opens his reply with "we find no information that is very definite," and of course gives none save a few speculations. The uncanny coming, and going, of flies and other insects almost points to the scientific absurdity of spontaneous generation. We read of a locust infested country; three years have they been there; one day as by a preconcerted signal every locust arose, in numbers sufficient to darken the sky, and fled away, no one knows where. None were left. Swarms of full-fledged flies (whoever saw a baby fly?) suddenly appear and as suddenly go. So with other insects. Fishermen tell us (though they are not noted for veracity) that they go out ten miles to sea, with apparently not a fly about the boat. They catch fish, which lie in the boat in the sun, and before long there is a swarm of flies about them. Only that is mysterious of which we do not know the cause, but then, as the editor of our esteemed contemporary says, there are several things concerning which there is "no information that is very definite."

VANITY OF VANITIES!—The brilliant Ingersoll, who once discoursed on the "mistakes of Moses," and other "errors" of "tradition," wrote: "Immortality is a word that Hope through all the ages has been whispering to Love." And also: "In the night of death Hope sees a star, and listening Love can hear the rustle of a wing." Who was this person called "Hope?" What sort of a wing was heard at night, a bat's? (This after his own method.) Truly "all flesh is grass"—even though literary bacteriologists demonstrate to the contrary.

ADVISABILITY OF PUBLICITY.—*Public Health Reports* very truly says concerning epidemics: "The impression that publicity regarding such matters injures municipal interests is based upon a fallacy. The existence of an epidemic cannot be concealed very long and the absence of frankness in regard to the situation under these conditions produces a fear and suspicion that it

takes some time to overcome." It might be well, also, to let the people know that in epidemic years the mortality in a community is but little, if any, greater than in non-epidemic years. That is, it would be well to let this be known if it is true. Have seen it so stated, but have no data at hand to prove it. How about it?

A TRUE STORY CONTAINING A MORAL.—It was told to us by one of a family standing pretty well up in the social scale in a western city. A boy of the family went to a foot ball match of his school with its greatest rival. The boy's school won and he naturally yelled himself hoarse. Next morning he had a slight sore throat and was told to stop on his way to school and let the doctor look at it. He did, so was told to go home at once, as he had diphtheria. The house was quarantined for a month, but the next day the boy's throat was as well as ever and he enjoyed exuberant health. The family and its connections deserted that doctor in a body, say he is an ignoramus and the health-men a body of political ditto. The president of the Rhode Island Medical Society speculates on what should be done to regain public confidence. It looks as if a little less ado and a little more common sense might aid.

TRUE, BUT CONTRADICTION.—“Although the number of people suffering from syphilis in this country has been greatly reduced, there are still constantly ill from this disease at least 2,000,000, according to the statement of Dr. Prince A. Morrow, president of the American Society of Sanitary and Moral Prophylaxis. This constitutes one of the most serious wastes to the nation because of its blighting effects on future generations.” Concerning the blighting effects of this and other diseases on posterity there can be no doubt, until the fact is recalled that the teaching of modern medicine is that there is no such thing as hereditary disease; if there be such a thing the teaching that micro-organisms are the “cause” falls. An English physician recently said that syphilis, hereditarily, was back of tuberculosis; if this be so then the tubercle bacillus is not the cause but a tissue change originating from the cause. There is a conflict here that ought to be settled.

AND THE WHEEL TURNS AND TURNS.—“An attempt to reconcile the old theories of miasmas with the present conception of the bacterial origin of diseases has been made by Dr. A. Trillat. In some experiments conducted by him to test the vitality and fecundity of bacteria he found that the bacilli of diphtheria and plague were remarkably stimulated in their growth by exposure to air containing small traces of putrid gases. The experiments were first conducted under laboratory conditions, and later by exposing similar bacteria to the products of natural putrefaction out of doors, in the neighborhood of marshes, sewers, etc. If the results of these experiments are confirmed the present methods of disinfection by direct destruction of infective bacteria may have to be modified again to conform more nearly to the old miasmatic theory of the production of disease, and we shall condemn leaky sewer pipes and other sources of bad smells, not only for æsthetic reasons, but on account of their effect in promoting the infections.”—*Journal A. M. A.*

CONCERNING THE CAUSE OF PNEUMONIA.—One of the questions asked by the State Board of Medical Examiners of California recently as printed in the *Pacific Medical Journal*, was this: “Name five bacteria which may cause Acute Primary Pneumonia.” It is a little confusing to the average man who is not up in the intricacies of medicine as taught today to learn that there are five or more species of bacteria that may cause the same disease. The general idea of the germ theory is, it teaches that a specific germ produces a specific disease. *Bacillus* is the Latin for “a rod” and “Bacterium” the Greek for “a staff,” and, presumably, these collectively are germs.

A germ is a cause, and it is generally admitted that each cause must produce its own specific effect—hence the confusion caused by the question. Perhaps it is all right, but will not some enlighten the ignorant on the subject?

AN OPENING FOR NURSES.—The South African letter to the *Lancet* of recent date mentions the trouble that hospitals in that region experience in securing trained nurses. Writes the correspondent: “One great difficulty in connection with the supply of trained nurses in South Africa has always been the wastage

that occurs owing to so many marrying soon after the completion of their training or arrival in the country." Whether a nurse is "wasted" who gets married is a question on which there might well be a difference of opinion. The philosopher will see in this that the grouchers are wrong who assert that there are too many women in the world. The trouble is that they are not well distributed, for here is a vast region, as big, or bigger, than the United States, crying for them. As soon as the hospitals import them the men of the land marry them. It is truly a "problem."

OLD MEDICAL ERRORS.—Dr. James Mackenzie, *Br. M. J.*, recently read the profession a gentle lecture, the drift of which can be seen from its title: "Some Manifestations of a Healthy Heart in the Young Frequently Taken as Indications for Treatment." These indications are "irregular action of the heart" and "heart murmurs." While these may be signs of disease when there is muscle impairment they are not so in themselves. Dr. Mackenzie also disputes the idea that arose "some ten or fifteen years ago" concerning "the dangers of athleticism in school-boys and college youth." He contends that unless there is manifest disease of the heart there is no danger. His conclusions are backed up by years of observation on persons whose lives he has followed.

NEWS ITEMS.

The Mumm Champagne and Importation Co. announces the removal of its offices and salesrooms to 35 and 37 West 39th St., between 5th and 6th Aves., New York City. When one has a bottle of Mumm's Champagne on the table he has the best, recognized wherever champagne is known.

Dr. E. A. Bradbury has removed to Brain Tree. Vt.

Dr. W. C. Butman has removed from University Park to 512 Wyoming Bldg., Denver, Colo.

Dr. Neil D. Johnson has removed from Seneca, Kansas, to Hamilton, Mo.

Dr. G. M. Andrews has removed from Belgrade to Foster, Neb.

PERSONAL.

It is enlightening to read learned articles by vaccine manufacturers indirectly extolling their own wares.

"Man is a mammiferous, monorelphous, bimanous animal," declared Berard. That's *you*.

The chief thing in asparagus, says the sharps, is sulphur and oil. Smells so.

The motto, "It is never too late to mend," should have the later motto added—"Do it Now!"

Good listeners and good talkers are scarce, but word-hydrants are everywhere running wide open.

Filth and flies are cause and effect. Swat the filth!

"Where should we be, if we denied everything we cannot explain?"—*Arago*.

They who have not tried Homœopathy have not half tried to get well."—*Chicago Inter-Ocean*.

"Folly's the only safe way to wisdom," once remarked Private Mulvaney.

Perhaps shorter hours and higher wages have something to do with the boost in the cost of living.

"Can women play cards?" remarked the mournful Claude after he had been up against 5 cent bridge. "Yes!"

"Expect the wurst," said Fido, when caught.

No girl likes a bee to mistake her lips for rose-buds.

How did he find that "Hell is paved with good intentions?"

Notwithstanding its name, The Alfalfa Co. Med. Soc., Okla., is no more given to whiskers than is Chicago or N. Y.

"Who will take the chair?" Then the mouse looked in and every suffragette took one.

"The best safety razor?" absently queried Claude. "Ace high, flush—straight."

Because a man wears spats it is no evidence that he is unhappily married.

"Westward the course of empire takes its way." But what comes after California?

The fact a man doesn't understand slang is no evidence of ignorance.

Some earnest ones seem to think medical science has a creed which you must believe, say you do, or be damned.

C. M. (*Clinique*) mentions "drug-stokers."

According to *Life*, when a suffragette kicks an anti she raises the ante.

No one can hiss, "You're a liar," as the author's hero is said to have done. Try it!

Between a chafing dish and a good cook the average voter chooses the latter.

It frequently happens that the broadest liberal is the most illiberal. Liberality is easy when things come your way.

THE HOMŒOPATHIC RECORDER

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A. I. H., DENVER AND THE WEST.

Nineteen years ago the American Institute of Homœopathy met in Denver, the great city lying in sight, almost in the shadow, of the mighty Rocky mountains, and the second session in that city has just closed (July 11) and a very pleasant and successful meeting it was. Those present from the East met many bright and interesting men who are very rarely seen at the annual gatherings, got new ideas and a generally enlarged view of things homœopathic and, incidentally, of "the west." The turnout from the Atlantic coast was slim. The Middle West did better, especially Chicago, and, in all, there were present, including visitors, about 350, according to those grave officials, Dr. T. Franklin Smith, of New York, who took your dues, and Dr. W. A. Forbes, of Hot Springs, Ark., Registrar, who gave you badges and information and kept you in the straight official path generally.

Every Institute man knows Dr. Smith, the Treasurer, who seems to be a part of A. I. H. and a faithful one. Forbes is a younger man, now located at Hot Springs, Ark. Both men were "on the job" in a most efficient manner, good guides to the Institute "tenderfoots"—if the term be permissible. Keep Forbes in mind if you ever go to the great Arkansas Springs.

When the meeting was at flood-tide a Colorado man, not unknown in the East, remarked to the writer, with a sly twinkle in his brown eyes, "You see we westerners can do pretty well even if the East does not show up."

The following is the list of officers elected for the ensuing year:

President—De Witt G. Wilcox, M. D., Boston, Mass.

First Vice-President—Grant S. Peck, M. D., Denver.

Second Vice-President—Dr. Anna D. Varner, Pittsburgh, Pa.
Censor—Dr. Walter E. Reilly, Fulton, Mo.

Trustees—Dr. W. B. Hinsdale, Ann Arbor, Mich.; Dr. John P. Sutherland, Boston, and Dr. James W. Ward, San Francisco.

Tuesday big President Hinsdale announced, at the conclusion of the usual morning business meeting, that the election for officers was now in order.

A member arose and moved that, inasmuch as there was but one ticket nominated, the Secretary be ordered to cast the ballot, which presumably the good looking Dr. J. Richey Horner did, for Hinsdale announced the result. Then there was a call for a speech from the President-elect. At this another member arose and created a ripple of surprise by protesting against a newly elected President making a speech. Hinsdale, who can put on, at times, a very severe face—judicial and stern—ignored the protest and appointed a committee of three to escort Dr. Wilcox to the platform. The point of the episode came out to the uninitiated when the three escorted the protesting member to the platform, where he made a very neat and witty little address; said he was unlike the man who went down from Jerusalem and fell among thieves, for he had “come up” from Boston—an admission from a hubite—and fell among friends; also other remarks of the same tenor. We rather fancy that Wilcox will be what is known in modern slang as a “live wire.”

The O., O. and L. men flocked by themselves this year, at Chicago. Very few of them showed up at Denver. Stick to your father, boys!

The papers read at the meetings of the numerous sections were good, bad or indifferent—according to your point of view. You can read these papers in the official journal from month to month, as Editor Horner presents them, with the discussion. One of the good ones is printed in this issue of the RECORDER—“The Place of Diet in Homœopathic Practice,” by Dr. W. E. Leonard, of Minneapolis. It is full of sound sense and will repay the reading.

The optimistic and cheerful Dr. C. H. Duncan, of New York, came to time, as usual, with his pet theory of “Auto-therapy”—curing the patient with his own pus—but, while the newspapers took it up, the members were not enthusiastic over it. After all this and all vaccine therapy is but the old “nosodes” in a new

dress. Much of the success of the late Dr. J. Compton Burnett depended on this form of treatment, but he, and many others, employed it in the potentized form, which, we opine, is *safer*, cheaper and better than in the modern crude way.

Dr. J. P. Sutherland's paper excited some discussion and it was voted to reprint it in pamphlet form as a missionary publication. Apropos of Dr. Sutherland, on Wednesday, in a short speech anent the recently formed International Council, he related how it had saved Homœopathy from official extinction in Russia, besides doing much other good work elsewhere. Just keep your eye on that Council—and aid it if you feel like giving Homœopathy a boost—for it is doing good work. In fact, the A. I. H. has taken a leaf out of the book of the A. M. A. and is learning to do what we may term "team work," but it needs money, but it is money well spent, as the affair in Russia—to say nothing of other places—proves.

Just here a few words on a resolution offered by the veteran, Dr. H. R. Stout, of Jacksonville, Fla., who had lots of adventures on his trip, as, for instance: He got the train to stop at a way station, a box station, so that he could get off and visit a friend, who failed to meet him. It was night. The good Doctor applied for shelter, or information, but was rudely turned away—from second story windows. He slept a little in the aforesaid box station on a bench until daylight, when all was made clear and apologies were profuse. In contrast to this, even in big, rushing Chicago, a train that had started backed back to take him on. Such is life! Well, the resolution, in effect, was that the Institute go on record against its members joining allopathic medical societies, and request those who had already done so to resign. This resolution caused much discussion among the members, the Denver newspapers took it up and the A. M. A. sent its "regrets" that such a breach of brotherly love should even have been considered. It was gently tabled.

Dr. Stout's resolution is a very wide open proposition. No one can consistently belong to the A. I. H. and the A. M. A., for they are, in the final analysis and at bottom when truly viewed, opposites—the positive and the negative. To be sure, where a man does not go below the surface he can fraternize with these two bodies and include all others under the medical sun—for

there *are* others. It is contrary to the Scriptural law that no one can serve two masters, which law, also, is immutable, regardless of human opinion; also demonstrated by the fact (which is "science") that sooner or later the man who carries the two memberships gives up one of them and serves the one master. The only gentlemen who can ride a dozen horses at once are the eclectics, who claim to take what is good from all schools, which position opens them up to the gibes of men, for it involves the almost superhuman power of judging between good and evil. But for all that it seems to us that the grave fathers of the Institute did wisely in deciding to do nothing in the matter because every man should be left in freedom to live his own life so long as he does not violate the common law, or hector and bully his fellow citizens. Let him belong to as many conflicting organizations as he pleases, it is the measure of himself and, sooner or later, the cold truth will get in its apparently merciless work. One man, the type of many, said to us: "I am, I believe, a good homœopath, living in a town where there are several allopaths, but no other homœopath within a hundred miles. I belong to a little local society whose members help me in many ways—work I cannot do—and I sometimes help them in therapeutics." So, you see, the other side. Probably the resolution should have been so worded as to include the national body only and not the mere local societies, for there is a difference and a big one. The citizen can utter sentiments, and no one care a baubee, that if uttered by a member of the Government would cause international complications, or even war, as Bismarck did by a mere remark that set a-going the last great war between France and Germany. Perhaps you see the point here; at least we hope so, though there is no kick coming if you do not.

The lady—or dare we use the older and better term "woman?"—doctors were out in unusual force. Dr. Mary Elizabeth Hanks, of Chicago, seemed to be a favorite with the reporters and, according to them, uttered sentiments that would endanger her beautiful crown of white hair in England. For example, read this from the *Denver News*, as purporting to come from Mary Elizabeth:

"Ladies who slip away from pink teas to toss dainty little bombs and use dynamite under public buildings for the sake of acquiring the ballot are crazy. Emiline Parkhurst, the English

lady martyr, who frightens her gentlemen captors by refusing to eat when they lock her up, is insane." Also this: "The place for the militant suffragette is in a sanitarium." Dr. Hanks is reported to have uttered many more heresies on this subject to which we would say "Amen," if we were not too scared to do so.

We have said that she was "reported" to have said these things, because the Denver reporter has an imagination that is as boundless as the prairies of Colorado and as lofty as its snow capped mountains. For example, and to get personal, we met a brother scribe of the *Times* one day and swapped things with him and this is the way he wrote it up:

"On the same topic Dr. E. P. Anshutz, of Philadelphia, editor of the HOMŒOPATHIC RECORDER, and who first came to Colorado by oxcart in 1863, says: 'More easily assimilated oxygen because of the dryness of the air; more work by the heart with the same expenditure of energy, and with the sunshine making chemical changes in the blood and strengthening the corpuscles, tells briefly the reason why Colorado's climate is excellent for convalescents and for those suffering with wasting diseases.'

"These, in turn, tone up the system, create appetite and thus assist nature as exemplified by the human body to cure the abnormal or subnormal conditions known as disease. Sleep necessarily follows good health, or improving health, and in turn the relaxation caused by sleep permits nature to do her work much faster".

After reading all this learned lingo we felt like Uncle Rastus, of Georgia, when asked to change a twenty-dollar bill: "Ah cain't, Boss, but I'se much obliged to you foh de compliment." Was also asked, "What is the difference between homœopathic and allopathic treatment?" and the answer, in the main, as far as it goes, is correct for we wanted something that would be plain to all. Here is the way it is put:

"Homœopathic treatment is illustrated best by the common treatment for a frost bitten ear—snow or ice is rubbed upon the affected member and thus a cure accomplished. The logical allopathic treatment, says Dr. E. P. Anshutz, would be hot applications."

This was printed the day Dr. Stout's resolution against homœo-

paths joining allopathic societies was voted down. From the same column we clip the following, which the *Times* reporter gathered from Denver allopathic—beg pardon, but there *must* be a verbal token to distinguish the two classes—physicians. We give it in full, as the matter is of interest :

Denver physicians of the regular school, commonly known as the allopathic, in discussing the flurry which occurred at the convention of the Homœopathic Institute and the American Medical Association, look upon it as a sign that the homœopaths are turning to the old school, which they left under the guidance of Hahnemann about seventy years ago.

“Don’t under any consideration call me an allopath,” sputtered one physician who was interviewed this morning. “Physicians of the regular school, or old school if you wish, but anything but allopath. We don’t recognize the existence of any such word, or any such school. There can be but one school of medicine, just as there can be only one system of mathematics. The science of medicine is simply an array of facts, and it’s nonsense to talk about two systems of practice. The homœopaths are simply those who broke away from the regular school.

“For some time physicians of the homœopathic school have been leaving that school and coming back into ours,” asserted Dr. Paul S. Hunter, of the State Health Board, to-day, “and this little flurry at the homœopathic convention is a sign of it.

“My opinion is that while it is purely the homœopathist’s affair,” says Dr. J. N. Hall, “it is a sure sign that they are losing their adherents in large numbers and that sooner or later they will all join us and there will be but one School of Medicine.”

“There is very little difference any more between a homœopath and an allopath,” says Dr. W. C. K. Berlin. “It is a common thing now for a man to walk in and consult a doctor without ever asking or knowing to what school he belongs. The reason for this is that the method of practice and the remedies used by the homœopath are very little different from those of the allopath. The difference has been growing less every year and within a few years they will be all the same.

“It is becoming so that you very rarely hear of a homœopath any more. There was a time, years ago, when you heard of little else.”

With all due regard to the Denver physicians quoted above, we think they are in this matter (as in therapeutics), in error. If every homœopathic physician in the world were to desert the law of similars the mothers of the land would organize a homœopathic school and bowl over any medical body that would oppose them. Homœopathy, gentlemen, is a *science*, broader and deeper than anything you have in your chameleon practice. You may come to Homœopathy, but it, being a fixed star, cannot go to you. Yes,

we admit that assertion is very "dogmatic," but dogmatism has its place!

One paper printed an interview with Dr. Belle Gurney, of Chicago, on "love" that made her real "mad."

The members and visitors were freely half-toned by the hustling Denver journals. President Hinsdale seemed to be a favorite with the photographers, probably because his face has a suggestion of the strong New England granite. He also had a "doppelganger" in Dr. Henry, of Excelsior Springs, Colo., who said he was walking along the street when a newsboy held up a paper containing Hinsdale's picture, exclaiming: "Hi, mister! buy a paper, it's got yer picture in it."

Just here let it be noted that the Denver papers all have the legend, "Price, 2 cents," but the boys and the hotels sell them "2 fur five," or, if you buy one, it is five cents, which leads one to believe that the circulation managers cannot have much to fight about.

It was a pleasure to meet Dr. C. A. Schultze, of Columbus, O., looking as blooming as ever, though thinner. Last winter he was in the shadow of death and the diagnosticians of the laboratory gave him three months of life here below. At this juncture Dr. C. F. Junkermann, also of Columbus, O., and also present at the meeting, stepped in and took the case according to the orthodox rule of Hahnemann. What the Repertory led to was given with the above noted result. (Let the Denver doctors quoted above make note, for the end of medicine is the cure of disease and not the advancement of medical "science.")

This leads up to the fact that Dr. W. A. Humphrey, of Toledo, O.—and par parenthesis one of the surgeons of the Michigan Central Railroad—was on the train outward bound. He, like the scribe, is an admirer of Burnett. He told of an apparently incurable case—cirrhosis of the liver, if we remember aright—which he cured by the aid of Burnett's *Greater Diseases of the Liver*, or, to be more accurate, the remedies therein outlined. Humphrey is a good travelling companion.

Again. Here is a case with a double headed point. On the Pennsylvania train, after supper, a bunch gathered in the smoking room. In time one made a reference to the weather, which was cheerfully received and this led to the discussing of the

merits of the different roads, hotels, towns, and so on to base ball and so on, to personal ills. Then a well-to-do looking man from New York told of a cut in his chin he received in a barber-shop. In substance, his tale ran as follows: Plastered up, no good. Doctor put a white powder on it, ditto. Then a salve, ditto. Then another said he could cure him with a single injection of a very expensive remedy. (Salvarsan, of course.) It was made. \$100. Ditto. Another and another. \$100. Ditto. Then mercurial injections and other things. Finally, after two years the thing healed. "It cost me exactly \$1,050," he concluded. "Why didn't you go to a homœopathic doctor and be promptly cured?" came from the scribe. "Homœopathic! What's that? Never heard of it? Do they give medicine?" was the come-back. Now we are not so sure, but this has a triple point—the profit and the ignorance and nature working under difficulties. We may think that the public knows Homœopathy, but it doesn't, else it would "take no other."

Among a host of others we had the pleasure of meeting Dr. Phillip Rice, of San Francisco. The point here is that Dr. Rice wants the house of B. & T. to bring out a new edition of Hahnemann's *Lesser Writings*. Would it sell? An expression of opinion from our readers might clear things up a little, for we think if cost were in sight the book would be brought out.

Dr. Hinsdale, in a private talk, paid a high compliment to Dr. A. L. Blackwood's *Materia Medica*—the homœopathic dispensatory we call it. He said it was about the most used book he had in his library. Hinsdale is an omnivorous reader.

Just here (things come in a sort of disorderly manner in this paper, which might be called A Letter to the Reader) it comes to mind that Dr. C. F. Junkermann, of Columbus, O., gave us an enthusiastic talk on the virtues of *Adonis Vernalis*, which, he thinks, is a mighty, but little known, polychrest. In his hands it has worked wonders in certain dropsical cases and in one instance—we forget the particulars—the Doctor ought to write it up for the RECORDER—it brought out an eruption, evidently suppressed, and a lost eye-sight was thereby restored. Many a good remedy even in Homœopathy is shelved because of few knowing its uses.

Two hustlers present were Dr. Bowie, of Fort Morgan, Colo.,

and Dr. C. E. Fisher, ex-president A. I. H. and late of the *Medical Century*, of Sterling, Colo., and elsewhere. Out there these two towns—cities, we mean—are like Minneapolis and St. Paul. You all know that a Minneapolis congregation arose and left because the strange preacher took his text from St. Paul. They, *i. e.*, Bowie and Fisher, together with all of the many other Colorado men we met, look prosperous and healthy, thus proving the truth of the learned disquisition we gave to the *Denver Times*, printed above.

Many men asked about our energetic friend, Dr. Fred. M. Dearborn's forthcoming book on *Diseases of the Skin*. Told them all (and you, reader) that it would be the best obtainable—and did not exaggerate, either! The doctors want *good* books. Padding won't go very well in these days.

While on books it might be stated that Dr. James Krause, of Boston, full of Homœopathy, science and vim, who, when he speaks on the floor can be heard, which is a pleasure, was present and remarked, one day, that Dr. Clifford Mitchell's book on *Urinology* was the best on the subject in the book-marts. (Didn't ask his permission to print this, but will risk his wrath.) The point is useful and Krause knows whereof he speaks. Also he didn't say it on the floor, but in a conversation.

Had the pleasure of meeting Dr. W. A. Crump, surgeon, New York, who worked out the use of animal oil in abdominal operations, which we were told by some one—name forgotten—has been adopted by the Mayo brothers, and other great surgeons. This, we opine, is a big plume in Dr. Crump's scientific cap.

Must not forget to note the presence of Dr. M. A. Swift, of Topeka, Kansas, many times Treasurer of the State Society. She was interviewed by the reporters, has strong Kansas ideas and isn't afraid to express them. She said, according to the versatile newsmen, that "Women will all wear pants in fifty years," which, heaven forbid! for we like to see prettily dressed women. Dr. Swift is interesting and if any one takes the quiet looking and quiet spoken lady for a nonentity he will find himself—in bad. She is a type of Kansas, the hot-bed of many, to others, queer ideas.

One of the Eastern pilgrims searched the Denver restaurants for "Logan berry pie" and to the shame of that city failed to

find it until he reached Chicago, homeward bound. Here it may be noted that since the big hotels have gone on the "European plan" a host of restaurants have sprung up. Very many Institute men dined at "The Home Dairy," on a cross street, near the Albany, where you get excellent fare, bigger orders and at lower prices than in the East. Though called a "dairy" you can get everything in meats, etc. This free "ad." is for the benefit of any doctor who may visit Denver.

Our good friend, Dr. A. C. Cowperthwaite, of perennial "Cowperthwaite's *Materia Medica*" fame, came all the way from Oregon to attend. He is looking hale, hearty and fit for work. "May he live long and prosper," and write more good books.

The Local Committee provided good entertainment for the visitors, trips to the mountains, auto rides, "high jinks" (which is the name of a room in The Albany Hotel, which was headquarters, *i. e.*, the hotel) and good fellowship generally. The ladies also had a tea, lemonade and dressy affair. A fine entertainment but the scribe was not in it.

Dr. J. W. Masten, of the *Critique*, and his wife, took a party of ten visitors on a delightful auto ride through the boulevards and parks of Denver. There were a bunch of editorial quill drivers in the party—Masten, the host, of the *Critique*, and Horner, of the official *Journal*; Huntoon, of the *Iowa Homœopathic*; Crutcher, late of *Medical Freedom*, but now with Dewey on the *Century*, and, lastly, the *Recorder* scribe. Dr. A. E. Carr, chief of the Nebraska Health Board, was also of the party.

Another good outing we had was with Clark, of The Albany Pharmacy, in the hotel of that name, which (the pharmacy) carries as big a stock of homœopathic medicines as do some homœopathic pharmacies.

On the side was Lakeside Park, a sort of inland Coney Island, with everything from a lake to "a midway;" also the Electric White Way, a street blazing with electric lights and filled with theatres, "movies," billiard rooms, pool rooms, saloons, where, they say, young women in short skirts carry the drinks; in fact, a street of amusement, ranging from the highly respectable on down—so they said—to the underworld. We only saw it from the outside. It was worth strolling through when the lights were all on. Denver has a reputation for "wickedness," but we doubt if it is any worse than many a smug little town.

There were not as many exhibitors, as usual, owing to the expense of so long a trip, and the exhibition room was not so much frequented as at other places, even though it was admirably adapted for the purpose and located right along side of the main room, where the big sessions were held; the reason, no doubt, was the heat, for Denver certainly gave us all a warm greeting in both senses, the weather man dishing up from 90 to 93 degrees of his product.

Hahnemann College, of Chicago, had the most elaborate exhibit, under charge of Dr. Harpel, and the Denver papers made considerable note of it. It may be remarked here that the Faculty of that College turned out strong—Chislett, Cobb, Blackwood and others we did not meet or fail to recall. They all say that Hahnemann is entering a period of prosperity and sound, true blue Homœopathy.

Bailey and Blackmarr, both of the above named College, we believe, had an exhibit of radium that attracted much attention. We asked Dr. Bailey "what is it good for in therapeutics?" and with his slow, gentle smile, he diplomatically replied, "that is what we are studying."

On the subject of Radium it may be well to note here that after our return to Quaker town we found in our mail some photographs taken with freshly triturated sugar of milk made by a European physician. They were the result of a four weeks' exposure, but it may be reasonably doubted that the emanations are the same as those given out by Radium. Any one can take sugar of milk freely, but if you take a similar amount of Radium trituration you will have a very emphatic "proving."

Boericke & Tafel were the only homœopathic pharmacy that had an exhibit—a fine show of books and a big line of their elegant new medicine cases, bags and so on.

We were very sorry to hear from Dr. Mastin that he has discontinued the *Critique*, this time for certain. The journal had many warm friends, but the income would no longer justify its publication, as the deficit was too much for one man to carry.

The 1914 meeting of the Institute is set for Atlantic City, and the year following for Portland, Oregon. Turn out next year and give President Wilcox a booming meeting. He *looks* like a young man, but whether he is older than he looks we can't say.

Our party finished with a day and night at Colorado Springs, a beautiful little city on a level plain, very wide, smooth streets, fine hotels, and only three or four miles from the foot of the mountains, which loom up grand and brown, with Pike's Peak as the central figure. By the way, Pike's Peak isn't a peak, but a huge hump rising high above its neighbors. Also, Colorado Springs does not have any springs for these are at Manitou right at the entrance of the canyons, where, seemingly, you can get all sorts of water right out of the ground, each spring being carefully and neatly walled. One of the sights, aside from the grand mountains, canyons, precipices, Garden of the Gods, etc., is the Cave of the Winds, high up on a mountain. It has no winds in it, takes about an hour to traverse, up hill and down, in the bowels of the mountain, and is brilliantly lighted with electricity—a most excellent thing in caves. In a narrow passage the guide stopped and stamped his foot on the ground, which gave forth deep reverberations, as from some great space beneath. He said there was another cave under this one, but how big no one knows, as no opening had ever been discovered. We requested him to stamp lightly, not having any desire to break through into unknown abysses. The Garden of the Gods is a big area covered with fantastic red-brown stones from the size of a trunk to a towering church spire. It all looks as if the gods had been making a night of it with their fellow god, Bacchus.

Cut out Europe one year, you of the "effete east," and take in Colorado and the vast regions thereabout!

From the Springs we started on the homeward hike, stopping in that big place termed Chicago—they have, we were told, one street sixty-five miles long, straight as an arrow.

Called on Dr. Clifford Mitchell, author of *Urinology* and other good books. While there a scheme was evolved that will be of interest to the readers of the RECORDER. In brief, Mitchell promises us a department, four or six pages, monthly, under his editorship, which will deal with practical clinical points for modern specialists, including every specialty,—surgery, eye, ear, nose, throat, heart, lungs, stomach, skin, urine, blood, bacteriology and everything else, contributed by men in each specialty. It is up to Mitchell to do the work and we believe he will make it a success. This does not mean that the journal will cease to

be an old fashioned *homœopathic* publication, but will give its readers, in addition, the latest touches in the field of specialism and you can take them or leave them, as you see fit. So it is proposed and we have faith that Mitchell has the know-how, the prestige and the literary ability to carry it through.

After our return to Quaker town we received the following note from Dr. Stout, concerning an excursion to Steamboat—though why Steamboat is a mystery, or a Rocky mountain joke. “We left Denver, Saturday morning and about 115 or 120 doctors and wives arrived at Steamboat Springs and were detained one day more than we expected to remain on account of the burning of a tressle at Corona. At an altitude of 11,660 feet, we had the novelty of throwing snow-balls in the month of July.”

So we arrive at the conclusion of these rambling notes conscious of the possible fact—to paraphrase the liturgy—that we have left unsaid many things we should have said and said many things we should not have said.

E. P. A.

THE PLACE OF DIET IN HOMŒOPATHIC PRACTICE.

Wm. E. Leonard, A. B., M. D., Minneapolis, Minn.

Engineers say that the quality and quantity of steam a boiler will make depends upon the quality and quantity of the heat-making fuel.

In health, this is true of the human machinery of digestion, but the problem is changed when functional or organic disease has modified or lessened the capacity of this machinery to do its work.

This should not lead the practitioner to the extreme of starvation, the Upton Sinclair method of so completely resting the whole machinery that it has time to recover itself. Rarely is this safe in acute disease, or necessary in chronic, when one knows how to apply the homœopathic remedy.

The middle course is the better one, *i. e.*, giving just enough attention to diet to enable the patient to live easily while the remedy is doing its work.

It cannot be indifference that leads the conscientious and experienced practitioner to lay less and less stress upon diet in dis-

ease; or, speaking more accurately, to attempt less frequently to dictate a certain line of food to each individual patient.

I recall carefully prepared diet lists shown me from so-called eminent physicians by patients who have thoroughly tested their merits by weeks of slave-like devotion, without appreciable results. Many such fetiches have seemed to me to smack of charlatanism, especially when given out with impressive mien as absolutely necessary for a cure.

“If this be treason, make the most of it.”

Of course, not infrequently, some vicious article of food or drink must be peremptorily cut out. Even this should be done judiciously and with an eye to the reaction of changed habits, and some attempt to substitute the right thing; for instance, in the hard drinker, hot milk, with a good covering of red pepper, as a substitute for his usual stimulus, etc.

I base the futility of trying to prescribe specific individual diet upon the following reasons:—

1. It is almost impossible to sift out all individual idiosyncrasies and make the palate subservient to the possible cure, since “One man’s meat is another man’s poison.”

2. When you have attempted to carefully specify what shall or shall not be taken, your patient will break the rules often enough to nullify the good effects.

3. One is too often dumfounded in general practice by the extraordinary articles of diet that the chronic sick do actually eat with impunity—or any other kind of sauce!

A strange instance of this fact occurred to me some years ago, when an infant, sick for weeks with cholera infantum, suddenly began to digest its food and get well after being allowed to suck the juice of a few ripe, black cherries!

Another infant began to get well after being fed a little oyster juice!

I admit these experiences denote exceptions to ordinary normal metabolism and cannot be generalized upon. But the above reasons hold, nevertheless, to my mind.

The printed diet lists, labelled for certain diseases, may be given out for their moral effect upon the patient and as a general guide to his cook at home. But I have never seen one yet that was followed out literally with any perceptible bearing on the cure of the case.

In chronic eczema, rosaceae and acne, frequently, have faithful patients carried out carefully thought-out directions as to diet, for months, without any apparent effect upon their cases. I would place more confidence in *Natr. mur.*, *Hepar*, *Sulphur*, etc., in skin troubles, unaided by diet lists, than in all manner of adjuvants.

This was demonstrated at my University skin clinic some years ago, when no control over diet and habits could possibly be exercised. Most improved markedly and some were cured by remedies alone.

In other words, the specific action of the drug (homœopathic) to the case, is of more avail than an attempt to control all nourishment by a fixed diet. It is at once more accurate and efficient.

Hence, tea and coffee, or even tobacco, if habitually used by the chronic patient, do not, I believe, have much relation to the cure of chronic disease, except when actual functional changes have resulted from these stimulants.

This is true, notably, in the employment of potencies, which, I believe, are the only means of curing chronic disease. Hahnemann's directions about camphor, coffee, wine, lemon juice, etc., applied to the lower potencies—below the 6th—which may be modified in action by these ingestants, but, I believe, have no bearing upon the action of higher potencies.

In acute diseases, of course, these directions of Hahnemann's apply. Indeed, in such cases when fever is present, the tendency nowadays is to give the machinery of absorption or metabolism an almost complete rest by cutting off all but the simplest food. I doubt not the action of the homœopathic remedy is thereby greatly aided and abetted.

Especially is this true in acute inflammations of the abdomen and its contained organs. I am old fashioned enough to be guided by the amount of coating on the tongue, as an index whether food can be assimilated or not. If this coating is thick and general, I cut off all but liquids and even these in appendicitis. Complete rest of the alimentary canal, with only a little water—never as much as the patient desires—and a tablespoonful of olive oil every four hours, with *Bell.* or other indicated acute remedy, together with some "Surgeon's Mud" over the inflamed area, will obviate any surgical procedure in nine cases out of ten and

cure the case in two or three days. Rest in the prone position is also essential.

The principles governing the diet in typhoid are well-understood and agreed upon. A patient ill with diseased conditions of the bowels must be nourished for weeks, while, at the same time, fighting a fever that diminishes his digestive and absorptive powers. The seven juices are lessened, as is also peristalsis and ulceration may thin the walls of the intestines.

A mild case may become a severe one by careless feeding. The body protein is being burned up, the more the less food material is actually absorbed.

It is not necessary to go over the elementary directions as to the frequency and regularity of drink and food. Each case should be made an individual study as to diet, as much so, as for the remedy. Aside from milk—sometimes, when curds show in the stools, to be given in varied predigested forms—I do not much favor broths. They may afford occasional variety, but are more stimulating than nourishing, may overwork the kidneys and are good culture media (Hare). Fruit juices are always grateful and generally harmless.

I find no need for stimulants, except to tide over the exhaustion at the close of the fever. They are as kerosene to the fire and are absolutely contra-indicated in former alcoholics.

Ice cream, homemade, and in small quantities, is, with me, a favorite and safe food.

In convalescence from typhoid fever, diet is equally important. From the fifth to the ninth afebrile day, *i. e.*, when the bowels move more naturally, and the tongue is clean, is time enough to begin semi-solid food, when junket, milk toast and zwieback, etc., naturally suggest themselves.

To sum up—diet as alone a means of cure, is futile, but its careful outline is of great assistance to the proper remedy.

MISOCAINIA IN MEDICINE.

By Dr. A. Rose, New York

With great pleasure I accept the invitation of the editor with which he has honored me in the July issue to give a little historical sketch of Misocainia in medicine.

Lombroso has called the deep rooted inclination of mankind

to combat new ideas "misoneismus," for this barbarous term I have substituted the correct Greek word "misocainia" and it has been accepted in literature.

In medicine, as in other sciences, many new things are brought up, from time to time, which, later on, are recognized as new errors: this explains why new ideas are received with caution, even with suspicion; but this is not misocainia. We can speak of misocainia only when the motives of the opposition against new ideas are prejudice, selfishness and indolence—the archenemies of all progress. The inclination to misocainia explains itself by the fact that the popular man and the man of true originality are seldom one and the same individual. The popular man stands on our own level, he shows us what we can understand without shifting our present intellectual position. This is convenient. When such a popular man speaks, all of us feel as if we had been wishing to speak that very thing, as if we ourselves might have spoken it; and forthwith resounds from the whole world a celebration of that surprising feat. What clearness, brilliancy, justness, penetration! Who can doubt that this man is right, doubtless he is a clever man, and thy praise will be in all the magazines. Quite different with the original man of whom I have spoken in the July number.

John Kanold, in the year 1708, wrote: "It is to be hoped that at this time no one who has common sense will deny that the *historia morborum* is the most important and most valued support of the whole of medicine."

Nothing in the world has caused more animosity, more persecution, than the promulgation of new religious doctrines, but the cruelties originating in religious fanaticism are more easily explained than the rage of men of science against new ideas.

While the ecclesiastical courts of several countries had hundreds of thousands tortured, burnt at the stake; while, for centuries, even in America, unfortunate women, supposed to be witches, were drowned, there is no case known in which a physician, for the promulgation of a new scientific truth, has been tortured or burnt at the stake.

The fact is that a physician, Servatus, the discoverer of the pulmonic circulation, a forerunner of Harvey, was burnt at the stake on October 27, 1553, at the instigation of Calvin. But Servatus

did not die a martyr to medical science; he was the victim of religious persecution.

The case of Galileo may be mentioned here, as it offers an opportunity to expose one of the most pertinacious historical lies. The story that Galileo had been tortured is found in school books, the Protestants make capital of it against the Catholics, and it is difficult to eradicate it.

Galileo had studied medicine; he was a physician, although he devoted himself to study of mathematics, astronomy, and the natural sciences. He made many enemies by mixing quite unnecessarily theological controversies with his astronomical discoveries. It is true that he was brought before the tribunal of the Inquisition, but the legend of his torture is an invention. Whatever accusations against the clergy for their intolerance may be justified, towards Galileo they acted rather generously.

There is no case known of a physician being tortured or burnt at the stake on account of a scientific discovery, physicians were too human to manifest their intolerance by fire; they went to work in a more subtle way, but they were cruel all the same, and after all, they imitated, to some extent, the example set by the church. The object of the Inquisition was to exterminate heresy, but as the fine humoristic express was "without bloodshed," the heretics were burnt.

Men of science who promulgated a new truth apt to harm the prestige of the authorities of the day were tormented until they became ripe for the phrenocomeion. The misocainistai of the medical profession were like the clergy, no "blood shed," they drove men with original ideas to insanity.

Now let us enumerate some examples:

Johann Baptista van Helmont, born in Brussels, in the year 1578, one of the greatest scholars among the physicians of his time, the discoverer of carbonic acid, wrote against a certain sympathetic remedy. For this he was taken before the Archbishop of Mecheln and punished with two years' imprisonment, because he had denied the healing power of religion. His colleagues called him all sorts of names because he was opposed to blood-letting, the universal remedy for almost all diseases at those times. Gin Patin wrote the following necrology: "Van Helmont stoit un med méchant pandard flamand, qui est mort en-

ragé depuis quelques mois. Il n'a jamais rien fait qui vaille j'ai vu tout ce qu'il a fit. Cet homme ne meditoit qu' une médecine toute de secrets chimiques et empiriques, et pour la renverser plus vite, il l'inscrivoit fort contre la saignée, faute de laquelle il est mort frénétique" (van Helmont was a bad Flemish rogue who died insane some months go. He never has accomplished anything useful. I have seen all what he has done. This man meditated only secret chemical and empiric medicines and in order to upset medicine the quicker he was strongly opposed against blood letting, consequently he died insane).

Such private enemies which arise in all attempts at reform are innumerable, and their enmity, as we see in this instance, may be bitter and dangerous.

In my book, 'Carbonic Acid in Medicine,'* I have given the highly interesting biography of van Helmont.

In the year 1640 Juan del Vego introduced Calisaya bark into Europe. The new remedy became at once the object of much dispute. Because the Jesuits recommended it, it was called *pulvis Jesuitarum*, and this name was enough to make it disliked among the Protestants. Physicians were against it because it cured intermittent fever too quickly, depriving them of a certain amount of income.

The history of Harvey's discovery is too well known to need recapitulation here. Harvey's book on the circulation of the blood is the earliest and most brilliant fruit of the method founded by Bacon of exact research in natural sciences, one of the first and, in regard to value, the greatest product of English medical literature, written throughout in a genuine scientific spirit. Strange to say there appeared quite recently an editorial in one of our medical journals, according to which Harvey was not at all the discoverer of the circulation of the blood, and his book, this immortal work, was called "verbose and somewhat muddled."

Harvey had many opponents, but he did not, with one exception, answer their attacks; being thoroughly convinced of the truth of his teachings, he left it to time that he should be understood, and yet in the evening of his life he had the satisfaction of seeing his teachings adopted.

*Rose, A., Carbonic Acid in Medicine. Funk and Wagnalls Company, New York, 1905.

What the masses thought of Harvey's exertions we learn from the fact that after the publication of his work on the circulation his practice fell off; he was considered of diseased mind. The excitement Harvey's discovery caused in medical circles, and among the educated in general, was most extraordinary; especially were physicians disgusted with a new thing which they considered of no value for the practice.

Wurtz, who was far ahead of his time, must also have met with misocainia. He writes: "All sensible surgeons will excuse this, my writing, and easily admit that among the ancients there must have existed much ignorance and great stupidity as well as in this, our own time."

Leopold Auenbrugger discovered, in the year 1754, percussion and percussion shared, in full measure, the fate of most of the great discoveries. Of the few who took notice, one treated it with indifference, some, and among them, especially the Vienna physicians, with decided animosity, with disdain and ridicule, or with senseless contradictions.

I am in possession of Auenbrugger's and his discoveries history written by Vierordt and I could fill a whole paper with interesting facts.

It was reserved for misocainia in the nineteenth century to drive two of the great investigators in medicine into the lunatic asylum.

Julius Robert von Mayer is the originator of the doctrine of the conservation of energy. In different publications he demonstrated the law of the indestructibility of force. For the first of these he had to pay the expenses of printing, as no publisher would assume the risk. He was the first to grasp the conception of the equivalence of exertion and heat; he enunciated his principle with clear distinction; applied it, with great acumen to astronomy and to human physiology, furnishing conclusive evidence for his teachings. His labors did not meet with the approval they so richly merited, and the contradictions, the attacks he had to suffer, drove him to insanity. From 1852 to 1854 he was an inmate of the lunatic asylum of Göppingen, where he was treated, according to the old fashion, with locked chair and strait-jacket. Dismissed as cured in 1854 he gradually had the satisfaction of seeing that his discovery was appreciated to its

full value in all scientific circles. And the great Helmholtz earned for himself all the glory due to Julius Robert von Mayer. It was only after his death that full justice was done to him.

The history of Semmelweis is so well known by every physician that it might appear superfluous to repeat it here were it not for the reason that attempts are made to weaken it by claiming the priority of his discovery to Oliver Wendell Holmes. It is the repetition of the history of almost all discoveries that somebody finds out that they were discovered by some one before, some one who had had the idea, but who did not bring the sacrifice necessary to make it a reality, who did not have to suffer martyrdom for it.

Ignaz Philipp Semmelweis was born in Ofen, July 1, 1818. At nineteen years of age he began the study of medicine and graduated in Vienna in 1844. At first he devoted himself to general medicine under the inspiring influence of Skoda. In 1864 he became assistant in the first obstetrical clinic of Professor Klein. In this clinic there had been, for many years, an enormous mortality from puerperal fever reaching, in one year, so high a total as 31.3 per cent.

These disastrous conditions worried Semmelweis day and night. At that time there existed an abundance of theories to account for them, the peculiarity of which we shall understand when we consider the state of medicine in general at that period. Among the supposed or named causes was the transportation of the milk to the head, or milk metastasis; some accursed cosmic or telluric influences, without assigning any reasonable definition of their meaning. Some explanation, however, had to be constructed in the absence of any definite ideas.

In the year 1847, the pathologist Kolletscha died. Performing necropsy he had received a punctural wound of the finger and had succumbed to pyæmia, which followed this accident. The details of this case of pyæmia after wound disease corresponds exactly with all that Semmelweis had observed at necropsies of women who had died of puerperal fever.

As happens with the true genius, he found as quick as lightning the explanation which had been sought in vain for a long time: puerperal fever is caused by wound infection, it is pyæmia proceeding from the wounded inner surface of the uterus. Not the

wound itself, but its infection is the external cause. Physicians and students, in the course of examination, by their unclean or insufficiently cleansed hands, transmit the noxa to the healthy, but wounded woman. This seemed to him in accord with the observation that decomposing organic matter may cause decomposition and putrid infection in the living organism. He demanded that the hands should be disinfected with chlorate of lime water. This is, in the main, what he communicated, as the result of his first researches. The greater discovery in obstetrics, which has also become a far-reaching blessing to surgery, is connected with the name of Ignaz Philipp Semmelweis.

It is true that Semmelweis had forerunners; in the year 1831 Cruveilhier called women wounded while in the puerperium, and thought it possible that puerperal infection might proceed from their wounds. But how little impression this had made can be shown by the fact that the Academy of Medicine of Paris pronounced itself decidedly against Semmelweis in the year 1851, and again in 1858. Eisemann and Henle, both pioneers of the parasitic theory of infectious diseases and both too little appreciated, as also Denman, must, next to Cruveilhier, be named as real forerunners of Semmelweis. It is remarkable that in the many publications on Semmelweis which appeared in Germany, especially during the eighth decade of the nineteenth century, the American, Oliver Wendell Holmes, is not mentioned. Holmes had spoken on the ætiology of puerperal fever in a woman similar to that of Semmelweis before a medical society, in April, 1843, and had suffered, before Semmelweis, the most violent attacks by the authorities of the day. His discovery and the injustice done to him have been described by S. Baruch. His history is so well known by us that I need not enter into details. In his patriotism Baruch gives altogether more credit to Holmes than to Semmelweis.

Fact is that the forerunners had recognized only a part of the truth, not the whole truth. The revelation of this latter was reserved to Semmelweis. The nearest to him was undoubtedly our Oliver Wendell Holmes.

As a result of observing the precautions which Semmelweis thought necessary, the mortality in the first clinic became reduced to 3.08 per cent.

Very soon Semmelweis found that cadaveric poison (ptomaine) was not the only noxa producing puerperal fever, but that, in general, ichor from living organisms or air impregnated with ichorous particles caused infection. To him the decomposed organic substances were the carriers of infection.

The misocainistai accuse the discoverer of a new truth of having said things of which in reality they never thought. Long after Semmelweis had said that cadaveric poison was not the only carrier of puerperal infection, his opponents, Scanzoni, Braun, Späth, Breisky and others, continued to accuse him of having spoken of no other means of infection, and they gave him the nickname of the "cadaver apostle" and said that he was a very one-sided physician whose results were of the most meagre significance. Semmelweis, in 1848, improved his method, which, at first, consisted solely in disinfection of the hands of the examiner in so far that he insisted that not only the hands, but also the instruments and the dressing material, should be disinfected beforehand, and that patients with puerperal fever should be separated from those who had not been infected.

In this year, when strict and general disinfection was carried out, the mortality from puerperal fever in the first clinic sank still lower, namely, down to 1.27 per cent., notwithstanding that examination continued to be made by students.

Now, for the first time, Semmelweis came before the profession, speaking to the Vienna physicians, who were well aware of the former fearful condition, of the results.

One would have expected that when Semmelweis placed these plain figures before them and explained his views with great clearness and simplicity, all would have applauded him.

It is true, some of the best men, Hebra, Haller, Skoda and Rokitansky, coincided with him without hesitation or reserve, but the representatives of his specialty (with the praiseworthy exception of Michaelis, of Kiel), and especially his superior, Klein, opposed him, and took decided part against him.

Egoism, jealousy, fear of humiliation in view of the former miserable conditions, the dislike to abandon some nonsense to which they had become attached, the necessity of having to acknowledge their own gross mistakes, all these things manifested themselves by the action of an omnipotent caste of bonzes toward the genius.

Semmelweis applied for a professorship; his enemies, however, frustrated his plans in this direction. The leading men in obstetrics in those days, Kiwisch, Scanzoni, Seyfert, Hammernick, had formed a conspiracy against Semmelweis.

But, after all, truth cannot be suppressed, truth is more powerful than any or all of those who resist it, some day, somewhere, somehow it will come to light. In Vienna other men, Chiari, Helm, Arnett, stood up for Semmelweis, and in the year 1850 it seemed as if he had been victorious in Vienna. But this did not suit Klein and his partisans. They agitated to have him debared by the States Ministry, and they succeeded. Semmelweis could find no place in Vienna. Deeply pained by such ingratitude he left and went to his native city, Budapest.

The want of animation, the obligation to care for the daily necessities, made him silent, and his silence caused his friends to halt in their zeal and their agitation for his cause.

His enemies, however, remained active, and the cities of Vienna and Prague secured for themselves the melancholy renown of having successfully combatted the greatest and most beneficial discovery in obstetrics.

Thus the universities of Germany, and especially Vienna and Prague, were eager to suppress, by means of detestable star chamber practices, the most genial obstetrician in history.

At last, in the year 1855, the great investigator was honored by the Hungarian Government according to his merits. Without any step, on his part, to secure the position, he was made professor of obstetrics at the university of his native city. Here he enjoyed some years of happiness. A professorship at the University of Zürich was offered, but was declined by him.

Scanzoni, Braun and Spath continued to defame Semmelweis. Again and again they accused him of having spoken of the cadaver poison as the only carrier of puerperal infection. It is most remarkable how the misrepresentations and errors of Scanzoni are long-lived, most persistent in literature and tradition. As late as 1870, physicians of Berlin spoke of Semmelweis as the cadaver apostle. I even had to hear it here in New York from a Berlin gynæcologist as late as in the year 1873, who said to me that Semmelweis had not been appreciated in lifetime because he had persisted in attributing puerperal infection solely to cadaveric

poison. It is the same case with Scanzoni's error about the danger of carbonic acid gas inflation. It seems impossible to eradicate the errors of Scanzoni.

The moral deficiencies of his adversaries were attacked by Semmelweis in a severe manner.

The open letters which he addressed, during the years 1861 and 1862, after the publication of his book on the ætiology and prophylaxis of puerperal fever, to several prominent obstetricians and to all the professors of obstetrics who refused to grant him a hearing, and whom he called murderers, are well known. It cannot be denied that the tenor of these letters far outsteps the customary bounds of restraint, but no reproach on this account is due from his detractors to the man whom they had so greatly hurt. The tenor of his indignation corresponds with the baseness of the character of his opponents. The celebrated open letters serve to show how bitterly he had been wronged and what tortures he must have endured.

The deplorable conduct of his opponents is the more inconceivable, as many among them had accomplished original work of lasting value in other branches of obstetrics, so that there existed no danger of the lessening of their fame.

