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Index to Volume XXXIV

- Aloes, Remarks on (Carroll Dunham), 163.
Aspirin Poisoning, A case of, 220.
Acute Symptoms (Perkins), 221.
African Experiences, 262.
American Institute of Homœopathy at Asbury Park, N. J., 289.
Angina—Sore Throat, Therapeutics of, 316.
Are We Out of Date (Wright), 368.
Attenuation, The Hahnemannian Doctrine of (Abrams), 402.
Argonne, The, An Eye Witness in (Dorr), 406.
As Others See Us, 416, 512.
Ad Captandum Vulgi (Wright), 507.
Asafœtida (Farrington), 519.
Bracken, Homœopathic Comparisons, 449.
Bronchitis, Chronic (MacAdam), 441.
Boger, Odds and Ends, 393.
Boger, Dictamnus, 472.
Boger, How to Take the Case, 545.
Book Reviews—Kent's Lectures on Homœopathic Philosophy, 425.
Boericke's Materia Medica, 586.
Bryonia (White), 557.
Clinical Cases (Hayes), 49.
Clinical Excerpts (Leggett), 52.
Chenopodium, Oil of, Fatal Case of Poisoning by, 60.
Clinical Cases (Rabe), 97.
Coffeen, A Criticism, 115.
Coffeen, Reply to Criticism, 115.
Convulsions, Infantile, 174.
Clinical Cases (Rabe), 193.
Case Reports, Endocrine (Freeman), 209.
Correction, A, 269.
Confidence (Wright), 377.
Cough Cured by Nitric Acid, 473.
Case, How to Take the (Boger), 545.
Drug Deterioration, 119.
Duffels (Stewart), 297.
Diphtheria, A Case of (Saekin), 309.
Dysmenorrhœa, A Case of (Lutze), 312.
Dienst, Why Give Medicine, 363.
Drug, Green, Preparations, Advantages of, 415.
Dictamnus (Boger), 472.
Eye Symptoms, Peculiar, 168.
Endocrine Case Reports (Freeman), 209.
Endocrine Reports (Freeman), 323.
Eczema, A Case of (Rabe), 374.
Foot-sweats, 214.
Faith in Medicine (Wright), 469.
Facial Neuralgia (Lutze), 505.
Garcinia Cowa (Raye), 111.
Gastric Ulcer, a Case, 261.
Gelsemium (Raymer), 314.
Green Drug Preparations, Advantages of, 415.
Griggs. A Proving of Indol, 461.
Gelsemium, Research Work in, and Bryonia (Baker), 489.
Glycerin, A Subjective Proving of (Griggs), 540.
Homœopathy Wins (Farrington), 565.
Homœopathic Medicines, Miscellaneous Observations With Reference to the Action and Uses of (Hinsdale), 5.
Hering, Constantine, Comments on the Late Dr., 22.
Hayes, R. E. S., Clinical Reports, 49.
Hemorrhage From the Vagina (Fobes), 212.
Homœopathy as a Profession, What is Wrong With, 264.
Headaches, 310.
Heart, The Failing (MacAdam), 355.
Hypericum (Stevens), 399.
Homœopathic Comparisons (Bracken), 449.
Homœopathy (Cuthbert), 496.
Influenza Remedies (McGeorge), 1.
Influenza, Keynote Indications for Drugs in (Freeman), 152.

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Oct. 19, 1965

- Influenza, Epidemic, Treated by Homœopathic Physicians (Pearson), 345.
- Indol, A Proving of (Griggs), 461.
- Jones—Some Interesting Facts, II.
Remedies for Gastric Troubles, 63.
Odds and Ends, 104.
The Treatment of the Sick, 149.
Phosphorus, Indications for, 216.
Not What We Learn To-day, etc., 250.
Signs of the Times, 307.
Mid Summer Notes, 372.
Notes by the Wayside, 460.
Facts, 501.
A Therapeutic Fact, 549.
- Keynotes (Wright), 121.
- Kali Bich., A Case of Pneumonia Cured by (Kimball), 375.
- Kali Carb. Some Impressions (Rabe), 537.
- Leggett-Guild, S. L., M. D., Clinical Excerpts, 52.
- Lachesis in Tonsillitis (White), 155.
- Lachesis and Lycopodium in Tonsillitis, 260.
- Lippe, Adolph, Points, 260.
- Lycopodium (Macfarlan), 508.
- Man and His Mouth, 58.
- Materia Medica, Plan of Teaching (Rabe), 67.
- Materia Medica, Teaching of, 327.
- MacAdam, The Failing Heart, 355.
Observations Upon the Etiology and Treatment of Chronic Bronchitis, 441.
Verifications, 515.
- Medicine, Why Give (Dienst), 363.
- Medicinal Plants, Effects of the War on the Cultivation of (Merrell), 455.
- Materia Medica Meeting, Report of (Macfarlan), 556.
- Nitric Acid, Cough Cured by, 473.
- Obituary, Bradford, Thos. L. M. D., 45.
- Odds and Ends (Boger), 393.
- Observations Upon the Etiology and Treatment of Chronic Bronchitis (MacAdam), 441.
- Obituary, Richards, Geo. H., M. D., 482.
- Pelvic Diseases, Homœopathic Remedies in (Royal), 15.
- Pneumonia, Excellent Treatment of (Hapto), 26.
- Pneumonia, Remedies in, 156.
- Pre- and Post-Operative Medical Treatment (Stearns), 203.
- Preventive Medicine (Wright), 219.
- Prohibition, 241.
- Points (Lippe), 260.
- Poison Themselves, The Many Ways Men (Towns), 348.
- Pneumonia Cured With Kali Bich. (Kimball), 375.
- Position of Homœopathy, Schematic View of (Sutherland), 471.
- Specialists' Dept. (Mitchell), 27, 73, 124, 169, 224, 272, 331, 379, 419, 475, 522, 574.
- Skin Health (Gramm), 145.
- Sleep, Without Narcotics (Talcott), 242.
- Sore Throat, Therapeutics of, 316.
- Science and Alcohol, 412.
- Sleepless City (Heisler), 417.
- Similia Similibus Curantur (Abrams), 457.
- Sutherland, Schematic View of the Position of Homœopathy, etc., 471.
- Southern Homœopathic Medical Association, Report of Convention of, 553.
- Tonsillitis, Lachesis (White), 155.
- Tobacco and Some of Its Medical Uses, 197.
- Toothache, Homœopathic Treatment of (von Bœnninghausen), 254.
- Tonsillitis, Lachesis and Lycopodium in, 260.
- Teaching of Materia Medica (Rabe), 327.
- Thyroid, The Homœopathic Application of, Two Clinical Cases (Rabe), 329.
- Towns, The Many Ways Men Poison Themselves, 348.
- Verifications (MacAdam), 515.
- Rectal Disorders, Physical Examinations in (Hood), 201.
- War, Effects of the, on the Cultivation of Medicinal Plants (Merrell), 455.

THE HOMŒOPATHIC RECORDER

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No. 1

INFLUENZA REMEDIES.

By Wallace McGeorge, M. D., of Camden.

[Read before the Philadelphia County Homœopathic Medical Society, November 14, 1918.]

In the terrible epidemic of influenza that visited us last month and is now passing over the Western States, Homœopathy has come out with honor. Many people are alive to-day because of the curative action of homœopathic remedies, carefully prescribed and conscientiously given.

Some of our physicians who have been called to attend the sick and dying in emergency cases in our hospitals have been sorely tried, yet even these have had cause to rejoice in the curative action of homœopathic medicines.

The list of remedies I used is not large. *Aconite*, *Bryonia*, *Eupatorium*, *Gelsemium*, *Lachesis*, *Nux vomica*, *Phosphorus*, *Sticta*, *Sulphur*, and *Tartar emetic* covered every case.

Of all these remedies *Aconite* stands out pre-eminently. Every patient but one that received *Aconite* recovered, in many cases without the help of another remedy. Next to *Aconite* came *Bryonia*, then *Eupatorium*, later *Lachesis* or *Phosphorus*, according to the character of the cough. A few cases needed *Tartar emetic*. When *Bryonia* did not relieve the bronchial cough *Sulphur* did. For the dry, persistent, worrying cough that remained after *Bryonia*, *Sticta* was curative. For the great weakness and exhaustion with loss of appetite *Nux* low worked charmingly, and in many cases completed the cure, and enabled him to return to his daily toil.

~~1920~~

INDICATIONS FOR THE REMEDIES.

When the patient came in with an anxious look or when he was possessed with an indefinable fear, *Aconite* was thought of. If he complained of aching all over, or was cold and chilly, when the temperature ranged from 96.3 to 97.3 degrees, and he could not get warm, *Aconite* low was sure to help him. If he or she had a dusky color in the face, particularly in the forehead between the eyes, when the hands were cold and the chill ran up his back to the head, when the lower part of the face was cold but the forehead was warm, *Aconite* was surely indicated. At first I prescribed the 30th potency, but soon found the third potency worked quicker, and later on I gave the first dilution in nearly every case. My rule was to give a dose every half hour till sweat came, then every hour till the aching entirely ceased. Under this procedure my cases recovered; in many cases *Aconite* alone completed the cure.

If the aching was only in the back, if he complained that his back felt as if it would break; if every bone in his body was breaking, *Eupatorium perfoliatum*, the old-fashioned boneset, was the remedy. Many physicians used this drug in the tincture but Boericke & Tafel's thirtieth potency cured all my cases, relieving them in from six to eighteen hours. Most of my patients complained only of the terrible backache, but two or three of them had the broken bone feeling so typical of this drug.

Gelsemium was helpful when the patient sneezed a good deal with running of the nose. One peculiar symptom which I observed many times, and which I had myself one day, was a severe pain in the occiput, worse in the lateral lobes of the cerebellum. Walking was painful, riding in a carriage aggravated the pain, but pressure on the lobes relieved the pain as long as the pressure was applied. Allen in his Encyclopædia of Materia Medica gives a part of this symptom under *Gelsemium*. If the patient was drowsy or had pain in the occiput or pain in the liver with slow pulse, all the more surely was *Gelsemium* indicated. The thirtieth potency cured my cases.

Bryonia was helpful for the bronchial cough which set in the second or third day. Every time he coughed he had a pain from the bifurcation of the bronchia half way down the sternum:

a splitting, painful cough. If he kept quiet in bed and warm, this cough was somewhat relieved. When the patient felt better from resting or from keeping quiet, *Bryonia* was all the more indicated. I got the best results from the third potency.

When the cough was more in the throat, with or without constant tickling, or if they complained more of the throat than anywhere else, it was so sore and hurt so much when he coughed, *Lachesis* was the remedy. The thirtieth potency cured my cases. When the cough woke the patient up, or when he coughed more after waking, just as soon as he woke, was another indication for *Lachesis*. Some of these coughs persisted for days, but *Lachesis* eventually cured them.

When the lungs were involved—in most of my cases the lower lobe of the left lung was the part affected—when they were sore on the chest from coughing, when the sputum was whitish, or whitish-yellowish, sometimes sanguineous, *Phosphorus* was the remedy, and I invariably used the thirtieth potency. In one case when the patient took home remedies for three or four days, and then against his wife's pleadings went to work one cold day, he soon returned chilled through. Pneumonia set in, and when I was called late that night he was a very sick man. But sick as he was he would not go to bed, but sat up in a rocking chair alongside a window. I begged him to go to bed, but he had his own way, and in two days his heart gave out, and in a little while he was gone. This was my first fatality, and this case should have gotten well. After that every patient I visited went to bed and stayed there till I allowed them to sit up.

In one office case I prescribed for through her sister the patient positively refused to go to bed. After getting all her symptoms I ordered her sister to put her to bed. She said the sick woman had a mind of her own and would not go to bed. Then I gave the sister the medicine the patient needed and told her to go home and tell the sick woman to go to bed and stay there, but if she wouldn't do as I advised, to pick out the undertaker she wished to lay her out. It was rather an unfeeling message, but some people need plain talk to save them from their own willfulness. The message was delivered, the patient

went to bed, took the *Aconite* I had sent her, and made a good recovery.

In one case of lobar pneumonia where the cough was very persistent and wearing the patient out, *Sticta* 30, in water, every hour, gave prompt relief and hastened her recovery. *Sticta* cured a cough for me which kept me awake at night when I wished to sleep.

In two or three cases of catarrhal pneumonia with much rattling of mucus in the lungs, *Tartar emetic* served me well. In one case in which I had Dr. Quint for a consultant, he gave the first trituration, but the relief was not as prompt from the crude drug as when I gave it in the thirtieth potency. But I must thank Dr. Quint for suggesting *Aconite* very low in these cases of influenza. *Tartar emetic* has saved many pneumonia cases in this epidemic.

In some cases when *Bryonia* failed to relieve the bronchial cough and when the patient stated every time he coughed he thought his breast bone would split open, *Sulphur* relieved the cough and hastened the cure. When the patient complained of being so tired and weary, with a troublesome cough, yet did not want to keep still, *Sulphur* was better than *Bryonia* and brought about a speedy recovery.

In tedious cases where the patients were slow in recovering their strength, *Nux vomica* helped me very much. *Nux* took away the bad taste so many had and helped them to regain their appetites. It helped to take away the tired feeling so many patients had in their feet when they started to get around. Honestly, I used more *Nux* 1st in this epidemic than in my entire practice for fifty years. It is a good thing to know when a low potency is indicated, and as I am called a high potency man, it is but fair to say that *Aconite* and *Nux* in the first potency, and *Bryonia* in the third, have helped me to cure many cases of "flu" quicker than the high potencies would have done.

In this epidemic, more than any other I have seen in a long and eventful practice, absolute rest was essential to complete recovery. So with your permission I will add REST to my list of remedies.

MISCELLANEOUS OBSERVATIONS WITH REFERENCE TO THE ACTION AND USES OF HOMŒOPATHIC MEDICINES

Albert E. Hinsdale, A. B., M. D., *Materia Medica Research Laboratory, College of Homœopathic Medicine, Ohio State University.*

FRAXINUS.

It has been supposed by our profession that this drug exerted some kind of an action upon the uterus, but the statement was based upon conjecture rather than upon scientific work or data. To establish the truth or falsity of this opinion we studied the action of *Fraxinus* upon the isolated uterus. The guinea pig uterus was used for this purpose. The tissue was mounted in oxygenated Loche's solution at a temperature of $38\frac{1}{2}$ d. C., the volume of fluid surrounding the organ being 179 cc. A special apparatus was used, so constructed that the solution could be changed, if necessary, without disturbing the temperature.

A normal tracing was obtained, showing the contractile power of the uterus, then 1 cc. of *Fraxinus* added. The medicine was used in the form of the homœopathic tincture as supplied by Boericke & Tafel, except that its alcoholic content had been previously removed by very gentle heat over a water bath. This was done to preclude the possibility of any effect which might be obtained from the alcohol. The effect of this addition of the *Fraxinus* to the Loche solution was to cause an immediate stimulation of the uterus. The organ made several long sweeping curves, as indicated by the recording lever, these being five or six times the height of the normal contractions. It will be noted that this effect was accomplished by one part of the drug to 179 cc. of the Loche solution or a concentration corresponding to .0055 per cent.

The experiment was repeated a number of times with similar results which furnish scientific proof for making the statement that *Fraxinus* has an affinity for uterine tissue and that its effect thereon is that of stimulation.

There are legitimate uses for animal experimentation in Ho-

mœopathy, and the time ought to come soon when one will not have to apologize or explain findings obtained from this source, provided he has exercised the usual precautions. One of these legitimate uses consists in letting this form of experimentation serve the purpose of definitely establishing and determining the tissue proclivity of our medicines. Suppose that *Fraxinus* were to be proven upon women, as ought to be done, and that certain symptoms developed in the pelvic region. By no means at the command of the provers, or those who superintend the proving, could the uterus be definitely and conclusively shown to be the origin or seat of these symptoms. This would be especially true if the drug produced no inflammatory or hæmorrhagic symptoms which would indicate by careful inspection the exact seat of the effects of the medicine. Here is where properly conducted animal experimentation comes in to help out a proving by allowing us to give exactness to all expressions with reference to the tissue proclivity of our drugs, or, as I like to state it, their symptom localization. So far as the uterus is concerned we know of no drugs which produce physiological effects upon the uterus of the guinea pig different from those produced upon the human organ. Work of this character goes only half way in determining the usefulness of a medicine if it is to be employed homœopathically in human practice. It establishes, as just indicated, the real affinity of a drug, but it could not be used in our system of therapeutics until it has been thoroughly proven upon humans so that there could be thus obtained the proper subjective, and perhaps, objective symptoms and modalities, to properly indicate its employment in diseases peculiar to women. This kind of work, or the symptomatology of any particular medicine, cannot be obtained from animal experimentation, for it is known that while any given drug may crudely "affect" a particular organ of both man and beast in a similar manner, yet the symptomatic expression of this effect would vary greatly in the several cases, and we should, therefore, use as indications for the prescribing of our medicines only those symptoms which have been produced in provers. So far as *Fraxinus* is concerned I care nothing for any "symptom" that it causes in the guinea pig, or any other animal, but I am interested in determining that this drug acts upon its uterus.

We are told in the Organon that sensation, location and modality determine the complete expression for any symptom. As I have stated in a previous paper, "let us obtain location from animal sources, if the prover cannot supply them, and sensation and modality from the human."

For purposes of physiological medication, stimulation, or palliative effect, we can frequently, without a proving upon men and women, apply the results obtained from animal experimentation directly to human practice. Applying this to *Fraxinus* there is no reason why it should not be an effective stimulant to the uterus, as, for instance, in subinvolution of this organ. In one instance I have known it to be effective in this condition.

CACTUS.

Pharmacologists have been experimenting with this drug for a number of years and have almost invariably reported that they can obtain no reactions or effects upon the heart in their various investigations. So far as being able to modify either the heart or the circulatory system by this remedy is concerned, I must report similar failures, for I have submitted various animals to its influence, each in a number of ways, and can discover no deviations from the normal. The nearest pharmacological proof of the affinity of *Cactus* for heart tissue that I can offer as a result of my own work is the fact that the rhythm of an isolated strip of turtle's ventricle is somewhat slowed when bathed in a solution of one cc. of the non-alcoholic tincture dissolved in 120 cc. of saline. That *Cactus* will affect this form of cardiac tissue in the manner and way stated is undoubted and the inference is that the drug acts peripherally and directly upon the heart. I am sure that *Cactus* does not affect the blood pressure; I have injected as much as 17 cc. of a non-alcoholic tincture into the femoral vein of a dog and the manometer tracing indicated no perceptible change in the pressure.

So the pharmacological reports as to the action of *Cactus* are of a negative character, yet such data after all prove something, even from the experimental standpoint. It is known that changes or painful influence in nerve tissue, which are limited to a nerve supply and which do not express their action by modifying in any

way a supplying muscle, can find no graphic representation or expression by any pharmacological methods now known.

Homœopathic physicians know that *Cactus* affects the heart; this is attested by the provings and by the fact that the remedy has produced beneficial and curative effects in thousands of cases of certain forms of cardiac abnormalities when prescribed upon its proper indications. Most of the indications for *Cactus* in heart disease are of a painful, neuralgic and subjective character. This being true, I think we can harmonize its remedial virtues with the lack of much pharmacological data to explain its action by assuming, as just indicated, that the drug affects, mostly the nerves in and around the heart by producing sensations and impulses of a non-transferable character, and that, for reasons just given, the animal experimenter cannot detect or record them.

LATHYRUS.

This drug is a paralyzing agent and its action may be demonstrated in the frog. One-half cc. of the non-alcoholic tincture injected into the lymph sac of a 42-gram frog produces a mild degree of paralysis within ten minutes. There is complete recovery within half an hour. One cubic centimeter produces a greater degree of paralysis and, in general, the effect is proportional to the size of the dose given. Stimulation of the sciatic nerve causes muscular contraction, hence the seat of the paralysis is central. There is some slowing of the heart action, accompanied by a slight amount of stimulation.

Some specimens of this drug are inert; they will not produce paralysis. This may be due to their deterioration by age or by mistake on the part of the manufacturer in not obtaining a reliable source of supply. I have found this to be true with several of our remedies, which fact suggests that homœopathic medicines ought to be standardized, or physiologically assayed, before being offered to the profession.

IODINE.

I have done no particular work with this remedy in the conditions for which I am giving it mention, but have tried to correlate what has been accomplished by others with homœopathic

theory. Recent teaching is to the effect that simple goitre is an hypertrophy of the thyroid gland, so that it will obtain sufficient *Iodine* from the blood. If the blood contains its normal amount of *Iodine*, simple or parenchymatous goitre does not occur. It is also the present opinion that *Iodine* causes a reabsorption of hyperplastic fibrous tissue. There is no evidence, pharmacological or otherwise, that *Iodine* will cause any of the symptoms of simple goitre, yet it will cure many cases of this disease. Obviously, then, *Iodine* is not homœopathic to this condition, and the explanation of the cures depends upon the fact that *Iodine* causes an absorption of hyperplastic connective tissue and also directly supplies the *Iodine* which is deficient in the system. This furnishes one of the few illustrations in medicine of a remedy curing a condition by directly supplying some necessary constituent of the body which is lacking and whose absence is accountable for the presence of disease. Iron does not cure anæmia in this way, nor is this the explanation for the beneficial effects of *Calcareæ* in rachitic children.

Any substance having an affinity for *Iodine* may cause goitre by uniting with it and thus force the thyroid to enlarge so that it can obtain all the available *Iodine* that it can from the blood. Thus, silver has this property and, experimentally, will produce goitre. A remedy that would bear a homœopathic relationship to parenchymatous goitre, on theoretical grounds, would be some such drug, but with the practical application of this theory I have had no experience.

On the other hand, *Iodine* is homœopathic to the exophthalmic form of goitre and numerous cures of this disease are on record in our literature. Its homœopathic relationship is based upon the observations that *Iodine* affects the thyroid gland, causing quick pulse and nervousness, and that these effects are like those caused by thyroid extract and are due to the excessive production of the organic compound, iodothyrim. In cases of iodoform poisoning, there is observed rapid pulse, fever and headache and a picture very similar to that produced by large doses of thyroid extract. In fact, iodoform poisoning leads to acute thyroid intoxication by stimulating the internal secretion of the thyroid gland, resulting in a group of symptoms like those observed in

Graves' disease. Iodides cause a reaction very similar to iodoform but the gland is not able to use these as readily as it does the iodoform. Hence, *Iodine* is homœopathic to the pathology and also to the symptomatic expression of many cases of Graves' disease. To be effective in this condition, it should be prescribed in a sub-physiological dose and perhaps the highest potencies would be the preferable form for its administration. In simple goitre, the fact that the reverse is true, as regards dosage, is another argument in support of the observation that *Iodine* bears no symptom similarity to this form of the disease. In simple goitre, practically all cures are made only by giving *Iodine* in material amounts or physiological doses and no betterment results from the prescribing of *Iodine* in attenuated forms. *Iodine* would cure in potency were it homœopathic to this condition.

GELSEMIUM.

Gelsemium produces a motor paralysis in almost all types of warm and cold blooded animals. The rabbit, guinea pig, dog and frog are susceptible to its action, and the objective phenomena produced are apparently identical with those occurring in man. The injection of 1.5 cc. of a reliable non-alcoholic tincture into the lymph sac of a frog results in paralysis within a few moments. The paralysis is complete and is central in origin. This is demonstrated by stimulating electrically the exposed sciatic nerve, which produces contraction of the gastrocnemius.

Gelsemium has a marked action in lowering the blood pressure, which may be demonstrated in the dog. In this instance, if the animal be arranged for a blood pressure tracing, it is found that the intravenous injection of non-alcoholic *Gelsemium tincture* lowers the pressure, the effect in general being proportional to the size of the dose given. In one experiment, the normal pressure of 62 mms. became 10 mms. after the injection of the *Gelsemium*. These effects were obtained with the vagi intact. From the effects of the drug upon man and animals, it appears as though *Gelsemium* is a medullary depressant for depression in this region is manifested by fall of blood pressure, quickening of the pulse, slow respiration and fall of temperature. All these are prom-

inent *Gelsemium* symptoms. The effect of *Gelsemium* upon animals, being practically identical with that seen in the human, serves as a splendid laboratory demonstration of the action and uses of this remedy from a homœopathic standpoint. The "soft, flowing pulse," the drowsiness, lassitude, the absence of all symptoms of an active sthenic character, and the similarity of the symptoms of the medicine to clinical conditions of prostration, influenza, post-diphtheritic and other forms of functional paralyses, all these being obtained in the animal, give a close counterpart and duplication of the drug's pathogenesis and will impress upon the student its symptomatology, therapeutic applications and seat of action, in a way that no didactic lecture alone, can accomplish.

SOME INTERESTING FACTS.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

A lady came under my treatment for chronic eczema. I noticed her face had *large red spots* on it. It looked to me as if she had been standing over a hot cook stove and had *over-heated* her *blood*. She informed me that this eruption was all over her body; it *burned* and *itched*. Several physicians had tried to help her but had failed to do her *any* good. I prescribed *Hepar sulph.* 6th x, three tablets three times a day, and ordered a warm bath twice a week of epsom salts, one pound to the usual quantity of warm water in the bath tub.

In less than a week all traces of the disease had disappeared from her *face*, and she reported herself as feeling *better* in *every* way.

Do not *forget Hepar sulph.* in your *stubborn* cases of *inflammatory* eczema.

In October Dr. F. R. Norton, Albion, N. Y., called to consult me about himself. In reading his pulse I noticed a tension to the pulse of both wrists, this told me that the condition was more general than local. I examined his spine and found *tender* spots there. His legs trembled and felt so weak he could hardly walk. It was a spinal irritation in the advanced stage.

The tension to the pulse of both wrists told me that the *whole*

nervous system was involved, and the good doctor was fast becoming a *nervous wreck*.

I prescribed my treatment for spinal irritation as given in a former article in the RECORDER and also on page 23 of my book, D. M. A little later I had a letter from the doctor. He says: "The remedies you prescribed for me have helped me *wonderfully*. I began to feel better from the *start*, have not felt so well for five years."

While taking the treatment the doctor was right in the midst of the epidemic of influenza. So many cases to treat that he could hardly find time for his meals.

The doctor complained of a "backache," a *deep-seated* pain over the *kidneys*. That symptom indicated *Tr. Berberis vulgaris*, 5 drops, once in two hours. It is *the* remedy of all others for that *kind* of backache.

A lady complained of a *burning* sensation just under the *sternum* if she breathes in the *cold* air. It seems to go right to the *spot*, and causes a cough, there is a *soreness* of the *walls* of the chest. I gave her *Tr. Senega* 3rd x, 5 drops once in two hours. It helped her right away.

In my experience, if you get the *right* remedy the remedy that is *clearly* indicated in a particular case, the sick person will begin to feel *better* from the *start*. The *better* a physician *knows* materia medica the *quicker* he will *cure* his patients.

To be a physician is to *know* materia medica, to know *materia medica* is to *know how* to *heal* the *sick*.

The woods are *full* of doctors, but *physicians* are about as scarce as hen's teeth.

Dear reader, are you a *physician* or just plain "Doc" to your patrons and friends?

A prominent physician from New York City came to consult me about his own case. He had been in a prominent hospital and they did not help him any.

He has no control over his bladder, the urine passes *involuntary*, he has to get up six or eight times in the night to urinate. There is a constant teasing desire to urinate, there is a feeling of *fullness* in the bladder, not *relieved* by micturition; old men are often troubled in this way. It indicates one remedy, *Tr.*

equisetum, 10 drops once in two hours. I suspected chronic enlargement of *prostate* gland in his case, so I prescribed *Tr. hydrangea*, 6 drops, three times a day.

The above two remedies was his course of treatment. In a week's time I had a note from him as follows: "I want to express my gratitude, I am nearly normal, no pain, and bladder under control."

It affords me a great deal of *pleasure* when I can be the means of helping an old physician when he is sick. These men who have spent all their lives trying to *relieve* human suffering deserve the very *best* of care when they are sick. A physician's time is *all* taken up looking after the "other fellow," as a result of this constant care of *others* he *neglects himself* until, in many cases, it is *too late* to do anything to help him. A physician is *not* a proper judge of his *own* symptoms, and when sick he should have the *best* of medical skill because he *deserves* it,

When a doctor is called upon to prescribe for some one near and dear to him he oftentimes lets his *sympathy* for the sick person warp his judgment. It is *hard* to look upon them merely as a *patient*, and that they should be treated as any *other* patient.

There are times when we have stood at the bedside of some *dear* one. The system no longer *responded* to any medication. The powers of life were *failing* fast. In *agony* we witnessed the struggle of the spirit to rid itself of its earthly tenement. With all our skill, with all our experience, we are as *helpless* as a *baby* when *death* has "marked our patient for his own." In that awful *stillness* of the chamber of death we can almost hear the rustle of angel's wings. It is *then* we are made to realize as never before that the Great Physician holds *life and death in the hollow of His hands*.

One upon a time I attended a national convention in Columbus, Ohio. A prominent lawyer of that city got a permit for the members of the convention to visit the state prison, and "I went with them." While passing through the corridor of the prison we came to a cell with the name of the convict "Jones" over the door. The lawyer wanted to be *smart* so he said: "Doctor, you see we have one of the 'Jones family' here." I said: "So it seems, but I think it speaks well of the Jones

family that out of 2,500 convicts there is only *one* Jones." I never allow a man to be *funny* with me and get away with it, so I bided my time, and when we were out on the sidewalk I remarked to a gentleman standing near the lawyer (so he could hear what I said): "In all my experience in public life I never knew a lawyer to get a man into state prison and get him out the same day, and not have it *cost him anything*." It gradually dawned on the lawyer's mind that I was *square with him*.

When there is a sharp *stitching* pain in the side with dyspnoea, a *dry, harsh, irritating* cough, *scanty* tenacious mucous, when the patient coughs there is *involuntary escape of urine*, *Tr. Scilla* (squill), 3rd x, five drops every two hours, is *the* remedy.

Mothers will often ask you for medicine for the child that "wets the bed" at night. Give *Tr. Belladonna* 3rd x, five drops every four hours.

When the baby *cries* every time the mother goes to *lay it down*, wants to be *carried* all the time, *Tr. chamomilla* is the remedy.

In that *form* of indigestion so *common* among our American people when, in an hour or two after eating, the patient will have a *sour* taste, *pressure* in the stomach, *bloating*. The patient feels as if her *clothes* were *too tight*, wants to unloosen her clothes. There may be a *yellowish* white coating on the *back* of the tongue. The above symptoms indicate *one* remedy, *Nux vomica* 3rd x, three tablets every three hours.

In a case of pneumonia I read the pulse of *both* wrists, and found a *full, bounding* pulse with tension. This *kind* of pulse in *both* wrists told me that *both* lungs were involved in the inflammation, and it also gave me the *remedy*, *Tr. veratrum viride* as *the* remedy indicated by the pulse. A good physician examined the patient's lungs and *confirmed* my diagnosis by the *pulse*, that *both* lungs were *affected*. A prominent physician, "old and grey" in his profession, writes me, "I like *your* method of getting right *at the true* condition of the patient."

When in *doubt* about a case sit down by your patient and read the *face, eye, pulse, and tongue* of your patient. Take your *time* about it, if you go about it with an *earnest* desire to *learn* something about the *real* condition of your patient.

It will not only *tell* you of the *true* condition of your patient but will tell you the *indicated* remedy.

Our *hands* and our *eyes* were given us by the Almighty to *help* us *diagnose* disease, but they have not been *educated*, they should be just as *sensitive* as a *blind* person's hands. To be able to *detect* the *slightest* variation of the pulse and *know what it means*.

HOMŒOPATHIC REMEDIES IN PELVIC DISEASES.

Dr. George Royal, Des Moines, Iowa.

The subject assigned me shows the characteristics of your chairman, viz., generosity. For knowing as he does my methods of studying and using drugs, he has offered me by this title one of two choices, either to take one of my many subdivisions of the subject or to use up four hours of the bureau's time. Seeing that I am number eight on the program of ten, I conclude the chairman intended me to talk about one of the many organs to be found in the pelvis. That will be an organ made up of several tissues—the uterus. For your sake, not the chairman's, I am going to confine myself to only two of the many diseases of the uterus, viz., prolapsus and hæmorrhages. I wish you would bear in mind as we discuss these conditions and their remedies (drugs) that in addition to its nerves and blood the uterus is made of an inner mucous lining, its outer peritoneal covering and muscular and fibrinous tissues found in the os, the fundus, and in the ligaments supporting the entire organ, as well as the bony and other pelvic tissues supporting and protecting the uterus. Further, I wish you to remember the "elective affinity" is one of the tenets of our faith; and still further that a drug has an "Elective affinity" for a tissue or an organ rather than for the chest, the head, the extremity, etc., as I tried to prove to this body last year. And finally, bear in mind that any tissue or organ may be changed from normal in the following manner: By irritation, by inflammation, by some physiological and structural (pathological) process. The change may be only one or it may be all four of the above mentioned.

I was led to the selection of this first subject by the impression made by the paper presented by Dr. Florence Ward, presented

before the S. and G. Society of the A. I. H. and published in the January number of the *Journal of the A. I. H.*, page 884. Her subject was "Procidentia of Nuliparous Women."

As I listened to the causes assigned for the years of suffering that Dr. Ward's patients and the others which she referred to in her paper had endured the thought came to me which I am going to make the question for discussion to-day, viz., Could not the suffering of the operation as well as before and after have been avoided by the exhibition of the indicated remedy at the proper time?

I have known Dr. Ward for over a quarter of a century. I consider her the best authority in our school of medicine. There is no doubt but that the cases were surgical when they came to her, but was there not a time when they were purely medical?

I am going to take the affirmative in the discussion.

Let us take the etiological view presented by Dr. Ward as the basis for the selection of our remedies. The factors may be epitomized as follows: First, anything which increases the weight of the normal uterus. Second, anything which weakens the normal supports of the uterus. In the first class let us put congestion, inflammation and tumors, both fibroid and polypoid. In the second class let us put laceration of the os, injuries of the pelvic floor or the lessening of the tone of the structures supporting the uterus.

Our question now is: What remedies will prevent congestion, prevent the growth of tumors or even cause absorption, or tone up uterine supports? I wish to say, before going further, that I do not advise drugs for surgical cases if you can get the consent of the patient to the operation. But there are some patients whose consent cannot be obtained under any condition. I will refer to one later. To prove my contention I am going to cite some cases which have come under my care.

Remedies for fibroids:

Ergot, Trillium, Oxide of lime (Billings and Clapp.)

Those are the three leading remedies for the three classes of fibroids named according to their location in the uterine tissues. With each of these drugs I have made cures. Let me give you their indications by citing typical cases of each.

CASE 1.—A mulatto, aged 32, scrawny, anæmic, mother of five children. She was brought to me by her employer because of excessive menorrhagia and the second degree of prolapsus. One ovary had been removed for fibro-cystic tumors. A sound in the uterus could be felt to pass over slight elevations. The diagnosis was fibroids just beneath the mucosa. Ampules of ergot 1 cc. injected into the abdomen, at first twice daily, then daily after that every other day. Result: Several tumors varying in size from a hazelnut to a hickory nut were expelled in various stages of degeneration. Duration of the treatment was a little over five weeks.

CASE 2.—One of two sisters, for whom Gaillard had diagnosed fibroids and on whom he had decided to operate on the same day at his N. Y. hospital. The first to go on the table died. The second refused to submit to an operation then or afterwards. Several years after the death of her sister she came to me with her history of excessive flooding and of repeated miscarriages at all the way from seven weeks to six months. She wore a pessary because of her prolapsus. She was very anxious to become a mother. The fibroid was in the fundus anteriorly, and was the size of a large orange. Aside from the pathological symptoms of fibroids, viz., heaviness, discomfort, constipation and vesical irritation she had the sensation as if the hips were separating at the sacrum. This feeling was relieved by lying on the side or binding the hips tightly. This was the symptom which led to the remedy as it is the characteristic symptom of *Trillium*. She began with *Trillium tincture* alternating with *Trillium 3x*, one taken for two weeks then without remedy, then *3x* for two weeks. She became pregnant and miscarried a few times during the next few years during which time the size of the tumor steadily decreased till at the age of forty-two she gave birth to a male child who is now an officer in France.

CASE 3.—A fair complected, cheerful, intelligent woman aged 57, mother of four children. Had passed the meno-pause at 42. At the age of 50 a sense of weight in the pelvis began and increased till there was complete procidentia. She wore a pessary but it caused irritation and ulceration. What she came for,

however, was obstinate constipation and vesical irritation. A tumor diagnosed as sub-peritoneal fibroid was the cause of her troubles. *Oxide of lime*, four grains daily for two weeks, an interval of two weeks, this repeated for several months greatly reduced the size of the tumor, the weight of the uterus and by the help of *Sepia* 30th toned up the uterus so that for over 20 years she had no need of a pessary. The woman is still alive aged 84.

Modus operandi of these three drugs.

What happened in each of the three cases and how did it happen? I try to teach my students to get clearly in mind what to do and how to do it before they undertake anything. In these cases the object was to get rid of the fibroids or as much as possible of them. In the first case we expected to cut off some of the circulations and then by contraction of the uterus force the fibroids through the mucous membrane and out of the uterus. I teach my students that *Ergot* will do this. Do I teach them that such treatment is homœopathic? *i. e.*, in the sense that *Ergot* will produce fibroids of the uterus? No, I teach that the result is due to causes, one mechanical, the other however, homœopathic. I teach them that *Ergot* has an elective affinity for the muscles of the uterus and a general action on the arterioles of the entire body.

How does *Trillium* act? By cutting off the blood supply and at the same time the absorption and elimination of the dead tissue,—dead because its nourishment has been cut off.

How does the *Oxide of lime* act? I am not so sure about its action as I am about that of *Ergot* or *Trillium*; but from the results I have obtained from it in cases similar to that related above and in cases of membranous croup it destroys and absorbs fibrinous tissues. In the case mentioned above it did not completely absorb the tissue but seemed to encapsulate it. The tumor which was large, hard and smooth before taking the remedy was small, irregular and soft afterwards. The difference can best be compared to a large, round, smooth apple on the tree in the fall and the same apple under the tree the next spring after the frosts of winter have acted upon it. There are others that cause contractions, interfere with the circulation

and which absorb fibroids, but with which I have not had the personal experience that I have with the three I have mentioned. You may ask if there were no symptoms which would indicate their use or which might assure you that they were affecting cures? Yes, did you not note the make up of the *Ergot* patient? In addition did you not observe the subjective symptom of heat, of throwing off the covering and at the same time the objective symptom of icy coldness? Can you find these three symptoms in any other drug in the materia medica?

During the administration of *Ergot* the contracting, bearing down pains and the discharges which followed, were the evidence that the desired results were being obtained. At one time septic symptoms appeared, but I could not say whether it was the *Ergot* producing the symptoms or whether there was infection at the point of the injection or from the absorption of some of the degenerating fibroid tissue.

The *Trillium* patients also showed rise in temperature now and then, and we would discontinue the exhibition of the remedy. I have never observed the septic changes from the use of *Oxide of lime*.

Remedies for uterine polypi:

Phosphorus, *Thuja*, *Hydrastis*, *Calcarea phos.*, and *Pulsatilla*.

CASE 1.—A married woman, the mother of three children, tall, blonde, stoop-shouldered, hollow-chested, age 36, was sent to me by our nose specialist who had operated three times for nasal polypi which had again returned. On taking her history I found that her menses had always been profuse and that once after the extraction of a tooth her dentist had been obliged to call a physician to help control hæmorrhage. At the time there was not only meno- but metro-rhagia. Examination revealed polypi, broad based, with much sensitiveness and enlargements of the uterus. *Phosphorus* 6th and 12th for nine months removed growths, reduced the size of the uterus to normal and there has been no return after eight years.

CASE 2.—The husband of a large, dark woman with unhealthy skin came to me with the statement that his wife had always had a profuse, foul leucorrhœa, was now menstruating nearly all the time. He further stated that intercourse was painful

and that she "could not sit without pain in the womb." The symptom, "conscious of having a womb," at once came to my mind and I sent her *Helonias*. The man returned after three weeks with the expression, "nothing doing." I asked for an examination, which he compelled his wife to take. I found three lacerations of the os, and in each cocks-comb excrescences which were friable and bled readily, the uterus heavy and excruciatingly sensitive.

Thuja ointment locally and *Thuja* 30th internally cleared up the case including the unhealthy skin. I would like to digress enough to say that the above is not the only case I have failed to improve because I did not make a thorough examination before prescribing.

CASE 3.—Mrs. J. E., aged 34, mother of four children, has a t. b. c. history on both father's and mother's side. Has had nasal polypi of the mucous, pedunculated class and has had frequent attacks of stomatitis and ulcerations of the vaginal mucosa. Had been curetted for uterine polypi two years to her coming to me for pain in the sacral region, profuse, acrid, greenish leucorrhœa.

When asked if she suffered from catarrh she replied, "All the time and everywhere," meaning every mucous surface. The uterus was curetted, *tincture of hydrastis* applied to the surface and the third of *Hydrastis* given internally. The weight of the uterus was reduced, its ligaments were shortened up and the woman cured, not only of procidentia but of her catarrh.

CASE 4.—A round, plump, fair, married woman came to me for procidentia and constipation. She was of a strumous diathesis; by which I mean that she had had abscesses in the axilla, groins and mammary glands. She had had trouble with her teeth, the enamel crumbling, and as a child a tendency to hydrocephalus. She had been lacerated at the birth of her first child and the laceration repaired about a year afterward. The child was four years old. Weight and constipation noticeable two years ago and the polypi for the past year. Examination revealed several mucous polypi and one protruding from the os. Curetting and the use of *Calcareo phos.* 5th cleared up the case.

CASE 5.—Woman, aged 29, mother of two children, light, cheer-

ful, matured at 17, menses always late and painful, a bland leucorrhœa even before she menstruated, worse just before menses and greatly aggravated during the two terms of gestation. Beginning about three years ago there had been slight prolapsus just before the menses. For the past nine months the womb prolapsed most of the time and little fleshy masses passed with the leucorrhœa. Examination showed a mass of polypi protruding from the os, the vaginal mucous membrane relaxed and flabby. Curetted, applied *Iodine* to the uterus and gave her *Pulsatilla* 3rd at intervals for over three years. Cured of procidentia, leucorrhœa and also of delayed and painful menses.

REMEDIES FOR CONGESTION OF THE UTERUS.

Elatarium, Aloe, Belladonna, China, Aletris, Sabina, Gelsemium, and Lachesis.

Any one of the list may be indicated and if used will relieve the uterine congestion which, if not relieved, may impair the tone of the ligaments and produce prolapsus. Time will not permit me to give a typical case under each remedy, but I want to cite one case which is typical of many who come to me for treatment.

CASE I.—Miss B., aged 20, heavy, thick set, dark, menses profuse, severe pain in ovaries, more in left, worse just before the menses, heavy, stiff feeling in lower abdomen, bearing down pain, a feeling as if the menses would appear for ten or fourteen days before the time. Sent to me for dysmenorrhœa by her brother. Examination showed œdema of the vulva and marked œdema of the os uteri with prolapsus of the second degree. I smeared the entire surface of the os with cerate of *Elatarium*, gave her *Apis* 6x, five drops every three hours, and told her to report in four days. Her report was: "Beginning about six hours after I got home (4 p. m.), water began running from me and kept it up for about thirty-six hours." Another application of the cerate was made and the *Apis* continued. Her second report was: "The same disgusting performance as before only with less water." Examination showed the os normal in size. No more treatment but *Apis* changed to 30th and doses twice daily. She reported two weeks after the menses as follows:

“Less pain than for years. Guess I’m all right now.” However, I kept her under observation for over two years, and there has been no more trouble. You will find conditions like the above in multiparæ when there has been slight laceration, also in plethoric multiparæ. Next to *Apis* the remedy which I most frequently use with the *Elaterin cerate* is *Belladonna*. In a few cases I have given *Elaterium* 3x or 6x and the cerate but in only a few cases have I had as good results as with *Apis* or *Belladonna* and the cerate.—*Iowa Homœopathic Journal*, Dec., 1918.

**COMMENTS ON THE LATE DR. CONSTANTINE
HERING, BORN, 1800; DIED, 1880,**

“The Father of Homœopathy in America.”

Compiled from Various Sources.

IN MEMORIAM.

“The greatest work a man can do is that which continues to live after he dies.”—*Constantine Hering*.

“Your active zeal for the beneficent art delights me. * * *
I would like to become better acquainted with you. * * *
I have confidence in you.” (Hahnemann, 1824.)

“If you have an opportunity of informing dear Dr. Hering how highly I esteem him, please do so. He seems to be an excellent young man.” (Hahnemann, 1828.)

“That great scholar and ardent naturalist and propagator of Homœopathy, Dr. Constantine Hering, of Paramaribo, in far off Surinam.” (Bradford, referring to 1829.)

“Oh, that I could only once before I leave this earth clasp you in my arms, to testify to you my joy at the unexampled zeal which you so efficiently bestow upon the restoration of the miserable, the extension of the beneficent science with such high courage.” (Hahnemann, 1829). Drs. Hering and Hahnemann never met each other personally.)

“I have no design to stimulate you on behalf of our beneficent art; that would be pouring oil on the fire. You should rather restrain yourself so that you may not injure yourself.” (Hahnemann, 1833.)

“Dr. Hering, truest and most zealous Propagator of our Art. * * * (Referring to the Allentown Academy.) Already you beat everything we can show in Europe in that way.” (Hahnemann, 1836.)

Referring to the Allentown Academy: “There I have zealous, pure followers. Soon they will surpass Germany.” (Hahnemann, 1836.)

“He is my Johannes, my best disciple in whom I feel proud. He has done and will do more for Homœopathy in America than any other man.” (Hahnemann, 1841.)

“From among the physicians of America he (Hahnemann) especially designated Dr. Hering, of Philadelphia, his personal and long-trying friend.” “He spoke of Dr. Hering in the most affectionate terms,” and considered him “one of his most efficient disciples.” (Hull, 1840.)

“Those who call themselves my followers may be counted by thousands, those whom I acknowledge, and who have been thoroughly imbued with my teachings, I can count on the fingers of one hand.” Mentioning Dr. Hering and the elder Dr. Wm. Wesselhœft. (Hahnemann, 1841.)

“It was this master spirit of Dr. Hering, the liberal, energetic and enthusiastic admirer of a broad and liberal education in the arts and sciences that gave birth (1844) to our own American Institute, the first and oldest (national) medical organization in the United States.” (Prof. Franklin.)

“Constantine Hering was really the leading and moving spirit of these early days (referring to 1844). * * * He was the foremost homœopath of the day and his work for our school is still the standard.” (Horner, 1918.)

“Honored and loved by all as few men have been honored and loved. * * * Ever ready with word of mouth or pen to defend Truth as he saw it. Earnest and enthusiastic, still always well-meaning, gentle, loving. * * * It was he who first *organized* the little band of bewildered homœopaths; this organization culminated (1844) in the American Institute of Homœopathy. It was he who created the Allentown Academy (1835) under circumstances which would have appalled an ordinary man; the result was the Philadelphia College.” (*Medical Counselor*, August, 1860.)

A testimonial tendered him at the banquet of his Golden Jubilee refers to "His generous demeanor towards his fellow-workers, and the pure records of his spotless life," and states: "To his exceptional intellectual ability, untiring industry, broad culture and liberal spirit, Homœopathy pre-eminently owes her firm establishment and vigorous growth in America." (1876.)

The appellation, "The Father of Homœopathy in America," seems to have originated in 1876 at the Golden Jubilee of his professional practice.

"A friend had said to him: 'How badly it makes one feel to be convinced of an error.' The remark made such a profound impression upon Dr. Hering, that as he afterwards said, he ceased to repose confidence in him." (Lee.)

"He gave full respect to the opinions of others, and hence his own opinions always commanded respect." (McClatchey.)

"When Dr. H. M. Smith, of New York, asked when he could come to consult him, he was told, 'Quarter of four to-morrow morning.'

"As a writer on popular and national subjects, as well as a controversialist, he achieved especially great distinction. His great wealth of knowledge, lively, spontaneous wit and vivacious imagination would have made him a popular writer of highest rank on all subjects, had he so desired." (Populare Zeitschrift für Homœopathie, Leipzig, January 1, 1880.)

"Pre-eminently adapted by nature and education to be a leader." (Philadelphia County Homœopathic Medical Society.)

"Acknowledged as first in his profession, a man of science, a ripe scholar, a genial friend." (Resolutions, 1880.)

"We recognize in him a man of unusual scientific attainments, accompanied with great power of original investigation, * * * and indomitable energy and industry." (Resolution, 1880.)

"Always a student, endowed with indomitable will and untiring industry, he seemed to infuse everyone with whom he came in contact with the spirit of work. * * * It is not possible that the memory of his career is one which posterity will willingly let die." (Hahnemann Club, 1880.)

"He who never rested, rests." (Nichols, 1880.)

"No one dared breathe anything other than profound respect

for his moral character. * * * We (the faculty) all looked up to him, as a matter of course, as our pater familias, and he so regarded himself." (Morgan.)

"In his many and interesting contributions to our materia medica, he was of all others in this country the most diligent and faithful contributor. * * * He was truly the pioneer of our school of medicine in the United States. * * * A close student, an able teacher and an indefatigable worker for more than half a century, he furnished valuable and often brilliant articles to the periodical literature of America and Germany. In his social life he possessed a fund of anecdote and humor that made him a genial companion and an agreeable friend." (Prof. Franklin.)

"Constantine Hering was chiefly great because he was an incessant toiler. * * * Another great secret of his success lay in the masterly power of his inspiration. * * * He never sent out a halting or a doubting disciple. * * * The scepter of command which he first took upon himself in coming to America, did not fall from his hand until it was stricken by death. * * * He was a born leader of men because of his high intellectual endowments and his whole-souled devotion to truth. * * * Like a true prophet he prophesied, and then fulfilled his own prophecies." (Anonymous.)

"A learned, gentle and kind teacher." (Dr. Verdi, of Italy, a former pupil, 1898.)

His high character and wide influence are certainly among Philadelphia's most precious inheritances. I am thankful that we have lived to see the bitterness of feeling between homœopaths and the old school practice pass away almost entirely." (Dr. Howard A. Kelly, 1915.)

"There are few men that have ever lived whose work lived after them more roundly than in the case of Dr. Constantine Hering. His books are my daily companions and his rich thoughts and energy my daily help." (Ward, 1915.)

"Dr. Hering is vividly remembered by the few remaining members of the Academy (including myself) who had the good pleasure to know him, and the catalogues of the museum bear testimony to his interest in the Society. His liberality is recorded

in the history of the Academy." (Nolan, Academy of Natural Sciences, Philadelphia, 1915.)

"He is the man who has stood out through all of the years as the American founder of Homœopathy." (Burrett, 1915.)

EXCELLENT TREATMENT OF PNEUMONIA.

Ferrum phos. 3x, 6x.—In the first stage of inflammation brings on free perspiration and reduces temperature. Cough dry or with expectoration of blood or rusty sputum. Give frequently.

Kali mur. 6x, 12x.—Second stage; expectoration of thick, milky white, tough phlegm. Croupy cough. White or grayish-white tongue. (Mixed up with *Ferrum phos.*)

Kali sulph. 6x.—Alternate with "*Ferrum phos.*" if there is no perspiration. Expectoration of loose, rattling, yellow phlegm.

Natrum mur. 6x, 12x, 30x.—Expectoration of loose, rattling phlegm, clear and frothy. Frothy bubbles of saliva on tongue. Cough with flow of tears and headache.

Calcar. sulph. 6x, 12x, 30v.—Expectoration of pus and matter.

Suggestions.—Applications of fomentations and ointment of *Kali mur.* 3x over the breast and throat gives immediate relief. (Ointment—*Kali mur.* 3x, 15 grs., mixed with 1 oz. *Glycerine.*)

DR. S. B. SEN HAPTO.

THE SPECIALISTS' DEPARTMENT

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

PRACTICAL POINTS IN CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D.

The most serious obstacles in the way of the general practitioner, who may wish to examine the urine of his patients, are in all probability the following: (1) Lack of a suitable place in which to make the examination; (2) danger of injury to the person or clothing from use of chemicals required; (3) dislike of the odors arising during the process of examination; (4) temperament unsuited to the general character of the work; (5) bent of mind directed more toward the patient himself, perhaps, than toward the excreta of the patient; (6) "bad luck," so termed, in not always getting specimens of urine in the proper condition for successful examination; (7) disappointment in not finding always, in the specimens the abnormal constituents expected to be found by examination.

Some may think of other objections, such as lack of consecutive time, lack of scientific training and the like. It is true that these objections are to be considered, but more with reference to a searching analysis of the urine than to the sort of examination which every doctor should make for himself, whether he subsequently turns the specimen over to a laboratory man or not.

For overcoming the obstacles and objections enumerated above, permit me to suggest the following: (1) For a place in which to make a cursory examination of urine, almost any closet, alcove or corner of a room will do, provided it has light, electric or otherwise, water and a stand or table on which may be placed an alcohol lamp for the heat tests, and a rack with test tubes. If microscopical work is to be attempted, a water-power centrifuge will be needed. (2) For averting danger from the person or

clothing, taboo the use of strong nitric acid, which has made many a good man look upon the urine with disfavor. Use in its place the nitro-magnesian fluid which contains only 20 per cent. nitric acid. For protecting the clothing from stains and corrosion, use a thick cloth apron, which can be washed when soiled. Use also adjustable sleeves, such as are worn by tradespeople for protecting the wrists and arms. Provide a hook for the inside of the closet door or for other convenient place upon which the apron shall always hang when not in use. (3) To annihilate odors, procure—and freely use—the Nicine Disinfectant powder, which, if sprinkled about, will remove all urine odors. Never leave urine standing in graduates, but, as soon as it is measured, pour it into a wide-mouthed bottle and cover with a fruit jar cover, adding to it, if necessary, on account of time, a lump of gum camphor the size of the thumb nail. Place under the urine container a slip of paper on which is written the name of the patient, written with an indelible pencil. (4) To direct the doctor's mind and temperament toward the analysis of urine is not easy, unless he is open to the suggestion that practically no business on earth can be managed successfully without the "checking system;" that is, unless one man checks up another man's work. The doctor has nobody who can "check up" his work. He must, therefore, "check up" his own work. The examination of urine is useful for just such a purpose, that is, it enables the doctor, in a way, to "check up" his own work. I say this from personal experience, having been more than once set right in my opinion of a case after having formed a wrong opinion previous to the urine analysis. Some years ago I prescribed a diabetic diet for a woman who had such classical symptoms of diabetes mellitus as to suggest that the urine examination was superfluous, but who had no sugar in her urine, as I finally discovered, when I took the trouble to examine the urine. Again, looking at the practice of medicine from the business point of view; the urine furnishes the doctor not infrequently with an excellent talking point by which reluctance on the part of the patient with reference to various procedures may be overcome. For example, many a patient is averse to the expense of an X-ray examination until the less expensive urine analysis persuades him that

such an examination is necessary. I have been more than once surprised and pleased by the effect of a urine analysis upon a patient who did not appear to be familiar with the scientific terms used in the report, but who, in some way, seemed to grasp the general idea that I was trying to convey. In short, then, a patient will sometimes listen, as it were, to an analysis when he will not listen to a doctor. Furthermore, still arguing in favor of the analysis from a business point of view, the wise physician will with profit to himself take such steps as are necessary to protect himself from adverse criticism. As Macaulay says, it is only in novels and on tombstones that we meet with people who excuse the faults of others. For preventing criticism the urine analysis is useful in several ways, as, for example, for assuring one's self that there is nothing in the case which can be discovered by the other doctor who may be called in and for protecting one's self from the accusation of not being "thorough," of being "in a hurry," of "not taking any interest in the case," etc. It is true that there are many patients who will object to paying anything at all for the urine analysis, but this is only an argument for the physician to make himself familiar with just what I am going to consider further on.

As a matter of self-protection, as a matter of self-assurance, a cursory urine analysis should be undertaken in the case of every obscure condition that a doctor sees, whether this patient will pay for it or not. (5) For meeting with "better luck" in obtaining specimens of urine in the right condition for examination at a suitable time, the most laborious care must be taken, as there is no royal road to it. First of all, we should bear in mind the rule of life insurance examiners, namely, that the patient must visit the office and void the urine in the presence of the examiner. Should we not be as careful of our own reputation, and of the patient's well being as the great corporation is of its money? The best specimen of urine for the cursory examination is the freshly voided specimen, always provided that it is voided at the right time of day for the best analytical results. Inasmuch as patients are not all free from carelessness or from guile, it is a good idea for the physician to know positively whose urine he is examining. As for the best time of day for the pa-

tient to call at the office for a urine examination, let it be said that the afternoon is, by all means preferable to the forenoon, and that the freshly voided specimen should be obtained about two hours after the noonday meal, if sugar is suspected, and preferably still later in the afternoon after plenty of physical exertion, if albumin and blood are to be looked for. On no account should we be satisfied to have the patient bring the urine first voided on rising in the morning, if we are to examine a single specimen only.

It is also advisable not to give a positive opinion on any specimen the specific gravity of which is below 1015, when we find tests for albumin and sugar negative, and search for casts also negative. Patients, not seldom in my experience, admit having drunk a glass or two of water or other liquid an hour or two before voiding urine for examination, thus diluting their urine and making traces of the abnormal constituents hard to detect. We should follow the rule of life insurance companies in demanding another specimen, when the specific gravity of the one furnished is below 1015.

If we are particularly interested in finding blood in a patient's urine, we should be sure he takes plenty of exercise before his urine is examined for it, and not be satisfied with negative findings until repeated examinations after physical exercise are without results. The finding of even a few "red cells" in the urine of any man over 40 years of age is of the utmost importance, indicating, as it often does, the presence of malignancy.

The freshly voided urine of women may be obtained by furnishing them with suitable containers to take with them to the toilets near by.

Whenever the 24 hours' urine must be examined, as in case of pregnancy and obscure chronic conditions, the utmost care must be taken that it shall be collected and preserved properly. Positive opinions must not be given by the doctor, unless the 24 hours' specimen is of acid reaction and free from unpleasant odor. If it is alkaline and unpleasant in odor, or acid, but at the same time of unpleasant odor, a freshly voided specimen must be compared with it to ascertain whether the odor and alkalinity, either or both, are due to lack of care in preserving the speci-

men, or whether such is really the condition within the body. Moreover, the patient must, as before, be cautioned not to drink freely during the period of 24 hours when collecting the urine. As a rule, I dislike to examine urine which, in amount, exceeds 1000 cc. in 24 hours, since in large volumes of urine tube casts may be washed to pieces and "red cells" dissolved.

It is well when the 24 hours' urine is collected to divide the period into three eight-hour ones, using a separate bottle for each eight-hour period, adding camphor, corking tightly and keeping on ice or in a cool place, and delivering promptly to the examiner. The urine should be voided into a sterilized bottle and not into the usual chamber vessel. Women who are confined to their beds may use a small container, such as a child's chamber, or pint fruit jar, the urine being poured from this container as soon as voided into the bottle in which it is to be preserved.

If the patient is in a hospital, it is well to caution the nurse against the use of the bedpan, which, as a rule, is of acrid, unpleasant odor, and contains organisms, like *micrococcus ureæ*, capable of contaminating the urine voided into it. Any urine which has a fecal odor should not be examined without investigation as to the possibility of fecal contamination.

It is well to provide patients with bottles in which their urine may be contained. When patients provide their own bottles, there is always the chance that these bottles may not be entirely clean, but may contain at least traces of previous contents, such as catsup, medicines, liquors, perfumery, preserves, pickles, or other things.

If, however, the urine has been obtained in a condition fit for examination, much has already been accomplished. As for the analysis of it, hearken to the "do it now" slogan. That is to say, we should examine the urine as soon as we get it. It is well, therefore, to plan as methodically as possible, to get the specimen at such a time as is convenient for us to attend to it immediately.

The Need for a Litmus Substitute.—The mistake which any doctor may make who relies on a chemical examination of the urine only, without the use of the microscope may be shown by consideration of two cases the urine of which lately came under

the writer's observation. The 24 hours' urine in each case was acid to litmus, and in each case the acidity determined by the titration method with decinormal sodium hydroxide solution was 15 degrees. One would have been chemically justified in assuming that both were practically normal, so far as the reaction was concerned, since in both cases the amount of 24 hours' urine was normal. But when the microscope was used it was found that in one case triple phosphate crystals and amorphous phosphates were present but in the other case no phosphatic sediment was found. Going back to the investigation of the first case, that in which the phosphate crystals were found with the microscope, the records showed that the day urine was alkaline in reaction to litmus and that it had an acidity of only six degrees with the decinormal sodium hydroxide solution. On the other hand, the night urine in this case was acid to litmus and showed an acidity of 26 degrees. Now when the day portion was mixed with the night the result was a 24 hours' specimen of which the reaction to litmus was distinctly acid, and the acidity with the decinormal sodium hydroxide solution 15 degrees. Hence any physician or analyst making a superficial examination of this 24 hours' specimen would have completely overlooked the fact that the patient was passing decomposed urine, due to retention which was only partial hence deceptive.

When this case is given due consideration, **the need for an indicator is seen which shall not overlook ammonium carbonate when the urine is acid to litmus.** This is an important matter for those who do not use the microscope and who do not have expert knowledge of urine analysis. To meet this want the writer has been experimenting with various indicators and has finally invented a liquid which will show by a color reaction **the presence of ammonium carbonate in urine acid to litmus paper.** After due precautions as to the necessary technic to be used the writer intends to put this indicator on the market so that the busy practitioner may be able by a simple test to determine without the microscope whether a 24 hours' collection or any specimen of urine has undergone decomposition.

Ammonium Carbonate in Acid Urine.—The fact of the presence of ammonium carbonate in acid urine may be doubted by those

who are wedded to the statements of the books that it is necessarily a constituent of alkaline urine. Such is indeed true, but if it happens that the patient passes alkaline urine at some hours of the day and acid urine at others, the mixed urine for 24 hours may be acid to litmus, regardless of the ammonium carbonate in some of the specimens voided at certain hours. This matter of the presence of ammonium carbonate assumes importance in cases of pregnancy where we are trying to learn something from the ratio of urea to ammonia, inasmuch as an error would creep in did we disregard the fact of the presence of the carbonate, which as is well known is formed from the decomposition of urea by the agency of the micrococcus ureæ. In cases, therefore, where triple phosphate crystals are found in the sediment, or where the writer's indicator is positive in regard to ammonium carbonate, care must be taken to obtain urine by another collection which shall be free from the carbonate.

The writer's indicator will, it is hoped, prove to be a time saver, since it will show the presence of ammonium carbonate in a few seconds, while finding of crystals of triple phosphate with the microscope is likely to require a longer period of time.

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EDITORIAL NOTES AND COMMENTS.

Veterinary Homœopathy.—The treatment of animals affords a wonderfully interesting field for the homœopathic physician and one, be it said in whispered voice, in which he is left unhindered and unmolested by interfering old women of both sexes.

Hurdall in his work on veterinary Homœopathy cites numerous instances of the superior efficacy of the homœopathic remedy in the treatment of animals. If ever our EDITORIAL DUTIES, FARM ACTIVITIES and *demands of a modest practice* permit us, we shall take up a course in veterinary medicine. Quite recently a heavy broncho (emphysema) with a somewhat barrel-shaped chest, a typical dry, heavy cough, with the undignified expulsion of flatus during each coughing effort, improved remarkably under *Nux vomica* 12th, t. i. d. Of course, the usual precautions as to feeding, especially of hay, had been taken, but were in themselves not sufficient. *Ammonium carbonicum* and *Sulphur* are further remedies likely to be of use in emphysema in horses. F. H. Lutze, M. D., of Brooklyn, is authority for the statement that cows which have bloated on clover will be relieved by *Ammonium causticum*. We may add that if everything fails, the trocar and canula plunged into the most prominently distended part of the belly will often save life. The same observation applies to colic in horses.

Caked udder or garget in cows will often need *Phytolacca*, and this remedy, given internally in the 6th, 30th or higher, will act nicely.

A dog with distemper, shivering, rough staring coat, badly inflamed eyes and nose, with tough, stringy, yellowish nasal discharge was promptly cured by *Kali bichromicum* high.

A Cairn terrier *would* breed lice, *pediculus canis*, in spite of the utmost cleanliness of his owner. *Psorinum* 200th promptly cured and the lousiness has disappeared. To the uninitiated this statement will cause a contemptuous smile, but the elect will understand.

The pædiatrist ought to make a good veterinarian, for both depend upon physical signs and objective symptoms entirely. The baby cannot tell us his symptoms in understandable language, neither can the dog or horse; but cries and grunts, peculiarities of position in lying or standing, will tell us a great deal. A good prescriber will see much that need not be told him. It behooves us all to train our powers of observation.

Now that the study of animal husbandry is assuming an increasingly important place in our agricultural colleges, animal medicine ought to keep pace and get away from the barbarities and crudities of much that passes for veterinary medicine. Here is a chance for homœopathic propaganda, for in spite of the automobile there is an increasing demand, in the middle west particularly, for educated veterinarians. The sick animal often represents an economic problem, when, alas! the sick human may not, and the latter may at times be more easily replaced than the former. We have known farmers who seemed to value their live stock more than their wives—in some cases, we are free to confess, this can be quite easily understood, after even cursory examination only.

In the country of Hahnemann's birth, before the great world convulsion, many cavalry mounts were homœopathically treated. There was no particular sentiment about the matter, which was simply a question of dollars and cents and better success. In the great circus Renz, of Hamburg, Homœopathy was employed almost exclusively in the treatment of sick animals of all kinds. It paid!

During a trans-Atlantic voyage in the year 1896 we were called upon to prescribe for a beautiful bay racing mare which had become sick with influenza or epizootic. This mare was one

of a string of nine horses, shipped from Michigan from the Caton farm, to St. Petersburg, Russia. The trainer who accompanied the horses had used his simple specifics without effect and the mare showed a rough staring coat, glassy eyes, rapid respiration and pulse and a very high temperature. *Aconite* 200th was given and speedily cured the mare, which, later on in the winter, won the *grand prix* at the St. Petersburg races. We have always felt a sort of proprietary interest in "Valley Queen" ever since. May her old days be happy ones!

Overlooking the Obvious.—Some time ago we struggled with a case of tinnitus aurium, or in plain U. S., noises in the ears. Careful prescribing and much repertorial searching failed to help the luckless patient. An aurist was suggested and accepted and according to his kind, gazed and hunted and poked and blew, Politzerized and vibrated, but all without success. Finally the ungrateful patient was told by a lay and (horrors!) allopathic friend to try small doses of *Sulphate of quinine*. Mirabile dictu! Shades of Samuel Christian Friederich Hahnemann! the noises vanished, never to return, and we, gentle reader, together with the villainous aurist, indulged in a mutual kicking match.

Thus do we sometimes learn from the mere layman and the allopath! But let us not gaze too far away and overlook the obvious, nearer home! Some of us have a strong tendency to do this and will resort to remedies seldom used and rarely heard of when the old reliable, well known and well proven remedies would do the work much better.

Also let it be said, we are apt to put a condition down as mechanical and feel that it needs the attention of a specialist, when good old Homœopathy is capable of turning the trick alone. Of course, it is hard to always draw the line correctly and to determine the precise point at which medicine should leave off and mechanical therapy begin. We are all of us human and will slip up at times, even as did the old lady on the innocently deceptive banana peel.

Pitfalls in Homœopathic Prescribing.—These are numerous, as many have found to their chagrin, and we must constantly be on

our guard to avoid a fall. An error frequently made is to prescribe for pains in the legs and feet, without an examination of the latter. Our repertoires are filled with enticing lists of symptoms pertaining to the feet, so that prescribing easily becomes an exciting chase of the will-o'-the-wisp and about as successful.

If we examine these foot and leg cases before we venture a diagnosis of rheumatism, we will often find a badly broken down arch, the proper mechanical correction of which will cause the symptoms to disappear as mist before the sun. Cases of flat feet or *pes planus* are extremely common, should always be looked for when symptoms direct our attention to the feet and are easily cured, as a rule, by the application of simple corrective, mechanical and gymnastic measures.

Of course, prescribing for the patient himself, "above the feet," will always be in order. But seek the cause first and—remove it.

Another common error, which all of us make at times, is to overlook eye-strain as a cause of headache. How often do we prescribe remedy after remedy, until the cows come home, only to waken to the fact that we are dealing with a mechanical condition or reflex beyond our remedies.

Ruta, *Natrum mur.* and *Onosmodium* are most excellent eye remedies, extremely useful in their rightful places, but will not take the place of skillfully prescribed and needful lenses. Again, *tolle causam!*

And so we go, abusing, misinterpreting or neglecting poor old Homœopathy! Were she not so strongly entrenched in a foundation of truth and principle, she would have been bowled over long ago. All honor to her!

Ranunculus Bulbosus in Intercostal Pain.—Farrington in his eternally valuable "Clinical Materia Medica," long ago pointed out the need of care in the differentiation of *Bryonia* and *Ranunculus bulbosus* in relation to chest pains. In both remedies the pains may be of muscular origin, myalgic or rheumatic in character, or they may be pleuritic in origin, more especially in *Bryonia*. Both have sharp, cutting or stitching pains, made worse by respiratory movement, especially deep inspiration and

by motion; but in *Bryonia* the patient wants to immobilize himself as far as possible by lying on or making firm even pressure upon the painful or affected side; whereas in *Ranunculus bulbosus* the patient cannot lie upon, or bear pressure upon the affected or painful side. Turning over in bed is painful to *Ranunculus*; coughing is painful to both remedies. In addition, *Ranunculus* feels sore as though bruised, which is, of course, like *Arnica*; but the pains of the latter remedy are of traumatic origin.

Ranunculus bulbosus is perhaps more often suitable than *Bryonia* in intercostal neuralgia, particularly, however, in the pains which accompany herpes zoster or shingles. In this disease the vesicles which form along the course of the nerve trunk are dark bluish-red in color and extremely sensitive. The sore, bruised sensation is usually present.

In shingles, *Rhus tox.* is to be preferred when, together with the severe sharp and bruised sore pains, there are stiffness and marked restlessness, with temporary relief from a change of position, much thirst for cold drinks and the typical, triangularly red-tipped tongue. A history of rheumatism, with aggravation from dampness or wet, stormy weather, are further corroborative indications.

Cantharis or *Cantharides* is of value when the vesicles are red in color and contain a light colored serum, which excoriates the adjacent skin over which it may happen to flow. Thirst is commonly present, also increased frequency of micturition with burning, even though slight, during the same.

Mezereum is of great help in the severe neuralgic or neuritic pains which persist at times, even after the eruption has disappeared and when sensations of numbness and stiffness are present.

Kalmia will be called upon when, together with the usual muscular pains, general weakness and a slow pulse are in evidence.

In the infra-mammary pains of women, left-sided in location, where the muscles themselves seem to be chiefly affected, *Cimicifuga* or *Actæa racemosa* will be the needful medicine, especially when a history of uterine trouble can be obtained and mental symptoms of sadness and depression are present.

Ranunculus sceleratus is at times to be preferred to the bulbosus, when the trouble is right-sided and when the raw, patchy,

mapped and excoriated tongue is present. The sceleratus (pardon the barbarism) is the more "scoriating" in its effects, thus this alluring alliteration may make remembrance remarkably easy.

Bulbosus, *Sceleratus*, and *Cimicifuga* all belong to the family *Ranunculaceæ*, but each, like Peter, Paul, and Philip, has an individuality of its own.

Problems of the Homœopathic Medical College.—In the recent action of the Boston University Homœopathic Medical School whereby this school becomes non-sectarian lies food for serious thought concerning the future of the homœopathic profession; for it must be remembered that this college has always been rated as a class A institution by the Council on Medical Education of the American Medical Association. Yet *in spite of this rating*, its students continued to dwindle in number until the continued existence of this school became a really questionable matter.

That the action of the college authorities, faculty and alumni, was taken after mature deliberation there is no doubt, nor can the sincerity and honesty of purpose of those concerned with the future welfare of the school be called in question. The school was losing its hold and something had to be done and that quickly. Whether this school will be able to compete with Harvard Medical School and Tufts College remains, of course, to be seen. Dr. W. A. Dewey, of Ann Arbor, calls attention to the fact that years ago the old Denver Homœopathic Medical College became non-sectarian or hybrid, as you choose, and under the high sounding title of Westminster College rapidly went down the toboggan. Who knows? Perhaps our erudite Bostonians may be compelled to perform the same undignified stunt.

In New York the N. Y. Homœopathic Medical College has likewise found itself in the throes and more than once has come perilously near the rocks.

New York's problem is, however, different from that of Boston, and is, fundamentally, one of finance. Of late years, the class and quality of its students has been of a kind to arouse decided misgivings. New York is to all intents and purposes a foreign city, the native born population is greatly outnumbered,

so that the cosmopolitanism of this immense city is in a sense its greatest characteristic. It must be remembered that, *e. g.*, the Jewish population alone numbers approximately 1,500,000. In consequence, the attendance at the various medical colleges in New York is predominantly Jewish.

Here, then, is a problem in itself, to properly bring before the Jewish people the advantages of Homœopathy. The field for homœopathic propaganda is enormous and will be productive of most excellent returns, provided that the question is wisely handled. But at the same time, the quality of its medical students must be improved if success is to be gained. One reason for the poor quality of the average medical student of recent years is no doubt to be found in our faulty public school system, which seems chiefly designed to force through the educational mill the greatest number of half-baked pupils possible. Thus these students too often possess a smattering of everything and a knowledge of nothing. So long as they gain the required number of "points" to satisfy the legal requirements, they are deemed fully prepared to take up the serious study of medicine, quite regardless of any possession of real educational qualifications.

This observation applies, of course, to the students of any race, nationality or creed, but for the reasons stated, is largely a question of the foreign born, chiefly Jewish students. Among the latter are to be found many of the most intelligent and successful physicians—but these are, generally speaking, not to be found in the ghetto or the great East Side. It is here that the need for able, educated physicians is greatest. The young homœopath who elects to settle in this over-crowded district soon finds, however, that even if he desires to practice homœopathically, which unfortunately he seldom does, he will be obliged to write prescriptions *lege artis*, to be filled by the corner druggist, or betake himself elsewhere. It is within the druggist's power to recommend in most cases the doctor, and woe to the physician who does not or will not reciprocate. Thus does the history of Hahnemann's time repeat itself in the 20th century.

The increased entrance requirements now demanded by most States and in most instances equalling or exceeding two years' attendance upon a B. A. or similar course are, to be sure, pro-

ductive of a better grade of medical student, but at the expense of numbers, and the homœopathic profession can least of all afford a loss in numbers. Furthermore, the danger in such raised requirements lies in the fact that the country boy or the boy in modest circumstances from the small town can no longer afford to study medicine, on account of the length of time required for pre-medical preparation, medical study and hospital interneship. The net result is the creation of a medical aristocracy, a most un-American and undesirable thing, sure to lead to a state of affairs where charlatanism is bound to enter and thrive. Already we see the country districts crying for doctors, and the rising tide of non-medical cults and drugless healers threatening to overwhelm us.

To us it seems that a return to the old præceptorial system of former days would be a most excellent move upon the part of the homœopathic profession and one likely to rejuvenate our tottering colleges and to rekindle the spirit of enthusiasm once prevalent, but now, alas! sadly missing.

So far as New York is concerned, in the new dean of the homœopathic college, Thomas J. Preston, Jr., Ph. D., she finds a fearless, able, independent and educated gentleman, who, if he is given the whole-hearted, honest support of trustees, faculty and alumni, will succeed in placing the New York College where she rightly belongs, in the front rank of educational institutions. That he may be granted such support is our earnest wish and hope, for without it he cannot succeed. For the homœopathic profession to see its largest college close its doors would be a calamity momentous in its significance and disastrous in its results.

Prescribing for Isolated Symptoms or Small Symptom Groups presents at times great difficulties to the physician and is often disappointing in the extreme. The frequent failures following such attempts may be charged to one or more of several causes.

Thus the case may be poorly developed; if so, there is nothing for the prescriber to do but to wait until a clear symptom image can be discerned. To wait is the most difficult thing the physician has to do, since waiting seems to nullify his best in-

tentions to help his patient as speedily as possible. Yet many a case has been spoiled by too hasty prescribing of unrelated remedies, given for the sake of "doing something." The average hospital case record will bear eloquent testimony to this indictment.

Acute disturbances in chronic diseases are often difficult to prescribe for. A few symptoms may be present and are usually annoying to both patient and physician. When not severe or much complained of they may, with entire safety, be ignored and will usually prove to be fleeting in character. On the other hand, they may persist and may demand attention. If so, the image of some short acting, acute remedy may be visible and its administration entirely successful. This acute remedy will often be complementary to the patient's chronic remedy. Thus the *Calcarea carb.* patient may, for some acute disturbance, demand *Belladonna*. The patient whose basic remedy is *Kali carb.* or *Scipia* will often require *Nux vomica* when acutely ill.

In this connection we must not forget that the short acting, acute remedies are often merely palliative only and to palliate some cases is a doubtful procedure. You can palliate a man into an early grave. Do not mistake palliation for cure!

In general, it may safely be said that in cases in which isolated symptom groups occur it is better to go more thoroughly into the history of the patient and even into the family history, in order to discover the patient's basic or constitutional remedy. This means that the art of case-taking must be thoroughly mastered. The best homœopathic prescribers have always been masters of this art.

When the case has been properly taken and recorded, the use of the repertory may be required. If so, it is here that the wisdom of von Bœnninghausen and of Kent can with advantage be applied. The technic of the use of either of the repertories of von Bœnninghausen or Kent is simple enough and once learned is never forgotten. The symptoms called "generals" by Kent are the determining ones, in reality basic, hence of the utmost importance and can never be ignored. The symptoms designated by him as "particulars" are and must be included by or in the "generals." Hence in repertory analysis according to

the method of Kent, we are obliged to proceed from "generals" to "particulars" or from the greater to the lesser. To work the other way around is to court disaster.

For example, a patient may complain of some obscure sensations in the chest or abdomen, or of some disturbing throat or nasal symptoms. There is nothing characteristic about the condition, though one of several remedies may be suggested. Diagnostically and pathologically, nothing is to be found. Superficial case taking ends there, with no certain remedy in sight. Thorough history taking, however, reveals certain basic tendencies which the patient has at all times manifested throughout his life. He has always, let us say, been sensitive to cold and damp, has taken cold easily, as a boy was subject to offensive foot-sweat and occasional boils. He is now inclined to constipation, has a dry hacking cough, with a chronic pharyngeal catarrh.

To give him *Sticta pulm.* or *Cistus can.* or some other superficially indicated remedy is to miss the real import of his case; but to prescribe *Silicea* is to go right down to the foundation of his troubles and so dig them out root and branch. This is real homœopathic prescribing, not mere symptom-covering or symptom-chasing. Chronic diseases can, therefore, be successfully treated in this manner only; there is no other way. The sooner we learn this way the better for humanity. Let us not forget that suppression is not cure and that cure must be distinguished from recovery.

The lesson to be learned, therefore, is simply this—that in all cases which come to us to examine carefully for everything, subjectively and objectively, until as it were, we know the patient inside out. We will then be in a position to help, if help is possible and will, furthermore, have no regrets if things go wrong, in spite of our best endeavors. Nothing is more humiliating than to have a case go wrong on account of some lesion which, although present, we had overlooked through carelessness at our first examination.

Suicidal Thoughts.—In our repertories numerous remedies are noted which have produced in the provers thoughts of self-destruction. These remedies are likely, therefore, to be of aid in

our cases of psychasthenia, melancholia, insanity, etc. Thus *Arsenicum alb.*, *Aurum met.*, *Natrum sulph.*, *Nux vom.*, *Psorinum*, *Pulsatilla*, are among the more important remedies having thoughts or impulses of suicide.

We must, however, in our prescribing be extremely careful how we elicit these symptoms and how we interpret them. We must place them properly in the symptom totality and use discrimination as to their cause and duration. Timothy Field Allen taught that *Aurum* was likely to be disappointing when given to a patient with suicidal impulses, unless that patient was syphilitic.

This is entirely logical, since *Aurum* is pre-eminently an anti-syphilitic remedy and in its destructive pathologic effects resembles the later stages of syphilis most closely.

In *Arsenicum album* we find despair, anguish and restless anxiety extremely marked. The patient cannot remain quiet a moment and is harassed by fears and impulses to do away with himself. The sight of a window impels him to throw himself out of it, yet he hates the thought, though fearing the possibility of its fulfillment. With all this mental turmoil there is physical weakness and, of course, obstinate insomnia. Fear of being left alone is a strong characteristic of *Arsenicum*. In chronic states requiring this remedy there may be no thirst, as Kent points out, but in acute conditions the typical desire for small amounts frequently repeated, will be present.

Talcott in his work on "Mental Diseases and Their Modern Treatment" draws fascinating word pictures of the important remedies in their various moods and the inquirer who is desirous of learning more of mental diseases and their homœopathic treatment will do well to consult both Talcott and Butler in this connection.

Hair-splitting repertorial differentiations, however, must be made with care, lest they lead us astray and into the realm of the ridiculous. Some remedies, e. g., as *Ant. crudum*, prefer to shuffle off this mortal coil by shooting, while others prefer the possibly more agonizing and chilly route to Davy Jones' locker. Such is *Pulsatilla*, which, in her mild and tearful anxiety, is fond of water, so much so that she indulges in lachrymal showers upon slight provocation. *Sulphur*, on the other hand, dislikes water when externally applied, hence hates to bathe. Water aggravates

all sulphur skin symptoms. Brimstone and H_2O never did mix well anyway, but always splutter when they meet. Whilst extremely sad and despondent and troubled with anxious thoughts, nevertheless *Sulphur* does not indulge in suicidal speculations.

Aurum muriaticum, the chloride of gold, has melancholy thoughts of suicide, similar to the *Metallicum*, and is, of course, applicable when indicated in syphilis. But it has other important spheres of action, notably in the pelvic disorders of women and in cardiac disease, organic in nature, such as arterio-sclerotic changes, valvular disease, angina, etc.

Since cardiac patients, unlike tuberculous ones, are apt to be mentally depressed, the homœopathicity of *Aurum muriaticum* to many of these cases can readily be seen.

In the pelvic diseases of women, however, marked by ulceration and hyperplasia, uterine hypertrophy, fibroids, etc., *Aurum muriaticum natronatum*, the double chloride of gold and sodium, will repay careful study. In these cases mental depression is often present as well as suicidal thoughts. Corrosive leucorrhœa is a valuable indication.

OBITUARY.

Thomas Lindsley Bradford, M. D.

Thomas Lindsley Bradford, Philadelphia, physician, historian and bibliographer, was a native of Francestown, N. H., born June 6, 1847, son of Thomas Bixby Bradford and Emily Hutchinson Brown, his wife, on the paternal side of a descendant of Gov. William Bradford of the Plymouth colony in Massachusetts, while on the material side his grandfather, Titus Brown, was a noted New Hampshire lawyer and statesman, member of Congress from that State from 1824 to 1828.

Dr. Bradford acquired his literary education at Francestown Academy and at the famous Phillips (Andover) Academy, and his medical education in Harvard Medical School, 1866-1867, and the Homœopathic Medical College of Pennsylvania, where he received his degree in 1869. His professional career was begun in Skowhegan, Maine, where he practiced three years, and then went abroad, visiting various medical institutions in London, Paris and in other continental cities.

In 1877 he removed to Philadelphia and took up his permanent residence in that city. Up to the time of his death, on December 4th, 1918, Dr. Bradford had been a prominent figure in the homœopathic school, and was, perhaps, best known as the author of "The Homœopathic Bibliography of the United States," "History of the Hahnemann Medical College and Hospital of Philadelphia," "Index to Homœopathic Provings," "Life and Letters of Hahnemann," a classic of its kind, "The Pioneers of Homœopathy," "The Logic of Figures," and "A Characteristic Materia Medica."

From 1895 to 1900 Dr. Bradford was lecturer on the history of medicine in the Hahnemann Medical College of Philadelphia, and in 1894 became curator of the college library. In 1869 he became a member of the American Institute of Homœopathy and was an honored senior at the time of his death. He was also a member of the Maine State Homœopathic Medical Society, the Philadelphia County Homœopathic Medical Society and of the Pennsylvania State Homœopathic Medical Society.

In 1887 he married Eliza Virginia Hough, who survives him.

It was Dr. Bradford's custom to frequently drop in at the old editorial office of THE HOMŒOPATHIC RECORDER in 1011 Arch St. to chat with his friend Anshutz, and if he found the latter out, to sit down at the editorial desk and pound out on the typewriter some verses which he would then leave as a token for his friend. Quite recently the following beautiful lines were brought to light and are herewith for the first time reproduced:

WAR.

Fate strikes the House of Time one day
And back its doors swing wide,
Armored and mailed, in grim array,
War's dreadful legions ride.

Great horrors leered beside the way
And grinning devils mocked,
With claws outheld to clutch their prey,
Where Want and Famine stalked.

Where once sweet Plenty's bounteous hand
Had held out largess fair,
And where Content had blessed the land
And Joy had hoodwinked Care.

How Woe, black-visaged, held outspread
Her skinny arm and cried,
While Hope stood sad, with shrouded head,
And wept while mankind died.

PERSONAL.

Lt. Col. Dearborn, President of the American Institute of Homœopathy, and now serving in France, has sent us a copy of "The Martian," dated Sunday, November 17th, and published by the boys "over there," Hospital Center, A. P. O., No. 780, American Expeditionary Forces. Col. "Freddie" seems to be (as usual) the officer in charge. Dearborn isn't happy unless he is "bossing" some job somewhere. The circulation of "The Martian" is given as 2,500 copies weekly. The price is 30 centimes. A choice bit is the following:

"Where is the old lady who lived in the shoe
And had all the kids with nothing to do?
They are nurses or soldiers or sailors or such,
And have sailed o'er the pond to clean up the Dutch!"

To which we may add:

Where is the Kaiser who threatened the U. S.,
But whose plans by Zimmerman were thrown into a mess.
He no longer threatens with his hand on the clutch,
For he's trying to kill time, in the midst of the Dutch!

P. S.—In Holland the Dutch are known as Dutch. Cincinnati papers please copy!

Thank you, Col. Fritz! Merci beaucoup!

That not all homœopaths stick to little sugar shot is attested by the subjoined interesting account of the doings of Major L. L. Tafel, cousin of A. L. and G. H. Tafel, of the publishers of THE HOMŒOPATHIC RECORDER.

The editor feels jealous of this major with the good old Irish name, who was fortunate enough to be sent "over there." Many of us missed this good fortune by an ace, and will always regret that we didn't succeed in getting "under the wire" a little sooner.

"SOME NOISE."

That's how Major Louis L. Tafel, fighting in France, describes a concentration of artillery in one of the actions in the recent fighting on the French front. His home is in Philadelphia.

For twenty-five years he was a member of the Philadelphia Battalion of the Sixth Regiment. He served in the Spanish War and on the Mexican border, but now commands a battalion of the First Pioneer Regiment, a non-combatant organization trained as infantry but used mainly for mechanical and laboring work in support of the engineers. In civil life he is a member of the bar.

"Thursday we packed up before daybreak, and marched out of the

little woods we had been in for a couple of days, leaving behind all our horses, wagons, baggage, etc., except what we carried on our persons. We marched for several miles through the greatest concentration of artillery of all sizes which the world has ever seen—all banging away at once, and believe me, there was some noise.

“On both sides of the road they were blazing away—great big fellows, and our ears rang with the deafening reports, only a few feet away. Several times my ears rang so long from some gun I was passing that I feared my hearing would be injured, but fortunately it was not, and I came through O. K. As we passed one big gun, the concussion knocked the steel helmet from my adjutant’s head, as he walked beside me.

“As we got nearer the front, the smaller pieces of artillery were barking and roaring from every hill and hollow. Often you wouldn’t know there was a gun near until you saw the blinding flash of flame and got the ear-splitting report—sometimes on both sides at once. And then through the heavy fog and mist and smoke we saw the masses of infantry waiting in support or reserve to go forward, as we went on past them to the front.

“The first indication that we were near the front lines was when a bunch of Boche prisoners were brought in under guard, holding their hands over their heads—then a few wounded limping back to the field hospital, and a first aid station with a few wounded on litters.

“At the cross-roads, in a little heap of ruins that was once a town, there was a stream of prisoners coming down each road. At one place four husky Boche machine gunners were carrying a litter on which was a wounded American. As we passed, the boy looked from under his blanket and grinning from ear to ear and joking with the crowds of our men on the road. He called out to us, ‘Pretty soft, eh?’ He had forgotten his wounds in the novelty of being carried back in state on the shoulders of four big Dutchmen, and seemed to be enjoying the situation.”

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No. 2

CLINICAL REPORTS.

By Royal E. S. Hayes, Waterbury, Conn.

In response to a request to name the title of my contribution to this bureau the writer hastily proposed to report some reductions in arterial tension but repented too late, waking up to the fact that insufficient figures of such conditions had been recorded. High tension is an enlightening pathologic, prognostic and diagnostic symptom. These meagre reports are offered only as a hint, though not a new one, that a too high blood pressure may become lower as the natural result of improved vitality. What caused the improved vitality is a mystery as no change was made in the diet or environment of these particular people and only high potency medicines were used. Pardon the levity—probably it was suggestion, because suggestion has a habit of reducing arterial pressure, dropsies and such things.

I.

The first case is typical of many that are more often relieved by *Medorrhinum* than any other remedy, I think. As to the tension, it is unfortunate that it had not been noted regularly so that the relation, if any, between it and the exacerbation of symptoms could have been demonstrated.

A woman aged 62 years. At the first interview during the spring of 1917 the systole tension was 250, diastolic 90, and pulse pressure 140. There was albuminuria, cardiac decompensation, dyspnoea sufficient to prevent ascending stairs, and a symptomatic collateral which unfortunately was not recognized as pointing to *Medorrhinum*. However, *Aconite* relieved for a time the intense

anxiety, as I have seen it do so often for old people who fear to approach the inevitable. *Alumin.* disposed of an old constipation besides relieving the dyspnoea and weakness for awhile. In the fall of the same year the dyspnoea and weakness increased; stagnant circulation and sogginess of the lungs became serious. On the following symptoms *Medorrhinum* was selected which has done fine work:

Spells of faintness with burning heat and perspiration, obliged to uncover, then soon becoming cold.

Smothering sensation relieved by eating. Coarse rales.

Intense restlessness and anxiety aggravated at night, tossing and moaning.

Aching legs at night as if in the bones, aggravated by motion: feet sore; inflamed sensation.

Sensitive to drafts and coolness.

General aggravation during the night and morning.

Medorrhinum was given in single doses with increasingly lengthened intervals according to the duration of reactions, as follows: First, *Med.* 2m, five days later 50m, then in twelve days, then *Aconite* 1m in twelve days, which now had a profound effect upon the mental condition and sleeplessness. thirty-four days later *Med.* 50m, again after forty days, and again after twenty-eight days. The condition was now and remains, two months since using the last dose, so much improved that dyspnoea has disappeared except on exertion, works about the house and rests well nights. S. T. a year from beginning of treatment 165, and D. T. 110.

II.

Mrs. M., aged 50; S. T., 170; D. T., 120.

Chronic arthritis.

Menstruation had ceased suddenly three months previous.

Heart beat 58, at times irregular, mitral murmur, respiratory distress after walking a couple of blocks. Palpitation worse in the evening, relieved when quiet, worse when lying on the left side, relieved by pressure of the hand, deep but unexpressed anxiety, later heart felt as if not beating.

Depressed, worrying about health.

Noises irritable, almost unendurable.

Faint appetite, faint stomach at 9 a. m.

Hot feet.

Weak and tired in the evening.

Phos. 10m Sk. 1d.

Seven weeks later was much better and stronger, pulse gradually quickened to 80, S. T., 136; D. T., 100. During the last year and a half has improved in strength, the systolic tension varying from 130 to 136, or so.

III.

Mrs. C. W. L., æt. 67. No special organ change could be found except loss of intensity and elevation of pitch of the first sound of the heart. Her appearance, however, was impressive of premature senility and feebleness, as if she had progressed well into the eighties.

Complained of general weakness with trembling of the lower extremities, especially in spells. Knee jerk about normal.

"Gone" sensation in head.

"Gone feeling" in epigastrium before breakfast and at 10:30 with aggravation of general weakness, being compelled to eat to relieve it.

Cold or burning feet.

Depressed spirits; worrying needlessly about safety from the Germans.

Systolic tension 250.

Sulph. 1m, 1d.

Eight weeks later reported feeling much better until last few days. *Sul.* was repeated; friends report her improving. The systolic figure was 30 points lower at the interview eight weeks after the first prescription.

IV.

This is perhaps a better illustration of symptomatic prescribing than of effect on blood pressure.

Called to young Mrs. L., nine months' pregnant; convulsions; badly œdematous; 9½ per cent. albuminuria; headaches; anæmia; the color index being 70. The tension was high but not recorded.

Symptoms of the convulsions: First, numbness of the right

hand, then face and tongue, then sudden pain in the forehead extending back to the mastoid regions.

The head, hands and lower extremities shaking, tonic flexion of the fingers. Mind clear. All ameliorated when she herself and the surroundings were perfectly quiet.

Nux τ . 50m, 1d, stopped the convulsions at once.

Breech still birth occurred two days later.

Xanthox. was again verified in cutting short genito-crural after-pains.

Six weeks after the birth the albumin had decreased to $\frac{1}{2}$ of 1 per cent., S. T., 150.

The following two years a few prescriptions, usually of *Puls.* or *Calc.*, were made and another baby was born without complications, though a large trace of albumin persisted, and the tension continued at 140 to 150. Five months later the systolic tension was unaccountably raised to 170 accompanied by increased albuminuria, attacks of dizziness when first moving or rising. Loss of appetite but strong craving for something not recognized; sacral backache; weakness; sensitiveness to heat, hot and cold spells with copious perspiration, especially about the head.

Puls. 16m, 1d.

Three weeks later the patient reported feeling better than in three years; tension 135, albumin the faintest trace perceptible. To continue under observation.

CLINICAL EXCERPTS.

By S. L. Guild-Leggett, M. D., Syracuse, N. Y.

CLINICAL EXCERPTS.

CASE I.—Mrs. X. T. B., 65 years, widow of O. S. physician, tuberculous tendency, and had lived in warm climate many years. From 1908 to 1915 had been under my care and prescriptions. Since 1907 had suffered with uterine fibroid and various complications; various prescriptions of which *Tuberculinum* was the most frequent and efficacious, until Feb., 1915, when fibroid seemed to have disappeared and condition improved, then prescription was halted and I heard no more from her until Jan..

1917. All this time I had never met the woman, who lives in Texas.

January 13, 1917. She wrote of a strenuous year, hard work, general collapse and inability to continue. For a year had scuffed feet. For a week unable to pray except under stimulus; could not concentrate; could not think or follow a subject through.

January 8 had been sleepless until midnight and discovered she could not raise arms and make her fingers meet behind the head (want of co-ordination). In the deep darkness tried to walk backward; could not do it; could only lift the feet and inch along backward, a little. Tried to put forefinger to tip of nose; could not do it once; missed every time. Took short dragging steps, hitched the hips rather than bend the knees. Could not take charge of work; nor keep the details in mind; nor recall to-day the work of yesterday. Since whooping cough in Spring not her usual self; bronchia and larynx never became normal; hoarseness and cough with slight expectoration; many vagabond pains hard to bear.

Her mother died at 64 years of consumption; her grandmother at 65 years of the same. Every branch of the entire family was short-lived. She closed with an urgent request to know the meaning of the symptoms, as she did not wish to waste time or effort if it was necessarily fatal. Being an unusually intelligent woman, a doctor's widow, and having consulted many and eminent physicians, she, of course, suspected an approaching myelitis or a disease of that nature.

I wrote her that all things considered I had an idea that the condition would prove to be neurasthenic in nature, from the severe strain of over-work, continuing through the year, and sent a dose of *Picric acid* 45m F., and one of *Tuberc.* cm F. C., to be taken one week later.

S. L. Q. S.

February 9th, she reported "a little improvement in the long run." "More exact motions after the first powder." Omitting the detail of symptoms reported, she said there was "no tumor uterine, only a sensitive spot."

Pic. ac. 45m F.

March 5th reported continued improvement in spite of increase of work through sickness of children in son's family. Thought she co-ordinated quite a little better. Could not meet finger tips, but came nearer; mind still wavers, cannot hold thoughts.

Pic. ac. 45m F.

With continued improvement she received one dose of *Pic. ac.* 45m, May 12th, '17; June 2nd, '17; and June 19th, '17. Had reported that she could meet the finger tips on May 6th.

In a letter written January 4th, 1918, even though under strong urgency of work, in a small family of children, she reported that although growing old rapidly "she was other ways in good health."

CASE 2.—Oct. 1st, '17, Mrs. F., of C., N. Y.

After a year of excessive work and anxiety in a new department of teaching, had found herself, the spring of the same year, weighing but 100 lbs. Taking a good vacation and returning to C., having gained 30 lbs., had thought her trials over. But since Sept. 27th had been tormented with a severe soreness and pain in left hypochondrium and under left scapula, which had finally developed an eruption. Examination showed a fine herpetic eruption about the size of palm, under left breast, isolated patches extending back under left scapula, where another large patch had developed.

Uneasiness, burning, soreness < by lying upon, < pressure, or touch of bedding; no desire for food; led to prescription of *Ars. alb.* 200, every two hours during that day.

Oct. 15th, '17. > of eruption, and but few left upon the back. Sleepless for several nights. Soreness, constant pain, burning, sting, sharp knife-like; bad, bitter taste, mouth; chilly; perspiration hot, strong odor; weakness; eats better but not well. *Ars.* cm H. S.

Nov 3rd, '17. Better; > of eruption and soreness; stiffness, heaviness, starts to walk; teeth loose, soft, gums recede; breathless < walking; aching of limbs in bed; lips more red than normal; has lost weight, exhaustion; thirst; starts on falling asleep. *Sul.* cm H. S.

Nov. 17th, '17. Still better; eats and sleeps better; stools normal and easy; teeth improved, less soreness but are still loose:

no strength for mental work; gets too tired; palpitation, as if from fright; looks much better.

Dec. 6th, '17. Palpitation; without apparent cause, when sitting, turning in bed; < lying on back and on left side; < haste; > to turn on right; sacral pains < exertion; aching calves at night; very thin; teeth tightening. "Wakes from palpitation if lies on back;" "aching calves;" "sleepless before midnight;" restless, knits constantly; chilly; which symptoms took me back to *Arsenicum* again, and she received a dose of 8m J.

Dec. 19th, '17. Eruption is gone; palpitation very much better; is irritable, goes off by self so not to snap at those who should irritate her; is cold in bed, yet cannot sleep in warm room; pains in calves and toes gone; eats better; chilly during entire autumn; cold feet at night.

Psor. cm F.

CASE 3.—Jan. 5th, 1910. Miss E., aged 54 years, applied for relief, having promised her sister that she would treat with me for one year, reporting to me each month.

Cough: since she was fourteen; night and day; > by expectoration; paroxysms lasting more than an hour at a time; if lasts too long it causes a bursting sensation in the forehead.

Expectoration: profuse, yellow or starchy, with vomiting night and morning; hawks, clears the throat of much mucus; odor and taste of catarrh.

Chest: attacks of pain, apparently of muscular strain; severe drawing, right, left, upper, lower chest, preceded by throbbing in locality attacked, at times almost "shutting off the breath, and causing a *scream*."

Asthma: hay-asthma, very severe, with but little nasal trouble; < by inspiration of cold air; every deep breath causes a cough. Hay fever began late in July, 1910, and was unusually severe; it ended in Nov. with a severe sickness, which was like a severe cold; friends thought she would die.

Sleep: lies with three pillows; < lying on sides; < left because knee becomes cold, but > by turning on back; < on right when chest pains, or throbs.

Calves: cramp at night, > wrapping warm; cramp of great toe, night or day.

Stool: normal, not daily, perhaps every two or three days: no discomfort.

Sleepless: anxieties; enfeebled and aged parents; rises fatigued and dizzy, "bumps into things."

Eats: four meals; the last hearty, at bed-time, of cold vegetables; but little meat, many vegetables; coffee and bread and butter for breakfast,—no butter if feels less well; no sugar in tea; no fat; likes gravies; overeating causes immediate and easy vomiting.

Cold: general desire for warmth; cold feet.

Has had every childhood disease.

Menses: first at nineteen; irregular until thirty-six; climax before forty-nine. Whooping cough at eight years with sequela of deafness in left ear. Scarlet fever, with sequela of roughness of skin of upper arms.

Auscultation: no abnormal sounds in chest. Palate: abnormally long. Lordosis or pigeon breast. Mental: irritable, excitable, cries easily.

STUDY.

Vomiting night and morning with cough = —ANT-T., ARS., Bry., calc., DIG., DROS., FERR., HYS., Kali, merc-c., nat-m., NUX., phos., Sep., SIL., SUL., Verat.

Drawing pains in chest ÷ —FERR., NUX.

Pulsation in chest ÷ —Dig., Kali, nux., phos., Sep., Sil., Sul.

Disposition to sprains:—Nux., phos., Sul.

< lying head low:—nux, phos., Sul.

Of the severe symptoms indicating a special remedy these stood as follows: Ferr., 4 symp.; strength, 8. Nux, 7 symp.; strength, 11.

In Nux was found these added indications for its use: "Bursting pain in head with cough;" "cold air < cough;" "difficult to clear the throat of mucus;" "excitable, irritable," etc. Nux 1000. B. & T., and permission to continue coffee until the following month.

Feb. 4th, 1910. Is fine, eats well, sleeps well, has had but three or four restless nights; is learning to eat fat; night meals not wanted; less cough; no spells in morning; expectoration considerable by hawking; character the same; odor and taste the

same; pains in chest *gone*; pulsations in chest *few*; no coffee; needs but two pillows; no cramps in lower extremities; feet warm.

Mar. 7th, 1910. Relief continues. Asthma: twice; has used three pillows; dreams of falling; of big dog; fright, wakens screaming; no cramps or vomiting until three nights previous.

Apr. 14, 1910. Very well except for the asthma, last few days: < morning; < walking; < ascending; pains in right chest, slight; amalgams removed; once heart "turned over;" likes heat; occasionally cold knee; while lying on left.

Nux 980 m F.

May 21st, 1910. Had gardened, dined heartily, followed by pain in stomach and vomiting. *Cascara*. During pain could only lie on the back; constipated from the 8th to 13th: cough but little, none in bed; can expectorate without coughing; has removed some of the heavy garments; occasional frontal headaches.

Nux mm, B. & T.