In the year 1861, Semmelweis had collected all his writings in his work on "The Ætiology, Conception and Prophylaxis of Puerperal Fever." This work is one of the real classics of medical literature.

Completed in some details, with the additional statistical evidences, but without any essential changes, he gives the views already presented in 1847 and 1848.

In accordance with his ideas in regard to ætiology he demands in case of infection all what we call "antiseptis," in all cases, on the part of the operator, cleanliness and disinfection of the hands, the instruments, the dressing material, the clothing, that is all asepsia.*

This work had, at first, thanks to the conspiracy of his enemies, almost no success. Scanzoni, Braun, Späth, Breisky and others, continued their sycophantia. Only Lange, of Heidelberg; Kugelmann, of Hanover (the latter, in writing to Semmelweis, expressed

*Not asepsis because this would be ungrammatical.

“the holy joy” he had experienced when reading the book); Hirschler and Markusovsky, of Pesth, stood up firmly for him, while on the occasion of the Thirty-sixth Congress on Natural Sciences, at Speyer, not only the obstetricians present with the exception of Lange, *but also Virchow*, were against him.

Virchow's error teaches us not to trust to authority—the errors of men like Virchow are sometimes of far-reaching consequences.

In the year 1864, the Bohemian Parliament wished to hear the opinion of experts on puerperal fever, and lying-in institution buildings. Opolzer, Rokitansky, Skoda, Virchow, Lange, Schwarz, Heckner, and Lischner were the experts selected. Opolzer, Rokitansky, Skoda and Lange expressed themselves in accordance with the principles of Semmelweis. Virchow's opinion read as follows: “The main cause of the rise, development and spread of puerperal fever, is an individual predisposition to diffuse and malignant forms of inflammation; puerperal fever can set in in consequence of this predisposition solely without any contagion.”

As late as the year 1874 Virchow, but very conditionally, pronounced himself in favor of the parasitic theory.

We will not enter still more in the details of the heartrending history of Semmelweis, but only mention the pain he suffered when men, in order to disprove the history of Semmelweis, were dishonest in order to obtain unsatisfactory results they did not observe the condition as prescribed by Semmelweis. And such is the case with real infamous misocainia, the enemies will injure the cause of the discoverer, they will not allow good results, no success to a new idea, and no means are too base to suppress the new idea.

It was not granted to Semmelweis to see the triumph of his teachings. He became irritable, he addressed lay people in the street, to whom he said that they were not prejudiced like the professors, and to whom he explained his theory, and for this he was taken to the lunatic asylum, and there he died on August 13, 1865, in his forty-seventh year.

Twenty-nine years after his death physicians from all parts of the world united in erecting a monument in his honor, to commemorate the services rendered by him to science and to mankind.

SHARP SPLINTERS.**By Pro Bono P.**

UNWORTHY OF PUBLIC CONFIDENCE.—The Whip which the overseers of medical education hold over the cowering slaves who are beneath their yoke is to utilize the derogatory tendencies of the public press, which, in these days, is willing to “knock” anything or anybody. Anybody, then, who dares to disobey the commands of the Council is published in the newspapers as “unworthy of public confidence.” The scheme has worked well so far, but, as a clever young attorney recently said in a public speech “not a rag-picker or bottle-collector in the United States would endure the tyranny which the doctors put up with in patience and humility.” Some of these days, however, it may be different. The A. M. A. is laying up a great store of trouble for itself and incidentally for all of us.

TWO HALVES NOT A WHOLE.—The self-appointed dictators of medical education who seem to be running things their own way just now in this country have recently decided that two halves do not make a whole. That is to say, if a college employs two half-time men the equivalent is not that of a whole time man. Any college so doing is, of course, “unworthy of public confidence.” In our opinion two wideawake, ambitious instructors in any department are greatly to be preferred to some one drowsy medical pedagogue sure of his “job.”

A GOOD SUGGESTION.—When Dr. Frank Lydston, of Chicago, was informed that a certain Chicago medical college had received an endowment of some \$30,000,000 a year he suggested that the greater part of this sum be set aside for fighting the A. M. A. We heartily agree with Dr. Lydston as to the wisdom of this course. No matter how well a homœopathic college may be endowed it must back up its diplomas with attorneys and the latter cost money.

THE CLOSING OF HERING COLLEGE.—Ever since Dr. Arthur Dean Bevan said in a public speech that there was no excuse for the existence of Hering College we became aware that its fate was sealed. Medical education is now controlled by a coterie who will keep on closing up colleges until the people of the United States rise up and abolish the Council. But the trouble about this

will be that incidentally all restrictions will be removed and "any old thing" allowed to teach and to practice medicine. This is why we steadfastly maintain that the arrogant policy of the A. M. A. is prejudicial to the best interests of the entire profession. Absolutism begets anarchy. The day is not far distant when we shall all have cause to regret bitterly that any such organization as the A. M. A. ever cursed medicine.

A NEW HOMŒOPATHIC JOURNAL.

Dr. W. H. Schwarts, of Perkasio, Pa., has started a new venture in homœopathic journalism. The first number appeared on June 19, under the title "America's Weekly Journal," four pages, of regular newspaper size, with same type and paper used in the average country weekly. The second number came out on July 3, under the title "America's Homœopathic News," but in eight pages of same size. The subscription price is \$1.00 a year. Here is the Prospectus, or "special notice" of the new venture:

Dear Doctor:

This movement to MAKE HOMŒOPATHY THE DOMINANT SCHOOL OF MEDICINE is a great "love labor" task and demands the united support of all HOMŒOPATHS.

The Old School realizes how helpless it is with medicines and has had to rely on hygiene or sanitary measures with the exception perhaps of anti-toxine for a comparatively infrequent disease.

In spite of their helplessness in their treatments by medicines, they continue to remain the dominant school of medicine simply because they are supported by a publicity bureau that is eternally drumming on their few achievements.

How helpless are Old School doctors in cases which you know get immediate relief by the use of such medicines as Chamomilla, Belladonna, Bryonia, Phosphorus, Rhus Tox., Pulsatilla, Sulphur, etc., etc. If the A. M. A. are not a sect, why do they not acknowledge the efficacy of these well proven medicines.

The fact remains (no matter how strenuously they deny being a sect and try to absorb our physicians—providing we denounce Homeopathy) THEY ARE A SEPARATE AND DISTINCT SCHOOL OF MEDICINE AND JUST AS MUCH A SECT AS HOMŒOPATHY, OSTEOPATHY, ECLECTICISM, CHRISTIAN SCIENCE, ETC.

We must profit by their example and establish a publicity bureau. When the public once realizes the helplessness of Old School medicine, allopathy will fall flat.

Now, Doctor, GET IN THE BAND WAGON, and help in this great

humanitarian movement, supported by James Ward, M. D., San Francisco; George Royal, M. D., Des Moines, Iowa; Edward Harper, M. D., New Orleans, La.; W. A. Dewey, M. D., Ann Arbor, Mich.; C. E. Fisher, M. D., Sterling, Colo.; Wm. Osgood, M. D., Muscogee, Okla.; James Tyler Kent, M. D., Chicago, Ill.; A. Eugene Austin, M. D., New York, and J. B. S. King, M. D., Chicago, Ill.

Send us money at once, according to your means and as many subscriptions as you can afford to distribute among your patrons.

AMERICA'S WEEKLY JOURNAL,
Perkasie, Bucks County, Penna.

The "News," as presumably it will be named in the future, is certainly an aggressive publication and a readable one, something new in medical journalism with its big head-lines and the like. Send for a sample copy.

HOMŒOPATHIC MEDICAL SOCIETY OF KINGS COUNTY, NEW YORK.

The four hundred and sixty-seventh meeting of the Homœopathic Medical Society of the County of Kings was held June 10, and two very interesting papers occupied the evening. The first, by Dr. Walter Gray Crump, of New York, was entitled "Post-Operative Abdominal Adhesions and Sepsis. Some Ideas as to Their Prevention and Treatment." Dr. Crump dwelt upon the uses of *Camphor* in abdominal sepsis, calling attention to the apparent simillimum between the effects of *Camphor* in its provings and the conditions found in septic peritonitis, and reciting experiences in the use of that remedy in combination with oil, in varying strengths, as a preventive of adhesions in abdominal inflammations. He also mentioned the use of neutral animal oils as preventives of adhesions in inflammatory conditions of the peritoneum. In discussing the paper Dr. Iler, of the Cumberland Street Hospital, spoke of a paper recently published by Dr. Patrick, of Boston, on the uses of *Camphor* in the treatment of septic conditions of the skin, especially in stitch abscesses, and where unhealthy skin wounds did not respond to ordinary treatment.

Prof. Soresi, of the N. Y. Homœopathic Medical College, presented a paper, entitled "Prevention of Death, and Resuscitation." The paper was an analysis of the Professor's work in

vivisection upon dogs to study the effects of hæmorrhage, shock, gas poisoning, and autointoxications. He claimed that many deaths could be prevented in acute diseases if transfusion of blood could be made from a healthy individual. He has bled dogs to such a degree of lifelessness that they were actually stiff and practically dead, and then by transfusion of blood from a live dog the apparently dead animal returned to life. He mentioned one case where a patient was dying from a severe pneumonia, and when the brother begged that something be done to save the patient, Dr. Saresi opened the jugular vein of the sick man and made a transfusion of blood from the brother direct, with the resulting recovery of the patient. He stated that it is a simple matter to get blood into the right side of the heart by way of the jugular vein and superior vena cava, but so far it had not been possible to get blood to the left side of the heart. If the latter could be accomplished and healthy blood be delivered from the left ventricle throughout the body death could frequently be prevented in acute diseases. The one essential in all transfusion work was that the organs must be in good condition and the central nervous system not impaired. In Bright's disease, where the kidneys were impaired, attempts had been made to transplant a healthy kidney, leaving the original kidneys in place so that the animal had three kidneys, with the ureters attached to the bladder. It had not been tried in human beings yet, and he could not advise it at the present time. In gas poisoning, in young people especially, by transfusion every case should be saved. In elderly people with arterio-sclerosis or organic lesions there was nothing to be done.

L. D. BROUGHTER, M. D.,
Secretary.

THE CRY OF A CHILD BEFORE DELIVERY.

Editor of the HOMŒOPATHIC RECORDER.

If our friend, Dr. Moncure, is correct, then the Aryan Sanscrit Science of voice is true. They say that the voice is divided into three parts,—abdominal, thoracic and cerebral.

Along with the arteries, the veins, the nerves, and the lacteals, they say, there form air channels throughout the body; most of which are blocked after birth through irregular duties and the

rest collapse immediately after death. If we keep them free and open, our health remains vigorous and can stand against all the germs of the diseases. By regulating the diet and practicing respiratory movements according to their directions we can easily verify their theory.

The expiratory air comes into the thorax from the lungs and up the fine air channels from the abdomen and the cerebro-spinal cavity.

All the deep sounds are caused by the air of the abdomen and they call them "Naviskwar."

All the thrilling sounds are caused by the air of the cerebro-spinal cavity, and they call them "Shirsha Swar."

All the normal sounds are caused by the air of the lungs, and they call them "Kantha Swar."

By admitting their theory, it is easy to prove that a child may cry within the womb through the help of its formed air within the abdominal cavity or the cerebro-spinal cavity. The sound must be either deep or thrilling and must disturb the uterus.

The sound we mark in the insects where lungs are not yet formed. Here is an insect called *nalbaha*, which makes its peculiar cracking sound through a hinge joint at its cephalo-thoracic joint. If we study more we do not find that the expiratory air of the lungs is the only voice producer.

A. C. TATTWANIDHI.

III/2 Lallygunge Road, Mymensingmemorial, Kalighat, Calcutta, India, May 28, 1913.

(The paper by Dr. Moncure was published in the April RECORDER, page 146.—Editor of the HOMŒOPATHIC RECORDER.)

THE VACCINATION SORE.

From the Medical Review, April.

Normally the arm is a trifle sore after vaccination with cow-pox virus. Normally the arm is not sore after vaccination with the bacterial "vaccines," or bacterins. Cow-pox virus is an unknown quantity—therefore it cannot be administered in sterile, or even in culturally pure condition. We have to take what extraneous material, bacterial or otherwise, happens to come with the virus. Hence the sore arm. The vaccine producers, and

some excitable exponents of compulsory vaccination, insist that sore arms are wholly due to uncleanly conditions during or following vaccination, but this is not true. We have employed every care we would employ if a major operation were to be performed (except that we did not sterilize the vaccine, of course), and in spite of the most scrupulous aseptic management in our own hands, the arm became sore in a certain proportion of cases.

No more sore, however, than the average physician becomes when anybody questions the efficacy, the right or the necessity of compulsory vaccination. As practitioners of a more or less empirical art we are perhaps justified in exhibiting indignation toward any such "attacks" upon our belief and practice; but as scientists, which we all pretend to be nowadays, we have no reason whatever for feeling or expressing contempt for the anti-vaccinator. It is merely a difference of opinion. Until somebody discovers the cause of small-pox, the nature of cow-pox and the unity of the two diseases, no one can say positively that the one is protective against the other—although we may be ever so strongly of that opinion.

Let us leave it to the ignorant to call names and cast slurs upon those who do not agree with them. As physicians we can gain nothing by uttering sarcasm about the antis.

If there was ever a positive conviction, short of scientific demonstration, of the nature and manner of distribution of a disease, it was our former conviction about the contagiousness of yellow fever. So cock-sure were we of this conviction that we enforced quarantine by means of the shot-gun when necessary. Then along came the U. S. Yellow Fever Commission, demonstrating the *stegomyia fasciata* as the sole agent for the distribution of yellow fever—and we shamefacedly laid away our guns.

Some day somewhere somebody may find the bug that carries small-pox. Then, possibly, we will regret some of our hot-headedness. But anyway we should not be ugly with those who irritate our vaccination sore. One can frankly admit the occasional fatality of vaccination in good hands—as Osler does, for instance—and still be an earnest advocate of vaccination as a preventive measure. We are not telling the truth, however,

when we assure a parent that vaccination is absolutely harmless, because that is something that depends on too many conditions beyond our immediate control. If vaccination, as practiced, were absolutely safe, there would be no anti-vaccinators, we are sure. All we can truthfully say is that vaccination is as safe as the present state of scientific knowledge can make it.

MIXING INCOMPATIBLES.

"The HOMŒOPATHIC RECORDER approves the spirit of our remarks as to medical unity in so far as harmony and friendship are concerned, but doubts the possibility of *unity* in the strict sense on the ground that opposites and similars cannot mingle. When 'old school' physicians attend the annual ball of the Homœopathic Hospital; when the Homœopathic Hospital staff sends a beautiful bouquet of roses to grace the opening festivities of the German Deaconess Hospital, that is harmony. But when homœopathic physicians frequent the Academy of Medicine, read and discuss papers; when 'regulars' take patients to the Homœopathic Hospital and find internes secretly smiling at their small doses; that comes pretty close to practical unity. Remember, very few of us hold to the doctrines of opposites. That is why we are so touchy about being called allopaths, not because we want to claim the term 'regular' in an autocratic sense. In fact, we don't want any specific designation beyond that of our profession. There is unity, as well as harmony, between friends who call each other—quite in a friendly way—all sorts of hard names over questions of operation and medication, of abdominal and vaginal routes, of choice of antiseptics, heart tonics, etc. We want, and in western New York we have pretty nearly attained, the same kind of unity across what used to be hard lines of school opinion."—*Buffalo Medical and Surgical Journal*.

The RECORDER has never said a word against the amenities that should prevail among men of varying opinions. The men may be friends, but principles are not men. Let us illustrate the point. Archbishop Ryan and the leading Jewish Rabbi of Philadelphia were once seated side by side at a banquet, evidently having a good time. "Rabbi," said the Archbishop with a sly twinkle,

“let me advise you to take some of this ham; it is excellent.” The Rabbi pleasantly replied: “Your Grace, I will promise to take a piece of ham at your wedding breakfast.” The Protestants, Unitarians, newspaper men and other religious denominations present joined in the laugh. Well, brother, *now* do you see the point? In this little exchange we have always had in mind men who believed in what they professed.

POINTERS.

Argentum nit. is a remedy to consider in catarrh of the stomach, with water brash and despondency.

Think of *Sepia* 30 in “dry coryza”—if such a thing be possible—with sore nostrils, ulcerated and greenish plugs.

Kali phos. is a remedy to be considered in excessive sexual excitement, whether indulged or suppressed—nocturnal emissions, sleeplessness, pain in the head, general irritability and the usual symptoms; or for those broken down by excessive venery.

Gelsemium θ came into vogue originally as a cure for “bilious fever.”

Dr. Stacy Jones—*Medical Genius* and *Beeline Therapia and Repertory*—held that *Pulsatilla* was one of the remedies that always acted better in the 30th potency than in the 6th, 3d or tincture.

Blatta orientalis 3 is a remedy that has been used successfully in the ailment known as “heaves” in horses.

We picked up this item from J. W. Clapp, The Boston homœopathic pharmacist, at a little symposium the other day. He said that his arm, up to the elbow and even beyond, was badly poisoned with rhus. He obtained no relief until he sprinkled it thoroughly with dry salt—the common table variety. The relief was prompt. This treatment is so easily applied that it is worth bearing in mind.

Dr. W. M. Gregory (*Med. Standard*) says that in constant pain in the back due to inactive kidneys and retention of urinary solids *Apocynum cannabinum* does the best in his practice.

When *Bismuth* paste is used in any considerable quantity (an ounce or more) for x-ray diagnosis it should be promptly washed

out of the wound with olive oil, to avoid poisoning.—*Am. Jour. Surgery.*

Dr. P. C. Majumdar (*Indian Hom. Review*, May) reports a case of malarial fever which had received much quinine that was promptly cured by *Morphium* 3x. He adds that he has cured several inveterate cases with that drug.

BOOK REVIEWS.

EAT—DRINK—AND LIVE LONG. Don't Be a Faddist. (Common Sense Suggestions for Ordinary Diet and Hygiene.) By E. O. Richberg, M. D., Lecturer on Diet and Hygiene, Professor of Embryology and Physiology, Hering Medical College, Chicago. Author of "Reinstern." 82 pages. Cloth, 50 cents; postage, 4 cents. Philadelphia: Boericke & Tafel. 1913.

In this small, compact work, which may be carried in the inside coat pocket—this gives an idea of its size—Dr. Richberg has redeemed the chaos of "half baked dietary theories and arbitrary food-lists" to a practical and common sense basis for those who are willing to be guided by science and common sense in their diet and things allied thereto. This book is really for the individual, a book he, or she, should keep at hand and gradually master, for if one by a choice of diet can add to his store of health and to his years without any sacrifice of comfort, why not do it? The work is divided into seven chapters, a full index and eight pages of "memorandum," *i. e.*, blank pages in which the owner can jot down any thing on the subject that it may be desirable to preserve. The last two chapters discuss such topics as breathing, exercise, self-hypnotism, rest, insomnia, etc. It is a book that we think any physician can recommend to his patients who need something of this sort, as it is full of good suggestions and doesn't tend to self-doctoring. In the Preface we read—in *italics*—*The latent powers of nature fight persistently for health*, and the aim of this book it seems is to aid nature.

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EDITORIAL NOTES AND COMMENTS.

GREAT REMEDY, BUT BE CAREFUL!—At the Denver meeting of the A. I. H. we heard some favorable comments on Salvarsan, which leads to the following clipping from a paper by Wechselmann, of the Rudolph Virchow Hospital, Berlin, printed in the *Urological and Cutaneous Review*. Here it is:

“After all this we are justified in saying that Salvarsan *per se* employed in normal persons in the customary dosage is non-toxic. Any evil consequence observed is always due to some organic insufficiency, especially of the kidneys. For this insufficiency the responsible factors are frequently mercury, perhaps exceptionally rare Salvarsan, and also other weakening factors, such as the influence of syphilis on the blood vessels as well as other infections and intoxications.”

The oftener you read that quotation the more far-reaching it will appear. For instance, unless the patient is normal the Salvarsan may make trouble; also, even a normal person may be made abnormal by it; also, a previous treatment by mercury may be dangerous; also, the disease it is to cure may cause the danger and, finally, arsenic is said to be nontoxic in normal persons.

TYPHOID FEEDING.—Dr. Sicard (*Med. Record*) has been upsetting the law of the Medes and Persians by advocating free feeding in cases of typhoid. He quotes figures showing that under a diet of seven feedings a day, including milk, cream, milk sugar, toast, bread minus the crust, eggs, butter, junket, cereal, coffee, lactose, mashed potatoes, custard, apple sauce and tea, of

102 patients 10.7 per cent. died, while of 773 in the same hospital on the very restricted diet 16.5 per cent. died. The idea seems to be not to gorge the patient, but to feed frequently with a diet of high caloric value. Once the patient was not allowed water, but that day has passed, so, perhaps, it may be with the restricted diet. It is up to the doctor who has the case. All have heard of the typhoid convalescent who, after feeding, asked the nurse for a postage stamp. "Why," asked the nurse. "I like to read after dinner," replied the patient.

WHY PRINT THEM?—Among the homœopathic journals of last month, coming to this office was one that, from cover to cover, contained practically no mention of Homœopathy excepting the advertisements of a few books and homœopathic pharmacies. The RECORDER believes in every man doing and believing what he pleases within the law of the land and the unwritten law of decency, but wonders why any one should pay money for a homœopathic journal that dishes up only a warmed over allopathic bill of fare, which, at best, is not a very wholesome diet.

MEDICINE IN INDIA.—Every now and then some one in European or American medical journals urges "medical reform" in India—the introduction of western laws, etc. But these gentlemen forget that a vast region is embraced under the term "India," including many distinct races and religions, some with strong prejudices, and that "caste" plays a big part. In view of all this it would seem to be the part of wisdom not to attempt the impossible, but to leave the people in medical freedom, something we are fast losing in the United States under an avalanche of more or less conflicting, vexatious and inane "laws," to examine, inspect, regulate, supervise, license and generally boss in all detail everything that has to do with the care of the sick. Sanitation is the proper work of the government, not medicine.

ANOTHER CENSORSHIP PROPOSED.—A correspondent of the *Journal A. M. A.* suggests that the A. M. A. appoint a board whose duty it shall be to pass on all new medical books. A vigorous committee of this sort could soon have authors and publishers at their mercy. With manufacturing chemists, pharmacists,

doctors, journals and publishers whipped into line King's Utopian dream of "Medical Union No. Six" would be in a fair way of being realized. The reason given for the new committee is to prevent doctors from buying "worthless" books. This may suit some, but the spirit of protective paternalism back of it is not what able men desire.

A NEW DIPHTHERIA ANTITOXIN.—Professor von Behring has discovered something to take the place of diphtheria antitoxin, namely, a "bacterial emulsion." So it is not unreasonable to look forward to the time in the near future when those who cling to the present antitoxin will be classed among the back-numbers. In the meantime the journals do not seem to know what the "emulsion" is, hence there are great possibilities in it.

A DEFENCE OF SALVARSAN.—H. W. Baly, pathologist to London Lock Hospital, comes to the defence of the Salvarsan treatment in *Lancet*, May 24, against the attacks recently made on it. The point in Dr. Baly's defence that arrests attention is the statement that out of about one million injections made so far there have been "only about 150 deaths" from it reported. No mention is made of the possible deaths not attributed to the treatment or to the injuries that may have followed. Still a death roll of 150 from a drug is something, especially in a disease like syphilis, which is not acutely dangerous in itself.

TYPHOID VACCINATION.—Two French physicians, Louis and Combe, after reporting how few cases of typhoid occurred in the vaccinated in the French Army when compared with the unvaccinated, yet add the precaution that no one should receive typhoid vaccine "who is not in a state of perfect health." Naturally one wonders that if a state of perfect health is needed to withstand the protective operation, whether that health, unimpaired, would not be better for the individual than the protection? It is regarded as something of a sacrilege, by some good homœopaths, to even question the work that is typified by the typhoid vaccination, but *le docteurs*, Louis and Combe, raise it (indirectly) and there you are! It is easier and much safer to train with the crowd, but whether it is more scientific depends on whether the mob happens to be in the right.

"THERE IS DEATH IN THE POT."—The editor of the *Therapeutic Gazette* after mentioning how many cases receive injections of diphtheritic antitoxin without apparent injury concludes that still there is cause for serious consideration in the matter by quoting a case reported in the *Am. Jour. of Med. Sciences*: "Several members of his family received an immunizing dose without any ill effects whatever, but he was found dead within a very short time after the injection." Surely the doctor's lot is not a happy one. He is called on to treat a case of that malignant devil termed "diphtheria." If he does not give the drug that the public and the profession, have been taught to believe is a "specific," and the case dies, he is blamed. If he gives it and death suddenly comes every one feels that the cause is not the disease, but the alleged "specific"—and there you are.

OBJECTORS.—A new type of conscientious objectors has arisen in England, where the new "Insurance Bill" (which we do not understand) has gone into effect. The Bill (as we understand it) provides medical attendance, but only of the allopathic (or what the word stands for) school, but, it seems, that there are many who have "conscientious objections" to receiving that sort of treatment, and, one can sympathize with them. Our allopathic, or "regular," friends have not yet proved by their fruits that they are better than the medical heterodox, hence the new class of conscientious objectors. And why not? Should not a man object to the "606," the "phylacogens," the salicylates, the mercurials, the serums, the three million dead bacilli doses, and all the rest that goes to make up the therapy of those authorized by the Insurance Bill to treat the sick? The objectors, at least, have a leg to stand on.

THE LION IN THE PATH.—The editor of the *Medical Review*, after noting that Dr. Alexis Carrel had cut out the viscera of a cat and kept the organs running for thirteen hours by means of artificial respiration, remarks: "It is possible that Carrel will soon be able to ship living organs by Parcel Post for grafting into worn-out bodies." It is uncertain whether the editor is indulging in gentle irony or not, but, granting the possibility of the graft, where are the healthy organs to be procured? Marvels have so

followed each other of late that mankind has become very credulous, but that there is a limit to science must be admitted when the fact is recalled that all scientists die just like the rest of us, while the few who go beyond the average span are apt to be only tolerated by their fellows.

MEDICAL LAWS.—Down at bed-rock, medical laws, not mere regulations, are but the deciding by majority vote of the deepest mental, physical and scientific problems, making them a sort of political or partisan matter. Also down at the same rock the men who so determine such questions, as the law of *similia*, for example, by vote, are in the same mental plane with the Rev. John Jasper, or the old trade unions who smashed all new machinery. There is also a third class to which they may belong, namely, the class who are honestly convinced that their mental capacity is the limit of all knowledge.

THE AGE LIMIT.—There is a certain element of humor in the efforts of earnest serious minded gentlemen to scientifically settle the age limit of a man's usefulness. The *fact* in the matter is that there are men who never reach the age of usefulness and in consequence cannot pass the sought for limit. Others attain that age, some before they are legally voters, and others at various more or less advanced periods of life, while their limit is as varied as is their attainment of the time when they begin to be of use to society. When one sees in our popular magazines, daily newspapers and other publications, many articles said to be written by eminent scientists, or claiming in their context to be scientific, which present conflicting statements and opposing views, the thought arises that there ought to be some sort of an international examining board to decide who are scientists.

NEO-SALVARSAN.—The British *Medical Journal*, Mar. 29, notes a paper by a French physician, Darier, describing two deaths in young men following the injection of Neo-salvarsan, and then summarizes the paper as follows:

"In a lengthy survey and discussion of these two cases and six others of a similar kind the author comes to the following important conclusions: (1) Neo-salvarsan would appear to be more

dangerous than salvarsan. (2) Neo-salvarsan can produce very serious symptoms, notably encephalomyelitis and progressive neuritis of an arsenical type. (3) Exceptionally it may cause death with symptoms of acute arsenical poisoning. (4) These catastrophes are caused apparently by retention of the drug, due to inefficient or slow elimination, and at the present moment we have no criterion which can certainly enable us to prevent occasional accidents. It is obviously impossible to refuse administration to every case in which there would appear to be lesions of the kidney or liver. His advice is to begin treatment with small doses (a minimum of 0.2 gram or 0.3 gram at first), and to increase the dosage by reasonable amounts, with minimal intervals of five or seven days, and to be sure that the preceding injection was not followed by any symptoms of intolerance, and to ascertain that the urinary excretion of arsenic is preceding normally."

It looks as if the action of this drug and that of its predecessor even when apparently curative might be ultimately worse for the patient than would have been the disease, and certainly so if the disease were to be treated homœopathically, which after all is said is about the only *curative* method available, the others being more or less transformations of one ill into another.

THEORY UPON THEORY.—"All the problems of protein sensitization have not been solved. It seems to be a physiologic law, Vaughan says, that the specific ferments elaborated by living cells are determined by the proteins brought into contact with them, but as yet we know little concerning these bodies which we call ferments. That they are labile chemical bodies resulting from intramolecular rearrangement in the protein molecules of the cell seems a plausible theory, but at present it is only a theory. But little is known of the action of these so-called ferments on their homologous proteins. Knowledge of the chemistry of protein sensitizers is exceedingly limited, and it is highly desirable that work in this direction should be prosecuted with vigor, because sensitizers free from the poisonous group are needed. Furthermore, there is the question, why small doses of protein induce fever, while large doses have no effect. At present there is no satisfactory answer to this question. If it could be demonstrated conclusively that the toxins are ferments, the subject of

the etiology of disease would be greatly simplified. Vaughan formulates what he believes to be two biologic laws: 1. When the body cells find themselves in contact with, or permeated by, foreign proteins they tend to elaborate specific ferments which digest and destroy the foreign proteins. 2. When body cells are attacked by destructive ferments they tend to elaborate antiferments, the function of which is to neutralize the ferments and thus protect the cells."—*Am. Jour. of Med. Science.*

THE ONLY ARGUMENT.—"It is constantly argued that if the appendix is removed as soon as it is believed to be inflamed, some cases will be submitted to operation in which, after all, no disease of the appendix is discoverable, and that many others will be so dealt with which might probably have got well without any active surgical help. This I have admitted, but it is the only argument which can be raised against the early operation."—*Edmund Owen, F. R. C. S., Lancet, Feb. 15.*

OFFICIAL MEDICINE.—Von Unruh, in *Eclectic Review*, quotes extensively from the *Medical Record* concerning some sinister effects following serum therapy and then lets go the following:

"So, what is the real value of serotherapy? Nothing, apparently, if, as shown, the disease phenomena are individual. Individual? *Horribile dictu!* There are no individuals nowadays any more. All is mechanism. The individual has been eradicated by the latest fad and fancy and the cry of some college professors. First the theory, and then the citation of facts that are artificially fitted in so the theory may *seem* true. The medical desert through which doctors have been led by some vociferous college professors of the late model, has shrivelled up their capacity to think; in this respect doctors surely are mechanisms. Machine-made doctors, machine-made theories, machine-made practices, disregarding or unable to discern any more individuality in diagnosis and treatment. What did Mephisto say to Faust, M. D.? 'Grau, lieber Freund, ist *alle* Theorie!'"

Happy is the homœopath who sticks to his text, for to him sooner or later will the afflicted turn!

TETANUS.—Motzfeldt, a Norwegian physician (*Journal A. M. A.*) had a patient, an otherwise healthy young man, who contracted pneumonia, thence an abscess, thence tetanus, from which he died. Motzfeldt thinks the germ must have come in from the air passages. This is the only logical conclusion provided you believe that tetanus is caused only from the outside, as per germ theory. If this be the case tetanus, like every other so-called germ disease, is a deplorable accident, like a boiler explosion or slipping on a banana peel and the like. Indeed when you look at it this way it is clear that every disease is an accident with which the heredity, environment and life of the patient had nothing to do. A stray germ was accidentally breathed in. The only thing to do is to take out an Accident Policy.

THE UP-TO-DATE CURE OF GONORRHŒA.—“A few months ago a charming girl of eighteen was married to a man a few years older. In a few weeks she came to me complaining of a profuse vaginal discharge, pain on urination and a constant backache. Examination resulted in a diagnosis of gonorrhœa, with the tubes already involved. The husband denied any possibility of her having received the infection from him, but, upon close questioning, he admitted that two years previously he thought he had a slight dose. He followed the advice of one of his friends, who had been similarly afflicted, with the result that the discharge was dried up in a few days. He felt no further symptoms and so had almost decided he was mistaken in thinking he had really contracted the disease. Now this young bride's health is ruined. She probably will be sterile, and may have to submit to the mutilation of her body by an operation to save her life.”—*Dr. R. J. Lambert, St. Charles, Ill., in Ec. Quarterly.*

Well here is another “problem.” The young “smart alecks” insist on having it “stopped.” If one doctor will not do it another will. And there you are!

THE IODIDS.—Dr. Joseph A. Capp has a paper on “The Effects of Iodids,” etc., in the *Journal A. M. A.*, recently. In the discussion of his own paper Dr. Capp said: “Pathologists frequently express the opinion that the administration of iodid is sometimes responsible for the development of miliary tubercu-

losis; that in advanced pulmonary tuberculosis particularly the administration of large doses of iodid causes a breaking down of tubercles and allows bacilli that were partly walled off to be absorbed in the blood and in this way induces a general dissemination of bacilli throughout the body." Give the 3x trituration!

ANOTHER FAILURE.—"A Holland correspondent in a recent issue of the *Wien. klin. Rundschau* states that the results of vaccination against the plague have been disappointing in Java. In 1911, 54,017 persons were vaccinated by the German and 11,703 by the Haffkine technic, but the proportional mortality averaged the same among the vaccinated and not vaccinated. Over 0.86 per cent. of the total unvaccinated population in the infected provinces contracted the disease; 0.26 per cent. of those vaccinated with the German technic and 0.16 per cent. with the Haffkine. Further attempts have been abandoned."—*Jour. A. M. A.*, Oct. 26.

BECOMING A CLOSE CORPORATION.—"More and more are health departments invading the sphere of treatment, the latest proposal being that operations on diseased tonsils and adenoids in school children should be performed in New York City, by health department physicians. These paternalistic extensions of the health department's functions may or may not be in the public interest, but they certainly do increase the burdens of the taxpayer, and encroach seriously upon the domain of legitimate medical practice. They further unfavorably affect the medical profession in creating a small army of ill-paid municipal doctors, recruited from the ranks of recent graduates and unsuccessful practitioners, obliged by their necessities to accept small salaried positions under conditions which preclude their ever obtaining an independent practice. The limited opportunities for advancement to the higher grades in the medical bureaucracy are determined as frequently by skill in playing the game of politics as by professional ability."—*New York Medical Journal*.

MORE EXAMINERS.—Those restless altruists who want "to lift medicine to higher levels" are now discussing the propriety of examining boards for specialists. There would, of course, have

to be a distinct board for each specialty unless, indeed, they would make it up of those all-round men, the country doctors and the family physicians. While about it there might be a board to examine the examiners and their questions; also one for professors. Why not?

THE STATE OF OLD THERAPEUTICS.—“We have not, however, inherited all of our therapeutic fallacies; many are of comparatively recent origin. The commercial pharmaceutical chemists are largely responsible for a long list of drugs, either valueless or duplicates of existing preparations. They have also furnished us with many valuable remedies. Such preparations are, however, almost uniformly exploited in an entirely unscientific manner, with false statements in regard to the nature of the preparation, and unwarranted claims in regard to their therapeutic value. It is perhaps a conservative statement that the majority of physicians are more interested in and more influenced by this class of literature than they are by text-books in pharmacology. Direct evidence on this point is the frequency with which proprietary preparations appear in the physician’s prescriptions.”—*Dr. J. A. Miller in Journal A. M. A.*

Your only way out of this slough of despond is to approach therapeutics in the light of the Law of Similars. To do that you must know each individual drug you use intimately; in other words, you must be a scientific therapist.

You must cease to know drugs merely as “alteratives,” “sedatives,” “purgatives,” “diuretics” and so on, and learn them individually, for each one has a strong individuality. Look to well-defined poison cases to learn what deviltry is in each and learn to utilize that to combat the disease demon. Remember, too, that if you give the drug too much scope by means of big doses he goes to work in his own way and you are apt to think it is the disease that is developing new phases—a most unfortunate error for the patient. In short, learn to use drugs scientifically and with precision, which is but a round-a-bout way of saying homœopathically.

NOT “THERAPEUTICALLY ACTIVE.”—A correspondent of the *Journal A. M. A.* asks the editor concerning a certain old prep-

aration, and he replies that it is made up of "*Scutellaria laterifolia*, *Viburnum opulus* and *Dioscorea villosa*, which drugs contain no well-defined therapeutically active ingredients." It is the Podsnapian trait in the *Journal* shown in this reply, and in many others of a similar nature, that causes men who know to lose their tempers. It is essentially this: "*We don't know, therefore it is not.*" Two of these drugs at least are very useful, but as the *Journal* doesn't know the fact they are to be swept away with a wave of the hand. Give *Dioscorea* a chance in your own person and you will be keenly aware that it is a very "active" drug, especially amidship.

DO NOT ASK TOO MANY QUESTIONS.—The following is clipped from the "Discussion" of a paper read at the Ohio Eclectics meeting and printed in the E. C. M.

"Dr. True: I would like to inquire if the germ of typhoid fever does not exist independent of the human body, *i. e.*, matter outside of the human body."

"Dr. Smith: The Ohio river is full of them."

"Dr. True: I gathered from the paper that they were started in the system and then spread after that. I do not know anything about that myself. We had a bacteriologist and he was one of those men that believed that everything was made for a purpose, and I wanted to know what those germs were made for, and he said they were scavengers to clean up the filth, and I asked him about the typhoid germs living outside of the body, and he said they would breed in filth, and if you wanted to get rid of typhoid fever you had to get rid of filth. That was the way he explained it. I would like to hear something along that line." But nothing was heard!

When you go one step beyond his "germs" you have the bacteriologist groping in Egyptian darkness. Also it dawns on the average intellect that if germs are "scavengers" who "clean up filth," how in Erebus can they be "causes?"

"ETIOLOGY OF VACCINIA."—This is the title of a paper by Dr. W. J. Simpson that was published in the *Journal of Tropical Medicine*, London. He made his first experiments with material obtained from a buffalo that died from smallpox. He

also made experiments with cultures of other cattle diseases, like rinderpest, etc., and found he could make successful vaccinations from them all. Apparently a vaccine capable of producing a successful vaccination can be cultivated from any animal disease. The foregoing data is to be found in the *Journal A. M. A.* The teaching in it all seems to be that any septic material will produce an effect in the human body, a teaching known from way, way back.

“STAMPING OUT TUBERCULOSIS.”—The Grange of New York is taking a hand in fighting tuberculosis. A committee appointed by that organization recently reported that “Failure to stamp out this disease, which science tells us can be stamped out, is the grossest public extravagance—an extravagance which goes hand in hand with suffering beyond the power of words to describe.” It is to be feared that this is but the dream of dreamers. Taken in time, and with ample means, many cases of the disease may be checked or cured, but to “stamp it out,” or eradicate it, would require a change in moral and economic conditions. The cause of this disease lies deeper, it is to be feared, than the little *bacillus*. So long as there are poorly housed, over-worked, underfed and badly clothed classes, the world will have tuberculosis, or something else just as fatal, for the conditions are not those of health. Then, on the moral side of the question, there are observers who say that the syphilitic taint that has spread so in the world is the primary cause of this and some other diseases. There are two things required to abolish disease—clean surroundings and clean lives. The work is an enormous one that confronts the world in this matter. Without the two essentials named all else is but more or less palliation. Ideal surroundings plus the venereals spells ill health which cannot be “stamped out.” The popular idea, originating in the Germ Theory, that disease, like rats, can be stamped out, is a curious one, though, indeed, if it be true that disease is a minute animal it is a correct one.

PERSONAL.

An expert wants to "segregate all the feeble minded." Be careful, Mr. Expert!

Divorce suits are growing in favor Fashion note.

"Angel food?" said Claude, "Pickles and ice cream."

The head on the buffalo nickels looks like that of an old Roman Senator crowded for room.

A flood of learned Greek may be turned loose on a condition that a single dose of *Silicea* may banish. Heigho!

And the monkey "was as big a liar as a fellow who couldn't talk man-talk could be."—Frank Lydston.

"He was subjected to leg traction," remarked the scholarly politician.

Tachyphagia, the wise men say, is the great American fault. If that were all!

"Lend me a quarter," said the financial editor to the cub reporter.

Fashion note from the *J. A. M. A.*: "The fashion of using biologic products of extreme toxic potency is on us."

A French scientist, Letulle, has discovered the danger in brushing clothes. O you Pullman porter!

"Our average graduate is far from being a scientific physician."—*J. A. M. A.* Put on 5 or 10 years more!

Some of us write about "fundamental principles" just as though we knew all about them.

In a multitude of obstinate counsellors wisdom has a chance to have another try.

Not to state the facts you know about the other fellow is good training in self-control.

Wonder how surgeons learn to trippingly pronounce "cholecystojejunosty," "hysteosolprugoöhecectomy" and the like?

When one realizes the floods of wisdom sweeping the world (in ink) one wonders why things are as they are.

"Why do quacks advertise to Regular physicians?" asks the *Buffalo Medical Journal*. Must pay'em.

Few of us like to admit "I don't know," preferring to put up a front.

It would be a queer state if every one preached what he practiced.

Writers dash of the term "vital force," but when it comes to a definition!

A mental suggestion: Subscribe for the HOMŒOPATHIC RECORDER. Do it now! \$1.00.

THE HOMŒOPATHIC RECORDER

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A REAL OLD PROBLEM.

Our sprightly, if big contemporary, the *British Medical Journal*, runs afoul of Sir Francis Bacon, the philosopher, who was once said to be the wisest and the meanest of mankind, or something to that effect. Bacon in his *Advancement of Learning* remarks, in reference to physicians, that "mediocrity and excellency in their art maketh no difference in profit or reputation towards their fortune; for the weakness of patients and sweetness of life and nature of hope maketh men depend upon physicians with all their defects." The *Journal* somewhat tartly remarks that this is "perilously near nonsense." Also that "the public is a bad judge of a doctor's quality." Also, even in Bacon's day when medicine was a "conjunctural art," "a reputation for skill must have profited a practitioner." As one contemplates the field of medicine with its huge medicine factories, and its temples of experiment, both turning out products or theories for the confusion of the medical profession, one is not so sure but that medicine (in the *Journal's* category) is still largely "conjecture." If this be not the case it is amazing that there is anything left for physicians to do, for the medic or laic can be outfitted with cures and theories for everything from lues to coryza in endless variety, yet the cold statistical tables show that disease still persists about as in Bacon's day. Some diseases have gone down, but others have come up, so that the average is about the same.

Bacon's assertion that profit and reputation may equally attend mediocrity or excellence is largely one of fact rather than being "perilously near nonsense," for who has not heard of a mediocre doctor with a big practice? There seems to be an underlying strata of truth in Bacon's statement. Iago remarks with shrewdness, even though he was a very undesirable citizen that "reputa-

tion is a most vain and idle imposition, oft got without merit and lost without deserving." To be sure there are those who say that Sir Francis himself put these words in Iago's mouth, but that is another question. As for profit, does it always go with excellency? Some modern philosophers contend that profit—when used as a synonym for lucre—goes with a good press agent, which is a euphonious term for advertiser. Profit in the nobler sense of the word always goes with excellency and never with mediocrity, but *that* profit is the welfare of a humanity which generally kills its benefactor, and, later, erects a monument to his memory.

One, also, gathered from the *Journal's* very interesting editorial "that the doctors in his (Bacon's) time frequently changed their treatment." This, no doubt, was the case, but—is it a lost habit? It seems to us that while man's utensils for use or pleasure have undergone many changes—as, for instance, the motor car for the old nag and the saddle bags—man himself is essentially the same old proposition he was in the days gone by, and so are his ills and so are their causes. From all which it may be inferred that old medicine is but a part of blind groping, and, also, that Samuel Hahnemann (or what his name stands for) is about the only one who has emerged from the fog. Of course, some gentlemen who read this may think that it is a bigoted statement, but can any one of them show a better way than the one laid down in the *Organon*? Of course, our skilled specialists can do many things not known in Hahnemann's day, but the query is concerning universal *principles*.

THE MEDICAL TRUST

A medical man who talked as if he knew, dropped in the other day and among other things expressed his belief that John D. and his 26 Broadway attachment controlled the A. M. A. He mentioned several big pharmaceutical concerns which, he said, were owned by the aforesaid outfit; the big scientific institutions they had financed, and the fact that the agents of these institutions were practically dictating what medical colleges should be allowed to live, and several other things of a similar nature. Well, we couldn't say why not, but expressed the belief that the much hammered Uncle John would hardly be guilty. While, if such

were the case, he might make it a very efficient money making concern, it would humble one of the noblest professions man can adopt, down into the mire of a mere money making band of understrappers such as King depicts in his *Medical Union No. 6*. Still, when one sees the agents of the "big" men's institutions ripping up old and efficient medical colleges, on the ground that they are "poor," financially, one need not be surprised at the thought of "big money" taking in medicine.

RADIUM 60x.

The following facts may be of interest in connection with Dr. W. A. Yingling's pathogenesis of *Radium*, which see on next page. After the pictures taken by the power emanating from the 60x trituration of *Radium* were printed, Dr. Schlagel, of Tubingen, Germany, sent us photographs said to have been taken by plain triturated milk sugar, and a pharmacist said the mortar was made radio-active, and in it triturations could be made as "high" as you please. In the taking of the published photographs the *Radium* was inclosed in a tightly corked glass vial, and neither the vial, the object photographed or the plate touched each other. After receipt of Dr. Schlagel's communication some freshly triturated milk sugar was tried in the same way with absolutely no impression being made on the plate, but when it was sprinkled directly on the plate an impression was made where it touched the sensitive plate. So did some ordinary sand. The mortar used in triturating the *Radium* had been cleaned and laid aside, not used since. At our request some milk sugar was thoroughly triturated in it, subjected to the same test as had the 60x, but there was not even the faintest impression made on the plate.

RADIUM.

By W. A. Yingling, M. D., Emporia, Kansas

I have collected from various sources the action and symptomatology of *Radium*, which will enable its use homœopathically. This will be especially useful and interesting, since the radiographs from the 60x have proved the potencies above the 12x to be really active even to those who "must be shown," by material facts.

MIND: Torpid, apathetic.

HEAD: A tight feeling, worse from motion. Headache in occiput in the morning.

EYES: Smart, are red. Secretion on lashes of right eye on waking. Right eye sore with occasional sticking pains and increased secretion, worse reading, artificial light, better closing the eyes; sclerotica injected from corner to sides; occasional itching of lids, worse upper; look watery. Awoke with right eye very painful, with feeling of a foreign body, better in the open air; sense of loose eyelashes in the left eye. Slight soreness of ball of left eye.

EARS: Ache in right ear. Stitching and throbbing. Feels bruised inside.

NOSE: Much mucus. Pricking and peppery sense in left nostril in evening. Small nævus-like spot on end. Erythema of nose. Green discharge. Bleeding. Burning in nose.

FACE: Skin very irritable; thickened and broken in places by scratching, exuding clear moisture, worse from washing; worse by shaving; worse night in bed; better bathing in very hot water; intense itching, better scratching, but followed with burning, stinging and oozing. Small nævus on chin. Skin very dry. Erythema of forehead. Serpigenous ulcer on chin. *Acne rosacea*. Erythema.

MOUTH: Tongue very sore right side. Dry in the morning. Tongue white. Canker sores.

THROAT: Sore, ear aching.

APPETITE: None for lunch. Aversion to meat. Cannot eat bacon. Unable to smoke.

STOMACH: Nausea. Indigestion and stuffed feeling alternating with headache. Gas. Cancer of pylorus. Gastritis.

ABDOMEN: Inflammation of navel. Stuffed out feeling, alternating with earache or pain in the chest. Serpiginous ulcer on the groin. Hæmorrhage from cancer of bowels. Pains. Appendicitis.

STOOL—ANUS: Loose bits, part almost water, darker in color; sometimes tags of mucus. *Constipation*. Piles. Intense eczema around anus, extending to vulva, with great irritation.

URINARY ORGANS: Enuresis. Nephritis. Diabetes mellitus.

MALE SEXUAL ORGANS: Psoriasis of penis with circular edges. Eczema red and moist of penis, scrotum, groins and anus. Eczema of skin under surface of prepuce with irritation. Complete impotency.

FEMALE SEXUAL ORGANS: Menses delayed; delayed a week; painful. *Pruritus vulva*, intense itching. Eczema patches on vulva.

LARYNX: Husky voice. Laryngitis.

RESPIRATION: Feels as if he could not get air enough. Asthma. Asthma.

CHEST: Feels tight as if could not get air enough. Eruption. Pain alternates with indigestion and stuffed feeling.

BACK: Pain under left scapula, worse moving, worse putting shoulder back; better after rising. Spinal affections.

UPPER LIMBS: Hands cold. Serpiginous ulcer on hand. Epithelioma. Neuritis with burning in left forearm worse touch, better hot bathing, better continued motion.

LOWER LIMBS: Callosity or corn inner border of foot. Corn on right foot.

SLEEP: Produced in cancer.

FEVER: Shivering, bilious feeling.

GENERALITIES: Tired, languid feeling. Looks ill. Feels seedy as if going to be ill, as he could hardly crawl around. Malaise. Development retarded. Tubercular bone affections. Burns (from dry heat). Paralysis following spinal meningitis. Neurasthenia. Neuroses.

SKIN: Red patches increasing in size, end in ulcers, which spread in serpiginous form; no pain, swelling or heat; ulcers cold, necrotic and torpid. *Prurigo*, intense itching, worse at night.

Rodent ulcers. Hardened, thick cicatrices. Lupus. Epithelioma, Nævi. Eczema. Warts.

AGGRAVATIONS: Shaving, washing, warmth of bed, motion; eyes worse reading by artificial light. Bacon. Smoking.

AMELIORATION: Bathing in very hot water. Scratching. Closing eyes (eyes). Open air (eyes). After rising (shoulders).

CLINICAL: Acne. Cancer. Eczema. Constipation. Corns. Epistaxis. Erythema. Nævi. Catarrh of nose. Prurigo. Psoriasis ulcers.

ANTIDOTE: *Rhus ven.*

FOLLOWED well by *Rhus ven., Sep., Calc. c.* Not to be given too low nor too frequent.

SUCCESSFUL PERSCRIBING.

By J. W. Varney, M. D., Greenfield, Ohio

You may wonder why I call this paper "Successful Prescribing." It does not matter much what you call a thing providing you can set forth some truth or suggestion to help some one who is in doubt or perhaps careless.

Prescribing is an old subject. Still the Homœopathic Materia Medica is as new to-day as it was in Hahnemann's time; it is the only system that does not change. Then why do we write on a subject when we cannot present anything new?

There is nothing new in the Bible, still we read it and re-read it and pay men to teach it to us. Why? Because every time we read it or hear it some new truth is revealed to us more beautiful and beneficial than before, and so it is with our Homœopathic Materia Medica, it's the homœopath's bible, and the more we read it and study it the more its truths unfold themselves to us, the more beautiful, practical, powerful and beneficial they become.

The Homœopathic Materia Medica stands alone as the most practical, unique and correct therapeutic guide of to-day. In fact, it presents the only system or guide whereby we can even attempt to cure disease and not know its pathology.

I would not decry pathology. I believe that it is the duty of every Homœopath to always do all in his power to get at the pathologic, as well as the pathogenic, bottom of every case that he

is called to treat. In fact, the pathogenic may be essential as a guide to the correct remedy. So we must not neglect our resources of careful methods of physical diagnosis, but sometimes with the most conscientious use of all methods we are left at sea as to a correct diagnosis.

Thanks be to Homœopathy, we are never left in doubt as to the correct remedy. We are not guided by pathology but by the individual symptoms coming from the underlying pathology or disease.

Homœopathy does not cure disease, but it does cure the diseased people; therefore, we must study our patient and not the disease.

Homœopathy, then, is both a science and an art; science knows how to study the patient, and art teaches us how to apply this knowledge.

We must not apply it as does the allopath, sodium salicylate on a diagnosis of rheumatism, or calomel on a supposition that it is liver trouble, but we must learn to apply it according to the symptoms presented by the individual we are treating, and then only after a close study of the patients, if we expect to bring about a successful or complete cure.

One of the fundamental principles of Homœopathy is that a cure is a change in the condition or order from a diseased centre to the circumference, and not a mere change of symptoms from place to place, although to be sure results are brought about and exhibited as cures when there is no law confirmed and no symptoms verified.

To be better able to bring about this change in condition we must have a thorough knowledge of both the art and the science of Homœopathy. Kent says that the science must be first taught and then the art. In other words, first the law and then the experience.

Therefore, the homœopath must deal with the beginning of disease and not with the end products, as do our friends who lay so much stress upon the pathology and the so-called "Opsonic Index," which they attempt to raise with their antitoxines, in order to strengthen the organ so as to produce proper antibodies.

The death rate may have been reduced with the antitoxines under the old school treatment, but has ours been helped any?

With the homœopath, does it not seem absurd to inject enough poison into the system to kill the microbe already there, is not the patient apt to be the first victim? On the other hand, when the proper homœopathic remedy is administered it removes the obstacle to nature's own way, kills the microbes by enabling the vital force of the body to destroy them, and no danger is done the patient.

We do not want this hasty shot-gun prescribing, for it will, with the chickens, come home to roost. Take time to get the individual characteristic symptoms in the beginning, and you will save time in the long run as well as your patient.

Not long since I was called to see a little patient that had been in the hands of an allopath for some time under a diagnosis of typhoid. I found the little sufferer with a high fever, cheeks red, in a deep sleep or stupor, very nervous, twitching and jerking, and often crying out, vomiting, bowels moving frequently, tongue coated white, cough, with a little roughness in the bronchi.

Now these symptoms are common under a half dozen different remedies, so we must look farther to get a clear picture of our case.

I noticed that although the face was red there was a peculiar white ring about the nose and mouth, and upon inquiry the mother told me that the little fellow was cross and ill and picked at his nose a good deal when up and around. On closer observation I noticed that there was an almost constant desire to swallow, as if something was in the throat, and it was upon this one symptom, which is peculiar to only one remedy that I know, that I prescribed. Nearly all the common symptoms come under *Bell.* or *Apis*, *Borax* or *Cham.* They also come under *Cina*, which also has this one peculiar symptom. *Cina* was given and gave immediate relief, and the following day the child was up playing.

About the same time I was called to another case in which two hours before another old school man had advised spanking the child because he considered it "cussedness." The little patient had not slept nor had she allowed any one else to for two days and nights. She would be lying perfectly still and would suddenly throw herself violently, as if stuck with a pin, and cry out and nearly go into convulsions; bowels loose; temperature 101°; picking at her nose and clawing the inside of her mouth as if

trying to get at her throat. In fact, she would gag herself with her fingers as if trying to pull something from her throat. *Cina* was given in this case, and after the second dose she fell asleep and slept for five hours. The following day the child was up, and has remained well up to the present time. Thus another score was gained for Homœopathy, and the child was deprived of her spanking.

Now I do not know whether there was any pathological lesion in these cases or not, neither do I care (as long as the family did not ask), but I do know that they presented the characteristic symptoms that led to the remedy that brought about immediate recovery, whether they had worms or what not.

Anyone of us could give hundreds of just such cases after old school failures, which proves to us that we should not pay any attention to pathology. Still so many of us grope around in the dark searching for the pathological condition so we can prescribe for the name of the disease in place of the symptoms.

Let us learn when we come to the selection of the remedy to forget there is any such thing as pathology and be guided by the sum total of the symptoms.

I will not fight with you about the potency if we get the *similimum*, although one thing we must learn when we are using higher potencies, is not to repeat as long as improvement lasts. One of the hardest things for us young men is to learn to do nothing, but remember that placebo is a great remedy and often does wonders.

I do believe though that no one remedy is sufficient to cure in the most of our chronic cases. You may cure your patient by giving the same remedy at intervals for a long period of time, by going higher each time, but I think that usually the symptoms call for a new remedy.

Kent says he has noticed that any potency will act when indicated, and that a few doses of any potency will act at intervals, but that when this action ceases that either a change in the remedy or the potency must be made.

Then, how shall we apply our remedy? First, learn to diagnose your patient; be sure of that diagnosis, whether you are of the disease or not. Diagnose your disease for your own satisfaction, or that of the family, or learn to be a good diagnostician for the

sake of council, so that our school may be surpassed by none, but when this is done learn to forget it, and diagnose your patient as a *Calc. carb.* or a *Cham.* baby, a *Pulsatilla* or a *Sepia* woman, or a *Nux* or a *Lycopodium* man, as the case may be.

I know that there is an insane idea among the laity, as well as the old school, that if a doctor is able to demonstrate by blood count or by Wiđal's reaction that the patient has leucocytosis or typhoid, his whole duty has been performed whether the patient dies or recovers. They have become so engrossed in pathological research that they have neglected and lost faith in the virtue of remedies.

Diagnosis has a tendency to lead away from Homœopathy and toward the routine of giving one or more remedies for the name of the disease. Such practice is unsuccessful in results and harmful to Homœopathy. Get away from diagnosis when selecting the remedy and be guided by the totality of the symptoms and you will be as sure as the artist is of his colors.

It is not safe to depend on the general symptoms, for these may be in common with several remedies, but search for the rare and peculiar and strange symptoms, find your remedy that covers the general symptoms as well as these peculiar characteristics and you will have your simillimum.

When you get it your remedy will not fail you. It is our poor human intelligence that fails, and this because we do not study our cases as we should. We must study the individual. We cannot measure everything from a material standpoint. There is something beneath this old hide of ours more important than the mass of muscles, bones or nerves, and it is in this underlying principle, the ego if you please, that we find the fountain head of disease. It is in this principle that these peculiar individual symptoms originate, and it is to this end that we must direct our treatment. We must deal with something deeper than a mere physiological or pathological basis, and in Homœopathy and Homœopathy only do we find a force that is wholly able to cope with such a condition.

Therefore, it is by the most careful observation and study of these methods and principles that you and I can hope to cure disease and convince the world that the only law of cure is that of *Similia similibus curantur.*

DELIVERY IN TUBULAR PREGNANCY AT FULL TERM VIA NATURALIS.

By D. B. Morrow, M. D., Houston, Texas.

It is believed this case is unique, and is, therefore, reported for record.

In George William Winterburn's masterly articles—"Common-place Midwifery," his case of extra-uterine—in which he "stumbled over in the treatment and blushed over the recital," *Homœopathic Journal of Obstetrics*, July, 1890, page 306, he did not stumble and had no cause to blush. He asked, "Was it my ignorance or stupidity that saved her?" I want to say it was therapeutic skill. "The one Dr. Danforth treated is dead" while mine is alive and well. The case between materia medica and surgery is not personal but generic; it has been asked by all the great names in Homœopathy; never can be answered as a finality until we have a homœopathic Darwin. Nevertheless we should ask the question and earnestly seek the answer, for even a Darwin can only construct from what has been gathered by predecessors in the field of observation.

W. Irving Thayer, M. D., Brooklyn, in a paper on the diagnosis and treatment of extra-uterine pregnancy, collected 1,069 cases delivered by laparotomy. Among them five (5) babies were delivered at full term and alive. It does not appear that any of the 1,069 cases had had the blessing of homœopathic treatment.

This case was a fifth pregnancy, the first an abort at five months, induced by being thrown violently to the ground from a vehicle. The cervix was badly torn and never repaired. Her first successful delivery was a twelve pound boy when she was thirty-five years old.

At her fourth pregnancy she felt a small tumor in her left groin. This treated by a few applications of magneto-electricity from a Macintosh crank battery, which caused it to disappear in a few days, and a normal pregnancy resulted, which terminated in the birth of a fine boy.

The same condition occurred in the fifth pregnancy. My little electrical machine had been given to the children to play with

and was out of repair. I substituted magnetics from my good right hand, which quieted the distress promptly and relieved the patient's anxiety. Several times during the succeeding months she called my attention to peculiar sensations. Examinations showed the womb enlarged to about six inches. The os open and womb empty demonstrated by the probe. At all her previous pregnancies the os was promptly closed. Nearing full term she said, "You have just got to examine, I know there is something wrong. A thorough examination followed. I could detect a tumor the whole length of the abdomen, extending up under the ribs. Was not certain. "Well, sir, what do you find?" I will call another doctor. Dr. W. A. Edmonds, professor of obstetrics at the Missouri Homœopathic College, who had delivered her at her first pregnancy, very kindly examined the case, but would not risk an opinion or advice, and that laparotomy was imminent. The sooner the surgeon saw the case the safer for the patient. I summoned Dr. Parsons, who came and brought his son, Dr. Parsons, Jr. They made a critical examination: were as reticent as Dr. Edmonds, but returned in a few days, passed sounds up into the womb. This they did three different times in about ten days. No discharges of any kind followed these manipulations nor unusual sensations. Patient appeared to be perfectly well. Some time during the third week I was suddenly called: "I think I am dying."

A strong magnetic (current) was instantly given for about five minutes, when the sufferer said: "I feel better now." There were no discharges, or fever, or anything untoward. Immediate examination showed the fœtus in the womb. I 'phoned Parsons, who, on examining, exclaimed: "It's in the womb." The first thing they had voiced. The elder, on departing, said I should summon him if needed. About eight days after this occurrence labor took place—in every way naturally—lasting about three hours. A ten pound boy, finely developed, followed by the placenta, as in any other labor. Patient was left in care of an older sister as nurse. She permitted her to be placed in a draught. A very severe mastoiditis. Patient said it extended from her collar bone to her navel. The induration. It resulted in drying of the milk, etc. But that is a different story. Equally

as interesting as this from a psychologic view. This patient was a freckled blonde, about forty-five years old. Highly psoric, as all her family. She had suffered with inflammation of the hip-joint from two and a half years to fourteen years. Most of the time strapped on her cot with a weight suspended to that foot to prevent shortening of the limb. It resulted in three and a half inches shortening and a chronic synovitis until Homœopathy gave relief.

The great Blackman, of Cincinnati, author of *Surgeries*, was physician in charge, assisted in later years by Dr. Saul, an allopathic surgeon converted to Homœopathy (a both ways doctor). Patient is alive and well to-day, now about sixteen years since the occurrence. The treatment during all her pregnancies was homœopathic as nearly as this writer could select the remedies. It may be some assistance to the coming homœopathic Darwin.

SOME ATTRACTIONS OF HOMŒOPATHY.

By Walter W. Read, M. D., Halifax, N. S.

When a young man takes up the study of medicine from the standpoint of service to humanity, "*non sibi sed multum*," he naturally wants to study the system which will give him the greatest opportunity to adequately cope with each and every case that he may be called upon to attend. To the above class especially, but also to any men contemplating the study of medicine, I would like to present a few of the old and often repeated truths of Homœopathy for their consideration and comparison with the strong points of any other system of medicine.

Hahnemann, the discoverer of the great truth of Homœopathy, "The Law of Cure," was born in Meissen in 1755. He was educated in the schools of his town, and early displayed great mental ability. At the age of twelve he was appointed instructor in the rudiments of Greek. In 1775 he went to Leipsic to get his medical education. He earned his tuition and expenses by teaching languages in the evenings and translating books at night. In 1779 he received his degree from the University of Erlagen.

Up to that time he had published a herbarium of the plants of

his native Saxony, a book on chemistry used in the German schools, acquired a good education common to German youths, together with a knowledge of medicine. He had a practical working knowledge of ten languages, Latin, Greek, Hebrew, French, German, English, Spanish, Italian, Arabic and Syriac and a rudimentary acquaintance with Chaldaic. He later published a standard work on pharmacy as well as numerous small books and articles on medical subjects, while the number of books he translated are too numerous to mention. In 1796 he was said to be the most brilliant of German physicians, and a leading American said he had the greatest mind in Europe. This, then, is a brief history of the man who founded the system of medicine called Homœopathy.

He early became dissatisfied with the practice of medicine of that day. But it was the death of his daughter, beside whose bedside he stood helpless, with the best allopathic skill of the day beside him, as she passed away, with a sickness that a few years later he would have been able to cure. He then gave up the practice of medicine and earned a meagre living translating medical and other books into German.

But most of his time he spent in research work trying to find a stable basis upon which to build the foundation for a temple of medical knowledge that would stand the test of time and be the same yesterday, to-day and forever. No man ever labored so diligently and patiently or sacrificed more than Hahnemann did for his principles.

Few men would dare to turn and face a mob of former friends with the weight of public opinion and the traditions of centuries behind them and their views. Hahnemann did however, and like all great reformers he suffered for it, but the treatment accorded him was extraordinary. In the annals of science and art it stands unprecedented, one might even say unique. No medical man that ever lived has been so little understood or so profoundly misunderstood. There never was another physician so venerated or so derided, so honored or so despised, so admired and so ridiculed, so revered and so vilified, so loved and so hated. No physician ever wrought so tirelessly, none so self-sacrificingly for the good of his fellowmen, and none was ever so vigorously cursed for his pains.

I quote from the *Grounds of a Homœopath's Faith* the following: "When a man for the sake of a conviction can submit his own flesh and blood to such privation, the world has seen in him one of God's own; has seen a heroic soul that fears only a lie; has seen that incarnation of God's truth which all that is true in man will trust and rest upon forever and ever."

After years of research and toil his perseverance was rewarded, for he discovered a working principle in medicine—"The Law of Cure"—*Similia Similibus Curantur*. He published the results of his labors from time to time, and challenged the medical world to try for themselves the truth or falsity of his claims, and to publish their failures to the world. The first failure has yet to be printed. The law of cure has stood the test of the severest criticism ever shown a new belief, and after over a hundred years rises brighter and truer than ever, a beacon light to the awakened physician amidst the discords and uncertainties of present day "regular" medical thought.

Actual bedside practice is where Homœopathy dispels the last lingering doubt of any honest investigator, and shows up distinctly superior to any and all other systems of healing. Statistics show a rate of mortality in pneumonia, 4-6 per cent.; pleurisy, 3 per cent.; dysentery, 3 per cent.; cholera, 7-16 per cent.; diphtheria, 6 per cent. (without antitoxin), and other diseases show equally favorable figures.

But what about the people who don't die? Do they recover slowly or quickly? Are there any bad after effects? The first and best test of a homœopathic physician is that he cures his patients permanently, gently and quickly. In section 149 of Hahnemann's *Organon* we find: "When a proper application of the homœopathic remedy has been made the acute disease, which is to be cured, however malignant and painful it may be, subsides in a few hours, if recent, and in a few days if somewhat older." For instance, no case of pneumonia under good homœopathic treatment will ever develop pyothorax or reach a crisis, but will be cured by lysis or resolution. Typhoid fever is generally aborted in its first stages, never should last for the tenth day Widal test or reach the hæmorrhage stage. Rheumatic fever, under proper care, is cured in less than ten days. Remittent fever in three

days. Scarlet fever in two days. Influenza in three days and whooping cough in ten days. Other diseases show just as rapid recoveries. Homœopathy does what no other system attempts, aborts diseases, cures cases by resolution with the aid of a single indicated remedy. The patient is restored to health in good condition, while the recoveries under old school treatment are slow, and often the victim is permanently disabled for life by having his whole constitution or some vital organ ruined by the treatment and some obnoxious drug administered. These claims of Homœopathy that it cures quicker, easier and better than anything else have never been disproved by an actual, honest investigation.

Because Homœopathy will do all it claims to do and is unrivalled in the field of medicine, it merits the careful consideration of any honest student who wants to be a doctor in every sense of the word. As a system of medicine Homœopathy has approximated and reached the character of an exact science. A homœopathic physician is a doctor in reality as well as in name, and is well qualified to bear the old motto, "Esse quam videre"—"To be rather than to seem."

Halifax, N. S.

DR. VONDERGOLTZ EXPRESSES HIS OPINIONS

Editor of the HOMŒOPATHIC RECORDER.

Allow me some seemingly impertinent remarks to your brilliant resumé, "A. I. H., Denver and the West." I believe that every reader of the HOMŒOPATHIC RECORDER will know my name since 1899, Vol. XIV., No. II, with the article *Suum cuique!* as writing exclusively from the viewpoint of Biochemistry.

These years of Biochemistry have brought to me the recognition of two fundamental points:

1. That exactly as everything on our planet lacks in the last moment the absolute perfection so also Biochemistry and vice versa Homœopathy.

2. That generally this deficit in absolute perfection in either Biochemistry or Homœopathy has so far been tried to be made up by the ominous art of surgery.

It has now been tried most prominently by J. Compton Burnett

and also by others with the help of the nosodes to modify this human short-coming of Homœopathy, to try to cut down the domain of surgery as really only the questionable help in need of medicine.

J. Compton Burnett certainly had great results, but those results were only single and slow ones. The Autotherapy of the "optimistic and cheerful" Dr. C. H. Duncan is totally different from the nosodes, and, therefore, works differently. Dr. Duncan's Autotherapy in combination with Biochemistry has given me such results, not to be compared or dreamed, when I used the nosodes, Homœopathy and Biochemistry together.

If the HOMŒOPATHIC RECORDER and its absolute censor will allow the appearance of an article on electrotherapy in the future, my belief is that Dr. Duncan's Autotherapy will appear to homœopaths and biochemists as some great help, as a welcome further enlargement of the curative power of even the most optimistic homœopaths.

In second line I have to remark to the funny endeavor of homœopaths and allopaths to come under one head. I think that this would be great, a great help to true Homœopathy and Biochemistry—as more or less the funny mongrel Homœopathy with all the lip-confession as to be seen to-day, especially in the most eminent text-books of the foremost colleges—professors naturally to be reflected in A. I. H. meetings, by their final self-effected elimination, would take away the draw-backs of true progress. I have learned from experience that the fittest will survive, that the people will find out who helps, who cures! Homœopathy there only is repudiated, has there a bad name where the homœopathist dares to give mongrel Homœopathy or mongrel Biochemistry. Compare, kindly, my last article, July 15, 1913.

My Dear Dr. Anschutz:—This funny behavior of Homœopathy between homœopaths is the cause why I like to go my own way, why I stay away.

I wish to add here also few words to Dr. A. Rose's essay. Dr. A. Rose's brilliant "Misocainia in Medicine" is the most perfect picture of the stupidity, fanaticism, etc., of all times of so-called proud science, pre-eminently of medicine, which is an are and not science.

The inner spirit of medicine has been brilliantly pilloried by Dr. A. Rose in its mediæval behavior against all thinkers of all times of the one allopathic school; Dr. Rose also indirectly shows us that the misocainia of the A. M. A. is quite logical, and, therefore, to be expected against Homœopathy.

If in the essay of Dr. Rose we would only change the *names* we would have the most brilliantly written article on the relation between Allopathy and Homœopathy of past and present time.

I have the personal honor to know Dr. Rose. Let us follow his example, *i. e.*, follow our own convictions; no friend, nor foe has any influence on our conviction once formulated by logical deductions. If such a doing will characterize Homœopathy, then homœopathic papers will cease to bring of amalgamation long and disgracing reports.

ERIC GRAF V. D. GOLTZ.

New York City, 205 E. 72d St.

August 17, 1913.

(The RECORDER is willing to let its biochemical friend speak in its pages on the new therapy he and Dr. Duncan have evolved. As for the American Institute of Homœopathy it seems to us that if things are not run there to suit critics the proper thing is for them to attend the meetings and try to put matters right. Every member has a right to be heard, and will be heard. Don't stand afar off and find fault, but sail in and speak your mind on the floor, and if voted down do not take it as a personal insult.—Editor of the HOMŒOPATHIC RECORDER.)

Apropos of the Wisconsin Eugenic Law a contemporary writes: "The law also provides for the sterilization of epileptics, imbeciles and certain types of criminals." Epileptics are rather easily detected; when it comes to imbeciles there might be a wide diversity of opinion, while as to criminals—let him without sin cast the first stone. Fling it, O pure, brother sinner!

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

140 North State St., Chicago, Ill.

In this department will appear each month short practical therapeutic items, contributed by well known specialists in medicine and surgery or by those having had special experience along some particular line of medical work.

In addition to these items Dr. Mitchell will comment on various new urine tests as they appear from time to time, and will devote a certain amount of space to renal therapeutics.

Dr. Julius A. Toren, laboratory expert, 140 North State St., Chicago, will make regular monthly contributions concerning the technique of various bacteriological and pathological procedures.

We invite short therapeutic items from any one having had more than ordinary experience in the treatment of any particular malady or diseased condition.

OUR CONTRIBUTORS.

We are justly proud of the names which appear in our therapeutic notes. Our contributors comprise an array of talent in special lines which reflects credit upon Homœopathy.

The list includes Dr. Frederick M. Dearborn, of New York, the experienced dermatologist, whose demonstrations of skin diseases by lantern slide lectures have made him the center of interest at a number of our State meetings; Dr. Frank Wieland, of Chicago, the medical director of the great Montgomery Ward establishments (now under homœopathic régime in all cities), whose public lectures, fraternity affiliations and popularity with the laity have made him the "Man of the Hour" for Homœopathy in Chicago; Dr. Howard R. Chislett, of Chicago, just returned from four months' study in European hospitals, and recognized as one of America's best surgeons; Dr. Fritz C. Askenstedt, of Louisville, our tireless research worker in the field of general medicine, and one of our most original thinkers; Dr. Richard H. Street, of Chicago, who has devoted ten years to the exclusive

treatment of diseases of the nose, throat and ear, and who has devised instruments and developed technique for rapid and thorough operative work; Dr. Alfred Lewy, whose work in the Illinois Charitable Eye and Ear Infirmary has given him an unusual experience in diseases of the ear; Dr. Emil H. Grubbe, our Chicago pioneer in X-ray therapy; Dr. E. S. Bailey, of Chicago, also a pioneer, whose great work in radium therapeutics is already known to the profession; Dr. Howard L. Simmons, of Chicago, second to none in the successful practice of dentistry, and a graduate of one of our homœopathic colleges; Dr. T. Edward Costain, of Chicago, who holds the record for greatest number of anæsthetics administered in the Middle West; Dr. Julius A. Toren, whose pathological technique wins the praise of those who see him work and who has recently been in charge of the Laboratory of the Chicago *Daily News* Sanitarium for Children.

Our list is as yet incomplete; in addition to those mentioned above we have been promised contributions from as many other distinguished and experienced men of whom due notice later.

THERAPEUTIC NOTES.

Erysipelas.—Dr. Frederick M. Dearborn, of New York, author of the new treatise on dermatology (Boericke & Tafel), says of erysipelas: "It is a meddlesome and useless practice to paint an erysipelatous surface or one beyond the border of the disease with a view to stopping the process. The involvement is too deep to be influenced by cutaneous applications except in so far as the latter protect the parts or soothe them."

Post-Operative Tonsillar Hæmorrhage.—Dr. Richard H. Street, of Chicago, believes that the time to treat post-operative tonsillar hæmorrhage is—to use a Hibernicism—before it happens. Therefore, he tests the coagulability of the blood of all patients on whom he is about to operate, and for four days before the operation puts them on a chloride of calcium preparation. In two years he has not had a serious tonsillar hæmorrhage.

The Roentgen Ray in Dentistry.—Dr. Howard L. Simmons, of Chicago, had a troublesome case of pus formation in the socket two months after extraction. He was unable to discover the

cause of the trouble so had X-ray picture taken and found a veritable network of small fractures of alveolar process. Removed them with curette and drill in dental engine, and case recovered within one week without other treatment.

Acne.—Dr. Emil H. Grubbe, of Chicago, treats acne with the X-ray, and considers it practically a specific. He says the X-ray exerts a double effect upon the skin. It is simultaneously a builder and destroyer. The irritative properties of the ray cause the lumen of the blood vessels to become greater, thus bringing an excess of blood to the lesion. This assists in the development of new and healthy cells, and, in addition, also assists in the removal of the dammed-up waste products.

Skin Cancer.—At the last meeting of the National Society of Physical Therapeutics, Dr. Emil H. Grubbe, of Chicago, presented a paper dealing with his very extensive experience with X-rays in the treatment of skin cancer. He gave some of the first treatments ever made with the X-ray, and, therefore, speaks as a pioneer. He reports 216 cases, and concludes from his experience that 80 per cent. of cases of uncomplicated skin cancer are curable by X-ray treatment. He is also of the opinion that all cutaneous cancers should be treated with the X-ray exclusively, for it has earned the right to be considered the most valuable single remedy in this form of malignant disease.

Morning, painless diarrhœa, whether acute or chronic, when not due to venous stasis or intestinal ulceration, usually responds promptly to *Podophyllum* ix. (Dr. F. C. Askenstedt, Louisville, Ky.)

In **migraine** *Cimicifuga* is too often overlooked. When indicated by the symptomatology it will usually prove effective in mitigating and delaying the paroxysms, and frequently effect a permanent cure. (Askenstedt.)

Baryta mur., *Aurum met.* and *Secale corn.* are probably our three most valuable medicines in **arterio-sclerosis**. (Askenstedt.)

In **arterio-sclerosis**, with or without albuminuria, auto-condensation will usually induce a general improvement, although the blood pressure may remain high. (Askenstedt.)

Penile Pain.—Dr. Frank Wieland, of Chicago, the genito-urinary expert, says: "Penile pains, of obscure origin, are quite constantly reflected from the prostate. Recently a man who had had a burning pain within the meatus, lasting over a period of two years which had resisted all urethral treatment, was relieved immediately and permanently by having the prostate massaged. His work was such that it favored prostatic congestion."

Anæsthetics in Diabetic Gangrene.—Dr. T. Edward Costain, of Chicago, has administered anæsthetics in twelve cases of amputations for diabetic gangrene. In three cases he gave ether with two deaths a few days later; in three cases H. M. C. tablets only, with one death the next day; in three cases, chloroform-oxygen with no deaths; in three cases gas-oxygen, with three deaths a few days after the operation. The three cases which recovered after chloroform-oxygen were none of them suffering from acidosis, the urine containing sugar without acetone bodies, and with normal urea-ammonia ratio.

Earache.—In non-surgical cases of earache Dr. Alfred Lewy, of Chicago, decries the use of laudanum and olive oil as an application, and much prefers the well known 10 per cent. solution of carbolic acid in alcohol and glycerine. In addition to the usual homœopathic remedies he has found *Allium cepa* to be an excellent remedy for earache.

Breast Amputations.—Dr. H. R. Chislett, of Chicago, in amputations of the breast prefers to dissect all the fascia from the anterior and posterior surfaces of both pectoral muscles, from the lateral margin of the chest wall and from the entire anterior surface of the subscapular muscle. He dissects out all the glands from the clavicle downwards.

Birth Marks.—Dr. E. S. Bailey speaking of the wonderful advances made in radium therapy said: "In all there are nineteen varieties of the so-called birth marks. A birth mark is a birth mark all right, but they have characteristics that put them into classes. All of them, excepting the pigmented hairy mole, are without doubt curable with radium if taken and treated early.

The new therapy makes it possible for babies after three months

of age to have a systematic radium treatment for birth mark so managed that it can be given when the child sleeps and so efficacious that by the persistent care and attention the child can be rid of the facial blemish before its sixth year. There is no surgery, no pain, no hospital or office treatment. It is all home work, and the child having the birth mark has an inherent right to have the blemish cured during infancy. The treatment is so simple that it can be used when the infant sleeps."

GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO.

A very clever device for **collecting urine from female babies** has been originated by Dr. William A. Lurie, of Chicago. He uses the small glass cup contained in the ordinary cupping outfit, fastening it over the vulva by means of strips of adhesive plaster. To the small orifice of the cup is attached a short piece of rubber tubing, which, in turn, is connected to a small bottle. The bottle can either be strapped to the leg or left lying in the bed. The advantages of this method over the sponge method are obvious; none of the urine is lost, it is not contaminated by threads, fæces or other debris, and the collection of the specimen is much easier for the attendant.

A method of **sterilizing olive oil, glycerine and liquid paraffin**, said to be thoroughly dependable and not to harm the substance treated, is advocated by Schroeder, of Copenhagen. His method is to put these substances in glass bottles, cork them lightly, and place in a dry oven for one hour at a temperature of 160° C. As the boiling point of all these substances is considerably above this point there need be no fear of the corks blowing out.

The following technique is used by Dr. Julius A. Toren in obtaining **urinary sediment for bacteriological examination**. Two sterile centrifuge tubes, holding 15 c.c. each, are filled with urine, covered with sterile rubber culture tube caps, and centrifuged at 1,500 revolutions per minute for three minutes. The urine is then poured off from the sediment, which has accumulated in the bottoms of the tubes. If cultures are desired some of this sediment is used to inoculate culture tubes or plates. Six c.c. of dis-

tilled water is added to each centrifuge tube and the tubes shaken thoroughly to mix the sediment with the water, after which the contents of one tube is poured into the other, thus combining the sediment of the original 30 c.c. of urine in one tube. One-half c.c. of a mixture of alcohol, nine parts, and chloroform, one part, is now added, and the whole thoroughly shaken, the empty tube filled with water to balance, and the specimen centrifuged again for three minutes. The supernatant water is poured off from the sediment and the latter placed on a series of three clean glass slides by means of a pipette. The sediment, after drying at room temperature, will be found to adhere perfectly to the slide with heat fixation, being practically free from urinary salts, and can be stained by any methods desired.

The delay in **ripening of hematoxylin stain** may be avoided by the use of the following formula:

Hematoxylin crystals	1.0 gm.
Alcohol	10.0 c.c.
Alum	10.0 gm.
Distilled water	200.0 c.c.
Hydrogen peroxide, q. s.	

Pulverize hematoxylin in mortar and add the alcohol. Dissolve the alum in the water. When both are dissolved add the hematoxylin solution to the alum solution slowly with constant stirring. Then add peroxide to the mixture, drop by drop, until solution turns a deep purple color. Filter through double filter paper and stain is ready for use.

By this method the ripening is accomplished in a few minutes instead of a week or more as by the older processes.

CLINICAL URINOLOGY.

CLIFFORD MITCHELL, M. D.

The Simplest Test for Typhoid Fever.—Russo's test in the urine is described in *Modern Urinology*, page 600. It is so simple that any nurse can perform it, whereas the diazo test is much more difficult.

New Method of Collecting Urine.—Dr. A. C. Tenney, of Chicago,

directs his patients to collect the twenty-four hours' urine, as follows: Begin on an empty bladder after the noonday meal. All voided that day and evening is collected in a bottle marked "Number one."

All voided after retiring and on rising the next morning is collected in a bottle marked "Number two."

All urine then voided up to the noonday meal is collected in a bottle marked "Number three."

The advantage of this method is that it separates the urines voided after meals, hence renders the early detection of traces of sugar more likely.

In warm weather it also limits decomposition of the urine. We heartily commend the method.

Early Recognition of Diabetes Mellitus.—Using Tenney's method for collecting the urine (described in this department and in this issue of the RECORDER) and Benedict's test for sugar (*Modern Urinology*, page 323), the least tendency on part of the individual to excrete sugar in the urine is readily discovered. In Mitchell's hands Benedict's test shows presence of sugar when other tests are not positive.

Detection of Indican.—We have improved our technique of the indican test since *Modern Urinology* was published. Instead of laboriously adding 1, 2, 3, etc., drops of plumbic acetate we now try first half as many drops as the last two figures of the specific gravity. That is, if the specific gravity is 1020 we add ten drops of the plumbic acetate for clearing the urine. After filtering we warm the filtrate till hot to the hand, add equal parts of Obermayer's solution, mix, add 2 c.c. of chloroform and shake well. The amount of indican can be estimated roughly by the intensity of the clear blue at the bottom. This technique is more successful than any we have tried.

The Significance of Indicanuria.—Much has been written pro and con regarding the clinical significance of indicanuria.

Our own view of it is that indican being a normal constituent of urine has little or no significance except when it is present in amount relatively greater than other normal constituents. In

other words, indican clinically need not be regarded unless the ratio of urea to indican is low. (See Askenstedt's process, page 144, in *Modern Urinology*.)

Sedimentation Tubes.—The ordinary glass tubes for sedimenting urine in the centrifugal machine are too large at the closed end. To obtain a sediment when the amount of suspended matter is small, use Mitchell's special centrifugal tubes supplied by Boericke & Tafel. They are described in *Modern Urinology*, page 394.

RENAL THERAPEUTICS.

Acidosis.—In cases where the acetone bodies (*Modern Urinology*, page 365) are found in the urine (diabetes, vomiting, etc.) internal administration of sodium bicarbonate, as originally advised by Blodgett, will often prove successful in suppressing them. Mitchell, of Chicago, has recently carried two cases of pregnancy to full term by this simple measure when induction of labor was advised by attending obstetricians. Mitchell also relies upon sodium bicarbonate as a supplementary measure to the dietetic treatment of severe cases of diabetes mellitus with acetonuria. Such cases can be managed by use of the bicarbonate when the diet alone fails to suppress the acetone bodies. The tolerance of patients with acetonuria for the bicarbonate is remarkable. Mitchell regards failures in some cases as due to insufficient doses of the drug. He prefers to use the purest article obtainable, as the commercial has a bitter taste.

The Treatment of "Indicanuria."—In our experience "indicanuria" is an obstinate condition to treat. The various alleged preparations of the lactic acid bacillus are not successful, the *Medical Record* to the contrary notwithstanding. A. H. Waterman, of Chicago, comes nearer to it when he sets a nurse to work to remove old accumulations of fæces from the bowel. Until this is done internal medication for "indicanuria" is of questionable value.

The Treatment of Dropsy.—Empirical treatment of "dropsy," with administration of crude drugs likely to weaken the patient, is not to our liking. The first step in the heroic treatment of

dropsy, when from the fact of its threatening life we are absolutely compelled to remove it, is to ascertain the cause. Cardiac dropsies yield with comparative ease to *Digitalis*, salines and alkalies, but true renal dropsies resist salines and the patient may be greatly weakened by them if used. When a renal dropsy really threatens life from suffocation or exhaustion, we prefer theobromine, which is one of the few truly renal diuretics. *Digitalis* may help its action. Milder cases sometimes yield to Williams' diuretic (see *Renal Therapeutics*, page 121). When the urine is scanty Fischer's solution per rectum may be tried.

NORTH DAKOTA HOMŒOPATHIC MEDICAL ASSOCIATION.

The third annual meeting of the North Dakota Homœopathic Medical Association was held in Fargo, July 16th and 17th, at the Commercial Club. Thursday morning was devoted to clinical cases, both medical and surgical. The annual banquet was given at the Waldorf Annex, following which Dr. Francis Peake, of Jamestown, was elected President; Dr. A. A. Just, of Crookston, Vice-President, and Dr. J. G. Dillon, Fargo, was re-elected Secretary-Treasurer.

During the two days' session a vote of thanks and commendation was given Senator W. B. Overson for his aid in getting through the last session of the Legislature an act requiring applicants for marriage license to furnish a certificate of health, and prohibiting the marrying of the confirmed criminal, inebriate and the incurable insane. The association also voted to ask, through a circular letter, every superintendent of public instruction, every minister, Y. M. C. A. secretary, the various men's and women's clubs of the state, to co-operate in an effort to introduce plain talks on the subject of Sexual Hygiene and Eugenics. The number of excellent locations in the state without a homœopathic physician came up for consideration, and a systematic effort will be made to supply Minot, Bismarck, Devil's Lake, Williston, Mandan and Valley City with homœopaths.

DEFECTIVE MEDICAL EDUCATION.

The following is from the *N. Y. Medical Journal*:

“One reason why the druggists receive few prescriptions for galenical preparations is that physicians do not know how to formulate prescriptions, being ignorant of the exact therapeutic action of drugs, owing to defects in their educational training. This is the conclusion of Dr. Henry Bates, president of the Pennsylvania State Examining Board, whose executive experience in the examination of candidates for registration as physicians entitles him to speak with authority. His conclusion commands grave consideration. Doctors resort to ready made mixtures because of ignorance. When a physician prescribes a drug he rarely knows exactly how it acts, but only that the patient gets better or worse. This is a very severe, but probably just, arraignment of the present day curriculum. The teaching of materia medica would seem to be overhadowed by the increased attention paid to pathology, diagnosis and other branches. In many schools the tendency toward drugless therapy is reflected in the relegation of the study of materia medica to a less important plane than it is entitled to, although pharmacology has developed a degree of exactitude in the study of therapeutic action not dreamed of a quarter of a century ago. Then this development has been of the laboratory type, and often the powers of clinical observation have not been cultivated in the student. Dr. Bates’ criticism ought to prove stimulating to certain schools. A study of the curriculum approved by the Association of American Medical Colleges would seem to show an inadequate proportion of time devoted to the study of treatment.”

Perhaps if the course is raised to ten years some time might be devoted to teaching the use of medicines. That the people instinctively want medicines is known to all; that the people are right in their instinct is a question worthy of discussion—but it will not change the people for whom doctors must look to for a living. Our respected “regular” friend ought to buy some good homœopathic materia medica books and learn how to prescribe.

THE BLOOD.

"The blood is the first part formed in embryology."—*Amador*.

"The blood is the first to live and the last to die."—*Harvey*.

"The blood is liquid flesh."—*Borden*.

"The blood is the animator of thoughts."—*Raspail*.

"The blood is the spring whence emanates every living thing."
—*Hufeland*.

"The blood is the life."—*Moses*.

Once the "regulars" drew off this life stream; now they drug it. If they put a drug in they cannot take it out—it remains in the life.

When a drug is in the stomach the vital force has a chance to reject it, but not when it is in the blood.

Hence a man must have supreme confidence in himself who puts in a hypodermic.

THE COMMERCIALIZATION OF VACCINES.

"In view of the difficulty of deciding when a vaccine may be used, and the necessity for estimating in each case the probable immunity already possessed by the patient from data obtained from the history of the case, from bacteriologic and clinical observations, the wide-spread commercialization and indiscriminate use of vaccines are to be viewed with considerable misgiving. From one of the most delicate problems the injection of vaccines is being brought to the level of a crude patent medicine cure-all. Even with the greatest care in administration, there is still plenty of empiricism bound up with the use of vaccines as long as our knowledge of immunizing and toxic factors remains incomplete. The overburdened physician is ready to substitute some other responsibility and authority for his own, and commercial interests are but too ready to assume it."—*Theobald Smith, M. D., Harvard, in Jour. A. M. A., May 24.*

TWO CLINICAL CASES.

By Dr. A. C. S.

The January number of the RECORDER prompts me to write you a few lines that may encourage some weak brother to stick to Homœopathy.

A Dropsical Patient.

In 1903 Mrs. W., æt. 55, asked me to prescribe for her at her home, as she was unable to leave her room, having recently been discharged from local hospital, after six weeks there, as incurable. Limbs water-logged to twice their normal size, swelling coming up to and slightly involving the abdomen. Of course shortness of breath on motion. Sleep only by leaning on chair forward. Urine loaded with albumin, etc. Loss of appetite. Thirst persistent for small quantities of water. Waxy appearance of whole skin surface. *Arsenicum* 30. The remedy was repeated, six pellets every three hours. The first week the improvement was right and positive. Second week, three doses daily, three twice daily, and in three months not a vestige of the condition remained. Able to do housework for daughters (two) and self, and at end of a year sample of urine was loaded with sugar. Puzzled as to this, consulted pathologist, who assured me I had in this woman a condition of arteriosclerosis. This positively was right, as in 1911 apoplexy made the left side useless. While two daughters gave her every care, November, 1912, closed the scene in a peaceful slumber.

A Mental Case.

Mrs. S., æt. 35, wife of prosperous farmer, two children and everything to make her happy; not isolated in country, but five minutes from town, with phone and auto to please. Suddenly became strange in her actions, talk and manner, with sleeplessness and obstinate constipation, lack of appetite, etc. After six weeks of best treatment by regular school sleep could only be induced by massive doses of hypnotics and stool by equally massive doses of purgatives. As indication of the severity of her condition, five tablespoonfuls of castor oil brought but slight

result, and on another occasion a tablespoonful of epsom salts in hot water was followed with five teaspoonfuls every hour thereafter with but slight result. The muscles of spine seemed numb to touch and only sensitive to powerful Faradic current. The condition of mind coupled with sleeplessness was to stare, where she would sit and stare by hour; lack intelligence in answers; murder; suicide.

Realizing she was wrong in some way and a burden to her family, as two would stay with her day and night; at times get violent, put fist through window, take off clothing, tear hair, etc. The selection of the remedy in this case was by professor of materia medica in one of our homœopathic colleges, and who dares say they are not teaching Homœopathy? *Hellebore* 30, one dose daily for three days, changed the picture so completely that the papers in blank for commitment to Allentown Homœopathic State Hospital were no more thought of. The bowels began to move normally as appetite improved. The sleep improved first night, and at end of a week was, to surprise of all, quite natural.

At end of second week to try and increase action and hasten recovery gave one dose B. & T. *Helleborus* 200. The aggravation was something to remember and witness. In short, every symptom was back: Sleepless, wild in her mind. While physically strong at this stage she wanted to beat and strike, and it actually took two to hold her in paroxysms of ten to fifteen minutes for twenty-four hours, when all these symptoms subsided. Improvement set in and continued uninterrupted to date on placebo. Not another dose of remedy having been given to date with this exception: Sent for *Hellebore* 1,000 B. & T., and tried one dose of same with no apparent effect whatever.

Two months now since first of three doses of *Hellebore* 30 were given, and patient comes to office weekly to report. Mind is not just perfectly clear, inclined to be quiet and hates to think has had mental trouble, but cure is proceeding in a way perfectly satisfactory to family and physician, and the menses which had been absent three months had reappeared when we were all worried for fear she might be pregnant.

ECHINACEA IN TYPHOID FEVER.

By C. Zbinden, M. D., Toledo, Ohio.

Referring to the editorial in the September number of the excerpt *Echinacea*. Some years ago I saw in a journal, I think *Reporter* about therapeutics in typhoid fever patients I wish to contribute my share, as I hope, to the advancement of our knowledge. I heartily agree with the writer, when he discourages the practice of "cleaning out and keeping clean" the intestinal tract. It appears to me that nature, who is keeping up a vigorous defense against the enemy, is better able to attend to that than we are with our laxatives. In my practice I do not use them and I think my patients get along better without them. I also have no use for intestinal antiseptics.

Of medicines I have for several years discarded every one it was the *Reporter*, a short notice about like this: In typhoid fever don't forget *Echinacea*. The idea was new to me. In the first case I got after that I administered that remedy as soon as the diagnosis was made. I watched the patient from day to day and as there did not appear any symptoms which required another remedy I continued it to the end.

The disease ran a mild course and in due time ended in recovery. In the next case I employed it again, had the same result, and since that in every case I got. I now believe that it does more good against the toxæmia of that disease than any other medicine. Its beneficial action does not appear very promptly, the temperature may rise during its administration for several days and reach 104 degrees at the end of the first week, but during the second week it gradually descends, and stands at the end of it around 102; in the third it descends further and often reaches normal during the 24 hours before the end of the week. Grave symptoms did not appear in any of my cases treated with this medicine, prolonged high temperature, delirium, hæmorrhages, dry tongue, diarrhœa, did not occur, and the prostration and emaciation were much less than with other treatment. There occurred an intestinal perforation with fatal result in a case treated with *Echinacea* by another physician. This was in the afternoon on the 14th day of the illness, the temperature in the

morning was 101. There was no mortality among my patients (37), while there were at the same time many cases in the neighborhood under other treatment, in which hæmorrhages and other grave symptoms occurred and of which a number ended fatally.

There occurred three complications among my cases, one each of pneumonia, nephritis and parotitis (the last one caused by neglect of oral cleanliness), which temporarily required other remedies, but ran a mild course and did not prolong the course of the sickness more than about a week. I believe *Echinacea* has the power to shorten the course of an ordinary case of typhoid fever by several days. While the usual time is stated at three weeks, I have often observed the temperature to reach normal on the 19th day, and there were no relapses.

My general management of the patients is conducted along established lines, a daily sponge bath with warm water, cleanliness of the mouth, careful diet, prophylaxis against infection of attendants, etc.

The doses I have prescribed were in the majority of cases twenty drops of the tincture each day, divided into eight doses. In the last case I ordered only eight drops a day, and it ran the same course as the others. I believe smaller doses would do as well.

The point I want to emphasize is this: begin with the remedy at the beginning of the sickness as soon as the diagnosis is made, and continue it faithfully to the end until the temperature reaches normal. If this is done the grave and dangerous symptoms of the later stages will not appear.

This is my experience. Now I wish others would put the remedy to the test and report results.—*Medical and Surgical Reporter.*

THE REDUCTIO AD ABSURDUM OF VACCINE THERAPY.

“Seven years ago when the first clinical reports on bacterial vaccine therapy were made in the United States an attitude of skeptical pessimism was encountered in the medical profession. Today a reaction quite to the other extreme is manifest. In fact, this ‘positive phase’ of optimism has carried a valuable thera-

peutic procedure to limits little short of ridiculous. Commercial expediency on the part of establishments marketing bacterial vaccines and ignorance on the part of physicians generally as to the limitations of this branch of biologic therapy are to blame for this condition. Manufacturers of bacterial vaccines have multiplied in number beyond a reasonable necessity, and competition between them has led to the marketing of products whose therapeutic value is far from assured, in order that a list of numerous 'varieties' may be offered to physicians through advertising claims much too promising. Bacterial vaccines may soon be expected to be found on druggists' shelves like canned goods in a grocery store and at approximately the same prices. Even price-cutting has entered into the commercial scramble—except in the case of semisecret proprietaries. Because of the uncertainty underlying the identity of the offending microbe in many infections, or because of the occasional mixed or secondary infections, combinations of bacterial vaccines theoretically justified by the 'shotgun prescriptions' of other days are offered. Potent bacterial products producing toxic reactions of great severity, secret as to their exact composition and vaguely aimed at a mixed infection, are in the field, recommended to the medical profession through persuasive advertising literature or through the oral representations of detail men with no technical knowledge of immunology or practical experience in therapeutics. It follows that the use of these variously compounded bacterial derivatives is an unscientific confession of ignorance as to the specific cause of a given infection, and that the indiscriminate employment of these products must not only be ineffective but fraught with danger. Even when no more tangible harm results, the time in which an appropriate autogenous vaccine could be made and used is often wasted. In this chaotic state of affairs it is well to recall the warning by the pioneer of practical vaccine therapy, Sir A. E. Wright, who in closing his Toronto lecture said: 'As a natural outcome of such development in medical science a new type of practitioner would appear, namely, the immunizator. He would say, "You are infected with a particular microbe and my business is to find out the microbe, make a vaccine from it and inoculate you and bring up the resisting power of your blood." For such skilled service you will require a man who has spent years of

study to master the technic; to know how to make the vaccines, to know where to look for the microbes, to know which are the most important microbes, to know how to isolate them, and, most of all, a man with sufficient experience and ability to apply all these things.'"—*Journal of the American Medical Association*.

We are glad to note that our big Chicago brother is swinging around more to the RECORDER'S point of view of such things, for at the present gait medicine will become a mere matter and inoculating the patient with his own disease.

POINTERS.

Dr. S. T. Dodge, of Corpus Christi, has had marvelous results from the use of *Gelsemium* in either *vesical, renal or biliary calculi*. He has found the stones so frequently and in such large numbers that he has no doubt of the effect of the remedy. He gives from ten to twenty drops at a dose, repeating as often as necessary, to the extreme effect upon the patient, with no unpleasant after results. He believes with Dr. Baker, of Adrian, that it has powerful relaxing influence upon the ducts, and at the same time removes nervous irritation which induces the spasm and causes the pain. Quite frequently a single large dose of 20 minims has been sufficient.—*Ellingwood's Therapeutist*.

"*Staphisagria* and *Pulsatilla* are almost specific for that condition in which the eyelid is involed in hordeolum or 'stye.' *Dolichos pruriens*, or cow itch, is a wonderful remedy for pruritus in which the lesion is subjective rather than objective. What better than *Cantharides*, internally, to soothe the pain from a burn or bromide of arsenic for that condition of acne around the chin that so annoys a young society girl? *Conium* is also of great value in these cases where the acne is of the indurated variety. I have under treatment now a case of sycosis where *Hepar 30* has done more in three weeks than ointments and old school remedies had done previously in six months."—*Dr. W. L. Love*, Brooklyn, in *N. A. Jour. of Hom.*, July.

An English doctor, R. J. Pye Smith, recently called attention to the fact that cancer may be developed by the prolonged use of *Arsenic*. Well, *Arsenicum* is one of the cancer remedies. Another proof of the LAW.

At a meeting of the Alabama Medical Society Dr. W. H.

Sledge, of Mobile, said, in reference to post-partum hæmorrhage: "In thirty years I have found nothing equal to saturating a piece of cloth with vinegar, squeezing it all out, and passing the gauze into the uterine cavity. It stops the hæmorrhage at once."—*Jour. A. M. A.*

The *Urologic and Cutaneous Review*, April, quotes Marryat, 1769, as follows: "I have discovered and confirmed my discovery by a variety of instances, that the oil of cloves will determine a sufficient quantity of electrical fire to the semen, so as to render it assuredly prolific. I have known numbers who by the use of it have proved fathers, after fruitless efforts for many years; it ought not to be omitted, therefore, in any medicines for this purpose."

A correspondent of *Practical Medicine*, India, writes: "For the corneal opacity let the doctor try oil of thuja. It stimulates the blood supply of the conjunctiva promoting the reproduction of clear corneal substance. The method of application is to have the patient drop one drop of thuja oil in the affected eye; then close the lids and gently massage the eye over, the closed lids, and apply a hot wet cloth to the lids for five minutes once a day after the massage with the thuja oil three times a day."

A German journal says that *Helleborus niger* acts better, when indicated, in 3 drop doses of the mother tincture than in potency. The claim is made that in this strength it is the remedy for dropsy following scarlatina.

"Butter made from Pasteurized milk is not equal in nutritive value to butter made from milk drawn from the cow," writes Dr. James Oliver, in *British Med. Jour.*, July 26. Well, how about the milk?

A newspaper item tells of Dr. W. J. Burd, who gave himself a prophylactic dose of antitetanic serum. He was found in his garage unconscious, cold, with pulse barely perceptible. He was reported as recovering. All serums seem to have a freakish streak in them.

J. R. Barton Willing, of a wealthy Philadelphia family, brother-in-law of John Jacob Astor, was taken with diphtheria, taken to a hospital, given, according to the newspapers, 95,000 units of antitoxin and then died.

If boils persist try the patient on five drop doses of *Echinacea* θ . It has given fine results in many cases.

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EDITORIAL NOTES AND COMMENTS.

THE ATTITUDE OF THE ALLOPATH.—Some gentlemen object to the term “allopath” but fail to give a substitute. Among them are some who carry degrees from homœopathic colleges. Apropos of this the following from Dr. Majumdar’s *Indian Homœopathic Review* is enlightening—he is writing of the early days of the Calcutta Homœopathic Medical College: “In years gone by I consulted the Chief Secretary to the Government of Bengal to allow us to make dissection arrangements in our school. He was a very kind-hearted gentleman. He consulted the chief medical authority of our Government to allow us this concession. But the chief medical authority denied the favor on the ground that Homœopathy was not a scientific system of medicine.” That is the position held by the allopaths, who “hold the bag,” not only in India but all over the world to-day—nothing is “scientific” but their own ever-changing quick-sand system! It is a great pity that some one cannot give us a definition of what “scientific” medicine is. To the average man it would appear that the system that can cure the greater number of human ills ought to be considered the most scientific, but this is an error, according to the medical powers, for Homœopathy cures more than any other system of medicine. Yet they say it is not “scientific,” and has no “excuse for being:” Now will not some one answer the simple question: What is scientific medicine? The RECORDER would be glad to have this vexed question definitely settled. “Let your light shine” and answer this question.

INVESTIGATING HOMŒOPATHY.—The following is from an editorial in the *Medical Review of Reviews* concerning the joint committee from the A. I. H. and the A. M. A. appointed “with a view to investigating the truth or falsity of the theory of similars:”

“While it is true that the disciples of Hahnemann are decreasing in number and the science of regular medicine is gaining more adherents, no objection can be raised against a further attempt at investigation of the merits of the principle of similars. Apparently the attitude of the American Institute of Homœopathy is one of willingness to affiliate with the American Medical Association providing that the falsity of the principle is demonstrated.”

No doubt “these intentions are well meant,” but it may be reasonably doubted if the Report—if ever made—will change any one’s convictions, though it may influence some whose ideas are still nebulous. It is generally admitted that two great and opposing parties prevent national paralysis so let us hope, for human welfare the American Institute of Homœopathy will continue a vigorous and aggressive life, and not be digested and thrown out by the A. M. A.

THE NEED OF A MINORITY.—The following is clipped from the presidential address of Dr. Burton Haseltine before the Illinois Homœopathic State Society. It is worth a careful reading:

“Twenty years elapsed. Medical politics came. The Illinois board became regularized. Chicago became the home of the A. M. A. and the ‘plague spot’ in medical education. There are still some devout souls to whom the statement of these facts in just this way will seem blasphemous. But the relation is by no means fanciful. If the time, energy and sagacity used by the medical majority in political scheming, personal promoting and ‘putting the other fellow out of business’ could, for twenty years, be devoted to honest and intelligent effort along right lines, there would be no ‘plague spots’ either in medical education or medical practice. With no apparent prospect of such a situation, there is still need for an intelligent and aggressive minority.

This need it is our function to supply, and there is much to comfort us while doing the good work. We escape many afflictions that the majority has to bear."

"ADVANCING THE STANDARD."—"The late Dr. Egan announced publicly in the writer's hearing that a certain state which on paper demanded the high school diploma and a year in a university as preliminary requirement did not, as a matter of fact, require anything at all save a fee."—*C. M., in The Critique.*

A PRACTICAL QUESTION.—"Did it ever occur to you that the agents used to prevent scarlet or typhoid fever may do more harm to the individual than the disease itself?" So asks Dr. Geo. Royal, in *Iowa Homœopathic Journal*, of allopathic preventive. Did it ever occur to you that G. R.'s question is one that no one has ever really answered?

A QUERY.—Recently there appeared in an eminent medical journal the statement concerning a certain thing that it "hastens protein metabolism." Now as "protein," broadly speaking, means "the first" substance, about which the most learned are somewhat at sea, and metabolism means, broadly speaking, "to change," one naturally wonders what it is all about. It seems that in some respects our very learned men are veering around to the old ecclesiastical doctrine of "faith alone." They give you the thing, dressed up in words that no one really understands, and you are to take it in the same way or be anathema. Thus does modern medical science and old religion clasp hands, while the dove of peace flutters about uncertain where to rest the sole of her foot. Really the only solid rock in didactic medicine to-day seems to be old Father Hahnemann's *Organon*.