June 23d, 1910. Coughs but little this month; eats everything without <; had "*hives*" entire mouth the;se < heat: uncovering; at tendo achilles; has moles at waist line which "fester;" > by hot bathing; many; ulcerate to size of dime, prick, sting, < heat; have been present since winter; no headache; no vomiting; expectoration easy.

STUDY.

Waist surrounded by ulcerous circle: *Ars.*, *natr.*, *phos.*

Urticaria: *Ars.*, *Phos.* < uncovering: *Ars.* cm H. S.

Cannot recall a morning before for many years, without the morning cough and vomiting. No asthma and yet has painted the house floors.

Sept. 10, 1910. Hay fever much less violent than usual. After the first of the attack an easy thick, white sputum; less sick feeling; better taste; no indigestion, no wool clothing all summer; moles *all* healed; still hunts for "imaginary causes for grief."

Lil. tig. 200.

Oct. 10, 1910. Has had the best health in Sept. in years. Asthma but twice; no cough of consequence; no neuralgia during the summer; lies with head low; expectoration considerable

clear or yellow mucus; no trouble elongated palate; flesh firm and good. *Lil. tig.* 200.

Nov. 14, 1910. "Splendid," had had a cold which did no harm, cough easy; expectoration easy; < in cold air; the first attack of neuralgia this year.

Nur mm, B. & T.

This patient, after years of suffering, has continued in fair health up to present time, March, 1918. In all her years of discomfort no medication ever met the case, or relieved the conditions, so thoroughly.

MAN AND HIS MOUTH.

From the report of the last meeting of the Southern Medical Association printed in the *Journal of the A. M. A.* we learn that the mouth plays a big part in the origin of disease according to our "regular" brethren, who are really most irregular. One of the essayists proved by his paper, to his own satisfaction, pernicious and infective anæmia "should be laid at the door of mouth infection." Another that you should look to the mouth for "foci of infection" of arthritis. Another found the origin of chronic alveolar abscess, chronic pericementitis, tonsillar troubles, nasal disease, "grievous and dangerous diseases of the heart, endocarditis, myocarditis, pericarditis, and pancarditis" to lie in the mouth. Still another thought that the cause of diseases of the nervous system might be traced to the mouth. All of this may be true for, primarily, it is a man's mouth that generally gets him in trouble, but, gentlemen, as the mouth is but an agent, a very subservient one, what lies back of it? Sooner or later you really learned men will have to look beyond the apparent cause to what is back of it, just as your expelled brother, Dr. Hahnemann, taught you so many years ago, but you would not listen. Just remember that when you are treating a patient you are not treating an aggregation of pathological substance, a something that is ruled by the same physical laws that rule other matter, but matter that has a living soul in it, and no two souls are alike, nor never will be. Herein lies the fact that medicine is the highest of sciences, for man, your patient, has dominion over the beasts

of the earth, of the sea and all that therein is and of the air. When you, as scientists, are content to peer around in abnormal matter only, or things analagous to it, for the cause of man's ills you are not scientific, you are but groping for the wall like blind men, you are not among the higher scientists.

Hahnemann did not point the way very scientifically, as that much abused word is used to-day, but he pointed the way that real medical science must go. But the majority of medical scientists in this day peer through microscopes and announce their discoveries as being the real cause of disease, when in reality they are but expert investigators announcing discoveries in diseased matter but not touching on causes. One set of gentlemen tell us that the tonsils are the cause of many of the ills of humanity, and now come others who say that in the mouth lie the ills of the tonsils and of all the train of consequences for which the tonsils have been blamed, and a good many more, even of the nerves.

This isn't science, it is only theory, as any rational man can see. If the tonsil theorists are right the mouth theorists are wrong—either way one of them is logically excluded.

You must treat the patient, gentlemen, if you would be true physicians and not center your whole attention on a mere organ of the man, who is composed of many parts—and back of them all is the man himself who is the real sufferer, sinner, patient, or victim, the man who uses or abuses his body of so many parts.

"How can one 'treat the patient' if not by what he can see?" may be asked by some one outside of the Science of Similia, *i. e.*, of curative medicine.

By his symptoms which picture his ills and, curiously, his mentality is chief in importance. If the patient is in a fever, is restless and exhibits *fear*, you can very successfully give him small doses of *Aconite*. On the other hand, he may have the fever but be dull, listless, languid, then *Gelsemium* or some other medicine can be given, and so on through almost every phase of mentality and *cures* will generally follow. That is real scientific medicine.

The mental is not by any means all of treatment, nor are the observations quoted above concerning the mouth valueless, on the contrary they are very useful, they note the "removable causes,"

akin to a pebble in the shoe. The man skilled in the Science of Similia will not object to the removal of a decayed tooth or a diseased tonsil, but he will look back of the effect for the cause, in short, he will treat the patient as a totality and not his mouth, throat or some other part as he would a Ford auto.

E. P. A.

A CASE OF FATAL POISONING BY OIL OF CHENOPODIUM.

In the *China Medical Journal* for November, 1917, Hirst and Mills report a death from chenopodium and then give these additional points of differentiation when the patient chances to be a pregnant woman as in this case:

DIFFERENTIAL DIAGNOSIS.

GENERAL FEATURES.

<i>Eclampsia.</i>	<i>Oil of Chenopodium Poisoning.</i>
Prodromal symptoms, as headache, albuminuria, vomiting, disturbances of the special senses, œdema, high pulse tension.	Absent, urine normal.
Temperature high.	Not elevated.
Pulmonary œdema common.	Absent.

Condition of Liver.

Hæmorrhagic or anæmic necroses common.	Generalized necrosis.
Thrombosis of portal veins.	None.
Fatty degeneration of periphery of lobules.	None.
General autolysis of liver occasionally.	Present.
Hepatitis and perihepatitis hæmorrhagica occasionally.	None.

Condition of Kidney.

Various forms of acute and chronic parenchymatous nephritis.	Acute degeneration, on evidence or preceding nephritis involvement.
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Circulatory System.

Ventricles full of slowly clotting blood.	Heart stopped in systole, ventricles contracted and almost empty.
Heart muscle fatty with small hæmorrhages, necroses, and thrombi; friable.	Heart muscle normal.
Subpericardial hæmorrhages, sometimes.	None.
Pulmonary congestion and œdema common.	None.
Hæmorrhages, common.	None.
Emboli, common.	None found.

In the absence of any published report on the typical findings in cases of oil of chenopodium poisonings, the coincidence of post-partum changes, the administration of chloroform anæsthetic for Cæsarian section with the possibility of the occurrence of delayed chloroform poisoning, and the inability to absolutely exclude eclampsia, the decision as to what should be the exact title of this paper was made with some difficulty. The danger of a second dose of the oil given a short interval after the first was not drawn to the attention of the writers until a few months later, when Dr. Heiser mentioned somewhat similar cases having been seen in Samoa. The fact that the liver and kidneys were so completely degenerated in this fatal case, and that a second course of the oil is coming to be regarded as a risky procedure unless a sufficient interval has elapsed, lead to the justifiable suspicion that perhaps the first dose may do an unwarrantable amount of damage. It happens that a few accidents occur with most of our efficient remedies until the proper limitations have been fully determined, and it may be so in the present case. On the other hand, one accident should not lead to pessimism concerning the

dangers attending the use of a remedy in a person in whom there is no reason to suspect an unusual strain upon, or antecedent disease of, the liver or kidneys.

In the general discussion following the reading of this article before the annual meeting of the Korea Medical Missionary Association there were several reports of untoward symptoms following the use of oil of chenopodium. Temporary deafness was noted in several cases, in a few of which only one course of the drug had been given. Practically all agreed as to the value of the remedy for the removal of the hookworm and roundworm simultaneously, and believed the risk incurred was not commensurate with the benefit to be derived. There is, however, an economic feature involved in that the cost of a dose of oil of chenopodium is now greater than that of either santonin or betanaphthol, but not greater than both combined. Hence from a financial standpoint there may be some question as to the advisability of using chenopodium when either the roundworm or the hookworm is the only parasite.

In spite of this unfortunate experience the drug has been frequently used by them since as an anthelmintic. The dose has been increased to three administrations of 1 cc. each, at hourly intervals, and only one patient suffered inconvenience, which was in the form of temporary deafness. This change has increased its efficiency, and in many cases a repetition of the treatment was not required. In the smaller dosage, as used in the fatal case reported, it removed roundworms and tapeworms, but left two hookworms even after the second course. The increase in the dosage has markedly raised the efficiency of the drug without a corresponding increase in the toxicity. This modification in the method of treatment is evidently a step in the right direction, as the lesson to be derived from this case is, at least, that one large dose is safer than two smaller ones. Furthermore, the need of tests by which to determine the functional capacity of the liver and its condition as the result of previous disease is more keenly felt.—*The Therapeutic Gazette.*

REMEDIES FOR GASTRIC TROUBLES.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

Our American people are *peculiarly* liable to stomach derangement, for, as a rule, they eat in a hurry, eat *what* they *please*, *when* they please, and as *much* as they please. Of one thing they seem ignorant of, that only a *part* of the food taken into the stomach is *digestible* and *assimilated*. The rest becomes refuse matter and forms *toxins* in the system, thereby laying the foundation for *disease* in some part of the body.

I have found that very many of our doctors are weak on the *definite* treatment for *stomach* troubles. In this article I shall give a *clearly defined* indication for *each* remedy, so the reader may *learn* them and be able to prescribe *intelligently*, *rapidly* and *successfully*.

The *better* a doctor *knows* his materia medica the *quicker* he will *cure* his patients.

You may have a patient with *yellow*, *slimy* coating on the tongue, a feeling of *fullness* and *pressure* in the stomach, *water* gathers in the mouth; *hot* drinks make him *worse*. This indicates one remedy, *Kali sulph.* 3d x, three tablets every three hours.

In dyspepsia of *old* people, when digestion is *slow* and *imperfect*, great accumulation of *gas* in the stomach, eructations of *rancid*, *putrid* gas that gives *temporary* relief. There is *burning* in the stomach, which extends to the *back*. The patient feels *worse* when *lying down*. *After* eating the stomach and abdomen are *swollen like a drum*. The symptoms are *worse* from milk, coffee, meat, oysters, ice cream, vinegar or cabbage.

The above symptoms indicate *Carbo vegetabilis* 3d x, three tablets every three hours.

When the *distress* comes on in the stomach a half an hour after meals, *during* the process of *digestion*, there is a dull *frontal* headache in the *morning*, a *yellowish-white* coating on the back of the tongue, which tells you that the food in the stomach is *not* being properly *digested*. There may be sour eructations or vomiting, a feeling of *pressure* in the stomach,

clothes feel too tight about the waist, wants to *unloosen* the clothing. Food lies like a load in the stomach; patient will tell you they would "feel better if they could vomit." The above symptoms point like a finger-board to one remedy, *Nux vomica* 3d x, three tablets every three hours. I have found the *above* remedy more *frequently* indicated in the *indigestion* of our American people than *any* other remedy.

You may have a patient complain of a "*sour* stomach," vomiting of food after eating. The vomitus is so *sour* it sets the *teeth on edge*; cannot *bear sour* things. There is a yellowish (golden yellow) coating on the tongue. The above symptoms call for *Natrum phos.* 3d x, three tablets every two hours.

When there is an *excessive accumulation* of *gas* in the stomach I have found that *Calcarea phos.* 1st x is the remedy, three tablets *half* an hour *after* each meal in a little water.

You may see a patient with *flushed* face, *red* tongue, *feverish*, vomiting of *undigested* food *immediately after* eating. This indicates *one* remedy, *Ferri phos.* 6th x, three tablets every two hours.

You may have a case of *ulceration* of *stomach*, pain *after* eating in *one* spot, flatulence with *sour* risings; vomiting of *sour* fluid of a *dark* substance like *coffee grounds*. With the above symptoms I prescribe *Ferri phos.* 6th x, three tablets every two hours in alternation with *Natrum phos.* 6th x, three tablets every two hours; the above tablets should be given in a teaspoonful of *hot* water.

A person may have an unnatural appetite, a *goneness* or *faintness* in the stomach. They have an intense *craving* for *food*, want to be *eating* every hour or two, yet with all the *eating* they feel *exhausted* and *languid*. The above condition calls for *one* remedy, *Kali phos.* 3d x, three tablets every three hours.

In patients where the food does not *digest* but lies a *long* time in the stomach, causing accumulation of *gas* (belching does not relieve). There is a sensation as if the *food* had *lodged* in the *œsophagus* behind the *sternum*. There may be a *yellow* diarrhœa, *worse* at night and after meals. The above symptoms indicate *Tr. China* 1st x, five drops every three hours.

For the *severe pain* in ulceration of the stomach, when *other*

remedies *don't* relieve, give *Atrophia sulph.* 3d x. two grains every three hours. You may *alternate* this with the remedy that you give to *heal* the *ulcer* in the stomach.

When there is an *agonizing, burning* pain in the stomach (pain comes in *paroxysms*), flatulence and vomiting, and the *ulceration* is near *pylorus*, *Nitrate uranium* 3d x is the remedy, three tablets every three hours.

In *ulceration* of the stomach, with *round* ulcers, as from *beer* drinkers, when there is *weight* at pit of stomach, fullness, *burning* and distress *immediately* after eating, *vomiting* of *ropy* mucous and blood, the remedy indicated is *Kali bichromate* 3d x, three tablets every three hours.

In *gastralgia* (cramp in the stomach) I like *Tr. dioscorea*, 60 drops in half wineglass of *hot* water every fifteen minutes until *relieved*.

In indigestion with a *large* quantity of *gas* in the stomach, bowels badly *bloated*, patient feels *hungry*, but a *few* mouthfuls "*fill him up*;" belching does *not* *relieve*; there is *rumbling* of gas in *small* intestines; feels *sleepy* after eating.

The above symptoms indicate *Lycopodium* 6th x, three tablets once in three hours.

Some ladies are very fond of "*sweet things*." They will tell you that they "*eat only the least bit of candy*" when in reality they are eating candy every *chance they get*. The tongue is thickly coated *white*; soon after eating there is a feeling of a *load* or *lump* in the stomach, as if the food had *lodged* there.

There is an *enormous distension* of the stomach and abdomen from *gas*. The gas rises *easily* in great *volumes* and discharges in both directions with noise. The gas accumulates *faster* than it can be *discharged*. The above symptoms call for *Argentum nitricum* 6th x, three tablets every three hours.

You may see a patient with a *yellow* coated tongue down the *center* of it, *clean* at *sides* and *tip*. There is languor, *depression* of spirits, *loss* of *appetite*, a sensation of *sinking* or *goneness* in the region of the stomach that is *not* *relieved* by *eating*. There may be a sensation of *soreness* or *burning* in the stomach, and perhaps a *pulsation* in stomach.

The above symptoms indicate *Tr. hydrastis* 1st x, five drops every three hours.

In indigestion with *whitish-grey* tongue, *sick* after taking *fat, greasy* or *rich* food, vomiting *white, opaque* mucus, pain and *heavy* feeling on *right* side under the shoulder. The above symptoms call for *Kali mur.* 6th x, three tablets every three hours.

In gastritis the *first* remedy usually indicated is *Aconite*, but *Arsenicum* 6th x dilution will be *the* remedy that you *depend* upon to cure the patient, especially if there is *burning* pain in the stomach, a *red* strip down the middle of the tongue, put ten drops of the above medicine in half a glass of water and give a teaspoonful every three hours.

In chronic gastritis, when there is distress and *tenderness* in the epigastrium, *flatulence* and vomiting *large* quantities of *ropy* mucus, give 6th x *Argentum nitricum*, three tablets every two hours.

In dyspepsia with *excessive* acidity in the stomach, eructations of *sour* fluid that sets the "*teeth on edge.*" pain in the stomach *worse* when *empty* and *relieved* by taking food.

Tr. Robina pseud. is *the* remedy *needed*, five drops before each meal.

A patient may complain of a *sinking* which comes about two hours *after* eating, when the stomach is *empty*, and a *dull* pain in the stomach *extending* to *spine*.

The chief point to remember here is that the *pain* and *distress* are *present* when the stomach is *empty*. The pain and distress are *relieved* by *eating*. The above symptoms point to *one* remedy. *Tr. Anacardium* 3d x, five drops every three hours.

You may see a patient with *dryness* of the *mouth*, a *bad* taste, the tongue has a *thick* *white* fur. There may be *supra-orbital* headache. The patient is always *chilly*, yet *worse* from *heat*. About two hours after eating there is a feeling of *fullness* and *weight* in the epigastrium. *After* meals there is violent *palpitation* of heart; patient thinks she has "*heart disease.*"

This *form* of dyspepsia is caused by eating *rich* food, pastry, *pork* and *greasy* food. There is a good deal of *heartburn*, and the patient is *worse* in the *evening*.

The above symptoms call for *Tr. pulsatilla* 3d x, five drops once in three hours.

The reader should remember that the *tongue* is a mirror of the stomach. If you want to *know* the *condition* of a person's *stomach*, read the *tongue*.

You will have patients tell you that as soon as they sit down to the table and eat one or two mouthfuls of food it *gags* them, they feel as if they must "throw-up." These patients are usually *heartly* eaters, they have *over-loaded* the stomach, and have eructations *tasting of food*. The tongue has a *white thick* coating on it. The nausea is so great they *loathe* the very *thought* of any *food*.

The above symptoms indicate *Antimonium crudum* 6th x, three tablets every three hours.

AN OUTLINE OF A SUGGESTED PLAN OF TEACHING HOMŒOPATHIC MATERIA MEDICA, THERAPEUTICS AND PHILOSOPHY IN THE N. Y. HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL, WITH A BRIEF CONSIDERATION OF THE NECESSITY THEREOF.*

To the members of this, the official and representative homœopathic medical society of the county of New York, it may at first thought seem strange that a subject such as this one should be brought before them for consideration and discussion. Superficially viewed, it may indeed seem that the question is one which concerns the college faculty alone; but such a view is narrow and mistaken, for the interests of both the college and of the homœopathic profession of New York City and the metropoliton district, are indissolubly bound together, as well as interdependent. Should the college, through any misfortune, be compelled to close its doors, the beginning of the end of the homœopathic profession in New York will have been sounded. Let us not, therefore, underrate the effect of such a calamity, nor be unmindful of its possibility.

*An address delivered by the editor before the Homœopathic Medical Society of the County of New York, on January 9th, 1919.

The world war, now happily for mankind, ended, has caused many changes to take place in the course of human events and affairs, and of these, the greatest perhaps is the evolution and consciousness of a broad spirit of tolerance of and charity for the rights, opinions and beliefs of others. No longer will a single power or force seek to dominate the lives of men, no matter whether this force be social, racial, religious, or political. Hence sectarianism of whatever kind, because of its very narrowness and intolerance, must and will pass away. We see this broader spirit demonstrated in the work of the many splendid war charitable organizations, a work which, though carried on by religious as well as non-religious bodies of many kinds, has nevertheless been marked by the total absence of any spirit of petty sectarianism or of selfish purpose. Side by side, Protestant and Catholic, Jew and Gentile have toiled for the common end, the real good and uplift of humanity.

What is taking place in the realm of religion will likewise come to pass in medicine, and only that which can stand the test and prove its right to exist for the aid and betterment of mankind will be recognized and permitted to prevail. For Homœopathy this means that the chains of sectarianism, the fetters of fanatical zeal, the bonds of inertia and indifference, must and will be shattered if we, who believe in the great principles of our science, are to continue in their exemplification and perpetuation.

It is a matter of common knowledge which one may without exaggeration designate as notorious that during the past few years the cause of Homœopathy has suffered grievously in New York from indifference and inertia on the part of the members of our profession. This society itself has furnished a striking example of the truth of this statement. We need not go further for more damning evidence than that which has been presented at its meetings. There are numerous reasons for this state in which we find ourselves, and among these is the total lack of any real constructive work or effort along the lines of modern science, in the department of materia medica, at least, of the college, so that the college has long ceased to be a centre of learning to which the profession may look for knowledge and enlightenment. There is no community of interest between the

profession at large and the college, hence the profession has lost interest in its affairs and all but abandoned it to its own devices.

The educational standards have heretofore been shamefully low, with the natural result that the quality of the students who have been attracted to the college has been extremely poor. The enviable record which the college once enjoyed before the State Board of Medical Examiners has become a thing of the past and the records of recent years are discreditable in the extreme.

So far as Homœopathy is concerned it, too, has naturally suffered in the general decadence, and mainly for the following reasons: The State of New York does not require an examination in homœopathic materia medica and therapeutics for license to practice, or, for that matter, an examination in materia medica at all. Inasmuch as the majority of the graduates of the college seek to pass the examinations of this State, these students while still at college, pay little or no attention to the homœopathic side of the curriculum, knowing that other and legally required subjects are of far more importance to them for the purpose of attaining their ultimate goal—a license to practice medicine and surgery in the State of New York. But let us not be too severe upon these students, to whom the mental pabulum furnished by the department which should be the strongest and best equipped of any in the college, has been of necessity insufficient in amount and lamentably poor in kind. Nor is the personnel of the materia medica department to blame for this, for let it be said in all fairness, that the teachers in this department have labored under innumerable difficulties and discouragements, as well as at great personal sacrifice to advance the cause of homœopathic medicine in the college.

It must be remembered, furthermore, that the department of materia medica has ever been the neglected step-child of this institution, and that practically nothing has ever been done to provide it with funds to improve its work or increase its usefulness. It seems incredible that in this, the largest homœopathic medical college in the world, the least work for Homœopathy has been accomplished, especially when we reflect that in several of the smaller colleges throughout the country very creditable and praiseworthy efforts are under way to place Homœopathy upon a

firm foundation of modern scientific achievement. Thus, in the department of homœopathic medicine of the Ohio State University, under the leadership of Dean Burrett and the immediate direction and initiative of Professor Albert E. Hinsdale, research work of no mean value has been engaged in and has already proved itself a distinct benefit to homœopathic medicine. In lesser degree, perhaps, but with equally praiseworthy spirit, the same may be said of Hahnemann Medical College of Philadelphia, of Hahnemann Medical College of Chicago, and of one or two others. To be sure, some of these departments are given State aid, though by no means all; but where such aid has been extended it has been obtained by the united efforts of the homœopathic profession at large. An *esprit de corps* may be said to exist which, however, is woefully absent here. If the things upon which we have briefly touched are true, and we earnestly feel that they are, what then can be done to bring about a much-needed revival of interest in the welfare of our profession? It is our belief that much can be done, provided that we discard the silly childishness which has characterized our undertakings so many times; that we give up the petty political bickerings which have all too frequently guided and directed our efforts and wrecked them upon the shifting shoals of personal spite and jealousy. By coming together with a lofty and common purpose to advance the cause of science, we shall be able, by force of numbers and power of example, to rally to our support those most able and willing to aid us, if only we can show them a united front and a fixed determination to succeed.

The college needs us and we need the college. The department of materia medica must be made the strongest of all, and its work must be intimately correlated with that of every other department. To bring this about, at least one, full-time, paid and, be it said, well paid department head should be employed. Such a man ought to be a practical physiologist, a fair bacteriologist and pathologist, a fair chemist, a good laboratory worker, a good materia medicist and clinician. He need not be an expert in any one of the branches indicated, but he must be a man of enthusiasm, energy and common sense. He must have the best interests of Homœopathy at heart; but should not be either a

fanatic or an extremist. Such men as here described can be found among the younger men, especially, of our profession. They are to be had and need encouragement.

The department head should have two paid assistants to aid him in his work, as well as to aid in demonstration and teaching. The laboratory plan of teaching should be followed and all results of laboratory research and investigation translated practically into terms of clinical demonstration. In this laboratory work animal experimentation, properly conducted and safeguarded, should be employed to supplement the work of experimentation upon humans; for a most important phase of the work of the department would naturally be that of drug proving in accordance with present day methods of exactness and precision.

The philosophy of Homœopathy should be taught, preferably by an able, practicing physician of modern leanings, who could interpret the knotty points of Hahnemann's theories and principles in the light of science and present day nomenclature. His lectures would naturally supplement and elucidate much of the laboratory experimental work.

In addition, two lecturers on homœopathic materia medica, both volunteers and preferably men of long experience in private practice, would be sufficient to impart a knowledge of clinical materia medica in its various phases. These men should hold clinics in the hospital wards, where the routine, bedside, diagnostic work could be done for them and under their supervision by the hospital internes designated and trained for this purpose. It should also be a part of their teaching to point out those cases to which Homœopathy does not and cannot apply, so that students might not be left with vague and hazy ideas of the sphere and scope of practical Homœopathy.

There are, of course, other subjects, such as physiological materia medica, so-called, which would be a part of the work of the materia medica department, but we need not dilate further upon their place and importance here. Enough has been presented to serve as an outline or groundwork of a plan which to us seems vital, if we are not to retrograde. At present we are standing still or worse, and under these conditions the future is easy to foretell.

The new regime at the N. Y. Homœopathic Medical College and Flower Hospital is characterized by intelligence, lofty ideals and honesty of purpose and endeavor. No pettiness pervades the spirit which is there in evidence. This regime deserves the unstinted support of every loyal alumnus, physician and patron of Homœopathy. Without such support it cannot hope to succeed!

Co-operation in its fullest sense is now needed! Are we, as homœopathic physicians, mindful of the responsibilities of our heritage, willing and able to grant it? Or are we, in a spirit of complacency and with increasing obtuseness to our welfare, going to permit an institution which is truly ours, to languish for want of intelligent support and tangible aid?

It seems beyond all belief that we should! Let us, then, as an official body, upon the threshold of a new year of hope and promise, arouse ourselves and take practical steps towards some plan of definite action!

Saccharin and Health.—A special committee was appointed in France to investigate the effects of saccharin. The conclusions of this committee were that saccharin, by its antidiastatic action was liable to interfere with digestion, and that when such an interference, even though slight, was continuous or recurrent, various lesions were threatened. The committee disapproved entirely of the addition of saccharin to food.

Mollière does not favor the too free use of saccharin in place of sugar, and thinks that its sale should be restricted. A certain proportion (one cgm. to the tablespoonful) is admissible in liquors, syrups, etc. It should not be used in cakes.

The almost universal use of saccharin in this country to-day shows that its harmfulness is at least much exaggerated. To the ordinary healthy stomach, and especially to the stomach that can digest the various dishes offered at restaurants on meatless days, a single tablet of saccharin cannot do much harm. But when there is any tendency to gastric derangement it might be wise to avoid it, in view of the condemnatory reports received from so many sources.—*The Prescriber.*

THE SPECIALISTS' DEPARTMENT

EDITED BY CLIFFORD MITCHELL, M. D.

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Crutcher on Tuberculosis.—One of the most notable contributions to medical literature that we have noticed in recent years is an article in the *Western Medical Times*, by Dr. Howard Crutcher, on Tuberculosis. Dr. Crutcher, however, does not give this as his title but prefers the humorous one of the "Old Trojan Horse With a New Coat of Paint," certainly an odd and striking title for a medical article. As a contribution to English literature this article is worthy of immortality. It would be a treat if all medical articles abounded in such rhetoric and phrasings as Crutcher uses. There is a refreshing absence of "bromidian" and hackneyed expression and a remarkable occurrence of strictly original similes, references, and allusions.

Speaking of so-called sanitariums Crutcher says:

"That the highest skill and the most valued efficiency find their most profitable expression to-day in the co-ordination of energy admits of no doubt in the mind of any thoughtful and progressive person. The results that spring from the unity of design, combined with the advantages of specialized skill, are as undoubted as the influence of sunlight upon the growth of vegetation. But that some forms of institutionalism have transcended the bounds of reason and have penetrated far into the realm of absurdity is equally evident to all studious observers.

"A most imposing array of virtues is believed by some thoughtless persons to spring spontaneously from any collection of equipment, animate and inanimate, that is proclaimed an institution. A flimsy firetrap, as full of noise as a sawmill, dominated jointly by an insolent janitor, an illiterate woman who ranks as head nurse, and a mediocre doctor who has modestly assumed the magnificent title of medical director, appears to be accepted by the general public as an organization ranking with some noble institutions of science whose practical achievements are accepted

as standard by scientific thinkers everywhere. It appears to have been forgotten in some quarters that organized rapacity is fully as efficient in its own sphere as any known form of organized skill can possibly be. There is, however, a sign as unmistakable as the rainbow that indicates the dead line between science and charlatanism, and that sign may always be recognized by all who understand the differences between individualization and cold routinism, or disguised quackery. A rattletrap boarding house, from whose musty recesses the skeleton of science was long since removed to the village boneyard to provide additional space for scandlemongers, is retouched by the local sign painters into a sanitarium, whereupon the bill of fare is straightway changed, not to accord with the necessities or the desires of the sick, but to indicate by its stiffening of charges that it has assumed a new and tremendous importance among earthly establishments."

In another part of his paper he says:

"The terms 'consumption' and 'tuberculosis' are employed as if they meant precisely the same conditions of disease. All vehicles of whatever description must move over a fixed track. Tuberculosis can be routed by food, and food consists of so many pounds, so many quarts, so many dozen of this, that and the other. Everything is fish that comes to our net. Frail women, wornout with pain and racked by explosive coughing, are placed in the common ranks and stuffed with pounds, gallons and pecks, precisely as a crew of wood choppers are provisioned for mid-winter logging operations somewhere in our Northern forests. Young men with wasted frames, sensitive palates, and irritable stomachs are tossed into the common hopper and overloaded with the orthodox rations. A liver, none too active at best, must be prodded and spurred with ten times too much work in order that the blessed ritual of machine-made science may not be fractured at any point. I bear no ill will toward my fellow creatures, but I believe that thousands of valuable lives might have been prolonged if that nameless young man, who was given up to die by Alfred W. Loomis and Austin Flint in New York, many years ago and who started at once in a wagon for New Mexico, 'just living off the country,' arriving at the Rio Grande in robust health, of course, had remained in New York a while longer."

Further on in his discourse he says with much truth:

"That tuberculosis is one of the most treacherous and fatal of all known diseases is admitted by all experienced pathologists, and yet a certain class of flimsy impostors profess to treat it as lightly as if it were no more than a localized abscess near the surface or a fatty tumor located in the thigh or the back. One withered mushroom nurse, an acute ignoramus and a chronic busybody coolly announced that she would 'look after' the victims of tuberculosis in her suburban retreat, which phrase meant, as I suppose, that she would follow the hearse after the close of the usual religious ceremonies.

"Tuberculosis is a general term that may mean little or may mean a great deal, depending upon the circumstances surrounding the individual case in hand. Nearly everything does depend upon the person afflicted; his age, his occupation, his environment, his bodily habits, his powers of digestion, his degree of vital resistance, his freedom from other constitutional taint, and the rate of progress recorded by the infection. Certain individuals may live, even in comparative comfort, for a generation with tuberculosis infection that would prove rapidly fatal in another individual with apparently equal chances of prolonged life. Patients who are progressively losing ground upon one line of treatment may recover upon another plan better adapted to their personal needs. It is here that *will*, based upon sound practical wisdom, wins victories by individual study and personal treatment where all general rules, so well adapted to the masses, would result in ultimate disaster to the excepted individual. It is in all cases the individual and not the disease to which the treatment must be directed. The discriminating physician ignores no well tried expedient of demonstrated efficiency, no matter from what source it may have sprung. The charlatan, on the other hand, makes no distinction between one grain separator and another, hurling ears of corn and sheaves of wheat into the same hopper and expecting the output in his granary to be uniform in quality throughout. It can never be so."

(The article above mentioned on tuberculosis is only one of a remarkable series of papers contributed by Dr. Crutcher to various medical journals during the year 1918. Any of them is

worth reading and studying from the standpoint of English literature regardless of the medical subjects considered. The ability to put human interest into scientific subjects is so rare that we feel it deserves recognition at our hands. We know of absolutely not one other medical writer who can equal Crutcher along this peculiar line.—C. M.)

Tube Casts in High Blood-pressure Cases.—One thing in the urine is often noticed in connection with cases of high blood pressure and that is the presence of tube casts of the hyaline and finely granular varieties without albumin. Not only is this observed but the casts may have a tendency to remain in the sediment of the urine after the pressure may have fallen considerably and after the patient may have become free from any feeling of discomfort or disease. Hence it should become a routine practice in cases where the analyst reports cases without albumin to use the sphygmomanometer, if this instrument may perchance not have been used previously to the report of casts.

The Color of Urine of Clinical Importance.—In a previous article the writer has drawn attention to the fact that the deeper the color of urine the better worth while is the analysis of it. With the exception of sugar and indican pale urines of low specific gravity are often disappointing to the clinicians in their urine findings. Indican may be present in surprising amount even in watery urine. But watery urine may fail to show its minute albumin content, its urobilin content, and its tube casts, while a more concentrated specimen from the same patient may reveal the presence of all these. As a rule, the darker the color of urine the more easily detected are these constituents of clinical interest. But light colored urines must always be carefully tested for sugar and indican.

Proteins as Cause of Diseases.—We are interested in the article by Dr. Robert C. Brown appearing in the *Medical Record* during 1918 some time. The exact date we have forgotten, but we recall that Dr. Brown held proteins responsible for certain poisoning manifestations, as hyperacidity, gout, eczema, etc. No doubt such manifestations may occur among those who overeat of meat, but when it comes to diabetes as a manifestation of such a habit we are somewhat skeptical, as diabetes occurs in women

and children who eat little or even no meat. This, however, does not exclude milk protein as a possible causal factor. Dr. Brown might, therefore, argue that it is the protein in milk which is operative in such cases. The question is a very interesting one so far as this is concerned, but, when it comes to the matter of the rarity of diabetes among vegetable eating peoples, we must take exception, for diabetes is most common among the Hindoos who live on rice, etc. True, again, however, it is that the Hindoos are a great milk drinking nation. Hence the vital question in the argument is, does milk by virtue of its casein damage the pancreas and ductless glands? Dr. Brown believes that the cause of diabetes will be found in the damaging effect of proteins on the pancreas and ductless glands. If, then, milk is shown to have no damaging effect on the pancreas and ductless glands it would impair, we think, the validity of Dr. Brown's contention. Nevertheless his article arouses our greatest interest, and we advise all those studying diabetes to make themselves familiar with it.

Difficulty in Getting the "Five Per Cent." Vegetables.—In attempting to carry out the Allen treatment of diabetes among those living in certain parts of the Middle West we have run against a peculiar obstacle, namely, the trouble in getting the "five per cent." vegetables at this time of year. In order to give the diabetic a variety in diet we prescribe tomatoes and cucumbers, as is well known, but these can not be had fresh in some localities. Egg plant is another vegetable which has its particular season. We can not obtain it in Chicago in winter, at all times, even at the most high priced groceries. On this account it would seem that diabetic sanitariums might with advantage be located in the more Southern parts of the country where the various vegetables which form the skeleton of the diabetic diet structure can be more readily obtained.

Intolerance of Fats by Diabetics.—We used to think that the substitution of fats for withdrawn carbohydrates was the proper thing in diabetes, and in certain mild cases it may be possible to make this substitution, but the Allen treatment has taught us that in those cases in which the acetone bodies are present in the urine, intolerance of fats is likely to be marked and the patient can take butter only very sparingly. Cream is the best tolerated

fat in diabetes, but the writer requires his patients to wash it with water thus removing all lactose. Unless this is done, there may be a puzzling recurrence of the glycosuria. We are surprised that none of the many articles written on the Allen treatment consider this matter of lactose in cream. Some specimens of cream, of course, contain very little lactose but others may happen to contain enough to make trouble for the diabetic.

Who Wants a Test for Uranium?—The writer has accidentally discovered a test for the salts of uranium which so far as he knows is entirely new and original. The test is so delicate that it will discover one part of uranium nitrate in possibly 50,000 parts of water. No practical application of the test has as yet been made, and as no uranium occurs in urine the writer has no great use for the discovery. With the hope that this note may strike the eye of somebody interested in uranium the writer has it printed in this department of the RECORDER.

Acetonemia.—The presence of the acetone bodies is now held to be of significance in food intoxications in the case of children who may eat too much of cooked fats and of meat. Not enough acetone may be present in the urine of such children in all cases to betray its presence by the well known ethereal odor, hence the clinical tests must be employed. If diacetic acid is present the recognition of this substance is very easy since ferric chloride strikes a red color with this substance in the urine. Ferric chloride, however, also strikes a red color with alkaline urine, and with urine containing coal-tar derivatives (aspirin, salicylates, and the like), hence care must be taken to exclude these conditions before concluding that diacetic acid is present. Then, again, the writer finds that diacetic acid may be absent in the case of children but acetone present, hence the clinical tests for acetone must be used. The iodoform test for acetone requires the use of the microscope and some little familiarity with the appearance of the iodoform crystals as distinguished from phosphate crystals. Hence the writer recommends the sodium nitro-prussiate test. Sodium nitro--prussiate is expensive and likely to be stolen from those who have it unless kept locked up. The nitro-prussiate test is performed as follows. To about an inch of urine in any test tube add a few crystals of sodium nitro-prussiate and

let them dissolve, which takes about ten minutes, shaking from time to time until a marked yellow color is obtained. Then add an equal volume of 40 per cent. sodium hydroxide solution and immediately about one-half the amount of glacial acetic acid; that is, an amount of the acid about one-half of the alkali. If acetone is present, the upper part of the mixture at once strikes a deep red bordering on purple. If acetone is not present, the upper part is more or less decolorized, the red caused by the alkali being decolorized by the acid.

The great trouble with this test is that not one out of a hundred persons is quick enough in technic to get results. Hence the writer's former assistant perfected a test for slow persons which is to be found in the **Modern Urinology** of the writer. Mere traces of acetone may escape observation, but when the cases are of the average severity there is no trouble demonstrating the acetone. The writer finds that certain drug products in urine interfere, that is, give positive reactions with the nitro-prussiate test, just as in the case of diacetic acid, hence drugs must not be given to persons whose urine is to be tested for acetone by the nitro-prussiate method.

In the treatment of acetonemia in children the writer has for years used French Vichy water with apparent benefit. This may be mixed *ad lib.* with the milk taken by the child or drunk without the milk. Sodium bicarbonate is recommended by some clinicians as is also extract of pancreas.

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EDITORIAL NOTES AND COMMENTS

Will They Do It?—Some men are born great, others have greatness thrust upon them. Paraphrasing this observation we may with justice say some men are born to sectarianism, others have sectarianism thrust upon them.

The great majority of the so-called homœopathic school have certainly had sectarianism thrust upon them, often *ad nauseam*: but unhappily, thanks to the narrow-mindedness, bigotry and intolerance of the medical profession as a whole, homœopaths have not been able to escape the brand of sectarianism. Yet with that smug complacency, that ridiculous assumption of self-satisfied superiority, which is so strongly characteristic of the rank and file of our O. S. friends, homœopaths are accused of aloofness and charged with the error of flocking by themselves. We need not dilate further upon this notorious state of affairs, except to remark that not one O. S. brother in ten knows what Homœopathy really is, understands its principles, or knows anything of its materia medica; yet every homœopath is familiar with so-called O. S. drugs and their applications and admits the value and wisdom of their employment when necessary.

We are not desirous of attempting to rile the placid waters of present day medical harmony, although we believe that this blissful state is due to sheer inertia and mental lethargy on the part of those who are charged with the advancement of medical knowledge. But here we homœopaths are, year in and year out, proclaiming the virtues of our principles of therapy, asking that

they be put to a practical, honest test, yet only to find that all our lamentations and pleas fall upon deaf, wilfully deaf ears! To any sane, rational mind it seems absurd that a method of therapeutic procedure, which, on the face of it, has for years been found efficacious in thousands of cases, should be so totally ignored by those to whom it might and in all probability would prove a God-send.

In the commercial world such obstinacy to advance is unknown. Up to the time of our entry into the great war, at least, German dyes have been supreme in their durability. Our chemists have fairly broken their necks to obtain the secret formulæ of the manufacture of these dyestuffs; only too willing to copy and adopt even alien enemy methods in order to gain supremacy in this important industry. The slogan has been and rightly so, "Copy the methods of the enemy when and wherever found to be good, and, if possible, improve upon them."

The Germans were the first to use poison gas in warfare, for the *destruction* of life; but we Americans have been able to produce a still more poisonous and rapidly fatal gas. Yet where the *conservation* of life is concerned our 130,000 or more O. S. physicians in these United States cannot turn a hand to even seriously investigate a therapeutic method which has stood the test of upwards of one hundred years. If this be medical progress, heaven protect us from the hands of organized medicine!

In the great city of New York, that swarming hive of eternal promise and of blasted hopes, is the magnificent institution known as "The Rockefeller Institute of Scientific Research." Perched high upon the banks of the East River, where once the lordly mansion of Gov. Clinton looked down upon the waters racing madly by, stands this monument to science and to American philanthropy. Great things have been done within its walls; medical science has been enriched by the results of its investigations. The name of *Carrel* stands brilliantly emblazoned upon the tablets of its achievements—yet the formula, *similia similibus curentur*—is never heard within its sacred precincts and no mind is focussed upon its elucidation.

Shame upon medical progress that such wanton neglect should be visited upon one of the noblest efforts of human endeavor!

For the Rockefeller Institute to investigate the principles of Homœopathy would be a simple task—the facilities are all at hand, no question of finance need prevent. In the space of five years Homœopathy could be placed upon a secure scientific foundation, stripped of all uncertainties, of all hypothetical or theoretical questions. By the results of such an investigation, impartially and fearlessly done, in the cold light of science, Homœopathy must stand or fall. We have no fear of the outcome, firm in the conviction of the truth of our essential and basic principles. We welcome such an investigation at the hands of our Old School friends.

Will they do it?

The Germ Theory.—The Philadelphia *Record* for December 16, 1918, states editorially:

“Something is the matter with the germ theory, or the blue jackets are tougher than the rest of us. A ‘poison squad’ of 100 sailors at Gallup’s Island, Boston, have used influenza germs as snuff, and as seasoning for their food, and have been injected with germ cultures, but have absolutely refused to develop influenza. On the contrary, their appetite increased and they manifested more vigorous health. Of course, the experiments will be continued. *Those men have got to have influenza. The germ theory must and shall be maintained.*”

The italics are ours. This paragraph is suggestive and provokes reminiscent thought. For example, this poison squad might be quartered in the sumptuously elegant apartments of the *Fritz-Karleton*, and served with such a delectable menu and feast as follows:

MENU.

Oysters a la Schuylkill,

Impregnated with Colon Bacilli and Bacilli Typhosus.

Potage William Penn.

Aux Croutons Streptococci.

Pike County Trout.

Broad Street Style.

Staphylococci Sauce.

Roast Beef au Jus.

Larded with Philadelphia Scrapple in the Last Stages of Decomposition.

Gravy à la Purulenta Bacteria.

DESSERT.

Petits Fours: Staph., Strep., Gon., and other Cocci.

Coffee Diabolo. Liqueur Influenzæ.

Fromage: Board of Health with Influenza Germs Striving for Mastery.

Music: Chopin's Funeral March in Syncopated Style.

— The Angels Above —

If, having braved the terrors of the briny deep and German submarines, our valiant "gobs" can get away with this Lucullan repast, let the germ theory forever hang its head in shame and, like the raven, quoth, "Nevermore!"

As seasoning for one's food, lively influenza germs might be preferable to common table salt, and, at least, would have the advantage of not sticking in such a provoking manner to the sides of the shaker.

The fashion of inhaling snuff has gone out of existence, still it could be revived. Think of the opportunities presented to the manufacturer of bacteriological supplies who could devise and put upon the market curiously fashioned and exquisitely formed Petri culture dishes as bacterial snuff-boxes. By means of skillful advertising, no gentleman's wardrobe would be considered complete without an assortment of variegated influenzal snuff-boxes, graphically illustrated in our theatre programs and the pages of 'The Latter-Day Evening Post.'

We are told that the number of drug addicts is constantly increasing, and that the "coke" and heroin fiends are more numerous than ever. Why not supply them with cultures of influenza germs to shoot into their precious hides?

The germ theory must and shall be maintained, even if we must revolutionize our customs and fashions to achieve this end!

The War of the Doctors.—Under the above title the *Philadelphia Record* for December 16th comments editorially upon the antagonism of the old school, more particularly organized medicine in the guise of *The American Medical Association*, to the osteopathic fraternity, and among other things states:

"In a news article describing the work of Sergeant Patton, the army's pigeon expert who trained the birds which carried

messages back from the George Washington at sea, we find this paragraph relating to his assistant, Private Ralph W. Flint, of this city :

“Private Flint is an osteopathic physician and had a large practice before the war. He is an enthusiastic pigeon fancier, and actually gave up his chance to get a commission in the Medical Corps in order to join the pigeon squad as a private.

“Dr. Flint had no chance whatever to get a commission in the Medical Corps, more’s the pity. The bars were up against him—and they are still set against him and all other practitioners of his school. It’s the same old fight over again, the established order against the new; the fight which the homœopaths were obliged to wage years ago against the allopaths. The osteopaths will eventually win, as the homœopaths did, but in the meantime the battle is bitter, and it will probably have to take its course.”

Thus once again does history repeat itself, thanks to the intolerance and narrow-mindedness of organized medicine. But let us not chide our allopathic brother too severely upon his un-Christianlike behavior toward the naughty osteopath. It seems to be a trait of human nature on the part of those who have “arrived” to discourage those who are still struggling to climb. We see examples of this trait on many sides and in many walks of life, and regretfully we look back, not so very far either, to the occasions upon which legislative committees of homœopaths have, under instructions of their state societies, besieged the Senate chambers of our state capitals to aid in the defeat of favorable osteopathic legislation. The arguments have been vehement, often venomous, rarely convincing, and he who once suffered professional persecution has with the facility of the chameleon, turned persecutor of most rabid stripe.

We hold no brief for osteopathy or for the osteopath; he is abundantly able to fight his own battles; he will win out in proportion to the righteousness and justice of his cause, and if he is as wise as we think him to be he will build his osteopathic structure upon the firm foundation of fundamental medical science. We believe that he honestly seeks to do this, that he honestly claims but a part of the great therapeutic field, a

part, be it said, in which he frequently has no rival. To educate an osteopath is to make him see beyond the confines of his own specialty, and often the osteopath is lost in the making of the truly great physician, to whom narrowness is a stranger and intolerance an enemy.

In the name of the freedom of man, under the ægis of free and untrammelled thought, let us of the great medical profession put off our swaddling clothes and go forward as the apostles of Truth and Freedom! Let us give ungrudgingly unto others that which we claim for ourselves. Let Truth prevail no matter from whence she comes, and let us hold fast to facts whether these upset our preconceived theories or not, for Truth is mighty and shall prevail!

Blood Pressure.—In *The Therapeutic Gazette*, George M. Piersol, M. D., writes as follows regarding the significance and management of high blood pressure:

“At the outset it must be clearly borne in mind that persistent vascular hypertension is not a disease per se, but is merely a symptom of some underlying morbid process. When, through the introduction of clinical sphygmomanometers, high pressure first came to be generally recognized, there was a decided disposition to focus the attention too much on this symptom, and regardless of its significance, to attempt to combat it by vigorous measures. Happily, this tendency has gradually yielded to a more rational conception of the process, and we are learning to appreciate the importance of the teachings of Loeb, Janeway, and others, that high blood pressure is primarily compensatory. In the two most important conditions associated with hypertension, chronic nephritis and arteriosclerosis, it has been shown that in the former the high pressure is essential in order to maintain adequate elimination, through damaged kidneys, and in arterio-sclerosis the elevated pressure helps increase the circulation in organs whose nutrition is impaired, because of diminished blood supply. Sometimes nature overdoes in her effort at compensation, and the elevation may reach a point that makes efforts directed toward its reduction justifiable. He emphasizes prophylaxis, with proper attention to the patient's general hygiene

and mode of life. The management of the condition, when dependent on some well-defined, irremediable anatomical change in the organism, is both difficult and unsatisfactory. Rest, diet, and elimination are efficient agents, and, as to drugs, the promiscuous use of the nitrites, whenever high blood pressure is encountered, regardless of its significance, must be looked upon as an ill-advised therapeutic habit into which too many of us have fallen. It seems well established that not only do the nitrites fail to do any lasting good, but in a number of cases, if we accept the compensatory conception of hypertension, they are capable of positive harm. It is evident that these various vasodilators find their chief use when it is necessary to combat some sudden condition of spasm, such as angina pectoris, or nocturnal dyspnoea, but that they are inefficient as routine means of treatment. In fifty cases with average systolic pressure of 200 mm., nitroglycerine was used at some time in twenty-seven. Of these it seemed to have a beneficial effect on the blood pressure in but three. In six its value could not be determined, while in the remaining nineteen cases it had apparently no noteworthy effect. Paradoxical as it may seem, distinct benefit seems to have followed the use of digitalis in some cases, and it may be here employed in small doses with safety. It does good chiefly in those cases in which cardiac weakness is developing, and often is wonderfully efficient in relieving the distressing dyspnoea and vertigo. Cardiac depressants are sometimes effective in relieving the headaches, throbbing and vertigo. Aconitin, or the tincture of aconite, and veratrum viride sometimes proves useful."

This is good reading and the observations are eminently sane. Too many homœopaths make the mistake of pumping in nitroglycerine when a well-indicated, *i. e.*, homœopathically indicated remedy would accomplish far more. Why depart from principle in these cases? In the absence of sufficient subjective symptoms upon which to base a prescription, we are obliged to fall back upon such pharmacologic knowledge as we may possess, and it is in this connection that Hinsdale, of Columbus, has done the homœopathic school a very valuable service by demonstrating upon animals the pathology of many of our drugs.

In the cardio-vascular nephritic cases *Plumbum metallicum*.

or one of its salts, is likely to be of great value, and it is not necessary, incidentally, to give it in doses sufficiently heavy to sink a ship. When will homœopaths abandon the insane idea that in order to make a remedy "more homœopathic" it must be given in crude form? The subphysiological dose is what we are all after, and this is bound to be small at best, usually minute, and may be anything from drop doses of the tincture to Fincke's mm. In any case it can only act if it is similar and not otherwise, whereas to overwhelm the patient by massive doses of any drug is simply to harm him.

The use of *Aconite* is justifiable in those cases in which the psychic element is pronounced—where, in other words, fear and apprehension as to the outcome of the disease are pronounced. This fear of a possible and probably fatal termination will then be greatly modified by *Aconite*, which needn't be given in minim doses of the tincture either. However, the sphere of usefulness of this drug is short-lived. We must look deeper for more permanent results.

Glonoïn in the third, sixth and higher has likewise proved itself palliative when symptoms such as mental or cerebral confusion, pulsations and throbbing headaches have been present. It certainly is safer to give it in these extremely minute doses than to give it in the usual form of nitroglycerine, 1/100 of a grain. But it also should be prescribed upon its well known homœopathic indications. Quite recently in a case of chronic interstitial nephritis with subjective symptoms of internal throbbing, frontal headaches, poor memory, depression and tendency toward mental confusion, together with a systolic pressure of 214 (Hg. instrument, auscultory method) *Glonoïn* 3rd centesimal q. 4 hrs. "brought down" the pressure to 138 within four days, with general symptomatic relief. Surely this is "going some," even allowing for the usual fluctuations in pressure, which we expect to find anyway. To be sure, this effect, striking though it be, can be palliative, hence temporary only. For a real homœopathic cure the good result is too quick and merely denotes the incurability of the case. But then—can anything cure interstitial nephritis? If so, let's have it!

In hypotension, on the other hand, *Cratægus* is one of the

remedies likely to help us out. Thanks to Hinsdale, we know that this drug actually produces a lowering of the blood pressure, hence, under suitable conditions, ought to be homœopathic to cardiac asthenia with low blood pressure and reduced pulse rate. A dicrotic pulse is another indication of value. So much that isn't true has been said and written about *Cratægus* that these few facts are most welcome.