THE ADVANCEMENT OF SCIENCE.—The official *Journal* of the official medical outfit says, editorially, that "The losses of inorganic elements of the body which are incurred in the metabolic processes need to be repaired quite as much as does the depletion of the stores of energy-yielding substances." The assertion is not disputed here (for really we do not *know* anything about it), but

it is merely pointed out in this squib that Julius Hensel preached that doctrine for years, and, in a slightly modified form, so did Schuessler.' If the A. M. A. men have grown up to these two there is hope that in time they may reach the level of Hahne-mann. Let us hope so.

IGNORANT PHARMACISTS.—Our estimable, energetic and altruistic friends on Dearborn St., Chicago, who run the A. M. A. and its JOURNAL, recently printed a paper on the "Carelessness in Pharmacy as a Reason for a Restricted Materia Medica." The Dearborn street men must think the paper is a good one else they would not waste invaluable space in printing it. Still, notwithstanding this self-evident proposition, the outside Goths and Vandals pause before swallowing the assertion, because, they reason if ignorant phamacists are a cause for cutting down the materia medica that book cannot amount to much in the eyes of the learned doctors else they would hunt about for better pharmacists. "Why," the aforesaid Goths and Vandals ask, "should afflicted humanity be deprived of the inestimable benefits of the drug store prescription because the drug store man is ignorant of his business?" Or is it (low be it whispered) that this is an attempt to shoulder off the failure of the average prescription on the drug man? The G.'s and V.'s are puzzled in an endeavor to solve this muddle apparent in the councils of the gods in the medical Olympus of Dearborn St.

A LITTLE OF THE SERPENT'S WISDOM.—Some medical men believe in the vaccines, serums and all the multitudinous products obtained from artificially diseased animals; they believe in these, say so and apply epithets like "crank," "fool," "fanatic," "ignoramus" and the like to every one who does not hold a similar belief; they also become indignant at any journal daring to print matter running contrary to their beliefs and wrathfully refuse to even look at such publications. Any one can see that all of this is not in accord with the calm, seeing and hearing all sides, spirit of science, but, perhaps, not every one sees that this dogmatic intolerant attitude is hurting the business of the medical profession. There is a mighty but silent tide rising against the tendency of

modern medicine to drive and herd the people like cattle; to order this, forbid that, and generally ride rough-shod over them. Lead, guide and instruct the people according to your light, but remember that the lights of your professional brethren are many and *very* contradictory. If any coterie thinks it can rule this heterogeneous profession and through them dominate the people it is in error and will work harm to a noble profession. Have charity; have it as an individual, and have it as an organization, for it will give better results, professionally and financially. Before any one seeks to rule the world he should be sure that his feet rest on eternal truth, and when he gets there he may see the futility of seeking to rule.

THE CAUSE OF TUBERCULOSIS.—In a lecture on tuberculosis (pamphlet, Dulau & Co., 37 Soho Square, London, W.) Karl Pearson, F. R. S., practically goes back to the old doctrine of heredity as the cause of the disease, with environment and predisposition coming in as minor causes. He writes: "During the years of tubercle bacillus, of sanatoria and of the fight against tuberculosis the rate of fall in the death rate from phthisis instead of being accelerated has been retarded." In short, he holds that the disease is constitutional and the theory of infection from germs is an error. In one set of pedigrees analyzed it was found that 79 per cent. of the offspring of tuberculous parents were tuberculous. Pearson is Professor of Eugenics at the University of London.

L. M. S. RE-ESTABLISHED IN INDIA.—From Indian exchanges it is learned that the degree of Licentiate in Medicine and Surgery that was abolished a few years ago has again been re-established. It was found that very few could stand the expense and strain of a six years' course—and the people needed medical treatment. Something similar will occur when the old two and three year men die out in this country and there is no one to take their place. The prospect of long and expensive years of study with the possibility of having the whole wasted through inability to answer certain questions an examining board may see fit to propose is not alluring to very many. A change from the present

condition of things seems to be inevitable in the not distant future.

THE GENTLE TOUCH.—The editor of the *Providence Medical Journal*, R. I., writes: "The limitations of language are never more apparent than when we deal in personalities; we must either commend or criticise; our argument is either for or against, and, aside from a mere statement of fact, nothing is written or said which cannot be considered a matter of opinion, and which may or may not be susceptible of proof." After this and more of the same tenor the editor remarks that the quality of the work done by the Rhode Island Medical Society is capable of being improved. This society most likely is not a greater sinner than others. Who is to do the improving? When a man writes a paper he gives the best that is in him, and if it is only mediocre what can be done about it? There are three good rules to observe in writing papers. 1. Don't use words that you have to verify the dictionary to be sure you have not blundered. 2. Don't quote too freely the conflicting opinions of Jinks, Jenks and Jonks. 3. Write what *you* know on the subject and stop there. Do this and the paper will rise above the level of mediocrity. To illustrate: In a great national body of legislators men were shouting, raving, disputing and orating on a subject of general interest but few were giving heed to the speakers. At last a modest man arose and said he would like to give his personal experience, and immediately the house was all attention. He spoke of what *he* knew.

AND WHAT IS IT ALL WHEN ALL IS DONE?—*Clinical Medicine* has a department conducted by Dr. George F. Butler, A. M., etc. This is a clipping from it; the "Mitchell" is Dr. S. Weir Mitchell, so far as we can make it out:

"Dr. Mitchell assumed that sometimes in nervous people the activity of a normal function is competent to cause distress in other organs or to awaken unusual symptoms. He cited the case of a lady who, after passing water, had slight chilliness, twitching of the face and extreme palpitation of the heart; yet the act of urination was, in this case, painless and, in fact, absolutely natural. It is obvious that there is here a failure to recognize the disturb-

ance of the general balance of the nervous system that constitutes health, and a tendency to attribute as reflex what is simply an exaggeration of the normal function of one organ through lessened inhibition of the central nervous system which gives the local excitomotor ganglia full play."

When two noteworthy men like Butler and Mitchell fall afoul of each other what is the poor pleb to do? If a normal function like passing urine will cause chilliness, twitching and palpitation in one person the pleb reasons that it ought to cause the same in others—else it isn't the *cause*. On the other hand, read what the eminent Dr. George F. Butler (of *Diagnosis* fame) has to say, beginning in the above quotation with the words, "It is obvious," and then draw your own conclusions. Now whether the "failure to recognize" is the fault of the patient, or of the great novelist (which Mitchell is), is a question that is open to a difference of opinion. In fact, the whole brings out the true science of medicine—or the need of it—in strong relief, namely, Homœopathy. Whatever the cause the woman experienced chilliness, twitching and palpitation—whether "nervous" or actual—if there is any difference. Two great physicians differ as to the cause but not as to the effect, and there you are, with no remedy. Now a good homœopath would have watched these and the other symptoms, unobserved but probably more important, and cured the case—and probably have received no special thanks, only the gratification of a true medical scientist which comes with good work.

A PHASE OF IMMUNIZING.—The following clipped from a letter to the *British Medical Journal* by Mr. J. Stravely Dick, pathologist to the Northern Hospital, Manchester, is worthy of a very careful reading: "But it is well known that the elaboration of antibacterial substances in the blood in response to infection, or in response to the inoculation of bacterial vaccines, varies within wide limits in different individuals, and that the success of such a method of treatment depends largely upon a correct adaptation of dose to individual requirements." Is that fact "well known?" If so, why do our medical authorities insist on wholesale "immunization?" Mr. Dick states a great principle

laid down by Hahnemann, namely, that the patient must be treated and not the name of the disease. This, it seems, applies equally to all prophylactic procedures.

A DELICATE QUESTION.—One of our esteemed contemporaries is much wrought up over the subject of the prevention of conception. In a general way it thinks that this is something that should be taught to the poor as well as to the rich for the benefit of humanity; that it is quality, not quantity that counts. One objection to the latter argument is that quality *seems* to be something beyond man's control. In history is it always the case that the younger members of the family are the worst? The argument that quality, not quantity, counts is not strictly tenable. The argument that the "better classes" will be smothered by the more productive "lower classes" is also so full of holes that a country debating society might become involved in a fight over it. To prove that the rich are better than their more impecunious fellow citizens would be a difficult thing to do, especially in view of the fact that our very richest men have risen from the poor. For example, Mr. Carnegie, who started on \$2.00 a week; Mr. Rockefeller, who was a poor clerk—poor in money at least; Mr. Gould, who was a peddler of tin ware; Mr. Levinski who tells us in *McClure* that he landed at Castle Garden with 31 cents in his pocket; Mr. Guggenheim, who once peddled collar buttons and shoe strings on the streets of Philadelphia, and many others that might be mentioned. It really looks as if the quality not quantity argument was fallacious. To be sure, we do not know how big were the families from which these eminent gentlemen sprang, but, at least, it seems to be against the "lower class" style of argument so often used by the eugenists. But—it is a delicate question.

DOUBTS.—Have you ever looked at a list of bacilli, bacteria, etc., etc., in a late dictionary? Have you ever carefully studied the numerous plates in journals and text-books? Have you ever considered how it is possible to tell one from the other, and especially to pick out from the hundreds each particular bacillus, bacterium or what not? Have you ever considered whether every

bacteriologist has seen and identified these numerous micro-organisms? Has any one ever done it? Is it not possible that the man peering through his microscope and pronouncing the fate of a human being who has furnished the bacilli may make mistakes? How is it that so very many micro-organisms are found on persons seemingly healthy? Also, how is it that in some clear cut clinical cases the organisms are not identified? Yet occasionally the world is held up on this nebulous science.

TUBERCULIN TESTS.—The *Lancet* (May 31) commenting on the Report of the Royal Commission on Tuberculin Tests, remarks that the clinical physician is treading on "uncertain ground when he exhibits tuberculin either for diagnostic or therapeutic purposes." Yet our veterinarians gaily inject their "test," and slaughter, and think they are very scientific. The truth seems to be just what every observant farmer and cattle man has known from the beginning, which seems to be established by the Report of the Royal Commission, that the test is but a broken reed. For example, it was shown that 31 per cent. of cattle *known* to be tuberculous failed to respond, and that among the very young, and therefore sensitive, cattle the responses were greatest. Pull down that "scientific" sign, brothers, before the pure food lawyers indict you for misbranding. Pull it down and study the real science of medicine—Homœopathy—which science is the *cure* of disease.

THE MOST USED DRUGS.—John Uri Lloyd recently sent out inquiries to allopathic physicians with a view to ascertaining which drugs were most used. About 10,000 replied, and the returns showed that *Cactus* and *Echinacea* headed the list. When we consider the fact that "The Council" of the A. M. A. held an inquisition on these drugs and launched its curse against them, black doubts flit about concerning the abilities of the prescribers or of "The Council"—but they hover more about that august body whose authority, like Topsy, seems to have "just growed," a sort of evolution from its inner consciousness.

IS THE END APPROACHING?—To one whose memory goes back

of the present era it seems strange to read in a modern medical journal of rival serums "now contesting for professional and public favor." Outside of Homœopathy, to-day practically all serums and their kindreds are the products of manufacturing chemists or pharmaceutical houses, with traveling salesmen, advertising and all the accompaniments of "business" in which monetary returns are necessary for the success of commercialism masked under "medical science." The doctor who depends on rival commercial houses for his therapeutics is resting on an insecure professional foundation. He may go along for a while choosing between the products of rival houses but his end is approaching, for it is well to realize that the public has "advanced" as well as the commercial houses. It looks as if Burnett's prophecy that "Homœopathy is the winning horse in the medical Derby" were correct—winning because it best serves the people.

CANINE LATIN.—The *British Medical Journal* complains that "the smell of false Latin rises thick" to-day. "Medicine is supposed to be a 'learned' profession, but alas! our literature is full of awful examples of what it would be an insult to a noble animal to call dog Latin." European, English and American are alike—it seems they all strain after a learned bluff, and insult the dog. Many specimens are quoted but as the probability is that few can tell the genuine from imitation, according to the *Journal*, let one reference suffice, one that comes home to us.

"From a casual inspection of American periodicals, we cull the following flowers of classical speech: *Corpus cavernosus* and *angina pectorides*; while a leading journal of surgery contained a paper with the remarkable title, 'A Resumé of the Treatment of *Infertilis Masculinus!*'"

We take the *B. M.'s* word for it that this is an awful blunder, being in the class of those who find it hard enough to keep straight in English. The matter is here brought up for the benefit of those who like to disport themselves in the classical lingo. It is perhaps fortunate for the candidates that our medical examining boards are not sure of their Latin and Greek.

OUR NEW DEPARTMENT.—Beginning with this number of the

RECORDER the reader will find a therapeutic department in charge of Professor Clifford Mitchell, M. D., of Chicago, author of *Modern Urinology*.

The object of this department is to furnish the general practitioner with trustworthy clinical data derived from the experience of men in our school who have had exceptional advantages along special lines, both medical and surgical. The matter will be presented in the form of pithy paragraphs which can be read at a glance. Further information, if desired, can be had in regard to any particular item by addressing Dr. Mitchell, 140 North State Street, Chicago, Ills.

THE A. I. H.—“We can conceive of no reason for allying one’s self with the American Institute of Homœopathy unless one subscribes to its principles. The complete exposition of these principles is only found in the *Organon of the Art of Healing*.”—Dr. F. C. Walker, Nantucket, Mass., in *Journal A. I. H.*

NEWS ITEMS.

Dr. D. Newell has removed from Midway, Pa., to 315 Main St., Carnegie, Pa.

Dr. P. D. Gaunt has removed from Kechi, Kan., to 1903 Main St., Keokuk, Ia.

Dr. C. W. Dewey has removed from Gerard, Pa., to 231 W. State St., Sharon, Pa.

The next meeting of the Southern Homœopathic Medical Association will be held at Atlanta, Ga., Nov. 11-13. Wellford B. Lorraine, M. D., Richmond, Va., president.

Dr. Carl A. Williams has removed to 207 Mt. Prospect Ave., Newark, N. J. Diagnosis and internal medicine.

The American Association of Orificial Surgeons will hold their annual convention at Chicago, September 23-26. W. A. Guild, M. D., Secretary, Des Moines, Ia. .

Dr. Leon T. Ashcraft, Philadelphia, was elected President of the Pennsylvania State Homœopathic Society at the recent meeting at Bedford Springs.

PERSONAL.

"My husband doesn't play poker, I know," she said, "because the club men said he couldn't."

Commissions print vast areas of "testimony" which no one reads but the poor proof reader.

He who says "the world owes me a living" should be asked, "Why?"

"The married man is supervised for his own good."—*Journal A. M. A.*
Well, brother, you know best.

A German sassed the telephone girl—"wire busy"—nine times. So the court fined him \$65, and the doctors said he had "telephone dementia."

If the A. M. A. were to swallow the A. I. H., the latter would show chiefly in the discard.

"A barking dog never bites"—unless he can catch you from behind.

"Bumper crops!" as the tramp remarked when he fell off his seat on the freight train.

To see the picture of a lachesis snake used in a crotalus "ad." adds to the gaiety and cynicism of the nations.

Too often the very modern man thinks he knows all past wisdom, plus—when he doesn't.

Sometimes when a man can't do a thing he earns a living by teaching how to do it.

So Claude says he doesn't mind the germs so much as the ticklers on the fly's feet in the morning

Every man is original, but very few are important save in their own eyes.

No one inexperienced knows how hard it is to pick out good jokes, or how very poor they seem when printed.

Carnegie's money seems to dominate medicine as it once did steel. It is now "money, not brains."

When wild-eyed reformers pass a law to "sterilize criminals," the plain citizen asks, "Who are the criminals?"

In its present mental belt the world thinks the acme of wisdom is attained by "examining."

Generally examinations are like Pat examining Wu Ting Fang.

Dr. Conan Doyle's last novel, "The Poison Belt," was a little like a "seven months' baby"—lacking vitality.

The one thing lacking in that fine body of men, the allopaths, is therapeutics—at least so it seems.

Claude says tips are a necessity in the dining room, but he doubts them on the race track.

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CONCERNING THE ORIGIN OF DISEASES.

No sooner does medical man comfortably settle down to rest in the couch of some new theory and begin to doze than some one comes along and upsets his couch. Of late, all, save a few iconoclasts—who were looked at askance,—have rested comfortably in the idea that they knew the origin of malaria, namely, the mosquito, but now along comes Dr. C. A. Bently and upsets them. Dr. Bently is Special Deputy Sanitary Commissioner, Bengal (where they have chills and fever, or malaria, galore). He read the paper in question at the third annual meeting of the General Malaria Committee, held at Madras (India) last November. The paper is printed in the *Indian Medical Record* for July. To condense a long story, it seems, according to Dr. Bently, that the brilliant discoveries of Lavern and Ross really do not account for malaria, because they fail “to distinguish between *malarial infection and malarial disease.*” The italics are Bently’s. There be those, who follow the germ theory, who say the anopheles and malaria are synonyms and others, hard headed, who point to facts which upset the theory. “Years ago Koch” and others pointed out the fact that there are races with almost “universal infection” yet no disease. Some races have the malarial parasite “just as a dog has fleas”—but no malaria. Yet these races are subject to *epidemics* of malaria which come and go and no scientist knows why. Bently goes further and asserts that the “germs” of typhoid, diphtheria, pneumonia and other diseases may be found in many people who do not have the disease which germs are said to cause. Parasites, in which term he includes all the micro-organisms generally known as germs, he says, are present in the human and animal races, more especially in the primitive people, and it is contrary to sound reason to regard them as the origin of disease.

As regards malaria, he says that the drainage of swamps in itself will not clear away the disease, which only disappears when the land is put under an advanced agriculture. Great epidemics come from one of two causes. 1st, exceptional seasons, or, 2d, great changes in environment. (Probably, though Dr. Bently does not say so, that it the reason that pestilence always accompanies great wars.)

Another curious point noted by Bently is the fact that improved water supply and vaccination enormously reduced the mortality, from cholera and small-pox in Bombay, but "had no appreciable effect in reducing the total mortality."

As a summary it seems to us that Bently holds that malaria, and other epidemic diseases, can only be eliminated by a high state of soil cultivation. As for germs which, according to the theory prevailing at present, are thought to be the origin of all disease, they may infect a man, but are by no means to be regarded as the first cause. As he points out, on the highest authority, millions—in fact, nearly everyone—harbor them, but are not afflicted with the disease they are supposed to cause.

Well, O brother, to live and learn is the highway to wisdom.

DR. CHARLES H. DUNCAN'S AUTOTHERAPY CONSIDERED FROM THE POINT OF BIOCHEMISTRY

By Eric Graf von der Goltz, M. D., New York

"I never shall have any party. I don't believe in party politics. I'll believe in any party that will give even the devil his due. That's all."

The first impression after a careful study of the principles of autotherapy was that since the times that the biological and bacteriological study had ripened into the state of new therapeutical applications the claim could be sustained that Dr. Duncan was offering something logical, something that was founded, and formed, on observations, study and experience concerning serum and vaccine in absolute opposition to the many theoretical vagaries of the serum and vaccine hunters of to-day.

Being myself, now for years, nearly exclusively engaged in biochemistry and, therefore, in constant contact with actual ques-

tions of organic and biological chemistry, I can assure that my antipathy to the whole laboratory product therapy, in the present animalized form, in all these years has steadily increased, especially if it be considered that nearly all animalized therapy has been proved—and we will be charitable—ineffective in 90 per cent. or more of its cases. From the point of view of common sense it is really a wonder that Dr. Duncan was the first one to see that animalized products, grown on foreign ground, must be hostile to new surroundings (human serum), as, for the same reason of incompatibility to-day, nobody would inject into the veins of the human species the blood of sheep, dogs or turtles; but this seems to be absolutely negligible to the serum, be it in the medical laboratory or be it in the manufacturing institution.

All that has now been changed by one simple, but so the more genial, stroke of Dr. Duncan—to use like a serum the antitoxines of one and the same patient in watery, sterile solution as a therapeutical agent against the employment of the heterogeneous toxins bred and raised on incompatible and therefore hostile soil, the animal serum.

The physiological reasons *a priori* for the saneness of Dr. Duncan's autotherapy, besides the chemical differences of the blood analyses of the different species, must be regarded in the consideration of the animal serum. This is the more important, as the fact of increasing serum-fear (serum disease), is so markedly shown (tacite) in the "improvement" of the sera continuously going on; for example, of the diphtheria antitoxin, especially, last, but not least, in the form of the improved and most recently made "absolutely harmless" (?) antitoxin of von Behring.

To-day the sudden death, as the expression in the highest degree of serum disease, as observed after serum injection, without any alexines or other products of the germs, can only be traced to the hostility existing between the blood of the different species.

This great stumbling block of the serums is explained in the history of the blood transfusion since 1657. when practiced on animals as an experiment. In 1665 a London physician, Richard Lower, used, for treatment, transfusion on human patients for the first time. The many deaths resulting from this new treatment caused the government in England and also in France to forbid the transfusion.

In 1818 blood transfusion was revived when, after careful experiments, it was found that the safety of the patient could only be assured if blood of the same species was used.

This result of many experiments to use only the blood of the same species was formulated into the law of the consanguinity recognized to the present day.

If we will study carefully the description of the deaths after transfusion of animal blood into the human body, we must come to the conclusion that the whole picture is identical with that of a serum death. Finally, if we take into consideration the constant unavoidable danger of a virulent tetanus admixture, according to a warning article, "*Some neglected facts in the biology of the tetanus bacillus, their bearing on the safety of the so-called biological products,*" in J. A. M. A., Vol. 150, No. 12, we can say that Dr. Duncan's autotherapy gains all the Pros. and, also, all possible Contras, when compared with the animalized, laboratory product, therapy that has been here enumerated.

We see now the following points evolved:

1) *That the law of consanguinity must be the most rational proof against the animal serum therapy.*

2) *That the danger of the not avoidable tetanus bacillus lurking in the animalized therapy should not be forgotten for one moment.*

The law of consanguinity has especially been worked out and demonstrated by men like Panum, Ponfick, Swinkowski and others, but their work and studies have seemingly so far been absolutely neglected by all modern biologists and bacteriologists.

Dr. Duncan's autotherapy takes into consideration all possible states and phenomena resulting from the pathogenic germs, and also faulty metabolism, certainly diagnostically interesting from the point of the subjectivity of the patient and, therefore, objectively highly scientific—but practically unnecessary, as the autotherapeutic medicament contains in each case all those alexines necessary for treatment, which should be put into operation by choice of the physician—if the serum or vaccine has been originated, bred and perfected, heterogeneously.

These autotoxines of Dr. Duncan containing all alexines necessary for treatment must suffice for a successful treatment, especially if we agree with the following:

"The pathogenic bacillus may exist in the latent state in the organism, wholly conserving its virulence." And, further: *"That in a dormant state in all human, as also animal, organisms, all microbes, etc., are keeping a virulent state waiting only to be roused."*

As a mathematical result of this heterogeneous raising of anti-toxines we must recognize the much lamented fiasco of nearly every newly brought forth serum.

All of this can be found well illustrated in many classical failures reported, like that of antitoxin in the great diphtheria epidemic in Germany (Westphalen), 1892, and again the failures reported resulting from the vaccination in Java against the plague. Also an American allopathic professor, Pearce Kintzling, B. Sc., M. D., Professor of Practice of Medicine and Physical Diagnosis, Maryland Medical College (see *New York Medical Journal* of December 23d, 1911), reports on an uninterrupted series of hospital cases of tetanus and also on his former observations of diphtheria, of the utter failure of all serums, and comes out flatly with the statement *that a ten per cent. phenol-injection carefully repeated and pushed to the well known urine-reaction, only can be relied on!*

Dr. Kintzling cured all cases—nearly all were moribund, to the *great amazement of all his colleagues—after they had been given up to die—as the serum had been recognized in the treatment of all those patients as worthless!*

From this same place, Baltimore, not long ago, we read short reports of *the successful treatment with subcutane phenol-injections of the special pet disease of the New York Rockefeller Institute—spinal meningitis!!*

It must be remarked as a curiosity (but finally to be understood) that such an achievement is treated with a seemingly tacit—Silence!

Dr. Duncan has, by his substitution of the auto for heterogeneous toxines, fulfilled the therapeutical dream of all the bacteriologists since the days of Robert Koch, all working diligently without reaching the goal. It has been plain that we must try to understand the action of the autotoxines. This will be astonishingly simple if we look at it from the biochemical action of the remedy. In the development of the different salts it has

been my fortune to show the importance of the laws of osmosis and katalysis in connection with my first radium publication regarding "*Carcinosis*" (HOM. RECORDER, Vol. XXV., No. 2), for the biochemical, as well as for the homœopathic remedy. I compared the action of any remedy to the following paradigm:

"For Biochemistry and Cellular therapy the therapeutic value of the katalysis can be expressed in the following points:

"Addition of a foreign katalysator = indirect Biochemistry.

"Addition of a physiological katalysator (constitutional) = vicariating Biochemistry.

"Addition of a tissue salt = direct Biochemistry.

"a) Giving an improved medium (intercellular fluid).

"b) Correcting the salt deficit.

"c) Effecting the retrogressive elimination.

"d) Keeping up the physiological acidity and alkalinity of the blood and the tissues."

In the same article on "*Radium*" I defined finally the resulting cure by any remedy or any remedial administration in the following words:

"Katalysis represents the process by which the medico-therapeutical agent effects the restitution of the cell to its working order—cure—returning to R. Virchow's everlasting Cellular Pathology with logical demand for a Cellular Therapy."

The katalysator in direct biochemistry, as, also, in indirect biochemistry (homœopathic remedy), calls into action autotoxines working in the cells and by the cells, that which the animalized, biological product therapy calls the creation of the antibodies in the body of the patient.

Without this view the working of the homœopathic remedy in general and especially in regard to infectious diseases is beyond all possible understanding.

I believe it my duty to point out that Homœopathy must give thanks to Biochemistry for having brought so satisfactory an explanation of the inner working of the homœopathic remedy, especially in regard to the higher and highest potencies, *where, from utter lack of biochemical understanding often we could see disagreeable discord take place.*

The working of the perfect cells of the organism takes care of the body. The katalysator in whatever form puts the cells of

either blood, plasm or all the other tissues into that condition ready to produce those chemical substances individually necessary to destroy the toxins either resulting from faultily deranged metabolism or from the influence of invading or newly aroused pathogenic germs.

If we take into consideration the view that perfect osmosis is the equivalent for life and health, and that osmosis, again, with great and not equalized disturbances, is the expression for disease, and if we consider that those disturbances can come only from the above causes of the toxins—the *biochemical katalysator* in the last instance represents the *autogenous toxin*. The perfect working of the cell chemism is, therefore, that which is understood, or misunderstood, under the term "Immunity," and for which, for obvious reasons, special departments invested with all kinds of power and laws have been passed for the good (sic!) of the people!

The biochemical cell chemism is a necessary help in providing the body with a readily assimilable food without necessitating a great display of energy. It also supplies the needs of the tissues with such food in sickness and, also, alters the bacterial and the chemical metabolism from the destructive to the constructive. This altered metabolism deprives the chemical reaction of its aggressively destructive power and puts the *causes and the products* of the diseased metabolism, of either kind, figuratively, in the position of defence. The initial damage is quickly taken up by the multiple action of the cell-chemism and is progressively repaired in due time.

The autotherapeutical remedial force, therefore, is the closest relation of biochemistry by incorporating into healthy and not affected parts by the hypodermic injection the autogenous toxins, *i. e.*, addition of physiologically constitutional katalysator = vicariating biochemistry.

If now the katalysator-action of such vicariating biochemistry is fortified and augmented by biochemistry (directly) or Homœopathy (indirectly)—the results for either biochemist or Homœopathist will then be, in many well known diseases, less and less disappointing in the future.

It has been made the objection against autotherapy that the whole manipulation was dangerous and that the use per mouth of the nosodes was harmless.

I have had occasion to witness how dangerous the too frequent use of any nosode or any homœopathic or biochemic remedy can become; further, the nosode coming from x, y, z—persons is totally different from autotherapy as heterogeneous and not being autogenous as the punctum saliens, besides that good homœopathy asks that the remedy shall be used on account of the similarity of the proving like any other remedy and not from any consideration of pathological origin, the often entangling and therefore deleterious drawback in the use of nosodes.

Dr. Duncan advises the potentized form also, and in my practice in many cases I have seen great results, especially when biochemistry was unable to get a firm hold. In those cases one dose of the potentized autotherapeutical remedy, after being duly prepared, by breaking up the pus to liberate the toxines and then filtered through a Berkfeldt filter, potentized up to mostly 6x-10x, changed everything and made it possible that a so-called *incurable case was rendered curable*. I must point out that the preparation of the remedy in the potentized form, and the use of such a potentized autotoxine absolutely removes autotherapy from any comparison with the nosodes.

Finally, different questions arising in the consideration of autotherapy will best be treated and answered during the narration of two highly interesting cases.

It shall also be proved when to use autotherapy and even to show to be nearly criminal when autotherapy is not used from any—let us say—false sentimentality.

May first (this year) I was called by telephone over to Brooklyn to decide, as a voice stated, if a patient really should undergo an operation.

The patient, a woman of 35 years, having been operated two years ago in New York for appendicitis and an ovarian tumor (right), was now suffering for the last six weeks from continuous uterine hæmorrhages of varying degree.

The family was frightened, as she was informed that the operation (absolutely necessary) was of a dangerous nature.

I was called, as often in such cases, for the reason that my strictly biochemical practice had, in the course of years, without any hospital work, procured for me a certain recognition in dealing with desperate cases.

The examination of the patient revealed the right pelvic laquear filled out with a doughy irregularly shaped mass, the uterus, œdematous, was very difficult to make out, the uterine cavity was enlarged, $3\frac{3}{4}$ inches deep, the uterus in itself slightly anteverted, the os uteri patulously open. The hæmorrhage, at my visit, was very active and consisted of dark, putridly smelling blood.

Was now this patient really to be operated?

As to the operation, in the mind of any physician, no doubt could exist that the operative treatment only could mean a boldly executed Panhysterectomy.

Further, the question presents itself—*had the homœopathic or biochemic remedy here any show?*

It must be mentioned that the patient had had for the last six weeks the successive treatment of all possible allopathic physicians with local, internal and hypodermic, etc., methods: Ergotin, Ergotinine citrate, Quinine, Digitalin, Strychnine, etc.

The longest time that a physician in such cases can expect the patient or the family will grant for reaction—counts only by the hours.

I decided to try Dr. Duncan's autotherapy, so to say, against any expectation, and to-day, thanks to this method, the patient is perfectly cured, not only from the hæmorrhages, but from all pains, doughiness, œdematous and open uterus—in short, of everything leading to those hæmorrhages.

The patient, bedridden for six weeks, was in my office the eighth day after my visit. The hæmorrhage had stopped after the first injection (and only one) gradually; completely the third day.

Patient has continued to improve.

There results the question: *Shall a homœopathic or biochemic physician fold his hands under such conditions in resignation and see the patient pass out of his hands, where such a simple thing as Dr. Duncan's autotherapy will cure and bring greater fame to the homœopathic or biochemic physician?*

I have been able to see that just such a case as here reported is made to give all desired food to such prattling and boasting swashers of the stamp of Dr. Osler for his after-dinner tirades against Homœopathy. Dr. Duncan's autotherapy in all its

phases is nothing else than true biochemistry and so at the end also true Homœopathy must there step in where, from experience, the biochemic or homœopathic remedy has been found a failure.

In the following case a final question: *How shall the practice of Biochemistry and Homœopathy go on with autotherapy without harming each other?*—will, as I hope, be settled satisfactorily to every true homœopathic physician.

Let me answer this last question from the point of biochemistry.

Nobody needs to think that I shall leave biochemistry and treat everything frantically with autotherapy. Never—but well selected cases like this one of uterine hæmorrhage and like the following case of diabetes mellitus: A patient, man of 53 years, large and stout, coming into your office and telling you his disease and Diagnosis with presenting to you a copy of a complete analysis of his urine quali- and quantitatively, besides giving you a whole list of all homœopathic and biochemic remedies the patient had judiciously or injudiciously used, or, better, abused—asks for quick and effective treatment!

Shall now the rational physician sit down, figure out new remedies and know, at the same time in advance, that—as the sugar will not disappear in 24 hours—this materia medica-amateur will again put in his oar and bring on an absolutely sure fiasco of all your pains and work?

I have been a Biochemist too long a time, have worked hard through errors and shall go on to improve myself as far as possible; but under such given circumstances as described I shall consider myself most irrational not to use a therapy so congruent to biochemistry and so more intimately allied to cell-chemism than surgical, mechanical, electrical treatments.

Homœopathic authors and editors always proudly refer to v. Behring's statement regarding the true Homœopathy of the serum therapy from his point of view; if now Dr. Duncan, from this so-called serum therapy [this true Homœopathy] has removed:

- 1) *The illogicality of the heterogeneously raised toxins.*
- 2) *The unsurmountable hostility of inconsanguinity why shall then this form of true and advanced biochemistry or vice versa Homœopathy not be taken up legitime by all followers of Hahnemann to insure a final dominant position in warranted Cure the first and last all patients interesting—Question?*

With all due respect to our esteemed friends, Von der Goltz and Duncan, we do not believe in auto, vaccine, serum, or any other therapy, save that involved in the homœopathic law, but hold that it is well for the reader to know what the other men preach. Some believe that an editor should dish up the orthodox only, but we hold that every one must paddle his own mental canoe, and the more he knows of the charts of others the clearer sight he has to guide his own little craft.—Editor of the HOMŒOPATHIC RECORDER.

THE INTERNATIONAL PROCEEDINGS.

It is, perhaps, according to modern ideas, a little late to review this volume (*Proceedings of the Thirty-Third Annual Session of the International Hahnemannian Association*), but then modern ideas, like ancient, are not immutable, so if there are any grains of truth to be sifted out of the 431 pages of the *Proceedings* they are just as true to-day as they were last year, and will be 100 or more years hence—for truth is the one indestructible thing in this life. Whether our siftings come under this head is a question that you, reader, must determine. Take, for instance, this from President John Hutchinson's address:

“The cancer mortality in the State of New York reaches nearly 700 victims a month, and the cases are increasing, the rate not being influenced by season, apparently. * * * When we consider the form which this malady takes in different subjects, the variety of its morbid tissue, the *ununiformity* of its manifestation, and the possible range and extent of causes, it is impossible for scientific medicine to promise a cure that is specific in the accepted sense. We combat, in particular, treatment instituted on the basis alone of bacteriology, including, as it does, whatever pertains to serology as such. This treatment is even more unnatural and despotic than forcible depression of high temperature, from which latter practice we are happily able to report reform in the very school of its origin.”

Here is another chip from Hutchinson's address that will bear re-reading—especially by those who build a therapy for human beings on six hundred and six, or a few more, experiments on dogs, cats, rats, mice, frogs and so on:

“The most conspicuous danger or menace to any school of philosophy or practice is Assumption. It has wrecked a lot of handsome craft. It is so easy to sail away on a good-looking sea of statements, and forget all about the old landmarks until we dash into them and meet destruction. It is so easy to believe what we wish to believe. It is so hard to reflect always on either known or unknown facts as they stand, leaving out, until these facts are thoroughly scrutinized, whatever we are predisposed to deduce from them. Apposite facts are enough for science. If our conclusions cannot be made without displacing facts, or hiding them for the time being, so much the worse for that kind of philosophy.”

“The extension of the practice of Homœopathy will banish Assumption. It will forbid a man of science to put forward his mere belief as anything worth attention. He may be a very good man, and we may like him very much, but that is not to the purpose, the facts back of his or anybody else’s belief are what count.”

Now just one more quotation from this address, which so readily lends itself to the scissors:

“The foundations of Homœopathy are facts. They support the truth that in the healing of the sick that law must be respected and followed which says Likes are to be treated by Likes. And so the need is established for a clear comprehension of the EVIDENCES of vital disorder. Just what vital disorder is we may not know. It is not yet permitted us to know. We have never seen the vital spark since it began to illumine the temple that God made and pronounced done in His own image.”

“It is borne in upon the consciousness that we are not allowed to enter at will the chambers of the living temple. There are paths we may not tread nor follow, closed doors that we may not open, but it is given us to perceive and ponder all the evidences of physiological and pathological phenomena that spring from or have their origin in the vital organism. It is on our faithful observation of these evidences that our *utilization* of the law of cure must rest. The demand that this observation be exact, unimpeded, unadorned, is imperative.”

Curious, isn’t it, that our honest scientific brethren have never realized what is true, that “*the foundations of Homœopathy*

are facts?" Facts, however, that are useless, as are the vast array of laboratory facts, without the working plan of THE LAW.

SEESAWING.

In discussing Dr. C. M. Boger's paper on "Suppression," Dr. D. A. Williams gave the following case, which, while no remedy is mentioned, yet illustrates the *principle* of Homœopathy. The case was in his early years.

"I had a baby who seesawed between asthmatic bronchitis and eczema. I would use all sorts of outward applications for the skin trouble and it would disappear, but bronchitis immediately made its appearance. Then I would suppress the bronchitis and get the eczema again. I took this case to Dr. Wm. Wesselhœft and he suggested a remedy which I gave and the whole illness cleared up, and the baby had neither skin trouble nor the bronchial affection." *That* was Homœopathy.

DOSAGE.

Here is an esoteric bit from Dr. Richard Blackmore's paper on "Homœopathic Philosophy," which is given without comment:

"Just what constitutes the minimum dose, whether in the tincture or in the M. M. potency, is not a matter of opinion, it is a matter of relativity of planes of force, of Vital force, for the Vital Force exists in the drug and cannot be lost, just as it exists in the diseased patient and equally indestructible."

"Without comment," quoth I? Well, when one knows what "vital force" is, which is another term for "life," the question of dosage may be "scientifically" settled. But then when anyone knows what "life" is he will be in realms so far remote from science that he may think that silence is the best answer. *Quien sabe?*

MODERN VACCINES.

Dr. W. H. Freeman, dwelt on "The Relationship of Modern Isopathy to Homœopathy," and made the following comment on our cheerful friend, Dr. C. H. Duncan's, hobby:

"*The Duncan natural toxins* approach the nearest to identity of any of the agents of this nature heretofore advocated in the treatment of disease. They are unaltered by heat, chemical ac-

tion, or appreciable growth outside of the body, and they do contain, in addition to the various complicating bacterial toxins, the toxic results of chemical change in the tissue cells. They are logically the most scientific preparation of vaccine ever used in medicine."

If we may butt in here it is, to the effect, that Burnett's *Bacillinum* is the greatest of all this class of remedies, and it is triturated and potentized according to the rule laid down by Dr. Samuel Hahnemann. It is also given by mouth and not forced on nature by a hypodermic. *Verbum sap.*

POTENCY EVOLUTION, NOT AUGMENTATION OF FORCE.

Such was the title of a paper by Dr. B. L. B. Baylies, of Brooklyn, N. Y., and here is a sample of it:

"Because of the identity of the line of action of the homœopathically selected remedy with the disease action, a degree of aggravation is likely to follow its administration unless it be adapted in potency to the nervous susceptibility of the sick. This aggravation is non-essential, but proves the homœopathic likeness, certifies the correctness of the image. We have held the mirror up to nature. It is demonstrated by the experience of those who employ high, higher and highest potencies, extremely attenuated as to quantity, if indeed any of the original matter remains in them, that they eliminate the morbid symptoms, and therefore restore health. Either then, the force alone, or both the matter and the force are extant, the former in a more subtle form than it has heretofore been given the eye of man to perceive or his mind to comprehend, so tending to prove the indestructibility of force, if not the indestructibility of matter. Really, aggravations are not more frequent in proportion to what is called height of the potency, but in direct proportion to the susceptibility of the patient. The terms potency, potentiation, potentization, as applied to dose in a cumulative sense, are evidently incorrect. The *force* of the drug by this method of preparation, is not increased, it is evolved, rendered more penetrative and diffusible, more conformable or applicable to the sensitive organism.

"Hahnemann was accustomed to administer the higher 'potency,' that is, the least dose which he deemed capable of curative

effect in order to avoid aggravation. The idea that the 'highest' potencies produce the greatest aggravation may be considered a superstition based upon erroneous nomenclature.

"Homœopathicity in a general sense lies in the proper selection of the drugs, but its specific and most effective application in the dose."

THE LIMITS OF SURGERY.

Here is a simple statement in a paper by Dr. S. L. Guild Leggett: "We know surgery cannot cure syphilis." A simple statement, yet if you consider it a moment the same applies to many other things. The gist of it is that surgery can remove *effects*, but has no place in the *treatment* of disease—even though it be appendicitis.

NON-ESSENTIALS.

Dr. J. B. S. King read a sort of Machiavellian paper on "The Evils of Emphasized Non-Essentials." When you come to defining a "non-essential" you get into a fight—that is our opinion, not King's.

SERUM THERAPY.

This was the subject of Dr. Lawrence M. Stanton's paper, in which he said "Where there is much allopathic smoke there is pretty sure to be a little allopathic fire." There was another paper on the same line by Dr. Dudley A. Williams on "Vaccine Therapy." Both essayists seemed to see something good in these therapies. No doubt there is, but these methods of preparing and administering a nosode remind one of what Charles Lamb said about the Chinese method of preparing roast pig. In place of potentizing a disease-poison through an old horse, or working it under the skin in vaccines, why not triturate it, as you do, say, mercury? The curative power, if there be any, lies in the nosode, or bacilli, or virus, or bug, as you please, so why not "run it up" to the 30th or 200th, or C. M., and give it that way? It would be cheaper and *safer*. There is no need to burn the house down every time you want roast pig, even though the *credo* of the moderns say it is.

THE LAITY AND THE PRINCIPLES OF MEDICINE.

This was the title of Dr. G. B. Stearn's paper. Among other things was this: "One of the most important factors to be im-

pressed on the patient is that no medicine, no matter how simple, should be self-prescribed, and that none should be taken excepting under the directions of a skilled prescriber." Now, as according to these proceedings, skilled prescribers of Homœopathic medicine—the only kind that avails—are very few, while infirm humanity may be numbered by the million, this lands one in a dilemma—where we will leave you, being unable to dispute Dr. Stearns.

If it had not been for the family medicine case with its "domestic," by Hering, or others, there would, possibly, have been no I. H. Some of the "big men" in A. I. H. are coming to the belief that self-prescribing is a good thing for the physician, for when a layman makes a lucky hit in such prescribing his faith in Homœopathy is confirmed and when he fails he is apt to think the reason is his own limitations and he insists on having a sound Homœopathic physician for himself or family. Every discouragement of Homœopathic self-prescribing is money in the pockets of the patent medicine men and allopaths, for the people *will* "take things" and if they fail—as is usually the case, which is probably what our esteemed friend, Dr. Stearns, means—they will go to those who give "strong medicine," for in this is their faith. Faith is a tremendous power for good or for evil.

TREATING CHRONIC DISEASES.

This is from Dr. C. M. Boger's paper, "The Whole Case:" "The many phases of psora can be met in but one way, by the similar remedy. Nor will a single drug ever meet all of them, hence a careful study of the 'Chronic Diseases' of Hahnemann is most necessary if we wish to do the most good."

RHUS POISONING.

Dr. S. L. Guild-Leggett read a paper on "The Specific"—of which there is none. This led up in "the discussion" to Dr. H. L. Houghton, saying that for rhus poisoning he always gave *Sulphur*, which prescription was confirmed by Dr. T. G. Winans. "If we have a specific in medicine it is *Sulphur* for ivy poisoning."

A PROVING (INVOLUNTARY) OF PRIMULA OBCONICA—THE PRIMROSE.

Dr. Lawrence M. Stanton presented a paper on a case of poisoning by the primrose, *Primula obconica*. This was summar-

ized as follows and may be added to the pathogenetic effects as given by Dr. E. V. Ross. (See *New, Old and Forgotten Remedies*.)

1. "Its intermittency; the trouble repeatedly subsiding and returning.

2. "Its vacillating character as shown by increasing pharyngeal soreness with diminishing facial inflammation and the reverse of this; as also by the relief of the sense of suffering back of the orbits with increasing conjunctival discharge, especially when purulent. These fluctuations were independent of the intermissions I have spoken of, for during the latter improvement was at all points.

3. "The amelioration of throat symptoms by warm drinks and aggravation by cold.

4. "Its right-sidedness both as to face and throat.

5. "The indented edges of the clean tongue, showing the imprint of the teeth, and the enlarged and painful papillæ.

6. "Subnormal temperature rather than fever.

7. "Marked lamellar desquamation."

THE REPERTORY.

Dr. Morris Worcester Turner presented a paper on the repertory. The following are his postulates, "most of them axiomatic:"

"First:—The repertory is useful in determining the remedy for any case.

"Second:—In so doing it differentiates between medicines.

"Third:—It often leads to the selection of a remedy, for a case, which cannot be found in any other way—a *synthetic* prescription.

"Fourth:—It also indicates the sequence of remedies."

THE I. H. A. AND THE A. I. H.

Dr. G. B. Stearns read a paper on "The Materia Medicist," etc., but what concerns us here are some remarks made by Dr. E. A. Taylor, which are respectfully referred to our friends in the Institute:

"This paper sounds well on theoretical grounds; it sounds well to say, let us mix with the other fellows, but facts are stubborn things and what has been the result of mixing with the Ameri-

can Institute? Let the older members answer. A few years ago, Dr. Rabe was appointed chairman of the Bureau of Homœopathic Philosophy in the American Institute and he gave them the best collection of papers they ever had. He, with his secretary, had most carefully and painstakingly done the work, and what was the result? There was nobody to listen to the papers. Scarcely a baker's dozen present. It is hardly within the bounds of reason to expect men to tolerate this sort of treatment year after year. If we are expected to go into the American Institute we are, at least, entitled to consideration and respect and not to be ignored. We have here one member at least, perhaps two, who were members of this association at the time it was organized, and they know what the result has been of mixing with the larger society. Probably the greater proportion of us are members of the Institute, but we do not waste time by going where we are not wanted. They who have not learned this by experience had better go and they will learn. The salvation of the homœopathic school depends upon this and similar societies."

Just here permit the writer to step aside from purely editorial work and make a few remarks on his own hook. He has attended a good many meetings of the American Institute of Homœopathy during the past two decades, but only one of the International Hahnemannian Association. The latter was very interesting, as are its *Proceedings*—evidenced by the space devoted to each that comes to this office for review. Still it seems to us that it is an error to say that the members of the I. H. A. are "not wanted" at the Institute meetings. The latter is a big body, representing many phases; it is, in a sense, cosmopolitan and it must be, and is, confessed that much tommy-rot is put forth at times, but that is what these big assemblies are for—to let men with a high pressure of steam blow it off. But it is a mistake for anyone to believe that sound Homœopathy is derided by the rank and file of the Institute. At each place of meeting—Denver, Omaha, Kansas City, Detroit, Cleveland, Narragansett and elsewhere, a lot of new faces are seen—"country doctors," the salt of the profession—who listen to the steam (when there is any), but as a class practice good, old fashioned *Aconite*, *Belladonna*, and *Bryonia* Homœopathy. There is a more hospitable air about the International because the members are all

acquainted, while at the Institute there are always many who are strangers to each other and many a man thinks he is getting the cold shoulder when such is not the case. Possibly you think you are getting it may convey the impression that you are giving it.

Pardon this "aside."

MATERIA MEDICA CARDS.

Dr. D. E. S. Coleman, on the subject of teaching materia medica, said, of his own class:

"Each student is urged to quiz himself by means of the card system introduced by one of Hering's students; writing a symptom on one side of a card and the name of the drug on the other, reading the symptom, naming the drug, then turning the card to see if he is right. Dr. Nash's *Regional Leaders* is based on this system and it is a most valuable aid to the retention of our characteristic symptoms."

It seems to us that the Nash plan is more practical than Hering's. The cards cost about \$1.50 for about a hundred symptoms, or keynotes, while for \$1.50 Nash gives over 2,000, so arranged that they can be used as a quiz as readily as could the cards. These cards were never reprinted because of the necessarily high price at which they would have to be listed. *Regional Leaders* covers the whole ground at a small price.

RADIUM.

In Dr. C. M. Boger's numerous "clinical studies" we find one on a remedy that is now arousing much interest, namely, *Radium*. The potency used was the 30th:

"Neuritis with burning in left forearm and hand. Stretching caused numbness. Worse from touch and better from hot bathing and continued motion. The recovery was rapid and complete in a few days."

THE I. H. A.

Dr. Frank W. Patch, in "A Plea for Definite Statement," gave a definite statement as to *what* the I. H. A. is, *i. e.*, it "has really come to be largely the representative materia medica association of our school in this country."

In conclusion, let it be remarked that the word is *simillimum* not *similimum*—at least so the verbal police insist. Also, gentle reader, if you ever have the opportunity of attending an International meeting, do so, for it will repay you.

JINJERSNAPLETS.**By Pro Bono Publico.**

Twenty-five deaths in young and robust adults from Salvarsan and Neosalvarsan poisoning are reported by the *American Journal of Urology* as having occurred in the six months ending January first, 1913.

(The linotyper who put the Salv- in Salvarsan must have been out late the night before. Unsalvarsan would be a more appropriate name.)

By the way, have you seen anything about these deaths in the lay press? Neither have we.

Or have you seen anything in the newspapers about Salvarsan being unworthy of public confidence? Same here.

Do you remember what Napoleon said about God being always on the side of the heaviest artillery?

Have you noticed in the mortality reports of different cities the great infant mortality in Berlin?

And have you also noticed that a lot of Americans go to Germany to study medicine?

Did you ever, on the other hand, hear of a lot of Germans going to St. Louis to study medicine?

Yet the infant mortality in St. Louis is only ninety odd, while that in Berlin is one hundred and thirty per thousand birth.

Ever hear Flexner say anything good about St. Louis? Nor we.

Do you know that there are only three or four cities in all America in which the infant mortality is as heavy as in Berlin? (If you don't believe this ask Eugene Porter and get his last *Bulletin*, June 12, 1913.)

Would you, therefore, think that putting medicine under Government control (as it is practically in Germany) would tend to make this country safer for babies?

In your homœopathic practice is your infant mortality anything like thirteen per cent? Would you, therefore, hail the disappearance of Homœopathy in this country as a god-send to mothers?

Speaking of Flexner, Dr. Burton Haseltine, in his address to the Illinois Homœopathic Medical Society, insisted that the Flexner report was nothing worse than a "respectable miscarriage."

Some comfort, this, to those who had to pay his travelling expenses!

Anent things premature, how about that announcement made by the regulars that the Homœopathic Medical Department of the University of Iowa was closed? Score one for Royal.

Unless we are mistaken, Flexner said that Minnesota was dead, Iowa moribund, and Michigan badly decadent. Most anybody can win the toss once out of three. But in that case the wish was the father of the thought.

What to do with those thrifty gentlemen in our own ranks who are plucking the fruit successfully from both sides of the fence is a delicate question and one which is frequently the real issue in elections of the American Institute. We understand the Denver meeting tried in vain to solve this intricate problem. Better let it alone and trust to time to straighten it out. No time now to rattle the bones of our family skeleton.

As we go to press we are wondering what Baldy, of Pennsylvania, is going to do to Harvard, when the latter decides (as it will in a year or two) not to require the "All-Bugs" degree for admission to its Medical School. Will Baldy then set Starling—Ohio above Harvard? The Harvard Overseers ought to consider this dire possibility before they cross the Baldy Rubicon.

Did it never occur to you that one reason for any indifference of the press and public to Homœopathy may be due to our own indifference to the exploitation of Homœopathy?

And, furthermore, did you ever stop to think that if Homœopathy prevailed it would mean an enormous saving to the public in the cost of treating the sick?

And did you ever reflect that it would not cost such an immense sum to inform the public by lectures and newspaper articles of this possibility for saving?

Hence may it not be true that one reason for attacks on Homœopathy and one reason for belittling and depreciating Homœopathy may be due to FEAR on part of certain moneyed interests that some day the people may wake up to the inexpensiveness of the homœopathic cure?

And does it not seem logical to you that the first homœopathic college which hires "all-time" men to promote Homœopathy rather than to teach "regular" medicine will be the one we shall all "plug-for?"

Are you aware of the vast sums of money spent annually by promoters of commercialized medicine in advertising the therapeutics of the regular school?

Did you ever hear of anything like as much money being spent in promoting Homœopathy?

Do you wonder, therefore, that the laity is in danger of forgetting all about Homœopathy?

Are you not yourself, at times, a little weak in the knees about Homœopathy because of the persistent advertising of the other man's goods?

And do you not, therefore, see the necessity for the persistent and widespread exploitation of the homœopathic system of cure by means of organizations, hospitals, and laboratories whence may be sent out scientific papers and bulletins regarding cases treated homœopathically, just as the regulars send out their matter relating to their cases treated?

MEDICAL CONSERVATISM.

By O. K. L. A. P.

One day through the primeval wood
A calf walked home, as a good calf should,
But made a path all bent askew,
A crooked path as all calves do.

The trail was taken up next day,
By a lonely dog, that passed that way;
And then a wise bell-wether sheep
Pursued the trail o'er vale and steep,
And drew the flock behind him, too,
As good bell-wethers always do.

And from that day, o'er hill and glade,
Through those old woods a path was made,
And many men wound in and out,
And dodged and turned and bent about.
And uttered words of righteous wrath
Because 'twas such a *crooked* path!

But still they followed—do not laugh—
 The first migrations of the calf,
 And through the winding roadway stalked,
 Because they wobbled when they walked—
 So man prefers to go it blind
 Along the *calf paths* of the mind.

DISEASE—ITS CAUSE.

Editor of the HOMŒOPATHIC RECORDER.