A recent case of a young married woman who had been overdoing and worrying a great deal is in point. She complained of feeling constantly tired, easily exhausted, swelling of the left ankle toward evening, and breathlessness from slight effort. Although the pulse was somewhat accelerated but weak and not easy to find, *Cratægus* was decided upon, as the systolic pressure was but 108.

Ten drop doses, four times a day, produced a general amelioration within one week and raised the blood pressure to 118.

In this case the dosage of ten drops was suitable, though it may be that a potency such as the 30th would have done equally as well. However, we doubt it, since in cases of this kind, marked by deficient circulatory reaction, drop doses of the tinctures are likely to be required.

The whole subject of blood pressure is, after all, one to be carefully considered in the light of everyday experience and fact; it will not do to jump at conclusions or to make hasty generalizations. We are acquainted with people who have very high blood pressures and who, contrary to the rules of the medical game, have no right to be alive; in fact, it is irritatingly presumptuous on their part to continue to go about attending to their affairs, when by so doing they are upsetting many of the preconceived notions of their medical advisers. But the perverseness of human nature is proverbial, and even the medical wiseacres must expect the mere layman to kick over the traces of authority occasionally.

Gillingham's proving of Thyroidin showed no particular effect on blood pressure, although medical men have commonly held that thyroid lowers this. Here, again, further experiment will be needed to settle this particular question. Drug proving along modern lines is the great desideratum of the homœopathic

school; we have the drugs, goodness knows, more than enough perhaps; but our exact knowledge of them is still far too little. Let us all strive to increase the sum total of this knowledge!

Thyroid Functions and Therapy—Under the above caption *J. A. M. A.*, for November 30th, comments editorially upon the present status of endocrine therapy, and among other things states:

“There can be little doubt that some, at least, of the so-called endocrine glands play an important part in metabolism. An attempt at present, however, to discover their precise function on the basis of dependable facts is more than likely to lead into a maze of conflicting hypotheses, some of which will not bear even superficial scrutiny. Endocrinology, to borrow a pretentious designation, still remains in good part a *collection of guesses* enriched and in some cases confused by clinical experiences. It will be *imperative to prepare a far more substantial foundation* for these new aspects of physiology and pathology before the therapy of the subject can be put on a rational basis.”

The italics are ours. We can subscribe to all that is here said; but must suggest that there is a way of putting “the therapy of the subject” on a *rational basis*. That way is by the drug proving route, a path clearly and unmistakably outlined and one easily followed. Our O. S. friends with their large institutions, laboratories of research and princely endowments should take this route, if they are really in earnest.

Doctors Admit Nature Is Their Best Assistant.—Under the above headline the *Chicago Daily Tribune*, for December 12, 1918, reports the proceedings of a joint meeting of the American Public Health Association and the Chicago Medical Society.

We expect breezy things from our Chicago friends and are not disappointed, as the following illuminating example of frankness will show:

“Old mother nature may yet win out as the greatest physician and nurse of them all.

“After various serums and drug treatments for influenza had been discussed the opinion was expressed by several physicians

that until a specific cure was found it would be better for the physician to step aside and let nature work unhindered.

“‘Prove all things and hold fast to that which is good,’ President Charles J. Hastings quoted as his lesson of the evening. We are nature’s skilled assistants. It requires a good deal of knowledge to know how little we know. A tremendous amount of damage is done by interfering with nature, when nature would have done better if she had been let alone. After twenty-five years in practice I felt like a disciple of Shakespeare—“throwing physic to the dogs.”’”

This is fine, especially for the manufacturers of coal tar derivatives, to whom the influenza epidemic has proved a gold mine. Frank confession is good for the soul hence Dr. Goldsmith unburdens himself thusly:

“We have very little power over pneumonia. I am convinced that as many patients have been killed by physicians as have been cured. I did my share of killing when I was in a hospital—giving whiskey, strychnine, etc. If they had been let alone they would have recovered. During the last ten years I have let my patients alone. Don’t bother about stimulation.”

One of the physicians gave this definition of the art of medicine:

“The art of entertaining patients while nature effects a cure.”

The doctors were very frank among themselves and enjoyed the evening.

The frank, easy manner in which the admission of past error is made is no doubt soothing in its effect upon the nerves of timid laymen who may have read these lines. “My share of the killing” sounds reminiscent of the South Sea Islands, where cannibals still roam at will. But have laymen any rights which medical men need respect? Pcu! perish the thought! What’s a mere layman anyway? Whiskey and strychnine, the old reliable, frowsy pair, disreputable in both appearance and behavior, yet nevertheless possessing the magic open sesame to the sacred sanctum of the average O. S. man! Will the strychnine myth never be laid aside?

And so the art of medicine consists in the entertainment of patients, while nature effects a cure. Now we know the

origin of that war-time ballad, entitled "I Don't Want to Get Well!" Given a sick man, a handsome animal in the form of a gracefully curved and rounded nurse, and you have the makings of an entertainment most fascinating to contemplate. Small wonder that the heart's action will improve under such circumstances and that lowered vitality and blood pressure will rapidly rise. Oh, for a de Maupassant to describe the scene! Perhaps Belasco will see fit to stage it?

And all the time, while we are confessing our sins and weaknesses, our penchants for agreeable entertainment and diversion, let us not forget the few simple homœopathic remedies, selected in accordance with a simple and natural law and given in a manner and form incapable of killing, but powerful for gentle and speedy restoration to health of him who needs them, when used by one who understands. There is no mystery about them, no hocus pocus, no cause for vain regret. Nature never had a better assistant than the well selected homœopathic remedy.

Homœopathy in Cryptic or Follicular Tonsillitis.—The patient, a plethoric, well-built woman of early middle age, presented a red flushed face, bright, bloodshot eyes, large pupils, redness and swelling of the tonsils and pharynx in general, dirty exudate upon the tonsils, particularly upon the right, a sensation of a lump on swallowing, with an inclination to do so frequently, severe constricting pain, worse upon the right side, chills and heat alternately, temperature 103 degrees, and full, round, accelerated pulse. There was also some thirst, though not excessive.

Of course, *Belladonna* was given, the 200th potency, q., 3 hours, with rapid relief and fall of the temperature to 100 within twelve hours. At the end of thirty-six hours more, the temperature was 99.2 with a tongue coated battleship gray and the crypts of the tonsils showing distinct points of grayish exudate. The inflammation in general, was, of course, practically nil. *Kali muriaticum* 200th q., four hours, was now given and rapidly completed the cure.

There is nothing wonderful or startling about this case. The remarkable features are the simplicity of the therapeutics em-

ployed and the entire absence of adjuvants used. It is not necessary to give *Kali mur.* low, as so many insist, for to give it low, does not make it any *more* homœopathic. Either the remedy *is* or *is not* indicated. Grayish-white exudation following inflammation is an objective guiding symptom of the remedy ; also low, absent or subnormal temperature.

All the *Kalis* are depressants, hence weakness and subnormal temperatures are likely to be present when any of them are indicated. This is especially so in *Kali carb.*, also in *Causticum*, which is an impure potash and belongs to the *Kali* group. The same may be said in large measure of *Antimonium tartaricum*, in which as we know, profound systemic prostration, with threatened respiratory and cardiac paralysis is frequently evident. Not that the presence of fever will contra-indicate any of these remedies, but characteristically they tend to extreme lowered vitality, hence lack of reaction and subnormal temperature.

In our prescribing, therefore, we must not shut our eyes to the pathology of both disease and remedy, but should, whenever possible, include this in the symptom totality. A cure may be approached from one or more of several angles, and the ideal cure is the one which includes them all. Clinical experience and experimental pharmacology will help to extend our knowledge in this direction.

PERSONAL.

Dr. F. G. Ritchie, 247 West 72nd St., New York, announces his release from service with the U. S. Army and the resuming of his civil practice at his former address. Eye, ear and naso-pharynx exclusively. Hours: 9 to 1, and by appointment. Telephone: Columbus, 1802.

Dr. J. W. Hassler wishes to announce that he has opened an office in the Wilson-Chase building, St. Petersburg, Florida. He will return to Belmar, New Jersey, May first, to resume his practice and open the sanatorium.

Dr. R. C. Eckardt has returned from Camp Greenleaf to civil practice at his former address, No. 616 Madison Ave., New York City. Hours: 10-12, and by appointment.

Dr. Robin Hood, 616 Madison Ave., New York City, has been released from army duty and has again taken up the practice of his specialty, rectal diseases. Hours: 9 until 12.

FROM THE HORSE EDITOR.—The human race—stake, civilization; \$6,000,000,000 added; distance, as far as necessary; conditions, unconditional surrender; won by United States, Red, White and Blue colt by Liberty out of Necessity (weight, can't wait); jockey, Woodrow Wilson; betting out, out, out; France (Foch) and Great Britain (Haig) tied for place. Time, Heluvatime. Also rans—The Hohenzollerns, the Hapsburgs, Hindenburg, Ludendorff, Turkey and the Potsdam gang. (Breeding unprintable). Scratched—Bulgaria.

Krishnagar, India,

11/7, 1918.

Dear Sirs:

I shall be very thankful if you will kindly publish the following in your esteemed journal:

Pandit S. C. Bhattacharjya's son, aged about 21, fair complexion, thin, tall, suffering from cirrhosis of the liver, very pale, weak and emaciated, liver and spleen enlarged, diarrhœa, fluttering, weak heart, pulse weak and very quick, œdema of the whole body, bloated all round the eyes. The patient was all along under allopathic treatment which made him worse day by day.

Mr. U. N. Bosu, L. M. S., and myself were called together to treat the patient. My bona fide brother colleague after examining the patient whispered to me to try *Kali carb.* 200th (who in every respect more learned than me and for this I respect him

very much, but in this case I didn't follow him. I hope he, as an elder brother, will excuse). Why I didn't follow him you will see in "Leaders in Homœopathic Therapeutics, 3rd edition, page 164, by late Dr. E. B. Nash," who has ceased from his labors and gone to his well earned rest. I have greatly benefited from this book in acute as well as chronic cases very often. I think his books will make him immortal. The characteristic bloatedness of the eyes indicated *Phosphorus*, so I prescribed the medicine in 30th potency once daily. After fifteen days the patient was progressing more than we imagined, the œdema of the whole body almost nearly gone, the bloatedness stood now on the upper lids, which indicated *Kali carb.*, and I prescribed the medicine in 30th potency once daily, which cured him in about a month. I then sent him a dram of *China* 30th, to be taken once daily, which strengthened him in every way.

Yours very truly,

J. N. SARKAR...

Fayetteville, Ark.,

Dec. 1, 1918.

Editor of the HOMŒOPATHIC RECORDER.

In 1917 while assisting in spraying my peach trees with lime-sulphur solution some of the stuff, a good quantity, was squirted into my right eye. The horticultural agent of the Frisco R. R. Co., my son-in-law, ran for some water. I met him. The stuff was quickly washed out and no bad results followed. This led to conversation. He comes in contact with hundreds of orchard men in Arkansas, Missouri and Oklahoma. He told me of several cases of ophthalmia granulosa that had been cured by merely making the lime-sulphur solution. It is made by putting 110 lbs. of lime (unslaked), 60 lbs. of sulphur and 60 lbs. of water into a big iron kettle, boil and stirring it for about two hours. The fumes from it have cured a large number of cases of ophthalmia granulosa. I then wrote to others and had full confirmation.

The solution can be purchased from seed stores or from the manufactories. A small quantity placed in an iron vessel and heat applied, the affected eyes being exposed to the fumes. As to time of exposure, it requires two hours to make it; but, of

course, the maker of it avoids the fumes as much as possible, and when the solution is evaporated for the purpose of curing much less time would be required. Now please don't call this a helio remedy, even if it does smell that way.

Yours truly,

J. S. READ, M. D.

[Both *Calcaria* and *Sulphur* are valuable remedies in ophthalmic diseases.—EDITOR.]

OBITUARY.

DR. REUBEN A. ADAMS.

Dr. Reuben A. Adams, a man to whom high professional distinction had come and as a veteran of the Civil War honored by the State and national bodies of the Grand Army, died December 9, 1918, at his home, No. 3 Upton Park, aged 77 years. As a crowning honor in his professional career he was elected honorary president of the American Institute of Homœopathy at its annual meeting in Baltimore in June, 1916. He leaves two sons, John Adams, of Orange, Cal., and Sidney I. Adams, of Rochester; two brothers, Dr. Myron H. Adams and Seth Adams; two sisters, Mrs. Louis Snyder and Mrs. Helen Gilbert, of Marion, and a granddaughter, Elizabeth Fiske Adams, of Rochester.

Dr. Adams, who sprang from a noted New England family, was born at Marion, N. Y., on April 3, 1841. There he passed his boyhood and attended public school and Marion Collegiate Institute. In August, 1862, he enlisted in Company D, 160th Regiment, New York Volunteers, and went to New Orleans with General Bank's expedition, serving under him throughout the Louisiana campaign, including the siege of Port Hudson. Later he fought under General Sheridan in his engagements in the Shenandoah valley, participating actively in fourteen battles in all. He was wounded at Fort Bisland, Louisiana, and Cedar Creek, Virginia.

HIGHLY PRIZED POSSESSION.

When he was mustered out of service at the close of the war, Dr. Adams received the exceptional honor of a letter of commendation signed by every surviving officer of his regiment. He received rare and valuable presents and thanks from the imperial household of Japan for service to a prince and officer of the Japanese navy and army, but this letter he prized above all similar things he possessed.

On returning from the war Dr. Adams took up his medical studies at the Homœopathic Medical College of Pennsylvania and was graduated from the Hahnemann College of Philadelphia on March 4, 1868. In July of that year he established himself in Churchville where he practiced his profession successfully until May, 1873. Ambitious for a field presenting greater possibilities he then moved to Rochester, where he soon took rank with the most prominent physicians. In 1874 he served as city physician, being one of the first homœopathic physicians to occupy that position.

OFFICER OF MEDICAL SOCIETIES.

The doctor served as president of the Monroe County Homœopathic Medical Society, vice-president of the Rochester Hahnemann Society, and vice-president of the New York State Homœopathic Medical Society. He was a member of the New York Homœopathic Medical Society and of the American Institute of Homœopathy, and was consulting physician on the staff of the Rochester Homœopathic Hospital from its incorporation in 1887.

He was a member of George H. Thomas Post, G. A. R., and was proud to have taken part with that post in the original presentation of a United States flag to each of the thirty-five schools of Rochester, thus starting a patriotic custom that has extended pretty generally over the United States.

Dr. Adams was a member of the Monroe Commandery, Knights Templar, and Rochester Consistory, in which he had taken the thirty-second degree in Masonry. He belonged to the Genesee Valley Club and various other social, professional and business organizations.

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CLINICAL CASES AND VERIFICATIONS.

By the Editor.

R. A., age 11 years, presented himself for examination and treatment on October 2, 1918. A month before, while in the country, he began to feel sick, ran a temperature and complained of nausea and has not felt well since. He now complains of languor, nausea after eating, pain and stiffness in various joints, chiefly at night, and chilly sensations. He feels pain in the right side of the head on coughing, although this is not severe. On the trunk and limbs there is a pale, rose-red, macular eruption, itching very slightly at times and resembling a pityriasis rosea. The face is pale and of a greenish hue. The appetite is fairly good and the bowels are normal. The physical examination of the chest and abdomen was negative; nothing abnormal was discovered in the urine. A careful examination of the blood showed hæmoglobin 73%: red blood cells slightly diminished in number; leucocytes slightly increased. In the differential count, the polynuclea were 74.4% instead of a normal of about 60 for a boy of his age and the small lymphocytes were 19% instead of 30. There was a very decided increase of blood-plates, the plasmodium malarizæ was absent and the Widal reaction was negative.

The decided increase in the blood-plates, together with the other findings, indicated a chronic intestinal toxæmia. A milk and cereal diet had been given by his physician, the Bulgarian

*Presented by the editor before the February meeting of the Homœopathic Medical Society of the County of New York.

bacillus culture had been employed and several homœopathic prescriptions had been made without result.

On October 7th *Pulsatilla* 200, q., 4 hours, was given and continued for one week, with some general improvement. On October 21st, he still complained of pain and stiffness of the legs, worse toward evening, better by walking about. One dose, only, of *Pulsatilla* 10 m., *Skinner*, was given.

On December 11th his general health was much better and all pains and stiffness had disappeared. He complained of frontal headache after reading and on this account was referred to an oculist, who found myopia and presbyopia, with a high degree of exophoria. Reading glasses were prescribed. No further medicine was given until December 2d, when, on account of a sty, one dose of *Pulsatilla* 50 m., *Skinner*, was given. There were no subjective or other objective symptoms; the macular rash had entirely disappeared. The boy has remained well since.

The interesting points in this case are the clinical relationship of *Pulsatilla* to intestinal toxæmia, as shown by the blood findings: the normally acting bowels, with toxæmia nevertheless; the fact that *Pulsatilla* is often indicated when the bowels move normally and easily two or three times a day (a negative indication); the aggravation toward evening and the relief of pain and stiffness by slowly walking about; also the beneficial action of the extremely high potencies.

Miss A., age 26, for some months had complained of the following symptoms:

Sudden itching and burning urticarial eruption coming on at any time and without visible or apparent cause. The eruption consists of raised, red wheals, surrounded by an œdematous area.

Sudden, profuse, watery coryza mornings, with almost constant sneezing and excoriating watery discharge, all relieved by noon-time.

Frequent insomnia, wide awake at night, with inability to fall asleep.

Often feels tired and worn out.

Cold, damp feet. Bowels normal.

Always feels worse in general in a warm room; feels too hot; likes the cold open air and is fond of walking in it.

Has an old keratitis, very slow in clearing up, under the oculist's treatment and care. There was some suspicion of hereditary lues, but this had never been confirmed. The affected eye is often red and congested mornings and feels drawn. No Wassermann reaction had been made.

With the attacks of sneezing, copious lachrymation.

On November 25, 1918, one dose of *Kali hydriodicum* 45 m., G., was given. Marked general relief has followed and continued. No further medicine has been given.

The interesting points are the sudden, violent attacks of coryza and lachrymation, the morning aggravation, and the general intolerance of heat. The skin eruptions produced by the iodides are well known and among these we find urticaria. In the case cited, the homœopathicity of the drug under consideration seems established. Its excellent effect in very high potency was certainly, beyond question, striking. Its clinical relationship to syphilis we need hardly point out, although in this patient the diagnosis of this disease has not been established and is very questionable. If present, it will be the hereditary form.

Mrs. S. C., age 25; has two children, age 6 and 7 years.

In December, 1917, lost her baby, nine days old. Lochia continued for two weeks; milk disappeared without trouble.

A month later she began to complain of a bearing-down sensation in the lower abdomen, as though everything would come out of her. This sensation has continued ever since, is worse when she is on her feet, better when she is lying or sitting.

Menses late, not profuse, last 3 to 4 days. Before menses complains of vertex headache and vertigo.

After menses the bearing-down sensation is worse. Appetite poor: nausea when bearing-down is present; nausea is aggravated by the odor of food, which then disgusts her.

Bowels inclined to be irregular in action and constipated. Sleeps well. No pelvic examination made.

July 1, 1918. *Sepia* 10 m., *Sk.*, and Kellogg's Bran.

Aug. 2. Nausea and bearing-down better, but has pains like pins in the abdomen and bloating of the latter. The bowels are now moving daily. *Sepia* 50 m., *Sk.*, one dose only was given.

August 30. All symptoms have disappeared.

The action of two doses of *Sepia* in this case is quite noteworthy. Its homœopathicity to cases of simple uterine prolapse of moderate degree or severity we are all familiar with. The nausea, undoubtedly reflex in character, is a keynote of value. Nausea, aggravated by the odor of food or of cooking, is a symptom found under several remedies, principally *Colchicum*, *Digitalis*, *Cocculus* and *Sepia*. This patient was of sallow complexion, dull, somewhat apathetic and indifferent. These characteristics are prominent in this remedy. No leucorrhœa was present in this case, but yellow or greenish-yellow, malodorous leucorrhœa, even of a gonorrhœal nature, is often cured by *Sepia*. We have verified this several times.

Mrs. C. K., age 45, has several children and is in the climacteric period. Large, stout, heavy woman. Menses very irregular: frequent hot flushes and the usual symptoms incident to the menopause, which are of no particular interest now. Has had *Lachesis* and *Sulphur* with general relief: but has an old varicose ulcerous condition of the left leg, which the remedies just mentioned and others such as *Arsenicum album*, *Pulsatilla*, *Silicea* and *Lycopodium* have failed to benefit, except in a palliative way, for short periods.

The leg is swollen, greatly inflamed, dark purplish red and three, irregularly shaped, mottled ulcers, the size of a silver dime to a quarter, are painfully evident. These ulcers discharge a slight and yellowish sero-pus. The pain is described as burning and is aggravated whenever the patient has been on her feet for any length of time. Heretofore, the pain has always been < just before the menses and has been correspondingly relieved by the menstrual flow. *Lachesis* has modified the condition, but has not caused any signs of healing in the ulcers.

On December 30, 1918, *Gunpowder 200* was given, a dose each night, for two weeks.

January 14, 1919, the patient reported by mail that the leg looked and felt much better. The remedy was continued in the same manner, but in the 1,000th potency.

January 27, the patient was seen and the leg certainly looked much better, was less swollen and the ulcers were very much smaller and had a more healthy appearance, as though healing.

The case is an uncompleted one, but the curative action of *Gunpowder* has been sufficiently manifested, to permit a report of progress, at least—and that in a kind of case, which is notoriously difficult to cure. No external treatment had been used at any time: but a simple, mutton tallow, or *Calendula cerate* dressing, had been employed, more for the purpose of preventing adhesion of the gauze dressing, than for any beneficial local effect. Although no Wassermann reaction has been done in this case, we can, with reasonable assurance, exclude syphilis.

John H. Clarke, M. D., of London, England, in 1914, first called attention to the successful therapeutic use of gunpowder in infected and other slowly healing wounds. The potencies used by him were mostly low, such as the 2d and 3d decimal. So far as we are aware, no cases have been reported of cures made by the high potencies, such as employed in the case just cited.

An interesting account of the therapeutic range of gunpowder will be found in the second edition of "New, Old and Forgotten Remedies," by Anshutz. Boils, septic wounds, pyorrhœa alveolaris and carbuncles seem to come within this range.

Miss T., age 17, presented herself for treatment on April 13, 1918. She gave a history of occasional "colds," but no severe infantile diseases. Menses normal and regular, first appeared during her thirteenth year. At present is below par in appearance and complains of the following symptoms: Falls asleep late, in the evening: cannot get to sleep. Appetite poor: bowels regular. Increased thirst: fond of salt: sweaty hands and feet, cold and clammy. Foot-sweat offensive in odor. Has been coughing for the past three weeks and, although the cough is not quite as severe as at first, it does not disappear. The cough is loose in the morning and dry during the rest of the day: it is not painful. The sputa are dark green and muco-purulent, thick; at times easy to raise, at other times difficult.

Examination of the chest is negative, except for a few sonorous rales. The temperature is normal. She is sensitive to cold. Has had O. S. treatment with no improvement. *Pulsatilla* suggested itself as a possible remedy, but the sensitiveness to cold and the growing chronicity of the condition spoke against it. Accordingly its deeper acting complement and "chronic," *Silicea*, was selected and given in a single dose of the 10 m., Skinner.

Improvement immediately began; by April 22 the cough was very much better; so were the other symptoms.

By May 1 the cough was entirely gone.

May 28, showed slight foot-sweat only and not nearly so offensive. *Silicea* 50 m., Skinner, was repeated, with complete removal of all the symptoms.

Cases such as this frequently run on into more serious, usually tuberculous conditions, especially in young people of the age of this patient. The foot-sweat cured by *Silicea* is worthy of notice; its suppression may cause serious metastases. In any event, its presence is, or should be, a guiding symptom to the homœopathic prescriber. Remedies having a similarly offensive foot-sweat are *Baryta carbonica*, *Graphites*, *Kali carb.*, *Lycopodium*, *Pulsatilla*, *Psorinum*, *Tellurium* and *Thuja*.

These remedies can readily be differentiated by their own individualistic symptoms, a comparison which denotes the art of the prescriber. Individualization is the keystone in the homœopathic arch; a stone, the value of which is beginning to dawn upon some of our advanced friends in the Old School. Diagnosis with all its importance can never, by itself, alone determine the therapeutic procedure. The reaction of the patient to the disease can alone determine remedial selection. Treat the patient therefore, not the disease!

Mrs. L., age 28, three months ago, during pregnancy, became ill with influenza, which brought on premature labor; the baby was born three weeks before term. The mother recovered and eight days after her confinement left her bed to attend her sick husband. Very shortly thereafter she was taken with severe pains in the back and on one occasion was compelled to lie down, perfectly helpless and unable to move. She has not been free from pain since and now walks stooped and with a decided limp.

The pains are located in the lumbo-sacral region, in the left buttock, left knee and in the right groin and are described as sticking in character. They are made worse by walking, moving the left foot; are felt more in damp weather, during which she is stiff and cannot rise from bed. They are also worse in the early morning, about four or five o'clock, after which time she can no longer sleep. While sitting still, she feels no pain. She

is very weak and sweats readily from slight exertion. She is unable to properly nurse her baby, the milk being deficient, in amount at least. The bowels are constipated and she takes *Cascara* every night and *Sodium bi-carbonate* each morning. A hot bath relieves her pains, while she is in the water.

On account of the character and location of the pains, the weakness and lack of reaction, *Kali carb.* 10 m., Skinner, one dose only, was given on January 20th. Four days later she reported that the weakness was somewhat less, the sweats had stopped, the bowels were moving normally, although with the help of a little agar and bran; the pain in the right groin had ceased, but elsewhere the pains remained as before. The remedy was not repeated.

On January 28th, eight days after the administration of the remedy, all her symptoms were better, except the pain in the left buttock, which extends down the posterior surface of the thigh as far as the knee and is worse on rising from a seat and commencing to move, as well as on rising from bed in the morning. Lying on the painful or affected side aggravates the pain, so that she must lie on the back and avoid any pressure on the painful part. Warmth still relieves and wet weather still aggravates the pain. At night she is restless and unable to find a comfortable position. There is stiffness on commencing to move, after rest. She was now given one dose of *Rhus tox.* 17 c.m., Gorton.

A week later she reported that the pain had disappeared from the left buttock on the day following the taking of the remedy and had appeared in the right buttock, then disappeared altogether. She is now entirely free from pain and walks without limping. She looks better and feels better generally, although still slightly weak.

The points of interest are the necessity for the administration of *Rhus tox.* so soon (eight days) after the giving of *Kali carb.* These remedies are not regarded as complementary. *Kali carb.* is characteristically worse in dry cold weather, although, under some conditions, is worse in wet weather also. Both remedies are relieved by heat, both are relieved by motion, especially *Rhus*, but the latter alone is aggravated on commencing to move.

Yet in this patient the use of *Kali carb.* was justified by the results and the same observation applies with equal force to the *Rhus tox.* Both remedies have the symptom, "pains or troubles begin on the left side and extend to the right side." We all know that *Lachesis* has this characteristic more strongly marked than any other remedy. The disappearance of the pain via the right side is also of interest.

In conclusion, we may with perfect candor add, that, although it is a pleasure to report successful results and verifications, we can, with great facility, report numerous failures. Perhaps the latter course would be more instructive after all.

ODDS AND ENDS.

By **Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.**

A doctor may meet with a case of membranous croup, and it is then that he needs just the right remedy to cure his patients. The best remedy in the Homœopathic Materia Medica for this condition is *Kali bichromate*. The special indication for this remedy is, in children with *short*, fat necks; the cough is *metallic*, the fauces and tonsils are *red* and swollen.

The child has *smothering* spells and awakens *choking*.

There is violent *wheezing*, and the expectoration is of tough, *stringy* mucus.

The best way to give the above remedy is to put five grains of 2x *Kali bichromate* into two ounces of water.

To a child from five to seven years old give one teaspoonful every fifteen minutes.

The acetous *Syr. Sanguinaria* is a great favorite with the Eclectics. I have saved the lives of several children with it.

It may be procured all prepared from any dealer in Eclectic remedies, but it can be made up as follows:

R.	Pulverized Sanguinariagrs. ii.
	Sugar̄ss.
	Vinegar, fl.̄ii.

Mix. Steep it to form a syrup.

Sig. Give one teaspoonful as often as indicated.

It will *cut* the *phlegm*, and I have seen little children (where this remedy has been used) vomit up a perfect *cast of the larynx*.

I always apply an onion poultice in croup, as well as pneumonia and *acute* bronchitis, it will *help* you *cure* your patient.

A lady from New York City applied to me for treatment; she says she has spells when she has a great *distress* in her stomach. Then she vomits up a great *quantity* of water. She eats well, but is *losing* flesh.

I prescribed *Natrum mur.* 6x, three tablets every three hours. She has had *no* more vomiting spells, and has gained eight pounds in weight.

I had an interesting letter from Dr. W. S. Cline, Woodstock, Va.; he is 75 years old and has practiced 52 years. Very many doctors would have retired ere this, but he is still in active practice. During the "Flu" epidemic, in a town of 1,600 population, in the absence of the other doctors, he had to attend to *all* the cases. One day he was called across the mountains and visited thirty-four families, and prescribed for 134 patients.

A pretty good day's work for a man of his age.

During the Civil War Dr. Cline was in the Confederate Army, under Gen. Stonewall Jackson.

When the World's War broke out I was too old for active service, but I have a son, a Sergeant in the American Army in Germany, also a daughter, a nurse, in U. S. General Hospital No. 6, Fort McPherson, Georgia. I have several students in the army, so in a way it may be said that I have "done my bit."

About the *brightest* and *brainiest* young man I have *ever* met is Dr. Howard B. Kay, Monessen, Penna.; he is *not* an M. D.; but knows *more* about materia medica than *most* doctors that I have met. During five years that he lived in New York City, he treated a good many *prominent* people and *cured* them. He is one of very few young men who *really* have a *love* for the study of medicine, and also the *brains* to comprehend the great *truth* of pure and unadulterated Homœopathy. These young men should always be encouraged, they are the "white hope" of the future.

There are some men who were never *intended* for physicians; they remind me of what a Professor of Mathematics said to a student in his class room. He had carried the student along, into the sophomore year, but at last he got out of patience with his stupidity, and said:

"Young man, I am under the impression that the Almighty never *intended* for you to study mathematics."

Old persons who have had an attack of apoplexy, are liable to certain *warning* symptoms of another attack, and *every* doctor should *know* those warning symptoms and know *how* to treat them, and thus *prevent* a second attack.

If there is a sensation of *fullness* in the head, *noises* in the ears, *pressure* as of a *weight* on *top* of the head, it indicates *Ferri phos.* 6x, three tablets every two hours. The patient may have spells of rush of *blood* to the head, *head* feels *full* of blood, there is a *bright light* before the eyes, almost *blinds* the person at times; a feeling as if he might *fall forward*, unless he uses all his *will* power. At times there is a *warm wave* that seems to *sweep over* the body from *head* to feet.

The above indicates *one* remedy, *Tr. Veratrum vir.* 1x; have the patients carry a little vial of the above remedy in their pocket, so that when they feel the above symptoms first coming on just touch the tongue to the medicine. Generally *one* dose will be sufficient to stave *off* the above symptoms; I am *satisfied* that the above remedy, when given as indicated, has staved off many attacks of apoplexy and *prolonged* the *life* of the victim.

It is our *duty*, as physicians, to do *all* that we can for the old folks, to make their last days as *comfortable* as possible; always keep on the right side of the old ladies in your field of practice; *one* old lady can *advertise* you *more* than a *column* in the daily press.

I had a letter from a doctor who wants "advice about a *woman who won't talk!*"

Just think of it, can the reader (if he is a married man) *imagine* such a condition?

It reminds me of the experience of an agent for a "Talking Machine:" he was trying to sell one to an old farmer, but the old man wouldn't buy one; he said: "I *have one at home!*"

HEALTH RULES. Adopted by the "Health Board," sometimes called "The Smelling Committee" for Springtown on the Pike:

1st. If you must sneeze, do it *gently*, not boisterously.

2d. When you sneeze, use your *own* handkerchief, not some one else's.

3d. When you blow your nose, use a handkerchief.

The ancient and honorable custom of blowing the nose with the *fingers* (although very convenient) it is not considered *good form*

4th. When you expectorate (that means to spit), don't spit on the sidewalk, it may mean "ten dollars or ten days."

5th. Don't sneeze in any one's *face*, unless you are on intimate terms with them.

6th. If you have any symptoms of the "Flu," go home and go to bed, send for a doctor, and *hope* for the best.

7th. The serum for influenza (obtained from calves' brains) will be furnished to doctors at cost. To the public, for *all they will stand*, with the usual rebate to the clergy.

Owing to the scarcity of some of the plants and the high price of some tinctures, our doctors would do well to study the Bio-chemical *Materia Medica*, and learn the *indications* for the use of those remedies. They can be procured in tablet form and are very convenient for dispensing.

The way I study *Materia Medica*, and the way I teach it, is to begin at the *head*, and go down to the feet, taking up all parts of the body that are influenced by the drug.

I don't waste the time of the student telling him what the remedy is "good for" or what this or that doctor says about it, but I tell him the *essential facts* about the remedy.

The indications are given in *plain, simple* language, *not* copied out of books, but what I *know* about the remedy by *actual clinical* experience at the *bedside* of the sick. I have never used any manuscript or notes in teaching. I want to get the student's eye and talk the facts right *into his mind*, so he will remember what I tell him.

When a professor stands before a class of students reading from a manuscript to them, he is not talking to the *students*, but reading *into* the paper.

Of my old professors in the medical colleges that I attended, the men who made the *greatest* impression on my mind, the men who *really* taught the science of medicine, never had *any* notes or manuscript, but had it *all in their heads*. They could talk on any department of medicine. That was the *kind* of teachers we had *fifty* years ago.

They knew medicine as very *few* doctors do at the *present* day.

MY HORSE-SHOE.

Dr. George W. Hopkins, Cleveland, Ohio.

Thousands of people who perished from Spanish influenza were martyrs to the therapeutic ignorance of the dominant school of medicine.

As long as old-school colleges apologize for having chairs of *Materia Medica*, or even abandon such chairs entirely, their graduates must inevitably lose patients by thousands in the presence of any wide-spread, virulent epidemic.

Flu has killed its thousands, but Aspirin, Phenacetin and Morphine have killed their tens of thousands.

And when these remedies fail, they turn, in desperation, to vaccines,—immunizing vaccines, which don't immunize, and curative vaccines, which are almost murderous when applied during the only dangerous period of the disease.

A close study of the current vaccine literature is so confusing to the mind as to shake or destroy one's whole faith in vaccine therapy.

One great authority on vaccines, however, has given us the clear-cut indications for the employment of vaccines which are so dear to thoughtful prescribers everywhere.

Irons, writing in Forchheimer's *Therapeutics*, says that the employment of prophylactic vaccines has been fairly well established in four diseases.

He names typhoid fever, plague, cholera and rabies.

He says that infections are suitable for vaccine treatment provided, (1) the infection is localized, *i. e.*, confined to one or more isolated lesions, and not associated with bacteriemia; (2) if they are more or less chronic in character, and (3) if adequate surgical measures have been previously employed.

Compare these indications with the striking characteristics of Spanish influenza, an infection which is not localized, which is always associated with a profound bacteriemia, which is always essentially acute and which cannot have previous relief by adequate surgical measures.

Irons further says that the employment of stock vaccines, incorporating a variety of germs and perhaps hundreds of strains

of each organism, in the hope that some of the hundreds of varieties will "match the case," constitutes "shot-gun prescribing" of the worst kind.

He insists that an autogenous vaccine is the only kind that ever ought to be employed remedially, and that even this should not include all of the organisms present in the infection, but merely the predominating organism,—the single remedy, exactly fitted to the case,—if you please.

Summarized, then, the employment of stock vaccines is only justified in immunizing against typhoid, plague, cholera and rabies, and the employment of autogenous vaccines only when the single predominating organism is used and the case is clearly one of localized infection, free from bacteriemia, chronic in character and previously well-treated surgically.

Following these indications there can only be one possible place for vaccines in the treatment of influenza and that would be among those who are having a tardy convalescence,—the class who are so beautifully relieved by good, old-fashioned Homœopathy.

The writer highly values the work of Irons, which is the nearest thing to a "proving" of vaccines which has come to his notice.

Nothing could be more irritating to a physician than a lot of loose, careless talk by vaccine enthusiasts after he has lost members of his own family through anaphylaxis.

Some vaccines (tuberculins and others) are as powerful as *Hydrocyanic acid* and should be used just as carefully.

Whatever may be the value of vaccines in other infections, they are far inferior to Homœopathy in Spanish influenza.

Nor is my allegiance to Homœopathy blind.

The long, careful search for the indicated remedy in an acute, bacteriemic case of flu is almost as murderous, in my opinion, as the employment of Aspirin, Phenacetin and Morphine.

The patient would often die, I am sure, before the ordinary Homœopath, like myself, would find the exact simillimum.

High-grade Homœopathy is impossible for most of us in the midst of a great flu epidemic.

The profoundly prostrated patient can often give us almost nothing in the way of subjective symptoms.

Merely telling his story, if he could, would even further prostrate him.

A careful study of his case would delay us so badly that half of our patients would die before we ever reached them.

Some simple, safe method is needed to instantly combat the profound toxæmia and matchless prostration of flu,—some great antidote to the poison which will pull the patient through the crisis to the place where we can get an intelligent history, make a careful laboratory examination, if necessary, and take all the time needed to analyze the case and study out the similitum which will certainly complete the cure.

Shall we reject this logic because it is un-homœopathic?

Even Mrs. Eddy was broad enough to say that sometimes her system would not work, that, under certain conditions "the temporary employment of material measures is justifiable."

Shall Homœopaths be more narrow than Mrs. Eddy in their views?

If not, I will say something about my horse-shoe.

During the recent epidemic the writer employed, as a routine measure to antidote the toxæmia of flu, a combination of *Strychnia* and *Capsicum*. (*Strychnia sulphate* 1-600 grain, and *Oleoresin capsicum* 1-300 grain) every hour, or even oftener, if necessary.

In some cases which were apparently moribund at the first visit the remedy was injected hypodermically, as many as a dozen doses being injected at one time.

Have you ever given a hypodermic of *Capsicum*?

It will almost make a mummy sit up and talk,—profanely, perhaps, but talk.

Give it in some flu case about the time the friends are looking over the telephone directory to get the undertaker's number ready.

And don't be surprised if the patient asks for something to eat an hour or two later.

This line of treatment, followed by plain, unadulterated Homœopathy, carried four hundred successive cases of flu, grippe and pneumonia through all the danger zones for me without a single death.

So I call it my horse-shoe.

GARCINIA COWA.

G. Raye, M. D.

About five years ago a gentleman of this town called on me for advice regarding the health of his wife. He looked worn out and haggard. Naturally, I inquired as to the cause and learned that he had been attacked with a very bad type of dysentery during his recent sojourn in the interior of the district where he had gone for the collection of rents from his ryots. But there being no trained medical man, my curiosity was roused to know how he managed to get his disease cured and so I questioned him about it. He replied that a ryot of his had given him to drink a little quantity of *sherbet*, made of the dried pulp of the ripe fruit of *Thakra tenga*, which cured him of the disease within three days. I was also given to understand that from time immemorial *Thakra tenga* was considered by the peoples of Assam as a specific for dysentery. Thereupon I made up my mind to make a research, but soon forgot all about it. Some time afterwards, when I was out of town, a son of mine was down with dysentery and was placed under the treatment of a local homœopath. I returned to town after two months and, on the way from the railway station to my house, I paid a visit to my cousin, Mrs. L——, the wife of the foremost criminal lawyer of the town. She told me that my son had been suffering from dysentery for more than a month and a-half and took me to task for being out of the town for so long a time. I was quite ignorant of it and told her so. She then gave me some dried pulp of the *Thakra tenga* fruit and requested me to give some *sherbet* made of it to my son. She said that she would not dare persuade my wife to give it to my son, on account of her husband, who always was against quackery and narrated to me how one of her servants, suffering from a very bad type of dysentery, was rescued from the jaws of death by it, when his life had been despaired of by all the eminent doctors of the town. I brought the dried pulp with me, as I did not like to wound her feeling by a refusal. But I refrained from giving it to my son, on account of my ignorance of its medicinal value. However, I took up the case homœopathic-

ally and cured his amœbic dysentery within four days with a single dose of *Aloe* 200, which was then the *indicated remedy*. I have treated a good number of cases of amœbic dysentery with the *indicated remedy* only and have neither ever had the necessity of using *emetine* nor met with a failure, even in cases where the Regulars could not give any relief by *emetine*. Shortly afterwards the report of the cure of a very long standing case of dysentery reached me and made me inquire of its medicinal value. I learned that this drug had really been in use in Assam from time immemorial and had cured thousands of dysentery cases. I was thereby reminded of Hahnemann's saying "so that all we call medicine is no other than the power to produce disease and all true remedies are no other than substances capable of arousing in the organism artificial disease similar to the natural disease, which it is thereby able to destroy and to remove" (Wheeler's translation of the *Organon*, paragraph 32). So I was led to procure some matured fruits of *Thakra tenga*, make an alcoholic extract of them and prove the drug on myself and two of my sons. I took an ounce of the alcoholic extract one morning at 7 a. m. and the following symptoms appeared:—

First day—Dull pain in the left temporal bone, gradually extended to the neck < pressure; aversion to food; nausea proceeding from the stomach; frequent eructations; cramping and burning pain under the left eighth costal cartilage; uneasy sensation under sternum; dull aching pain in the gall-bladder; rumbling in the abdomen; flatulent distention of the abdomen after eating; belching; yellow and green diarrhœic stools mixed with mucous preceded by pinching around the umbilicus; great tenesmus, relieved after passing some mucus; urine scanty, a few drops after the stool.

Second day—Dull pain from left temporal bone to the neck, < pressure; uneasy sensation under sternum and in stomach, < motion; bad, putrid taste in the mouth; tongue dirty, coated yellowish white; aversion to food; nausea; frequent eructation; cramping and burning pain under left eighth costal cartilage; dull aching pain in the gall-bladder; rumbling in the abdomen; pain on pressure in the ilio-cæcal region; belching; violent cutting pain in the abdomen > hard pressure; pinching pain around

the umbilicus before stool; frequent ineffectual urging, with pain around umbilicus; persistent tenesmus, never-get-done-feeling of rectum; stools frequent, scanty, nothing but mucus tinged with blood; pressure in the right inguinal canal with a feeling as if something would come out of the abdominal ring; urine scanty, burning in the urethra when passing; temperature, 99.

Third day—Dull pain from left temporal bone to the neck, < pressure; uneasy sensation under sternum and in stomach < motion; bad, putrid, salty taste in the mouth; tongue coated yellowish white; violent cutting pain in the abdomen > hard pressure; frequent stools, scanty, nothing but blood and mucus; great tenesmus, never-get-done-feeling; < night; anus sore and burning; infrequent urination, burning in the urethra; feverishness; sleeplessness.

Fourth day—Same; intensity increased.

Sixth day—Same; intensity increased.

Seventh day—Greatly distressed; could not allow the proving to continue further; knowing not what to do, took *Merc. cor.*, but without any effect.

Eighth day—Took *Merc. cor.*, but without any effect.

Ninth day—Became exasperated; took five drops of *Thakra tuga* 3x, thrice.

Eleventh day—Symptoms disappearing.

Twelfth day—Almost all right.

Thirteenth day—Normal condition.

I also gave a teaspoonful of *Tenga* 3x, thrice daily for two days, to each of my two sons, one aged eight and the other twelve and the following symptoms appeared:—

First day—Nausea; rumbling in the abdomen; pinching pain around the navel.

Second day—Giddiness in the head; salty taste in the mouth; soreness under the sternum; loss of appetite; nausea; rumbling in the abdomen; occasional pinching pain around the navel especially before stool; frequent ineffectual desire for stool; tenesmus; infrequent urination.

Third day—They refused to take any more drug. The same symptoms continued, but increased in intensity.

Fourth day—The intensity began to decrease from the morning.

Fifth day—They were almost all right.

Sixth day—Normal condition.

Since the said proving I have treated 151 cases of dysentery with this remedy. 127 of them were treated from the onset and cured within three to seven days. Of the remaining 24 cases 10 were suffering from amœbic dysentery and came to me after a period varying from one to two months. They had evening aggravations and were cured within 10 to 15 days. The other 14 cases came to me after about three weeks and were cured within six to ten days. In all the cases the frequent ineffectual desire for stool was present and the never-get-done-feeling was like that of *Merc.* or *Aloe* with nightly aggravations. The tormina was greater than that of *Colocynth*. One case of amœbic dysentery of three months' standing came to me from a regular when *emetine injections* failed to give any relief. I was tempted to give *Aloe* for the tenesmus, but refrained from doing it on account of the nightly aggravation and the pinching pain around the umbilicus before stool. I gave *Tenga θ* and the improvement set in the next day and the cure was accomplished on the fifth day.

I have also made fine cures of some cases of flatulent colic with this remedy.

Now I invite the homœopathic practitioners to make a thorough proving of this drug, as it might cure some other diseases also. The Aurvedic system considers it useful in spleen, dropsy, heart and lung diseases.

Roxburgh calls the plant *Garcinia pedunculata* and classifies it under the natural order, Guttiferæ. It is known in Bengal as *Thaikal*, *Tikui*, *Tikur*; in Assam as *Bor thekra*, *Kiyi* (or *Kuji*) *thakratenga*, and in Manipur *Haibung*. Some say that *Amlabethas* is its Sanskrit name, but it is wrong. The fruit of the smaller variety called *Kuji thakra* (*Garcinia Kidya*) is more efficacious than *Garcinia pedunculata*.

Habitat.—A tall tree of the forests of the Northeastern Bengal and Assam. It flowers in January and its fruit ripens from that time until June.

I have always used *Tenga θ* and in dosage from five to ten drops.

Gauhati, Assam, India.

December 9, 1918.

A CRITICISM BY DR. COFFEEN.

Editor of the HOMŒOPATHIC RECORDER.

December 23, 1918.

DEAR SIR:—

Since 1900 I have witnessed the decline of Homœopathy with sincere regret, and have endeavored to ameliorate conditions at every opportunity, in season and out of season.

When the RECORDER of December 15th reached me and its leading article by Dr. Raisbeck was read, I was dismayed. Who permits and approves such articles? Can it possibly be you, Dr. Rabe? If so, then "Et tu Brute;" then fall Homœopathy! Dr. Raisbeck is utterly mistaken in his diagnosis of our deplorable condition. It is the influence of the A. M. A., nothing more nor less, and you, Dr. Rabe, are listening to their siren song. They hit upon "mal practice" as their slogan and nailed us to the cross. There is not a Homœopathic shingle in this broad land, that I know of, because the A. M. A. have said and advertised that if a man announces himself a Homœopath the use of a compress or a poultice is mal practice and they prove it in court by our Declaration of Principles. What is the use of Dr. Raisbeck making such an elaborate diagnosis, except to make converts for the A. M. A.? What is the use of giving him access to our columns, except for the very same purpose? Dr. Anshutz would have (and probably did) shown him where to "head in."

Are we done for? Must we surrender and quit? If not, the RECORDER must come to the rescue and "Do it now."

Yours truly,

EUGENE COFFEEN.

612 West 48th Street,
Los Angeles, Cal.

REPLY TO DR. COFFEEN'S CRITICISM.

Editor of the HOMŒOPATHIC RECORDER.

January 25, 1919.

MY DEAR DR. RABE:—

I wish to thank you for your courtesy which enabled me to read Dr. Eugene Coffeen's letter dated December 23, 1918, in regard to my article in the December number of the RECORDER.

entitled "The Present Status of Homœopathy." I should like to say a few words in answer.

It is evident that Dr. Coffeen does not agree with much that I have said in that article, but it is rare for disagreement to be quite complete and it may help in approaching an understanding if we ascertain first upon what points we *do* agree. As far as his short letter reveals his mind on the subject, our points of agreement are these :

1. Dr. Coffeen says that he "has witnessed the decline of Homœopathy" and alludes to our "deplorable condition." In this, certainly, Dr. Coffeen echoes my own dissatisfaction.

2. Dr. Coffeen bears witness that he has "endeavored to ameliorate conditions at every opportunity, in season and out of season." My own efforts do not date back as far as those of my correspondent, but they have tended, within the limits of my powers, to further the practice of homœopathy wherever it can be legitimately applied. Such was the spirit which guided me in the article to which Dr. Coffeen takes exception. I have detected the hopeful signs of an awakening in our ranks. Articles such as those of Dr. Clarence Bartlett, in the November number of the *Hahnemannian Monthly*, on the "Modernizing of Homœopathy" and your own paper on the "Teaching of Homœopathic Materia Medica," presented at a recent meeting of the New York County Homœopathic Medical Society, have been an encouragement, and it was (and is) my intention to add my mite to the work of those who will ultimately raise homœopathy to its old and well-deserved position. As Dr. Coffeen admits about some of his own past efforts, perhaps mine are being made "out of season." Nevertheless, it would be too distressing to feel that a movement toward reconstruction is lost because it has been begun too soon, before some are ready to understand and lend their co-operation.

Dr. Coffeen and I agree, therefore, that there is something wrong with homœopathy and we both want to do the best we can to help matters. These premises should promote mutual understanding.

The main point that Dr. Coffeen wishes to make, as I understand his words, is this: Homœopathy is in bad straits mainly on account of persecution by the American Medical Association:

it is their influence, "no more nor less," as he states specifically, which has been our undoing. I am, therefore, "utterly mistaken" in supposing that homœopathy itself is in any way to blame.

Secondly: Dr. Coffeen seems to feel that for any of us to question the excellence of anything homœopathic implies treason to our cause and an open effort to make "converts" for the American Medical Association.

Thirdly: As an example of malignancy in persecution, Dr. Coffeen states that the American Medical Association has or, rather, *does* attack homœopathy under the pretext of mal practice, having "said and advertised that if a man announces himself a homœopath, the use of a compress or a poultice is mal practice and *they prove it in court* by our Declaration of Principles." The italics are mine.

To avoid idle words, let us remember that the burden of proof of an assertion rests upon the man who makes it. May I ask Dr. Coffeen to be kind enough to cite the case or cases in which the American Medical Association has "proven" a homœopath guilty of mal practice for the use of a compress or a poultice? Or mention the courts where they are trying to prove it now? The name of the defendant, the approximate date, and the locality of the court would be sufficient data. If my correspondent cannot find the record of a conviction in a court, he may be able to tell of a prosecution, begun at least, if not successfully terminated. Or, at least, may I ask him to cite the journals in which such accusations or statements have been made or "advertised?" In establishing these facts Dr. Coffeen will render a great service to homœopathy, for such small-minded and intolerant methods, if proven, will give us a powerful arm against the American Medical Association,—if, indeed, we require one. We must deal with facts and not words and Dr. Coffeen will, no doubt, be the first to appreciate that our cause will not be advanced by flinging unproven assertions in the face of the American Medical Association. If what Dr. Coffeen maintains with so much emphasis is true, he must realize that the dignity of our cause demands the proof; and the more he delays in advancing this proof, the more he will damage our—or, at least, his—position.

Secondly: The implication, that to question the perfec-

tion of homœopathy is treason to homœopathy, requires closer scrutiny. Does Dr. Coffeen mean that we may question if we will, so long as we do not do so in print? His apostrophe, "Et tu Brute," Mr. Editor, might imply this. Or does he feel that homœopathy is *per se* above and beyond criticism? As a product of human effort we can hardly expect absolute perfection to be one of its inherent attributes. Comparison and simile are not proof in any sense, but we may use a comparison to throw light upon this point. When my correspondent is called to a very sick patient, does he search uniquely for what external and malignant influence has brought the patient to his present sorry pass? Or does he inquire what share the patient himself may be responsible for,—what excesses of diet, what lack of prudence in exposure, what errors in general mode of life may have undermined him so that grave disease became inevitable? Homœopathy is ill, indeed, as we both agree, very ill. Must we, then, close our eyes to the elementary possibilities that we face frankly in every analogous inquiry? Why is it treason to state and to face our problems frankly? In what will a lack of candor help homœopathy?

This brings us to his main point: Dr. Coffeen probably feels no lack of candor possible, as he feels that homœopathy is in need of no investigation, being merely the innocent victim of persecution. Dr. Coffeen's statements about the A. M. A. persecution remain in need of confirmatory data. While awaiting this, I should like to comment upon the fact that, personally, I have never met with a single instance of such "persecution." I have never read an article, advertisement, or announcement in the journals published by the American Medical Association prejudicial to homœopathy; rather, I have been struck by the fact that the American Medical Association has ignored homœopathy almost completely. If any of my readers have met with instances of such "persecution," I should be glad to know of them: to be able to show that we are being persecuted would give us an immeasurable advantage. It is true that some of our colleges have been placed in the so-called "Class B," but it is also true that these colleges richly deserved it. Other homœopathic colleges have been placed in "Class A" by the council of the A. M. A. and still

others, non-homœopathic, of their own ilk, have *not* been placed in "Class A." It is difficult to see even unfair discrimination here.

Nevertheless, homœopathy, as my correspondent rightly believes, is ill. What is the answer? It is a pity that those among us who are endeavoring to formulate this answer in a sincere spirit of inquiry should be met, *not* by a careful analysis and examination of our statements, but by broadside accusations which amount to treason or even worse. I believe that if we approach our problems in a broad spirit of tolerance and with an unflinching determination to be frank, homœopathy can only gain from our efforts. I trust, Mr. Editor, that among your readers, I am not alone in this belief.

Sincerely yours,

MILTON J. RAISBECK, M. D.

616 Madison Avenue, New York.

DRUG DETERIORATION.

A very interesting and instructive report has been made by Eckler and Miller (American Pharmaceutical Association) on the deterioration of *Cannabis*, stored in various ways and kept under varying conditions for a number of months. Their conclusions show conclusively that the drug-power may be retained indefinitely when the plant is kept in alcohol and loses proportionately and progressively when kept in the dry state. Without going into detail as to their methods, the following resume will show sufficiently the rate of deterioration and the conditions under which it occurred:

"From the results of the tests on the attic-stored samples, the loss in activity was practically 100 per cent. in about fifty months. (The drug at the end of the aging period was, however, about fifty-five months old from date of harvest.) This would give an average loss in activity of about 2 per cent. per month. Apparently, however, the deterioration did not proceed so rapidly at first, for in the first period of about fourteen months not more than a very slight deterioration was noticeable, while during the next period of about twenty-one months there was a deterioration of nearly 60 per cent. of the original activity, and during the last

period of about fifteen months there was apparently a loss of approximately 40 per cent.

"The dry samples stored in the basement lost in about sixty months approximately 60 per cent. of their original activity, or about 1 per cent. each month on the average. (This drug at the end of the aging period was about sixty-five months old from date of harvest.) These results in connection with those of the preceding paragraph would seem to suggest that the warm temperature of the attic was influential in increasing the rate of deterioration.

"Drug stored in sealed containers in the dry state did not retain its activity appreciably longer than when stored in unsealed containers, nor did it retain its activity appreciably longer when stored whole than when ground.

"Ground drug, moistened with alcohol and stored in a tight barrel, seemed to retain its full activity for at least sixty months."

It is well known that commercial *Cannabis* deteriorates to such an extent as to be worthless as a medicine, and much of the condemnation of the drug as a potent remedy has probably come from the use of deteriorated preparations. Probably experimentation with other plant drugs would show as great changes as these experiments demonstrate. This fact was long ago recognized by Scudder, King, Lloyd and others, who have contended for *fresh material* always in the preparation of fluid plant preparations. *Pulsatilla*, *Cratægus* and *Gelsemium* are examples of the specific medicines that are potent because of putting the freshly prepared drugs at once into alcohol until such time as the product could be completed. Much of the power of old-time infusions and decoctions, notwithstanding their nastiness, was due to the use of freshly gathered simples. We hope all drugs will be studied in the way that *Cannabis* has, especially those suspected of changes through oxidation or through faulty keeping.

KEYNOTES.

What little success I have had in medicine has come from prescribing on Keynotes. I cheerfully and frankly confess my utter incapacity to *take the case*, and apply the *Similimum* for the *totality of symptoms*. My trump card has always been to spar for an opening and catch some *peculiar characteristic* symptom.

The *work* that has been done on the Homœopathic Materia Medica, in my mind, is simply wonderful. The set of cards issued by Hering, that little book by Hawke, and Cowperthwaite's Comparative Materia Medica, with the great Farrington's work. And, by the way, I do not know of any of Farrington's boys that have not made good.

The wonderful Hahnemann, the author of the polycrests, *Sixty Remedies*. With all our attempts at reproving, *nothing doing*. *We cannot improve or refute his work*.

From his Materia Medica other master minds have assembled and arranged *Keynotes*. The great Guernsey and his work on Obstetrics, with the care of baby.

When I was just sweet sixteen and had been kissed a few times, I came across a woman with a sore leg, which some of the *great men* said would have to be amputated. I found an opening over the tibia from which came a constant discharge. I *looked up* her case. The wonderful Homœopathic Materia Medica seemed to think that *Asafetida* had the keynote and so, *secundum artem*, I furnished a two-drachm vial of that remedy from the stock of my dear old preceptor, Chandler Weaver, pellets No. 40, four every two hours. After three days I saw *something* protruding, which I grasped with *dressing* forceps, and it seemed inclined to come *my way* and I drew forth a sphacelus about as big as my finger. The whole thing *healed up* within the next two weeks.

A man came into my waiting room. I had a patient in my office and that fellow coughed incessantly. I discharged the patient and let him in. He said: Dr., I got an awful cold, give me some medicine and let me get out-doors or I will cough my head off.

I promptly gave *Bry*. A dose on his tongue. A bottle, two dr. of No. 40 pellets, 77. alcohol. I was called the next day to see another member of the family. *He coughed no more*.

An old lady was *subject* to looseness of the bowels. A watery diarrhœa, which *scalded* her anus. One powder of *Iris vers.* 200 and *Sac. lac.* resulted in a perfect cure.

A man had *dyspepsia*; he had suffered much from many doctors. A *specialist on the stomach* had *washed* him out and strapped him with adhesive plaster. He had the *hard boiled egg* of *Abies nigra*, and *one* prescription cured him *absolutely*.

I was called at midnight to see a man in the throes of neuralgia, had suffered for over six years with *periodical* attacks at midnight. He simply *had* to get up and walk around. *Ars.* 200, twelve powders every two hours. I knew him for over three years after and he was a well man.

I drove over two miles in the country to see a man with one eye enormously puffed and closed with a swelling, pink and *stinging*. I put five drops of *Apis* in a half glass of water and they told me his eye was *well* before I got out of sight.

I was called to a man who had been a victim of gall-stone colic. His old doctor was *out of town*. They told me *medicine* would do him *no good*, and tried to explain how the doctor relieved him with an instrument (a hypo syringe). Ten drops of *China* in a half glass of water. He was a well man inside of one hour. I knew him after that for three years. A well man.

A big, husky man to whom I was called in consultation. He *cried* like a baby, a receptacle at the side of his bed had a bland, thick expectoration. He was absolutely a well man in three days after: two powders of *Puls.* 200.

My dear old friend, that veteran Homœopath, Dr. Connett, of Morristown, had a great specialist harboring over him to operate for mastoiditis; I was called. One dose of *Silicia* c. m. and the *operation* was off.

And so I could go on with experiences from over forty years to tell you of cases when the *Keynotes* have enabled me to *cure* sick people and where all the boasted *advancement*, the up-to-date *science*, the *last minute* of pathology are helpless when it comes to *curing* sick people. To him who will work the *Materia Medica*, work incessantly, will come the reward.

Up-to-date science is only a bluff. Samuel Hahnemann was a decade ahead in the *science* of medicine. Homœopathy is not popular with many, because it means *work*.

There is no opportunity for the spectacular, turtle serum has no place, the great reform and the health boards with their preventive stuff, quarantine and other tricks that bring appropriations for thousands of dollars from hysterical legislators.

The only way to *stamp out* anything is to get busy and *cure* it.

I have been busy, and awfully busy, in this influenza. *Acon.*, *Bell.*, *Eupa.*, *Rhus*, *Puls.*, *Spong.*, *Iod.*, *Nux.*, *Rumex.*, but what is the use. If a fellow has any sense he don't need advice and if he hasn't he won't take it. The great and effective work of Homœopathy in the past few months is simply a repetition of history. See cholera, yellow fever, etc.

All of which is affectionately subscribed, with one hand by

Yours truly,

JOS. E. WRIGHT,

Westfield, N. J.

Our readers will peruse with interest the following letter to Constantine Hering from the great Southern statesman, Henry Clay. The letter is published by the editor, through the courtesy of Dr. Donald Macfarlan, of Philadelphia, to whom a copy was given by Mr. Carl Hering, a son of the great homœopathic pioneer:

1849. December 14. A letter from his patient and friend, Henry Clay, states:

"Your liberal kindness toward me would not allow you to indulge me in the gratification of testifying my gratitude to you for the successful exercise of your professional skill on me, on two distinct occasions, by the customary compensation: but you cannot prevent the expression of my great obligation to you for the benefit I derived from your obliging prescriptions. I thank you for them most cordially. . . . With great regard, I am your friend and obedient servant. H. CLAY."

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Crutcher on Cancer.—In an able paper published in the *Medical Record* on November 23d, 1918, Dr. Howard Crutcher, of Tularosa, New Mexico, draws the following conclusions:—

“Certain facts connected with uterine cancer are so well established that some fair and practical inferences may, I believe, be drawn from them. Uterine cancer begins in the cervix. Comparatively speaking, it is of slow growth. The cervical canal is lined with flat epithelium, which extends outward to the rim of the organ and blends gradually with the mucous lining of the vaginal outlet. Cancers of the cervix probably begin in the mucous coat and extend thence to the lymphatics of the neck, eventually involving the deeper pelvic lymphatics, where secondary manifestations are so often found, unless the progress of the growth has been happily arrested by rational surgical interference. If the same condition should appear on the cheek or the nose it would be known as a ‘skin cancer,’ a growth of such sluggish development as to give rise to serious doubts involving its real malignant nature. The uterine neck, composed largely of atrophied tissues and covered with cells whose histological character supplies the necessary elements for growth, affords a most inviting field for the invasion of malignant developments. * * * Pseudo-ulceration yields generally with decisive promptness to mild local applications. Peruvian balsam, a mixture of iodine with glycerin, some of the milder silver salts in solution, and a dry dressing, composed of equal parts of boric and salicylic acids, are perhaps as efficacious as any remedies that we have at our command. The vaginal canal may be washed out several times a day with solutions of common salt or of potassium permanganate. All chemical irritation must be avoided. Cancer yields to none of these medicines. Pseudo-ulceration does. The diagnosis is thus made clear, generally within a few days. In any case of doubt the condition may be accepted as cancerous and no further delay can be justified in operating.

"From the present state of our knowledge concerning cancer I believe the following conclusions to be warranted:

"That cancer is of *spontaneous origin*.

"That it arises in obedience to certain forces of decay, the real nature of which we know nothing.

"That heredity, prolonged localized irritation, and constitutional taint must in some degree be acknowledged as occasional contributing factors.

"That it is marked by two stages, one of development or growth, and one of decline or disintegration.

"That it begins always in a localized area and during its period of development gives rise to no conclusive symptoms that indicate its malignant character.

"That the gross dimensions of a cancerous growth bear no definite relation to its degree of malignancy nor of themselves alone indicate in any manner the nearness or remoteness of its disintegration.

"That the disease always progresses toward a fatal ending unless arrested by some device of the surgical art.

"That if wholly eradicated during its period of growth before its period of decay has begun its powers for mischief are ended."

Arthritis.—An interesting symposium on Arthritis was presented by the Chicago Homœopathic Medical Society in its meeting on January 16th, 1919.

The first paper was by Dr. Harry Knapp, treating of Arthritis from the surgical point of view. Dr. Knapp confined his paper to the etiology, pathology, and surgical treatment of that form of arthritis due to metastasis, that is, to the invasion of the joint by pathogenic organisms from elsewhere in the body. Dr. Knapp quoted Dr. Murphy's statistics of 859 cases in which it was decided that there were seven sources of infection, the tonsils in 25 per cent., the accessory nasal sinuses 17 per cent. Of the patients 75 per cent. were from 10 to 40 years of age, 12 per cent. from 50 to 80 years. Seventy-five per cent. of the cases occurred in the late fall, winter, and spring; that is, during the months of sore throat and nasal sinus infections. As for the reason of metastatic infection it had been proved by experiments on animals that a secondary in-

fection was necessary, hence metastasis should be prevented by eradicating the original focus of infection before mixed or secondary infection could take place. The period of incubation varied: in Neisserian it was 18 days, in staphylococcus infection 8 to 14 days, in streptococcus infection sooner, even as soon as in 48 hours, in typhoid fever about four weeks after onset of fever. Absence of infections in the joint fluids had been noticed and it had been concluded that metastatic infection could take place in the tissues outside the joint. Dr. Knapp had seen three cases of hypertrophic villous synovitis, a rare condition. Metastatic arthritis is a serious condition and may cause permanent disability. In Dr. Murphy's 900 cases only 15 per cent. were able before treatment to attend their occupations.

The treatment of arthritis may be summarized as follows: First, secure rest, which separates the joint surfaces; second, medicate the joint; third, remove the focus of infection; fourth, treat the deformity by mechanical means; fifth, reset the joint.

To medicate the joint make a strictly aseptic small incision and aspirate the joint, then inject the formalin-glycerin solution used by Dr. Murphy, which was composed of a two per cent. formalin in glycerin, the injection being made by the use of a special syringe. For tubercular joints Murphy used Calot's solution composed of guaiacol two parts, creasote two parts, iodoform ten parts, and glycerin or olive oil one hundred parts.

In the absence of Dr. Raschke, who was to have read a paper on the medical aspect of arthritis, Dr. Collins called on Dr. Frank Branen for remarks on this subject. Dr. Branen had found the cases of arthritis in the small joints due mostly to malnutrition, as in women of the poorer class and also of the better classes. Inasmuch as the cases are common in women, we should think of remedies like sepia and caulophyllum. In old people in the large joints benzoic acid, lycopodium, calcarea phos., the latter to be used continuously for two or three months. The focus of infection should, of course, be removed when possible, but the homeopathic remedy must also be given to increase resistance.

Dr. Roemer, of Waukegan, was called on by Dr. Collins to lead the discussion of Dr. Branen's theme. It was necessary to differentiate carefully between arthritis and neuritis. The patient

must be taken good care of after he has left the hands of the surgeon. He insisted upon it that stiff joints can be helped. He cited cases in which he had completely cured a case of ankylosis of the ankle joint, by his method of forcing blood into the joint. The secret of success is to keep sending blood into the affected tissues. As for focus of infection, do not forget the rectum, which is quite likely to be the cause of the trouble.

Dr. A. H. Gordon, in discussing the medical treatment, gave as his opinion that curable cases could be cured by homœopathic remedies, as bryonia, pulsatilla, colchicum, and rhus tox. For a palliative he used lots of water in acute cases, also methyl and colchicum salicylates, but these merely relieved the pain, did not cure, and actually delayed the cure.

Dr. Branen, in closing the discussion, emphasized Dr. Gordon's point of giving plenty of water. In his experience hot water was better than cold, and acted as a diuretic with more promptness and certainty.

The last paper on the program was read by Dr. Willard S. Hastings, and was a thoughtful, intelligent and conservative presentation of the subject of vaccines in the treatment of arthritis. He confined his paper principally to the consideration of acute and chronic rheumatism. In acute rheumatism the streptococci are found, but in chronic rheumatism there are many things which point to infection. It seems likely that bacteria of low virulence may get into the body and cause the trouble. Rosenow has found that low oxygen tension favors the growth of the streptococci, hence in joints this might occur. There are various reasons for believing that there is the same cause for the chronic cases as for the acute. During the last few years Rosenow had found the streptococcus viridens in the joints and in the muscles of chronic myalgia. These germs were also found in the mouth and throat. While it is true that these organisms are also found in tissues not so diseased, Rosenow's statistics based on animal experimentation are very convincing. There was also evidence of tissue proclivity on the part of certain organisms. These experiments are suggestive, but it is not yet possible to demonstrate the particular organism which causes the trouble, though it is practically certain that it is an infection. Hence the logical treat-

ment is to increase resistance and that should be done by the use of vaccines. But this in turn presents many difficulties. We should prefer autogenous vaccines, but it is difficult to be sure of obtaining the causative organisms. If possible we should choose streptococci which resemble those found by Rosenow. Because of the low virulence of the organism it may not cause a reaction after injection. Some observers report success from use of the vaccines, others do not. Out of 17 cases treated at Hahne-mann with vaccines five were called cured, but only three were as yet completely cured so far as could be ascertained. As for the kind of cases, the vaccines seemed to help a few cases of acute arthritis, the subacute cases were helped after the oral infection was removed and the vaccines given, and the chronic were improved up to a certain point, but owing to a fibrosis which remained, complete cure was not brought about. The cases of arthritis deformans were most discouraging.

Dr. Collins led the discussion on Dr. Hastings' paper, which discussion was participated in by the majority of the members and was of much interest to all present. Dr. Collins wished information from the examination of the blood as pointing to the focus of infection. In his experience there was likely to be a low count of both white and red cells, but a high relative lymphocyte count.

Dr. A. Lewy said that Dr. J. A. Toren claimed to be able to determine by blood examination as to whether the tonsils were the focus of infection or not, but, as for himself (Lewy), he was unable to decide from the blood picture whether such was the case. In his opinion, however, there was something wrong with a patient who harbors the rheumatic infection.

Dr. Lillian Thompson argued that we know very little about arthritis. She described the case of a patient in whom the arthritis recurred every three months. In a family in which rheumatism was prevalent among the children the father had Graves' disease. Many old chronics respond to thyroid extract in the treatment. She thought arthritis had something to do with metabolism and lowered resistance. On the whole the various homœopathic remedies had been most satisfactory in her hands.

Dr. T. Bacmeister praised the work with vaccines which

Doctors Hastings and Wilson have been carrying on at Hahne-
mann and said that the entire profession ought to manifest grate-
ful recognition of it. As for his own experience with vaccines
in the treatment of arthritis, it had been disappointing. He had,
however, seen a case in which recovery took place following re-
moval of the tonsils.

Dr. Roemer thought that the element of shock should be con-
sidered. He thought that larger doses of vaccines and foreign
proteins should be used in order to obtain shock.

Dr. Frank Brannen had reviewed 800 cases in which vaccines
had been used and on the whole the experience was unsatisfactory.

Dr. Collins brought up the question of the use of stock vaccines.
In his own work with Neisserian infections he had used with
great success for the arthritis, first the serum and then the stock
vaccines. He also queried as to what bearing any absence or
presence of reaction following the vaccines had to do with the
recovery or failure to recover.

Dr. Hastings, in closing the discussion, said that vaccines were
the logical treatment for arthritis, but that there were many dif-
ficulties of a practical nature in the way of successful therapeutic
application of the vaccines. We may, however, expect benefit
in a certain per cent. of the cases, provided also that the foci of
infection can be determined and removed. Injections of foreign
proteins had been more or less successfully used by Miller, of
Chicago, to produce the anaphylactic shock, from which imme-
diate cure in 25 per cent. of the acute cases was claimed, and
slower recovery in 25 per cent. more. As for the stock vaccines,
they are not, in his opinion, so satisfactory. All streptococcus
vaccines are uncertain. The various observers are, on the whole,
unconvinced and non-committal as to the present therapeutic
value of the vaccines.

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EDITORIAL NOTES AND COMMENTS

The Record of Homœopathy in Spanish Influenza.—On all sides we hear of good reports of the results of homœopathic treatment of influenza in the recent epidemic and its present recrudescence. Likewise, fragmentary accounts of successful cases, under homœopathic management, in some of the army camps and hospitals, filter in to the editorial sanctum.

Naturally, such accounts, though extremely interesting and gratifying, must be accepted with some caution and reserve, since, after all, they come within the category of hearsay evidence and are, therefore, of no value as positive proof. It is a real pity that we homœopaths cannot marshal an array of statistics, which shall be, beyond question or doubt, convincing. Perhaps some of our men in the service will later on be able to present such convincing evidence.

In a similar way we hear of reports of the numerous failures of O. S. therapy in this disease; yet, in all fairness, these reports must likewise be taken *cum grano salis*. What is sauce for the homœopathic goose, is also sauce for the allopathic gander!

An army nurse of our personal acquaintance and in whom we have every confidence tells us, that in one of the large army camps, in which she was employed during the height of the influenza epidemic, all cases received three grains each of Dover's powders and aspirin together, every three hours, and 4 to 10 c. c. of camphorated oil, hypodermically, every six hours for three days. The larger dose of 10 c.c. was mostly given. No strychnine

nine was used. As each c.c. contains 15 minims, doses as high as 150 minims were, therefore, given. Surely, this is going some, we must admit! Our informant tells us that the majority of these cases died. Why wouldn't they, under these sublimely heroic measures? Please remember that these patients were the pick of the physically fit, inducted into army service after rigid examination only. On the other hand, it must also be borne in mind, that epidemics invariably rage like wildfire, where large bodies of men are kept closely housed and together.

An O. S. friend of ours tells us that in one of the metropolitan hospitals he had under his exclusive care one hundred and fifty sailors ill with influenza. To all of these he gave the usual doses of sodium salicylate and nothing else. All made good recoveries. This is certainly a splendid record and is cited merely in a spirit of candor and fairness. The usual dose of sodium salicylate is 15 grains (1 gm.), t. i. d.

The point we wish to make is, that at the present time, at least, no reliable statistics of series of cases, treated homœopathically, are to be had. The need is a crying one for many reasons. Such statistics would furnish convincing material for homœopathic propaganda and would satisfy the incredulous minds of many of our medical students, who are very much from Missouri and are still waiting to be shown. With a few negligible exceptions, our homœopathic hospitals are *not* showing them. Where lies the fault? So many of our physicians are so extremely liberal in their therapeutics that the latter, as evidence of the superiority of homœopathy, are absolutely worthless.

The extremists among us do not help matters either: on the contrary, they are doing us unlimited harm. The following experience will show this. One of our former students, at present house physician in one of the homœopathic hospitals, had among the patients under his general supervision one suffering from gall-stone colic, under the care of a careful Hahnemannian prescriber. The latter had given a carefully selected remedy, which, however, had failed to relieve the severe pain from which the poor patient was suffering. The cries of the latter were heart-rending to hear and, incidentally, disturbing to every other patient in the ward. Yet permission was not granted the interne to relieve this

patient with a hypodermic of morphine: on the contrary, was indignantly denied. Small wonder, then, that the interne surreptitiously administered a quarter of a grain of morphine sulphate, with much needed relief to the hapless patient. Small wonder, also, that this interne said, "If this be homœopathy, I want none of it!" His insubordination can be understood, even if it cannot be condoned.

Is he to be blamed if he throws over homœopathy altogether, bag and baggage!

There is something radically wrong here; there must be a middle path. We all of us have seen cases of gall-stone or of renal colic respond quickly to homœopathically chosen remedies: there is no doubt of this; but we have also seen the apparently homœopathic remedy fail. It will not do to answer that the fault lay with the prescriber. Perhaps it did, but is a suffering patient to undergo the tortures of the Spanish inquisition for the sake of principle, or on account of the fallibility of his physician? Is there not a limit to human endurance and are we not, after all, guilty of the mistake of attempting to apply the law of similars to conditions to which it does not and cannot apply?

We have known of homœopaths who would not soil their records by administering morphine for example, but who were perfectly content to have some one else do it. Truly such conduct is most courageous, indeed!

What homœopathy needs, among numerous other measures, is a definition of its sphere and scope which shall be sufficiently elastic and broad to appeal to all right thinking physicians and at the same time safeguard its legitimate field of action. Such a definition ought to be possible of creation. A homœopathic creed is needed! Some such creed was, a few years ago, formulated by the versatile Copeland and appealed very strongly to us at the time. Possibly Commissioner Royal S. Copeland could be induced to resurrect this creed for the benefit of all.

Chronic Arsenic Poisoning.—The subjoined report of a case of poisoning by arsenic, published in *J. A. M. A.* for December 28, 1918, is herewith presented in its entirety to readers of *THE HOMŒOPATHIC RECORDER*. The report is a model of its kind.

If all homœopaths presented their clinical cases and cures in this manner greater credit would be granted them. Assertion is not demonstration; the latter alone is convincing.

In speaking of the differential diagnosis the reporter mentions four possibilities—neurasthenia, pellagra, Addison's disease, and chronic arsenic poisoning. Homœopaths know the value of *Arsenicum album* in neurasthenia and in Addison's disease. Arsenicum might easily be homœopathic to some cases of pellagra.

The skin symptoms reported are of interest. The dry skin of *Arsenicum* is very familiar to us all. The burning sensations are, of course, confirmatory of our homœopathic knowledge. The statement, "there is nothing more striking in the clinical history of this matter (chronic arsenic poisoning) than the fact that a person who has once been poisoned, or *who is naturally susceptible*, is sometimes affected by exposures that seem *absurdly insignificant*," is also of decided interest to homœopathic physicians, who are well aware that during the proving of a drug some provers will fail to react to almost any but the crudest dosage, while others will be affected by the very high potencies only in which there is no material part of the drug employed. We have seen *Arsenicum album* 3x, q., three hours, produce burning in the mouth and soreness of the gums after a few doses only, totalling not more than 1/150 of a grain in all. The ordinary dose of arsenous acid, white arsenic, As_2O_3 , is given by Bastedo as 1/30 grain. The 3x of *Arsenicum* is pretty low, lower than most of us employ, yet from the O. S. standpoint it is ridiculously minute.

The tachycardia produced in this interesting case of poisoning is another symptom upon which homœopaths are accustomed to rely in their prescribing.

Finally, our attention is again directed to the danger of flamboyant wall papers and to Paris green. Let the amateur gardener keep the latter in mind when he wars upon the ubiquitous and provokingly omniverous potato bug, which has descended upon his suburban garden like a thief in the night, and let Mrs. Newlywed be on her guard when, saturated with the inspiration absorbed from the fascinating pages devoted to mural decorative

art in the LADIES' LONE JOURNAL, she gayly sallies forth upon her shopping expedition in quest of wall paper.

HISTORY.—A woman, aged 22, seen by Dr. Samuel Ayres, of Kansas City, Mo., to whom she was referred by her local physician in Summers, Ark., complained of sore mouth, indigestion, weakness and general tenderness. She had been married two and one-half years; she had had no children nor miscarriages. She had had mumps, measles, whooping cough and scarlet fever during childhood; there had been no operations. Previous to her present illness she had been entirely well. She had had a well-balanced diet. She lived on a farm and had no other occupation aside from her household duties. Prior to five years before she had been employed in a fruit drying factory for three years, where she said that she was exposed to sulphur vapor. She also spent a great deal of time spraying fruit orchards, and said that she ate fruit which had recently been sprayed. The spray, she thought, contained arsenic. This immediately preceded her present illness, which began five years before. On questioning, she was quite sure that she had not been exposed to arsenic during the past five years. She had moved away from the fruit orchard. There was no family history of tuberculosis. A year and a half before, the patient's brother, who was then 22 years old, was operated on for appendicitis, following several intermittent attacks of severe abdominal cramps. The operation gave no relief, and the attacks of cramps had persisted up to the present time. The brother had a papular skin eruption on his face and back. A sister also had had trouble with her skin for some months.

PRESENT ILLNESS.—Skin: Five years before, in May, a papular eruption appeared on the forehead and chin, which spread to the body, chest, back and shoulders, scalp and face. This was diagnosed by a local physician as eczema, and treated by local applications which, instead of giving relief, only made matters worse. The eruption consisted of papules and pustules which bled when opened. Some were as large as the little finger nail, and often ruptured spontaneously, bleeding profusely and soiling the clothing. The condition of the skin had been variable, sometimes better, sometimes worse. For the past year or

more there had been a more permanent brownish pigmentation of the face. Heat or wind caused the face to burn and sting.

Sensation: About a year later, or four years before being seen, a burning sensation of the mouth, tongue and lips was noticed. The patient said that her tongue was red, and that the lips were blistered and peeled. The burning sensation later spread to the chest and epigastrium, and at times a sense of burning and tenderness was general over the entire body so that merely touching her caused pain. The patient said that sometimes her hands felt as if they were three times their normal size. They often felt numb, or tingling, and she had frequently cut or burned herself without feeling any pain. About two years before, her eyes begun to cause trouble. After looking at objects for even a short time, her eyes would become tired and the vision blurred. At times the patient had lost her sense of smell and taste. For the past three weeks water had tasted bitter.

Digestive Tract: The appetite had been variable; there was no vomiting; the patient was not often nauseated. During the past two years there had been a discomfort after eating. From fifteen to thirty minutes after a meal, a heavy feeling was noticed in the stomach, which frequently caused the heart to beat rapidly. Often there was a bitter taste in the mouth soon after eating. Because of these symptoms, and on account of the sore mouth, the patient had eaten but little. For periods of a week or two at a time, the patient had been troubled with an excessive flow of saliva. The bowels were constipated, moving once in two or three days. There had never been any diarrhoea. The rectum was sore and burned.

Cardiovascular: At times the heart beat so rapidly that it was quite uncomfortable. This was brought on usually by eating or by overexertion. There was no dyspnoea.

General Condition: The patient felt weak. She had lost both strength and weight. Her best weight three years before was 123 pounds; the present weight, three weeks before, 99½ pounds.

Genito-Urinary: Menstruation had been irregular during the past three years, with considerably more pain. Often there had

been intervals of from six to eight weeks between periods; one interval lasted five months. The last period was three weeks before. Sometimes there was burning after urination and burning in the vagina. There was no history of vaginal discharge. One and a half years before, after urinating, the patient was seized with a sharp knife-like pain in the right groin when she attempted to stand up. The pain began in the front and radiated to the back. It was so severe that she fell to the floor. Following this attack, she was in bed for eight or nine weeks, and during this time was unable to move on account of the pain, which no longer was related to urination. Ever since then the patient had felt in danger of pain, sometimes with very acute attacks. During the intervals of comparative freedom she was able to bend forwards and to move her trunk in any direction. During the past ten days, the pain had been severe, especially if the right arm was raised above the head, or if the right side was pulled or twisted. The pain was in the right side and back, but did not cross to the left of the spine. Frequently there was a dull ache in the spine, back of the head and chest which was unrelated to the pain in the lower back. This ache was worse in damp weather.

Periodicity: The patient had not been entirely well during the past five years. She always felt better in the autumn. Her symptoms all became most noticeable about December. During the past two years, she had been confined to bed during the late winter and spring, on account of the severe pain and general tenderness.

PHYSICAL EXAMINATION.—The patient was well developed and fairly nourished, conscious and rational, and lay quietly in bed with the eyes closed. The hair was abundant and of fair texture, but short, being only about ten inches in length; the ends were broken off abruptly. The patient said that her hair used to be of finer texture and about forty inches long. The skin was rather dry. On the face, most marked on the cheeks, there was a brownish-red pigmentation which was not sharply demarcated, but faded off gradually. There were many punctate papules; to the touch the cheeks felt like a nutmeg grater. On the back between the shoulders, there were small acneiform

papules and pustules. There was a wart on the back of the left hand and on the palm of the right, which, the patient said, had been present for only a few weeks. The skin was otherwise negative. The conjunctivæ were reddened, and the patient kept her eyes closed most of the time because the light caused discomfort. The pupils were regular, equal, and reacted to light. The teeth were fair, the throat negative; the buccal mucous membrane was normal; the tongue was normal, except that the fungiform papillæ at the back seemed unusually large and red. The lymph glands were not enlarged. The heart and lungs were normal. There was a slight general tenderness of the abdomen, most marked in the lower right quadrant. No masses were felt. There was no fluid. The patient had difficulty in turning over; the act seemed to be painful. There was no local tenderness in the back. There was no tremor of the hands. There was slight œdema of the ankles on pressure. The knee-jerks were very sluggish; the plantar reflexes also were sluggish. There was no Babinski reflex. The hand grasp was equal but weak. There was no Romberg sign. The finger-to-nose test was negative. The temperature was normal. The pulse was about 100. Pelvic examination was negative.

SUMMARY.—A farmer's wife, aged 22, had been intermittently ill during the past five years, worse in the late winter and early spring. The outstanding symptoms were dermatitis with pigmentation of the face, muscular weakness, loss of weight, sore mouth, gastric discomfort, constipation, disturbances in taste, smell and cutaneous sensations, photophobia, menstrual irregularities, tachycardia, and many indefinite pains, aches and burning sensations. She had been unsuccessfully treated by many physicians and had tried all remedies that had been recommended by both physicians and friends.

Before the laboratory findings were considered, four conditions offered themselves as reasonable possibilities in the differential diagnosis. They all fairly adequately accounted for the symptoms as summarized.

1. Neurasthenia or psychoneurosis.
2. Pellagra.
3. Addison's disease.

4. Chronic arsenic poisoning.

Other conditions were thought of, such as renal stone and tuberculosis of the spine, but each accounted for only a part of the syndrome,

With a highly strung and unstable nervous system as a background, any chronic, unsuccessfully treated dermatitis may readily develop into an attack of neurasthenia with a varied host of symptoms similar to those described.

Pellagra must be seriously considered, for it also is characterized by periodicity, weakness, neuritis, gastroenteritis, stomatitis and dermatitis. In the case under discussion, the chief point against pellagra is the character of the dermatitis. In pellagra, the backs of the hands and wrists are usually involved, and whatever region is involved shows a sharply demarcated area of pigmentation. Here the pigmentation is limited to the face, is diffuse, and is rather more finely papular than one would expect with pellagra.

Addison's disease usually shows a more generalized pigmentation and frequently a pigmentation of the buccal mucosa.

According to the history as it was obtained after careful questioning on several occasions, the only known exposure to arsenic occurred five years before when the patient used arsenic sprays in fruit orchards. For the past three years, she had lived in a different place where there were no fruit trees, and she had not used any spraying mixtures. It is possible that some of her many remedies contained arsenic, but no single medicine had been used longer than a few weeks. Her brother's supposed appendicitis, which had been unrelieved by operation, and her sister's skin eruption suggest that the whole family had been exposed to arsenic.

LABORATORY EXAMINATION.—Blood: 1. The systolic blood pressure was 120 and the diastolic, 85. This evidence points strongly against Addison's disease.

2. The Wassermann reaction was negative.

3. Microscopic examination revealed: white cells, 12,900; red cells, 4,500,000; hemoglobin, 95 per cent.; the red cells were normal; there were no malarial parasites.

Roentgen Ray Studies: The teeth, spine, lungs and heart were

all normal. There seemed to be some adhesions between the duodenum and gall bladder, but the stomach was otherwise negative; there was no filling defect, and the emptying time was normal.

Gastric Analysis: An Ewald test meal was given. After one hour, 100 c.c. of gastric contents were withdrawn. The odor was normal, there was no retained food, and microscopic examination was negative. Total acidity was 83; free hydrochloric acid, 51. There was no lactic acid nor blood.

Ophthalmoscopic Examination: This revealed dilated retinal veins and contracted arteries. These findings were regarded as unimportant and indicating merely vasomotor changes.

Stool: Macroscopically, the stools were of a clay-like consistency and rather gray. Microscopically, there was bile-stained mucus and no parasites or parasitic ova.

Urine: The urine was acid; the specific gravity was 1.017; there was slight trace of albumin; there were a few pus cells, red cells, occasional epithelial cells, hyaline casts and coarsely granular casts. A specimen submitted to the Kansas City Testing Laboratory for an analysis of metals was reported as containing lead, 0; arsenic, 0.000329 per cent. Following this line of inquiry, a sample of wall paper and of well water from the patient's home were also tested for arsenic. The wall paper was found to contain arsenic (As_2O_3), 0.00307 per cent.; the well water was found to contain arsenic (As_2O_3), 0.00044 per cent.

DIAGNOSIS AND TREATMENT.

The finding of arsenic in the urine, together with the typical symptoms of chronic arsenic poisoning make the diagnosis practically certain. The patient was once more questioned concerning a more recent exposure to arsenic. The husband then recalled that for the past two years he had used a Paris green mixture in spraying his potato plants. The patient remembered now that this mixture had been kept in a box in the kitchen, and to the best of her knowledge was still there. The fact that Paris green was kept in the house, and also the fact that the wall paper contained arsenic explains the winter exacerbations of all symptoms. At this time the patient spent more time in-

doors, and the windows were more likely to be closed; hence the greater opportunity to absorb arsenic vapors.

Undoubtedly the patient became thoroughly poisoned with arsenic five years before when she sprayed fruit orchards, and her illness had been prolonged by the subsequent absorption of small amounts of arsenic either from the box of Paris green or from the wall paper or from both. It is well known that in the presence of warmth and moisture, certain molds growing on arsenic wall paper liberate a poisonous volatile compound that is probably an organic derivative of arsenic pentoxid. According to Putnam, "there is nothing more striking in the clinical history of this matter than the fact that a person who has once been poisoned, or who is naturally susceptible, is sometimes affected by exposures that seem absurdly insignificant." Putnam also calls attention to the diffuse brownish pigmentation of the face, painful micturition, and distinctly periodic symptoms (winter and early spring) in addition to the commonly observed gastrointestinal and nervous disorders.

The treatment consisted essentially in removing the source of poisoning and treating the gastrointestinal disturbances symptomatically, with daily colonic irrigations of sterile water and a light diet of cooked food. According to latest reports a month later, the patient had improved markedly. The prognosis in this case is good because the peripheral neuritis has not progressed to an irreparable state.

CONCLUSIONS.

This is a well marked case of chronic arsenic poisoning with an adequate etiology, and a definite finding of arsenic in the urine. The syndrome as developed here is remarkable for its multiformity. This patient showed loss of weight, muscular weakness, disturbances of the tactile and other special senses, digestive disorders, sore mouth and tongue with salivation, menstrual disorders, especially periods of amenorrhœa, painful conjunctivitis, dry and defective hair, painful urination, tachycardia, loss of appetite, headache, diffuse pain and tenderness, and dermatitis which had been general, but at the time of examination was limited to the face and consisted of a roughening

with diffuse brownish pigmentation. All of the symptoms were worse in the winter or early spring. When confronted with such a syndrome, one which is not typical of any well recognized disease, one should always think of chronic arsenic poisoning, and have the urine examined for arsenic by a competent laboratory, or by any one of the several tests which are described in detail in text-books on toxicology or industrial medicine.

Post-Operative Homœopathic Treatment.—It was after an abdominal operation and the case looked badly. Anxiety and suffering were depicted upon the countenance of the woman, who, with deep-set, restless eyes lay upon a bed of pain. Great was the burning and sensation of internal heat from which the patient suffered, while the abdomen was inflated and greatly distended. Constant thirst was tormenting her, while a rapid, small, contracted pulse warned of danger ahead. A badly diseased and gangrenous appendix had been skillfully removed by the surgeon, yet the present picture suggested all too strongly the imminence of still further tissue destruction and eventual dissolution.

But a homœopathic prescriber was in attendance and to him had been left the task of steering the patient through the post-operative shoals. *Secale cornutum* was his choice of remedy, and its administration soon changed the appearance of the case into that of uneventful recovery.

Those who know St. Clair Smith will not be surprised to hear that he was the prescriber. His kind are, unfortunately, rapidly passing, giving place to the modern physicians to whom nothing but pathology and diagnosis appeal. The art of case-taking, from the homœopathic standpoint, is too often a sealed book to them, and, unfortunately, one they have no desire to open. Hence they proceed, *lege artis, magna cum laude* (?) with the prevalent methods of the O. S. men, whom they seek to imitate, chasing after strange gods when they should be flitting about the golden shrines of their own.

The Patient's Cravings.—The cravings and desires of a patient are usually of importance and may even be guiding in the

choice of a remedy because they reflect the mind or ego of the patient himself. They are on this account to be regarded as *generals*, as Kent understood *general symptoms*, and in this sense they are to be employed. Therefore, they are equal in value to mental symptoms, and in repertorial analysis may often be used as a starting point.

We all are familiar with the characteristic craving for salt or salty things of *Natrum muriaticum* and *Phosphorus*. We also know of the marked desire for sweets of *Argentum nitricum*, *Lycopodium* and *Sulphur*.

Nitric acid has a most abnormal craving for slate pencils, lime, chalk, earth or clay. In less degree *Alumina* and *Calcareo carb.* have this same desire, which, on the other hand, in young children, may be merely the expression of a bad habit. Taken together with other symptoms, however, such a craving leads to the correct remedy.

Nitric acid, *Nux vomica* and *Sulphur* like fat, while as we all know, *Pulsatilla*, is averse to it and is made worse by it. *Rhus tox.* craves cold milk during fever; *Phosphorus* wants cold food and drink in general. *Lachesis*, *Lycopodium* and some others crave oysters, although *Lycopodium* is often made sick by them. Let us, however, use this symptom with care. The patient who normally is fond of his Lynnhavens or Oak Island oysters does not necessarily require either *Lachesis* or *Lycopodium*. On the contrary, he may be much more in need of *Argentum metallicum*, though in minted, government form.

That which is craved during illness, when not particularly desired during health, is to be reckoned a symptom: but the opposite is not true, unless the craving now assumes the character of a strong aversion.

Aversions are frequently symptoms of value, as the aversion to butter of *China officinalis* and *Pulsatilla*, or the aversion to milk of *Lac defloratum*, *Natrum carb.* and *Sepia*.

Aversion to beer in the tramp would most decidedly be a symptom startling in its rarity, but in the case of an ardent prohibitionist would hardly be considered a symptom.

Still, we have known prohibitionists who——

The *Calcareo carb.* child may crave eggs, emphasizing a real

physiological need, imperative, though in these tumultuous days, expensive, with eggs at one dollar per dozen in New York. *Calcarea phos.* is fond of ham rind or bacon, and typical *Calcarea phos.* youngsters, with glandular troubles and scaphoid abdomens, will contentedly suck upon a piece of rind of ham.

We once witnessed an ardent seaside follower of Isaak Walton gleefully swallow a fat and succulent sandworm joyously lifted from his can of bait. We have never been quite sure whether this was an expression of the need of *Silicea*, a desire for fat, or just a playful whim on the part of the fisherman. If he needed a meal he certainly got the sand which was there.

PERSONAL.

Dr. Robert Mortimer Jones, 197 Madison Avenue, New York City. Dr. Jones announces his return from service with the U. S. Army Medical Corps, and the opening of his former office, 197 Madison Avenue, private entrance on 35th Street. Hours: 11 A. M. to 1 P. M., 5 to 6 P. M., excepting Sundays. Telephone, Murray Hill 8717.

January 14, 1919.

R. F. Rabe, M. D.,
 Editor RECORDER,
 Lancaster, Pa.

DEAR DOCTOR:—

Will you please continue my subscription for the ensuing year? Enclosed you will find my check for same.

Have just received my discharge from army service, having had two and a-half months' experience as Capt., stationed at Camp MacArthur, Tex. And now back again in active practice.

The law of *similia* is dearer to me than ever and while the "flu" was a new bug to fight for the allops.; *Gels.*, *Bry.* and *Eupat.* are just as efficient as they were in the early nineties.

It is to be regretted that we were not provided with our own remedies in Camp; but, anyhow, we have had recognition and glad to have our services. With all good wishes I remain,

Sincerely your,

F. F. NETHERTON, M. D.

Lt. Col. Frederick M. Dearborn, M. D., is, we are informed, about to return to the good old United States from la belle France. From the

copies of "The Martian," we gather that Col. "Freddie" has been a busy and universally popular officer with the A. E. F. His return to the States will be the occasion for a warm welcome by his many friends.

Lt. Col. William Francis Honan, director of Base Hospital 48, A. E. F., is soon to return from abroad. Dr. Honan's ability and skill as a surgeon and writer upon surgical topics are well known to the members of the homœopathic profession who will be glad to greet the genial doctor once more.

We are confident that his experience over seas has been of great value to him and that he will have much of interest and instruction to relate upon his return to New York.

Dr. Walter Sands Mills, the well-known and universally popular author of Mills' PRACTICE OF MEDICINE, dropped into the editorial sanctum the other day, arrayed in the uniform of Uncle Sam. He has been in the service since September, 1918, with the rank of captain.

Captain Mills has always been a faithful attendant upon County Society and other medical meetings, always, however, appearing late—even at the very finish.

The Editor has likewise spent some late hours with the doughty captain—very late, even for New York. True to form, Dr. Mills got into the service late—but, then, "better late than never." We are glad not to be obliged to refer to Captain Mills as the *late Doctor Mills*. May his years of usefulness and pleasure increase! We congratulate him upon his honorable army record!

THE HOMŒOPATHIC RECORDER

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SKIN HEALTH.

By Edward M. Gramm, M. D., Philadelphia.

The New York State Board of Health has taken for its slogan "Public Health Is Purchasable," which phrase embodies the advanced thought of the day. Just as a high local death rate is positive evidence of unsanitary neighborhood conditions so the tendency to disease of the skin in many cases is proof of something left undone in the care of the body. The injunction that we are to work out our own salvation with fear and trembling applies to the physical as well as the spiritual conditions, and added years make more necessary the personal effort to maintain health at the highest possible point. We of the medical profession should impress on all with whom we come in contact that wishing for health accomplishes nothing—working for it brings practical results.

Systematic, daily physical exercise is of paramount importance to maintain perfect metabolism, and, therefore, systemic health—resulting in a radiant skin. Nothing we can do is better than exercise to insure the proper chemical changes within the body so that normal end-products are produced and prepared for elimination by the various emunctories. When told to take systematic exercise the average individual claims that in his daily work he gets sufficient exercise; but it must be explained to him that exertion is not synonymous with exercise. Habitual and systematic exercise prepares one for such exertion as is re-

*Read before the Homœopathic Medical Society of the County of Philadelphia, March 13, 1919.

quired by the tasks of the day. On that account, the best results are obtained by taking upbuilding exercises immediately after rising from sleep. Patients must be instructed that systematic exercising is not for the primary purpose of developing muscle to enable them to perform feats that are troublesome or impossible for the undeveloped to do; but that its object is to bring about the proper functioning of every organ of the body.

Bathing is a close second for keeping the human organism at a high efficiency, and should be done immediately after exercising. Muscular exercise increases heat-production and so prepares the body for a bracing bath. The bath should be taken at such a temperature that the water feels cool on getting into it, but feels comfortable after immersion in it. This temperature is about 90 to 92 degrees in winter and 84 or 86 degrees in summer. The majority of people cannot stand a cold bath the year round. Sooner or later evil effects are produced by cold bathing, for few can withstand for an indefinite period the shock to the nervous system that results from exposure to too low a temperature. On the same principle, lifting a hundred pound dumb-bell once strains the muscles, heart and lungs very badly; while lifting a one pound dumb-bell one hundred times strengthens them and prepares them for violent effort, should that become necessary. The early morning exercise and bath produce an appetite for breakfast, partaking of which meal yields the fuel required for doing the work of the day, and that again makes for efficiency. *Nux vomica* is not the remedy in the majority of instances, for an individual who is listless on waking and without a normal desire for his meal.

Diet, as a matter of course, is important for keeping the skin healthy. Most people have no desire to eat for health, but want what gratifies their likings. Too little attention is paid by the average medical man to the matter of what and how much food is requisite for the habits and occupation of a given individual. Most of us prescribe medicine where advice as to diet should be given and medicines omitted. However, to administer advice and not medicine runs counter to the wishes of patients, and so is not popular with so-called diplomatic physicians. The specific diet for a given case is a matter of the study of conditions, and

no hard and fast rules can be laid down. Overeating is more frequent than partaking of too little, and rapid eating and insufficient mastication conduce to overfilling the stomach, but an acknowledgment of the existence of these conditions is hard to obtain from patients.

So much for general principles. Now for some definite instances where intelligent care produces skin health.

That daily bathing is weakening is an exploded notion and needs only to be mentioned in this connection. However, the text-books speak of a condition which some authors have called bath-pruritus, it being an itching that follows bathing and which subsides or is much ameliorated when the clothing is put on. The explanation of this condition is hard to find for some authorities. Now, when we consider that the use of soap in the bath removes from the surface the fatty matter (sebum) that is necessary to maintain the proper resistance to changes of temperature the reason for the itching becomes perfectly plain. It is not to be combatted by administering an internal remedy nor by advising against the use of soap. Patients whose skin does not very promptly resume its normal oiliness must be told to apply some fatty material immediately after bathing. For some the desired result is brought about by dropping a small quantity of olive oil on a wet wash-rag and rubbing the entire surface with it while the skin still is wet and then drying the skin with a soft towel and follow that with a thorough rubbing with a coarse one. Others find greater success by first anointing the skin with oil and then proceeding with the bath. In either case the final rub-down must be done with a coarse towel. That not only produces an increased surface circulation and the feeling of a healthy glow, but brings out the sebum that already exists in a formed state in the sebaceous follicles and re-establishes the normal resistant conditions of the skin.

Another condition which the text-books class as a disease is what has been called pruritus hiemalis, it being an itching which usually is confined to the legs and arms. It has been my experience that it generally is found in people who bathe frequently and whose skin has a fine texture from that fact. It occurs when cold weather comes on, and no faults of metabolism can be found

in patients who seek advice for its amelioration. This, too, readily is conquered by applying a fatty material to the general surface (and particularly the legs), after the bath. Internal remedies are superfluous for doing away with it.

Still another condition, and one which has received considerable attention from those homœopathic physicians who see in all eruptions a depraved state of the body or a dyscrasia or a taint which may be hereditary, is itching and rawness between the toes. There are few people indeed in whom it is anything else than lack of proper care of the interdigital regions. When one takes into consideration the fact that the wearing of practically impervious foot-covering in the shape of leather shoes precludes proper evaporation of normal moisture, and when the fact is recognized that the majority of human beings do not dry the webs of the toes and their opposing surfaces as they ought to be dried after bathing, the explanation of the condition is obvious, and it is not necessary to burden ancestors with multitudinous sins and short-comings for its development. I tell my patients that when they become able to rub and dry the affected locality with the same energy and force they use on the rest of the body they will remain free from the trouble. Add to the energetic drying and rubbing dusting between the toes of any of the good talcum powders on the market (and it must be done every morning before putting on the stockings), and the hunt for the constitutional remedy for the patient becomes superfluous.

It frequently happens that patients present themselves with a crop of actively inflammatory, good-sized papulo-pustules on the buttocks, which are rather painful and are accompanied by some itching. These lesions may be discovered during an examination of the skin for other troubles. Now the works on the pathology of the skin tell us that the bacillus coli communis is one of the commonest organisms found in dermal lesions and yet no text-book advises absolute cleanliness of the anal region as a measure of precaution against skin infection. Here lack of care is the cause of the difficulty and its eradication readily is accomplished if the said absolute cleanliness is instituted.