Health spells *life*. Disease spells *death*. Herbert Spencer's definition of life applies equally specifically to health, for no disease can ever exist when, as Spencer said: "The internal relations are able to adapt themselves to the external relations," for when these "relations" are in a perfect state of "adaptability" every part of the economy is working normally and performing its function harmoniously and without friction, and the excreta and debris are being eliminated as fast as produced and repair made as fast as need. When the internal relations are unable to adapt themselves to the external relations the excreta and the debris are retained, causing, first, a cessation of normal function; and, secondly, a state of fermentation, produce primarily microzyma and, lastly, bacteria.

There is, in reality, but *one* disease, viz.: The cause of fermentation. There is but *one* cause of disease, viz.: *Shock*. There is but one primal shock-remedy, viz.: Aconite. No matter what the cause of *Shock*, be it atmospherical, medicinal (poisons), mental or traumatic, the result is the same, viz.: Disease.

The little groups of symptoms and conditions, pathological or otherwise, that characterize scarlet fever, typhoid, diphtheria, poliomyelitis, etc., are not different diseases, but only different phases grafted onto the one original root, the different courses taken by these different phases being influenced not by bacteria (internal or external), but by the different constitutions and temperaments. This explains: Why the germs of various so-called diseases may be found in individuals entirely free from that phase of disease, which said bacteria are said to be the cause; also why epidemics do not attack *every* individual, but only the exceptional ones whose constitution and temperaments are in-

fluenced by the existing conditions during said epidemic. Never in the history of any nation has the majority of its people been in a state of perfect health, nor also in that same history have a majority of the people of any nation ever been stricken at any one time by an epidemic. Were bacteria the real cause of disease no one could escape who had been exposed, especially those not in perfect health.

Once an individual has been subjected to *Shock* and its effects not at once counteracted no one is able to state just what phase the disease is going to assume, or what germ it will generate, or by what germ it will be influenced. All this, together with the severity of the attack depends entirely on each individual constitution, or more than one epidemic of phases could not exist at the same time in the same locality, and when two or more phases of disease exist at one time in the same locality (epidemicly) there is no other undisputable evidence or any other excuse for *all* not coming down with the severer phase of the three, than individual constitution in temperament. Thus you will see that if the individual bacteria were the cause, he has these on unopposed plane on which to vindicate his claim.

Bacteria, as the cause of disease, and serum therapy, as a cure, are surely a pair of huge jokes, or, rather, would be, were it not that their practice is homicidal. Verily the allopaths and the American people do sincerely love to be Barnumized, which, I am very sorry to say, is no compliment to our people.

DR. A. PULFORD.

Toledo, O.

DR. MORROWS' CASE AND A WORD ON ANTITOXIN.

Editor of the HOMŒOPATHIC RECORDER.

The case reported by Dr. Morrow in September RECORDER was undoubtedly a pregnancy in the undeveloped horn of a *uterus bicornis* and not a tubal pregnancy at all. A careful comparison of Dr. Morrow's description of the case with the graphic illustration of such a case on page 415 of "*Edgar's Obstetrics*" would seem to prove this to be so.

That an undeveloped uterus, six inches in length, could suddenly expand, hypertrophy and engulf through its miniature

Fallopian orifice a full term, extra-utrine foetus would seem to be a mechanical impossibility. No physician who ever lived could do more than guess at the condition or contents of a womb through an examination with the probe; and nothing is more confusing or harder to properly diagnose than the antics of an impregnated bicorate uterus, especially when the presence of such an anomaly has not been previously recognized.

The results following expert homœopathic prescribing are so wonderful and so hard to believe from the point of view of the unselect that we should always be very careful not to overshoot the mark, and thereby disgust the honest investigator, whom we wish to influence in favor of Homœopathy, by the making of extravagant, unwarranted and impossible claims in its favor.

In the otherwise interesting and instructive paper by Dr. Varney, the first sentence on page 392, regarding antitoxin, implies a wrong impression of same.

Whether or not it is advisable or permissible to use antitoxin in the purified and practically harmless globulin form now used is a question regarding which there seems no possibility of agreement even among the most consistent and conscientious members of the homœopathic school.

There can be no doubt, however, in the minds of those who have properly used it in the early stages of diphtheria regarding its power to invariably abort even the most malignant forms of this disease, and it is foolish in the light of clinical evidence to contend otherwise.

Practically all of the occasional so-called failures and bad results wrongly credited to antitoxin at the present time occur in neglected, late cases where the patient is not seen until he is already moribund from toxic saturation with the resulting fatty degeneration of heart, liver and kidneys, and where death is already imminent, in spite of any form of treatment which may be adopted.

In the earlier days when crude serum was used disagreeable symptoms were common, and even death from anaphylaxis was possible in occasional instances. It was the serum and not antitoxin which caused these bad results, however. In fact, the same bad results can be obtained from the injection of pure egg albumin, or pure cow's milk, or any other heterologous protein in sufficient quantity.

Antitoxin, *per se*, is an inert, non-poisonous substance without any effect whatever, other than the production of immunity for diphtheria. The blood of every child who recovers is full of it, such being nature's method of curing this particular disease.

In the presence of diphtheria toxin, antitoxin unites with same to form an innocuous compound, thereby preventing a marriage of toxin and tissue cells, with the resulting fatty degeneration and cell neurosis, which in such an event are inevitable.

It is the degree of such cell intoxication and necrosis which decides in every instance whether recovery or death is to result, and it is the successful elaboration of *natural* antitoxin in sufficient quantity, aided or induced by correct prescribing, which accounts for every genuine homœopathic cure of this disease. That the same results can be secured through the induction of artificial immunity with commercial antitoxin and usually in a shorter time, more certainly and without any apparent or discernible bad after effects is also a fact, and there is no sense in contending otherwise. If urticaria, dyspnœa or other disagreeable symptoms should develop, *Apis* 30, frequently repeated, is promptly curative, as the writer has proved on several occasions in the early days of crude antitoxin, but not since the days of the purified article, from which he has never seen evidences calling for medication.

That even the most expert prescribers often have very bad results and often find it impossible to prescribe correctly, in the early stages of diphtheria, when correct prescribing is most essential in order to curtail the disease before irreparable damage has been done, is evidenced by the remarks of the late Dr. Carleton in his description of cases on pages 28 and 30, in "*Homœopathy in Medicine and Surgery*," published by *Boericke & Tafel*.

It can be said of antitoxin, especially as now prepared, that such deaths, long serious illnesses and slow recoveries are a practical impossibility. When antitoxin is given early the worst possible forms of the disease are usually aborted within thirty-six to forty-eight hours, and in all but the late, neglected, moribund cases within four or five days at the most.

It can be said, also, that while antitoxin is in no sense homœopathic, neither is it allopathic, or even isopathic; but rather that it is a purified form of serum-pathy, and that it is related

in an indirect manner to Homœopathy, inasmuch as it is an artificial counterpart to the curative methods of nature of similar character to that induced naturally by homœopathic prescribing.

A good working knowledge of both pathology and diagnosis is indispensable to every true follower and worker in the cause of Homœopathy. By such is he not only enabled to obtain a better grasp of disease and the best methods for its control and cure and a better understanding of homœopathic materia medica and philosophy; but also he is enabled to avoid many foolish conclusions and the making of foolish and unwarranted claims which react harmfully to the homœopathic school.

Sincerely yours,

W. H. FREEMAN.

263 Arlington Ave., Brooklyn, N. Y.,
September 26, 1913.

THE COUNTY KINGS 468th MEETING.

The four hundred and sixty-eighth meeting of the Homœopathic Medical Society of the County of Kings was held at the Medical Library building, Brooklyn, September 9th. Dr. Orando S. Ritch, president in the absence of the president, Dr. Roy Upham, and the vice-president, Dr. John F. Rankin. The Bureau of Diseases of the Chest, Dr. H. Louise Turton, chairman, presented two papers. Dr. Mary E. Richards read a paper, entitled "A Case of Dilation of the Heart." Dr. George H. Ding read a paper, entitled "A Case of Pneumonia Successfully Treated With Antimonium Tartaricum." These papers were discussed by Dr. Walter S. Rink, Dr. T. C. Wiggins and Dr. Augustus Von der Luhe. Dr. Wiggins spoke of the method of treatment which is practiced by Dr. Abrams, of Chicago, known by the name of spondylotherapy. The method being a percussion of the spinal processes of the vertebra, the percussion being made by a small hard rubber hammer. Rapid percussion will contract the blood vessels, slow percussion will dilate them. Percussion over the seventh cervical vertebra will have that action upon the heart. The Bureau of Homœopathy and Materia Medica, Dr. H. D. Schenck, chairman, presented four short papers, one by Dr. W. H. Aten, "Chininum Sulph. in Auditory Vertigo," and three by

Dr. W. H. Freeman, "Lac Caninum in Follicular Tonsilitis," "Natrium Sulph. in Chronic Naso-Pharyngeal Catarrh," and "Natrium Sulph. in Chronic Catarrhal Colitis." These papers were discussed by Dr. Alton G. Warner, Dr. A. Von der Luhe, Dr. Schenck, Dr. Aten, Dr. Ding, Dr. Edward Chapin, Dr. J. W. Fox, Dr. W. L. Love, Dr. R. L. Wood.

L. D. BROUGHTON, *Secretary.*

THE MEDICAL TRUST

The energetic and able hustlers who rule the American Medical Association become very indignant if any one accuses them of working to form what is commonly termed "a medical trust." They say they are seeking to raise the standard and thereby protect the public, which public, by the way, has never hinted that it wants to be protected, but, on the contrary, sometimes gets angry at its would-be guardians. Either the great medical scientists of Dearborn street are not quite candid when they deny the trust accusation, or else they are so deeply absorbed in their scientific studies of Why is a Microbe? that they have not time to feel the popular pulse. To illustrate the point, read this, the opening of a long article in the solid old *Evening Telegraph*, of Philadelphia:

Is the whole American educational system woefully unsuited to the needs of the people and is the preparation for a professional career, in particular, becoming so hedged about with increasingly difficult restrictions as to practically make "aristocracies" out of these professions?

In other words, is it becoming impossible for the young man of moderate means on the farm or in the country village, or even in the larger cities and towns, to enter, for instance, the profession of medicine?

These questions, astonishing as they may seem to the average layman, are being gravely asked and discussed by prominent educators all over the country, and not a few are earnestly taking the affirmative sides. Dr. George H. Meeker, professor of chemistry at the Medico-Chirurgical College, goes so far as to say that the requirements imposed upon a young man before he may legally begin the practice of medicine are, in his opinion, totally un-American and opposed to democratic ideas of freedom and self-government.

He also impressed the belief that the necessary legal requirements which the prospective doctor must meet are becoming harder and harder at the instigation and lobbying through of legislative bills by representatives of a clique of physicians known as the Council of Medical Education.

He thinks they will be called to a sudden halt by a general revolt of the rank and file of the people as soon as they realize that the doors of opportunity in this direction are being closed to young men.

But this is not all. Dr. Meeker charges that this clique, their efforts supported by such influential institutions as the Carnegie Foundation, is endeavoring to crowd out or eliminate, whichever phrases may be preferable, all the independent medical schools in the country; all, in fact, which are not departments of some university.

That Dr. Meeker spoke the truth seems clear from this further quotation from the same article :

In fact, this allegation is not denied by the faculty of the University of Pennsylvania. Dr. William Pepper, dean of the medical faculty, defends the idea of elimination on the ground that there are really not enough funds available to make a number of medical schools in any one centre properly efficient, whereas, by a concentration of money, effort and talent, the surviving institution could be made so.

That the Council of Medical Education of the American Medical Association would wish to see this policy carried out to the letter, he does not believe, remarking that he did not think it would desire to discontinue such an institution as Jefferson Medical College.

If it were not for the serious fact that the men of Dearborn street have acquired some power—and enormously increased it by assumption—by “working” the State Legislatures, and persistently trying to “work” the national legislative bodies, one might compare them to “the three tailors of Tooley street,” for by what authority do they propose to suppress three State-chartered, and thoroughly efficient medical colleges in Philadelphia, for instance, while intimating that they *might* let a fourth one live? This, it seems to some, is not to be found in the various State laws they have had passed, but is a part of the “assumption” noted above. It hardly seems possible that the law gives the various boards the right to “refuse” to examine a graduate from any chartered medical college, yet that is what they seem to be doing, regardless of the man’s fitness.

Two more clippings from this article may be interesting. Dr. Meeker (a graduate of the German medical schools) related how in other and, he thinks, better days, a young man entered a doctor’s office as assistant, practically studied under his guidance, read medicine, took a course and then

He opened his own office and sought a practice for himself. Some tried him, and as he proved successful or unsuccessful in his cases, his practice grew—or didn't. But you didn't find them going around murdering people.

This was put up to Dean Pepper.

The assertion of Dr. Meeker that the old-time medical man, with the office education, had not "gone around murdering people," was mentioned.

Dr. Pepper filled his pipe and turned to the papers on his desk with a quizzical smile. "I think they did," he said.

The article concludes "And there you are."

The ultra scientific man is a pleasant one to meet socially. We know a lot of them. As a patient we would have the haunting fear that they were seeking to confirm a theory. They start from nothing and arrive at the same vacuity. They must see the disease under a microscope before they know what to do and after they have seen it they are as much at sea as ever—for microbe killers they have found to be considerably worse than nothing. To them the body is the man. "What of the real man who operates the body?" we once asked one of them. "I have never been able to discover him," was the reply. "Have you ever been able to isolate the germs, or alkaloides of fear, joy, hate, ambition and the other human attributes that go to make the man?" "No, they are but complex"—thingamies, and here followed a lot of supposedly learned lingo, not an item of which could be scientifically proved any more than we could scientifically prove that a man's body and soul were two different things even though it could be shown that a man minus two legs or arms was, mentally, the same as before he lost them.

Their science, a vast heap of facts, stands on one leg, the material leg, yet it is known that about everything else is dual. To this sort of medical science everything is material, which, probably, is the cause of the rise of Christian Science, which goes to the equally foolish extreme of saying that "all is mind." Between the two they have made a mess of medicine. Homœopathy alone is rational because it takes cognizance of the duality in man, body and soul, or mind, as you please.

LOOKING INTO THE FUTURE.

Our text is from *The Clinique*, from an editorial signed "C. M." It reads: "Europe has the past, Boston, New York and Philadelphia the present, but the future, and that a near one, belongs to us. A few of the wise ones are already in the band wagon 'getting next' to the Master of Ceremonies. Why not you?"

It is the old cry started by Charles Kingsley in his "Westward Ho!" reiterated by the gentlemen in Eden to Martin Chuzzlewit, who remarked to the tyrants that his "bright home is in the settin' sun," editorially echoed by Horace Greeley in his advice, "Go West, young man." It is, in the main, the exultant cry of youth. Once Babylon and Nineveh were the great centres of the world, and they went west, always west; then came Athens, Rome, London, New York, and now lusty Chicago comes to the fore. But things go on. Why not in the future Denver, Salt Lake City, Frisco, Tokio, Pekin, and so on back to Babylon? You see, Oh, youthful Chicago, we are not disputing your claim but rather looking at it from the old (and slow Philadelphia, of course) perspective of history. You will have your day—and then?

But all of this is from the historical point of view, and "C. M.," perhaps, had that of medicine in mind when he wrote, for are we not told that Chicago is to be the "greatest medical centre of the world" in the near future? The RECORDER here wishes to point out the obvious, namely, that if it is to be the homœopathic centre it must stick to Homœopathy, which, like the laws of the people who lived in the days of the oldest cities, "changeth not," as the wise men informed King Darius. If you change it it ceases to be Homœopathy; and if it ceases to be Homœopathy it goes down before the men on Dearborn street as a house of cards would before the hoofs of a cart horse. Before the clean cut science of true Homœopathy the Dearborn street men are helpless. Using the weapons of Dearborn street the men of Homœopathy are helpless before the old system which says it is new—as it is every year.

What is true of "the future medical centre of the civilized world" is true of London, New York, Denver, Frisco, and all

other places. The men of Homœopathy everywhere must use their own weapons or be swallowed up among the camp followers of the A. M. A. It sounds nice to say "we are all brothers," but as a matter of brutal fact you are not, and if they take you—homœopath—in it is as Joshua took in the men of Gibeon, as hewers of wood and drawers of water.

In conclusion, Oh, Chicago, all this is not saying that you are not to be the leader in Homœopathy, but merely pointing out the fact that to be so you must keep the great Law to the fore else you will fail. The RECORDER believes you are steering true by the compass of the *Organon*, but keep to it else 'ware the cry, "Breakers ahead!" for you cannot compete with allopathy on its own ground, nor is there any reason why you should, for they are over-crowded as it is.

CRATÆGUS OXYACANTHA.

Dr. R. W. Sharp, of Buckland, O., writing to the *Eclectic Medical Journal* concerning *Cratægus ox.* says:

"From one hundred and fifty-seven reports from other physicians, using the drug—all but nine report favorably. Of the nine, eight of them discontinued its use, because of sickness of the stomach, and the ninth, a physician, said it gave him a fullness of the head. If the dose is not more than five to eight drops it will not cause nausea.

"*Cratægus* is indicated in angina pectoris, pericarditis, tachycardia, valvular deficiency, cardiac neuralgia, palpitation, vertigo, dropsy and functional derangement. In extreme cases of heart disease, it is necessary to use the indicated remedies to put the system in the best possible condition; advising proper diet and keeping the skin, kidneys and bowels in good condition."

An Appreciation of Dr. Mitchell's New Department.

My Dear Doctor Mitchell:—I wish to express my appreciation of the work you are doing in the HOMŒOPATHIC RECORDER. Too little has been known of the work our men are doing and I really think some of them are doing unusual things.

Sincerely,

FRANK WIELAND, M. D.

Chicago, Oct. 17, 1913.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

140 North State Street, Chicago, Ill.

OUR CONTRIBUTORS.

We are pleased to announce that several new members have been added to the staff of our contributors since the last issue: among these are Dr. Anson Cameron, pediatrician, and attending physician to the Contagious Disease Department of Cook County Hospital, Chicago; Dr. J. T. Bryan, the well-known obstetrician of Louisville, Ky.; Dr. F. H. Blackmarr, the accomplished radium technician, of Chicago; Dr. C. A. Weirick, pediatrician, and Medical Director of the Chicago Foundlings' Home; Dr. Gilbert L. Doxey, eye, ear, nose and throat specialist, of Minneapolis, Minn. We hope to add several new members every month until our list includes most of the well-known men of the homœopathic school who are employed in special lines.

DIRECTORY OF HOMŒOPATHIC SPECIALISTS.

The editor of this department desires to compile a complete list of homœopathic physicians in the United States and elsewhere, who are engaged in the practice of any specialty. Readers of the RECORDER will confer a favor by mailing their cards to the editor, stating what specialty is practiced.

THERAPEUTIC NOTES.

Some "Dont's" in Heart Disease.—Dr. Fritz C. Askenstedt, of Louisville, gives us the following sensible advice:

Never give nitroglycerine when the blood pressure is low.

Never give adrenalin when it is high.

Never give digitalis in physiological doses when the pulse is too slow.

Never give strychnine as a cardiac or arterial stimulant. It will disappoint you.

Never give a second dose of pituitary extract soon after the first. It will fail as a stimulant.

Never try to stimulate the heart in acute hæmorrhage before all bleeding has ceased.

Never percuss a chest during hæmoptysis—wait until hæmorrhage has ceased twenty-four or more hours.

Electrolysis.—Dr. Emil H. Grubbe, of Chicago, says that the mission of medicine is not only to relieve bodily suffering and to save life, but also to relieve mental suffering and to make beautiful. To want to be beautiful is natural, indeed it is a right, and no one should be accused of exhibiting egotism when seeking relief from a blemish or a growth of hair in a place where it is not wanted. The usefulness and beautifying possibilities of electrolysis in removing warts and superfluous hair are very great. It is the surest, safest, most elegant and the only permanent method available to-day.

Psoriasis.—Treated by radium solution injections, by Dr. F. H. Blackmarr, of Chicago.

The patient, a beautiful girl, seventeen years old. For ten years the eruption has been present on the arms, face, shoulders and legs. A wretched life for her. She was told that the disease was incurable and believed it. August first, 1913, after various forms of treatment with radium, covering a period of nearly one year, the last three months of the treatment being by hypodermically injecting one minum of radium solution three times each week, the eruption has steadily grown less apparent and is to-day gone so that the eruption on the entire body could be covered by a silver dollar. Her improvement is equally satisfactory in all other symptoms.

The X-Ray in Skin Diseases.—Dr. Frederick M. Dearborn, of New York, ⁴says: "The massive dose X-ray method, when properly regulated by instruments of precision is far superior in the treatment of dermal conditions to the fractional dose method used so extensively in the United States."

Obstetrical Pointers.—Dr. J. T. Bryan, of Louisville, advises obstetricians, as follows: Be slow to diagnose **vertex presentation**, if unable to determine a suture.

The **serrated occipito-parietal suture** is a more worthy guide to the position of the occiput than is either of the fontanelles—indeed it is the only absolutely safe guide.

With the occiput occupying the hollow of the sacrum do not attempt anterior rotation, but deliver, as a direct posterior position remembering to free the occiput first at the posterior commissure.

Supposed Facial Neuralgia.—Dr. Gilbert L. Doxey, of Minneapolis, had a case of facial pain on the left side extending over the left orbital ridge and the left antrum of Highmore. Patient was a woman, 33 years of age, married, with two small children; pain had lasted six weeks and patient had lost ten pounds in weight. Treatment before consulting Dr. Doxey had been for sinus infection and without result. Dr. Doxey traced the pain to the second molar tooth on the left side, had it removed, and found a piece of gutta percha, which had punctured the roots and projecting through them was producing irritation. Following the removal of the tooth the pain ceased and the patient recovered without further treatment.

The Feeding of Infants.—Dr. C. A. Weirick thinks the complicated food-formulas are not practical and that the tendency is to underfeed. He finds it entirely possible to secure splendid results in some cases from the entire cow's milk diet without dilution of the milk. A child which is increasing in weight is not necessarily increasing in development of digestive function, both of which together are essential for the welfare of the child. Underfeeding by diminishing general bodily vigor may be a predisposing cause in acute diseases. Increase in weight alone is not sufficient evidence that the child is not underfed.

Contagious Diseases in Children.—Dr. Anson Cameron, of Cook County Hospital, has had good success in the prevention of sequelæ of scarlet fever. He keeps the child in bed, on milk and water only, for 28 days. By this mode of treatment the percentage of postscarlatinal nephritis has been reduced one-half compared with the former method of allowing soft diet.

GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO.

Loeffler's method for demonstrating tubercle bacilli in sputum is a very valuable one and should always be used when examina-

tion of the untreated sputum is negative. It is said that this method will demonstrate the tubercle bacillus in 37 per cent. of the cases where the organisms are so scarce as to be undemonstrable by the usual method. Its particular field of usefulness is in the examination of extremely tenacious and also clear, watery sputa, in both of which it is difficult to demonstrate the organism. By this method it is possible to get perfect solution of the mucus and separate practically all the bacteria present in the mass of sputum. The solution of the mucus is accomplished by boiling the sputum with an equal quantity of 50 per cent. antiformin. To each 10 c.c. of the resulting solution is added 1.5 c.c. of a mixture consisting of one part of chloroform to nine of alcohol. After this mixture has been added the whole is shaken thoroughly until emulsification of the mass has occurred. This emulsion is then placed in the centrifugal machine and rotated at high speed (2,000 revolutions per minute or over) for fifteen or twenty minutes. On removing the tube from the machine it will be seen that at the bottom of the tube is a clear zone of chloroform and just above this a disk of comparatively solid material. This mass is whitish or grayish in color and contains the tubercle bacilli and any other insoluble substances in the sputum. After pouring off the supernatant liquid this mass is picked up with a pipette and transferred to a clean glass slide. A couple of drops of egg albumin are now added and mixed with the material on the slide with the platinum loop. After air drying the specimen is fixed and stained in the usual manner.

Wright's stain for blood has so many fundamental advantages over most other stains for this purpose that we have adopted it for all routine work. The preparation of this stain is somewhat difficult, but one is well repaid for the time and trouble involved because of the great saving of time and trouble in its use. It is prepared as follows: Dissolve 0.5 gram of sodium bicarbonate in 100 c.c. of distilled water, and add 1.0 gram of Ehrlich's rectified methylene-blue. Place the mixture in an ordinary steam sterilizer and keep at 100° C. for exactly one hour. This heating must not be done in a pressure sterilizer or in a water bath. When the steaming is complete, the mixture is removed from the sterilizer and allowed to cool. When it is cold, without filtering,

pour it into a large dish and add to it, stirring or shaking constantly, a 1:1000 solution of eosin (Grübler, yellowish, soluble in water) until the mixture becomes purple in color and a scum with yellowish metallic lustre forms on the surface. This will require about 500 c.c. of the eosin solution. Filter through a fairly hard filter paper. The precipitate which collects on the filter is the stain. When this precipitate is thoroughly dry, dissolve it in *pure methyl* alcohol in the proportion of 0.5 gram to 100 c.c. of alcohol. This alcoholic solution is the staining fluid. It is not necessary to filter it and it will keep indefinitely as will the dried precipitate. The solution must, however, be kept tightly corked, to prevent loss of alcohol by evaporation, since if the solution becomes too concentrated it will cause the formation of a precipitate on the slide. If this technique is followed explicitly, a perfect staining solution will be the result. **This stain, as furnished by the laboratory supply houses, is, in our experience, very unsatisfactory.** Because of lack of space, it will be necessary to give the technique of using this stain in the next number of the RECORDER.

CLINICAL URINOLOGY.

BY CLIFFORD MITCHELL, M. D.

The Urobilin Test.—Attention is again directed to the importance of the urobilin test as a sign of organic disease of the liver. Owing, no doubt, to the incorrect formula for the zinc acetate solution published in many of the books physicians have not been able to obtain satisfactory results with this solution. The formula, correctly given in *Modern Urinology*, will yield clinical results in all cases where urobilin is present in appreciable amounts. Mitchell prefers, in some respects, the zinc acetate test to the aldehyde test of Ehrlich. The latter test must be made upon the freshly voided urine while the former need not be. See *Modern Urinology*, pages 194 and 195, for these tests.

Benedict's Test for Sugar.—Benedict claims that glycuronates interfere but slightly with his test. Mitchell finds that in some cases salicylates reduce the test liquid enough to cause doubt as to the absence of sugar, hence care must be observed when the patient is taking these drugs.

Acetone and Diacetic Acid.—Acetone may occur in the urine without diacetic acid and the latter without acetone in appreciable quantities. The best test for clinical purposes to show presence of acetone is Roblee's modification of the ordinary nitroprussiate reaction, described in *Urinology*, page 368. Acetone in sore throat has diagnostic importance inasmuch as it points to scarlet fever or diphtheria.

The ferric chloride test for diacetic acid is simple and reliable in the absence of drugs. To differentiate diacetic acid from drug products in urine observe the fading of the wine-red color on standing and also the lessening of the color of the reaction as the urine grows stale. See *Urinology* for particulars.

Significance of Indicanuria.—Mitchell's contention in the last RECORDER that a marked indican reaction is of special significance when associated with a low urea excretion is practically confirmed by Askenstedt, who, in a paper published in the *Medical Times*, August, 1913, asserts that an elaborate series of experiments prove the value of the urea-indican ratio.

Askenstedt's final conclusion is that excessive indicanuria relative to excretion of urea points to disturbance of the digestive function only.

RENAL THERAPEUTICS.

Treatment of Indicanuria.—Mitchell's failure to affect the indican reaction by the administration of the lactic acid bacillus has been duplicated by Askenstedt, who has observed no palpable clinical results from the use of tablets of fermenlactyl and lactone. Buttermilk in the hands of Askenstedt was also unsatisfactory in a few cases treated by him. Askenstedt also confirms Mitchell's observation that thorough purgation is much more effective in reducing the amount of indican than any preparation of the lactic acid bacillus obtainable in this region. Toren's treatment of indicanuria is with calomel and salol.

Treatment of Phosphaturia.—This condition may be referable to several causes. In cases not referable to a definite recognizable lesion or cause Mitchell has found that administration of alkalis will sometimes lessen the irritation and relieve the patient though the sediment, of course, will persist. One of the worst cases of phosphaturia seen, in a woman, was cured by Arsenicum, acting evidently through the digestive organs.

BOOK REVIEWS.

DISEASES OF THE SKIN. Including the Exanthemata, for use of General Practitioners and advanced Students. By Frederick M. Dearborn, A. B., M. D., Professor of Dermatology in the New York Homœopathic Medical College and Flower Hospital, etc. With 230 illustrations in the text. 551 large 8vo. pages. Cloth, \$5.00, *net*. Postage, 30 cents. Philadelphia: Boericke & Tafel. 1913.

To begin with, this is a magnificent book, modern, right up to the end of the year 1913; the text is terse, no padding, yet clear, covering every skin abnormality known to medical science; the illustrations are practically all *new*, from photographs taken by the author in his enormous range of experience in his numerous connections with the vast hospitals of New York City; the cost of the illustrations alone equals that of bringing out an average skin book; the composition and press work was done by one of the best printers in the United States; the paper fits the job, and the binding is what was considered the best to enclose the whole. That is the new Dearborn's *Diseases of the Skin* in a nut-shell. The author insisted that no expense be spared to make his book the finest specimen of the book maker's art, and—the result is before you. It seems to us that the publishers have done their part beyond criticism, and though not up in dermatology, the reviewer is sure that Dr. Dearborn has given a book worthy of the fine mechanical setting.

The keynote of the plan of the book may be seen in the following from the author's Preface: "For the busy man, whether practitioner or student, brevity is essential in the make-up of any text book. So it has been my aim in the succeeding pages to present clearly and concisely the subject of dermatology." Just here let us remark that a real author (not a book compiler) searches the highways and byways of literature on his subject; sifts, refines and clarifies his findings and presents, with personal experience, the results to his readers; he has done a laborious work for the benefit of the reader. Such a book hardly comes under the stately philosophical term "conservation of energy," but it is surely an economizer of energy and time, for the author has done the hard work for you.

Dearborn's book opens with a section on "General Considerations," which include anatomy, subcutaneous tissue, corium and many other sub-headings. This is followed by a section on "Symptomatology," *i. e.*, subjective and objective. Then comes "Primary or Elementary Lesions," such as macules, papules, wheals, tubercles, and so on. After this comes Etiology, which covers predisposing and exciting influences and the like. Next is "Diagnosis." Then comes "Treatment," internal and external. There are on a hasty count 244 remedies of Homœopathy mentioned, but no symptomatology is given, but after the names of each drug follow the names of the diseases for which it may be indicated. If we may be allowed to put the author's idea in this matter (as we see them) into our own words, it would be as follows: Skin diseases, which are not purely of external origin, are but one manifestation of the totality of the patient's condition, and that, therefore, to append a long list of remedies after each disease treated in the text is useless unless you were to write a whole materia medica after each, for almost any drug with skin symptoms *may* be indicated. You must look to the "totality of the symptoms" for the true homœopathic prescription; the writer of a text book on diseases of the skin must confine himself to a description of the disease, *per se*, and leave the homœopathic prescription to the materia medica and the totality of each individual case. The external treatment of each disease when required is given by Dearborn, but for the homœopathic treatment the reader is given as a guide the names of the remedies that may be indicated, and he must select the right one from his materia medica, guided thereto by the totality of the patient's symptoms—as all good homœopaths do.

The various diseases are classified as follows: Class I.—Hyperamias and Inflammations. Class II.—Hæmorrhages. Class III.—Hypertrophies. Class IV.—Atrophies. Class V.—New Growths. Class VI.—Neuroses. Class VII.—Diseases of the Appendages, which include sweat glands, sebaceous glands, hair and nails. Class VIII.—Diseases of the Mucous Membranes. There is probably not a disease that is known in dermatology that may not be found in this work. A very complete Index of about twenty pages round out the whole. It is really a book that every doctor in active practice should have at hand for reference.

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EDITORIAL NOTES AND COMMENTS.

"THE LIMITATIONS OF TYPHOID VACCINATION."—Such is the title of a recent editorial in the *Medical Record*. The editorial opens: "The British Army Committee on Antityphoid Vaccinations was appointed in 1904 and its preliminary report, made last October, but only recently published, compels us to modify somewhat the opinions formed from the partial reports which have appeared from time to time." In the first place, the "immunity fades" and the inoculated frequently contract typhoid, while, in the second place, "there was a large increase of tuberculosis in the army, as a whole, in 1909, following the rapid extension of inoculation in 1907-8." The chief trouble with the vaccine user seems to be that apparently he doesn't know the old, old truth that to every action there is a reaction.

BACTERINS.—Dr. Michael Shadid, of Carter, Oklahoma, in a letter, asks: "Why does Homœopathy oppose the use of Bacterins? Is not their use strictly in keeping with the homœopathic law of cure?" No, not exactly, for the law says that each substance to be used homœopathically must first be "proved" on a healthy human being to learn what abnormal symptoms it will produce; otherwise its use is empirical and not scientific, *i. e.*, homœopathic.

THE LATEST.—Drs. Burdick and Abel, of the *Wisconsin Medical Recorder*, are always interesting, but—well, here is a specimen from them: "Every meat eater will remember the insipid tasteless character of meat which has been used for soup, in other words, has had its poisonous ingredients extracted, as compared

with the appetizing odor and flavor of a roast or broiled piece, which has had its juices carefully preserved. Few realize that this same appetizing odor and flavor is due to poisons, and that the meat eater is really no better off than the habitual alcoholic or opium smoker." It is to be feared that mankind to-day is so degenerate, as, even in the face of this, to prefer a nicely broiled sirloin steak to soup-bone meat. Sad, but true.

THE WEAKNESS OF "EXAMINING" BOARDS.—Once upon a time, had they existed then, the Board might have asked the candidate, "What would you do in a case of high temperature, or fever?" and if the candidate had not answered, "Bleed it," he would have been plucked, yet who would do it to-day? To-day they ask, in effect, What would you do in a case of pneumonia, diphtheria, or any other disease? Now, are the examiners any surer of the answer they require than would have been the old time men who required the answer "Bleed 'em?" To-day we have, indirectly, imbedded in the civil law the treatments sanctioned by the examiners which, most likely, will be as obsolete ten years hence as is venesection.

COMING AROUND!—The eminent gentlemen of the A. M. A. are turning to Hensel and Schuessler. Their official organ (Aug. 16) opens an editorial, as follows: "It is more than probable that the salts of calcium deserve first place among components of living tissues in respects to their wide-spread distribution in the animal economy as well as to the quantity in which they occur. There is not an organism, tissue, cell or secretion in which the element calcium is missing." The editor then proceeds to advocate the free use of the Calcareas. Soon they will open their eyes to the fact that there are other elements beside lime in the body and so why not feed these also? And then, when this has run its course, some man will arise and point out the very obvious fact, according to chemists, that our daily food contains all of these elements. And then some may wonder what is to become of all the theories that flourish to-day, if this ancient theory is to be put in front? And when, at last, all of the theories of to-day are swept away, as a child knocks down the buildings it has patiently put up with its blocks, then, perhaps, a few may learn that

the proper curative use of these and all other agents is to be found in what is known as Homœopathy.

IMPERIAL LAW. Recently the bill-boards of Berlin, Germany, blossomed out with posters headed :

VACCINATION. DISEASE. DEATH.

At once the Berlin *Aerstekammer* got busy and the police tore the posters down, and warned the public that they were disrespectful to an "Imperial Law."

The liberal RECORDER is willing that every man who consents should be immunized against bubonic plague, meningitis, typhoid, small-pox, yellow fever, diphtheria, cholera or anything else that the laboratory men have found something with which to immunize him; or to have his appendix, adenoids, tonsils or big intestine cut out, or any other organ carved up; in short, to let the individual do as he pleases with his own body, but its liberality stops short of an Imperial Law dictating to subjects in the matter, for if any one wants to let his body remain as God Almighty made it we hold he has, under the common law, the right to do so. If an Imperial Law butts in on this proposition one is justified in applying Dogberry's dictum to it.

MEDICAL "FAKERS."—Our dignified and official contemporary, *J. A. M. A.*, gives details of about 40 medical fakirs, who were fined or jailed by the San Antonio, Texas, County Medical Society. Possibly they all deserved what they got. Still, the details started the wheels going round. Memories of papers printed in *Jama* arose—of practically everything being cured by an expensive electrical outfit; of the same thing being done by an x-ray machine; of every germ disease being cured by its own germs, alive, dead, in vaccines, serums or emulsions; of radium, radioactive springs, etc., curing everything curable under the sun; and many other memories arose, needless to give in detail, and then a *Black Thought*—if a still higher society than the San Antonio, Texas, were to roll up its sleeves, compare deeds with promises, judge every one according to his works—oh, well, pull down the curtain—Quick!!

UP-TO-DATE ALASKA.—Alaska has a brand new Medical Practice Act: "Applicant must show evidence of being 21 years of age, of good moral character, and must have graduated from a duly authorized medical college. He must submit in a written but practical examination in anatomy, physiology, chemistry, histology, materia medica, therapeutics, preventive medicine, practice of medicine, surgery, obstetrics, diseases of the eye and ear, medical jurisprudence and such other subjects as the board deems advisable." Have not yet heard what the old doc's of the Sitka Indians or the Esquimau think of it. They may mournfully point to the figures showing that since the advent of the learned ones their people have begun to drop off with tuberculosis and other things that go with much learning.

WHAT PLACE?—When a good homœopathic physician tells us that "The place of Homœopathy as a scientific system of medicine is already firmly established through the exhaustive works of practical scientists:—notably—Pasteur, Koch, Calmette, Wright, Simon Flexner, etc.," one naturally wonders where that place is in "regular" medicine, as there is no mention of it in any of their journals. Better stick to your colors and not insist that Homœopathy is a part of "regular" medicine when it is not, never has been and, probably, never will be. It is the great medical school of the future.

Let the others come to it as so many bright men have in the past, but do not follow on in the dust of the worn out old army of the "regulars," whose trail is marked by discarded theories and "treatments."

"WHY NOT JOIN OUR SOCIETY?"—There was a social meeting of a lot of doctors to which one lone homœopath was invited, apparently with malice afore-thought. One of the guests, during the evening, said to the lone one, "Why do you object to joining our Society?" Said the lone one, "Will you join our Society?" "Well, no," was the reply, "I could hardly do that." "That is *my* reason," came from the lone one.

THE OLD AND THE NEW.—Sir Almroth Wright, a man to conjure by, once remarked: "The previously erected edifice of

medicine has broken down and a new one has to be erected from the foundations. We must cast aside all our old beliefs and admit we have been practicing quackery. The new medicine is not perfected, but the old one is no good." If old medicine was nothing but "quackery" what assurance can Sir Almroth give that the successor is not the same? In a reminiscent mood one reflects on the fact that this admitted "quackery," *alias* "regular medicine," shaped our medical laws, which still rule. Furthermore, as this old "quackery," to use Sir Almroth's word, still prevails what ought to be done with the "quacks" who practice it, for the practice of "quacks" is prohibited by the law?

\$30,000,000 vs. \$30,000.00.—That estimable contributor, Pro Bono P., gently complains that on page 363, August RECORDER, he wrote "An endowment of some \$30,000.00 a year," but the type ran it up to \$30,000,000, which is rather expansive. The mysterious P. B. P. will have to learn the bitter truth that, linotype men, compositors, "make-up" men, proofreaders, and editors are only mortal and, therefore, as prone to evil as the sparks fly upward. P. B. P. Junius has still something to learn. We sometimes think that original sin still haunts printing places.

AN IMPORTANT RULING.—The Texas Court has made a ruling that a man with money, and malignancy, might turn into a Jarndyce *vs.* Jarndyce case. One, of the name of White, was up because he did "unlawfully treat a disease or disorder," to wit, tuberculosis and constipation. White's lawyers dodged on the disjunctive "or," but the Court held (quoting *Jour. A. M. A.*, Aug. 16) that "when it is said a disease or disorder, to wit, tuberculosis, there could be no uncertainty." The natural and, perhaps, legal inference is that what holds true of tuberculosis holds the same with every other thing that in disease has a name tacked on—"no uncertainty." There are a number of points here, but the sharp one seems to be that if the courts and diagnosis meet the latter will probably get the worst of it. Even the great ones of the A. M. A. might get in a pickle if it is true—as said—that only about 40 per cent. of the diagnoses are correct. The moral of the case seems to be that: The less doctors have to do with the Courts the better. You see, gentle readers (this is pure

philosophy), that the constant insistence that medicine is a "science," if it ever gets into the courts will be taken literally (as lawyers do), namely, there must be "no uncertainty." How many of the learned gentlemen who are so eager to bind medicine with the inflexible red tape of the law courts could make good on "no uncertainty" in their cases is a question? Chickens come home to roost. Some day the insistence that medicine is a "science" may come up in the courts, where everything is brutally literal.

TUBERCULIN AND VACCINES.—The following is the conclusion of the *British Medical Journal's* abstract of a paper by H. W. G. Mackenzie, read before the Annual Conference on Consumption:

"There was no absolutely convincing proof that Tuberculin treatment by itself would arrest or cure or improve a larger number of cases than would have been arrested or cured without the treatment. Until such proof was available an open mind should be preserved. Tuberculin, as a remedy, if it were one, was on a far lower plane than such remedies as quinine, antitoxin, or thyroid extract, for malaria, diphtheria, and myxœdema. Tuberculin treatment was still on its trial. So far its results were not brilliant or convincing. Vaccine treatment, as a whole, was on its trial, and if staphylococcus infections were excepted, no more could be said for vaccines than for tuberculin. They heard of cures made in private practice. He wanted to see these reproduced in hospital patients."

If vaccines are "on trial," as Mackenzie says, the experiment is on a large scale. Wonder what the patients would say if they knew it? Then think of the many fine bred cows that have been slaughtered on the evidence of this Tuberculin, itself still on trial! The fine cows reacted to the tuberculous poison put into their blood, which reaction is commonly believed to be nature's effort to throw off a deleterious substance, and, when the reaction was plainly evident, it was said, "Behold, the scientific proof of tuberculosis!" In this exclamation they were correct only they failed to add "which we injected."

COMPULSORY NOTIFICATION.—Queensland, Australia, has taken the venereal bull by the horns, as the following extract from the Australian Letter to the *British Medical Journal* will show:

"The Government of Queensland has issued a proclamation

pursuant to the provisions of the Health Act, declaring that in Brisbane and its immediate neighborhood venereal diseases shall be compulsorily notifiable under the Act. The regulations, which came into force on April 1st, provide that if the commissioner or any medical practitioner suspects that a person is affected with venereal disease, the commissioner may, in writing, require such person to submit himself for examination by clinical and bacteriological methods. Any breach of the regulations is punishable by penalty not exceeding £20. A special dispensary for the gratuitous treatment of venereal diseases has been established in connection with the General Hospital, Brisbane."

Queensland has tackled a tough proposition in all senses of the word "tough." For one example. If those who should enforce the law should be, as has happened, among those who must be posted! It is a horrible outrage for a syphilitic or gonorrhœic to marry a pure girl—or you can reverse the sexes—but those who have to handle this law have not an enviable job. Those engaged in this eugenic movement seem to forget that the civil *cannot* take the place of the church, yet they are trying to make it do so. They may reply that the church has failed. Very true, in a lamentable number of instances. The church may teach that Thou shalt not steal, but he who is taught may steal for all that. Then it is the duty of the civil law to step in and punish the criminal. It seems to us that the eugenic people are trying to put a burden on the shoulders of the civil law that does not belong there.

NEWS ITEMS.

Dr. John J. Tuller has removed his office from 2100 Chestnut St., to 2108 Walnut St., Philadelphia, Pa.

Dr. J. W. Harris has removed from 10 W. 127 St. to 2051 5th Ave., New York City.

Dr. Morris B. Beals has removed from 118 W. 123d St. to 104 W. 123d St., New York City.

Dr. Geo. M. Whitney has removed from 2366 7th Ave., to 213 W. 137 St., New York City.

Dr. John Hutchinson has removed his office to 441 Park Ave., New York City.

Dr. W. H. Freeman, of Brooklyn, writes: "Your New Department under Dr. Clifford Mitchell is splendid and I am sure will be well received by your readers."

PERSONAL.

"Why grow old?" asks a magazine man. Because you cannot do otherwise, seems to be the answer.

The heroes—whisper it not in Gath—are those with a good press agent.

Hero: "The principal person in a poem."—*Webster*.

Claude says that his pocket-book suffers from aphonia, for, "money talks."

The Wolfville philosopher incidentally mentions "them brain rioters at Chataque."

"Let us give nature her due," generously remarks an up-to-the-minute doctor. So say we all of us!

A scientific ex. says that wet feet causes pneumonia oftener than does the *pneumococcus*. Tut, tut!

Also, Dr. C. P. King, asks, "Is Pulmonary Tuberculosis Contagious?" What is the world coming to!

"Kill the umpire!" is a fundamental of human nature.

As everything coming to consciousness is "sensational" a "sensational story" should be called by another name.

"He was struck in the paraomphilic region," testified the young M. D., at which the jury looked grave.

Whether you say "pounded the pill for three sacks," or, "slugged the sphere for third pillows," or, "three bagger" it means the same.

A dog may not have a pedigree yet be able to lick all other canines in his neighborhood.

"Idle curiosity" has been defined as a freak without an engagement.

In 1497 a decree expelled all from Paris who had the "large pox," *i. e.*, syphilis.

Our one time friend, Mary, remarked recently, "He who steals my purse steals trash."

The philosophical Claude remarks, "If you don't want to be loud why 'chew' at all cigars with gaudy bands."

The fact that a man has a different belief in medicine from yours does not make him a "quack."

From the man who "cannot add anything to the paper—the good Lord deliver us."—R. R. in *Lancet-Clinic*.

What is the fundamental truth underlying Allopathy or Modern Scientific Medicine?

Occupational disorders—the hives of bee-keepers.

"Beautiful thoughts are more important than cold cream," says Mrs. Pomeroy.

One difference (of many) is that the homœopath tries how little poison he can give and others how much.

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OSLER ON EDUCATION.

(In connection with the following bit of sound reasoning, which merits careful reading, it may be added that Osler's sentiments on the subject seem to meet with the approval of the profession in England.—Editor of HOMŒOPATHIC RECORDER.)

SIR WILLIAM OSLER ON MEDICAL EXAMINATIONS.

At the opening of St. George's Hospital Medical School, Sir William Osler delivered an address on examinations. He said that the great difficulty in medical study was the growth of every subject of the curriculum. An educational system framed for simple tests and simpler conditions had been out run, and the pressure at the present day was hard on the teacher but harder on the student. From their medical workshops they turned out after five years' preparation the finished material, nearly one-half of which was declared to be defective and rejected. The growth of rejection in the final examination was demonstrated by the following figures: In 1861, 12 per cent.; in 1876, 2 per cent.; in 1886, 32 per cent., and in 1895, 41 per cent. He made the following suggestions: Simplify the curriculum so as to give the student more time. Allow the teachers a free hand in the matter of systematic lectures. Let the lectures be reduced to a minimum, or abolished altogether. The subject of medicine may be taught, for example, without systematic lectures. The lecture has its value, but its day is gone, and it should give place to other methods better fitted to modern conditions. They should boldly acknowledge the futility of attempting to teach all to all students. They should burn the anatomic fetish to which they had sacrificed long enough and to their great detriment. "Glance at

Cunningham's 'Anatomy.' It has 1,465 pages, many in small type, and not one without a water-jump for the first grand national of the medical student. It is barbaric cruelty with so much ahead to burden the mind with minutiae which have only a Chinese value—a titanic test of memory." He would give credit for work done throughout the course. Let all who taught examine, and let education and examination go hand in hand. Further, he would simplify the examinations. Let them cut out the written papers, for as a student handled a patient it was easy to tell whether or not he had had a proper training, and for that purpose fifteen minutes at a bedside were worth three hours at the desk. When possible, the evidence of original work should be substituted for examination. He would compel no student to pass an examination in the same subject a second time.—*London Letter, Journal A. M. A.*

THE SYMPTOMATOLOGY OF FOODS.*

By Milton Powel, M. D., and John Hutchinson, M. D.,
New York, N. Y.

We are prompted in our survey of food materials, first, to regard them in the order of their importance to the human economy. That order seems to be air, water, mineral salts, proteids, fats and carbohydrates or starches and sugars. We are forced to recognize for these foods an exceeding variability of demand. There are many factors that go to make up the demand in all cases. Perhaps the factor of age is one receiving far too little attention. But when we have respected the larger and more common or general influences that lead us to classify the indications for nourishment of the body, there still remains an enormous field for study that has not been cultivated. Just why there should be particular cravings or aversions leads us legitimately into persistent and methodical investigation of these phenomena.

Ingestibility and suitability are often not the same thing. Good air is essential, but a patient may get too much of it, and he certainly cannot thrive on it alone, however satisfying to his or-

*Read at the 34th annual convention, at Chicago, of the International Hahnemannian Association, June, 1913.

ganism it is in itself as air. The victim of tuberculosis does not improve on the best air and all the other foods combined unless provided for his peculiar assimilation is that particular and requisite ingredient derived from its sort of ingestible commodities in proper form and quantity. Again, that wonderful boon, pure water, has been most intemperately appropriated. How frequently we are called upon to reform the habits of our new patients who have learned to drink quarts of cold water during the twenty-four hours, never to drink any at all with meals, and in general, to carry on a purely artificial habit as far as possible. And we marvel that so few persons appear to give reasonable respect to the fact that some of us thirst for water and drink it with benefit, while others have little thirst for water and may with equal propriety drink little of it. The really interesting phase of the subject is that both classes are to be accepted as they are.

Without doubt, the approach to the great equation of nutrition is through the portal of Homœopathy. There are many links in the chain of general observation of particular phenomena that strengthen such a conclusion. Furthermore, it will ever remain for Homœopathy to show clearly that the peculiar complexities of the individual case have their place in our consideration, that they provide indispensable information, and that through them the human system may command its real need.

Therefore, as men devoted to the art of medicine, recognizing as we do the law of cure which must govern that art, we intuitively hesitate to ignore under any circumstances the desires, aversions, cravings, intolerance, or other phases of appetite. These so-called idiosyncrasies are significant. They point not only in the direction of nutrition of the body alone, but often to the cure of its disease. When such is the case, the problem of nutrition on the basis of physiology, as we understand it, is beyond the solution of physiology as we understand it.

Hahnemann showed the folly of instituting dietetic regimen when the question is remote from, if not independent of, the consequences of eating and drinking. His course was to make no change whatever in the table habits of a patient whose symptomatology mirrored a remedy to be found in pure *materia medica*. He said that the organism being accustomed to a cer-

tain diet, change of that diet would not facilitate the cure, but might complicate its progress.

Among so-called healthy persons there exists an appetite for, or an aversion to, food of some sorts. With other persons there is intolerance of certain kinds of foods, as fresh fruits in general. Strawberries produce in many children and adults disturbing symptoms ranging from those of urticaria to what has been diagnosed as ptomaine poisoning. There is no doubt whatever that this fruit affects unfavorably the health of certain individuals. With some of these cases either prophylactic or corrective treatment is successful to the extent of immunizing the patient to the baneful effects as at first noted, though in some instances the patient has not supported as firm a hold on health with as without strawberries.

Due to a multitude of reasons, very few in any walk of life are supplied with a well-balanced diet. There is predilection for dishes that by and by makes their routine consumption excessive, and their effect inimical to health. Then there is the unfortunate regularity of uninteresting meals, swallowed because prepared, but ever failing to nourish. On the strength of such examples we submit that within the confines of nutrition is buried the key to many conditions that await attention. Or, rather, that the mystery of disease and the mystery of vital appeal have much in common as presented in the guise of either physical craving or the absence of anything approaching it.

While chemistry offers her aid, and while we avail of it gladly, the outcome hardly occupies the required plane. It is worth remembering in this connection that Hahnemann, skilled chemist of his time that he was, seems not to have outlined a close relationship between chemistry and Homœopathy. The latter embraces so much more than the former as to include it completely in the present consideration.

The fact that foods have a primary effect on the organism suggests their secondary effects as covering a wide range of constructive and destructive action in the metabolism of the individual. This lends us a footing, and we realize that the proper grouping of edibles into their essential classification of the individualistic as related to human choice belongs to our school. But metabolism as usually studied explains nothing

here. We are about as well able to determine the character of ingested food and its absorption by the organism from an examination of the dejecta as we would be to describe the furniture of a home destroyed by fire on making an analysis of the ashes.

We quote from Maudsley: The retrograde metamorphosis of organic elements is constantly taking place as a part of the history of life. In the function of nerve cell, a nerve force is liberated which excites muscular force, and is ultimately given back to external Nature as motion; the coincident "waste" of substance is received into the blood, and ultimately also passes back to Nature. It is probable, however, that this "waste" does not pass always directly out of the body, but that it may be first used as the nutriment of some lower element. Thus, as there seems reason to believe that in the economy of Nature animal matter did not undergo the extreme retrograde metamorphosis into inorganic matter before being used as food by vegetables, so in the animal body the higher elements do not appear at once to undergo the extreme retrograde metamorphosis, but are first used as the nutriment of lower organic element. How admirably does Nature thus economize in the body.—*Henry Maudsley, M. D.*

Is not this very well said, and does it not outline correctly what is known of metabolism? In the light of this explanation any so-called science of dietetics has not been developed. We come then to the pronounced effects of foods in their disagreement with the normal metabolism of the body.

Dr. Frederick G. Novy has this to say of food poisons: Individual susceptibility plays a most important part in all poisonings. It is very well known that a given poison may affect two individuals in a wholly different manner. Moreover, observations are not wanting which show that a substance which we may have good reason to consider as wholly innocuous is nevertheless very deleterious to some. The fortunately very rare instances of fatal results following the injection of antitoxic sera may be taken as an example of such idiosyncrasy. In like manner one may meet with individuals to whom a given article of food invariably plays the part of a poison, and justifies the oft quoted adage that "what is meat to one is poison to another." The use of veal by some, and eggs by others, is often followed by dis-

tressing symptoms. The cleavage products of such foods, whether due to defective metabolism or to peculiar bacterial flora in the intestines, are in the main responsible for the ill effects experienced.—*Frederick G. Novy, Sc. D., M. D.*

This quotation serves, as might many others from popular sources, to impart much unintentional information. But the first item is, that individual susceptibility to certain wholesome foods is known to exist. Very well. It does exist. Now, Homœopathy knows better than to proceed as if it did not exist. The important thing is to know in whom the susceptibility exists. Allopathy is satisfied to experiment with the patient and see. If the patient dies it is regrettable. Homœopathy says we are given means to determine individual susceptibility. Failing to employ those means and to make our studies entirely safe and harmless to the patient, we are certainly blameworthy. And we certainly are *not* content to experiment with a risk to life and health.

Homœopathy provides more than simple assent to the adage: "What is meat to one is poison to another." Homœopathy explains that adage by putting into the hands of the physician an unfailing guide—in the peculiar symptomatology of the patient—as to what that patient needs, and often as not what that patient should *not* receive.

As to the pronouncement that the bacterial flora of the intestines are chiefly responsible for the ill effects, well, let that assumption be better elucidated than at present by any of its indorsers before it is accepted by us for service. As has been the rule in traditional medicine, an assumption not supported by facts has been put forward and even welcomed without having a leg to stand on to its credit. The truth may lie very far away from any assumption.

The study of foods in respect to their three classes, proteids, carbohydrates and hydrocarbons, is, as Hahnemann pointed out in respect to classes of drugs, merely concerning their own character, and quite unrelated to their absolute and constant influence on the human organism. Division into nitrogenous, starches, fats, helps negligibly to any application of their appropriateness to actual vital need. Its chief help is by virtue of an exceedingly casual knowledge of vital requirement. Our information here is skeletal; its utility less fundamental.

We know, for instance, that starches are not for the nursing infant, but we know also that studies have shown the infant's tolerance of some starch despite the absent pancreatic secretion.

We know that an excess of meat aggravates the condition of the gouty, but withdrawal of meat does not always succeed in his curative treatment. The many cases where meat almost alone has been used for the diet show us that the real key is still hidden.

The diabetic has been deprived of starch and sugar for time out of mind, but the best therapy in these cases to-day is not convinced of the wisdom of such regimen.

Let us return, then, to our ability to secure a knowledge of the peculiar effects of different foods on a given organism.

The milks from different species have gained great distinction for their therapeutic value, and they already occupy places in *materia medica* that cannot be usurped. The same may be said of many proteids, as readily called to mind, and vegetables rich in starch and salts are even more extensively availed of. The ingredients imparting flavors to our food are employed remedially. From these groups it is only necessary to instance such remedies as *Lac caninum*, *Pyrogen*, *Allium cepa*, *Coffea*, *Capsicum*, *Natrum muriaticum*, to emphasize their indispensability.

To digress for a moment from the main argument of this paper, let us refer to substances which enter into some of our foods as adulterants, but which also are used for personal reasons in their simple form.

In the cases of some half dozen or more infants presenting prominently the characteristics of our remedy, *Borax*, such as the urinary symptoms, screaming before micturition, screaming on waking from sleep, frightened by downward motion, etc., it has been found that boracic acid solutions used for the mouth, navel, eyes, anus, have undoubtedly been the cause. A few doses of *Borax* 200 have been sufficient to dispel the disordered state.

A married woman, 60 years old, used quantities of chloride of lime for laundry work, and developed the following symptoms: Severe coryza and cough; soreness of malar bones, especially over maxillary sinuses. Headache—pressure on stooping, and on rising from stooping; stitching pains in head on coughing (vertex and parietals). Pain in small spot region of gall bladder, sore to touch, and during cough. Cough worse on first lying

down, and on rising morning, and while dressing in morning, with sore pains in lower part of chest, both sides. Cough worse lying on back, or on left side; better lying on right side. Wakes at night in profuse perspiration all over body. Wheezing in trachea keeps her awake. Cough sounds loose. Stringy expectoration like *Kali bich.* *Kali bich.* and *Lachesis* and other remedies failed to help. *Calcareo mur.* 6 and 1m. cured. No return of trouble after two years.

These cases illustrate how easily the physician may be misled as to causes of sickness unless he investigates most faithfully. Even then he may not be able to discover the cause. Our patients are prone to use for the toilet and bath articles that have a decided effect against health. Many of the tooth powders sold are highly objectionable. They do more harm to human beings than to bacteria. Our work is made doubly difficult by reason of such items as these, which have to be satisfactorily excluded before we can take up the specific articles of diet in a given case.

It has been said that sugar produces cataract in horses and other animals. We know that diabetics are prone to cataract. Both Lippe and Swan used cane sugar successfully as a remedy. Though Hahnemann considered milksugar inert, it has been studied since his time by able observers who have traced its symptomatology through an extensive sphere. We can ourselves report numerous cases of chronic backache cured by it, the patient's symptoms reflecting the provings perfectly. There is likely to be increasing demand for the sugars as remedies, considering the excessive consumption of sugar in many cases.

Here is an experience of a patient who has eaten quantities of butter since her youth and eats much now. She received as her remedy *Butter dnm.* Swan.

After taking this remedy she had temporarily the following symptoms:

Regurgitation of cold water after drinking.

Hot water did not regurgitate.

Sensation as if heart stopped.

Sensation of internal stillness, as if everything stopped.

Lachesis had helped some before, but butter relieved greatly the condition of large varicose veins of the left leg. In this case the butter had not been known to disagree, yet it is known now to have been of remedial service.

So much for one side of experience. That is, an excessive use of an article of food may produce the need of its potency. Then we have patients who cannot take certain wholesome foods. They cannot drink milk. In this event milk has been found useful as the remedy. This inability to take the food often promises and decides its remedial potency. We are sometimes too apt to believe that a condition cannot be cured unless we know its pathology.

Sometimes we are no nearer the cure when we do know its pathology, neither are we any nearer the correct regulation of diet in the same circumstances. In typhoid, for instance, we have little or no reason to establish the same feeding for all cases. We cannot properly base the diet on the disease instead of the patient, any more than we can select the remedy for the disease instead of for the patient. Strange to say, some doctors who, though not having yet learned Homœopathy, have discovered that all typhoid cases do not favor the ideal typhoid rations. But for that matter what has ever been cured with diet? Of course, there have been recoveries instead of deaths, but how about the cures?

As to the infant whose nursing bottle contains milk that is wisely modified, he still requires occasionally the homœopathic remedy, which, as far as we can see, often meets a digestive lapse. We have known desperate cases in which the indicated remedy has seemed forever to dispose of any other diet requirement beyond that for clean milk reasonably diluted and warmed. Which seems to indicate that exact modification of milk for an individual baby's perfect nutrition is an impossibility. Something further must be included for success.

The exploitation of pineapple juice for ills in general and diphtheria in particular deserves comment. No doubt diphtheria patients may have thrived on it when worse drugs have been withdrawn; in fact, record is convincing that its symptomatology is rich enough for its therapy to be studied. Certain it is that there are numerous examples of its deleterious effect on the organism, some susceptible persons not being able to touch a spoonful of the fruit or its juice without suffering in consequence sore throat, gastric unrest or acute distress of joints and other tissues.

In a case that had been prescribed for by a master, and re-

lieved of much ill health, the following symptoms were not in any way influenced. They had persisted for years:

Craves raw cranberries, and eats quantities of them; does not care for them cooked. Chronic constipation, enema not acting. Sore to touch across abdomen over transverse colon. When under mental excitement of any kind has frequent loose stools. Aching in nape, going down to shoulders, worse turning eyes; must turn whole body to one side. Worse light. Wants to bury head in pillow to shut out light during menses.

The complex of symptoms was entirely removed by Cranberry 6, 30 and 200.

This therapeutic field is obviously a very wide one, and as prescribers we are constantly being ushered into it. Bearing in mind the principles involved and adhering strictly to the real significance of any and all symptomatology, it is hard to see why our efforts should not lead us constantly to the discovery of new detail. One of the highest advantages of the healing is that it keeps the artist thinking. Progress must follow.

What should we do to-day without *Lycopodium*, *Silica*, *Graphites* and a whole galaxy of blessed remedies that have so often been declared inert, but which Hahnemann introduced so successfully. And though not to him belongs the credit of demonstrating the curative power of *Saccharum lactis*, we are none the less well aware of what it has done and can do. Recalling its therapeutic value, it is a pleasure to quote the following from a paper read in 1879 by Dr. Samuel Swan: No man has any right to say that any created substance is inert and non-medicinal, especially those nutrients that give strength and vigor to the frame, for their alternate action must be proportionately the reverse. Those articles which constitute our daily food, if used wisely, would prove our daily medicine.

LARYNGEAL DIPHTHERIA.

By C. M. Boger, M. D., Parkersburg, W. Va.

No disease brings to memory more tragic scenes than true membranous croup, particularly under the older regime, when a correct diagnosis was about equivalent to a fatal prognosis, soon to be followed by strangling death scenes that often beggared description.

The physician who ventured to open the larynx and thus seemed to snatch the sufferer from the very brink of the grave was only too often doomed to the bitterest disappointment by the rapidity with which his patient succumbed to the toxin absorbed through the fresh cut or to fulminating pneumonia. The ordinary mixing homœopath, fully imbued with a pathology which we now know was false, was very generally misled into giving remedies like *Kali bichromicum*, and had to face almost identical results. The old guard, however, by sticking to *Aconite*, *Hepar* and *Spongia*, often made the most brilliant cures.

This was the state of affairs when antitoxin arrived upon the scene, and in order to save time and avoid working his materia medica too hard, which he never could understand any way, the liberal homœopath promptly and apologetically accepted the serum treatment; besides it had the merit of giving him just a little better results than former incompetence. The only reason for this paper is because I have just finished the nineteenth consecutive cure of diphtheritic croup, and it seemed to me that a few remarks upon how it was done might not be out of place.

There are two things about which I am always inflexible in the treatment of diphtheria: First, keep the patient in bed in a warm even temperature away from all drafts or chances for chilling the limbs or skin, and yet the sick room must have plenty of fresh air. Second, force the feeding, preferably with milk. The strength of the patient is kept up by it and its action upon the kidneys is very favorable. These two things lie at the very basis of success.

The manner in which the case is progressing may best be judged by the state of the secretions. A moist skin and tongue with plenty of saliva or even salivation is very favorable. Do not be deluded into giving a mercurial preparation simply because of the free flow of saliva, for this is more or less of a normal accompaniment of this disease, besides the pathogenesis of the mercuries present but a minor phase of the overshadowing toxicity peculiar to diphtheria; hence it is always well to take time by the forelock and incline toward giving drugs whose final effects resemble the deeper toxæmia of diphtheria. In other words, the whole course of drug action should, if possible, meet the entire disease picture from beginning to end. This is per-

haps not always easy because the disease picture in its early stages lacks the completeness which makes for such a recognition.

Clinical experience has now shown us approximately the remedies from which the most is to be expected in this disease. In diphtheria pure and simple *Apis*, *Arsenicum*, *Lac caninum*, *Lachesis*, *Lycopodium*, *Merc. cyanatus*, *Merc. iod. flav.*, *Phytolacca* and *Sulphuric acid* easily take the lead. For the laryngeal form *Bromium*, *Iodum* and *Lachesis* will cover most of the ground.

Bromium, which I have always given in the 7m potency, is especially indicated by a *soft sounding wheeze* which lulls the parents into a false sense of security, but alarms the knowing physician at once. *The patient is apt to be sweaty and very short of breath.* This drug has given me many successes. My seventeenth case seemed to call for it, but I was not fully satisfied with its homœopathicity; besides reaction was only partial with a constant tendency to relapses and increasing weakness, until it occurred to me that the mother and two of the children were undoubtedly tubercular. *Tuberculin* 50m rapidly gave the case a favorable turn, and it went on to a complete recovery under this nosode.

Iodum. One of the most untoward complications of pharyngeal diphtheria is when the membrane clears away from the throat and begins to form in the larynx. By this time the patient is already well saturated with toxin, and is not in a condition to stand the extra strain of laryngeal stenosis. Here *Iodum* is the prince of remedies; *the voice or respiratory sound becomes hoarse, harsh or rasping*, and the patient complains of being hot and wanting air, although she may be objectively cold. The last case of this kind that needed this drug expelled a complete cast of the larynx, two and one-half inches in length, and got well. The 20m is my favorite potency.

In some epidemics *Lachesis* has seemed to deserve being called *the great antidiphthereticum*. By the way, this virulent poison belongs to the serum albumins. My first experience with it surprised me fully as much as it did the family. A three months' old baby lay on the table where its parents had placed it, intensely cyanosed, the head thrown back and gasping for breath. I predicted death, a thing the parents did not need to be told; gave *Lachesis* 30, and took my leave. That baby got well, and I was

left with something to think about. From that day *Lachesis* has loomed big in my treatment of membranous croup. It is indicated by *attacks of suffocation after sleeping a little while*—spasm of the larynx—by fetor, blueness and little or no secretion. The fully developed *Lachesis* case belongs in the stage which just precedes carbonic acid intoxication and death. Here it will act marvelously well, although it may be necessary to repeat frequently or change the potency several times to overcome any halt in the improvement. The 4m potency has seemed the best although it may sometimes be necessary to descend the scale to the 200 of B. & T., or ascend to the mm. of Tyrell.

When indicated by a want of response to the usual remedies *Diphtherinum* 1m, B. & T., has acted exceedingly well for me; but for the very nature of the case this has seldom occurred.

Some cases are sometimes left with a hoarseness which nearly always yields to *Phosphorus*. The repetition of the dose demands great care. When the signs are certain, but not as yet threatening, a single dose every four hours usually suffices to start the hoped for rattle within the larynx; this interval is then increased as the exudate loosens. If, however, dyspnoea increases and the secretions diminish, it may be necessary to repeat oftener, even down to once every twenty minutes; but this is not often the case.

CONSTIPATION.

By T. G. Sloan, M. D., So. Manchester, Conn.

The ordinary practitioner of medicine does not pretend to cure chronic constipation except by change of diet, exercise and removing mechanical causes. These measures cure a very small proportion of cases, and constipation is almost universal.

Most patients are told to eat coarse vegetables and fruit, to drink plenty of water, to exercise, and perhaps sea weed and bran biscuits are advised. In addition, one laxative after another is used, changing as their effect wears off. This is all he can do, and when headache, hæmorrhoids, appendicitis and the other effects of the constipation occur they receive their appropriate treatment.

Close homœopathic prescribing will permanently cure the majority of patients suffering from chronic constipation.

The fact that those suffering from acute illnesses, as tonsilitis, grippe, pneumonia, and so forth, who were treated homœopathically, usually had no need of laxatives or enemata was rarely forced on my attention, in contrast to the usual constipation under these conditions.

The following cases illustrate this point:

CASE 1. Miss B., age 35. Herpes zoster on left thigh. Much stinging and burning, worse when warm in bed. Always more or less constipated.

Merc. viv. 500, three doses relieved the acute condition and caused the bowels to move daily.

CASE 2. A small boy of six had lobar pneumonia with a temperature of 104°. He received four doses of *Arsenicum* of the two hundredth potency. His temperature began to go down and was normal on the fifth day. His bowels moved every day.

CASE 3. A lady of seventy has a very severe tonsilitis. She is troubled considerably with constipation, which has always required laxatives during acute illnesses. *Lycopodium* 40m. one dose, cleared up the tonsilitis in thirty-six hours, and gave her a natural movement daily.

Chronic cases with a large variety of ailments are very commonly constipated. In treating these cases one must take the whole case, not the constipation alone, or failure will result. In fact, the constipation is often a minor symptom as far as selecting the remedy is concerned. I have often found that the bowels become regular before the other symptoms clear up, and have been tempted to believe that these patients would do better without laxatives or any other medicine than with a constant dosing, which is often unnecessary and pernicious.

The following cases are examples of this class:

CASE 1. A telephone "central" girl of twenty has an inflamed, cracked and fissured wart on her index finger and a smooth wart on another finger which she wishes to get rid of. I find she also has sweating of the feet, palms and forehead, which is offensive; she is constipated with ineffectual urging to stool, and is sad, irritable and easily offended.

Thuja 10m, one dose, removed both warts, cured the constipation and improved her general condition greatly.

CASE 2. A young woman has a chain of enlarged cervical

glands which extend under the sterno-mastoid. They are hard, movable and tender, and have been observed by her for six months. She has lost weight, is anæmic and nervous. Always has an occipital headache if waked suddenly. Dreams much of past events. Faintness in stomach before eating, heartburn and waterbrash. Very constipated stool, knotted, sometimes hard balls.

Phosphorus covered her case and she was given four doses of the two hundredth at two hourly intervals. Her bowels became regular and she improved in every way for several months before the *Phosphorus* was repeated. Two years later her bowels were still regular.

Often the most difficult cases to cure are those complaining of constipation alone and who have few other symptoms. Usually other symptoms can be found if one hunts long enough.

CASE 1. A little girl of three has been constipated from birth, almost never having a stool without castor oil or an enema. Stool scanty, dry, balls, or very large. Her movements were a nightmare continually. She had a white, offensive leucorrhœa; her feet were sweaty and itching. She had been given *Sulphur* high but it did not help.

Sepia 200 gave her a daily stool for over two weeks, the 40m for nearly two months, and the c.m. finished the case. The leucorrhœa was the key to the case.

The abuse of castor oil in very young infants given, as it is often, from the first days for colic, constipation and in every other upset, is a great cause of constipation in babies and children.

CASE 2. A New York policeman has been constipated as long as he can remember, in spite of good homœopathic prescribing. Enemata are not effective, he must take very strong cathartics. Never has a stool without a cathartic. Constriction as if rectum closed down on the stool, which sometimes slips back. No desire. Stool large and dry. Much offensive flatus with the stool. Sleepy, irritable; sacral backache; < on feet. Feels the cold weather. *Silicea* 40m, one dose.

The next day his bowels began to move, and he had one or two satisfactory movements every day for ten days, when he again became constipated. I then sent him a c.m., and have not heard from him since (ten days ago).

The physician must insist that no laxatives be used. An enema every other day if needed does no harm. It is wise to advise easily digested food and a regular mode of life, but I do not pay much attention to laxative food, although it may help in obstinate cases.

The above cases show that chronic constipation, even of years standing, is amenable to cure by the carefully selected homœopathic remedy when given in the proper potency.

A DEFENSE OF BACTERINS.

Editor of the HOMŒOPATHIC RECORDER:

I see by the first copy of the RECORDER that I received on my subscription that you take a position inimical to the use of bacterins. I am surprised at that, as their use is strictly in accordance with your law of similars. Read my article on "Experiences With Bacterins" in September *Clinical Medicine* and then champion bacterins as proof positive of the absolute truth of your law of cure.

I am an allopath. I believe in your law of cure; but the homœopathic school in their mad hunt for symptoms and drug proving (which is laudable) have neglected the study of the pathology and the cause of disease, and hence have lagged behind in therapeutics. You have not added much to your therapy since the days of Hahnemann. The regulars in bringing out the bacterins are doing what Homœopathy should have done but failed to do. You need not decry too severely the use of combinations of vaccines, as that is really justifiable when time is an important factor in giving relief and saving life, and the general practitioner is not in a position to grow the autogenous bacterin.

The time will come when there will be but one system of medicine, and that will conform to the homœopathic law of cure. Meanwhile the homœopath will have a very important office to fill, but do not decry new things because they originate with the old school. I have recently cured a case of neurasthenia with Hawley's lymph when your remedies failed. But I cured the case homœopathically with lymph. Can you say that I did not? Did you prove the lymph? Yet you decry the use of the lymph

because it did not originate with you. You may publish this letter, and hope you will.

Fraternally,

Carter, Okla.

M. SHADID.

ANSWER.

Possibly Dr. Shadid does not quite realize what Homœopathy is. It is not a new system of medicine, but it is the natural law of therapeutics, nothing more. It alone guides the practitioner in a genuinely scientific manner to the curative medicine. All cures made by the internal use of drugs must be in accordance with a general law. That law is *similia*. No matter who prescribes a drug, layman, quack or physician of any school, its action must be in accord with the universal law of drug action, an action that has two opposite roads, *i. e.*, the big dose will produce a physiological effect (which has its uses at times, as in purging or vomiting), while the small dose will cure disease-conditions which resemble those the big dose causes. Why this is not even Hahnemann knew, but that it does so act the proof of the pudding proves. There is no school or sectarianism in the matter, it is pure science with illimitable possibilities. For these reasons it seems to us that our esteemed correspondent's statement that Homœopathy has lagged behind in therapeutics is hardly tenable. There are nearly 1,500 drugs that have been more or less proved, but experience has demonstrated that about 200 will cover the run of cases; in fact, from 25 to 30 will answer in the average practice. So far nothing has been found that is better than *Aconite*, *Belladonna*, *Bryonia*, and the other polychrests in their respective spheres, so homœopaths rest in these, which can hardly be called lagging behind when there is nothing known that will go ahead of them.

As for bacterins, serums and the host of new remedies of that character, the RECORDER does not oppose them simply because they originate in the old school. There is less of the partisan about a homœopath than, we think, in the men of any other school, for to be one you must know the Law and, knowing it, you judge everything by it. For years the homœopaths were condemned and bitterly reviled at times, for using such drugs as *Psorinum*, *Medorrhinum*, *Variolinum*, *Malandrinum* and other

things of a like nature. The men who did the scolding knew nothing about the beneficial action of these drugs when indicated, but seemed to have raised their voices merely because they were prescribed by the homœopaths. In a good catalogue of homœopathic drugs you will find the analogue of nearly every bacterin or serum in the market to-day, drugs that, we believe, will do all the bacterins will do, and with the great advantage that they will not harm the patient. The new nosodes of the allopaths are generally given hypodermically, which seems to many men to be an error. When a drug is sent into the stomach nature can accept it and has the option by purging or emesis to throw it off if it be noxious, but this is not the case when it is injected into the circulation or body. The many deaths, or alarming conditions, following injections of these new remedies prove that this is not unfounded.

The doses are also too large, just as in old days the doses of mercury and other drugs were too large. All through allopathic therapeutics (the word "allopathic" is not used in an offensive sense) runs the idea that it is quantity that counts, as may be seen in so many instances of increasing the dose up to the point of toleration, while in Homœopathy mere quantity does not enter into consideration save as something to be avoided. Drugs may be brilliantly curative in potency (3, 6, 30 or higher) that do no good, but even may do some harm when given in crude and massive doses.

The assertion that is frequently made by homœopaths, and admitted by some men on the other side, that the new therapy is Homœopathy is only partly true. If Homœopathy is what homœopaths believe it to be, the law of therapeutics, then it follows that every drug cure, past or present, must have been made through its action—it could not be otherwise; that is pure logic. However, many a physician has made cures on the line of the Law (universal, of course, if it be a law) who was not a homœopath, who denied the Law, yet made homœopathic cures, for therapeutically, there can be but one law. This may seem to some to be mere bigotry, yet it is inevitable from the premises, namely, that there can be but one—the Law of Therapeutics. So it follows that the new therapy is dependent on the Law for its success, yet is not truly homœopathic, because it looks elsewhere

for guidance and consequently will sooner or later run off into the confusion, misnamed "modern medical science;" we say misnamed, for in reality it should be named "modern medical observation" because, while it has accumulated a vast mass of facts, it has no law by which they may be utilized save the uncertain rule of empiricism. Many a good and honest doctor has found a certain drug to be curative in an epidemic and has written up his experience, but when the next epidemic bearing the same name came along that drug has been found to be a miserable failure, and the honest doctor has, perhaps, suffered in reputation in consequence. In the first epidemic he accidentally stumbled on a drug that was homœopathic to it, yet, not knowing the homœopathic Law, and being guided by the name of the epidemic in place of its symptoms, he failed in his second grapple with the *name*.

Homœopathy to-day is the oldest "system" of medicine in civilization. Allopathy changes with every decade, and, it is to be feared, not always for the better. The last great shift, the injection of bacteria in some form into the human race for immunization or curative purposes cannot result in the improvement of the human race, for the object of medicine is to free humanity from disease *and its consequences*.

In conclusion, we beg leave to assure Dr. Shadid and others that nothing personal enters into the conduct of this journal. Nothing is opposed simply because a certain man, or body of men, advocated it, nor is anything advocated for the same reason. While the old journal holds to the Law, it is very liberal in letting every one, to the extent of its space, let his light shine, as he sees the light. In mental freedom lies true progress.

A QUESTION OF OBSTETRICS.

Editor of the HOMŒOPATHIC RECORDER:

Contrary to the advice of Dr. Bryan in the Specialists' Department, page 477, of October RECORDER, to "*deliver the occiput in O. P. position without attempting anterior rotation,*" the writer would like to suggest a better method by which the occiput can be easily rotated and quickly delivered in the anterior position with the saving of otherwise unavoidable and often serious injury to the perineum.

This method was first described by Dr. Porter in the *Jour. Am. Med. Asso.* about eight years ago, and can be easily mastered by anyone with common sense and a fair knowledge of obstetrical technique. In fact, it is almost as easy as falling off a log.

After the occiput has entered the true pelvis and become lodged in the hollow of the sacrum, and the case being one which calls for assistance, the diagnosis is positively verified by passing the hand into the vagina and locating the free edge of the ear, which in O. P. position is always directed backward.

The patient should lie on the back with hips brought to the edge of the bed, legs supported by straps or assistants, and be partially anæsthetized.

FOR RIGHT-OCCIPITO-POSTERIOR POSITION.

Introduce left hand into vagina, palm upward with thumb side of hand pressing against occiput.

Next place fingers of right hand on mother's abdomen in the left inguinal region beneath which child's forehead is easily felt.

Next press firmly with thumb edge of left hand to the left against occiput and simultaneously press downward externally against forehead with right hand and the occiput will *easily* rotate from *R. O. P.* to *R. O. A.*, describing an arc of $\frac{1}{4}$ of a circle. Hold it in this position with pressure from left hand in vagina while the nurse is being shown how to make pressure downward with her fist over the forehead externally.

When the nurse has the head held firmly in this position quickly apply the forceps to head in this *R. O. A.* position and bring occiput forward and upwards where it can be held until the fingers in the rectum are able to hold the head by hooking into the mouth after which forceps are removed, anæsthetic stopped and head is gradually delivered in the anterior position and without any more injury to the tissues than would result from a normal delivery. In *left O. P.* position the hands and direction of rotation are reversed.

The only possible objection to this method is that for an obstetrician with very large hands there might not be room enough for the hand in the vagina without producing lacerations.

Anyone who has ever used this simple and easily learned method properly will never be satisfied to handle a difficult O. P.

position in any other manner. Even impacted cases become easy by this method.

Sincerely yours,

W. H. FREEMAN.

263 Arlington Ave., Brooklyn, N. Y.

Oct. 26, 1913.

AFTER DINNER TALKS.

“ By Cos.”

There are some things that the pale face brother can learn of the North American Indian in the matter of conversation. When Indians get together to have a talk one talks at a time and the others listen. When one has finished what he has to say there is a slight pause before another takes up the subject. Perhaps they have not those among them gifted with a super-abundance of words pressing for utterance as is the case with a not inconsiderable number of pale faces who break in without awaiting their proper turn. Also there be some who indulge in verbal combats, several talking at once to get the right of way. And when the pale faces get to “telling stories” so urgent is the verbal peristalsis that the point of one story is hardly made before another is in the full tide of words.

Not long ago several men met around the table and without premeditation followed the Red man’s style of talk. One of them was an earnest eugenist. He knew a good deal about the subject and had the gift, somewhat rare, of putting into words, that held the table. All of you who have read anything on the matter (and who has not, for are not the journals, medic and laic, full of it?) will know about what he said—give the new science full authority and in a few generations the human race will be regenerated, jails, asylums, hospitals will stand tenantless, disease will have vanished and only a surgeon will be needed here and there to set broken bones, broken, perchance, in the exuberance of the vitality that would follow.

Possibly the ability of the talker had something to do with putting the rest of us into the admirable attitude of the Red man, for when the speaker had finished there was a decent pause. Then some one rather lamely remarked that there seemed to be

great possibilities in the new science; another, also a bit weakly, said it needed "deep study," and so the decent platitudes went around. Platitudes though disparaged by many are really of great value in society of all sorts, as buffers that prevent hard knocks, or as tokens useful when you have nothing to say but feel called on to say something.

After this a rather saturnine man jabbed his conversational spear into the subject, held it aloft and discussed it rather rudely. The eugenist had spoken of the fine results that follow proper care in stock breeding, and this man asked by what authority these new theorists could assume the position of stock breeder to the human race? Who guaranteed their fitness? It was about at this point that the Indian gravity began to give place to Anglo-Saxon oratory, for the man said that he had a daughter suspected of tuberculosis, who was engaged to be married; her affianced knew it, and, with a thump on the table, he asked who dared interfere? He said his mother died of that disease, but she made a happy home for her family while she lived, and they were as healthy as the average and just about as good citizens. He looked at the eugenist, "If you had your way I wouldn't be here to-day." There was a challenge.

Just here the peace maker butted in with a useful platitude and the thunder muttered away into the distance and was heard no more. The talk drifted away on a sea of generalities, escaped the rocks of "stories," and came to life on the "high cost of living." We were away from the stately Red man's style now and men engaged in tilts as to who should hold the center of the stage. From it all the following emerges, probably because all listened:

His hair was iron gray and he had some standing in the community. When he lived in a certain neighborhood, he said, on Thanksgiving Day, one of the few holidays then kept, after dinner they would walk over to a vacant lot to watch the Pennsylvania and the Princeton universities play their annual foot ball match. There was no admission charged—just keep off the lines. Well, he said in effect, last Thanksgiving Day I saw a big crowd drifting one way and asked the reason. "Princeton and——, I forget the team, are playing." I tacked on at the end of a long line and in time came to the ticket office. Three dollars they

asked me. What! said I. "Yes, pay or move along." I moved along.

This somewhat naturally led around to poor old Osler's unfortunate remark (which he says he never made) about men being chloroformed after a certain age. (We at the table were all so far along that 60 did not look very formidable.) There is room here for only one peppery comment by a man near 50. It ran some what like this: "I wanted a certain instrument and went to —— for it. There was a bunch of young men there, affable and well dressed. The manager was about 25. They didn't have it, so they said. Call to-morrow. I called. Said they would 'send down to the basement' to see if it had come in. I called four days. On the last day was the same remark. Then I turned loose. 'If you cubs were working for me I'd fire the whole dashed bunch of you!'" and so on. He seemed to think that so far from the old boys being no longer needed they were more needed than ever.

But this may be getting prosey so chop it off.

ELAPS CORALLINUS. DEAFNESS, OPPRESSION, PHTHISIS.

There was a copy of Mure's *Materia Medica* lying on our desk, an old one, necessarily, as it was published by Radde in 1854. As old books are (theoretically) always interesting, we looked through it and found that this one did not disprove the theory. There is much of interest in it—but you cannot buy a copy unless fortunate enough to find one on a second-hand book stall. If you see one pick it up. Among the many things of especial interest Mure's description and proving of *Elaps cor.* seemed to be worthy of note even though it plays but little part in our text-books—which may be due to the fact that it never had a good press agent. Also, it may be, it did not merit one. Who knows? Nash only mentions *Elaps cor.* twice, and Pierce (*Plain Talks*) remarks that T. F. Allen did not regard it of sufficient importance to incorporate it in his *Handbook*. Whatever may be its value we thought it might be of some interest to let the world know what Mure had to say of it—partly in his own words.

To begin with the elaps is the most brilliant snake in Brazil, at least so far as coloring goes. He also remarks of snakes in general: "Every epoch in the history of the world is undoubtedly possessed by therapeutical means which are more particularly homœopathic to the general character of the ruling maladies. Hence it is probable that when the human species shall have been freed from the miasms which now undermine its vitality, the simple flowers of the fields will be sufficient to control the remaining indispositions. Whereas we, the unfortunate heirs of the chronic miasms of all ages, leper, scrofula, syphilis and a host of other subtle plagues, are compelled to employ the most frightful agents in order to meet the intensity of our diseases." There spoke the true homœopathic philosopher, whatever may be the merits of *Elaps* as a curative drug for those disorders. Also this is sound philosophy: "There certainly exist remarkable analogies between the symptoms of the cobra and those of the lachesis. The differences, however, are sufficiently numerous to refute the doctrine that all serpent-poisons act almost alike and that the cobra, for instance, may be resorted to as a perfect succedaneum of the lachesis. I am convinced of the contrary to such an extent that it is my belief that the poison of serpents alone would, if sufficiently proved, furnish the safest and most rapid means of combatting all human infirmities." So much for Mure's reasoning. Now to go back to the snake.

It is about two feet and a half long, thick in proportion to its head, and has a sharp tail. Its colors, in ring, are vermilion, black and greenish white. The poison is "taken from the living reptile not without danger." "As soon as I had determined to institute provings with the poison of the cobra-coral, several of these reptiles were, at my request, brought to me on the same day, so frequent are they in the forests of Sahy." From 8 to 10 drops of the poison was obtained from each snake on sugar of milk, which was at once triturated, very effectively to judge by the description—6,000 turns for the first and 3,000 for each additional decimal. Noteworthy symptoms were experienced during the process of triturating. Of the symptoms in general he writes:

"The symptoms which I have collected are not a great many, but they can be depended upon. Most of the symptoms were ex-

perienced by several provers, and some of them have already been confirmed by treatment, among which may be mentioned the oppression in going up stairs, the vesicular eruption on the feet and deafness. This last symptom is of great importance on account of its being so obstinate. For pulmonary affections the poison of the cobra may likewise prove a valuable remedy, especially for the second stage of phthisis, characterized by bloody cough and derangement of the digestive function."

Also: "The special action which this poison seems to exercise on the right side, the paralysis, the lancinations, have appeared to me worthy of attention. The gyratory motions, the desire to move to and fro, the scaling off of the epidermis and several symptoms relating to the disposition and the mind seem to deserve the attention of the philosophical physician."

Such are some of Mure's more striking comments. There are eight pages of symptoms in the book before us. Among them we note these:

"*Constant deafness.* Ringing in the ears." The *italics* are Mure's.

"Acidity after every mouthful of food."

"Spitting of black coagula of blood. Almost constant cough."

"A chronic loss of breath when going up stairs, disappears after second day of proving."

"Violent fit of dry cough which finally ends in raising black blood, with frightful tearing pains in every part of the lungs, especially in the right side, at upper part of the chest."

"A black blood spurts out of the finger when pricking it ever so little."

"Vesicular eruption on the feet."

In the first proving there is mention of a feeling as if paralyzed in right arm, while in the second proving we read, fourth day: "Complete paralysis of the right side, with inability to rise in the morning." Also in this second proving we have: "Discharge of black liquid blood from the bowels."

Now all of this is but a touching of the surface but every proving has such a wealth of symptoms as to be confusing so we have endeavored to give a few of those which Mure himself emphasizes. As to his curious speculation as to the part the serpent venom may play in eradicating human ills it should be

remembered that the serpent plays a peculiar part in the beginning of them, as we read in *Genesis*. Perhaps this is fanciful, but it fits in with the "philoso-physician" to whom the author appeals. Certainly the serpent has played a rather big part in mythology, a lost science in which philosophical truths are set forth by symbols, and also in many of the emblems that have drifted down to us from the old days, especially in those of medicine and pharmacy. The temple of Æsculapius was noted for the huge serpents kept in it.

JUSTICIA ADHATODA.

(Dr. C. S. Kali, of Calcutta, contributes the following. *Journal A. I. H.*, October, concerning this drug which was introduced to the Western world in the pages of the HOMŒOPATHIC RECORDER. It is a curious drug.)

ACTIONS: It has action on respiratory organs, blood, cellular tissues, venous system, liver, bile, skin, uterus, pregnant states, sweating glands and piles.

SPECIFIC CONTROLS: Over the following diseases: Phthisis, bad cough, bad and obstinate cough, asthma, emphysema, chronic bronchitis and chest affections, consumptive diseases, ague and rheumatism.

It has wonderful power to spoil or abort many low organisms, causing disintegration; it also proves poisonous to many animalcules, frogs, leeches, etc., etc., present in the water. But it has no poisonous effects on higher animals.

Dr. Watts says that in the "Sutlej Valley" (Punjab, India) cultivators scatter the leaves of this "adhatoda," *adhatoda basak*, on the "rice fields," which at the time of floods kills the aquatic weeds that otherwise would injure the rice crops. Experiments conducted by him show that the infusion acts upon the cells of those plants in the same manner as a certain chemical reagent by contracting their contents and causing their disintegrations. The leaves also serve as manure on the "rice fields."

CHARACTERISTIC SYMPTOMS: It produces profuse expectoration and causes spasms of the lungs. Under its action ague, rheumatism, chronic bronchitis, asthma, phthisis or consumptive-

like conditions, hemoptysis and many other chest symptoms and slow fevers are produced. Catarrhal conditions of the bronchial tubes are frequently managed by it in India.

Dr. Watts says that many diseases which are caused by low organisms are checked by its action in killing directly those low organisms.

Great Hindu medical authorities and also many European authorities are of the opinion that phthisis, asthma and hemoptysis may be checked if the "básak" be administered in the beginning. I myself also got very satisfactory action by "básak" in phthical cases and cases of hemoptysis, asthma, bronchitis and catarrh. I have been so fond of it that I keep this plant in my garden.

Indian physicians have so much faith in it from time immemorial that one *emphatic Sanskrit verse* has been written in its honor. It is very popular amongst us. The English translation of this is as follows: "Oh! dear patients of phthisis, hemoptysis, bronchitis, asthma, you need not despair yourself so long as básak plant exists in this world."

A PROVING OF HEDEOMA (PENNYROYAL).

This is a proving (poison case) of *Hedeoma* reported by Dr. C. O. Jones, New Brighton, England (*Br. Med. Jour.*, Sept. 20). A woman in good health, for some reason not stated, took four drachms of the essence of pennyroyal. The results were that she felt confused, fidgety, dreamy and then became delirious; face pinched and pale; pupils a little dilated; yawned incessantly; great restlessness, frequent twitchings; pulse 90, soft and small. Her memory was feeble, and was haunted by dreams of falling down from heights. "She remembered nothing of what took place after taking the drug." She made complete recovery.

SOME LATE STATISTICS OF HOMŒOPATHIC TREATMENT.

The following figures were sent to Dr. E. Petrie Hoyle, of 84 Holland Park, London, W. England, secretary of the International Homœopathic Council:

Statistics from the John C. Haynes Memorial (Contagious Disease) Hospital, being a branch of the Massachusetts Homœopathic Hospital, Boston, Mass.

SUMMARY.

Sent by the courtesy of Dr. J. Preston Sutherland, Dean of the Boston University School of Medicine.

October, 1908, to January, 1913 (four years and three months).

	Cases.	Died.	<i>Mortality</i> per cent.
Scarlet fever, uncomplicated	942	21	2.23
Scarlet fever, total including all complications	1091	48	4.4
Diphtheria, uncomplicated	410	24	5.85
Diphtheria, total including all complications	433	32	7.39
Measles, uncomplicated	57	1	1.75
Measles, total including all complications	64	5	7.8
Grand total, including eight admitted as "suspects" (erysipelas, meningitis, etc.)	1616	88	5.44

OLIVE OIL IN GENERAL PRACTICE.

"The fixed oil expressed from the ripe fruit of *Olea Europœa*" is gradually but surely supplanting the old fashioned pure cod liver oil. The pure olive oil expressed from the fruit without heat, is almost colorless, odorless and tasteless, and if carefully administered rarely causes digestive disturbances. In these respects, at least, it is superior to the pure cod liver oil (the various combinations with hypophosphites, glycerine, aromatics, etc., excepted). The fishy odor and taste of cod liver oil, its tendency to give rise to anorexia, indigestion and sometimes erythematous and acneiform eruptions in many patients are largely responsible for its growing unpopularity.

A few indications for the use of olive oil may be of service.

In tuberculosis olive oil is capable of causing a rapid increase in weight. In a young female suffering with pulmonary tuberculosis I ordered the administration of one-half ounce two hours after each meal, increasing one-half ounce per dose every week

until oz. t. i. d. were taken. The patient, whose weight had been declining during the past several months, gained twelve pounds in seven weeks and improved in all other respects. She had been taking cod liver oil, peanut oil, cotton seed oil, etc., without benefit.

This oil is of great value as a nutrient in such wasting diseases as marasmus, scrofula and chronic skin diseases, as well as in convalescence from measles, scarlet fever and whooping cough. In young children and infants good results may be obtained by its administration by inunction once or twice daily. Babies suffering with malnutrition and stubborn constipation may be relieved of both conditions by the administration of one drachm of olive oil once or twice daily.

Olive oil is a valuable emollient in the treatment of irritant poisoning (excepting that caused by carbolic acid or phosphorus) and may be given in large doses to soothe the gastro-intestinal tract.

It is an excellent demulcent laxative in cases of hemorrhoids and fissure of the anus. Obstructive jaundice is oftentimes relieved by the administration of one-half ounce to three ounces of the olive oil, and it is said to cause the expulsion of gall stones indirectly by stimulating the flow of bile.

I have seen the most stubborn cases of lead colic relieved and the persistent constipation overcome by the administration of a tumblerful of olive oil once daily. On the second or third day there was free catharsis and a subsidence of the nervous manifestations.

Obstinate and painful cases of dry pleurisy may be relieved by the injection of one-half drachm of sterilized olive oil into the pleural sac over the site of the friction sounds. This acting as a substitute for nature's lubricant promptly relieves pain.

In progressive anæmia, symptomatic or pernicious in type, the administration of equal parts of olive oil and glycerine in gradually increasing doses two hours after each meal is a most valuable procedure, oftentimes yielding wonderful results.

Rectal enemas of olive oil are highly useful in the treatment of muco-membranous colitis, the constipation of neurasthenia and in intestinal atony. Three to ten ounces are injected slowly

at bedtime. This is retained over night if possible and an evacuation results the following morning.

In typhoid fever olive oil has an almost unlimited field of usefulness. As a food, administered in one to three doses t. i. d., it is a valuable adjuvant, assisting to overcome the strong tendency to emaciation. As a laxative it has no equal in this disease. By its soothing influence it permits the intestinal contents to escape without irritating the inflamed Peyer's patches, in a way diminishing the tendency to intestinal hæmorrhage and indirectly preventing the occurrence of that very troublesome and dangerous condition, tympanitis. This is accomplished by rendering the bowels free from gas-forming ingredients. A high injection of lukewarm olive oil as occasion demands is also very gratifying to patients suffering with typhoid fever.

The oil is best administered cold in gradually increasing doses about two hours after meals and may be taken alone or flavored with glycerin, orange juice, coffee, or syrup of sarsaparilla.

No untoward symptoms have been observed during a very extensive use of pure olive oil. Its apparent harmlessness and wide range of usefulness commend it to those requiring a readily available nutrient, emollient, demulcent, laxative or cholagogue.—*Israel Bram, M. D., Philadelphia, Pa., in Medical Review of Reviews.*

PERMANGANATE OF POTASSIUM IN DIPHTHERIA.

Dr. Ellingwood prints a paper in his *Therapeutist* from which we clip the following—the writer being Dr. W. A. Scott, of Milo, Ia., and is quoted for what it is worth:

“The other doctors were failing to give relief, so one family sent for me. There were eleven in the family, two were dead, one dying, and seven others sick, only one escaping the disease. I made up a solution of ten grains of permanganate of potassium to one ounce of water, and mopped their throats out thoroughly myself even as I do now, and kept it up every third hour till better, then not so often till next morning. My patients were improving, and in a few days were well. Then I had plenty of other cases, and all got well, and so it has been to this day.

"About six years ago we had another epidemic here; one of our doctors sent a sample of throat scrapings to our state bacteriologist. He telephoned that it was diphtheria in its worst form. That doctor gave the patient a hypodermic of antitoxin. The patient, a hearty young lady, who had been going around in the house, was dead in less than thirty minutes. He was called to another case—a very robust girl of about fifteen years. He gave her a hypodermic of antitoxin, and she was dead in twenty minutes. Then the people got wild; I was keeping a store then. The town was going to be quarantined. I had cheek enough to tell them if they had sent for me at first, I would cure every case. I treated over sixty with no death loss, some of them became well so quickly that the people said there was not much the matter with them anyway. Some other cases had antitoxin by other physicians, and some of these died.

"My treatment will save, if used at the first by someone having confidence enough in it to use it faithfully, with no danger from poisoning. Antitoxin has produced death often. At the first diphtheria is simply a local disease, but woe to the patient who has been tampered with until the toxin has been absorbed into the system. Then there is trouble and plenty of it, and the patient frequently dies from the diphtheritic poisoning."

**HAHNEMANN MEDICAL COLLEGE,
PHILADELPHIA.**

This old college opened its 65th annual session this fall with an increase in matriculates of nearly 100 per cent., which is certainly very gratifying to the friends of Homœopathy. Every graduate of this college who came up for examination before the Pennsylvania Board passed, which speaks well for the teaching staff and for the students making up its classes. It is also said that our other colleges are all showing an increase in their classes, for which the world should be thankful—though probably it is indifferent. For a while it looked as if more homœopathic physician's names were appearing in the obituary columns than in the graduating classes.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

140 North State Street, Chicago, Ill.

OUR CONTRIBUTORS.

We are still adding to the number of our contributors and take pleasure in announcing this month the names of Dr. James F. Wharton, Dr. George M. McBean, Dr. Edwin L. Hunter and Dr. Benjamin A. McBurney.

Dr. Wharton, of Homewood, Ill., will, from time to time, give us short notes on the various emergencies which the country practitioner is called upon to deal with.

Dr. McBean is well known in Chicago as a specialist in eye, ear, nose and throat diseases, and is on the consulting staff of the Home for the Friendless and of the *Daily News'* Sanitarium.

Dr. Hunter succeeded to the practice of the late Dr. Geo. F. Shears, of Chicago, and makes a specialty of fractures and diseased conditions of the bones.

Dr. McBurney has just returned from a four months' course in surgery in Europe. He pays special attention to gynæcology, and is one of the best operators in Chicago.

THERAPEUTIC NOTES.

Obstetrical Pointers: Dr. J. T. Bryan, of Louisville, advises us as follows: Whatsoever the presentation or position **the point of departure must be delivered first**, if great injury to both mother and child is to be escaped.

Better do a **double episiotomy** than have a badly lacerated perineum.

Forget not **the perineal respiratory reflex**, lest during the last moments of delivery under anæsthesia fatal narcosis is developed.

X-Ray Dermatitis: Dr. E. S. Bailey, of Chicago, says: "If radium in some form of its various kinds of administration had accomplished nothing more than the cure of X-ray burns, it would certainly be called a remedy worth the while. Eight carefully reported cases show that the pain of the X-ray burn is promptly

stopped, the destructive changes inhibited and that the dermatitis rapidly heals. Over fifty authentically reported cases of loss of life from exposure to the X-rays, including some of the very best operators, were recently collected. The public press reported that one sufferer from X-ray burns said he would gladly give one million dollars for the cure of his case. Many cures were offered but the radium cure never was tried. In every case offered to the American "Radio-Thor X" Company, the cure of the case has been rapid and permanent."

Dangerous Vaginal Hæmorrhage: Dr. James F. Wharton, of Homewood, managed recently by hard work and no little skill to save the life of a patient who had, after confinement, an unusually severe and exhausting hæmorrhage. The loss of blood was not due to the regulation post-partum hæmorrhage, for the cervix was stitched without results, the uterus remaining hard. The flow of blood was so sudden and so great as to render it difficult to ascertain the source, which, just in the nick of time, was discovered to be a laceration involving a distended vein midway between the vaginal outlet and the cervix. The vein was clamped and ligated, and the hæmorrhage ceased.

Heart Murmurs: Every physician is interested in the significance of heart murmurs. Askenstedt, of Louisville, says in a recent article elsewhere: "The differentiation between an accidental and an organic heart murmur requires a careful consideration of the physical signs of cardiac hypertrophy and dilatation, as well as a recognition of the peculiarities of the murmurs themselves. A discussion of the physical signs of organic heart disease is not within the scope of this paper, but it seems within my province to remark that the position, size and force of the apex beat, the extent of relative and absolute cardiac dulness and the occurrence of abnormal pulsations, palpable fremitus and accentuation of either second sound, are of far more diagnostic importance than the presence or absence of a heart murmur. But deviations from the normal standard of even these points does not always mean heart disease."

A Sore Throat Specific: Dr. George M. McBean, of Chicago, says that a mixture of equal parts of B. & T.'s tinctures of *Phytolacca* and *Actea racemosa* (*Cimicifuga*) given in five drop doses every two hours will usually cure, in 24 hours, tonsillitis

and acute pharyngitis. *Phytolacca* acts especially on the lymphoid structures of the throat, while *Cimicifuga* acts upon the muscular fibers, relieving pain almost as promptly as aspirin. *Cimicifuga* is related to *Digitalis*, as through its action on the heart muscles it prevents the prostration so common in acute throat infection.

Nevus Vasculosus: Dr. Frederick M. Dearborn, of New York, reports about 600 cases of this lesion treated with the solidified carbon dioxide. He shows the results with the stereopticon views which attract so much attention at our State meetings.

Erysipelas in Children: Dr. Anson Cameron, of Chicago, regards this disease as one of the late spring, the wards of Cook county being crowded with cases at that time of year.

Dysmenorrhœa: According to the experience of Dr. Emil H. Grubbe, of Chicago, Faradic electricity, if properly used, is one of the most efficient remedies for the majority of cases of dysmenorrhœa. Rhythmic dilatation and contraction of the uterus is produced by interrupting the current twenty times per minute, and thus a sort of developmental exercise of the uterine tissues is gradually brought about, resulting not only in a more normal functional activity of the organ but also in a decided anatomical development.

Hydatiform Mole: Dr. B. A. McBurney, of Chicago, attended a case where the patient had been amenorrhœic for three months. The symptoms were slight bleeding, a few drops every day or two, with a little pain. The examination showed, first, a uterus the size of a full term pregnancy; second, no fœtal parts; third, no heart beat. The diagnosis of a hydatid mole was made and the uterus was emptied. The patient made a good recovery.

The pain in these cases is due to the rapid stretching of the peritoneum. Remember that a hydatid mole may form at the same time with a living fœtus.

The Skiagraph in Surgical Diagnosis: Dr. Edwin L. Hunter, of Chicago, says: "The time was when we had to grope in the dark and guess more or less as to the true nature of the fracture, but with the advent of the X-ray that time is past. The skiagraph now gives us a true picture, and we are enabled to see just the condition we have to correct, and so set about it methodically and scientifically. The skiagraph, before attempts at reduction,

saves the patient and gives the doctor courage. The second skiagraph, after reduction, tells at once whether or not attempts at reduction have been successful. After many years' experience with fractures I now make it a set rule to have nothing to do with a fracture, if the patient refuses to have a skiagraph. I think I am safe in saying that all doctors would do well to stick to the same rule."

GENERAL LABORATORY TECHNIQUE.

BY JULIUS A. TOREN, M. D., CHICAGO.

The **technique of using Wright's blood stain** is very simple, and, if the following directions are followed closely, the results will be found highly satisfactory. Wright's method of staining has a number of fundamental advantages over most other procedures, among which may be mentioned the facts (1) that the tedious and uncertain fixation by heat is done away with, that (2) all blood elements, both normal and pathological, are stained in characteristic manner, and (3) that blood parasites are also clearly demonstrated, all on one slide, rendering differential staining seldom necessary.

Blood smears should be made on slides previously washed with soap and water, and free from dust and lint. A small drop of blood is placed about an inch from one end of a slide and the end of another slide brought in contact with the drop. Holding this second slide at an angle of about 45 degrees, draw it slowly down the first slide with the blood following the edge rather than being pushed ahead of it. Dry the film quickly at room temperature by waving the slide through the air. When dry, cover the film side of the slide, on a level surface, with as much stain (preparation of stain given last month) as it will hold without draining off. Let stand for one minute. Then add **distilled** water slowly, drop by drop, until a delicate scum with metallic lustre begins to appear on the surface of the stain. Let stand for five to eight minutes. Wash quickly with **distilled** water, shake to remove most of water, and blot quickly with a soft, smooth filter paper. The specimen can be examined direct or mounted in balsam.

To summarize the various steps:

1. Make thin films; dry in air.
2. Cover with stain; let stand one minute.
3. Add water, drop by drop, till scum forms; let stand five to eight minutes.
4. Wash in water; fifteen to thirty seconds.
5. Shake off water and blot.
6. Mount in balsam.

The various blood elements are stained as follows:

Red cells, orange or pink. Nucleated red cells have deep blue nuclei.

Lymphocytes, purple nuclei, pale blue cytoplasm.

Polymorphonuclear neutrophiles, dark blue or purplish nuclei, granules pinkish.

Polymorphonuclear basophiles (mast cells), dark blue, or purplish nuclei, granules large and purplish-black.