Another illustration and I am done. It does not take a keen observer to notice the numerous cases of boils on the necks of

men. Questioning a victim of that trouble will elicit the fact that a short time before he had his hair cut, and, most probably, the lower portion of it on the neck was removed by a pair of clippers. No instrument the barber uses is a better harboring place for the staphylococcus than the clippers. Every man should be told he must bathe the neck twice a day with alcohol for several days after a hair cut. Then boils from that cause never occur. The doctor who prescribes internal remedies for a tendency to a recurrence of boils on the neck has not obtained the totality of the symptoms.

In conclusion, let it be understood the thoughts embodied here do not deny the existence of disorders of metabolism as causative factors of skin diseases nor the possibility of infection by various cocci and moulds, in spite of cleanly habits and painstaking efforts to maintain the skin in a resistant condition. Such habits and efforts reduce the dangers to a minimum. What is endeavored to be brought to your attention is, firstly, that skin health is purchasable at the price of intelligent and persistent care, and secondly, the futility of hunting far afield for the reason for the development of various dermal ills.

THE TREATMENT OF THE SICK.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

In conversation with Dr. Anshutz, former editor of THE RECORDER, he said to me, "Doctor, what is the best remedy to break up a cold?" That seems to the reader a very *simple* question, yet how *few* doctors know how to *break up a cold!*"

There have been many times in my life, when I felt the symptoms of a "cold" coming on. I felt *chilly*, languid, *nose raw*, the nose felt "*stuffy*." The more "*stuffy*" your nose feels the *stronger* the indication for *Aconite*. In the large majority of cases of a *well* developed cold if you put your fingers on the pulse it would be a *hard, full quick* pulse, the *pulse* of *Aconite*. I have been in the habit of putting *Tr. aconite*, 3 drops in half a glass of water, taking one teaspoonful every half hour for an hour, then every hour. I put my feet in *hot* water and *keep* them in it for *fifteen minutes*. Then go to bed, cover up warm, in the morning your cold will have left you.

In the years I was in general practice when I got a severe cold I staid in the house one day and a night and attended to *that* cold. I have used *Tr. aconite* to break up a cold for fifty years, and I have learned to depend on it.

Four years ago I had two *severe* attacks of influenza, but I was able to *cure* it with my treatment for the "flu" as given in a former number of THE RECORDER. At two different times this winter I started in to have the "flu" but I *beat* it with *Aconite* and *Belladonna* in less than twenty-four hours.

When I practiced in N. J. there was a doctor's wife taken sick with la grippe. She called in a young doctor (old school). He made *six visits* to her in *one* day. She did not get any better, so they called me to prescribe for her. I made *one* visit; the next day the patient was out doors visiting her friends.

A young lady came under my treatment for la grippe. She came from a city in Pennsylvania where they were having an epidemic of the disease. I prescribed for her early on the afternoon; the next morning at 10 o'clock she took the first express train for New York City. This is what I call a "rapid fire" cure; it is just the *kind* of cures that I *love* to make.

I was called this winter to see a well developed case of the "flu." She had an aconite pulse, *full, hard* and *quick*, and she got *Aconite*. She had a "belladonna headache" and she got *Belladonna*. She had a *tickling* cough and a sensation of *soreness* and *rawness* in the chest that indicates *one* remedy, *Kali mur.* 3d x, three tablets every two hours. Upon my second visit next day her *headache* was *all gone*, fever *less*. At my third visit *fever* all gone, cough loose and soreness and rawness *better*. I gave her *Tr. china*, 20 drops in half a glass of water, teaspoonful every two hours, for the *debility*, the *after* effects of the "flu." In *all* the years of my practice I have never been able to get in *more* than *two* or *three* visits to a case of influenza, yet some doctors run up a bill of \$50.00 or \$100.00, an expense for *which there is no earthly excuse!*

Very many cases by neglect or *bad* treatment are *allowed* to drift into pneumonia, and by the doctor *not knowing how* to cure *that* disease, death often claims the patient

From the above fact we see the *great* importance of *every*

physician *knowing* a definite treatment for the diseases that he may meet with in *every-day* practice. It is a great *mistake* some of our doctors make in *leaving* a case of the influenza *before* they have built up the *vitality* of their patient. We know that after a person has la grippe it leaves them with *weak* vitality, *weak* "nerve power." Put your fingers on the pulse of first one wrist then the other. The pulse of both wrists show well marked *weakness*, there will be an *intermission* of the pulse of *both* wrists. This shows a *constitutional* weakness of your patient. It will be Nature's "*danger signal*" to you to get to work and build up the *vitality* of your patient. When the pulse of *both* wrists are *full, strong* and regular, the *vitality* of your patient is *at par* and *out* of danger.

A lady said to me, "Read my pulse and tell me how my stomach feels." She is a pretty *bright* woman and she thought she could *catch* me that time. I read her pulse, and said to her. "You feel a faintness, *all-gone* feeling in your stomach; it feels *cold*, as if there was no action in it."

She said, "That is just how I *feel*, but *how* could you tell it by my *pulse*?"

No doubt many of our doctors might ask the same question. There is no *mystery* about this *reading* of the pulse, it is only necessary to use just a little *horse sense*!

When I come across a really *good* thing, I like to pass it along to my brother physician. The most of us would like to know of a really *good* remedy for "BURNS."

Try this:

R. Tr. Calendulafl. ʒ ii.
Phenolgtt. xx.
Crude Vaselinelb. j.

Mix.—The above should be *thoroughly mixed* together, all dead tissue should be removed *before* the mixture is applied.

Sig.—Spread it evenly on lint and apply it twice a day.

It will *prevent sloughing*, also *suppuration*. It will *relieve* the *pain*, and there will be an *improvement* within twenty-four hours. It *beats* the old remedy for burns "Carron oil."

The above was formulated by Dr. C. Spencer Kinney, a very eminent physician of Easton, Pa., and used *successfully* in his practice for *thirty* years.

The reader should remember that there is no *better* dressing for fresh wounds than a 25 per cent. solution of *Tr. calendula* in water applied to the wound, for *pus can't live* where *Calendula* (marigold) is used.

I have been in some doctors' offices and my *first* impression was from the *odor* of iodoform, chloroform, creosote and carbolic acid, that I was in a hospital or morgue. The charts upon the wall of different parts of the body *exposed*, the different kinds of *instruments* exposed in a glass case, the big operating chair in the middle of the office, of course all this is intended to have a certain *effect* upon a *sick* person coming into the office. There is *no* doubt about the *effect*, for it is liable to put the "fear of God" into the prospective patient's mind, so they will be in a proper frame of mind to give up all the spare money they have to get *out of there alive*.

The above is *not* my idea of what a doctor's office should be. It should be so arranged as to give a *cheerful, restful* feeling when a person comes into it, a place where sick people come to get well, and not to be tortured! All the *stinking* medicines should be kept locked up in the closet *far away* from the consulting room. Instruments, charts, etc., should be kept *out* of your consulting room, or at *least out of sight*. The most of our patients are ladies, and we must avoid *any* thing that would affect a *weak, nervous* woman.

Let her carry away a *pleasant impression* of you (the doctor), and especially of your *office*.

There is a *great* deal in all this, *more* than our doctors *realize*.

It is *one* of the things that *help* to *build up* a physician's practice.

KEYNOTE INDICATIONS FOR DRUGS IN THE PREVAILING INFLUENZA.

W. H. Freeman, M. D., Brooklyn, N. Y.

The following is not a complete symptomatology of drug indications for the present epidemic, but rather a brief synopsis of keynote symptoms which, in the experience of the writer, were the principal basis for the accurate solution of individualistic curative specifics.

Homœopaths in other portions of the country with climatic and atmospheric conditions differing from those on the Atlantic coast may observe indications more or less different from those mentioned.

Bryonia: Drowsy or lethargic; wants to lie down and keep quiet; worse from motion and better from rest. The pulse has been rapid, feeble and soft or dicrotic, *but more often* it has been *slow* with the fever (*Gels.*), and thirstlessness with the fever has been the rule rather than the opposite (*Gels.*) About seventy-five per cent. of my cases have been markedly benefited and quickly cured by *Bryonia* given on these indications, and many times after *Gelsemium* had been given unsuccessfully. Ninety per cent. of the pneumonia cases were relieved by *Bryonia*.

Gelsemium has been curative and markedly and quickly so in a very small percentage of the cases, though it has had a good tryout in many cases where seemingly well indicated, but without success. Slow pulse and thirstlessness with general aching and chills up and down the back, but without the desire to keep quiet; aggravation from motion so characteristic of *Bryonia*.

Belladonna cases have appeared in small groups now and then. Bounding, rapid pulse, flushed face, throbbing headache, hot head and face with chilliness and coldness of the feet or hands and perhaps tonsilitis have been its leading indications.

Nux vomica cases have appeared in small groups also. Chilliness, pronounced sneezing, acrid, watery coryza, stopped nose and supraorbital pain; all better while in the open air, but worse afterward, and worse while lying down, with impatience and irritability, have been its keynotes.

Rhus tox. after getting wet or having been out in the rain or from cooling off after sweating. Backache and chilliness worse from lying in bed and better from motion, from warmth and from pressure.

Arsenic was needed only in a few late cases, which had been neglected or improperly treated, for weakness, prostration, restlessness and chilliness. Chiefly for neuralgic pains, worse while resting but not relieved by motion. No early cases calling for this remedy were seen.

Aconite was needed in only a very few cases in which, with

symptoms somewhat similar to *Bryonia*, the patient was wide awake, restless and *frightened*. It cured quickly in the few cases in which it was given on these indications.

Phosphorus was curative in a very few cases for dry cough worse in the cold air and for pneumonia with constant dry cough; the left lung and the lower right lobe being affected.

Causticum was indicated in occasional groups which began with cough and *no fever*. Irritation low down in the chest, and could not seem to get under it. Hoarseness. *Causticum* quickly cured all such cases.

Antimonium tart. was used only three times, but the writer believes that it saved two lives at least. Bronchial rattling without expectoration, but with moist skin, cyanosis and lethargy or stupor.

Bacillinum used in seven or eight very bad cases with recovery in all but one. Always think of it in bronchial or pneumonia cases that relapse without apparent reason or when well indicated drugs only help temporarily and the case gets worse in spite of careful prescribing. It seems to fit those cases that other remedies can't hold and contrarywise; *it is detrimental and harmful in all other cases.*

CONVALESCENT REMEDIES.

Psorinum: Weakness and slow recovery without definite symptoms discoverable, upon which to base any other prescription or when the well indicated remedy fails, during convalescence.

Natrum mur.: Weakness with desire to rest and worse from exertion, but better in the open air. Catarrh, cough and thirst. Often headache or backache.

Kali carb.: Sticking chest pains worse from deep breath or during ordinary respiration or at any time without apparent cause or modality and not affected by motion. Stiffness and tired feeling in muscles, especially of the nape of the neck or dorsal region. Cough or catarrh.

Kali iod.: Frontal sinusitis with atrocious supraorbital pains, stopped nose, greenish catarrh. Usually better in the open air. Sometimes needed in acute coryza with supraorbital pain when *Nux* fails.

The indications for *Pulsatilla*, *Kali bi.*, *Sulphur*, *Sepia* and a few others are so well known that it would seem superfluous to call attention to them.

TONSILLITIS—LACHESIS.

Prosper D. White, M. D., Detroit, Mich.

Man, age 28, temperature 102°, seated by coal stove. Temperature of room at least 80°. Asked why wanted to be so warm? Answered that it felt good, as he was accustomed to it; fireman.

Sore throat typical follicular tonsillitis; left side. Tongue coated dirty white. Worse lying, generally, and hand numb; worse lying. Visions on closing eyes. *Back of ears so sensitive to touch*, especially left, that felt top of head would come off when he touched the back of the ears. Felt swollen there.

Lachesis 30, frequently at first, later every two hours. Telephoned twenty-four hours marked improvement, but right side now has little white spots. Ordered—continue *Lachesis* 30. Telephoned next day entire recovery.

Editor of the HOMŒOPATHIC RECORDER.

Hugoton, Kansas, Feb. 25, 1919.

Dear Sir:

Find enclosed check for \$2.00 to pay my subscription up to January, 1920, and don't stop it then unless I have answered the last roll call and taps are sounded and my light is out.

I am an old soldier of the Civil War, but still on deck with all my homœopathic belief of 1874, when I graduated in St. Louis.

Yet, after all those years of homœopathic success, it looks like the only law of cure is fast going to the wall, and the animal serum cranks, with the help of politics, take full possession. I never see Homœopathy spoke of in the daily papers any more, and if there is a Kansas homœopathic society in this State I don't know of it.

It does me good to see you wade into A. M. A. I don't know what we would do without the good old HOMŒOPATHIC RECORDER.

Yours truly,

E. M. HARRISON, M. D.

Dr. Harrison's observation that Homœopathy is never spoken of in the daily papers is quite correct. But the reason is that the homœopathic profession is doing practically nothing to warrant newspaper notice. At the annual meeting of our national organization, our efficient press bureau, under the chairmanship of Dr. Scott Parsons, has kept the newspapers well supplied with items of interest concerning the affairs of the society. But newspapers seek the unusual, the sensational or the bizarre, anything which makes good readable "copy." Hence the things mentioned are usually outside of Homœopathy and are, therefore, of no value, so far as the interests of real Homœopathy itself are concerned.

So far as Kansas is concerned, perhaps the officers of its State society are still hibernating! Maybe a few doses of *Nux moschata* are in order. Wake 'em up, doctor! Your president, Dr. Adams, is in Wichita.—EDITOR.

PNEUMONIA.

ACONITE.—Chill, followed by intense fever, hot, dry skin, quick and hard pulse; accelerated, labored, incomplete respiration, with restlessness, palpitation, fear of death, dry cough, soreness and heat in chest; later, burning-shooting or burning-pressing pains in chest, with painfulness to external pressure; oppression and acceleration of respiration, sense of weariness and exhaustion in chest; hyperæmia of lungs, sputa thin, frothy, tinged with blood.

ARNICA.—Caused by mechanical injury and where in plethoric persons pneumonic infiltration shows a tendency to hæmorrhage; dry cough, shaking the whole body, with tough, bloody sputa.

ARSENIC.—Extreme prostration, clammy sweat, great thirst, drinking little and often; shortness of breath on slight exertion; dry and dark tongue and lips, diarrhœa; singing and buzzing in ears; tendency to colliquation and dissolution; threatened gangrene, with ichorous expectoration, fetid or dingy green

*The following indications for remedies in pneumonia were published in *The Homœopathic Physician* for October, 1885, but are of full value to-day.—EDITOR.

(*Chin., Lach.*). In sudden œdema, with passive hyperæmia of the lungs (sometimes caused by defects of the right side of the heart); in old people, from repercussed eruptions; in asthmatic persons; hypostatic pneumonia; pneumonia notha in old people, with danger of paralysis of lungs; hoarse after midnight, sudamina; *very restless*; worse after midnight.

BELLAD.—Cerebral complication, with great nervousness, intense and constant delirium; restlessness, sleepiness, but cannot sleep; picking at bedclothes; flushed face; congested eyes; pneumonia arising from or accompanying acute bronchitis; pneumonia of drunkards (*Nux v.*) and of old people; pneumonia of a typhoid character from the beginning.

BROMIUM.—Hepaticization of lower lobes; right lung mostly affected; sensation of weakness and exhaustion in the chest; sensation of constriction impedes respiration, with dry, tickling cough; loose cough night and day, but no expectoration.

BRYONIA.—Lobular pneumonia, anxiety from oppressed inspiration, pressure on middle or lower part of sternum; bruised feeling in chest; shooting pains in chest; red hepaticization and cough, but expectoration not yet free, sputa viscid, tenacious, of a brick dust color; foul tongue, constipation; gastric catarrh; thirst for large quantities; abdominal breathing; *inclination to lie perfectly still.*

CACTUS GR.—Oppression of respiration, pricking pains; acute intense pains with the cough; bloody sputa; hard, quick vibrating pulse; feeling of constriction in chest preventing free speech; sharp wandering pains in chest, especially in scapular region; cough, with thick yellow sputa like boiled starch.

CARBO VEG.—Profuse cool perspiration, pulse small and rapid; great prostration; tongue dry, with little or not thirst; foul, decaying diarrhœic stools; breath foul, craves cold air; foulness of all secretions; rattling in chest; distressing cough, without any expectoration, by spells, or fetid, gangrenous sputa. Paralysis of lungs; pneumonia complicated with affections of right heart, or, in emphysematous patients, with old bronchial catarrhs.

CHELID.—Shortness and difficulty of breathing, with tightness and anxiety of the chest, violent stitches in right lung going to the lower edge of right shoulder-blade; short, dry cough, which

increases the pain; great and quite irregular palpitation of heart; short and quick breathing, with anxiety, as if he must choke; bilious pneumonia.

CHINA.—Hectic symptoms, with marked prostration, from loss of blood; pneumonia complicated with hyperæmia of liver, icterus, intestinal catarrh; incipient gangrene; hæmoptysis, with subsequent suppuration of lungs and stitches in chest, worse during deep breathing and sudden movements.

CUPRUM.—Lobular pneumonia, when formation of abscess threatens; beginning paralysis of lungs, indicated by sudden difficulty of breathing, followed by great prostration; complication with whooping-cough; face earthy, dirty, bluish; roof of mouth red; sweat sour-smelling; diarrhœa.

GELSEMIUM.—Congestive pneumonia, with suffering under the scapulæ, both sides, caused by checked sweat; short paroxysms of pain in superior part of right lung, on taking a deep breath; rawness and soreness of chest; slow, heavy breathing; pulse slow, full; thirstlessness.

HEPAR.—Mild suppurative stage, extending only over small part of a lung, with lentescent fever; chronic pneumonia, with profuse purulent expectoration; weakness of the chest, preventing talking.

HYOS.—Pneumonia, with cerebral symptoms (*Bel.*), delirium, sopor; dry, fatiguing night cough, or rattling in chest; pneumonia complicated with typhus; hypostatic pneumonia in the course of other chronic affections; pneumonia senilis, with acute œdema of lungs; pneumonia of drunkards.

IODINE.—*Pneumonia crouposa*; tendency to bronchial and pulmonary congestion and hæmorrhage; sensation of weakness in chest, with anxiety and oppression, and burning, tearing, stabbing pains; sensation, as if something resisted the expansion of the chest; cough, with dyspnoea and blood-streaked expectoration. Also during third stage, where slow suppuration sets in without marked febrile symptoms in tuberculous patient, and causes a slowly progressing hectic condition, entirely confined to lungs.

IPECAC.—*Infantile pneumonia*; respiration rapid, difficult, surface blue, face pale; rattling of large bubbles, or fine rattling

noises in chest, with spasmodic cough and nausea; hyperæmia of brain, without sopor; convulsions.

KALI BICH.—*Pneumonia crouposa*, with expectoration of tough stringy mucus; coughs up casts of elastic fibrinous nature; loud mucous râles; *pains from back to sternum*, or from mid-sternum darting to between the shoulders; morning aggravation.

KALI CARB.—*Infantile pneumonia*; during whooping-cough; great dyspnœa, preventing the child from sleeping or drinking; stitches in chest; difficulty of raising the mucus, although constantly coughing; wheezing and rattling breathing, choking cough; inability to breathe deeply; pneumonia, with stitches through right chest, hepatization of right lung, worse when lying on right side; abscess of lung, with expectoration of pus and blood.

KALI IOD.—Pneumonia in the beginning when the disease localizes itself; also with so extensive hepatization as to cause cerebral congestion and serous exudation; face red, pupils large, urine suppressed, one side as if paralyzed; cough dry, hawking, later copious green sputa; œdema pulmonum, with pneumonia.

KREOS.—*Gangrene of lungs*; dry wheezing cough; after every coughing spell copious, purulent expectoration; difficult breathing, with anxiety; sensation of oppression in chest, better from pressure.

LACHESIS.—Pneumonia, with hepatization, mostly of left lung, and great dyspnœa on awaking; especially useful in removing deposits resulting from inflammations in lungs already invaded by tubercles, or from low-graded chronic inflammations, developing during the progress of other diseases; suffocation and shortness of breath from the cough; frothy expectoration, mixed with blood; purulent dissolution of exudation during third stage; threatened gangrene of lungs, with fetid breath and sputa.

LACHNAN.—*Typhoid pneumonia*; hot and oppressed feeling in the lungs and heart, with dizziness; cough worse in bed, preventing sleep; stitches following one another in quick succession, while at rest and when moving; unnatural brightness of eyes, with red flushed face.

LYC.—*Typhoid or neglected pneumonia* after suppressed menses, with continuing hepatization and purulent sputa; adynamia

and night-sweats as sequelæ of neglected pneumonia; or, pneumonia, with raising of a mouthful of mucus at a time, of a light-rust color, stringy, and easily separated; constant tickling cough, worse at night; numerous loud mucous râles, with rare and scanty sputa; cough loose, full and deep, sounding as if the whole parenchyma of the lung were softened; circumscribed redness of face; *fan-like motion of nostrils*.

MERCURIUS.—Pneumonia and bronchitis, especially when the patients are disposed to blenorrhœa, or have a profuse expectoration of viscid bloody mucus; *bilious pneumonia*, with great tenderness over the right hypochondrium: *asthenic pneumonia*, with feeling of weight in lungs, short cough, and expectoration of bloody saliva; *epidemic broncho-pneumonia*, with deep irritation of the nervous system; nose, larynx, and trachea become suddenly dry, dyspnœa sets in with spasmodic cough, worse at night, and yellow-green, blood-streaked expectoration; skin burning hot, at times covered with copious sweat; tongue yellow, soon becomes dry; senses dull, violent headache, soporous condition, with light delirium; complains of little or no pain (*influenza*).

NATRUM SULPH.—*Sycotic pneumonia*; inexpressible agony; slowly coagulated blood; stitching pains running up from abdomen to left chest; dry cough, with soreness in chest, rough feeling in throat, particularly at night; had to sit up and hold chest with both hands; loose purulent sputa in the morning.

NITRIC ACID.—*Pneumonia of old and cachectic people*; sputa are raised with difficulty; awakens often all stopped up with mucus, and must expectorate before he can breathe more easily; sputa of blood mixed with clots during the day; pulse intermits.

NUX VOM.—*Broncho-pneumonia*, especially of drunkards, or of persons suffering from piles.

OPIUM.—*Infantile pneumonia*, where the pulmonary inflammation is disguised by symptoms of cerebral congestion and oppression; cyanotic color of the upper part of body, with slow stertorous respiration; difficult intermitting breathing, as from paralysis of lungs; blood thick, frothy, mixed with mucus; great oppression, burning about heart, tremor, feeble voice; anxious sleep, with starts: legs cold, chest hot.

PHOSPHORUS.—*Broncho-pneumonia*; dryness of air passages;

excoriated feeling in upper chest; great weight on chest or tightness; chest sore, bruised; hepatization of lower half of right lung; dulness of sound on percussion; bronchial respiration, frequently attended with crepitation and rattling. *Typhoid pneumonia*, not a genuine inflammation, rather an accumulation of blood in the veins, and extravasation of fluid blood in the tissues of the organ; the patient is weak, with feeble pulse, sighs occasionally, is unable to use his lungs, not from pain, but merely from weakness and hyperæmic stagnation; pulse thready; cold sweat; *pleuro-pneumonia*, with extensive implication of the pleura; hepatization, with mucus or bloody sputa; coughing increases the difficulty of breathing; during the third stage purulent infiltration of the parenchyma, with mental depression, slight delirium, carphologia and subsultus tendinum, rapid prostration, cold clammy sweat, small, feeble, frequent pulse, dim eyes, sunken features, dry lips and tongue, short, laborious breathing, oppression and anxiety, tedious cough and expectoration, involuntary diarrhœa; threatened paralysis of lungs; tuberculosis in tall, slender, weak-chested persons.

RANUNCULUS BULB.—Bright-red cheeks, with clean tongue; short and very oppressed breathing, with scarcely audible respiratory murmurs; dry heat; prostration from the start; small, very rapid pulse, with great vascular and cardiac excitement, nausea, and even faintness on motion.

RHUS TOX.—*Typhoid pneumonia*, often from resorption of pus, with tearing cough and restlessness, as rest aggravates the pain and dyspnœa; tongue red at tip; loss of strength, sopor, hardness of hearing, unconscious defecation and urination, dryness and heat of skin, dry and sooty tongue; dyspnœa worse from distention of pit of stomach; sputa bloody or of color of brick dust, or green cold mucus, of putrid smell.

SANGUIN.—Great difficulty of breathing, lies upon back, with head elevated; not much pain in chest, but that of a stitching-burning character; pulse small and quick; face and extremities inclined to be cold, or hands and feet burning, with circumscribed redness and burning heat of the cheeks, especially after noon; cough, with tough and rust-colored sputa, or in third stage purulent and offensive; diarrhœa, night-sweats.

SILICEA.—Chronic neglected pneumonia, passing over into suppuration; dyspnœa when lying on back or coughing; lungs feel sore; excruciating, deep-seated pains in lungs; sputa profuse, fetid, green, and purulent, often tastes greasy.

SPONGIA.—*Broncho and croupous pneumonia*; sputa tastes sour or salty, worse when lying down; wheezing, anxious breathing; burning and soreness in chest; during the stage of resolution with profuse secretion and expectoration of mucus, inability to lie down; the cough relieved by eating and drinking (*Caust.*).

SQUILLA.—Suitable in pneumonia or pleurisy after bleeding, or when accompanied with gastric symptoms; pain in chest worse mornings, also cough; sputa copious and thin.

SULPHUR.—*Pneumonia assumes a torpid character, with slow solidification of the lungs*; there may still be much rattling of phlegm in chest; frequent weak, faint spells, and flashes of heat; feels suffocated, wants doors and windows open; constant heat on top of head. *Torpid typhoid pneumonia*, with short rapid breathing, a mere heaving of the chest; cough and expectoration nearly impossible; the patient responds sluggishly, comprehends slowly; worse about midnight. *Neglected pneumonia* occurring in psoric patients, and which threatens to terminate in tuberculosis pulmonum, or in phthisis pituitosa. Pneumonia passing through its first stages normally and then remains stationary; such a deficiency of reaction points to *Sulphur* as the remedy, where it accomplishes the absorption of the infiltration and prevents suppuration.

TARTAR EMETIC.—*Pneumonia catarrhalis*; paroxysms of cough, with suffocative arrest of breathing; rattling hollow cough; cough, with heat and moist hands, sweat about the forehead; anxious oppression of chest, with rising of heat, reaching as far as the heart; dyspnœa, with desire to cough and a quantity of rattling mucus in the chest; *œdema pulmonum*; impending paralysis of lungs; cyanosis; suitable especially to infants and old people.

VERATRUM ALBUM.—Dyspnœa, with rattling of mucus; fear of suffocation; frothy serous sputa; blue face, dry and spasmodic cough, accompanied by marked cerebral congestion; hurried and small pulse, cold skin and *cold sweat*, with excessive debility; capillary bronchitis, œdema of lungs; suitable often to old people.

VERATRUM VIRIDE.—Pneumonia; pulse hard, strong, quick; engorgement of lungs; sputa containing large masses of blood, with faint feeling in stomach, nausea, slow and intermittent pulse; constant burning distress in cardiac region; heart beats loud, strong; *great arterial excitement*; great cerebral congestion.

REMARKS ON ALOES.

Among the remedies of which provings have been published within the last few years, none has reemed to me more deserving of attention than *Aloes*.

The symptoms which have seemed to me the most characteristic are those of the head and of the abdomen, stool and urine. They are those on which my use of *Aloes* in practice has been based. Chief among these are those of the stool.

From these symptoms we gather that *Aloes* produces a diarrhœa consisting of light-colored semi-liquid fœces, preceded and accompanied by much gurgling and flatus in the abdomen; that the diarrhœa occurs especially in the morning, say, from two a. m. to ten a. m.; that the desire for stool is sudden and extremely urgent, being felt in the hypogastrium and in the rectum, and being so urgent that the patient can scarcely retain the fœces long enough to effect the necessary strategic "change of base;" that, during this brief interval, he fears to evacuate wind by the anus or to make any physical exertion, or even to strain to pass water, lest he should have an involuntary evacuation of the bowels. This sensation of the uncertain tenure by which the fœces are held in the rectum is a very well marked characteristic of *Aloes*, as shown by the following symptoms:

"The evacuation takes place without any exertion on the part of the patient; it seems, as it were, to fall out of the rectum (765). At stool a constant feeling as if there were more fœces to be passed (769). Involuntary passage of fœces when emitting flatus (824). Disposition to stool when passing water (826). Fœces and urine seemed incline to pass and do pass simul-

*Cases by the pioneers in homœopathy are of perennial interest.—
EDITOR.

taneously (827). When passing water feeling as if a thin stool were about to pass (828). When standing, sensation as if fæces would pass (833)."

There is also a similar frequency or urgency of the desire to pass urine, with a similar uncertainty in the tenure of that excretion, as we perceive from the following symptoms:

"Frequent desire to urinate (900). Increased desire—quantity not increased (992). So urgent a desire he can hardly retain the urine (993). On rising he was obliged to *run quickly* to urinate (996)."

And the similarity of the affection of the urinary organs and the intestines is shown in symptom 1001:

"At stool urination; when urinating desire for stool."

In connection with these two series of symptoms, those of the pelvis deserve notice. Among them we find "heaviness, pressure downward (865, 861). Feeling as if a plug were wedged in between the symphysis pubis and the os coccygis (860)." This is equivalent to a weight upon the perinæum. Viewing it in combination with the symptoms of stool and urine above referred to, we are justified in saying of *Aloes*, in regard to this portion of its sphere of action, that it strikes the patient equally "between *wind* and *water*."

It is understood, of course, that this is not the only action of *Aloes* upon the abdominal organs. It is believed, however, to be that variety of action which is most characteristic of the remedy, and the least likely to be confounded with the effect of any other drug. In the frequent desire for stool; in the frequent pappy, not very abundant stool; in the pressure downward in the back and pelvis; in the abundant formation of flatus in the abdomen which rumbles and gurgles producing pinching pain in the lower part of the abdomen just before the stool, the action of *Aloes* very closely resembles that of *Nux vom.*, a remedy so useful in diarrhœa and dysentery. It is distinguished, however, by the peculiarities of the evacuation of stool. *Nux vom.* produces very frequent desire for stool, with inability to evacuate the fæces. Under *Aloes*, on the contrary, the difficulty is to retain the fæces as long as the patient desires to do so. *Aloes* seems to paralyze the sphincter ani to a certain extent; *Nux vom.* to excite it in a

spasmodic action of exalted power. In this action on the sphincter, *Aloes* resembles *Hyoscyamus*.

Among the symptoms of the head I am inclined to regard as characteristic of *Aloes* those which describe a heavy, confused dullness in the front part of the head extending to the root of the nose, with inability to think; a pain in the forehead which compels the patient to close the eyes, or, if he wishes to look at anything, to constrict the eyes, making the aperture of the lids very small. It must be admitted, however, that symptoms so similar to these are found under other remedies, that these symptoms *alone* could not be regarded as a sure indication for *Aloes*.

The following cases will show how I have prescribed *Aloes*, and will suggest some reflections upon the mode of selecting remedies in practice.

Within the last three years I have treated about thirty-five cases which so closely resemble each other in their characteristic elements that the description of all may be given in that of the last of the series, which came under my care a month ago.

A young man applied for relief from a diarrhœa which had persisted about two weeks in spite of various remedies which had been prescribed for it, and among which were *Calcarea*, *Nuxvom.*, *Bryonia* and the inevitable *Arsenicum*. He described his stools as being light yellow, pappy, somewhat frothy, and tolerably abundant. They were preceded by flatulent rumbling in the abdomen and by pinching pain in the hypogastrium. The necessity for a stool awakened him from a sound sleep about three a. m. From this hour to nine a. m. he had from four to six stools of the character above described. None at any other period of day or night. When the desire for stool was felt, the urgency became instantly so great that he was compelled to spring from the bed and hasten to the water-closet. Yet this urgency *was not of the nature of tenesmus*, but *rather a sensation of weakness in the sphincter*, as though he could not prevent the fœces from falling out. During stool, which passed freely, in a mass, the instant the restraint of the patient's volition was withdrawn from the sphincter and there was a slight burning in the rectum. After stool, cessation of pain, but a very slight general sensation of weakness and lassitude.

During this period, from three to nine a. m., the patient was compelled to avoid all rapid or severe exertion of body, and especially straining to pass water. The penalty of such exertion or straining was sure to be an involuntary evacuation of fæces.

I prescribed one powder of *Sac. lactis* containing two globules of *Aloes* 200, to be taken dry on the tongue at ten a. m. (the hour at which he called on me). From this time he had no diarrhœa. The next morning he slept until seven a. m., and at nine had a natural stool, as was his habit in health.

CASE II.

During the winter season a gentleman, about seventy years of age, applied for relief from a dull, heavy frontal headache, which incapacitated him from mental labor. He could give me no more definite nor characteristic description of his ailment. It was felt as soon as he waked, and lasted all day. From such a description as the above, it would be impossible to prescribe with any certainty of selecting the right remedy. I set myself therefore to investigate the patient's previous history, in the hope of getting some help from the Anamnesis, to which Hahnemann and Bœnninghausen attach so much importance. I learned that this headache was no new affliction. It had for years annoyed this gentleman, rather more during the winter season, whereas during the summer he was comparatively free from it. No peculiarity of diet or regimen could explain this fact.

On the other hand, I learned that during the summer season my patient was very frequently attacked with diarrhœa, the disease coming on suddenly, waking him at two a. m., with a pinching flatulent colic, and so urgent a call to evacuate the bowels that he would be compelled to seek the water-closet instantly, experiencing meanwhile the greatest difficulty in retaining the fæces. From this time till ten a. m. he would have four or five stools, pappy, copious, light yellow, great difficulty in retaining the fæces for even a moment after the desire for stool was first experienced. Desire for stool provoked by eating, so that he was compelled to leave the breakfast table. Involuntary stool when straining to pass water. When comparatively free from headache, he was inclined to diarrhœa, and *vice versa*.

I have long been persuaded that a most important condition of success in the treatment of chronic disease consists in the practitioner taking such a view of the case as shall combine the various ailments of which a chronic patient may complain at different periods of time and in different organs, even though these periods and organs be remote from each other and apparently disconnected. In no other way, it has sometimes seemed to me, could the characteristic indications of the remedy for such a case be found.

Acting upon this persuasion in the case in question, I regarded the headaches which predominated in winter and the diarrhoeas which predominated in summer as, in some sort, complementary series of symptoms, and as making up, both together, the "totality of symptoms" for which I was to seek, in the *Materia Medica*, the *simillimum*.

The symptoms of the headache, indeed of the entire winter affection, presented nothing that was characteristic of any one remedy to the exclusion of all others. *Carbo veg.*, *Sabadilla*, *Sulphur*, *Aloes*, *Nux vomica*, and several others might be regarded as about equally well indicated.

When, however, to the head symptoms of the winter, I came to add the diarrhoea symptoms of the summer regarding the *sum total* as *one* disease, it was then impossible to avoid perceiving that the diarrhoea symptoms were strikingly characteristic of *Aloes*, and could not indicate any other remedy. This furnished the clue to the prescription. On studying the head symptoms of *Aloes*, it was seen that they corresponded to the head symptoms of my patient quite as well as the symptoms of any other drug. *Aloes* 200 was given and it afforded a relief which my patient had sought in vain from other remedies taken on the strength of the head symptoms alone. The headache returned a few times afterward with very much diminished severity, but yielded at once to *Aloes*. Latterly my patient has been entirely free from it, nor did the diarrhoea return as it used formerly to do whenever the headache ceased to prevail.

In a third case I have given *Aloes* for incontinence of urine in an old gentleman who has enlarged prostate. The prescription was based on the fact that he is very subject to a diarrhoea,

presenting all the characteristics of the *Aloes* diarrhœa. The peculiarities of the incontinence, moreover, correspond to those of the *Aloes* urine symptoms. Thus far the success of the treatment leaves nothing to desire. But as the patient has been but a few weeks under the treatment, it is too soon to express a decided judgment or to entertain sanguine expectations of a cure.

CARROLL DUNHAM.

SOME PECULIAR EYE SYMPTOMS.

Sensation as if eyes were being forced out: *Bell.*, *Berb.*, *Carbo v.*, *Card. b.*, *Caust.*, *Ign.*, *Laur.*, *Led.*, *Lyc.*, *Mag. c.*, *Ph. ac.*, *Ran. b.*, *Senega*, *Thuja*.

— as if eyes were pressed into head: *Bell.*, *Calc.*, *Caust.*, *Daph. ind.*, *Kali c.*, *Zinc*.

— as if eyes were fallen in: *China*.

— as if eyes projected: *Bell.*, *Guai*.

— as if eyes were coming out: *Acon*.

— as if cold water between eyelids: *Berb*.

— if eye moved involuntarily: *Calc*.

— as if something moved in the eyes, relieved by rubbing: *Carb. an*.

— as if a skin were drawn over the eyes: *Caust.*, *Ol. an*.

— as if the eyes were swimming in water: *China* (right and at night), *Sil.* (1.)

— as if eyes were smaller: *Crocus*.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

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Some Things to Remember About the Kidneys.—Dr. Clifford Mitchell impresses upon his classes in Hahnemann Medical College, Chicago, the following:

1. The right kidney is in relation anteriorly with the ascending colon and the left kidney with the descending, hence vague abdominal pain may not always be due to renal causes even when it appears to be located over one kidney or the other. Search the urine in such cases for red blood corpuscles and, if they are absent, while indican and glycuronates are present in increased quantity, the disturbance is more likely intestinal than renal.

2. Do not be too sure that you can palpate the kidneys. In fat persons you may think you detect an enlarged kidney, when you have merely an enlarged tunica adiposa or fat capsule of the kidney. On the other hand, in lean persons, especially in those women who have borne children in rapid succession and become thin in consequence, do not overlook movable kidney as a cause of their many ills. Movable kidney is sometimes forgotten by some of our best men. Long-waisted persons of either sex are favorite subjects of this condition.

3. Ambitious young surgeons anxious to perform major operations should bear in mind the fact that the renal artery is relatively the largest in the body, and that, in operations on the kidney, hemorrhage is a principal danger.

4. Diagnosticians should bear in mind the fact that a small stone, as for example an oxalate, may lodge in a calyx of the kidney and escape detection by the x-ray, in large or muscular subjects especially. In cases of obscure pain in which the usual diagnostic measures fail to reveal abnormalities, this possibility of calculus in a calyx must be borne in mind. The patient should be required to exercise as vigorously as possible during the forenoon and have his freshly voided urine examined for red blood corpuscles in the afternoon. Blood shadows are of help in this diagnosis, malignancy being excluded.

5. There are two general classes of uriniferous tubules, namely, the urine-forming and the urine-conducting. The former (urine-forming) are more likely to be affected by disease, and the largest number of patients, who recover relatively and live for many years, are those in which the condition is confined to foci in or among these tubules. When the urine-conducting tubules are affected, the prognosis becomes more immediately unfavorable. The microscope shows the large, long, straight, coarsely granular, fatty and waxy casts in the cases where the straight conducting tubules are affected.

6. The renal veins empty into the inferior vena cava, hence pressure, as from tumors or enlarged liver, upon the inferior vena cava may cause venous stasis in the kidneys. Such stasis is shown by scanty urine of high color containing more or less albumin, generally not more than 1 per cent, by weight (= first mark on Esbach tube), and presence of tube casts (hyaline, finely granular and yellow granular but not the large, coarsely granular fatty or waxy).

7. Since waxy or amyloid degeneration affects primarily the blood vessels of the kidneys, in pure cases of this lesion tube casts may be very hard to find in the urine. Pure cases, however, are rare. More often the amyloid condition complicates chronic parenchymatous nephritis, in which condition tube casts are more plenty.

8. The tunica adiposa, or fat capsule of the kidneys, is continuous with the subperitoneal fat tissue. Considering, therefore, the liability of inflammatory processes to extend, it should not be forgotten that paranephric abscess or purulent inflammation of the fat capsule of the kidney may result from purulent absorption in cases, for example, of inflammation of the connective tissue about the uterus, vagina, or rectum after child birth, and that it, paranephric abscess, is not an uncommon complication of pelvic cellulitis. Moreover, suppurations in the gall bladder, liver and spleen may be followed by it. Paranephric abscess may also result by extension of suppuration from a subphrenic or appendicular abscess.

9. In considering the etiology of colon bacillus infection of the urinary tract, it should not be forgotten that, while it is of

course possible that the bacillus may migrate from the intestine, it is also possible that careless persons, especially women, may infect themselves by improper use of toilet paper. Female children should be, therefore, taught the importance of the toilet of the anus.

The Clinical Aspect of Acidosis.—Dr. W. Henry Wilson, in an excellent paper read before the Chicago Homœopathic Medical Society, discussed acidosis as follows:

Acidosis was nothing new, inasmuch as Boussingault had discovered ammonia in the urine of diabetes mellitus as far back as the year 1850. Of late years the Germans had given publicity and obtained credit for what really belonged to the investigators of other nationalities. Dr. Wilson reiterated and emphasized the statements of our authorities that acidosis is not a condition of acidity of the blood, inasmuch as the blood is never acid. The real condition in acidosis is alkali starvation of the body, that is, a deficiency of total alkali of the body. There are various ways by which this starvation may be brought about; for example, in diabetes mellitus it is due to the destruction of organic acids with formation of diacetic acid, while in Asiatic cholera, it is due to actual elimination of excess of fixed alkali. The ordinary concept of acidosis was that of a condition clinically in which acetone and diacetic acid and oxybutyric acid were found in the urine but, as a matter of fact, acidosis may occur without any of these substances being found in the urine, and it may occur without any marked clinical symptoms at all. Therefore, it was best to regard acidosis as a condition in which the sodium bicarbonate content of the blood was reduced. The principal symptom of acidosis was deep breathing, which was not of a rapid character but very deep, and accompanied by a bright red color of the face, not a cyanotic appearance. Examination of the chest was negative in these cases of so-called air hunger. In some cases the breath had a fruity odor, but this symptom was not valuable. Acidosis was divided into two clinical groups, one in which there were symptoms and the other in which there were not. The cases in which the symptomatology was marked were those of diabetes mellitus, food intoxications of children, advanced liver diseases, as atrophic cirrhosis, and acute kidney

lesions. In kidney cases the trouble was due to impermeability of the kidney, making it difficult for acids to be eliminated, hence resulting in an accumulation of acids in the body, causing acidosis. In diabetes mellitus there was insufficient utilization of fats, resulting in excessive production of fatty acids, while in Asiatic cholera and in the food intoxications (diarrhœas) of children marked intestinal elimination of alkalies by the bowel caused the acidosis.

Acidosis occurred in the primary and secondary anæmias, in chloroform anæsthesia and in advanced cachexias. Normally, the body looked after its own acidosis brought about by oxidation of food material, by oxidation of these products into carbon dioxide carried by the blood as bicarbonate to the lungs and removed as carbon dioxide. Normally, the amount of carbon dioxide removed by the lungs was the equivalent of several hundred cc. of H Cl. Another way in which the body got rid of its acids was by the acid phosphates eliminated in the urine. The kidneys have the remarkable property of taking acids away from an alkaline blood. The diagnosis of acidosis was established by the fact of the clinical symptoms, and by various laboratory tests. The ability of the blood to carry carbon dioxide could be tested in two ways, first by the blood, and second by the examination of the breath. The test for the carbon dioxide content of the alveolar air was accomplished by an apparatus which enables us to collect 100 cc. of breath from the patient and test it at our leisure with potassium hydroxide solution, which takes up the carbon dioxide, leaving a vacuum which can be measured, and from the measure of the vacuum the carbon dioxide content can be calculated. Urine tests for acidosis were for ammonia and the acetone bodies. **Dr. Wilson laid stress upon the value of the detection of an increase of ammonia in the urine as a sure sign of overdraft of alkalies.** Another way in which the acidosis could be detected was by the administration of sodium bicarbonate, that is, the sodium bicarbonate toleration method. Normally, it requires only five or ten grammes of sodium bicarbonate to make the urine alkaline, but in acidosis 15 to 50 may be required.

Gall Stone Disease Complicating Pregnancy.—Dr. Aimé Paul

Heineck in an exhaustive review of this subject published in the *Illinois Medical Journal* for December, 1918, amongst other conclusions, reaches the following:

"It has been repeatedly demonstrated that the operative relief and cure of cholelithiasis does not unfavorably influence gestation, does not unfavorably influence parturition. Icterus, whether acute or chronic, is a constant menace to the foetus.

"Early operation is now, in proper hands, a safe procedure. It is an effectual cure of the symptoms produced by gall stones; it has a low mortality and guarantees against serious complications in the future.

"Cholecystostomy, cholecystectomy and choledochotomy have been successfully performed upon pregnant women for the relief of gall stones. After these operations, drainage is to be employed until the bile ceases to flow spontaneously through the wound, until complete subsidence of whatever degree of cholangitis existed.

"The prognosis of operative intervention is not unfavorably influenced by the existence of pregnancy.

"In persistent gall bladder disease, changes in the urine manifested by the presence of casts and albumin are not uncommon and are not necessarily a bar to operative interference."

The Climatic Illusion in the Treatment of Tuberculosis.—Dr. Howard Crutcher in a paper published in the *New York Medical Record*, of January 11, 1919, reaches the following conclusion:

"As to a change of climate, that also must be determined by cautious individual analysis. That any particular region or climate is better suited than any other region or climate to a preponderance of the human family on account of any pathological condition is the utmost folly. For a person in settled business in the East to break up all ties and fly to some desolate, ill-kept boarding house located in some far away desert, under the pathetic illusion that isolation is a panacea for disease is such pitiable nonsense that the wonder is that any rational being should be guilty of it. In countless instances the ability to earn bread is fully as important as the power to digest it. Those dependent upon their labor from day to day for the means of living

must not suppose that the impossible can be accomplished more readily in one region of country than in another. Nor must unbounded confidence be placed in the highly colored and too frequently misleading reports that emanate from purely interested sources. The most preposterous absurdities are frequently sent forth by honest but misguided persons who mistake illusions for realities. Many things pleasing to the eye and profitable to the mind bear no relation whatever to the cure of disease. A charming landscape is no substitute for wholesome food, comfortable surroundings, and skilled medical supervision. There is no more a specific for tuberculosis than there is for poverty and old age; and so far as climate alone is concerned it has no more curative effect in this condition than it has in gall stones or cancer.

INFANTILE CONVULSIONS.

Girl baby, age about 9 months. Muscles flabby and soft. Difficult dentition. Epileptoid convulsions which come on three or four days preceding full moon, together with disturbed digestion. The convulsions occur during the daytime only. Cramped fingers and toes with throwing about the limbs; blue lips; frothing at the mouth and clucking noises in the throat.

After the attacks, crying day and night, relieved only by rocking. Wants to constantly bite on something hard. *Cuprum met.* 6, 30, 200 were of no avail within two days. *Phytolacca* 3 was then given, two doses only, which stopped the convulsions, although the crying and fretfulness remained. For this *Jalapa* 3 was then given without result. *Cina* 200 was now administered, three doses only, with prompt relief and the disappearance of the symptoms.

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EDITORIAL NOTES AND COMMENTS.

Acute Methyl Salicylate Poisoning.—The following account of a case of poisoning from this drug, taken from the *Journal of the A. M. A.* for January 4, has some interest and value for homœopaths. It would seem that the pathologic effects produced by the drug in this patient would suggest its use homœopathically in some cases of acute parenchymatous nephritis and in acidosis accompanied by nausea and vomiting. The lowered blood pressure is also significant. Burning pain, so far as subjective symptoms are concerned, would appear to be a keynote. The tinnitus aurium is likewise a symptom of use. Allen, in Vol. VIII. of his *Encyclopædia of Pure Materia Medica*, gives a partial proving of *Salicylic acid*, and in Vol. X. in the Appendix are to be found further notes upon the effects of this drug. But we have no thorough proving of it. In the Handbook of Allen is given a short account of some of the effects of *Gaultheria* (wintergreen), and in a clinical note Allen states: "The oil of wintergreen has been very largely used for both acute and subacute rheumatism. The plant itself contains salicylic acid, and to this fact may be due some of the beneficial effects of the drug. It has also proved useful in pleurodynia in the anterior part of the chest."

Salicylic acid ought to receive a careful homœopathic proving. The proving contained in *Hering's Guiding Symptoms* suggests that the remedy may be of use when *Bryonia*, though seemingly indicated, has failed. We have in two cases so found it, at all

events, and have in these instances derived beneficial effects from the 30th potency given q. three hours.

Acute rheumatic fever is so painful and so serious in its sequelæ, particularly in young people, that anything which will help us to cure more quickly and safely is to be welcomed. The disease is frequently most difficult to control as anyone of any clinical experience knows. Where a good therapeutic picture of the patient himself, back of his rheumatism, so to speak, can be obtained, prescribing is a simple matter; but such a picture is not always visible, and under these unfortunate conditions one remedy may seem as good as another. Prescribing is then a difficult and often a discouraging matter prompting the weak-kneed to resort to large doses of the salicylates or to generous doses of aspirin for quick relief. Such palliation is, however, most likely to lead to obstinate lingering effects difficult of cure, as many an old chronic rheumatic patient will testify.

On the other hand, where a real homœopathic cure of an acute case is made recurrence seldom, if ever, occurs. As to causative factors these should, of course, be kept in mind. At present, especially in the army, the tendency is to ascribe all cases of rheumatism to either teeth or tonsil infection. But this is another story too long to tell here.

A search of the literature reveals that cases of poisoning by methyl salicylate are very rare. Nerthney reported a fatal case of poisoning. Juvet described a case resulting fatally after the taking of one-half ounce of oil of wintergreen, and Gallaher reported a case with recovery following ingestion of the same amount of oil of wintergreen. Pinkham reported a case in which the patient died in fifteen hours after taking one ounce of oil of wintergreen as an abortifacient. It produced sweating, abdominal pain, purging, frequent and painful urination, convulsions, loss of sight and hearing, and death in coma. Necropsy disclosed the presence of gastritis and congestion of the kidneys. Hamilton reported a case with recovery following ingestion of one-half ounce of the oil. The patient was dizzy, drowsy, delirious, went into coma, and developed a hemiparesis and salivation and a permanent disturbance of vision. Mann and Brend report a case in which 3 drams of the oil killed a boy aged 3 years, with convulsions as the most marked symptoms.

REPORT OF CASE.

Miss B., aged 40, school teacher, at 9:30 p. m., March 28, 1918, took 1 ounce of oil of wintergreen, thinking that it was liquid petrolatum. Twenty minutes later she went to bed. Immediately after lying down she experienced a burning sensation in the abdomen and extreme nausea. She vomited, and the vomitus consisted of oil of wintergreen. Immediately following the vomiting diarrhœa occurred, and the stools burned in passage. She washed her stomach by drinking water and took a glass of milk. The vomiting and diarrhœa continued.

About half an hour after she had taken the oil, tinnitus aurium began. She felt that she needed air, and went to the front porch. She was examined two and one-half hours after taking the oil. The pulse was 120 and weak. There was a marked odor of oil of wintergreen throughout the house.