Polymorphonuclear eosinophiles, dark blue or purplish nuclei, granules bright red.

Large mononuclear, two forms, each with blue or lilac colored nuclei, one form has pale blue cytoplasm, the other with lilac colored granules.

Myelocytes, large reddish-purple nuclei not as deeply stained as in the lymphocytes, and with many reddish tinted granules. The eosinophile myelocyte has bright red granules.

Blood plates, bluish-black bodies one-third the diameter of the red cells, frequently mistaken for precipitated stain.

RENAL THERAPEUTICS.

BY CLIFFORD MITCHELL, M. D.

Renal Embolus: Inasmuch as renal embolism consists of an impacted thrombus formed somewhere in the circulatory system and carried to the kidney where it blocks a terminal renal vessel, and inasmuch as fat emboli and pyemic emboli occur, why not bacterial emboli following an overdose hypodermically of the so-called vaccines?

At any rate Mitchell saw a case of sudden appearance of albumin, blood and casts in the urine following a hypodermic of bacteria, which looked suspicious. The patient was kept in bed for a day or two on milk diet, and the urine cleared up. (See *Diseases of the Urinary Organs*, Embolus of the Kidney.)

Secondary Chronic Interstitial Nephritis: Not enough attention is paid, Mitchell thinks, to the differential diagnosis between the two kinds of chronic interstitial nephritis. Primary chronic has always a history of previous good health so far as kidneys are concerned, while secondary occurs in younger persons who have had in times past some infection. Deaths from the secondary lesion take place commonly before thirty, but deaths under forty in the primary cases are rare. (See *Diseases of the Urinary Organs* for complete account of both these lesions and note the difference in pathology.) The treatment in each case is essentially the same, though climatic change and hygienic precautions may not prolong life in secondary cases as they seem to do in primary ones. The prognosis as to time in secondary cases is, as a rule, graver than in primary. Although the secondary cases appear not to be appreciated by the general practitioner, they are said by some authorities to represent the commonest form of kidney disease in America. Mitchell finds in the secondary cases the occurrence of **fatty masses** in the urine a help in the diagnosis. In Mitchell's experience primary cases almost never show these, while in secondary cases they are common, and may be present even when casts are absent.

History of a Case of Nephritis: Mitchell saw a patient dying from secondary chronic interstitial nephritis at twenty-nine years of age who presented the following illuminating history: At the age of twelve had scarlet fever; following the fever had slight dropsy and bloody urine. Recovered, but a year or two later was very sick from dropsy and albuminuria lasting three years; recovered and had ten years of what he described as good health. Finally was taken with short breath, œdema of the extremities, ocular trouble, polyuria, and died of uræmia. The successive steps were apparently acute nephritis, subacute nephritis and secondary chronic interstitial nephritis.

Fischer's Treatment: The treatment of nephritis advocated by Fischer's and consisting in the rectal injection by the drop method of alkalis, with also alkaline medication internally, has been severely criticised lately. Mitchell has seen the treatment fail in two cases and in another (reported confidentially) a patient passed only ten ounces of urine in an entire week while under the treatment. There seems to be no royal road to the cure of chronic nephritis.

POINTERS, WISE OR OTHERWISE.

In *Munchener Medézinische Wochenschrift* Dr. Friedlander gives a new wrinkle in the treatment of sea sickness, an ill that is largely mechanical he says, "caused by the swaying and dragging of the stomach on the œsophagus with the pitching of the ship." His advice is not to load the stomach and to wind a bandage "around the stomach to lift it up and thus remove the strain on the œsophagus and reduce the swaying of the stomach." He claims considerable success with this treatment.

Dr. F. C. Kauffman, Lake City, Ia., writes to B. & T. that he has had good results in three cases of cancer treated with their 30x trituration of *Radium*. He also mentions a case treated by another doctor with the same trit. that has much improved.

Dr. M. E. Haggarty, St. Louis (*J. A. M. A.*, October 4), reports a case of death as showing what may happen from an injection of Salvarsan or Neosalvarsan. Patient collapsed about 15 minutes after second injection, was revived but suddenly died after five hours. Dr. Haggarty says this is the seventh death in St. Louis reported from that cause.

A correspondent of London *Daily Mail* writes from Mauritius that for thirty years he, a layman, has treated those around him and dependent on him with homœopathic medicines only, with most marked success, his experience ranging through some of the worst tropical countries. He concludes with the radical statement that in his opinion "the most deadly influence to Englishmen in the tropics is the allopathic treatment." A pretty strong statement, but is as written, and published in the *Daily Mail*. A valuable "pointer."

In one issue of the *Jour. A. M. A.*, under "New Remedies," are 12 vaccines and serums. Vaccine dose runs from 5 to 1,000 million "killed bacteria." It would take a mnemonic expert to remember the new and soon forgotten remedies that are daily pouring forth from our modern laboratories, where everything is patented. The stately old idea that everything in medicine is for the benefit of humanity has gone glimmering into nothing in these ultra scientific days.

Franke (*Klin. Med.*) advocates the use of *Belladonna* in ma-

terial doses (15 drops) in the treatment of obesity associated with a voracious appetite. He argues that the drug acts on the hyperacidity of the gastric juice and thus takes away the abnormal. The ultimate effect on the patient is not considered.

Dr. Victor C. Pedersen, N. Y. (*State Journal*, October), writes of Salvarsan and says it must be used with "extreme caution" in whiskey drinkers. As booze and this disease generally go together the caution is of almost universal application. Better stick to *Merc.*, *Nitr. ac.*, *Aurum* or whatever homœopathic remedy is indicated.

BOOK REVIEWS.

DR. R. GIBSON MILLER'S RELATIONSHIP OF REMEDIES. Homœopathic Publishing Co., London, England. 44 pages. 50 cents, *net.* (Philadelphia: Boericke & Tafel.)

This little vest pocket publication is bound in stiff paper and the text runs, not across the page, but from bottom to top, as though you were to open a book and then turn it one-quarter the way around. The pages are ruled. First we have in columns: "Remedy." "Complements." "Remedies That Follow Well." "Inimicals." "Antidote" and "Duration." The authorities followed by Dr. Miller are Hering, Kent, Guernsey, Bœnninghausen, Lutze and H. C. Allen. If any one is looking for such a compilation covering around 200 of our remedies he will find what he wants in this little manual which represents a good deal of work. Its value lies chiefly in showing at a glance which remedies pull together and which do not.

Brother Taylor's widely circulated *Medical World*, which belongs to the profession on the other side of the barbed wire fence, or what is generally known as the allopathic side, comments very favorably on Dr. Dearborn's *Diseases of the Skin*. The *World* says it is "an excellent volume on skin diseases" and "is a very scholarly book;" the "description of the various skin diseases are clear and explicit," and "the illustrations are excellent," though the reviewer, "J. C. R.," thinks the author should have gone more into detail concerning homœopathic therapeutics, "which is not a familiar subject to the regular or eclectic members of the profession."

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EDITORIAL NOTES AND COMMENTS.

THE MODERN PACE.—It is only a few years since Stanley burst forth from Darkest Africa, yet now we see quotations from the *East Africa and Uganda Journal*, a scientific publication. Within a short life time the prairie wolves and their trappers stealthily prowled around the place to-day called Winnipeg in the “frozen north,” as it was then called; to-day Winnipeg’s medical college sends out “Announcements” that for typographical appearance lay all over some of those of the older institutions. Not long since the South Africans fought off lions and Zulus, now may be noted the “Fourteenth South African Medical Congress.” It is a fast pace, physically, but concerning new mental regions—but “that is another story.”

LOOK FOR THE CAUSE OF SUPERSTITION.—“Scientific men are hostile to superstition, and rightly so, for a great many popular superstitions are both annoying and contemptible; yet occasionally the term may be wrongly applied to practices of which the theory is unknown. To a superficial observer some of the practices of the biologists themselves must appear grossly superstitious. To combat malaria Sir Donald Ross does not indeed erect such an altar; no, he oils a pond—making libation to its presiding geni. What can be more ludicrous than the curious and evidently savage ritual, insisted on by United States officers at that hygienically splendid achievement the Panama Canal—the ritual of punching a hole in every discarded tin, with the

object of keeping off disease."—*Sir Oliver Lodge, Address before British Medical Association.*

For the benefit of those who may not clearly see Sir Oliver's point it may be stated if we did not know why Ross oiled ponds we would regard it as a superstition the same as when Jacob set up and oiled the stone on the morning after the famous night when he saw the ladder. It is curious to note how men who have really gone deeply into pure science like Crookes and others drift back to something akin to what Jacob and his forebear Abraham experienced. The moral seems to be that if you want to remain a good, respectable Philistine stick very close to the surface of things.

TUBERCULOSIS.—The old *Buffalo Medical Journal* editorially remarks: "The extent to which tuberculosis is hereditary is still a debatable question." Also, "Viewed from the practical standpoint, tuberculosis of a clinically recognizable and dangerous degree, is rather a disease of lowered resistance than analogous to the majority of germ-diseases."

Also the London *Lancet*, commenting on the "war on the 'white plague,'" says: "At the very basis of any attempt to control the spread of an infective disease must lie the rigorous determination of the mode in which the infection is spread and contracted, yet in the case of tuberculosis this knowledge is lacking. The teaching which is in vogue on this subject is founded on little more than guesswork and conjecture."

And yet we have laws and text-books framed on what this great journal terms little more than "guesswork and conjectures."

YOUNG AND IMPRESSIONABLE.—"While we are in the midst of a wave of enthusiasm for vaccine therapy in the United States, and almost every bacteriologist, and certainly every commercial firm supplying bacteriological products, feels called upon to devise a new vaccine for every disease, it is of interest and possibly of value to learn the attitude of European physicians toward vaccine treatment. A recent writer on this subject states that he had the opportunity of investigating the subject in various parts of Europe, and finds that European physicians seem to have little confidence in the use of vaccines and that such preparations are

rarely employed by them in the treatment of disease.”—*Hahnemannian Monthly*.

MALARIA AND TUBERCULOSIS.—A news item says that the proposed site of a colony for the tuberculous in Indiana had been abandoned because it was on or near marshy, malarial ground. This was all right and yet there has been an idea floating around for many years that malaria antidotes tuberculosis. Dr. G. W. Bowen in his article on *Malaria Off. (New, Old and Forgotten Remedies)*, a curious drug he introduced, tells of a woman, the last of a family of five, four of which had died of tuberculosis, and she was rapidly following them, in whom he induced a genuine case of chills and fever with the drug so that she would shake for an hour. She recovered from what was really a proving, and with it went the tuberculous tendency. This drug is the vegetable correspondent of *Pyrogenium*. *Malaria* is a drug with possibilities.

ALL IN A FOG. APPENDICITIS.—We have all had it hammered into us day after day that teetotalism leads to health, longevity and happiness, but ever and anon we run across something like this from the *Pacific Medical Journal*, taken from the French, and then we wonder if David was not right in his remark that all men are given to untruth: “Professor Jalaguier, according to the French medical press, remarks that wine drinkers suffer from appendicitis in the ratio of one to two hundred persons, whereas teetotalers who stick to water as a beverage, are affected in the proportion of twenty to two hundred.” Wonder whether Jalaguier is a crank or the teetotalers fanatics? On the horizon looms Hahnemann’s teaching that every case must be individualized. Perhaps it is so in other things besides sickness. Perhaps those who would force a universal rule on a community are not benefactors after all.

DISCARDED BATTLESHIPS AS HOSPITALS.—This was the proposition passed by the “International School of Hygiene.” It was “Resolved” that the Government place these ships at the disposal of the various states for “preventoria,” open air schools, etc., etc. A battleship, even a discarded one, is a steel fortress with

as few openings as possible through which shot may enter. They are massive, cumbersome, the up-keep is very expensive and they are about as well fitted for open air hospitals or schools as would be the boom-proofs of an old fortress. Because a thing has been "Resolved" by a national, or international, body is not proof that it is for the public welfare. We are all prone to reproach our state or national legislators for their dilatory habit, but it may be that therein lies our safety from much foolishness.

AN ABSURDITY.—When a law is put on the books it is by a majority vote of the legislative body of the state, which body is made up of lawyers, farmers, merchants, politicians, saloon-keepers and others. The "regular" doctors who haunt the state capitols in the interests of medical legislation are really forcing these gentlemen to be the arbiters of the great science of medicine. At first glance this seems to be as absurd as some of Dean Swift's quips, but for all that it is a fact—a science limited by a majority of our state legislators. On this point the *Eclectic Review* remarks: "We are not very far from the point where physicians will be put in uniform, and be classed as physicians of the first, second and third class, with regular day and night shifts, fixed posts, roundsmen, medical sergeants and grafting captains and inspectors." To this it might have been added that the bosses are ready and waiting—also, lobbying "in the interest of the people," of course.

OZONE.—Where will Modern Medical Science bring up! The doctors, the people and the seaside hotel men have believed for many years that ozone was a grand rejuvenator, but now M. M. S. tells us (according to the editor of the *Journal A. M. A.*, Sept. 27) that "ozone is a toxic gas" and that "all appreciable physiologic changes produced by the inhalation of ozone are distinctly of an injurious character." The claim that it makes one "feel better" is beside the point. * * * So does a cocktail—temporarily." All of this applies to the machine made ozone, but if true of it why not also of that men have inhaled from the briny deep and the mountains? Following the hot trail of M. M. S. makes many an honest man despair—and many a skeptic grin. It is possible that the foregoing wrongs modern

medical science, when the term is used in its true sense, because its camp is filled with a lot of theatrical "scientists" whose whole aim seems to be to startle the public in the Sunday newspapers or in the popular magazines with melodramatic statements that are better fitted for the stage than for science.

THE FUTURE OF MEDICINE.—An English physician, correspondent of the *Lancet*, takes a gloomy view of the future of medicine in England so far as the practitioner is concerned. Among his comments is the following: "Private practice except among the rich is doomed. Contract work has come to stay." Then after some remarks on "a discredited and disunited profession," the result of the National Insurance Act, he adds, "The next item on the programme will be state medical service, if not in name, in reality." Under state medicine all doctors will be on the same level with no hope of advancement. That is akin to what the A. M. A. is fighting for in the U. S., and if they get it all (save the few in office) the good and the mediocre will be on the same official dead level with no hope of a brilliant career. So much red tape is the death of progress.

PROGRESSIVE MEDICINE.—The *Chicago Daily News* ironically remarks that medicine "is a very progressive science. It is now only 2,500 years since Hippocrates' time, and a cure for whooping cough is believed to be in sight. At least, the specialists of Paris hope so." This squib is based on an error that has run through allopathy from the very beginning, namely, that each disease is a specific thing for which there must be a specific remedy. When the world of medicine comes to Hahnemann's view it will be lifted out on an ancient error. Treat the patient, not the disease, for even so specific a thing as a broken bone acts differently in different patients in the matter of healing.

TUBERCULOSIS IN INDIA.—In a circular letter the publishers of the *Indian Medical Record*, a "monthly journal of Public Health and Tropical Medicine," published at Calcutta, announce that they intend to devote their December issue to the consideration of tuberculosis, "a disease that is making rapid progress" in that most ancient country, both in prevalence and mortality. A

broad view of such diseases as tuberculosis, cancer, leprosy, the plague and others in that class seems to indicate that the theories prevailing to-day are little else than—theories. One is almost justified in believing that the theory on which Dr. Conan Doyle based his last scientific story is about as tenable as any. About twenty years ago the influenza swept the world like a hurricane, but who knows why, or whence it came or why it passed?

A PROPOSED HOMŒOPATHIC HOSPITAL.—Mr. Jos. C. Roberts, of Bridgeton, Barbados, writes us that an effort is being made to raise funds to build a homœopathic hospital on that island, which has always been favorable to Homœopathy. It is to be hoped that they will succeed. Such hospitals ought to be in every community large enough to support a hospital.

CANCER.—The opening paper in the *British Medical Journal* for September 27 is by Cecil Browntree, F. R. C. S., under the peculiar title of "A Lecture on the Operative Treatment of Inoperable Cancer." He states that the terms "operable" and "inoperable" largely depend on the surgeon for, "roughly speaking, he is wrong in about 50 per cent. of his cases. For that, taking all types of cancer, is about the proportion in which recurrence takes place after a radical operation has been performed." There is no disputing the fact that operations for cancer are frequently needed, but in view of the fact, as stated by Dr. Browntree, that 50 per cent. of them are failures, it does seem as if there is a very big opening for homœopathic therapeutics in this ominously increasing ailment.

A RADICAL.—Dr. A. D. Hard, of Marshall, Minn., in a paper in *The Medical Review*, August, writes:

"Those who are physically fighting tubercular conditions should not waste the vital energy of reproductive material in producing children. If they cannot be induced to acquiesce in this direction they should be promptly sterilized.

"The rights of a person suffering from positive germ invasion should be subservient to the common good.

"The average physician, with an earning capacity of less than an ordinary grocery store clerk, and necessarily swayed by mer-

cenary influences, can not, will not, has not, and never will render just and proper aid in exterminating tubercular disease.

"The above statements are not new, not unknown, not extravagant. But they are not usually seen in print.

Dr. Hard, according to Polk's Directory, is an "R" from the Michigan University and Jefferson, of Philadelphia. As the majority of mankind are more or less infected with tuberculosis, according to some great authorities, Malthus would not have to worry much if alive to-day were Dr. Hard's ideas enforced. As for those engaged in the fighting it may be remarked that they are almost entirely "R's," the remainder of the medical profession being still possessed by the idea of curing the sick.

A BUTTER JOKE.—Here is an old witticism that was worked off by Dr. Thomas Moffat in his book, *Health's Improvement*, published in 1746. To appreciate it you must recall the fact that the Hollanders are the cutters of precious stones for the world. "The *Dutchmen* have a By-verse among them to this Effect:

Eat Butter first, and eat it last,

And live till a hundred Years be past.

And *Paracelsus*, in his Book *de Tartaro*, thinketh the *Netherlanders* be more free of the Stone than other Nations, because their chiefest Food is Butter; wherein the silly Alchymist was not a little mistaken, for no People in the World are more subject to that Disease, as the Number and Excellency of Stone-cutters in that Country may plainly prove." The same old joking doctor remarks *apropos* of the belief, that butter is the foundation of health, "it is a slippery Foundation."

EVEN SO.—"The injection of biological products for therapeutic purposes is the trend of modern medicine, perhaps the fad of the hour. How much of what we are now doing will stand the test of time is a question."—*N. Y. State Medical Journal*.

"AIDING NATURE."—In an article on "The Gonococcus," Dr. W. B. Church, in the *Cal. Ec. Med. Jour.*, remarks that a "striking peculiarity of the medical man is his persistence in following a beaten path," and adds, *apropos* of the gonococci: "In a perfunctory way we talk of aiding Nature when we take charge of

a sick man, but in no other case than the one under consideration do we act in a way so diametrically opposed to her." Man strives to stop the flow in an arbitrary manner that Nature sets up. He, it must be said, is not to be wholly blamed, for the patient, reversing things, demands it.

RESEMBLES PELLAGRA.—The following is taken from a paper by Dr. W. R. Thomas on Pellagra (*Lancet*, September 13): "During my own somewhat limited experience of asylum work I have seen cases which under the influence of 20 to 40 grains of trional per diem, given at intervals, have shown that typical pellagrous rash on the backs of hands and on the wrists and face. In all cases this condition has been symmetrical and was on several occasions accompanied by diarrhœa, some emaciation, and in one case by anæsthesia of lower limbs." It shows the action of the drug and, incidentally, what looks like the old bad habit of over-dosing. The occidental world laughs at the Chinese for trying to drive away disease by beating drums, but it is a method that is better for the patient than the one cited by Dr. Thomas.

NEWS ITEMS.

Dr. J. M. Spang has removed from Allegheny to 522 Tarleton St., Pittsburgh, Pa.

Dr. H. Kenneth Scatliff has removed from Chicago to Elgin, Ill., 125 N. Gifford St.

Dr. W. F. Baker, author of the excellent *Syllabus of Diagnosis*, has returned to his office, 1425 Spruce St., Philadelphia. By the way, even if you are an established practitioner, it would do you good to go over Baker's *Syllabus*. It only costs 25 cents.

Messrs. Boericke & Tafel have opened a new pharmacy at 123 E. 31st St., Chicago, near Indiana Ave., which will be a great convenience to the "South Side" physicians of that vast metropolis. Needless to add that this establishment is stocked with a full line of medicines, books, medicine cases, sundries, etc., and that all orders sent there will be promptly filled.

PERSONAL.

Out in California (*Pellican*) they say a lyre is a stringing instrument.

"I take a bath every day," said English. "Vy vat's de matter mit you," replied Hans.

Jokes on connubial infelicity go back to the days of Socrates, and probably far beyond them.

Bernard Shaw says that the "regular" medical profession is responsible for Christian Science and the other "cults."

St. Louis has become the chief fur trading port of the U. S., says Chicago.

"The trouble with this problem of the feeble minded is that there are so many of us."—*N. E. Med. Gazette*.

If all the talk men get off resulted in wisdom it would be a *very* wise world.

"Fool" is a word that has never been satisfactorily defined.

Probably the best definition of a fool is "a man who doesn't think as I do."

The dictionary says a fool is "one who pursues a course contrary to wisdom." Yes?

"Nearly all men love lobsters." "One touch of nature makes the whole world akin," said Claude.

"Oh! Anything goes on this page," said Mary, when she saw the above, "even the truth."

Can a good S. P. C. A. man be a "swatter?"

The real hero is he—with never a Carnegie Medal—who ignores men's fashions.

Instinct is between "unconscious action" and "intelligent conduct," hence, probably, why we are "creatures of instinct."

The lawyer is a learned gentleman who seeks to evade the law—sometimes, as the case may be.

The interior department gives more work to doctors than all the others.

A Chicago lady, according to the *Tribune*, could understand the text but not the sermon.

An editor once became very rich—by means of a relative's will.

The question of your insanity, according to the *Washington Star*, depends on your "wad," the expert and the jury who listen.

Dr. Baldwin, Amboy, Ind., remarks of Christian Science, that is is "a therapeutic Ananias club."

The new Indiana Marriage Law requires the man to state whether he is an "imbecile, feeble minded, idiotic or insane."

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A. I. H. ONWARD.

President Wilcox has been writing some stirring editorials in our official *Journal* that, as all know, is presided over by our ever faithful J. Richey Horner, and in the *New England Medical Gazette* whose editorial chair Wilcox himself occupies. They are like bugle calls.

Come on, ye braves! The laggards can stick among the camp followers! We are riding to victory! On to Atlantic, with the flaming pennant of Similia to the fore!

To all this, a charcoal sketch of what our enthusiastic young president declaims, the RECORDER throws up its ancient chapeau and answers, Hurrah! Onward; Similia forever!

But if, when our stalwart army reaches Atlantic City next June, and is comfortably bestowed in the barracks of that camping ground, all of which (if on the beach front) are a delight to the Christian soldier, if after this the army is harangued by generals on the differences between sensitized, sterilized, serumized, roasted or boiled vaccines from A to Izzard, the stalwart warriors will wilt and become weak like other men. And if some mighty general addresses them on dimethylamido, pyrimidon, busyichloral, dichloral, and ten thousand other weapons concerning the use of which they (nor no other soldiers) know anything, they will act as did the stalwart barbarians who walked into the imperial city of Rome so many centuries ago. You will remember how a huge, blonde giant innocently poked a lord of Rome in the ribs—he, poor ignoramus, thought it was a gentle, friendly touch—and the lord, let us term him Lord *Bacteriologic Serum*, hit the vandal over the head with his little wand, and the result was that after unning to the official hold on Capitoline Hill, the whole

outfit of elegant Rome was saved by the cackling of a flock of very useful, but not overly scientific, geese! You remember they were officially entrenched, but for all that the geese saved them. One cannot be certain whether this happened as writ in history, for the ancients were stronger on allegory (for want of a better word) than they were on Gadgrind facts. But be that as it may, the incident has lived through many centuries, which is more than can be said of the daily current bits of science in medicine which each cometh up as a flower and is withered. The grim veterans of *Similia*, like Cæsar's Tenth Legion, have but to direct their attack against the beautifully painted faces of Pompeii's exquisite soldiers and the dainty ones flee. But it is a cynical fact that the silken and perfumed captured tents are more comfortable than the rude cloaks of the Tenth Legion, with a canopy of stars, and that is the possible snare in the way of General Wilcox's army next campaign. It is so much more comfortable to live delicately amid flummery than to fight for the welfare of poor humanity—and have humanity throw dornicks at you as a reward. (Par parenthesis, and in parenthesis, we heard of a once good homœopathic physician, who is now rolling in \$20,000 a year from a patent cure—all he is backing.)

However, shaking off the Glooms, General Wilcox's proclamations ring true in the sense of sticking to your colors. In 1776 thirteen quarreling, back-biting and jealous colonies in this country united long enough to throw off the rule of England—an easy yoke, we now see. When this was done they were in danger of becoming like the Central American States, where war is chronic, had not a big man almost by force of his personality driven them into a semblance of unity that was riveted by the bloody days of 1860-5. "In union there is strength." Trite, but *very* true. And this is the union, as we see it, for which Wilcox is striving. You will never have things altogether your way (luckily, perhaps), but the main thing is to unite on one central principle—Homœopathy—and then amiably—scrap to your heart's content over details. So it is that the RECORDER, to the extent of its ability, backs up Dr. Wilcox in his call for a big meeting at Atlantic, and further, for every one to enlist in the Grand Army of the American Institute of Homœopathy. The banner is *similia* and *in hoc signo vinces*.

KALI BICHROMICUM.

By W. W. Vandenburg, M. D., Mount Vernon, N. Y.

Mr. F. C., 53 years, married, working in planing mill for past ten years, on "moulding machine."

Has been subject to "catarrh of head" for ten years, "much worse from every cold;" also catarrhal cough for more than half that time, which is also much worse from taking cold.

His complaint now is that his cough "shakes him all over," "jars him so," "don't seem to let up as it should." On further inquiry the following symptoms were elicited:

Irritation to cough has always seemed to be in supra-sternal fossa, and has been very persistent.

Now has also a spot in right chest, opposite mid-sternum, "that pulls when he coughs hard."

Cough is worse in morning; not immediately on rising so much as in forenoon, when he is at work, *lasting 2 hours to 2½ hours* every day.

From the throat pit the sputa is thick and lumpy; from the sore spot in the chest it is stringy, difficult and tough.

Towards the last of his morning cough sputa comes up easily in mouthfuls of very thick, lumpy mucus; it is so thick and lumpy that "he can poke it into pieces with a stick."

The first is yellowish or grayish; the last yellowish white.

Has no taste; in fact, he has lost his taste and smell since a long time past. He can smell nothing, neither taste anything, but "his appetite is good and he always eats three square meals a day."

His hearing is much dulled and he often asks that a question be repeated. "Catarrh of the head not so bad as it used to be, but there is much to clear out in the morning."

"Discharge mostly in morning, none in afternoon or evening, or at night. Chiefly removed by hawking, and drawing from head." Yellowish, thick, lumpy, not stringy; pretty easy, and not very adhesive. Much like that coughed from the throat pit.

"Now he is much worse on account of a severe cold he took about a week ago."

He has a bad cough at night, having to cough an hour at a time "to clear out."

The tickling in the throat pit is very annoying and keeps up the cough.

He has relieved this to some extent by applying hot cloths over the chest.

Also has been helped by drinking pretty hot water; this is the only time he has tried drinking hot water for cough.

Has been much benefited in times past by taking raw linseed oil, a swallow now and then, to relieve the cough. But not so much relieved by it this time.

He is very tall, raw-boned and hollow-cheeked, but says he has maintained about the same weight as at present for a number of years.

He seldom misses a day's work in the whole year.

In the forenoon "is sleepy and has to drive himself to work; this passes off in the afternoon."

He also has "a dull headache in the back of the head, not worse from coughing, but grows worse towards night."

Comments:

The most conspicuous thing about this case was the abundant lumpy sputa, and severe cough in the morning.

The next was the sore spot in the chest.

The third was the chronic loss of smell and taste.

The fourth, the ease with which the sputa was raised, except the stringy sputa from the sore spot in chest.

The remedy was sought in this way.

In "*Key-Notes*" under "*Easy Thick Sputa*," sub-head "*Lumpy*" the following information is given:

"Thick sputa in masses or clots; ash-colored, bluish, or white."

Arundo.

Suffocative feeling with loose cough; cannot lie down; thick starch-like sputa (*Arg. nit.*), *Cact. gr.*

Abundant, thick, offensive, lumpy sputa; loose cough only by day; none at night; long-lasting cough beginning at breakfast.

Cetraria.

Sputa in thick liver-colored masses; vicarious hæmorrhage; or, like boiled starch. *Digital.*

Copious, lumpy, clear, transparent, or yellowish, slate-colored, or bluish-white sputa. *Kali bich.*

Chronic, easy, lumpy, yellow-green sputa, coming up almost without cough in the morning. *Manganum.*

Sputa often in lumps in the morning; brownish, offensive, or salty, acrid or bitter; sticky, gluey, thick, very difficult; must cough until it is cleared out. *Nitric acid.*

Greenish, grayish, easy sputa in thick lumps. *Stannum.*

It will be seen from a comparison with the patient's symptoms that *Arundo*, *Kali bich.* and *Stannum* offer the best choice "on the face of the returns."

Turning now to the *Materia Medica* of "Key-Notes" we read: *Arundo—Cough:*

Loose cough and sputa: Alternately white and bluish, thick in beginning; later, ash-colored clots; accumulation of mucus in bronchi causes anxiety; very thick; a kind of spasmodic obstruction to cough in the larynx.

Burning accompanies nearly "all complaints."

Kali bich.—Cough:

Hawking from accumulation of copious thick mucus in the larynx.

Violent cough with retching, from difficult, viscid, sticky sputa; patient much exhausted.

Sputa:

Much tenacious, sometimes thick and gelatinous, hawked in the morning.

Chest and Respiration:

Weight and soreness in chest; soreness at one small spot in chest as from an ulcer.

Sensations. Loss of taste and smell in chronic coryza.

Stannum—Cough:

Loose, tickling cough; profuse mucus or purulent expectoration, with great weakness of the chest.

Loose, easy cough; abundant mucus from the trachea; great weakness of the chest.

Sputa:

Sweetish, salty, sour or putrid sputa, like white of egg; thick grayish lumps; copious green, salty; profuse in the morning.

Time:

Morning loose cough; evening loose; at night hard cough.

Weakness all over, especially of the chest.

Emptiness of the chest, as if eviscerated.

Of the three, we see at once *Kali bich.* is the closest similar.

July 29, 1913: *Kali bich.*, 20x dil. on No. 6 disks; 3 disks, 2 hours.

Aug. 2, 1913: Evening of fifth day. Cough much easier and freer. Sputa very abundant, but lighter colored. Slept all last night, without coughing.

Sore spot in chest gone.

Soreness and irritation at throat pit gone.

Feels better and stronger all over. Headache disappeared second day.

A chronic looseness of bowels, which he did not mention on Tuesday (the 29th ult.) much improved; almost gone.

The smell and taste, which have been lost for years, seem to have returned **slightly**.

He can now tell when things are too salty; and can smell strong smells like cooking cabbage.

Aug. 9, 1913: Much improved every way; smell and taste improved; less sputa and lighter colored; only in the morning does he have to clear out head and throat.

Same remedy; 4 disks, 6 times a day.

Aug. 23d, 1913: Still more improved; less than one-half the former discharge in the morning; it is now colorless, or nearly transparent, though still pretty thick: "it is very easy to get rid of."

About two weeks later he reported himself practically cured; during this last period he had taken 4 disks, 4 times a day; before each meal and at bed time.

He had quite a fair sense of smell for strong odors; he could "taste all his food;" his hearing was perceptibly better, and his digestion normal in every respect; with natural stools once or twice a day.

Continue remedy 4 disks at night, for one week longer.

Oct. 28, 1913: Mr. J. C. called at my office for medicine for his infant child. He stated that he had not coughed three times in the last two weeks, although we have had very changeable, damp weather. Also, that "there was no more discharge from the nose or throat than a well person ought to have." He has not taken any medicine for three weeks.

PRURITUS SENILIS. DOLICHOS AND FAGOPYRUM IN THE TREATMENT THEREOF.

By Ralph Bernstein, M. D., Philadelphia, Pa., Clinical Professor of Dermatology, Hahneman Medical College, Phila.

By senile pruritus I refer to pruritus without manifest eruption usually seen in the senile and pre-senile, and who of us have not had to contend with just such itching dermatoses with practically no manifest eruption whatsoever: nothing visible except those atrophic changes in the skin which come with senility. The skin may be dry and harsh and shriveled, and then again may show no signs of oncoming age whatsoever.

There are two splendid remedies which stand out pre-eminently for this condition which have never failed to give most excellent clinical results. I refer to *Dolichos* 6x (cowhage) and *Fagopyrum* 12x (buckwheat).

Now, *Dolichos* is a most useful remedy. There is intense itching of the skin, sometimes worse on the right side of the body, because *Dolichos* is a right-sided remedy, and there is no manifest eruption whatsoever, while the itching is usually worse at night. Try it and see what *Dolichos* will do for your senile cases of pruritus.

Who has not seen the cows out in the field, how they stand against the fence and rub their sides and shoulders after they have been eating cowhage? Surely that is a proving! And I must not forget that the *Dolichos* types of pruritus are often frequently worse across the shoulders. Old patients down on the farm will often be seen rubbing their backs and shoulders on the door posts the same as yon cow did in the field over there.

Now, *Fagopyrum* is the buckwheat. Time and time and again we read in public print, at the good old time of buckwheat cakes, how epidemics will strike a village or a township with intense itching of the skin. The newspapers call it the "buckwheat itch." Surely here is another proving, and therefore it must be good for pruritus. But *Fagopyrum* differs just a little bit from *Dolichos*. In *Dolichos* the itching seems to be worse in the afternoon, especially about the elbows and knees. Then, again, the hairy portions of the body seem to itch more. In *Fagopyrum* the itching

is always aggravated and made worse by scratching, whereas in *Dolichos* it seems, temporarily at least, to be relieved. In *Fagopyrum* we usually have here and there red blotches, which at times seem to have the sensation of soreness.

Now we can do much to assist both of these splendid remedies by means of topical application. Our good, old friend calamine lotion, especially where the skin is not dry and harsh, and does not show atrophic changes, answers splendidly. Its combination is as follows:

Pulv. calamine, zinc oxide, boric acid, glycerine . . . of each two drachms; phenol, beginning with one-half per cent. in mild cases and gradually increasing one-quarter of a per cent. at a time until one to one and a half per cent. has been reached; it always being advisable to begin low with the use of antipruritics in the treatment of pruritus. To the above mentioned ingredients eight ounces of lime water are to be added, and this is to be dabbed upon the affected parts every hour or two, or as often as is necessary to control the intense itching.

Occasionally it is of advantage to alternate in the use of the anti-pruritic; for instance, one time menthol may be used, again beginning as low as one-half per cent., and gradually increasing, and then the next day alternating with phenol. We must be particularly careful, however, not to use menthol as an anti-pruritic over widespread areas in the aged, because of the intensely chilly sensation which is apt to follow, which is quite distressing to the patient.

Calamine lotion, however, is not of as much service as a topical application in those whose skin is dry, harsh and shriveled as is the emulsion of olive oil, which has never been known to fail in its action in these types of senile pruritus. Its combination is as follows:

Bismuth subnitrate, zinc oxide, boric acid, glycerine, of each one drachm; lanoline, four drachms; phenol, one-half to one per cent., or more if necessary, and equal parts of olive oil and lime water to make eight fluid ounces. The best results are to be obtained with this emulsion by having it gently massaged into the affected parts three or four times daily, and once or twice during the night if necessary to insure a good night's sleep.

Now it has been known occasionally that the lanoline which is

contained in this preparation (which is used to cause it to emulsify) will irritate some skins. In such cases gum arabic, or Iceland moss, must be used as an emulsifier.

There are other things which we can as well do in attempting to assist the indicated remedy in the treatment of this condition, and that is to put the patient upon a five-day rice diet, especially when the patient is not too feeble to withstand it. By a five-day rice diet I mean that the patient shall be put upon boiled rice three times daily with two or three slices of buttered toast and possibly a cup of weak tea for five days, with nothing else to eat in the interim except possibly a small amount of stewed fruit without sugar.

It is well for the patient to drink copiously of soft or distilled water—ten or twelve glasses a day—which, being a soft and pure water, having been robbed of its mineral properties in the process of boiling or distillation, readily assists in the removal of bodily toxins.

Then try *Dolichos* and *Fagopyrum* where they are indicated in your cases of senile pruritus, together with the topical and the further internal treatment mentioned, and see what splendid results you cannot help but get.

No. 37 South 19th St., Philadelphia, Pa.

BIOCHEMICAL TREATMENT AND CURE OF CANCER.

By Eric Graf v. d. Goltz, M. D.

The close study of all possible procedures against cancer for the last twenty-five years has proved that Lawson Tait's opinion was absolutely correct. This great surgeon wrote: "*The proposal to deal with cancer by complete removal meets, I need hardly add, with my strong disapproval . . . operations for disease which give unjustifiable secondary results have no place in good surgery, . . . etc. I like my work to be stable. I have always opposed this cutting out of cancer, and my first judgment has been confirmed by the results.*"

This opinion was also recognized by the late Paul F. Mundé in his retrospect of his services as operative surgeon at the Mt. Sinai Hospital of New York City.

In 1908 we can see this same opinion expressed in a lecture by Dr. S. Strauss:

"Our therapeutical experience is replete with innumerable methods and remedies for the cure of cancer. The disease has been attacked from all sides; by the knife, by cautery and caustics, by catalysis, by X-rays and Radium, etc., . . . by all forms of treatment, in a great number of cases have proved futile; even operations in the first stage of the disease, which have been lauded so highly, have often failed and recurrence is still the rule in spite of the dictum that early operation will eradicate this terrible scourge."

Last, not least, in one of the newest essays on cancer, with special reference to treatment and to publicity through the lay press, we will find that this special surgeon condemns this hysterical undertaking by writing, *"cannot bring about a lowering of mortality."*

Another surgeon also is very pessimistic by summing up: *"The lack of any serviceable sign as the real cause of therapeutical failures,"* gives a good estimation of the whole situation.

And now, what is the cause?

In the summary and conclusions of a recent work on cancer we find the pathetic answer:

1. *"We know nothing definite as to the cause of cancer. There are no symptoms which alone are characteristic of cancer of the uterus."*

2. *"The onset of the disease is so insidious that sometimes the neoplasm has progressed to a stage beyond the hope of cure by any kind of operation before the appearance of a symptom sufficiently marked to cause the patient to seek advice."*

3. *"Information regarding cancer . . . in its early stages, through the lay press is likely to do more harm than good. . . . and likely to aggravate the nervous symptoms already existing in many, and make neurasthenics of some who are not ill,"* etc., etc.

In the face, now, of this author's statement we see parading mostly in monthlies for Homœopathy, either written by physicians or by a peculiar kind of scientist (who one day writes on Salvarsan and the next day on uteroplanes), at random harangues as follows:

"Meanwhile we turn to surgery with renewed hope and in-

creasing faith. But the knife to be effective must be used early, and for this reason each and every physician should realize that eternal vigilance is the price of safety and success. Authorities are unanimous in urging physicians to be always on the lookout for possible cancer. If suspected, make sure, then insist upon immediate operation. Do not procrastinate!"

Without commentary as the most effective critic, some remarks from a discussion on Dr. Mayo's assertion that certain cases of cancer of the stomach are curable—shall be added:

"How unreasonable for the world to look hopefully to surgery for the cure of cancer. How many surgeons possess the necessary skill for such delicacy of operation?"

"There are few Mayos and fewer still of their environments. If the skilled Mayos can save only 33 per cent. under ideal conditions, what percentage would be saved of those thousands in the hands of the general work of surgeons under ordinary conditions?"

"Why have such great leaders in medicine as Ehrlich and Hahnemann, of Germany, practically abandoned surgery, vaccines, serums, etc., etc. . . . and turned their skilled attention to the search of some chemical means of cure? There is only one reason—the present failure of these instrumentalities."

Professor John Beard, of Edinburgh, Scotland, gives finally the true explanation of this unhappy situation by pronouncing: "Cancer is not a disease but a natural phenomenon, and that to operate on living asexual generation is unnatural."

If finally we study the experimental operations of Drs. Paine and Nicholas (*British Med. Journal*, July 22, 1911), we will find that the incomplete removal of a carcinoma is followed by a rapid recurrence of greater virulence than that of the original tumor, and that the increase in the virulence is mainly due to the remaining fragments having a very rich blood supply.

Everybody now must know that to remove fragments as the real cause of enforced virulence is absolutely impossible. In a nutshell, so to say, we can see the reason for the mathematically sure recurrence of all cancers even after operation.

Seeing now all those many recurrences I have been always brought before the question, should it not be possible to work out from *Biochemistry and Homœopathy* a practical Cancer-

therapy, especially as I was satisfied that the whole working material was somewhere contained in the *Homœopathic Materia Medica*.

The close study of J. C. Burnett's *Curability of Tumors* on different places showed in his cures the eminent prevalence of *biochemical and cellular therapeutical remedies*, therefore, I kept open my eyes to see where, perhaps, an opening, a key, was to be looked for.

The general neglect of a systematic medical research—treatment in the hands of biochemical and homœopathic physicians—must be attributed to different causes; on one side the absolute lack of a possible symptomatology as pointed out by J. C. Burnett, and on the other side, the subjective impatience of the sufferer to see a promising cure, and last, not least, the floundering position of the treating physician—where to select the first really touching remedy; we know that even the smallest repertory offers the choice out of 75-100 remedies. *The physician finally coerced, admonished not to squander time (!)—delivers to-day his patients to the knife without having done his duty, neither to the patient, neither to Biochemistry and Homœopathy, neither, lastly, to himself.*

If the physician reads his journals he is warned not to run after the *ignus fatuus* like after the turtle serum. *"We all know of many instances where the medical profession has become hysterical over some new therapeutical agent, only to see it gathered to its fathers and go the way of many of its predecessors."*

One of the allopathic writers speaks of *individualization* regarding tuberculosis, cancer, etc. . . . And this *individualization and differentiation*, after the pattern of the late Dr. Schüssler, should be called *abbreviated cancer therapy*.

How I have arrived at such differentiation and individualization shall be shown in the following:

A very careful study of the promulgated theories in combination with our experiments as also a critical examination of the homœopathic materia medica resulted finally in *the facts which, in harmonising congruency with R. Virchow's Cellular Pathology and Schüssler's Biochemistry, shall be presented*. It must be stated from the first that for the question of the cure in cancer the otherwise all medicine agitating question of a possible germ does not exist for the biochemist.

The question for all biochemical treatment is, if it is possible to find out the *causing deficit of the inorganic salts in the region of the disease.*

If we now again, as the late founder of Biochemistry, go back to the chief author of the scientific and rational agricultural chemistry, Justus v. Liebig, we will find *facts throwing a peculiar light on the whole cancer question which so far as I know to the present day never has been taken into consideration*, partly on account of its astonishing simplicity, partly on account of the unreasonable obstinacy to see the importance of the inorganic tissue salts. The principal facts regarding Liebig's agricultural chemistry are the recuperation of the soil by the means of recharging the soil with those mineral salts which have been extracted by the cultivation; and to rest the ground with ploughing under the stubbles of the field and bringing marl and manure on the turned soil which, again in due time, must be ploughed under ground. Such prepared land after having been previously in cultivation for a number of years is rested completely for one year before being cultivated again. In such a way the exhaustion of the soil since v. Liebig's time in whole Europe is effectively prevented. We see that since a number of years the absolute exhaustion of the illogically formed soil in the United States has been earnestly considered by the Government in Washington, and many schools of agriculture lately have been called into existence to teach scientific farming in all its branches—pre-eminently to prevent the exhaustion of the soil. This same treatment of the fields is also given to the trees, especially those where the surrounding lawns or grass, etc., etc., are always kept short by mowing and taking the grass away. . . . This so removed grass otherwise by its final decay and the washing down of the nutritive salts of the decaying grass into the ground by rain and melting snow would furnish the necessities for the life of the trees together with the salts of the decaying leaves.

The European farmer knowing the necessity to give nourishment to such artificially starved trees buries at stated intervals manure, dead animals, etc., etc., at the roots of the trees.

The farmer not only does this for the sake of preventing less fruit production but mostly to prevent the dreaded disease—as tree cancer.

If now we investigate in the hope to find out the salts which are, so to say, by a liberal supply preventing the named disease, agricultural chemistry will, with a gratifying and surprising surety, answer, as we will see later on.

This same has in a certain way been brought out and put into a possible parallel with human cancer by H. Packhard in the *Boston Medical and Surgical Journal*, August 7, 1911, describing the cancer and its cause of the Cape Cod red oaks—but only in a general way, so to say, remaining or resting under way without reaching in his deductions the logical end by lack of a biological and biochemical analysis and translation of his observations, which, as I hope, I shall be able to expose satisfactorily.

Professor Packhard's article has been severely criticised for this theory of deficiency of nutrition but without reason, as the critics lacked all and every understanding of agricultural biochemistry of the soil and plants. The analysis now of earthy marl, manure, animals, etc., show that the soil receives besides all other necessary elements, *that necessary element which makes out the chief inorganic constituent of the plant* (tree and every vegetation with few exceptions), *the different potassium in remarkably large amounts.*

It is, therefore, necessary to conclude that the absence of potassum causes the vegetable cancer.

The human race but feeds mostly on the meat of herbivorous animals.

The potassium salts to-day are mostly lost from the food on account of its irrational preparation; the same must be said of the boiling of the vegetables.

In a like way the potassium is lost to-day in the bread resulting from the insane and irrationally purifying and bleaching of the flour.

It is, therefore, not difficult to conclude that the continuous deficit in potassium in the human organism (slowly progressing for generations with our refinements in the preparation of the food) is conformable to the results of the deficit in potassium of the soil—that means the progressing increase of cancer.

This progress of cancer, easily to be understood from a biochemical point, has otherwise proved an absolutely unsolvable conundrum for all investigators, so that the most ridiculous theories like

the one regarding the otherwise so necessary earthworm, so absolutely necessary for field and garden, have been originated by our most scientific investigators.

Dr. Schüssler has on the hand of works on physiological and pathological chemistry pre-eminently by V. Bunge shown how the medicament with the exclusion of the stomach (the detrimental effect of the stomach and later intestinal fluids, as also with the eliminating action of the liver) can only enter by osmosis and endosmosis the blood stream from the mucosæ of the mouth cavity (if not per subcutane, intercellular injections)—as from stomach and intestines the nutritive salts in form of albuminoids are taken up by liver and portal system for the nourishment of the organism.

It is, therefore, the problem for the biochemist in his theory to find out those salts of potassium which in their deficit cause this disease called cancer.

III.

If we now cast our eyes over the recorded cures and over undoubtable notes of cure by the Homœopathic Materia Medica one great fact immediately is exhibited, *that without any exception every Potassium salt is credited in a certain way with some curing effect on cancer and epithelioma, besides many other mixed tumor forms.*

As now the biochemical treatment is absolutely not a procedure bound by iron rules on account of constitutional difference of the organic and anorganic salts of the individual form, called *Individuality*—the biochemical treatment cannot be put down in the narrow confines of something like an *ironclad rule of today's Serumtherapy* for instance—but will *in the application of the individually necessary potassium salts be subjected to the Semiotik of the each time presented case.*

Biochemically and further from the point of Cellulartherapy the following potassium salts are to be considered:

Kalium arsenicosum	hypophosphoricum
bromatum	iodatum
cyanatum	manganicum
ferrocyanatum	muriaticum
fluoricum	osmicum

oxymuriaticum	sulfo-cyanatum
phosphoricum	sulfuratum
silicatum	sulfuricum
silico-fluoricum	telluricum
sulfo-aluminicum	

In explanation of those potassium salts it remains only to add few remarks regarding the potassium salt of the radical cyanogen. To-day it is not more a question and a theory but a certainty that cyanogen in its different salts plays all around an important role in the chemismus of the living albumen, since Pflüger's primary investigation in 1875. The analysis of the human saliva as given on page 4 of my *Manual of Biochemistry* contains the item of rhodonthalium. By this chemical fact I feel myself entitled to consider cyan and its salts in the legitimate biochemical practice as therapeutical agents, after Pflüger, and, lately, Ernst Haskel, have shown conclusively the origin of cyan in the human organism.

E. Pflüger's contribution has not been refuted that the living albumen always contains cyanogen, but the nutritive albumen (dead) does not.

Pflüger has shown that cyanogen gives characteristic vital properties to the protoplasm, and proved this by pointing out the numerous analogies between cyanogen (cyanic acid) and the living albumen.

Both are fluids, and transparent at a low temperature, both of them break in the presence of water into carbonic acid and ammonia, both produce by disassociation urea.

The use now of the cyanogen compounds, especially of this as here interesting, potassium cannot be explained differently than as a polymerization and an energetic transmutation in the cells, so that in form of carbamid and carbamin stagnating toxins will be expelled.

The study of the homœopathic materia medica again in another point has thrown a valuable light on the cancer question in the following manner that it is absolutely convincing (and vice versa proving the potassium hypothesis) that those remedies belonging to the vegetable kingdom and especially rich in potassium salts are recorded clinically as pre-eminently curative in cancer, as, for instance, *Phytolacca decandra* and *Actea spicata*, these

two named plants are best known to contain all three potassia of Dr. Schüssler's biochemistry, the same must be stated for *Hamamelis*, and last not least, for the one plant remedy to which Dr. John H. Clarke, in his *Dictionary of Materia Medica*, gives the high honor of being the most reliable and effective cancer remedy known—*Hydrastis canadensis*.

Next to those are standing the remedies *Baptisia* and *Sanguinaria*, both rich in potassia, but less so than those of the others named.

I do not believe that these cited facts are to be called purely accidental ones.

Next to the potassium salts those of sodium play the other greatest role in the human organism, and so we can find that under all sodium salts, 16 against 23 salts of potassium, only 2 can be named as recorded cancer remedies—*Natrum muriaticum* and *Natrum silicofluoricum*. And those two sodiums in their respective cancer effectiveness can only be analyzed as curative on account of the part of the named acids in the salt formations. If now again we search the list of the vegetable remedies whose analyses let us recognize them as pre-eminently containing sodium salts, we will find those remedies as follows in regard to cancer:

1. Of seven remedies containing *Nat. mur.* only one, *Secale cornutum*, is considered as a reliable cancer remedy.

2. Of twelve *Nat. sulf.* remedies, the following are found in the list of cancer: *Chionanthes*, *Chelidonium*, *Lycopodium* and *Bryonia*.

3. Of four—*Nat. phos.*—none is a cancer remedy, if not like in *Hamamelis*, also besides *Nat. phos.* the three potassia of Dr. Schüssler are to be found.

It must be added in regard to the value of those here named sodium salts contained in plants, that all those remedies like *Bryonia*, *Chelidonium*, *Chionanthes*, *Lycopodium*, etc., etc., are secondary and not remedies of first importance like *Phytolacca*, *Hydrastis*, etc.

The homœopathic materia medica so far has sustained without letting stand the slightest doubt the importance of potassium and its salts singly, per se, or in the plant remedy.

The most important proof for the last statement as in regard to the potassium in the plant medicine again is furnished by the

materia medica—so to say *reproving all opponents of biochemistry by pointing out that in the plant medicines not the ash salts, but that the whole specific plant, etc., character is nothing—to be absolutely wrong that the so-called specific alkaloid principles of the different plants like hydrastininum and hydrastinus conium and conininum are absolutely inert against cancer.* The most significant and again the most natural and most simple explanation for this otherwise so paradoxical behavior is decidedly the total absence of any and every potassium salt in the chemical structure of the four named alkaloids.

So that here at least regarding cancer the prescription of the famous Dr. Kafka to use the alkaloids of the simple plant remedies will prove inefficient—is not to be applied.

As the chief potassia the three of Dr. Schüssler's biochemistry must always be regarded not only important as per quality, but also as giving an indicative semiotik for the corresponding selection of one of the other before mentioned salts.

IV.

Carcinoma must be explained as an aberration in the growth of cells as expressed years ago by a prominent pathologist.

It is to be seen that this state of pathological irritation has resulted by the changed endosmotic or osmotic equalizing pressure in the tissues. The alkalies are potassium, sodium, lithium, rubidium and caesium. Of these nearly exclusively (except lithium), next to potassium sodium, must be considered as counterbalancing the potassium percentage in the tissues—so giving an alkaline irritating surrounding secretion which by itself accumulating stimulates the cancer cells into great proliferation as previously expressed by a well known pathologist as a theory without giving any explanation.

The potassium now, if not in a deficient or nearly altogether absent quantity, would chemically destroy the conditions in the tissues, favoring a cancer bleeding adolescence (resulting from the activity of the surplus sodium).

From this point of view on one side a series of experiments of a physiologist, Kemmrich, appears to be of the greatest importance as also on the other side those same experiments teach that the nearly paradoxical neglect of the tissue salts up to the newest time cannot be understood nor explained.

Kemmrich tried to find out the relative nutritive value of potassium and sodium salts. (Pflüger's *Archiv*, Vol. II., 1869.)