Castor oil, 2 ounces; liquid petrolatum, 1 ounce, and olive oil, 1 ounce, were given every second hour. Proctocysis was done with glucose, 10 per cent., and sodium bicarbonate, 5 per cent.

The following day the pulse was 110 and weak. The systolic blood pressure was 100, the diastolic not obtainable. The urine, 20 ounces, contained a heavy ring of albumin and a few hyaline and granular casts, and gave a strong salicylate reaction with ferric chlorid. The patient had extreme nausea, and vomited repeatedly. She had a sensation of things being far away. The tinnitus still persisted. She was given 1 pint of salt solution by hypodermoclysis in addition to the previous treatment instituted.

The third day the pulse was 80 and weak. The extreme nausea and vomiting continued. The temperature and respiration were normal.

The fourth day the temperature was 101.5, the pulse 80 and the systolic blood pressure 120. The patient was restless, excited and very nervous. The nausea and vomiting continued. Twelve ounces of blood were withdrawn and 1 pint of salt solution given intravenously. The treatment was continued with the addition of cocain, one-sixth grain by mouth, before food, and an alkaline drink was given by mouth.

The fifth day the temperature was 100 and the pulse 80.

Nausea and vomiting were still present. A bad taste was present in the mouth. The urine volume was 900 c.c., with one part of albumin to the liter. Acetone and diacetic acid were present in large amounts. Salicylate was present in the urine.

The sixth day the nausea and vomiting had stopped. The temperature was 99.4 and the pulse 80. All food tasted sweet. The urine volume was 520 c.c. with one-fourth part albumin to the liter. Acetone and diacetic acid were present in large quantities. Salicylate was absent.

The seventh day the temperature was normal and the patient's condition normal except for fatigue and a sensation of her head falling into space. She had to wash her mouth constantly to keep soap bubbles out that would form. The urine showed 1.3 parts of albumin to the liter, and gave positive reactions for acetone and diacetic acid. Salicylate was absent. From this time on the patient's condition was normal. The acetone and diacetic acid disappeared on the twelfth day of her illness and the albumin on the seventeenth day.

A "Wet and Dry" Comparison.—The *Philadelphia Record* of Feb. 14 contains the following communication, signed J. D. The statistics presented are certainly interesting:

"The superintendent of the Anti-Saloon League of New York, W. H. Anderson, once delivered himself of the following: "The Federal census report shows that the Prohibition States over the country not only have less pauperism and less insanity, but less crime on the average in proportion to population than the wet States." I was reminded of this statement when I read the other day that the last Government report on crime conditions places Memphis, Tenn., at the top of cities in the ratio of homicide to population, followed by three other cities also in prohibition States.

Perhaps Brother Anderson has a special de luxe edition of the census of 1910 which contains information not available to us common citizens; for it could not be that an Anti-Salooner would be guilty of—well, making a mistake in such matters. But read what the ordinary garden variety of 1910 census has to say on this subject. I compare "dry" Kansas with what was then

"wet" Nebraska. They furnish the best illustrations, because they are neighbor States, with like natural conditions. That division of the census entitled "Report on Insane and Feeble-Minded in Institutions, 1910—Bulletin 119," contains the following: Insane in hospitals, January 1, 1910—Kansas, 2,912; Nebraska, 1,990. Admitted in 1910—Kansas, 905; Nebraska, 411. Insane with alcoholic psychosis, admitted 1910—Kansas, 70; Nebraska, 20. Feeble-minded in institutions, admitted 1910—Kansas, 86; Nebraska, 23.

Bulletin 121, dealing with prisoners and juvenile delinquents, has these plums: Prisoners—Kansas, 1,537; Nebraska, 656. Juvenile delinquents—Kansas, 434; Nebraska, 133. Prisoners committed for grave homicide—Kansas, 100; Nebraska, 44. For robbery—Kansas, 89; Nebraska, 29. For burglary—Kansas, 275; Nebraska, 130. Paupers in almshouse—Kansas, 735; Nebraska, 551.

These figures are given added significance when it is remembered that, while Kansas had in 1910 a population one-third larger than Nebraska, it did not contain a city of over 80,000, and only one anywhere near the size it being but a suburb of its neighbor in Missouri. Nebraska contains the great railway center of Omaha, with a 1910 population of 125,000. Nebraska went dry a year ago, they say, but the Governor stated the other day that there is more whisky in the State than before it took this pious step. Maybe now it will make an even better showing than before as compared with Kansas."

We have no particular desire to arouse animated debate or acrimonious discussion upon the merits or demerits of the so-called prohibition question, which, if all signs do not fail, will cease to be a debatable question after July first. However, one or two mild comments may not be amiss.

Having a fairly accurate knowledge of that former suburb of Bremen, Hoboken, N. J., we may lay claim to a certain degree of expertness in our familiarity with the subject of beer. For example, we know that, roughly speaking, as the canny Harry Lauder would say, beers may be divided into two classes, light and dark. These can quite readily be distinguished, even by a prohibitionist, by their color. In fact, the color scheme pre-

sented by various brews and brands of beers is very pleasing in variety, so much so that an evening's entertainment can be found in sampling and differentiating the various shades of light and dark. A friend of ours, whose knowledge of geography is quite phenomenal, was once asked to name the capital of Missouri. With amazing promptness he shot back the answer, "Anheuser-Busch!" This remarkable appellation, suggestive of limpid, cooling refreshment in glass or, better still, opaque earthenware containers, quaffed under leafy bowers with insistent caterpillars dropping from above, arouses dreamy thoughts of delightful hours spent far away from home and the madding crowd.

Poor old Hoboken! In the halcyon days of its Elysian Fields, its old Colonnade Hotel, the stately trees about whose bases nestled green deal tables with rough benches, upon which sat the innocent, simple burghers of the sleepy little Hudson River town, contentedly quaffing the amber fluid that soon is to be no more—what a picture of contentment it presented.

But alas! these happy days have gone! Now all is hustle, bustle, dirt and grime, drouth and disorder. Thirsty souls go forth with murder in their hearts, hold-ups and black-jack parties are *de rigueur*, and Hoboken's old inhabitants no longer sally forth for an evening's stroll, as of yore. Two-thirds of the town have been arid since the War Department took over the water front and docks, and the blow has proved too much.

Shake hands, "J. D.," we seem to be brothers in sympathy, if not distress. More power to your elbow in digging up statistics!

Symptom Suppression or Metastasis.—In *J. A. M. A.* for January 18th is an interesting and illuminating article by Dr. C. T. Sharpe, of New York, entitled "*Edema of the Brain in the Infectious Diseases.*" Among other things, the author points to the analogy existing between syphilis and the infectious diseases, as follows:

"It would seem that there is some analogy between syphilis and the infectious diseases. It is well known that a syphilitic patient presenting marked cutaneous symptoms may be absolutely free from any involvement of the nervous system, and may never develop a nerve lesion. Again, patients present themselves

showing all grades of involvement of the nervous system who cannot recall ever having had an eruption of the skin. One may hesitate to believe that these patients never showed any skin manifestations, but one must admit that the rash must have been very insignificant to have escaped recognition or, in other words, that the rash was atypical."

His observations here are, of course, well known to physicians in general and to homœopaths in particular, and have often enough been corroborated.

To homœopathic physicians, however, the author's further statement will be found still more interesting, if not even startling:

"INTER-RELATIONSHIP BETWEEN CUTANEOUS AND SPINAL PRESSURE.

"In presenting the history of an interesting case of cerebro-spinal meningitis to the Pediatric Section of the New York Academy of Medicine a year ago, I made this observation:

"It would seem that when the spinal symptoms are marked, the cutaneous symptoms may be negative and vice versa. That this inter-relationship holds I have long been convinced. In the infectious diseases, both during the early and the late periods of the illness, I have noted repeatedly marked cerebral symptoms, as evidenced by stupor, low muttering delirium and slight retraction, possible œdema of the brain, relieved by a profuse cutaneous eruption."

And still further on:

"œdema of the skin with infiltration of the tissues by leukocytes is a feature of scarlet fever and of the exantheams. If, then, the rash strikes in, as it was expressed by our grandmothers, we would expect to find this œdema in that portion of the body that has an inter-relationship as to pressure with the skin. From the evidence submitted above we should expect that the cerebro-spinal axis would be the part to exhibit this œdema, and again I submit that this is what does occur."

Thus do the observations of the old homœopathic pioneers find confirmation in these modern days of scientific medicine. Homœopaths have long known all about repercussion of an exanthem and its restoration to the surface by the aid of such

remedies as *Bryonia*, *Cuprum* and *Zincum*. The philosophy of Homœopathy as expressed in the *Organon* of Hahnemann teaches us that all cures are made from above downward and from within outward, and that symptoms disappear in the reverse order of their coming. Our O. S. friends are gradually finding this out, through ways that are both devious and dark. It is a real pity that the study of homœopathic philosophy cannot be made compulsory in all medical colleges, both O. S. and new. Such progress, however, is not to be expected in a profession as conservative and hidebound as that of medicine.

Drug Proving and the A. I. H.—If the AMERICAN INSTITUTE OF HOMŒOPATHY stands for anything, it must stand for Homœopathy, its principles and practice, their advancement, development and evolution. Unless it can do this, there is no need for its existence, for the *American Medical Association* is broad enough to embrace within its membership all those physicians who feel the need of affiliation with a representative, national, official organization. As a matter of fact, there are many members of the *Institute* who do not find that which they are seeking in its meetings and discussions and who in consequence, have enrolled as members of the *A. M. A.* Their legal right to do this is unquestioned, however, fraught with dangerous possibilities to the interests of Homœopathy their action may be. To be sure, most of these men and women, if not practically all, are engaged in special fields of work, in which the need of Homœopathy has, quite unwarrantedly, not been recognized.

The *Institute* has been and is engaged in numerous matters of importance; but has unfortunately neglected to do the thing which is, after all, absolutely vital to our continued existence as a school, or even influence, in the world of scientific endeavor. We refer, of course, to the verification and extension of our knowledge of drug action, made possible by drug proving.

It is true that the AMERICAN INSTITUTE OF DRUG PROVING, a federally incorporated body and in a sense, a subordinate part of *The American Institute of Homœopathy*, is charged with the duty of developing our knowledge of drugs. That it has failed to do this, to more than a small degree, must be laid to the fact

that it possesses but a limited endowment and no physical assets in the way of laboratories in which to conduct its work.

After all, the duty of carrying on this work to fulfilment, must rest upon the larger parent body, THE AMERICAN INSTITUTE OF HOMŒOPATHY itself. But the *Institute*, if it is to engage in this work, must have power and authority to go into our homœopathic colleges or into any one of them, to direct and supervise the conduct of all experiments in drug proving. To obtain this power it must be willing and able to contribute largely toward the payment of the bills.

Nothing succeeds like success! At the OHIO STATE UNIVERSITY, in the COLLEGE OF HOMŒOPATHIC MEDICINE, highly commendable work in drug proving has already been done. Funds for this work have been attracted to it by the very earnestness and excellence of its performance, showing that once it has gathered sufficient momentum an enterprise rolls on and on with increasing speed and attractive power. We suggest that in Columbus, therefore, lies the embryo of future homœopathic promise, and that this germ is deserving of the whole-hearted support of the *Institute*. The details of a working agreement of affiliation and co-operation could be readily mapped out. With a splendid plant, already in existence, with added financial support, Columbus would soon become the center of homœopathic research and study. No doubt the funds now in the keeping of the *American Institute of Drug Proving* could be diverted to this undertaking, where they would certainly serve a more useful purpose than is permissible at the present time.

We hope that the trustees of the *American Institute of Homœopathy* will, in their wisdom, see fit to give this matter their thoughtful attention. The name of Columbus may then once again be an intimation of new worlds and lands to conquer, and the spirit of Homœopathy may be revived as never before!

Signs of the Times.—The *Iowa Homœopathic Journal* for February contributes in an editorial, entitled "Our College," very disquieting news regarding the continued existence of that institution of homœopathic medicine. Thus, in the opening paragraphs we read:

“The College of Homœopathic Medicine of the State University of Iowa at the present time is in a very unstable condition. Some very urgent measures will have to be instituted, and without delay, or the College, as a College of Homœopathic Medicine, will cease to exist as such.

“It certainly seems too bad that a State, such as Iowa, with its wealth and its adherents to Homœopathy; that no better results for the college can be obtained than what has been demonstrated here the last few years. The College of Homœopathy is going, going sure as a college unless something unforeseen happens.”

Further on we are told that “there is a demand for men who have made a thorough study of materia medica,” and that the young men and women who graduate from our homœopathic colleges will be called upon to do their work, more as general practitioners, than as specialists. This is true, but needs, so far as the homœopathic profession itself is concerned, some qualifying statements.

Twenty years ago there were very few specialists, including surgeons, in the homœopathic school. Thirty years ago there were practically none, so much so, that on this account alone the school was subject to the ridicule of its opponents. The few who did specialize, however, were imbued with the spirit of Homœopathy and equipped with a thorough knowledge of its principles and materia medica.

To-day the school has many specialists, is specialist mad, as a matter of fact, and but few of these have any knowledge of homœopathic principles or practice. Their work is appealing, in a sense theatrical, always tangible. The things done can be demonstrated to the senses, “before and after,” as it were. Their work is, therefore, attractive, usually very remunerative, often disproportionately so. As a result the majority of recent graduates seek to emulate their methods and hasten to perfect themselves in the specialties. The field is immense, the reward large; the necessity of painstaking homœopathic knowledge small. To the embryo physician it indeed seems to be the easiest way, which, in fact, it is. No need to worry whether your patient needs *Calcareo carb.* or *Natrum mur.*; cut out his swollen cervi-

cals and end the trouble then and there, with the applause of the admiring family and friends ringing in your ears.

The picture we submit is by no means overdrawn, and illustrates moreover one of the greatest causes of the decadence of the homœopathic school. This evidence of decadence in the Iowa College is by no means confined to the smaller colleges; but is, unfortunately, manifest in some of our larger ones as well. The real cause, however, lies in the profession itself, which has so largely departed from the fundamental principles of the school that little confidence can be placed in its official pronouncements. It is all very well for us at state and national and other society banquets to drink libations to the immortal Hahnemann, but such enthusiasm, partaking as it does, of the character of mob psychology, never *gets us anywhere*.

A vigorous house-cleaning is sadly needed in the homœopathic school, and there is no better or more urgent work that the American Institute of Homœopathy can do than to take up in an intelligent and earnest manner the real problems of the school. At present we are dawdling away the time with non-essential or irrelevant trivialities.

The Question of Masks, Sprays and Gargles.—Dr. W. J. Guernsey, of Frankford, Philadelphia, has sent us the following, anent the use of masks, sprays and gargles during the influenza epidemic:

MASKS.—The wearing of proper masks in a proper manner should be made compulsory in hospitals and for all who are directly exposed to infection. It should be made compulsory for barbers, dentists, etc. The *evidence* before the committee as to beneficial results consequent upon the enforced wearing of masks by the entire population at all times was *contradictory*, and it has *not* encouraged the committee to suggest the general adoption of the practice. Persons who desire to wear masks, however, in their own interests, should be instructed as to how to make and wear proper masks, and encouraged to do so.

SPRAYS AND GARGLES.—Sprays and gargles *do not protect* the nose and throat from infection, for the following reasons:

(a) So far as the knowledge of the committee extends, *no*

germicide strong enough to destroy infective organisms can be applied to the nose and throat *without at the same time injuring the mucous membranes.*

(b) *Irrigation* of the nose and throat to accomplish the complete mechanical removal of the infective organism is *impracticable.*

(c) *Their use tends* to remove the protective mucus, to *spread the infection* and to *increase the liability of actual entrance* of the infective organisms.

(d) Their domestic use is liable to lead in families to a common employment of the same utensils.

(e) The *futility* of sprays and gargles *has been demonstrated* with respect to certain known organisms such as the diphtheria bacillus and the meningococcus.

These observations and conclusions of the American Public Health Association are in line with the best homœopathic thought and opinion. Mucous membranes take care of themselves, as a rule; but if unable to do so by reason of the presence of disease, their function can and should be restored to them through the application of the homœopathic remedy directed at the patient himself. If any cleansing local application is deemed necessary, why not imitate Nature and employ a simple saline solution. As correctly stated in paragraph (c), mucus has a protective function; to deliberately wash away this protective mucus is, therefore, to invite trouble.

Simplicity in medicine is, however, hard to find. The average doctor loves to befuddle the case and the greater the confusion the more he seems to like it. The pity of it is that a large part of a supposedly enlightened public demands the befuddlement, and where there is a demand there will usually be found an adequate supply. The fifty-seven varieties of Heinz may, with equal exactitude, be applied to many of the cases treated by doctors. No wonder that nurses are kept at a veritable Marathon pace in attempting to fulfill the doctor's orders. The bedside table groans under the weight of the therapeutic impedimenta with which the poor nurse is supplied, while the awe-stricken family and friends look on with superstitious wonderment. The medicine dances of the North American In-

dians, as described by Catlin, were no more barbaric in conception than the arsenals of mischief and deviltry which to-day, in the year of our Lord 1919, surround the helpless victim of disease. Verily, ignorance and superstition are still with us.

Statistics of Results of Homœopathic Treatment.—We have several times commented editorially upon the crying need of reliable statistics which shall be convincing of the efficacy of homœopathic therapeutics. Our attention has just been arrested by a communication to the editors of *The British Homœopathic Journal*, published in the February, 1919, number, concerning this very matter, which, on account of its importance, prompts us to present the letter of Dr. Boyd in its entirety.

To the Editors of *The British Homœopathic Journal*.

Gentlemen—Having regard to the extremely disturbing outlook on venereal disease and the great public interest in the question, I would venture to support the plea of Dr. Lowe that a serious effort should be made to investigate the result of homœopathic treatment of both gonorrhœa and syphilis. It would surely be possible to take steps to accumulate evidence in this country and America as to results.

There is no doubt that unless immediate steps of this nature are taken the present establishment of venereal clinics with treatment which is coming to be standardized within limits more and more, as far as concerns syphilis, will remove a great sphere of treatment out of the hands of Homœopathy as such.

That this is only right is obvious to every medical man, provided that the present modern methods of treatment, allopathically, are the best. If, however, in this realm Homœopathy can claim equal or better results the sooner scientific proof of this is given the better. We younger practitioners have the knowledge that certain urgent forms of illness react to correct homœopathic drugs, and we realize that failures in respect of these are our own fault. In venereal disease we have no clear leading, owing to it being a form of practice not very greatly met with in ordinary work. The war has altered this. There will be a tremendous increase in such infections amongst the population, due to untreated or partially cured cases spreading it.

On the other hand, we have seen some modern methods of treatment and seen some startling results. Were there no apparent results from allopathic treatment one would feel justified in continuing one's attempt to find the simillimum, but the results are so marked with remedies at hand that one hesitates to allow time to be lost, as the success with the present remedies is proportioned to time of treatment.

I have seen cases where novarsenobillon (N. A. B.) undoubtedly "aborted" syphilis. The patient must be got at the chancre stage before the Wassermann is positive, and therefore before the blood serum shows the ultramicroscopic change in the proteid particles which accompanies the development of a positive Wassermann. The finding of the *Spirochæta pallida* enables this to be done. In this case the secondary symptoms never appear, and there is no evidence of systemic infection. Even when the Wassermann has just changed to positive this end may be attained, but whether it is then abortion or suppression cannot be determined yet. I have seen such cases with a continuous negative Wassermann for two years and no symptoms, but longer time is needed for proof.

Again, in regard to the "suppression" of secondaries, the great majority of cases showing secondary rash actually have the rash accentuated by N. A. B. before it fades, which makes one think of homœopathic effect. The later the case the smaller the chance of N. A. B. having an effect. I have seen cases where there has been a relapse six months after 5 galyls and others with little improvement systematically after N. A. B., but these were later cases, and in the galyl cases there had been no further treatment.

Thus, unless homœopathic treatment can be shown to cure, one would be very doubtful as to one's right to delay treatment with N. A. B., with the possible risk of failure, homœopathically, and the necessarily poorer ultimate result from delayed N. A. B.

To judge results one must know: (1) Stage at which treatment began; (2) treatment (allopathic also); (3) whether patient married later; (4) if so, number alive and well, abortions, etc.; (6) health of patient and how long after treatment.

The terrible effect is primarily the involvement of the innocent

parent and children. Gonorrhœal treatment is still unsatisfactory allopathically, and, therefore, the question is not so acute, from the point of view of the justification of Homœopathy, but information is also needed as to it as well.

Yours truly,

H. M. S.—
December 21, 1918.—

WM. E. BOYD, M. D., M. B., CH. B.,
Surg.-Lieut., R. N.

This is an age of rapid progress and quick change, the old order of things is apt to be rapidly overthrown. The world is groping in the darkness of confusion for light and better things, and light it will have. Progress is the watchword. The venereal question has been brought into the fierce light of public discussion, and ways and means will be found and adopted to curb and perhaps ultimately stamp out the venereal peril.

In this work organized medicine has too often been slow to take part, or has indeed been prodded into action by more active lay organizations. Organized medicine in the homœopathic school has done virtually nothing to add its mite to the solution of this national question. Unless we bestir ourselves and prove to the world the justice of our claims, unless we can produce convincing evidence of the efficacy and certainty of our therapy, we shall some day wake up to find ourselves the victims of discriminative legislation. It will then be too late to object and the fault will lie entirely with ourselves.

If the carefully applied homœopathic remedy can cure syphilis (and we know that it can), let us demonstrate in our homœopathic hospitals and clinics that each case of alleged syphilis proves positive to the Wassermann reaction or shows the *spirochæta pallida*. Let us comply with the demands of all the checks and controls as commonly applied by scientific men. Let us stand or fall by the ultimate decision of honest investigation. It is puerile for us to wrap ourselves in the mantle of maudlin sentimentality and wave the flag of Homœopathy as a signal of pig-headed independence.

If we cannot stand upon our own feet, we must expect to drop into the limbo of useless and forgotten things. No one there will be to mourn our loss! Have we, as a school of medicine, the

courage of our convictions? If so, now is the psychologic moment to display it. Homœopathy stands at the parting of the ways and everything depends upon the road she may choose. The law of similars is a natural law, as we firmly believe; let us, therefore, work for its universal recognition and adoption!

A Squilla Case.—Dr. X., homœopathic woman physician, presented herself for treatment, complaining of a dry cough of three months' duration. *China* and *Phosphorus* had modified the condition somewhat, but had failed to relieve it. One or two other remedies had been of no avail.

Present condition:

- Cough < from deep inspiration.
- < from tobacco smoke.
- < when anyone enters room.

No modalities as to time, position, temperature or other circumstances. Several remedies came to mind, among others, *Ambra grisea* and *Mentha piperita*. The latter has a marked aggravation of its cough from smoke, especially tobacco smoke. Accordingly it was chosen and given in the twelfth potency, but with no relief. Evidently some element in the case had been overlooked or not brought out. A re-examination, therefore, established the following facts:

Cough now spasmodic, gagging, almost like whooping cough.

- Cough < coming into the house.
- < when anyone enters room.
- < deep inspiration.
- < tobacco smoke.
- < talking.

During cough—*spurting of urine*; so much so, that she is obliged to wear a napkin.

Here, then, we had stumbled across the open sesame to the case. *Squilla* 900 *F.* was given with, to quote the patient's own words, *wonderful immediate effect*.

The symptoms "cough < when anyone enters room" and "cough < from tobacco smoke," are not found in the pathogenesis of *Squilla*. They may, therefore, be regarded tentatively at least as possible clinical symptoms of value. Further confirmation will be required to establish their title. The symptom,

"involuntary spurting of urine during cough," is found under numerous remedies; but characteristically under *Causticum*, *Natrum mur.*, *Squilla* and *Pulsatilla*.

Several nose and throat men had examined and swabbed this patient's throat without avail.

BOOK REVIEWS.

ULTRA VIOLET RAYS IN MODERN DERMATOLOGY, *Including the Evolution of Artificial Light Rays and Therapeutic Technique.* By RALPH BERNSTEIN, M. D., Philadelphia, Pa., Professor of Dermatology, Hahnemann Medical College, Philadelphia; Consulting Dermatologist to Hahnemann Hospital, etc., etc. Published by Achey & Gorrecht, 9 N. Queen St., Lancaster, Pa. Copyright by Ralph Bernstein, M. D., 1918.

This little book of 162 pages brings together in very readable and convenient form present-day knowledge regarding the practical application of ultra violet rays as emitted by the Kromayer Lamp and applied to diseases of the skin. To those homœopathic physicians who still cling to the miasmatic theories of Hahnemann or to his teachings concerning the dangers of suppression of skin diseases, some of the therapeutic recommendations of Dr. Bernstein's book will come as a distinct shock. His suggestions, *e. g.*, for the treatment of eczema, herpes zoster, tinea trichophytina (ringworm) will arouse protests from those who are accustomed to prescribe and rely solely upon such internal remedies as *Sulphur*, *Hepar sulphur*, *Ranunculus bulb.*, *Sepia*, *Tellurium*, *Psorinum*, etc.; but for them no doubt the book has not been written; but will appeal rather to that vast army of professional men who regard themselves as permeated by the spirit of modernism. Among such this little book should find a most eager acceptance. The press work reflects much credit upon the publishers. The illustrations are particularly excellent.

PERSONAL.

THE VILLAGE EPIC.

(From the Song Book of Robert Edwards.)

Way down South in Greenwich Village,
 There they wear no fancy frillage,
 For the ladies of the square
 All wear smocks and bob their hair.
 There they do not think it shocking
 To wear stencils for a stocking,
 That saves the laundry bills
 In Washington Square.

Way down South in Greenwich Village,
 Where the spinsters come for thrillage,
 Where they speak of "soul relations,"
 With the sordid Slavic nations,
 'Neath the guise of feminism,
 Dodging social ostracism,
 They get away with much
 In Washington Square.

Way down South in Greenwich Village,
 Where they eat Italian swillage,
 Where the fashion illustrators
 Flirt with interior decorators,
 There the cheap Bohemian fakirs
 And the boys from Wanamaker's
 Gather "atmosphere,"
 In Washington Square.

Way down South in Greenwich Village,
 Where the brains amount to nillage,
 Where the girls are unconventional,
 And the men are unintentional,
 There the girls are self-supporting,
 There the ladies do the courting,
 The ladies buy the "eats"
 In Washington Square.

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CLINICAL CASES.

By the Editor. .

ENTERITIS—NATRUM SULPHURICUM.

Miss E. P., age 26, in June of last year, had an attack of acute diarrhœa, lasting about twenty-four hours, but followed by recurrent slight attacks during an automobile journey, immediately after. However, these attacks subsided; but some weeks later a tonsillitis developed, which was treated by her physician with *Rhubarb* and *Soda* and local applications of *Argyrol*. Thereupon the diarrhœa returned and had continued for three weeks, when she came under treatment. On November 8th, 1918, the following symptoms were elicited:

Watery, light yellow, flakey stools, four to five daily.

< mornings after rising.

< immediately after breakfast and also about an hour later.

Preceding and following stool, slight cramp-like pains and gurgling.

After lunch especially, much gas in the stomach, with faintness at times, > by eructations of gas.

Appetite poor for the past few days. Sleep undisturbed; no particular thirst, desires or aversions.

Tongue coated yellowish-brown, < at the base. *Natrum sulphuricum* 200 was given, a dose each night and morning, with immediate improvement and complete cessation of the diarrhœa within four days. *Carbo veg.* 10m. Skinner, was given

*Read by the editor before the monthly meeting of the Homœopathic Medical Society of the County of New York, April 10, 1919.

some days later for the stomach symptoms and completed the cure.

The character of the stools and the characteristic modalities, especially the aggravation in the morning after rising and moving about, are the determining symptoms. *Bryonia* has a similar symptom.

Case 2. NEURITIS—SILICEA.

Mr. H. L., age 66, cigar worker. Previous history negative. No alcoholic history, but drank beer in moderation up to fifteen years ago.

In July, 1918, he awoke one night with the symptoms of a simple rheumatic torticollis (stiff-neck). This experience was several times repeated, the attacks passing off quickly each time. In August he felt pain in the left shoulder, coming and going by spells. Of late (February 21, 1919) this pain has been more constant and severe and is located in the back of the neck, over the left scapula and acromium process and extending down the left arm to the wrist. The pain is described as a rawness, as though the flesh were raw, sore and exposed. Any draft of air < the pain. External warmth is very grateful and gives relief. Toward evening the pain is worse, from 5 or 6 o'clock until 9 or 10. Windy, changeable weather <.

At times the pain is described as a strong ache. He has been given, by his physician, *Phosphorus* 30, *Spigelia* 30, and *Aconite* 30 without relief. A further symptom is < of the pain from uncovering the arm. The arm is sensitive to touch; motion is, of course, impeded and restricted.

One dose of *Silicea* 10m., Skinner, was given, with gradual improvement. A week later the weather no longer aggravated and the pain was distinctly less. Nineteen days after the *Silicea* he had his hair cut, followed by some aggravation of the pain. *Silicea* 50m., Skinner, one dose, was given.

Since then, the improvement has been steady, until, at the present time, he is very comfortable and practically free from pain. The remedy will not be repeated as long as this improvement continues.

The aggravation from cold or from drafts of air and the amelioration from warmth or wrapping up are, of course, the

guiding and deciding symptoms in the case. Experience would show that *Silicea* is frequently indicated in these cases, although often overlooked by the physician.

Case 3. Miss B., age 14 years, complains of cold hands and feet, especially at night in bed; wake her from sleep. Appetite good, fond of sour pickles and vinegar; but also of salt and sugar. Nervous sweating of palms and general bodily coldness, when meeting people for the first time. Bowels normal. Menses late and irregular; has menstruated but three times in one year. Of late, menses have appeared every thirty days, but at present are again much delayed. Menses last five days and the flow is fairly free during the first three days. Before the menses she is very irritable and tearful, depressed, and desires to be let alone. Does not wish to be spoken to. Ordinarily her disposition is bright, cheerful and optimistic. Frequently her respiration is sighing. At times she has a distinctly yellowish color about the eyes and mouth. History uneventful and negative, except for whooping-cough, measles, mumps and rōtheln.

This case was evidently one of simple anæmia with delayed establishment of the menstrual function. *Ignatia*, *Natrum mur.*, *Pulsatilla* and *Sepia* all come into mind for consideration; but the pre-menstrual depression and irritability with a desire to be let alone, together with the yellow appearance of the face, decided for *Sepia*, which was given in one dose of the 10m., Skinner, on December 31, 1918.

On January 18, the menses appeared without any preceding irritability or depression. The yellowish discoloration of the skin was less and the cold hands and feet had become normally warm. Still craves sour pickles and vinegar.

January 26. One dose of *Sepia* 50m., Skinner, was given, and the girl has been perfectly well since. *Ignatia* is frequently followed by *Natrum mur.* and the latter is complementary to *Sepia*. Hence one is often required after the other. *Pulsatilla* can easily be distinguished from both, by its characteristic modalities and especially by its mentality, which is of the clinging-vine type. *Sepia* and *Natrum mur.* do not cling, rather they repel and resent sympathetic efforts or coddling. Generally speaking, suffragists would seem to be of the *Natrum mur.* and *Sepia*.

type; but let us not forget *Platina* either, whose haughty egotism is at least suggestive. Pardon the allusion.

Case 4. A primipara was taken with chilly sensations and a rise in temperature, on the third day after her confinement. The lochia became copious and clotted, the abdomen tumefied, painful and tender. An ice bag was applied and *Rhus tox.* was given by her attending physician; but without result. Over the right lung there was slight dulness on percussion and roughened breath sounds.

When seen, the patient was frightened, nervous, tearful and complained of a sharp pain in the right infra-clavicular region, which came on in paroxysms, but was aggravated by any motion and by deep inspiration. There was also a dull, constant pain in this locality, as well as in the lumbo-sacral region, which felt weak, as though broken. The patient was restless, unable to find a comfortable position, yet dreading to move on account of the increased pain. The tongue was slightly coated, whitish, the mouth and lips were dry. Thirst was increased, but the patient feared to drink, because this made her catch her breath, which, in turn, aggravated the chest pain. She was sweaty and weak, wanted to be well covered, although the room was warm and, after the manner of hospitals, reeked with the usual odors of antiseptics. The pulse was soft and rapid, 120; the respirations, 36, and the temperature 103. The patient was plainly frightened by the presence of the imposing array of medical talent, which included a sober-visaged O. S. gynecologist of the usual type.

However, it was decided to depend upon straight homœopathy alone; accordingly *Kali carbonicum* was advised and given, q., 3 hours, in the 200th potency. Within eight hours the case was transformed into an uneventful one and thoughts of sepsis and pulmonary complications were dismissed by the attending physician.

To the gynecologist, the prescribers' examination of the patient seemed ridiculous and superficial. To the patient, it meant the possible saving of a life in danger.

TOBACCO AND SOME OF ITS MEDICAL USES.

By A. Speirs-Alexander, M. D., C. M., Ophthalmic Surgeon to the London Homœopathic Hospital.

Though tobacco is a poison, yet it must be some consolation to its devotees that it is generally a very slow one, and many inveterate smokers never suffer at all from its effects.

It may, however, cause symptoms of violent acute poisoning when taken in large doses by those unaccustomed to its use. Let a tyro smoke a strong cigar, and he will probably experience considerable cause for regret. He will not soon forget the deathly nausea, vertigo, faintness, cold, clammy sweat, and intense prostration of which he has been the victim. Happily these effects soon pass away, and if the sufferer has not been entirely cured of all inclination to renew his experiment, he may soon acquire toleration for the drug.

Fatal results from over-dosing are by no means unknown. A relative of the writer's is said to have died in Burma, in the year 1824, from nicotine poisoning. He was at the time suffering from an attack of fever, when his bearer advised him to try a cheroot as a means of relief. He had never smoked before in his life, but, following the advice given him, did so then, with the result above recorded.

The symptoms of acute tobacco poisoning are so suggestive of sea-sickness, that the drug has naturally been resorted to by homœopathic practitioners for the relief of that distressing malady.

Some years ago, I gave some powders of *Tabacum* 200 to a lady patient who frequently crossed the channel to France, and was always attacked by *mal de mer*. She took a powder before going on board, and again after starting on the passage, obtaining marked relief from their use. I have tried them on other patients also, with the same beneficial results.

It should not be assumed that it is an infallible cure for sea-sickness, as other medicines might be indicated by any marked symptoms present, and be equally effectual. On one occasion, when going to America, the writer, in getting up from his berth

the first morning out, as the ship was rounding the S. E. coast of Ireland, began to experience the throes of sickness. On lying down again, the symptoms all passed away, only to recur on again attempting to rise. This condition indicated *Bryonia*, a few doses of which completely removed it, and the sickness did not return all the way over.

The symptoms of slow poisoning may be developed in habitual smokers, and are said to be more pronounced when alcohol is also used in considerable quantities over a long period. They may occur, however, in smokers who abstain from alcohol.

The effects may be marked on at least four different organs or sets of organs, namely, the throat, the heart, the nerves, and last, but not least, the eyes.

In the first of these, a chronic form of pharyngitis is set up, with frequent hawking of mucus, and a constant dry, irritating cough, which no medicine can cure.

Fortunately, it promptly gets well if its proprietor can be induced to give up smoking. A retired colonel of marines, an inveterate smoker, was much troubled with cough of this nature. While suffering from an attack of pneumonia, he had perforce to dispense with his pipe, and the result was that the cough entirely disappeared. His recovery, however, was short lived, as the pipe presented such attractions that he thought it better to endure the recurring cough, rather than relinquish his habit.

On the heart, the effects of long continued and heavy smoking may be felt as palpitation, precordial distress, irregular pulse, dyspnoea, etc. These effects are by no means uncommon, but, like the others, cease after a time if the productive cause be abandoned. Their occurrence from other causes than tobacco might be a useful indication for the choice of the drug from the point of view of homœotherapy.

The nervous system is undoubtedly injuriously affected by excessive smoking, and certain cases of neurasthenia are alleged to be due to it. In the South African war, the colonel of a certain regiment succeeded in inducing his men to give up cigarette smoking, in which they had indulged immoderately, with the result that their staying power and efficiency markedly improved. Space does not permit of entering further on this part of the

subject, but it may be added that the writer has frequently prescribed the medicine *Tabacum* in those cases of nervous erethism (not of course due to tobacco) in which there is sudden and distressing jerking of the whole body during sleep, or on just falling to sleep. Here, in the twelfth dilution, it will be found effectual.

One of the most important and interesting effects of tobacco is on the eye—or rather on the sight—in giving rise to what is known as *Tobacco amblyopia*. The oculist not unfrequently meets with such cases, and as the general practitioner may also be called upon to deal with them, it is important to know how they may be recognized. By way of illustration, an actual case may be cited. Some years ago, a gentleman of fifty applied for advice on account of failing eyesight. He was a myope, and the glasses that had hitherto given him normal vision were no longer effectual, nor did any alteration in the lenses improve matters. He complained of dimness and confusion of sight; everything looked blurred and foggy, or as though there were a mist before his eyes. The field of vision was unaffected, that is, he was able to see objects, and also to distinguish colors, when held within the usual range above, below, and on either side of the eyes. No change of any kind could be discovered in the ocular media, nor yet in the fundi. So far all was negative. In such cases, there is one positive sign that may be relied on to guide to a correct diagnosis, namely, the existence of a central scotoma for red or green. The test is carried out as follows: One of the patient's eyes having been covered, he is directed to look fixedly at the examiner's eyes. The latter then slowly draws a small piece of red or green paper, fixed to the end of a small rod, from the periphery to the centre of the patient's field of vision. The color will be recognized in the external parts of the field, but if *tobacco amblyopia* be present, it will not be seen at the point of fixation, or centre of the field of vision. The condition is known as a central or color scotoma, or blank space in that portion of the field. The patient will be unaware of its existence, as large surfaces of color are still perceptible in other parts of the field.

In the case already alluded to, the patient was also given to the free use of alcohol, which probably aggravated his condition.

Happily total abstinence from both tobacco and stimulants resulted in the complete restoration of his sight.

Per contra, tobacco may be usefully employed in the homœopathic treatment of certain cases of failing sight. If it can cause partial blindness, it is also capable of curing it, as the following case will prove. Fortunately, the latter possessed the peculiar advantage that the result of treatment could be demonstrated objectively with mathematical precision, a circumstance not always attending some case records.

On 28th November, 1918, Mrs. T., aged 48, came to the ophthalmic department of the London Homœopathic Hospital, complaining of loss of vision in the left eye. The sight was not entirely lost, but was very indistinct and misty. On testing by distant types, vision was found to be only 6/60. Color sense was not lost, nor was the field of vision affected, and there was no central scotoma. The patient—unlike many modern women—was not a smoker. No change of any kind could be detected in the eye by ophthalmoscopic examination. The right eye was quite normal, distant vision being 6/6. What was the cause of the failure of vision? Unfortunately, none could be discovered, and it remains a mystery to this day.

Not so its cure, however. How was that to be effected? *Tolle causam* is a very ancient and wise precept, but when no cause can be found, it is not very easy to follow. For the selection of the homœopathic simillimum, Hahnemann directs us to be guided by the "*prominent uncommon and peculiar* features of the case." Here, however, there were none, save loss of sight—a negative condition.

What then was to be done? The only course available seemed to be to fall back on "General Principles," as we used so often to be counselled to do in our student days. What known drug was capable of causing impairment of sight, without giving rise to any perceptible change in the eye? The answer is obvious.
Tobacco.

That drug was accordingly prescribed in the twelfth dilution, *t. d. s.*

On the 12th December the patient returned, saying she could now see much better, and on testing, her vision for distance was found to be 6/9.

She was asked to continue the medicine for a little longer, which she did till 2nd January, 1919. On that day she again presented herself for examination, when her sight was found to be restored to normal, or 6/6. What was the pathology of this case? is a question that most medical men will be likely to raise, and it is one that must remain unanswered. But one of the great advantages of Homœopathy is that a cure may often be effected even when the diagnosis is uncertain. That the case just related was cured by infinitesimal doses of *tobacco* seems as certain as that the previous case was caused by immoderate use of the drug; and it may be added that this is by no means the only case of the kind that has occurred in the writer's experience.—*The Homœopathic World*.

A PLEA FOR MORE FREQUENT PHYSICAL EXAMINATIONS IN RECTAL DISORDERS.

Robin Hood, M. D., New York City.

"They wholly mistake the nature of criticism, who think its business is principally to find fault."

Any middle aged patient, emaciated, complaining of a diarrhœa, of from eight to twelve stools a day, with the passage of considerable mucus and blood from the rectum, and with a history of a very rapid loss of weight, that patient, in the hands of practically all physicians, will receive a rectal examination. Why? Because those symptoms are absolutely typical of rectal malignancy. Yet we all know that in any disease the symptoms are not always typical. Bleeding from the rectum is frequently the only symptom of a carcinoma. But let a patient mention to his doctor that he passes blood with his stool. Is that patient given a rectal examination? Not in most cases. Oh, that's just a little piles," is the usual answer, whereupon some suppository or drug is prescribed, and the patient bowed out of the office.

Examine your patient. Look. There may be a fissure, or a fistula, or a thrombotic hemorrhoid. Feel. There may be polypi, or hypertrophied anal papillæ, or a malignant growth.

The rectum may "feel full of small sticks" with "much pain

after stool" (*Æsculus*), yet all the *Æsculus* in the world will not cure your patient if there is present a true fissure ani with an accompanying spasm of the sphincter muscle. This condition, although undoubtedly the most painful of all rectal diseases, is yet the easiest to cure. And I have no doubt, if, in such a case, the doctor would take the trouble to look and see the fissure, he would decide that either divulsion or division, or both, would be the proper treatment, and that such would be the indicated remedy.

Right here it may be well to add a word or two of caution in reference to the treatment of anal fissure. Do not, if you have any desire to remain on speaking terms with your patient, apply *Silver nitrate* locally.

Realizing that anyone doing special work in any field is apt to "ride his hobby" too hard, and realizing that the majority of cases of constipation are not rectal in origin, the fact remains that a certain percentage are. If, upon examination, one finds an excessively tight and thickened sphincter muscle, together with an hypertrophy of the levator ani, it seems logical that treatment should be directed toward correcting the mechanical obstructive condition in the rectum, rather than, or before, prescribing the similitum.

Pruritis ani, more so than any other rectal condition, offers a large field for homœopathic therapeutics. Yet many cases of pruritis are due, for example, to a blind internal fistula, and after the opening up of this fistulous tract, just so rapidly as the wound heals, so does the pruritis disappear. Does it not seem unreasonable to prescribe *Fluor. ac.*, *Merc.*, *Sulph.*, *Ars.*, etc., without first making an examination to determine whether or not it is a case for homœopathic prescribing? If it is, the remedies mentioned do excellent work when indicated.

There is only one way of determining whether or not any given case is one in which homœopathy is applicable, and that is, to examine the patient.

616 Madison Ave.

PRE- AND POST-OPERATIVE MEDICAL TREATMENT.

Dr. Guy Beckley Stearns, 180 West 59th Street, New
York City.

To the surgeon, whose view-point is established around the mechanics of the body, is usually left the pre- and post-operative treatment of a patient, and some of the measures adopted in this treatment seem to the medical man, who is particularly interested in the dynamics of the body, susceptible of improvement.

The simplifying of the skin-preparation has been most advantageous. But the use of pre-operative catharsis is still too prevalent. The salines upset the balance of the body-salts, dehydrate the body, and interfere with normal absorption, thus producing a pathological condition to start with; and vomiting, gas-pains, and intestinal paresis are more likely to occur as a post-operative complication. There is no good purpose in a cathartic which will not be accomplished without disagreeable sequellæ by a simple enema.

The employment of the hypodermic of morphia before anesthesia is open to the same objection, because it retards normal establishment of function the next day. Often, patients are lame after operation because of the unnecessarily strained position on the operating-table. Some anesthetists put a finger on the cornea to test its reflex; surely that is needless.

The shocks of the anesthetic and of the operation being unavoidable, why not make easy and simple whatever *can* be made easy and simple, thus giving the patient as little as possible from which to recover?

Some make it a rule to give *Arnica* in every case; this is not a bad plan, many so prescribed for suffering but little, but more often the first night is a time of torment.

We ought to study about remedies to be used beforehand, for the purpose of lessening pain after the operation.

I remember with what longing a patient awaiting operation expressed the wish that her old high-potency homœopathist could return to earth to give her the same remedy before the opera-

tion that he once gave and which, she said, prevented all suffering afterward.

The danger of surgical pneumonia can be decreased by having the operating-room temperature at least as high as would be comfortable to oneself if one were exposed as is the patient.

The careless slopping of water over a patient and leaving him wet is an added source of danger.

As soon as placed in bed, he should be surrounded by hot-water-bottles and kept covered. An excellent rule in some hospitals is that a nurse who steps across the threshold from a patient's room during the first twenty-four hours succeeding the operation is immediately dismissed.

These simple pre-operative precautions leave a patient with less nausea and gas-pains and less misery generally than do the customary preparations. But the treatment at this period—directly after coming from the operating-room—becomes a purely medical problem and should be studied, especially by the medical man. It is toward the use of the homœopathic remedy that this paper is particularly directed.

Usually, however, a routine procedure is pursued. As the patient returns to consciousness a hypodermic of morphia is given. The surgeon, obsessed by the bugbear of acidosis, orders soda bi-carb. enemas combined with coffee, glucose, or whatever else is his fancy.

There is no harm in a single retention enema as soon as the patient is off the operating-table, but the frequent enemas disturb a man who needs quiet and to be left alone. In some cases, acidosis may become a complication requiring an alkali to combat it, but in nineteen years of active practice I have never seen, in any degree of acidosis, a patient fail to respond to a properly selected remedy. Nor have I ever seen a life endangered by the giving of that remedy and the omitting to use the alkali.

Water-drinking up to the toleration-point should be encouraged, after operation, hot water being generally well-borne.

Also, the patient should be turned toward one or the other side occasionally when he grows weary of one position.

If a careful repertorial and materia medica study were made of 100 post-operative cases, a group of remedies would be

worked out which would cover most cases, and the study would be of enormous value to all homœopathic surgeons and morphia would almost never be needed. I propose, therefore, a study of a large group of cases, with the idea of doing for post-operative cases what Allen and Norton did for ophthalmology.

Now this is the way to set about it: Cut out all these hypodermics, these strained postures during operation, these highly-medicated enemas, this codein for cough, etc. Instead of all that, use Homœopathy. In the period immediately following awakening from the anesthetic the clinical factors should be measured, *i. e.*, poisoning and shock from the anesthetic and shock from the operation. Then the symptoms should be considered and the character of each symptom, its location and its modalities noted. Keep in mind the location of the operation and the tissues affected, remembering that Bœnninghausen showed the selective action of remedies for different parts of the body.

The study can best be conducted as follows: All the symptoms should be written down. Then do not pounce on a keynote-symptom and prescribe on that, but take from among these the most prominent symptoms and search in the Repertory for the group of remedies which belong to it. The selection of the first symptom requires great discrimination; Hahnemann's direction "to choose that of which the patient complains the most" is a safe guide. Should the patient be unconscious, choose that objective symptom which most nearly typifies him. Then take another very prominent symptom and eliminate all the remedies not appearing in both rubrics,

Next, take a third symptom and compare this with the first, just as the second was compared with the first. If enough characteristic symptoms be present, a fourth symptom should be selected, exactly as in numbers 2 and 3; compare this fourth symptom with number 1.

This method of comparison will usually show six or eight remedies that appear in all four rubrics and all of them are somewhat similar to the case. Now study these remedies in the *Materia Medica* and usually it will be found that one of these six or eight is the similimum. Should it fail to appear in this group,

study the larger group of remedies, which appeared in any two of the rubrics. Always, *when you have arrived at this point*, be on the alert for a keynote-symptom which will quickly lead to the remedy covering the whole case.

The following are some of the keynotes:

Strontium is the great remedy for surgical shock, particularly after loss of blood; *Bismuth* stands high in value for nausea after abdominal operations; *Staph.* sometimes is useful for the same. *Raphanus* helps where gas becomes incarcerated in the upper part of the abdomen; *China* helps when there is much distention and when the patient craves something, but knows not what.

Women with old lacerations of the cervix are apt to develop the mental symptoms of *Staph.* and in this condition it is useful. In one case, a woman was so much benefitted by *Staph.* that she declared herself well and refused to submit to a reparative operation. *Staph.*'s relation to lacerated tissues is similar to the relation of *Rhus tox.* to strains; it is useful for the pain and nervousness after the extraction of impacted teeth.

Sometimes during the first forty-eight hours the heat from a hand-reflecting lamp gives relief. But the greatest relief of all comes from the homeopathic remedies, by which also—*mark this*—the danger of sepsis is diminished.

The following rubrics from Kent's Repertory must be kept in mind:

Under "Generalities:"

- Anxiety (general physical).
- Collapse.
- Hard bed (sensation of).
- Injuries.
- Narcotics (aggravation from).
- Pain (character and modalities).
- Sensitiveness (to pain).
- Shocks (from injury).
- Wounds.

Also look up the appropriate sections under:

- Mind.
- Face (discoloration, expression).

Taste and tongue.

Stomach (aversions, desires, thirst, nausea, vomiting, etc.).

Abdomen (distention, pain, etc.).

Respiration, cough, expectoration, etc.

Part or tissues affected.

The above include the most probable rubrics, but are by no means final.

In using the repertory, remember that it is merely suggestive; make the actual selection from the *Materia Medica*.

The great point to be borne in mind is one which, curiously enough, seems lost sight of, and that is that technique must be, if our patients are to be cured, *technique must be* as scrupulously observed in our prescribing as in the surgeon's work.

Last year I had two cases whose treatment illustrates the importance of studious prescribing after operation. One had a large fibroid tumor. She became pregnant and was three and one-half months along before the condition was discovered. A myomectomy was performed and a three pound tumor was removed without disturbing the pregnancy. After the operation she complained of intense pain, a sensation as though she were being torn apart, and it seemed probable that she would abort. *Arnica* and *Staph.* had been given without alleviation. In Kent's Repertory I found *Rhus tox.* in the largest type under "*TEARING ASUNDER PAINS.*" The 30th gave such relief that in half an hour she was reasonably comfortable and her further progress was uneventful.

Some months later, I used it again after appendectomy; in this case there was a dry, teasing, tickling cough, which caused tearing in the womb, restlessness, thirst, and a tongue coated white on one side with red tip. *Morphia*, *Codein*, *Soda bi-carb.*, enemas, etc., had neither comforted nor cured. *Rhus tox.* immediately modified the cough and all the other symptoms. I consider this a real find, for *Rhus tox.* corresponds to the result of strained and stretched tissues and covers many post-operative symptoms.