Two dogs were put on boiled meat diet. The meat was boiled repeatedly to extract all soluble salts as completely as possible. Each dog (being absolutely equal in everything) received equal portions of this meat, only one received a certain amount of a potassium salt, the other dog a certain amount of a sodium salt. After twenty-six days Kemmrich found that the potassium fed dog had gained 2085 grms., and that the sodium fed dog showed only an increase in weight of 810 grms. Therefore, the potassium fed dog had gained over the sodium fed one 1275 grms. At the time of the experiment the potassium fed dog was a strong, intelligent, active and well developed animal, without any superfluous fat, while the sodium fed dog was in a miserable state, lying apathetic in a corner, hardly taking any food; had glassy eyes. . . .

As Kemmrich now reversed his experiment, so that the former potassium dog was now turned into the sodium dog, the gain in weight, the behavior, etc., . . . was turned over to the former sodium dog.

The weight of the former sodium dog increased quickly 1850 grms., where in the same time the former potassium dog gained only 530 grms.

For the critic of the value of the different potassia in regard to their chemical action and in regard to their toxicity, we must remember that the human body like the plant, and also the animal organisms in general, contain for the greater part the same slowly diffusing salts—like the muriatic, phosphoric, sulphuric and bicarbonic forms. The plants contain only very small quantities of the easily diffusing, and, therefore, toxic potassia—as the nitric, oxalic, iodic and oxymuriatic ones.

If again we follow v. Bunge in his analytical work regarding the *K* and *Na* salts in his ash analyses of human and animal tissues, we will find pre-eminently the following facts (compare *Zeitschrift für Biologie*, 1873 and '74, Vol. IX. and X., as also *Zeitschrift für physiologische Chemie*, Vol. III., page 63):

1. The percentage of potassium and sodium in the human body is equal.

2. That the desire to use sodium salts (mostly *Natrum mur.*) in our food must be regarded as a slipping back in the progressive process of accommodation of the human body and organism to dog land existence.

3. This desire of not only the human organism for sodium but of all the vertebra must be regarded as a proof for the common origin of all land animals, inclusively, the human species, out of the sea water.

To those three points evolved by v. Bunge the following one also must be added as being of the greatest significance, namely, the constancy of the relative quotient of the sodium excretion to that of potassium in the twenty-four hours' quantity of secreted urine under normal (physiological) conditions.

Sodium and potassium leave the body as oxides according to the analyses of v. Noorden — $\text{Na}_2\text{O} = 4 - 6$ against $\text{K}_2\text{O} = 2.4$ grms. out of a total mineral ash varying from 9 to 25 grms. per day.

We must, therefore, conclude that if *by illogical nutrition, by pathological metabolism of whatever kind the potassium coefficient is lowered in the organism, the sodium coefficient, which also artificially by its first large excretion brings on also a large ingestion of salt, will finally be pathogenic high or hypotonic. The demineralization in K will lead to a directly irritating overcharge of sodium in blood and muscular tissues.*

This demineralization of the tissues and blood receives a great support if we compare to the present paper the unexplained results of the studies of Dr. Lyons, of the Rockefeller Institute of New York City, stating: "*While we do not know the actual cause of cancer we do know something of the causation of cancer, for we know that cancer often does result from prolonged irritation, and we know that there are certain conditions which precede or which predispose to the development of cancer.*"

V.

The facit of the present article can be put down for the treatment of cancerous diseases as follows:

1. *The growth of malignant tumors is caused by a progressing demineralization of the tissues and blood.*

2. *The author believes to have proved that the demineraliza-*

tion of the potassium salts causes the necessary irritation for the production of cancer.

The biochemical therapy, therefore, with all seeming difficulties has been confronted with the problem to treat with full recognition of the individualization of the single patient by selecting the necessary potassium salt out of the enumerated ones.

In regard to the practice there remains some further remarks. At repeated times I have warned against a *schematic use of the biochemic principle* (the last and perhaps the most emphatic time in the essay on The Biochemic Treatment of Fevers and Inflammations, HOMŒOPATHIC RECORDER, Vol. XXVIII., No. 7).

"I repeat this warning so more as I am afraid that if not enough caution is put especially in regard of the selection of the potassium salt that the resulting failures will be claimed to be 'those of the treatment' and not of the individual remedy selected (the treating physician)."

In the forenamed article on fevers and inflammations I have with great length shown how a student of biochemistry shall in like manner as I have marked out the biochemical principle in regard of "fevers," work out for himself all other chapters in therapeutics; this same should now be done to bring out the different semiotic points of differentiation. This will be easy if the student of biochemistry will follow the fundamental points of the different salts given, even in some rudimentary form in my Manual. Those notes there and the clinical notes in any larger homœopathic materia medica will be satisfactory till from own experience the close observer will form his own indications.

The second remark concerns *Radium brom.*

It is a curious fact that *Radium brom.*, 4,000,000 units, as put on the market by Boericke & Tafel, four x, is absolutely necessary in the biochemical cancer treatment.

The constant use and study of this remedy by the writer of the present paper since the first two publications in the HOMŒOPATHIC RECORDER, Vol. XXV., No. 2 and No. 12, has brought out some changes in the writer's opinion, which can be expressed as follows, that *Radium brom.*, 4,000,000, *only under one condition alone will cure cancer completely, but combined with the indicated potassium salt will exercise the most powerful thera-*

peutic influence exactly as alone the potassium salts will seldom be powerful enough to cure singly the neoplasma.

The real important clinical feature of the present article is the emphasis that the necessary potassium salt must be used in connection with Radium brom. as each other reciprocating.

The report now again going the round of success in treatment of cancer from the Middlesex Hospital of ca. 82 mgs. in *Platinum* tubes imbedded in the tumor is only confirming my own observations on *Radium*—the combination—here *Platinum*; as the instituted radio-active reciprocation is especially here happily selected between the *Platinum* and *Radium*, two elements with very high atomic weights, has brought on the cures.

Exactly so the writer could in his cases observe this nearly phenomenal melting of the tumor, going out from the mutuality of *Radium* and potassium.

To avoid all possible mischances in treatment the writer has followed advice of Dr. Chas. H. Duncan to use the necessary remedies hypodermically.

For the purpose of the hypodermic injection the physician needs only to procure the lowest biochemic (homœopathic) liquid decimal dilution of the remedies, and, then, to make the next higher dilution with sterile and *freshly* distilled water (or freshly perfectly boiled), and then to inject of this solution 1-3 c.c.

The publication of the present paper has been made in the hope to induce the homœopathic physicians at large to interest themselves for a rational, and, therefore, promising therapy, and so to heal and not to deliver the patient hopelessly to misery and final death, as the introduction of the present paper objectively has demonstrated.

I cannot close without referring to a new article of one of the many surgeons of New York City, Dr. William Meyer. Dr. W. Meyer treats the cancer question under these self-imposed items: What is the cause of cancer? Is cancer contagious? Can cancer be cured by operation?

Dr. Meyer calls his paper "*Public Education in Cancer.*"

Let us now see what kind of education Dr. W. Meyer gives us in the *New York Medical Journal*.

Of course, Dr. Meyer deals with all those three divisions in

the well known way—cancer is caused by a living organism, therefore, probably, but not absolutely, surely cancer may be contagious, and finally, after those premises, the surgeon in Dr. Meyer is running away with Dr. Meyer's logic by saying that such caused cancer is curable by operation. Going back to the references of the highest allopathic authorities in the introduction of the present article, the following statement must be made that Dr. Meyer's private opinion without undeniable proofs is not of any too great importance, but only interesting, to show that personal belief has taken the place of science!

Dr. W. Meyer's proud reference to the education like in appendicitis, "*Please examine me, and, if necessary, remove the appendix.*" has been chosen very unhappily. As just the more or less hysterics in appendicitis are well illustrated by the unnecessary operations, so we soon will see the results of the educated hysterics in cancer! Dr. Osler had once touched the hysterics in appendicitis; for the latest time Professor Wilson, of Philadelphia, Pa., writes: ". . . reported 194 cases of lesions diagnosed as appendicitis, covering twenty varieties of structure and entraining 68 species of lesions, not one of which proved to be of appendicular origin." And Professor Wilson's statement is educating regarding the true value of the education of the patient to be operated!

Dr. W. Meyer's, "*Let us hope, then, that the public education which has just commenced will go on,*" should really be changed in "*Let us hope . . . shall not go on,*" exactly as one good surgeon tersely wrote regarding the publicity of cancer.

If we analyze Dr. W. Meyer's article with the premise of the cancer causation—a living organism—so we must notice the following, that Dr. W. Meyer is fully overlooking the necessity of *building up of antibodies for the correction of the pathological end products, toxins, etc., of living organisms*: the deduction from the living organism proposition to cope, therefore, with such a disease by surgery stands on *equal value to attempt a cure in typhus exanthemata, febris recurrens, cholera, etc., with the knife!*

It remains to state that in different cases the elective employment of Dr. Chas. H. Duncan's autotherapy has been of the greatest help.

The repeated trial of using autotherapy alone has failed after sometimes remarkable improvements. *It appears that the final combination of Radium, potassia and autotherapy (especially in selected cases) constitutes the rational cancer therapy.*

"The hunting for a specificum under all conditions equally powerful is illogical, as the specificum has failed all around for all cases in any disease."

Antitoxin in different epidemics exactly as Salvarsan also repeatedly, etc., etc., have been a failure, for the simple reason that the final result depends on *individualization, differentiation and, last not least, a critical selection, respectively combination,* of therapeutical procedures.

The newest treatment of lues does not depend on Salvarsan alone, but as has been demonstrated repeatedly on the logical combination of *Iodine, Mercury* and the remedies of Paul Ehrlich; so the reader shall also not wonder to see recommendation to combine those three remedies for the final cure. Often astonishing results are observed, but often fail if only the potassia are used.

This fact must be regarded that the degeneration has progressed further than the simple filling up of the deficiency would suffice.

Here we have to observe the necessity to destroy pathological products of the metabolism further away located from the original seat of the disease.

In the same way that one remedy nearly never in the homœopathic or biochemic practice can or will cure a chronic disease, so the same must be said in regard to cancer, only with the great benefit for the treating physician that with the difficulty in the selection of the necessary potassium the whole course of treatment is mapped out.

205 E. 72d St., New York, December, 1913.

COUNTY KINGS SOCIETY.

The 469th regular meeting of the Homœopathic Medical Society of the County of Kings was held October 21, the President, Dr. Roy Upham, in the chair.

It was suggested that a change of meeting night be made on

account of the conflict in dates with the two meetings of the New York State Society in February and October, which necessitates deferring the regular meeting from the second to the third Tuesday. Dr. Ritch moved that a change be made in the by-laws deferring the meeting night in future to the fourth Tuesday, which was laid over under the rules.

Dr. H. D. Schenck, chairman of the Legislative Committee, brought up the subject of the proposed amendment to the Health Laws known as the National Narcotic Law, which was introduced in the House of Representatives at Washington last June by Congressman Harrison, of New York. It is described as H. R. 6282, and is pending at the present time in the Finance Committee of the Senate.

This bill regulates the manufacturing, selling, dealing in, dispensing, or distributing of narcotics. The provisions relating to physicians are very simple. Physicians must register and pay an annual tax of one dollar, and when purchasing narcotics make out a regular order form in duplicate, retaining a duplicate copy of such for two years. When the narcotics so ordered are received the date of such receipt must be recorded in respect to each order. The dispensing or distribution of narcotics to patients by physicians, dentists, or veterinary surgeons registered under this act, in the course of their professional practice, and while personally attending such patient is entirely exempted from any restriction whatsoever. The object of the bill is to trace the purchase of narcotics and indicate illicit traffic.

The Federal Government has for some time urged the enactment of a narcotic law and that a bill might be framed which treats justly all the interests involved a National Drug Conference was called, made up of representatives of each branch of the drug trade and of the medical profession, and the present bill is the result. The National Retail Druggists' Association gave the bill its unqualified endorsement. At the meeting of that Association in October, 1913, this action was repudiated and they are now opposing the bill.

Dr. Schenck read the following resolutions, which were passed by the National Retail Druggists' Association in October:

Resolved, That the N. A. D. R. recommend and assist in the enactment of such legislation in the various States as will con-

fine the practice of pharmacy to pharmacists and make the quality and kind of all medicines sold or dispensed subject to the inspection and regulation of the same proper State authorities.

Resolved, That the legal department of the N. A. D. R. be instructed to prepare a model pharmacy bill for the guidance of State Legislative Committees.

Resolved, That we endorse the contention of President Merritt (President of N. A. D. R.), that physicians who chose to be their own pharmacists shall furnish their patients with prescriptions for all remedies applied, just as they would if the prescriptions were to be dispensed by licensed pharmacists, and that in case of the fatal termination where physicians have dispensed their own medicines the local health officer and not the dispensing physician shall certify the cause of death and that this question be referred to the Executive Committee with power to act.

Dr. Orando S. Ritch stated that the Legislature of the State of Maine had passed a law on the lines recommended by the resolution of the N. A. D. R. and that the physicians in that State are now in a quandary, as the coroner must be called to certify the cause of death where physicians have prescribed and administered their own medicines.

Dr. Schenck then offered the following preamble and resolutions:

Whereas, House bill, No. 6282, introduced by Representative Harrison last June, was designed to control the sale and distribution of narcotics. Therefore be it

Resolved, That the Homœopathic Medical Society of the County of Kings, at its 469th session, heartily approves this bill now before the Finance Committee of the Senate and urges its passage. This society condemns as class legislation and dangerous and against public convenience and welfare the amendments proposed by the National Association of Retail Druggists and prays that such amendments be left out of said bill.

Resolved, That a copy of these resolutions be sent to the Chairman of the Finance Committee of the Senate and to the Senators from this State.

These resolutions were adopted.

Dr. Schenck also brought up the subject of the standing that homœopathic surgeons would have in the proposed College of

Surgeons of this country, which is now being formed, patterned after the College of Surgeons of England, with the power to give the degree of "Fellow of the American College of Surgeons." At the meeting of the American Institute a committee was appointed and a resolution was passed with the object of securing for homœopathic surgeons the same rights as those of the allopathic school. At the recent meeting of the New York State Homœopathic Society the matter was brought up, but was tabled without action.

Dr. Ritch moved: As the resolution of the American Institute states distinctly that the committee shall direct its efforts to securing for the surgical society the same recognition as other surgeons receive this Society endorses the action of the American Institute. This motion was seconded and carried.

Dr. Ivimey Dowling, of Albany, read a paper, entitled "Surgery of the Accessory Nasal Sinuses for the Relief of Ocular Diseases."

This paper was discussed by Drs. Warner and Schenck.

Dr. George F. Laidlaw, Professor of Theory and Practice of Medicine, New York Homœopathic Medical College, read a series of case histories from his hospital and private records under the title of "Diagnostic Problems."

L. D. BROUGHTON, M. D.,

Secretary.

BACTERIOLOGY AND BIOCHEMISTRY.

When one considers how that child (bacteriology) rules the medical household in this country, quarantining houses, bringing confusion to many an experienced old practitioner, after scaring the public and the big newspapers into a blue funk, usurps therapeutics and does many other naughty things; when one considers all this the following from an editorial leader in *The Lancet*, of November 1, appeals to one's sense of humor. *The Lancet* is commenting on the Presidential address of Dr. F. W. Andrews, delivered before the Pathological Section of the Royal Society of Medicine. The editor begins as follows:

"All new sciences have to pass through a stage of infancy before arriving at maturity—and truism as this may be it is too often forgotten. The science of bacteriology is a new one, and when we look into its progress we become aware that in the course of growth some of its tendencies, like

those of every infant, have required emendation and correction. Bacteriology has now emerged from infancy—that at any rate we can say without committing ourselves to any prophecy as to how far it has gone towards maturity; and while in all developing movements it is useful from time to time to take stock of the work accomplished, now is a very convenient date, in the case of bacteriology, to recognize the modifications in our knowledge which have become imperative and to estimate the lines which may in the future be pursued with advantage. It may thus be counted as a real gain when someone who is competent to do so gives us a *résumé* of his mature thoughts on the present position of bacteriology from a broad biological standpoint.”

What the writer does not know about the details of bacteriology would fill all the books on the subject, but for all that it seems to him that Dr. Andrews lands the whole of bacteriology into biochemistry. This is based on the following, quoted from the address, which is published in the same issue of *The Lancet*. Dr. Andrews said:

“Only now do we begin to get a hint of what I believe to have formed a large part of the course of evolution within the morphological boundaries of bacterial genera—namely, that it has been a chemical rather than a structural one—a change not so much in the configuration of the organism as in that of the protein molecules which build it up. Such changes should be in every respect subject to the same laws as govern morphological ones. It must be a question of chemical adaptation of the organism to its environment and survival of the chemically fittest. And all that I have said in the earlier part of this address as to the rapidity and extent of variation amongst bacteria would apply quite well to chemical changes.”

In other words, according to President Andrews, it seems that bacteria, micro-organisms, germs, or what you choose to call them, are but changes in tissue form made by the underlying biochemic forces, or the disease, whatever it be.

OBITUARY.

Miller.

Dr. Z. T. Miller, of Pittsburgh, died suddenly on November 14 from rheumatism of the heart. To show how suddenly death came we have his last prescription sent us by a friend. It is dated November 13 and calls for *Arnica* 1m. Dr. Miller was born at Miami, Ohio, 66 years ago. Although only aged 15 when the late Civil War broke out, he enlisted in the Sixty-first Ohio

Regiment and served throughout the war. After the war he went to Dayton, Ohio, where he learned telegraphy and also married Catherine Louise King. Afterwards he removed to Pittsburgh, where after once losing his savings by a bank failure he finally accumulated enough to enable him to study medicine and was graduated from Hahnemann Medical College, Philadelphia, in 1877. One of the local newspapers called him a "doctor's doctor" because he was so often called in to prescribe for physicians when they themselves were ill. Also, "He was a man of remarkable culture. Besides being a physician of note, and bearing the proud title of 'the doctor's doctor,' he was a painter, poet and author, and in his youth had been a musician of marked ability."

M'Clelland.

Within a week of the death of Dr. Z. T. Miller, Dr. James H. McClelland, also of Pittsburgh, passed on to the Great Beyond. He was born in Pittsburgh on May 20, 1845, studied medicine at Hahnemann Medical College, Philadelphia, and was graduated in 1867. Dr. McClelland was a strong man in the American Institute of Homœopathy and did an immense amount of work for the cause, both here and abroad. He was a subscriber to the RECORDER from its first year and a good friend. The last time the writer saw him was in the Athletic Club at Pittsburgh, when the Institute last met there. It was the night of the reception—the usual full-dress affair. His greeting, with a frown, was, in effect, "You are the man who has been opposing the Pharmacopœia," then, with a smile and a tap on the back, "but we are very glad to see you here," and so he passed on—forever. He was a good citizen and physician.

Amm. carb. cured a case of long standing, that had resisted every allopathic medicine, and had continued during a protracted visit to the Eastern cities. There was, in this instance, great prostration, hollow cough, burning in the tongue—the whole buccal cavity being filled with vesicles and ulcerated depressions, and the tongue swollen, stiff and very sensitive to cold air and drinks.—*Dr. William T. Helmuth.*

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

140 North State Street, Chicago, Ill.

OUR CONTRIBUTORS.

In addition to those whose names have already appeared we take pleasure in announcing this month the following new contributors: Drs. L. F. Ingersoll, A. H. Waterman, Lillian M. Thompson, Gilbert Fitzpatrick and Samuel B. Pulliam.

Dr. Ingersoll is well known in Englewood, Chicago, where for many years he has had a large family practice in obstetrics; Dr. Waterman has had exceptional opportunities in the study of addictions and is also an internist of growing reputation; Dr. Lillian M. Thompson contributes the particulars of a rare case, that of progressive muscular atrophy from the clinic of Dr. A. L. Blackwood; Dr. Fitzpatrick needs no introduction, having already a national reputation for obstetrical surgery.

Dr. S. B. Pulliam is of Paducah, Kentucky, and an ardent believer in the treatment of malarial conditions with the potentized remedy.

THERAPEUTIC NOTES.

The Obstetrical Forceps.—Dr. L. F. Ingersoll, of Englewood, Chicago, makes the following observations on the use of forceps:

The obstetrical forceps is the instrument of obstetrical emergencies.

The tendency on the part of many to make every case an "instrumental" one is to be condemned: Such obstetricians are time-savers, or worse. If the instrument does not lock, the application is faulty, even though it be the best possible in the case. Long continued application is liable to cause injury to the foetal head, and pressure should not be continuous for an extended period of time. However carefully the obstetrical forceps is used, there is bound to be a large measure of traumatism, and probable laceration of mucous surfaces, because forceps are of steel, and the entire process is unnatural. The lacerations (internal) are the finest portals of entry for septic matter that can be imagined, and

the vaginal canal in such cases requires especial attention, and may need considerable irrigation, whereas after normal delivery none may be necessary. The fact that the perineum remains intact does not necessarily mean no stitches are required.

Eye-Fundus Diseases and Pyorrhæa Alveolaris.—Dr. George M. McBean, of Chicago, has seen during the last year nine cases of fundus diseases, including macular chorioiditis, retinochorioiditis, and vitreous opacities, in patients suffering from pyorrhæa alveolaris.

When the offending teeth were removed in time, the eye disorder ceased. One case seen too late had gone on to complete blindness and retinal detachment. Crowned teeth and bridgework in the upper jaw have been specially offensive.

The Reading of X-Ray Pictures.—Dr. Emil H. Grubbe, of Chicago, says: "Much confusion and disappointment have followed the making of radiographs in some cases because they were not properly interpreted. It is usual for surgeons to refer cases to the radiographer for the purpose of having pictures made. It is not usual, however, for the surgeons to ask the radiographer's opinion of the pictures made. The expertness of the X-ray operator consists largely in his ability to read what has been put on the plate."

Digitalis.—Dr. A. H. Waterman, of Chicago, has discarded entirely all preparations of digitalis save the **fresh infusion of English leaves**, made according to the directions of the U. S. Pharmacopœia. In typical *Digitalis* cases this infusion may be relied upon to bring about a diuresis amounting to 2,000 c. c. or more in the first 24 hours. Dr. Fritz S. Askenstedt, of Louisville, says of *Digitalis* the following: The greatest value of *Digitalis* in physiological doses is in cases of cardiac dropsy, especially when due to auricular fibrillation (usually manifested by a rapid and very irregular pulse). **In threatened heart block any drug of the digitalis group may prove promptly fatal, even in very small physiological doses.**

Poison-Ivy Dermatitis.—Dr. Frederick M. Dearborn, of New York, in the treatment of this condition advocates local applications of adrenalin chloride (1:1000), of which one part is to be diluted with two of some alkaline solution like milk of magnesia or sodium bicarbonate.

Obstetrical Aphorisms.—Dr. J. T. Bryan, of Louisville, has sent us a number of pithy suggestions among which are the following:

Be ever ready to resuscitate an asphyxiated child—asphyxiation may occur most suddenly and unexpectedly, and the cost of throwing out a basin of hot water is not as grievous as signing a “still-born” death certificate.

Be deliberate and gentle in executing artificial respiration, but be persistent.

Dr. Gilbert Fitzpatrick, of Chicago, insists that patience, cheerfulness and optimism in general are as valuable in the conduct of an obstetrical case as our most modern tools. The dictum is all the more significant, coming as it does from a bold and successful operator.

Vaginal Malignancy.—Dr. B. A. McBurney, of Chicago, makes the following observation: Small plum-colored swellings in the vagina or cul-de-sac usually mean malignancy secondary to that of the uterus and are due to dropping down of cancer cells.

Arnica in Malaria.—Dr. S. B. Pulliam, of Paducah, Ky., has related to us the particulars of a case of a young man who had severe chills, which were treated with various remedies unsuccessfully, until on the ninth day *Psorinum* was given in high potency (45,000th) when the perspiration was established profusely for the first time; after that the chills instead of being twice daily, occurred only once. *Quinine* in crude doses failed to stop the chills. Finally obtaining the history of exposure to charcoal fumes, and on complaint of the patient that he was lame and sore, that the bed felt like one of rocks, with heat in the upper extremities and cold in the lower, *Arnica* was given in potency and from the first day of *Arnica* treatment there were no more chills and the patient soon left the hospital cured.

Poliomyelitis.—Dr. Anson Cameron, of Chicago, whose experience in this disease is very extensive, uses chiefly the iodides of arsenic, calcaria and ferrum.

Progressive Muscular Atrophy.

Young woman, aged 21 years.—Puberty, at 15; regular 28-day period—four to six days' flow.

Family History.—Father extremely neurotic—inclined to be a “little queer.” Mother well. Brothers and sisters well.

Physical examination.—Scapulæ projecting like wings and

loosely fixed to body. Ribs in apposition to each other. Skin rough and eruptive, and patient has noticeable odor.

Atrophy of scapular muscles, and rhomboid muscles.

On right side, the serratus magnus was plainly atrophic, as well as the intercostals. Vertebral disks showed atrophy and muscles in thigh also.

Diagnosis.—Progressive muscular atrophy. A myopathy that is progressive. This is a condition beginning in early life, generally hereditary, wasting beginning in the lower extremities first. It is to be differentiated from a *progressive amyotrophia*, which is due to a lesion of the spinal cord, and is characterized by onset late in life, is not hereditary, has fibrillary twitchings, and wasting begins in the upper extremities.

The difference in pathology makes a different prognosis as there may be a chance of improvement in the **Myopathies** due to disease of the muscular system, while **Amyotrophies** are practically hopeless, due to the pathology of the cord.

Treatment—Psorinum, 200—three doses.

Adjuvant—Salt glows, exercises, good hygiene and diet.

In three weeks patient improved in many ways, but developed some new symptoms and was given a high potency of *Nat. Mur.* and is improving. Patient has gained in weight, lost the odor, and the skin eruptions, and general health is good.

(This case is from Dr. Blackwood's clinic and is still being treated.)

GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO, ILL.

Tubercle bacilli may be demonstrated in frozen sections by the following method, which is largely original with the writer: The tissue to be examined must not exceed one cubic centimeter in size and must have been hardened for forty-eight hours or longer in 4 per cent. formaldehyde (1 part of commercial Formalin to 9 parts of water). After cutting sections on freezing microtome they are placed in a petri dish full of water. The thinnest sections are most desirable for bacteriological examination, and are separated and floated on a slide with a small camel's-hair brush, which is also used to straighten the sections on the slide. The excess of water is then removed with a medicine dropper, and the

specimen repeatedly washed with 95 per cent. alcohol. After the excess of alcohol has been removed with a dropper, the specimen is blotted on the slide with a soft, smooth filter paper, and before it can dry is covered with thin celloidin. This fastens the section to the slide. The thin celloidin is made by dissolving 3 gm. of Schering's celloidin in 50 c. c. of a mixture of equal parts of 95 per cent. alcohol and ether. A thin film of this should be flowed over the section and considerable of the surrounding slide. Drain off all excess, blow on slide a few times, and place at once in a Coplin jar containing carbol-fuchsin. The slide should be left in the stain six to eight hours or over night. The next steps are, (1) rinse with water, (2) decolorize with 2 per cent. HCl in 95 per cent. alcohol, (3) wash with alcohol, (4) wash with water, (5) stain with hematoxylin for five minutes, (6) wash in water until section assumes a decided blue color, (7) wash with alcohol, (8) cover with xylol until clear (15 to 20 min.) and (9) mount in balsam.

If any trouble is experienced in having the section separate from the slide during the staining process, it may be due to one or both of two things: (1) failure to have the slide absolutely clean and free from grease, or (2) failure to dehydrate thoroughly before flowing on the celloidin.

By this method the tubercle bacillus appears as a red rod in a blue field.

CLINICAL URINOLOGY.

BY CLIFFORD MITCHELL, M. D.

Russo's Test.—A reviewer of *Modern Urinology* has taken the author to task for not describing Russo's test. This is "one on" the reviewer, for Russo's test is described on page 600 of *Modern Urinology*. The reason why the reviewer failed to find it is because it is indexed as the "methylene-blue test for typhoid."

Benedict's Test.—This test for sugar is especially valuable as a negative one. It is so readily affected by various constituents as to necessitate much care in the drawing of a positive conclusion. High-colored urines in Mitchell's experience seem to cause a slight opacity. Previous contents of bottles in which urine is collected may be the cause of slight reductions. The urine of alcoholics frequently reduces the solution quite perceptibly. A faint

reduction in the case of light-colored urine is more significant than in that of concentrated urine.

Quantitative Analysis for Sugar.—The best titration method of that of Benedict described on page 336 of *Modern Urinology*. Time is saved by diluting one part of the urine with nine of water, making ten parts by volume. The end reaction is more satisfactory in such a case than in that of any solution clinically used, but the solution must be kept boiling briskly all the time. To calculate results quickly divide the figure five by the number of c. c. of the diluted urine used, and multiply the quotient by ten. Thus, if 10 c. c. of the diluted urine were used the per cent. of sugar is five. The operation can be performed without diluting the urine, but is tedious, when much sugar is present, as it is necessary toward the end to boil at least three minutes upon each new addition of urine.

Toren, of Chicago, uses the Benedict quantitative method for lactose in milk and commends it highly.

It goes without saying that a typical end reaction is not obtained when the reduction is not due to sugar, but to some drug.

POINTERS.

Dr. Wells (*Ec. M. J.*, Nov.) relates this which he picked up from an "old crone," but evidently put into his own words: "Where there is a sanious, watery discharge from the uterus, which scarcely stains the linen," *Apocynum* is the remedy.

A patient who went through a severe and prolonged attack of inflammatory rheumatism was given bread, butter and honey; before the illness she did not like honey, but now can hardly get enough of it and it seems to fit the case.

"*Lycopodium* is the leading one of a trio of flatulent remedies, *Carbo veg.* and *China* being the other two. With *Lycopodium* there seems to be an almost constant fermentation of gas going on in the abdomen, which produces a loud croaking and rumbling. Remember that while *China* bloats the whole abdomen, *Carbo veg.* prefers the upper and *Lycopodium* the lower parts. With *Lycopodium* this flatulent condition is very apt to occur in connection with chronic liver troubles."—*Dr. C. F. Junkerman Columbus, O.*

Dr. D. M. Currier, Newport, N. H., *Med. Summary*, Nov., writes that he thinks that *Phytolacca* externally is the best remedy he knows to remove adventitious tissue, for cancers and chronic rheumatic lameness. He uses tincture made from the green plant.

Dr. Robert Abbe (*British Med. Jour.*, Oct. 21) states that Radium will cure X-ray burns. He showed photographs of a man's hands, who for 15 years had been engaged in making X-ray tubes. They were covered by small epitheliomas, caused by the rays. Looks like a case of homœopathic cure. In view of the fact that a tube of Radium is very expensive we cannot see why a little of the trituration of high-powered Radium, say the 12x or 30x, which will photograph objects, applied to the diseased surface, will not do all that is required in the way of external application and be far less expensive.

Dr. Fritz Kraus (*Deutsche medizinische Woch.*, Berlin, Oct. 9) reports results of *Radium* treatment of 41 cases. The best results were in sciatica and in chronic rheumatism. The treatment was by exposure, but is a hint as to what the 30x or 60x triturations may do when given internally for these two obdurate affections, or applied externally.

How many operators know that *Lachesis* is the remedy for the infection that sometimes follows cuts or scratches? Read the sketch of Carroll Dunham's life that prefaces his works. It was *Lachesis* that made that brilliant man a staunch homœopath, when he was thought to be fatally infected from such a cut.

Dr. C. D. R. Kirk, Shuqualak, Miss. (*El. Therap.*), says that the onion, our *Allium cepa* is a great bladder and prostate remedy "for cystitis and some wrongs of the prostate." He gives the tincture in material doses. If any one will turn to page 36 of Allen's *Handbook* (you won't find it in the small books) it will be seen that there are good grounds in the symptomatology for Dr. Kirk's success. Look up *Allium cepa* in such cases.

BOOK REVIEWS.

NEW STANDARD DICTIONARY OF THE ENGLISH LANGUAGE. Isaac K. Funk, D. D., LL. D., editor-in-chief. 2,916 pages. One volume. Funk & Wagnals, New York, Publishers.

This is a new edition of the old *Standard*. This book the publishers tell us is "an absolutely new creation from cover to cover," containing "more than 450,000 vocabulary terms," and "over 7,000 illustrations." Four hundred and fifty thousand words are more than the average man and scholar can use in a lifetime. Some one has recently said that new words are being coined at the rate of 5,000 a year, presumably pitch-forked into the English language from the Greek, or the Latin, and mostly verbal rubbish as are a huge number of the words in this magnificent book, though that is not the fault of the dictionary maker, who is forced to record much foolishness. We cannot attempt to go into the details of the plan of this work, the reader can get them by addressing the publishers. There is one feature of this book, however (and it is found in all other big dictionaries), against which we wish to make a vigorous kick, namely, that of giving two or three pronunciations for a word. Take the now very familiar word "appendicitis," the *Standard* tells the inquirer that he can pronounce the termination *cctis*, *citis*, *saytis* or *citis*—you pay your money and take your choice! Haven't the makers of big dictionaries nerve enough to say *thus* the word is pronounced, for, it seems to us, to follow every pronunciation is about like giving the spelling of Josh Billings as one of the authorized spellings.

In the "key to abbreviations" we notice the familiar "B. & T."—Boericke's & Tafel. The book contains a large number of beautiful colored plates, of such things as birds, butterflies, badges of honor and the like; they are really specimens of high art in the matter of illustrations. Sometimes we feel like starting a reform party, whose aim would be to prevent the use of any type in textbooks or journal below eight point. A good editor could easily blue-pencil enough out of any of the small (and large) type matter to admit of the use type that is not a severe strain of the eyes.

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EDITORIAL NOTES AND COMMENTS.

KNOCKING.—The RECORDER, though having a strong suspicion, would never have uttered it in so direct a manner, but, coming as it does from that mighty arbiter, the Council, it may be at least mentioned here as the dictum of that mysteriously powerful body, namely, that a majority of the doctors (“regular,” of course) do not know the difference between a vaccine and a serum. These two agents belong to “a highly specialized field of medicine,” and should be left to the highly specialized men. Inasmuch as the average bacteriologist knows nothing about practice and the average practitioner knows nothing about vaccines, etc., it seems that the public is, as it were, between two stools and apt to get jarred. If wise the public will consult a plain homœopathic doctor who, while he may not know the vast scientific difference between a *b. murisepticus* and a *b. necrophorus*, nevertheless knows how to cure his patients. There is reason to believe that hundreds of good men on the other side of the therapeutic fence are quietly slipping into the homœopath’s therapeutics every year.

THE DOCTOR’S DUTY.—In very many of the exchanges coming to this office is the statement that the chief duty of the “modern” physician is to prevent disease. There is a good deal of Paul’s “sounding brass and tinkling cymbals” in this. In other words, it reads well, but when one comes down to particulars it is rather empty. If a newly-graduated man has ability he is very useful in the community, while if he hasn’t he is not useful. The mere fact of recent graduation does not give him the ability. Again: The public looks to the doctors to cure disease, and that is all that

is asked of them. It should be borne in mind that "the public" are not cattle, to be herded into the latest theories—which generally turn out to be wrong—but human beings, with certain rights guaranteed to them by the civil law, and one of these is the right of individual judgment. The physician who can cure disease is the man the public is looking for.

SALVARSAN AND MERCURY.—Wechselmann is being extensively quoted to the effect that Salvarsan is no more injurious than any other intensive treatment, and the cause of the deaths following the use of that drug is due to the fact that the kidneys have been damaged by previous mercurial treatment and are unable to throw off the arsenic. This is severe on those who gave the mercury. Also something of a warning. If those afflicted with venereal diseases could be induced to submit to a course of homœopathic treatment it would be better for them.

CHEAP CLINICAL THERMOMETERS.—A thermometer is, of course, a thermometer, but it may also be a liar. Dr. J. Basil Cook, of the St. Giles Infirmary, writes in *The Lancet*, Oct. 4, of his experience. He says that owing to the number that were broken they naturally tried to buy cheap ones, as, presumably, their funds were limited. They bought three dozen of a firm and the test showed that they ranged from 105 down to 98. Another batch ran from 95.7 to 97. Another lot registered from 101 to 103.6. With this statement Dr. Cook closes his communication, leaving the inference that afterwards the Dispensary bought reliable thermometers. Probably many a physician has been unnecessarily frightened because his thermometer was a cheap liar. Bargain counter medicines and instruments are not wise investments.

THE A. M. A. vs. LYDSTON.—The Appellate Court of Illinois has reversed the decision of the Circuit Court and the American Medical Association must come into court and defend itself against the charges of Dr. Lydston. They must show that there has been no usurpation of office. Being an Illinois corporation they must show that elections of trustees held outside of the State are valid; also, why these men should not be elected by the members or by proxy. Dr. Lydston claims that at present the Asso-

ciation is an autocratic, self-perpetuating machine and he aims to put it back into the hands of the members. This decision seems to be regarded as a great victory by Lydston and as something rather important, but only one Chicago newspaper mentioned it and that was in an obscure part of the paper and in small type.

MADNESS OR INSANITY.—Every one who has tackled this subject has failed to define it, in fact "insanity" is, in reality, an undefined word. Somewheres in his writings Dean Swift, who was accused of insanity in his later years, offers this: The difference between the sane and the insane is that the lunatic blurts out whatever comes into his mind, while the sane man controls his ideas to fit conventionality, the inference being that the same wild ideas come to him as to the lunatic, but he holds them in check. A very common thing for men is to say 'the idea has just struck me,' or "comes to me," or "occurs to me," but no one every seems to consider the rather curious question, "Whence?"

RINGWORM.—A weak part of latter day medical science is that it stops at the beginning, that it does not follow the case as a higher science must. To be sure this halting is not the fault of the physician, but he can hardly call his effects science in the deeper meaning of the term. Burnett, in his little monograph, *Ringworm*, held that the ringworm eruption was an evidence of a tubercular taint and that *Bacillinum*, with any other indicated remedy, was needed to root it out. Dr. F. Embry-Jones (*British Medical Journal*, Oct. 4) reports 200 cases of ringworm treated by X-rays. His report is meagre, but the inference is that the eruption disappeared. Whether with this went the constitutional cause is a question that led to the remark that latter day science stops short and pays no attention to other sequelæ, just where Hahnemann's *Chronic Diseases* loom up portentously.

"HEREDITY CELLS."—Probably these are new to some of the RECORDER'S readers. They are dwelt upon in a lecture delivered at Edinburgh by D. Berry Hart, M. D., and reprinted in *Lancet*, Oct. 18. It is long, learned and printed with that irritating small type adopted by so many English journals. It is by these cells

that mental and family characteristics are transmitted—according to the teaching. Go a little further and it amounts to seeing character under a microscope, in other words, the soul. No wonder Sir Oliver Lodge, Crookes and many others “flew the coop” to where they had at least wing room.

REFORMING THE WORLD.—The Reformer is ubiquitous, everything from recondite philosophy down to servantgalism engaging his attention. He swarms about the doctor, which is not complimentary to that long suffering and much abused man. He now, in the form of the National Association of Retail Druggists, wants to prohibit him from dispensing medicine save by prescription. At present, in some of the States, the Board of Pharmacy can inspect a doctor's stock of drugs and fine or imprison him if they are not what the board thinks they should be. The board also, so they say, seeks to have prescriptions subject to their inspection. Some day the country will have emesis and many things will be thrown up, after which the body-politic will have freer respiration.

MORE EXAMINATIONS.—Our esteemed, and once upon a time homœopathic, contemporary, the *N. Y. Medical Times*, asks, “Why not a Binet intelligence test for the prospective voter when he attains his majority?” We must confess to considerable ignorance as to the Binet test, by which it is proposed to purge our voting lists, but feel quite confident that any such attempt would mean the boiling over of the hot pitch and a strenuous time generally, for does not the Republican regard the Democrat as an uncouth blunderer, the Democrat looks on the Republican as a plutocrat, the Progressive thinks both of them a pack of leagued rascals, while the many small parties concede the fact that all virtue lies in them individually. No! no political examining boards, good brother!

SERVING UNDER TWO FLAGS.—It seems that there are eclectics who join the A. M. A. and, according to the *California Eclectic Medical Journal*, their course afterwards is “erratic.” It seems that they are not allopaths, nor eclectics, in short, they become neither fish, flesh nor fowl, not even good red herring. Our California contemporary intimates that a man who wears two uniforms is regarded with more or less suspicion by both sides. No

doubt but that the men who mix up this way have an idea that they are broadening their minds and usefulness, but their fellows think otherwise. As the *Journal* says, "It is bad business." In reality no one in this big world cares much what you are, but if you are found under several flags the whole outfit on all sides shrug their shoulders.

TYPHOID AND ITS VACCINE.—Dr. Alvah H. Doty, one-time health officer of the port of New York, comes out against indiscriminate typhoid vaccination (*Medical Record*), because he says it lights up incipient tuberculosis. Typhoid, as the text-books put it to us, is nothing but poisoning, and to vaccinate against the possibility of being poisoned seems to be rather stretching things in the way of protection, especially if the protection causes that most hopeless disease, consumption. The way things are introduced today seems to be with a "Hurrah, boys! Here is the latest! Whoop 'er up! Don't be a back number!" If it fails, as it surely will, toss it into the discard and the bewildered world will forget it, but for the moment it has been "the latest."

OZONE AGAIN.—Just at the time the American medical journals were denouncing ozone for being a deleterious gas, or something of that sort, along comes *The Lancet* with a laudatory paper by Professor Dr. Frank M. Lessing on its virtues. It is things of this sort that sooner or later drives "anxious enquirer" into medical nihilism or lands him in the calm, sure science of Homœopathy. Let the good work go on!

COLOR IN DANGER SIGNALS.—Some journals are advocating the change of the color of the danger signal from red to some other color, because, they say, of the increase of color blindness among men. Some advocate the substitution of yellow and blue for red and green, now in use. Whether it will be wise to fit danger signals to abnormal human beings is a question on which men may differ, for to substitute yellow for red would be to make the danger signal of about the same color as is all artificial light—with the exception of the arc light—while blue does not show out very strong. Whether Homœopathy could touch this affliction is a question for our doctors to consider. Probably three generations of therapeutic sanity might do it for posterity.

NEW LIGHT ON APPENDICITIS.—The learned Bolognesi says that appendicitis may develop with merely slight disturbances, nothing more than vague gastro-intestinal pains, dyspepsia and constipation. But, in time, these conditions may involve changes in the appendix similar to those of ordinary appendicitis. While it is possible that these evidences of age (man is mortal) might have been alleviated by *Lycopodium*, *Carbo veg.* or some other irregular remedy, still it is scientifically and indubitably true that these means, bordering on quackery in the eyes of the orthodox, would not have stayed the approach of old age. However, if you, doctor, should have occasional gastro-intestinal pains, some dyspepsia, with periods of constipation, and your more fortunate professional brethren should propose to “operate” on you, it might be well to reply as did the French physician, as related by Granier, “Do you think I am a patient?” and insist on the irregular remedy.

A QUESTION.—Reader, do you know what “gastric achylia” of the “aplastic form,” evidently on the plane of “orthostatic albuminuria,” sometimes accompanied by periods of “hyperchlorhydria, and probably by a transitory exhaustion of a functionally weak gastric mucosa,” is? Then, Go to! What right have you to treat indigestion? Still, as the RECORDER is published for the benefit of the physician, it may be mentioned that “hydrochloric acid and pancreas preparations may be needed symptomatically” in such cases “and may have to be kept up for years, suspending them for a time every month,” to which we add the *obiter dicta*—if the patient has faith to hold on, and pay.

LIME.—Herr Doctor R. von den Velden (*Therap. Monat.*, Berlin, Oct.) has been studying lime in therapeutics. This is better than studying serums and other diseased animal matter. The results obtained point towards Homœopathy, but if Dr. Velden would get a good work on the homœopathic use of the calcareas he would get over the ground faster and be on a much firmer footing as to the wonderful therapeutic scope of lime. It is, perhaps, a good sign that European physicians are getting away from the revival of old Isopathy, of curing disease by itself, as it were lifting yourself over the fence by your own boot straps, and are getting back to the use of normal agents.

"MOST USED."—The official *Journal* of the A. M. A. prints the formula "most used" for a certain purpose and then rather curiously remarks that it is practically the same, "the much advertised —." This much advertised proprietary is among those severely denounced by the *Journal* as a fraud, yet here they are printing a recipe and then giving it a standing by saying it is the same as the thing that is in their *index expurgatorius*.

TONSILLECTOMY AND APPENDICITIS.—In a letter to the *British Medical Journal*, Nov. 1, Dr. Brian Metcalfe, a surgeon, confirms the previous statements of Drs. Lockwood, Parry and Bramwell of the "not infrequent association of tonsillitis with appendicitis." Dr. Metcalfe gives two illustrative cases from his own surgical practice, in which appendicitis promptly followed tonsillectomy, and the closest questioning did not reveal any suspicion of previous appendicular trouble, nor was there evidence of such seen during the operation for the removal of the appendix. This points to a study for those who have a bent for penetrating unexplored fields. The normal human body is a perfect machine, in which each part has its function for the general welfare of the microcosm. What is the effect when an organ is removed on the other organs?

HYDROPHOBIA.—There are quite a number of respected medical men and scientists who vehemently insist that there is no such thing as rabies, nor never was, yet the *Journal A. M. A.*, Oct. 25, contains a paper on the "Cultivation of the Rabies Organism," and has two pictures of it, and follows this with another paper, "A Clinical Report of Seven Cases of Hydrophobia," by Dr. D. L. Harris, of St. Louis. Dr. Harris reports these cases "because of the persistent assertion of misinformed persons that no such disease exists." Probably one reason for the skepticism is the fact that weeks and months elapse between the bite and the appearance of the disease or convulsions. The *Journal* editorially states that heretofore investigators have confined their attention to the brain and spinal cord, but now they are looking to the salivary glands, as Hering did nearly fifty years ago, when he proved *Lyssin* "the saliva of a rabid dog." All of which seems to show that the homœopaths are not "behind the times." The trouble seems to be that they have lacked good press agents.

THE WOES OF THE EUGENIST.—One of our estimable contemporaries published in a State where the eugenists have had their will and passed laws, or had them passed by legislators who know about as much of the subject as Carlo, your pet and lovable dog, knows about Greek, utters this plaint, "The mistake or oversight of the authors of the laws was that they designated no suitable person to execute the law." Is there any one living who can tell what the progeny (assuming there will be a progeny in this eugenic age) of a proposed pair of human beings for mating will be? If there is he is super-human and far beyond the wire-pulling crowd seeking the new offices created by the legislators for the spiritual regeneration of humanity. Sometimes it strikes one from the humorous angle—the idea that a Legislature (the "rottenest" ever, *vide*, the daily press) by a lot of "whereases" and "be it enacted" can wipe away the sins of humanity. "But, try it," say the urgent ones, quite regardless of the possibility that the trial may make confusion worse confounded. It was tried in the community alluded to above, but the lion in the way is that they cannot find a license clerk who can perform divine miracles. Sad, but true!

PNEUMONIA.—Sokoloff tells us that in pneumonia the affected lobe or lobule should be recorded, on which side, whether the exudation be catarrhal or fibrinous, and, finally, whether the etiologic factor be the diplococcus, streptococcus, staphylococcus, influenza, measles or "pneumonia"—the last factor named in the etiology of pneumonia is rather puzzling. After giving these points Sokoloff (J. A. M. A., Nov. 15) rests his case—you are supposed to know what to do when you have decided which coccus is the guilty party. This is the modern way. Yet, in truth, if we ever get pneumonia we will pray for a physician who will "take the symptoms" and "give the indicated remedy." The result may not be much of a contribution to medical science, but the chances are more in favor of there not being a dead editor. Still, it is but fair to say that if the patient (or the editor) clings to life, yet feels that Death has entered the bed chamber, and is gliding near, that he will call in all the appliances of modern methods and go on the ferryboat over the river Styx in a blaze of scientific glory.

THE TWO KINDS OF DIAGNOSIS.—The one is mechanical, the other isn't. As a sample of the first take probably the best known—the Wassermann. What the test shows is the diagnosis. The older comes by experience; the physician, without the aid of mechanics, or chemicals, sizes up the case before him; he may not know the name of the ill, but he knows what to do, or if anything will avail; he ranges in the domain of the higher medical science. The other sounds better if an inquiry is made at the death, but the larger scientific method is better for the patient. The newer method has its place and use in medicine, but the man who can read the patient is on a higher level of science than he who reads by "reactions," etc. For suppose that by means of the many tests this, that of the other polysyllabic condition is shown to exist, what then? The man who surveys the whole field is the greater diagnostician, just as the man with field glasses has greater comprehension than the man with a microscope. Both have their use, but the far-sight of the whole is greater than the details of a pin point of the subject. All of this is involved in Hahnemann's instruction to "treat the patient."

MOSQUITOES AND MALARIA.—It seems that there was an epidemic of Malaria in India in 1908 and the Government set its medical corps to work investigating. Major J. D. Graham, who is Special Malaria Officer, has reported results. The central idea seems to have been that as, according to modern science, the mosquito is the cause it was the thing to be studied. Accordingly Major Graham gave the following list of mosquitoes that were found in the places where the epidemic prevailed. Here it is: *Nv. m. rossi*, *M. Culicifacies*, *Nv. Fuliginosus*, *M. Listoni*, *Nv. Maculipalpis*, *Ny. Maculatus*, *Nes Willmori*, *Nes. Willmori var maculosa*, *P. Lindesayi*, *Nes. Stephensi*, *My. Nigerrimus*, *My. Barbirostris*, *C. Pulcherrima*, *P. Simlensis*.

At the end of his paper the Major remarks that since the epidemic year there may have been "qualitative and quantitative alteration in the species which it is difficult to estimate," and there the wily, but learned, Major leaves the reader. At this distance it looks as if the medical authorities, bowing to the ukase that mosquitoes are the responsible agents in malaria, and having an epidemic of that disease on hand, set their agents to work to

look the matter up, with the foregoing result. The agents found certain species of the insects, described their manner and customs and then, with a grave bow, the Major hands it in, with the casual remark that things may be different now, possibly as a buffer to the fact that while the mosquitoes still persist the disease has passed, which is hard on the accepted theory. The plan citizen notes that in some years the disease is epidemic and in others it is absent, though the alleged cause remains present, hence the ravens of doubt flap their wings and official medicine is in sore straits, for such things mar the pulchritude of their science.

THE SLEEPING SICKNESS.—In 1911 the British South Africa Company set a number of scientists to work to investigate the origin of trypanosomiasis, or sleeping sickness, a disease caused by the trypanosoma for which, in theory, the tsetse fly is responsible. It must be confessed that after reading the Report (*Annals of Tropical Medicine* vii, No. 2) the finding appears to be a bit hazy, as was probably the subject in the minds of the Commission. It seems that the *Glossina morsitans* is not the only transmitter of the trypanosoma, for it was found that the *Glossina palpalis* is also guilty. There is much learned dissertation on the subject in the Report needless to go into here. One practical suggestion is that all the big game—antelopes and up—be killed off, as these are supposed to be “reservoirs” of the disease germs. An interesting feature of the Report is the fact that while the trypanosoma are very prevalent the disease only comes during periods of “relatively high temperature” and in epidemics, somewhat as Dr. Bentley (Oct. RECORDER, page 443) found the malaria germ almost universal throughout the Indian region, yet the disease comes in epidemics or cycles. It has also been noted that the plague, which runs in longer lasting epidemics, rises with the rainy season and practically disappears during the dry season. Perhaps this unknown cause governing such diseases is the reason for the oriental Kismet-fake.

NEWS ITEMS.

Dr. J. H. Buffam, formerly of Chicago, is now associated with Dr. Philip Rice, of San Francisco, Calif., in eye, ear, nose and throat work. You will find them in the Head building, cor. Post St. and Grant Ave.

PERSONAL.

In reality Sir Oliver Lodge, in his famous Address, wanted Science to go beyond the ion and Science flunked!

"Denial is no more infallible than assertion."—*Lodge*.

Guthrie asks if Napoleon suffered from "hypopituitarism (dystrophia adiposa genitalis)?"

"I don't know what I had," said the man who had dined on hash.

In Mexico a man first runs for President and then for his life.

Every tramp is reputed to have hydrophobia, otherwise "fear of water."

Sulphur 1000?

"It's a poor hen that can't scratch for two chickens." Irish proverb, where big families prevail."

"A black hen may lay a white egg," said the Irishman to the eugenist.

"The large part played by feeble mindedness in our social life is underestimated."—*N. Y. Med. Times*.

Isn't there a distinction between a truth and a fact?

If the big colleges turn down all little colleges that beat them they soon will have only "preps" to play with.

"How can a woman be reasonable!" she exclaimed, and no man could answer her.

Curious ending of a hospital "ad." "Give it a trial."

The *Journal A. M. A.* thinks "the useful simian" is "useful in experimental psychology." Oh, you Dearborn St. Darwinian.

The weak link in the enormously long and lengthening chain of modern medicine is that it teaches so much that "ain't so."

Dr. Coillag has found that bald spots are contagious. And baldness? Beware of quarantine, ye of the front row!

Texas is "evicting medical fakirs." Where will it end?

Soaksmall would be an apt title for the next scientific product made in Germany.

"Why not live for ever?" asks an eminent M. D. in a popular magazine. But, dear sir, the D. D.'s say we do.

It is all the same whether you write "hypoleukemia," "hypoleukæmia," "hypoleucemia" or "hypoleucocytosis."

It is better to write "hyponychial" than "under the nail" and shorter. St. Louis says that certain Chicagoans suffer from macropodia.