The last case which I shall bring to your attention to-day illustrates the technique of remedy-study; a woman of 52 had been operated on for empyema of the gall-bladder. She was septic, with temperature running between 101 and 103, pulse

around 120, and respiration around 26. She had frequent vomiting resembling coffee-grounds; thirst for frequent small quantities of cold water, which was vomited soon after being swallowed. Her abdomen was greatly distended, more in the left lower quadrant. She was so weak that she hardly could talk; had burning pain in the wound; prostration objective and subjective; tongue coated yellow; face flushed, mostly on the cheek-bones; hands were blue; she complained of feeling hot. A man certain of his remedies would have given *Phosphorus*, as, indeed, the surgeon did. But a student anxious to develop a group of post-operative remedies would look up in his Repertory the rubric "VOMITING AFTER DRINKING" and would find the following 27 remedies the most prominent: *Acon.*, *Ant. crud.*, *Ant. tart.*, *Arn.*, *Ars.*, *Bism.*, *Bor.*, *Bry.*, *Cadm.*, *Chin. ars.*, *Cina*; *Cup. ars.*, *Dulc.*, *Eupat. perf.*, *Ip.*, *Kreos.*, *Lyc.*, *Nux v.*, *Op.*, *Phos.*, *Sec.*, *Sil.*, *Sul. ac.*, *Tabac.*, *Verat. alb.*, *Verat. v.*

The remedies of this group having coffee-ground vomiting are: *Ars.*, *CADM.*, *PHOS.*

Those having sensation of heat are: *Nux vom.*, *Phos.*, *Sec.*, *SUL. AC.*, *Verat. alb.*

Those having circumscribed redness of the face are: *Ant. tart.*, *Ars.*, *Kreos.*, *Lyc.*, *PHOS.*

Phosphorus is the only remedy appearing in all the rubrics, but the careful man will not only compare the patient's symptoms with this remedy in the *Materia Medica*, but also with *Ars.*, *Cadm.*, *Kreos.*, *Lyc.*, *Nux vom.*, *Secal.*, and *Verat. alb.* all being somewhat similar. *Phosphorus* has all the above-mentioned woman's symptoms and was the remedy.

The study of the other remedies shows *Nux vom.* to be the next nearest similar, and as it is complementary to *Phosphorus*, it may be useful before the case is finished: for in every reactive effort the symptoms have a definite grouping that calls for a remedy causing a similar peculiar grouping, and that remedy, if interrupted, either cures, or else it advances the case into another definite grouping of its symptoms which is covered by a complementary remedy.

It may seem that this repertorial and *Materia Medica* study

is arduous and time-consuming, but once the technique is mastered it is not unduly so. I assure you that the work on the above case took me not more than twenty minutes.

To sum up :

1. Both the anesthetic and the operation unavoidably induce pathological states.
2. Further pathological states are induced by cathartics and *Morphia* and these should be avoided.
3. Pre-operative homœopathic prescribing should be studied.
4. Attention to operating-room temperature, to allowing the patient to remain wet, to local heat, position, etc., during and after operation lessens risk of pneumonia and other complications.
5. The homœopathic remedy most quickly restores function, most safely allays pain, best meets complications, and is the best control of sepsis.
6. If, in 100 cases, as thorough technique were observed in prescribing as is employed by the surgeon in operating, the remedies for most post-operative conditions would be discovered.

ENDOCRINE CASE REPORTS.

W. H. Freeman, M. D., Brooklyn, N. Y.

Mrs. M., age 50. All food causes distress, burning in stomach, belching and bloating, worse two hours after eating. Drinks two cups of coffee and one of tea daily.

Lower abdomen: Pressure and soreness worse after eating.

Right hypochondrium: Occasional sticking pains waken her at three a. m.

Appetite poor and entirely lacking for breakfast.

Tongue clean. Taste sour, bitter, metallic.

Constipation and no inclination except after a cathartic.

Dull headache often extending to shoulders, and worse mornings and especially after coitus; better after a cathartic.

Trembles on exertion; weakness.

Melancholia, nervousness, fear as if something going to happen. Mental confusion in spells.

All symptoms worse when alone, and worse after eating and after coitus.

Examination: Blue eyes, dark hair, wrinkled, loose skin; no hirsutes or moles; teeth false; heart and lungs negative; blood pressure, 135; greater curvature of stomach two inches below interspinous line and marked clappitage; broad abdomen, flaccid muscles; no abnormal tenderness over gall bladder, stomach line, appendix, splenic flexure, or sigmoid; Ewald meal shows retention of 150 cc. one hour after eating, and total absence of H Cl. Urine negative. The broad abdomen and rather dumpy figure shows it not to be a true habitus case.

History: Menses, age 15 to 46; always uneventful. Never pregnant. The only illnesses she knows of are measles, mumps, scarlatina and possibly variola.

Diagnosis: Gastric atony, achylia, atonic constipation, intestinal toxæmia and mal-assimilation, which may be summed up, in so far as this patient is concerned, as a form of *pituitary dystrophy*.

Treatment: In order to be curative and not merely palliative, the treatment for such a condition should consist of a combination of appropriate dietetic, hygienic, calisthenic and medicinal measures. No one of these measures alone nor an inaccurate combination or application of them will give satisfactory results.

The question of diet for such condition is too complex to be considered in detail at this time. However, it should consist chiefly of dry foods (excepting milk and cream), which require chewing, which are of high caloric value, easily digested and non-putrefactive in character. The patient should receive at least 2,500 calories daily as a minimum, and should eat six meals daily instead of three. She should drink water between meals *only*, and should abstain from tea, coffee, cocoa, meat, soups, fat or greasy or fried foods, sweets, sours and spicy foods and she should lie on the right side for half an hour after taking food.

A combination of rest and of exercise in the open air, *in small doses* frequently repeated, and enemas instead of cathartics, and sponge baths of tepid or cold water rather than hot baths and massage if it can be afforded, are all essentials.

Calisthenics indicated are those which strengthen the abdominal

muscles and stimulate the gastro-intestinal apparatus, such as touching the head of the bed with the toes while lying on the back, and lying and rising to a sitting position with the toes hooked into the rail at the foot of the bed, and by deep costo-abdominal breathing (the diver's respiration), which flushes all capillaries and massages all the abdominal and pulmonary organs.

As a result of disappointment in results from hasty and often improperly selected remedies or from expecting too much of medicinal measures, the writer now abstains from medication except for urgent symptoms, and relies chiefly on dietetic and hygienic measures for relief *during the first stage of treatment*. By so doing excellent results have usually followed in the early part of the treatment solely as a result of these measures alone, and it has been found also that the symptoms of the patient became much less confusing, many of them disappearing entirely, and those which remain more definite and more certainly showing the peculiar indication for the needed remedy with which to complete the cure.

This patient was given *Mineral oil* ʒi, morning and evening, on an empty stomach, and dilute *Hydrochloric acid* gtt. xv, in a little water half an hour after eating six times daily; the proper diet was prescribed and by degrees she was intructed in the other necessary measures.

She began to improve and gained in weight and strength, and many of the most disagreeable symptoms soon disappeared.

After four weeks of the foregoing she felt better than she had felt for four or five years, but still complained of the following:

Nervous and apprehensive, worse mornings, worse when alone, and worse after coitus.

Headache in morning on waking.

Vertigo mornings.

Belching moderately after eating.

Flatus considerable.

Constipation necessitates an occasional cathartic in spite of mineral oil and enemas.

Clappitige still present but greater curvature is now on the level of the interspinous line. Ewald still shows achylia.

R. *Ext. whole gland pituitary*, gr. $\frac{1}{2}$, twice daily.

One week later the patient reported relief from all symptoms.

R. *Pituitary*, gr. $\frac{1}{2}$, only as needed for return of symptom.

Two weeks later, reported having taken only three or four doses of medicine for slight symptoms with quick relief. Bowels now moving regularly without oil or enemas or laxative. Has stopped using the H Cl, and can never remember having felt better. Still continues on the diet. Refuses any more test meals. Greater curvature above umbilicus and clapping absent.

Warning is hereby given that *Pituitary extract* is liable to severely disagree with the patient when not indicated or when improperly used.

The writer wishes to acknowledge his indebtedness to Dr. Joseph Fraenkel and the Fraenkel Club of New York City for what little practical knowledge he has acquired regarding endocrinology.

INTRINSIC HEMORRHAGE FROM THE VAGINA.

By Joseph H. Fobes, M. D., F. A. C. S., New York City.

Hæmorrhage from the genital tract in women has been the subject of especial interest in the past few years, due to the desire to call attention to the necessity for early diagnosis of cancer, if a radical cure is to be attained.

The flow of blood from the outlet of the vagina is an imperative reason for immediate consultation and examination at any age, except when noted at the menstrual period. This, I am glad to say, seems to be recognized by a large proportion of the female sex. As is usual in all radical movements, the pendulum of progress swings too far and sometimes it is hard to convince the victim of cancerphobia that she is not suffering from the dread disease.

It is the purpose of this contribution to mention briefly the etiology and treatment of all hæmorrhages from the vagina itself, thus excluding those arising from the uterus and vulva.

Etiological factors naturally group themselves as follows:—

1. Trauma.
2. New growths.

3. Inflammatory conditions.

4. Vaso-motor states.

1. Traumatic hemorrhages have many times been reported as the result of peculiar accidents, such as falling on a picket fence, being gored by an angry bull, etc. Also rupture of the hymen is frequently an etiological factor, the tear extending to the vaginal wall. But serious hemorrhage from such occurrences is rare, and if present, the treatment, consisting of repair of the rent, is obvious.

2. New growths of the vagina are rare. Cysts containing blood, angiomas, and malignant tumors are sometimes noted. Excision is indicated.

3. Vaginitis of several types may produce transitory bleeding, but the infectious granulomata, such as syphilis and tuberculosis, may cause serious protracted hemorrhage. The actual cautery, together with appropriate specific medication, both local and general, has proved useful in syphilis, while in tuberculosis. *Acetic acid*, one per cent. douches, followed by some form of *Iodoform*, is satisfactory.

4. Interference with the circulation by pressure, preventing venous return flow, is the most frequent cause of intrinsic vaginal hemorrhage, as found in the rupture of varicose veins of pregnancy and uterine fibroid of large size. Abdominal support lifting the uterus out of the pelvis relieving pressure, packing and, if necessary, ligation, are of use in pregnancy. Packing and operation are indicated in fibroid.

It is the desire of the writer to call attention to bleeding from the vaginal walls, capillary in character, but persistent, accompanied by high blood pressure and probably due to it. This condition usually arises at or near the climacteric and in the three cases seen two had borne children. The hemorrhage was of the spotting type characteristic of new growth in the uterus, but ordinary examination failed to reveal the source. In the first case, on the operating table, while preparing for a diagnostic curettage it was noted that the preparing sponge rub produced much oozing from the vaginal walls. The blood pressure at that time reached 180 degrees, systolic with a pulse pressure of over 80 degrees. The curettage revealed no intra-uterine

cause nor did a careful bi-manual examination under *Ether*. The treatment consisted of *Acetic acid* douches and *Calcium chlorid sat. sol.*, gtt. x, every three hours. After two weeks' treatment, no further blood appeared, although touching the vaginal walls with a sponge would produce a slight flow. The patient has led a quiet life. Her pressure is lowered, and there has been no return of the flow for three years. The microscopical findings were negative. The patient is cured of a cancerphobia. That in itself may have been a factor in reducing pressure. The passing of the climaxis may have also been a factor. Two patients presenting a similar condition since then have yielded to the same treatment.

Summary:—High blood pressure and vaso-motor states may produce bleeding from the vaginal mucous membranes, which yields to appropriate measures.

No. 1 West 68th Street.

FOOT-SWEATS.

SILICA.—*Offensive foot-sweat* with rawness between the toes. Itching of soles, driving to despair.

SEPIA.—*Profuse foot-sweat* or very *fetid*, causing soreness of toes. Burning, or heat of the feet at night. Crippled nails.

BARYTA CARB.—*Fetid foot-sweat*, with callosities on the soles which are painful on walking. Soles feel bruised at night, keeping one awake, after rising and walking.

LYCOPOD.—*Profuse and fetid foot-sweat*, with burning in the soles. One foot hot, the other cold, or both cold and sweaty. Swelling of the soles; they pain when walking. Fissures on the heels.

THUJA.—*Fetid sweat* on toes, with redness and swelling of the tips. Nets of veins, as if marbled, on the soles of the feet. Suppressed foot-sweat. Nails crippled, brittle, or soft.

GRAPHITES.—*Profuse foot-sweat*, not fetid as in *Sep.* or *Silicea*, but the most moderate walking causes soreness between the toes, so that the parts become raw. Spreading blisters on the toes, thick and crippled toe nails. (Jahr gives fetid feet under *Graph.*)

KALI CARB.—*Profuse fetid foot-sweat*. Swelling and redness

of the soles; chilblains. Stitches in the painful and sensitive corns.

CARBO VEG.—*Foot-sweat* excoriating toes. Toes red, swollen. Stinging, as if frosted. Tip of toes ulcerated.

ZINCUM.—The feet are sweaty and sore about toes; also fetid. Chilblains from scratching and friction. The suppression of sweat causes paralysis of the feet.

MUR. ACID.—Cold sweat on the feet, evening in bed. Swelling, redness, and burning of tips of toes. Chilblains.

NITRIC ACID.—Foul smelling *foot-sweat*. Chilblains on the toes.

CALC. OST.—*Foot-sweat* which makes the feet sore. Feet feel cold and damp, as if she had wet stockings. Burning in the soles.

LACTIC ACID.—Profuse *foot-sweat*, but not fetid (*Graph.*).

SULPHUR.—Sweating and coldness of the soles. Burning soles, wants them uncovered.

PETROL.—Feet tender and bathed in a *foul moisture*. Feet swollen and cold. Hot swelling of the soles, with burning. Heel painfully swollen and red. Chilblain. Tendency of skin to fester and ulcerate.

IODUM.—Acrid, corrosive *foot-sweat*. Œdematous swelling of the feet.

PLUMBUM.—*Fetid foot-sweat*. Swelling of the feet.

PODOPHY.—*Foot-sweat* evenings.

CANTHAR.—Temporary cold sweat on feet. Smells like urine.

HELLEBOR.—Humid, painless vesicles between the toes.

SQUILLA.—*Cold foot-sweat*. Sweat only on toes. Soles red and sore when walking. (Jahr gives the following.)

FOOT-SWEAT.—ACON., *Amm.*, Baryt., °CALC., *Carb. veg.*, COCC., *Cup.*, Cycl., *Dros.*, *Graph.*, Iod., °KALI, *Kreos.*, *Lach.*, °LYCOP., *Mag. m.*, Merc., *Nat. m.*, *Nit. ac.*, *Nux jug.*, *Petr.*, Phos., *Phos. ac.*, *Plumb.*, *Puls.*, *Sabad.*, *Sabin.*, °SEPIA, °SILIC., °SQUILL., *Staph.*, °SULPH., *Thuj.*, Zinc.

CORROSIVE.—Iod., *Lycop.*, *Nit. ac.*, *Silic.*, Zinc. (*Carbo veg.*).

— FETID.—*Amm.*, *Baryt.*, *Cycl.*, *Graph.*, *Kali*, °*Nit. ac.*, °*Nux jugl.*, *Phosph.*, *Plumb.*, *Sep.*, SILICA, Zinc.

— COLD.—*Cocc.*, *Dros.*, *Ipec.*, *Lycop.*, Merc., *Squill.*, *Staph.*, *Sulph.* (*Canth.*)

— NIGHT (at).—Coloc. (Evening, Mur. ac., Podoph.).

— SUPPRESSED.—°Cup., °Kali, °Nat. m., °Nit. ac., °Sep., °SILICA (Apis, Rhus tox., Puls., Thuj., Zinc.).

— SOLES OF FEET (on).—Acon., Arn., Kali, Nat. m., Nit. ac., Petrol., Plumb., Sabad., Silica, Sulph.

— TOES (between the).—Acon., Arn., Clem., Cycl., Ferr., Kal., Sep., Sil., Squilla, Tarax., Thuja.

To this we may add:

— PROFUSE.—Carbo v., Graph., Jali c., Lactic ac., Lycop., Sepia.

— With much *itching* of soles.—Silica, Sulph.

— With *burning*.—Calc. ost., Lycop., Mur. ac., Petrol., Sep., Sulph.

— With *rawness*.—Graph., Silica. (Carbo veg.)

— with *soreness*.—Baryta c., Calc., Carbo veg., Graph., Iod., Petrol., Sep., Squilla, Zinc.

— With *redness and swelling* in the soles.—Iod., Kali carb., Lycop., Petrol., Squilla—in the feet, Plumb.—in the tips, Mur. ac., Thuja—in the toes, Carbo veg.

— With *pain*, on walking.—Baryta c., Graph., Lycop., Squilla—at rest, Carbo veg. (stinging), Petrol. (pain in heel of foot.)

— With *crippled nails*.—Graph., Sepia, Thuja.

MOISTURE (rather than sweat).—Fetid, Petrol.—Cold, Calc.

E. FORNIAS, M. D.

DEFINITE INDICATIONS FOR PHOSPHORUS IN THE TREATMENT OF THE SICK.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

I have been asked several times to write an article about the definite indications for *Phosphorus*.

It makes us think of this remedy when we see a tall thin person with fine hair, clear ivory white complexion, such people like to be *magnetized*. This remedy is indicated in brain-fag and softening of the brain; the patient feels *tired* and dreads *mental* exertion.

It is indicated in vertigo of old people. There is a chronic congestion of blood to the brain, and heart, and congestion seems to come up from the spine.

When *Phosphorus* is indicated the face is *pale* and *bloated* round the eyes, and the *whole* face is *bloated*. *Phosphorus* has the peculiar symptom of heat *running up the back*.

You may have a patient that will tell you that their food, when swallowed, comes up *immediately* as if it had never reached the stomach. The above symptom calls for *Phosphorus*.

This remedy also has flashes of *heat* all over the body, *beginning* in the hands.

This remedy is indicated in *chronic* catarrh, when the patient blows small quantities of *blood* from the nose, the handkerchief is always *bloody*.

In bronchitis when the cough is *tight*, worse from evening to midnights, aggravated by laughing, speaking or reading aloud, cough is also *worse* lying on *left* side. The patient *suppresses* the cough as long as possible because it *hurts* him so; the whole body *trembles* with the cough.

It should be remembered that in *hoarseness*, when *Causticum* is indicated, the *longer* a patient talks or *tries* to talk, the *better* they can talk, but when *Phosphorus* is indicated the *more* they try to talk the *worse* they are.

In a cough or laryngitis there may be a *sore* or *raw* sensation extending down the trachea. When *Phosphorus* is indicated the patient will show you the extent of the *rawness* with *all* the fingers of one hand; when *Causticum* is indicated they will show you the extent of the rawness, with *one* finger passing over the line of the trachea. In this way we can tell *which* remedy is *indicated*.

This remedy is indicated when the patient moves *continually*, *can't* sit or stand still a moment, but is *fidgety all over*. In some apparently healthy persons *slight* wounds *bleed freely*, it is called the hæmorrhagic diathesis. The above condition indicates *Phosphorus*.

Fatty degeneration of an organ, such as the heart, liver and kidneys, calls for *Phosphorus* as the first remedy to be thought of.

This remedy is indicated in pneumonia when there is a sensation of a *heavy weight* on the *chest*. The disease attacks *lower* part of *right* lung. The patient can't lie on *left* side, it makes him *cough*. *Phosphorus* is indicated in tuberculosis when there is

a *burning* between the shoulder blades, a constantly *increasing* hectic fever and *flushing* of the face towards *evening*. There is great *hoarseness* with evening aggravation, copious expectoration, *blood streaked*, and *tightness across the chest*. There is *soreness* in larynx and trachea aggravated by *talking*, and may amount to complete *loss of voice*.

When patients *fear* to be left *alone*, are afraid of the *dark*, or of a thunder storm, then *Phosphorus* is indicated.

This remedy is especially indicated in *necrosis* of the lower jaw.

It should be remembered that *Lachesis* is *worse* after sleep, *Phosphorus* patients are *better* after sleep.

In constipation when the *fæces* are long and slender like dogs' stools, *Phosphorus* is the remedy indicated.

In diarrhœa, when the stools are profuse, *pouring out like water* from hydrant, with lumps of *white* mucus, like *grains of tallow*, *wide open* anus, *Phosphorus* is the remedy indicated.

The *thirst* calling for this remedy is peculiar. He wants *cold* things, but as soon as they get *warm* in the stomach they are *vomited*.

Patients needing *Phosphorus* are *hungry*, must *eat often* or they faint, right *after* or soon after, meals; is hungry in the *night*. They are *relieved* by eating, but are *soon* hungry again.

Some patients will have a *hacking* cough that is caused by any excitement or the presence of strangers. If you ask the patient how this cough is he will cough before answering.

Phosphorus is indicated when there are *black* specks before the eyes or flashes of *light* or a *red* appearance of letters when reading.

In fatty degeneration I would prescribe *Phosphorus* 3d x, three tablets every four hours.

In softening of the brain (unless some other remedy is especially indicated) the *best* treatment is *Phosphorus* 3d x, four times a day, and *Baryta carb.* 6th x, three tablets four times a day. Give one remedy one week, the other the next, and so on in alternation.

In my practice I have found the 3d x *Phosphorus* the best potency to use. In some old chronic cases and in children I have had good results from the 30th x.

PREVENTIVE MEDICINE

The necessity for individualization and indication is as essential in a prophylactic as it is in a curative remedy, and as there is no such a thing as a *specific* in the curative realm (from the diagnostic standpoint), there is no such a thing from a prophylactic point. Each epidemic will soon disclose to the skilled prescriber the *genus epidemicus* (the remedy that will be *specific* in that peculiar or particular epidemic, and that remedy will also be the prophylactic, and given to those not noticeably affected will *prevent* them from becoming so. It will not *prevent infection*, but by establishing whatever power or state of resistance that is established when the *established disease* is cured, it will *raise* or *maintain* the vital resistance to a sufficient point to overcome the contagion and thus prevent infection or destroy it in its inception. Thus in an epidemic of *Belladonna* scarlet fever *Belladonna* will prove the prophylactic. For if a patient is infected with *Belladonna* scarlet fever, the sooner that patient gets *Belladonna* the better. Now, suppose a child in a family of other children becomes infected and shows symptoms of scarlet fever, the *Belladonna* type, responds to *Bell.*, it is a warrantable assumption that if any of the other children get it it will be of the same type, and, if the *patient* with *established* scarlet fever responds to *Bell.*, she or he would have responded during incubation and scarlet fever would not have been established, and that is prophylactic.

I went through an epidemic of *Ailanthus* scarlet fever. I brought the *established* cases through with *Ailanthus*, and I kept everybody who would take *Ailanthus* under its influence. How many I prevented from getting it or how many I cured in the stage of incubation I do not know, and I do not care, but I am satisfied that I did no harm, and from a *scientific* standpoint, I say the assumption is warrantable that if I did not prevent anybody from getting it I *got in early* on some that did get it, and cured it in the stage of incubation the same as I did in the *established stage*.

Now we have an epidemic of influenza and *Gels.* is doing wonderfully efficient work in the *established* cases, why would it not be good form to put all suspected cases on *Gels.*?

It surely would be more sensible than to hand out all this hot air, on regular diet, fresh air and keep the *bowels open*. The *genus epidemicus* is the secret of success, and it can only be found by searching the *materia medica*. We *have* found it in diphtheria, Asiatic cholera, yellow fever, typhoid, influenza, and every other scourge that has swept the country, and we have found it in the *materia medica* of *Hahnemann*, and so I say that in Homœopathy we have the best that has yet been offered in the whole realm of scientific medicine for the prevention of disease and for the cure of disease.

JOSEPH E. WRIGHT.

Westfield, N. J.

A CASE OF ASPIRIN POISONING.

We take this from *The Lancet*:

In view of the promiscuous way in which aspirin, often self-prescribed, is taken by the general public the following case is of considerable interest to the profession:

Patient, sergeant, U. S. A., aged 24, was admitted to the Thetford Military Hospital, on October 25th, 1918, with the history of having been taken ill two days previously with influenza. He was a powerfully built man and gave no history of previous gastric or intestinal trouble. He stated that he had been taking aspirin capsules of his own in addition to 18 5 gr. tablets given to him by the medical orderly. Instead of keeping to the prescribed dose, he had taken them all, together with a number of capsules in the course of six hours. He did this in order to get fit quickly, as he was under instructions for France.

On admission patient was markedly anæmic, temperature 101.4° F., pulse 120. During the day he vomited undigested milk, with no trace of blood. On October 26th, the anæmia was more profound. Pulse 150—weak and irregular. An enema was administered with little result. The vomiting continued at intervals. On the following morning, at 5 a. m., a large quantity of blood was passed by the bowel and he rapidly became unconscious. No thought of an exploratory laparotomy could be entertained. He died a few hours later.

POST MORTEM.—There was no peritonitis, and no free fluid in the abdominal cavity. The last five feet of the ileum was acutely congested, and the cæcum and colon were loaded with blood clots. The line of demarcation between healthy and congested bowel was very definite. On opening the small intestine it was found to be uniformly inflamed. The mucous coat had apparently disappeared, leaving the submucous coat and blood vessels exposed and eroded. Bleeding from this large area had evidently been the cause of death. The other organs were in a healthy condition.

REMARKS.—Aceto-salicylic acid is known to pass unchanged through the stomach and upper portion of the small intestine, and is then converted into free salicylic acid. It is probable that this man took nearly 200 gr. of the drug into an empty alimentary canal, and that the salicylic acid formed was responsible for the removal of the whole lining membrane of the bowel in the area described. The mucous membrane of the cæcum and colon appeared to be unaffected. An inquest was held and a verdict of "Death by misadventure through an overdose of aspirin" was returned. It would be interesting to know if this possible action of large quantities of salicylic acid on the bowel is recognized, or if this case may have been due to some impurity in the aspirin.—*The Homœopathic World*.

ACUTE SYMPTOMS.

Inflammation, whether resulting from infection, irritation or poisons, is direct outcome of nervous reflex action, exciting Nature's force to resist and protect.

Pathological finding in an acute disease is *not* the disease itself but is the result of some agency exciting, primarily, the nerves to bring about the condition found as a protection, to limit the disturbance. The walled off abscess, the consolidated lobe of the lung, the inflamed area around the joint of infection, are Nature's efforts, not the action of the disease. The disease is the agency that excites but it is Nature that produces the changes.

Just as all evidence of acute diseases is but Nature's resistance to the disease so are all "symptoms," but the phenomena appear-

ing during the course of Nature's resistance to a disease,—when this resistance ceases there are no "symptoms."

The disease, *per se*, produces no "symptoms." Nature, acting normally, produces no "symptoms." Only when Nature's forces are making an effort to overcome disease is there any evidence of disease. The finding of bacilli in any part of the body does not constitute disease, only when these bacilli are capable of exciting the nerve-endings, which in turn bring about reflex local changes (inflammation) is the part diseased.

When a person of low vitality is attacked with an especially virulent disease death may occur and often does before "symptoms" appear, even before the disease gives evidence of its character. In this case the disease overwhelmed Nature before resistance could be organized and put into effect, hence no symptoms appeared.

Again, near the end of a fatal acute disease, when Nature has "given up" the fight, do you see "symptoms?" The disease is in sole control, where are the "symptoms?" Just a fluttering heart, rapid, shallow respiration, cold extremities, eyes dull, muscles lax, and mental torpor, could you *diagnose* the case by these "symptoms?" Symptoms are phenomena recording Nature's efforts, they show how Nature is fighting the disease (whose methods are unseen, unknown), they show what efforts Nature must make to overcome the disease, they tell us how the battle rages, that Nature is weakening or winning; we watch the battle, we assist Nature by giving a drug which will stimulate *her* efforts along the same line she is making, not overwhelm her and her efforts in the mistake that she is the disease. These "symptoms" may be purging, vomiting, sweating or a thousand other phenomena, yet they are *all* the results of Nature's efforts *not the disease*.

A drug which would bring about these same phenomena in a normal person would excite Nature's efforts to overcome the drug action in the same way a disease causing the same phenomena would excite Nature's forces of resistance. If the indicated drug is given in a disease it stimulates Nature's efforts to do exactly the same thing she was doing to overcome the disease.

The drug itself has no curative effect upon the disease only as it excites Nature's forces to greater efforts along the line

which Nature is already making. Since a "symptom" is the indication that Nature is making a certain effort to overcome the disease, to remove that symptom it is necessary to stop the effort Nature is making, therefore a drug which in itself can remove a symptom deprives Nature of her effort to cure the disease. When Nature overcomes a disease her efforts cease automatically and the "symptoms" disappear. Every physician should realize that the acute symptoms he sees in a sick person are Nature's efforts not the disease itself, and to interfere with Nature's efforts is "contraria contrariis" personified.

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B. U. S. M., '99.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

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Advanced Genitourinary Tuberculosis.—In a case of advanced tubercular pyelonephritis the writer found the following condition of the urine: Volume, 560 c.c.; day urine, 350 c.c.; night, 210 c.c.; color, deficient; odor, slight, not unpleasant; specific gravity, 1009; reaction acid, 25 degrees; appearance, cloudy; sediment, plenty, dense whitish streaked with red; urea, 1.5 per cent., total per 24 hours, 8½ grammes; uric acid, 0.039 per cent., total, 0.22 gramme per 24 hours; ammonia, 0.068 per cent., total, 0.38 gramme in 24 hours; phos. acid, 0.12 per cent., 0.67 gramme per 24 hours; chlorine as Na Cl 0.45 per cent., total 2½ grammes per 24 hours. Indican, marked reaction. Urobilin and acetone bodies negative. Albumin, 0.1 per cent. (first mark on the Esbach tube); sugar negative, casts negative; sediment composed of numerous leucocytes and red blood corpuscles apparently from the lower urinary tract.

The features of the urine were **low specific gravity, albumin, pus and blood in acid urine.**

The Writer's Acidosis Test.—In the *New York Medical Record* for March 8th, '19, the writer had an article, entitled "A Simple Urine Test for Acidosis," from which we excerpt the following:

"The foundation of the test rests upon the fact that urine has the property of decolorizing iodine in aqueous solution, that is iodine in solution in potassium iodide solution, for example, the so-called Lugol's solution. The truth of this can easily be ascertained by the following simple experiment: To one liter of water add 3 c.c. of Lugol's solution and mix thoroughly. A yellow liquid results which has a peculiar reddish tint, and a bright color. Pour 10 c.c. of this liquid into a small white dish, and with the aid of a medicine dropper add urine, drop by drop, with stirring, to the liquid in the dish. After 5 or 10 drops of urine have been added it will be seen that the color of the yellow liquid begin to fade, and that after some 20 or 30 drops have

been added the color is discharged entirely. The decolorization is not due to dilution with urine, as can be proved by performing the experiment with water instead of urine.

"After several years of experiment with the urines of various diseases the writer found that the urine of **diabetic coma**, and of the **pernicious vomiting of pregnancy** had a greater decolorizing power, so far as iodine was concerned, than that of other conditions. In other words, the urine in the acidosis of diabetes and of pregnancy contains a substance which is particularly well able to destroy the yellow color of iodine. * * *

"The best way to apply the test, so far discovered, is the following: To 145 c.c. of water (hydrant water will do) are added 3 c.c. of Lugol's solution and 2 c.c. of a saturated solution of picric acid, the whole being thoroughly mixed. The result is a fine clear reddish liquid of bright color. Pour this liquid into a white dish and heat it. The writer heats it on the water bath to a temperature of 180° F., but if a water bath is not available it may be heated over the flame until fumes are abundantly given off, boiling being avoided by turning down the flame sufficiently. When thus heated, the urine is added as quickly as possible but in small amounts at a time, the writer using for this purpose a graduated burette. If, however, a burette is not available, a small graduate or graduated bottle may be used from which to pour the urine into the hot liquid. It will be found that in acidosis the amount of urine needed to turn the bright red color to a bright yellow color is small, and the smaller the worse the case. In severe cases 2 or 3 c.c. of urine will almost immediately discharge the red color. In cases of moderate severity 8 or 10 c.c. may be required. Normal urines do not usually affect the color in smaller amounts than 15 c.c., except possibly in unusual conditions of concentration, where the amount of urine in 24 hours may be but a few hundred cubic centimeters. In most cases of normal urine, of specific gravity ranging from 1,015 to 1,020, the amount of urine required to effect change from red to yellow is around 20 c.c. or even higher, as high as 50 c.c. in some cases.

"There is no trouble about the end reaction in this process as the mixture remains fairly clear, sometimes entirely clear. If the change from red to yellow is not easily recognized, it will

be of avail to have near by in another white dish about 150 c.c. of a saturated picric acid solution for purposes of comparison. With practice the titration can be made so closely as to repeat within a fraction of a c.c., provided a constant temperature is kept and if the process is rapidly performed.

"If from day to day the color is discharged by less and less urine, the case is growing worse. If, on the other hand, more and more urine is daily required to turn the red to yellow, the patient is improving."

The Danger From Hæmorrhage in Hysterectomy.—Dr. Howard Crutcher in a paper published by the *Medical Record*, July 20th, 1918, speaks as follows regarding the danger from hæmorrhage in the operation of vaginal hysterectomy:

"Of all the dangers that arise from the operation of hysterectomy, unchecked bleeding stands pre-eminent; but the greater risk from this cause comes properly from branches above, and not rightfully from the main trunk below. The most dangerous field for copious bleeding will be found most probably in those dense upper bands of the broad ligament that are attached to the body of the uterus, when all reasonable danger to the main part of the uterine artery, the ureter, and other structures has been passed in safety. Through this part of the broad ligament the artery often lies in a series of loops, certainly none of which when severed can bleed when all have been securely compressed within the blades of a dependable clamp. To be more specific, after the main stem of the uterine artery has been driven from the field of operations, the danger of possible bleeding increases as we proceed upward, where a network of anastomotic twigs, quite variable in size, is generally found. The fundus of the uterus having been drawn well forward into the wound, the clamp is pressed home from below upward, closed securely, and well locked, where every movement is under the eye of the operator. I use the word clamp, being fully conscious of some of the absurd objections that have been raised against it, even by those who have never employed it. My preference for that instrument is based upon the reasons that it can with ease be employed in situations where no ligature can be applied and generally in a fraction of the time that a man of the highest skill can tie a secure knot. The practical results of the operation speak for themselves."

Salol in Urine.—The writer finds that, in common with other coal tar derivatives, salol in urine interferes with the ferric chloride test for diacetic acid. In a case of diabetes recently seen the patient had taken salol as a prescription for a cold. On adding three drops of a 20 per cent. solution of ferric chloride to 5 c.c. of this patient's urine a reddish color was obtained which, on shaking, resulted in the coloring of the precipitated phosphates, but this was **brown**, a color not observed when diacetic acid is the cause of the red.

The Diastolic Blood Pressure.—In a paper published in the *Bulletin of the Chicago Medical Society* Dr. L. M. Warfield considers the determination and importance of the diastolic blood pressure.

“Blood pressure estimations should register three values—the height of the systolic; the height of the diastolic, and the difference between the two, the pulse pressure. This he had called the pressure picture. Any report which did not register the three figures was incomplete and might lead to fallacious conclusions.

“When the auscultatory method was employed to measure blood pressure, all observers were now agreed that the very first sound heard through the stethoscope when the air was gradually released around a compressed brachial artery was the point where the systolic pressure should be read. When the systolic pressure was high or the pulse wave very large a dull sound might be heard as soon as the pressure in the cuff exceeded maximum pressure. With ordinary attention this should not be confused with the click sound which was produced by the first pulse wave to pass under the cuff as the pressure was reduced. The cause of the pseudo first sound was the transmission of the beat against the upper part of the cuff through the air under pressure in the cuff to the arm upon which the bell of the stethoscope was placed.

“A study of his records for the past three years led him to believe that he could formulate a few working generalizations. Further than this he did not seem justified in going at this time. The diastolic pressure for any individual was more constant than the systolic. As it measured the peripheral resistance it would seem to be a more accurate index of high or low tension than the systolic pressure.

"The pulse pressure, which represents the actual head of pressure forcing the blood to the periphery, could be obtained only by measuring both the systolic and diastolic pressures. It was, therefore, of the greatest importance to be able to measure accurately the diastolic pressure.

"Gradually rising diastolic pressure was of more significance than high systolic pressure. Large pulse pressures were essential for the compensation of hypertension cases. Decreasing pulse pressures in such cases were a sign of failing heart. Attempts by any means to reduce hypertension without proportional reduction of the diastolic pressure might be productive of great harm. Any pulse pressure below 30 mm. Hg. must be regarded as low, above 50 mm. Hg. as high.

"The diastolic pressure should be taken by the auscultatory method at the sudden transition from the loud third tone to the dull fourth tone. In many cases the fifth phase or disappearance of all sounds so closely followed the fourth phase that practically the diastolic could be taken at that point.

"No accurate observations of either systolic or diastolic pressures could be made upon decompensating hearts."

Hæmaturia.—An excellent article on hæmaturia has recently appeared in the *Therapeutic Gazette* written by Dr. Charles S. Hirsch. His conclusions are as follows:

"1. A complete detailed history and a careful physical examination should be an invariable rule in every case of hæmaturia.

"2. A positive diagnosis can be made in 99 per cent. of all cases, by the judicious use of the cystoscope, ureteral catheter, urethroscope, x-ray and laboratory.

"3. The color or density of blood in the urine, or the presence and character of clots, are in themselves not sufficient criteria on which to base a diagnosis.

"4. Too much reliance must not be placed on the clinical significance of initial or terminal hæmaturia, as indicating the origin of the bleeding.

5. Repeated cystoscopic, urethroscopic, x-ray and laboratory studies may be necessary, before giving a definite opinion.

"6. Many so-called essential, idiopathic, or symptomless hæmaturias are cases of bleeding arising from a renal varix,

angioma of the papilla, ureteral papilloma, etc., conditions which are impossible of clinical recognition.

"7. The presence of excessive urate, phosphate or oxalate crystals in the urine may produce hæmaturia, hence careful microscopic study should be made."

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EDITORIAL NOTES AND COMMENTS.

Notes on Poisoning in the Coal Tar Industries.—We take the following interesting and instructive account by Dr. F. G. Möhlau, physician to the National Aniline and Chemical Company, Buffalo, N. Y., from the *Buffalo Medical Journal*.

Homœopaths will be interested in the description of the pathologic effects of these coal tar products, which, if proved in accordance with the methods of Homœopathy, would no doubt furnish us with valuable remedies for conditions now beyond our power to cure. Here again is seen the necessity for a thoroughly equipped and amply endowed center for drug proving and research, in the homœopathic school.

“The manufacture of coal tar products in almost endless variety has developed tremendously within the last few years. Since the outbreak of this world’s war the coal tar industry has introduced in this country an entirely new set of problems. As the fields of investigation in this line grow larger and more complicated, the needs of workers in the coal tar industries make greater demands upon our ingenuity. These new conditions confront the workers in the manufacture of munitions, dyes and rubber goods. Physicians who are responsible for the health and welfare of the great army of employees in these various factories are just beginning to meet the demands in a scientific way.

“It is only during the last few years that clinical records can be found of such pathological conditions as benzol dermatitis, for example, to mention only one of many conditions resulting

from aniline poisoning. It is unfortunate that we have so few observations on record to aid the industrial physician. It seems that the seriousness of these conditions is not sufficiently grasped by the profession at large. It is necessary for every physician to make himself acquainted with the dangers connected with the manufacture of munitions, rubber goods, dyes and aniline products in general. The various gases evolved in the process of manufacture of munitions and colors have a most deleterious effect upon the blood elements and the circulation as well as upon the genito-urinary tract and liver. The gases evolved in the nitration of various coal tar products, when carelessly inhaled by the worker, have a very disastrous effect on the blood cells where their destructive power is manifested in a most serious manner. The benzol vapors, whether bi-nitro-benzol, or tri-nitro-chlor-benzol act as very strong toxins on the blood cells and their effects on the nerves and nerve centers are severe and of a most alarming character.

“In this form of poisoning, the first symptom that strikes us is decided cyanosis of the lips and tongue, sallow color of the face, apathetic expression and a varying degree of blueness of the finger nails as in poisoning by acetanilid. As a rule, the breathing is difficult and shallow, often amounting to dyspnoea.

“We find that when a man has been living for any length of time in an atmosphere charged with the fumes of bi-nitro-benzol or diamine, he will develop the following symptoms: Anæmia; marked gastro-intestinal disturbance; congestion of the vasculo-glandular network of the liver, resulting in congestion and derangement of function; enlargement of the spleen; jaundice in varying degree; constipation is marked; diarrhoea, only in summer on cloudy and oppressive hot days. The temperature is usually reduced to subnormal. I have very rarely found a rise in temperature. Conjunctivitis is usually pronounced and recurs frequently. The patient feels irritable and depressed. The urine: specific gravity high; highly colored with bile pigment; phosphates excessive in amount; albumin absent in early stages, unless kidneys have already suffered structural changes, or hæmaturia has set in. The pulse is full, soft, and compressible, with complete loss of tone; rapid at first, then slower after a short time.

The respiration is shallow and difficult. After a short period, the patient will complain of muscular pains in the legs and arms resembling rheumatism. Intercostal pains are frequently observed. There is a short, dry cough with little tenacious mucus; subacute bronchitis is not infrequent.

“Our treatment has been very satisfactory when regularly carried out under close observation. Lactic acid has been found most effective in the form of buttermilk and whey, or milk in large quantity for diuresis. After the surroundings have been changed, affording an unlimited supply of fresh, moist air we attend to the activity of the skin. Cool sponges followed by friction are of marked benefit. Later the hot bath and Turkish baths are a necessity. Following an acute attack of this poisoning, a period of rest and recreation becomes necessary. The food question must not be overlooked. Not resisting power not immunity can be established,—only improving the general health. A man once poisoned must not be allowed to be exposed to the same surroundings.

“During the four years I have been called upon to watch over the health and welfare of from 500 workmen in 1915 to 2,000 and more in 1917, I have had the opportunity of treating about 641 cases of aniline poisoning in various stages of severity. I am glad and proud to say not a single death has occurred among all these victims of poisoning. I may possibly account for this by the fact that whenever I observe a worker even slightly cyanosed I insist on his taking rest; the more severe cases are immediately sent to the hospital which they are permitted to leave, as a rule, whenever the cyanosis has subsided and the hemoglobin is beginning to mend. And yet, leaving the hospital does not mean a return to work or a relaxation of treatment. The patient is to live in fresh air under hygienic conditions, with well regulated diet and proper medication. A hot bath once daily is considered essential with massage and a cool sponge in the morning. I recommend milk in all forms, especially buttermilk and sour milk which certainly prove the value of the *Bacillus Bulgaricus*. *Nurvomica* has no superior as a remedy. I give 8 to 10 minims three or four times daily and it never fails to produce a result. Blaud's mass with manganese and arsenic is also given four times a day

in full doses with excellent results. Oxygen is administered freely at frequent intervals as long as cyanosis exists. Massage is kept up. Cathartics are given as long as an excess of bile is found in the urine or while the serum is bile colored. As long as the liver shows enlargement and the spleen remains congested, a dose of ergot is given with good results. One teaspoonful twice or three times a day. In the aniline industry we have to guard against sequelæ of acute attacks of poison by inhalation of gases given up during the nitrating process, be it absorption by skin or ingestion by mouth or inhalation of finished color product, the effects on bladder, ureter and kidney are of such a character as to puzzle the average physician. The effects produced in the bladder, I have been able to observe repeatedly but on account of lack of time, I have been unable to give closer study to the action on the kidneys. I have seen several bladder cases that present typical pictures of cauliflower growth, where no malignancy could be demonstrated. Cystoscopically, the picture presented is a growth mostly like a red coral or cauliflower. In one case the bladder was almost obliterated by such a growth. The least local irritation produced profound hæmorrhage with very little or no pain, the anæmia produced hurrying the fatal exit. I had the opportunity to observe four such cases in the later stages, rendering surgical interference impossible and any medical treatment was absolutely of no avail. Due to pressure of other work, I have been unable to follow these conditions from a pathological standpoint."

Death Following Roentgen Treatment of Exophthalmic Goiter.—Secher reiterates that the enlarged thyroid gland responds to roentgen treatment in very different ways in different cases. In several cases cited, an ordinary goiter seemed to become transformed into the exophthalmic type under roentgen treatment. Belot and Simon, among others, have declared that a correctly given course of roentgen treatment is free from danger, but Secher insists that this is not true. The thyroid may be whipped up to function to excess, or it may become functionally insufficient. A tendency to myxœdema, however, is rare, but numerous cases of aggravation of hyperthyroidism have been reported, even

with the most modern improved technic. Rieder and Vering have reported each one or two cases in which the aggravation was so intense that the patient died, and Secher now adds another case to this list of fatalities. His patient was an unmarried woman of 40, previously healthy until exophthalmic goiter developed. The thyroid was given roentgen treatment after a year, eight exposures, each one-half Saubouraud-Noiré unit, distributed in four fields, three on the thyroid and one on the thymus. Her symptoms became much aggravated at once, with restlessness, choreiform movements, pulse 100 to 200, and heart beat up to 240, respiration 72, and death the fifth day. The thyroid showed very slight changes and the thymus nothing abnormal.—*J. A. M. A.*

Cure is from within outward; suppression works the other way around! The roentgen and other rays are most powerful—often for evil as well as for good. In their use, let us not forget this fact, especially when such use relates to one of the ductless glands, concerning which we still have a great deal to learn. Treating isolated symptoms is often dangerous business, usually palliative and at the expense of the patient. Homœopathy admonishes us to treat the patient, not the disease; also to seek the cause and remove this when possible. Plain common sense this, but too often found wanting in the medical mind! The simple homœopathic remedies, when suitably applied, are often marvellous in their effects; but their very simplicity is their greatest enemy, for simple things are out of date in this restless, turbulent age. The dear laity wishes to be impressed and the patient who has been half frightened to death and into lamb-like submissiveness by the imposing armamentarium of the modern doctor, feels that he has gotten his money's worth. After all, we poor humans are but children and love, as children do, to pry into the mysterious. It is only after we have been badly burned that we become wiser and sadder. But sometimes it is too late.

The Cancer Problem.—In *American Medicine* for March, L. Duncan Bulkley, senior physician to the New York Skin and Cancer Hospital, contributes a most interesting article upon the present status of the cancer problem. He shows, among

other things, that surgery has, in spite of all its advances, failed to stem the rising tide of cancer victims. He points out that since 1900, the death rate of cancer has risen almost 30 per cent. and that of all those once attacked by cancer, surgically treated by excision, the ultimate mortality is 90 per cent. He therefore says, "Would it not be well to stop and consider whether our former attitude toward cancer is correct, or whether there is not a real cancer problem which will give better results?"

He then enumerates certain negative results of laboratory research and sums these up by saying:

"While laboratory and other research have yielded mainly negative results, and have not demonstrated any real cause of cancer, they have by elimination opened the way for study along other lines, which are bright with promise, and confirm views which have long been briefly expressed by surgeons and others regarding the constitutional nature of the disease."

Among the positive results of research he notes that: "The blood in advancing cancer shows many manifest changes, indicating vital derangement of the organs which form blood, and which therefore control the nutrition of cells." Also that: "Diet has been repeatedly shown by the laboratory to inhibit the development of inoculated cancer in mice and rats."

Further on he observes, among other things, that: "Cancer is almost absent among aborigines, living simple lives, largely vegetarian, but has increased steadily among them in proportion to their adoption of the customs and diet of so-called modern civilization.

"Self-indulgence in eating and drinking, with indolence, has been shown by many to result in increased cancer mortality.

"The increased consumption of meat, coffee, and alcohol has been shown by statistics from many countries to be coincident with increase in cancer mortality.

"Great nerve strain and shock have repeatedly been shown to affect the development of cancer, and the enormous nerve strain of modern life seems to be effective, both through metabolic derangement and by direct action on living cells.

"While it is impossible to explain just how disordered metabolism induces cancer-genetic changes in cells, it is no more dif-

difficult to believe that it does so than it is to understand the intrinsic cause of arterial degeneration, bone changes, obesity, etc., which are recognized as due to metabolic derangement."

And then states: "Finally, the complete removal of cancerous lesions, in various localities, by most careful dietary, hygienic and medicinal measures alone, without surgery, X-ray or radium, as has been repeatedly reported, shows that there is a constitutional basic cause, of which the local lesion, which we call cancer, is but the *product*."

"What then is the present status of the cancer problem? Are we to ignore the accumulating mass of evidence regarding the constitutional origin of the disease, and adhere to the pre-conceived idea that a cancer mass is an idiopathic, rampant, cell growth, without definite cause? Are we to ignore all new teachings, from ignorance, or to neglect them, through negligence?"

"The present status of the cancer problem, therefore, resolves itself into this: The disease must be either of a local or of a constitutional nature.

"Those who hold to the former idea must show that the cells of the body are capable of an independent, autogenic power to take on and continue a misgrowth of a virulent and lethal character, irrespective of the nutritive elements in which they are bathed—and that without any assignable cause. We have seen that laboratory and other research have excluded parasitism, and clinical observation has fully demonstrated that the disease is not contagious. Chronic irritation is undoubtedly often the cause of the disease developing in some particular locality, but it must be recognized that any amount of chronic irritation will not determine the presence of a cancerous tumor in every individual, and malignant growths in many internal parts of the body cannot have such a cause. Hereditary influence has been excluded by Life Insurance Statistics and close clinical studies of intelligent private patients, as has also old age, as the disease occurs both in the young and old. The suppositious influence of 'embryonic rests,' or pre-natal displacements of epithelial tissue in the production of cancer 'wholly fails to reveal why the embryonal cells begin to grow and when growing produce malignant tumors instead of normal structures,' as Ewing

says. Thus each and every support of a purely local origin of cancer, and its local treatment, has fallen away, leaving nothing to stand on, for laboratory and other research has apparently covered every possible ground.

"It is not necessary here to go fully into the argument for the constitutional nature of the disease, the facts regarding which have often been so fully presented on repeated occasions. The more one sees patients with cancer, early or late, in private practice and studies them most carefully in all respects, the more convincing is the evidence of the correctness of this view. And when one sees, day by day, the changes which can be produced in them, and the steady disappearance of cancer masses, with a continued improvement in general health, weight and blood condition, under proper dietary and medicinal treatment, as have many physicians and surgeons who have watched cases with me, now for years, the more the conviction forces itself upon one that the local lesion, which we call cancer, is but a *local product* of faulty metabolism which has long existed."

Here, then, we have the evidence, frankly shown, that cancer is, after all, constitutional in nature and that the local growth is but the end-product of the disease. This is the important point for physicians, particularly homœopathic physicians, who, when they venture to voice thoughts, in harmony with those so ably presented in his article by Dr. Bulkley, are usually promptly criticised in the most adverse manner.

Some years ago, Dr. Horace Packard, of Boston, in a lecture upon the cancer problem, delivered before an interested audience of the members of the Homœopathic Medical Society of the County of New York, pointed out the analogy which exists between certain cancers and the fungous growths or masses which appear upon many of the trees which grow in the poorer soils of Cape Cod. He pointed to the well known fact, that most of our eastern soils have been badly depleted of their mineral elements by continued cropping, over a period of many years, and that, in consequence, these soils are poor in phosphorus, potassium and lime. He likewise showed, as Bulkley has stated, that cancer is practically unknown among those peoples whose diet is largely vegetarian and has not been deprived of its mineral or inorganic elements.

Unquestionably the demineralized, hence devitalized foods, which to-day form the bulk of our dietary, are, as has so often been demonstrated by McCann and Wiley, responsible for many of the nutritional diseases with which mankind is afflicted. It would seem, therefore, entirely logical to assume that the increase of cancer has a constitutional cause.

Unwise Confidence.—A little knowledge is often a dangerous thing, an observation which applies with especial force to those laymen who possess some knowledge of homœopathy and a certain degree of expertness in the selection of remedies for simple ailments. The devotees of the domestic medicine case, with its accompanying medical guide-book, are apt to be over-enthusiastic and over-confident at times of their ability to treat the family ailments; not possessing the requisite knowledge of pathology and diagnosis, however, they may easily stumble into most serious conditions of illness without becoming aware of the danger, before it is too late. It is, indeed, a seriously debatable question whether the popularization of homœopathy by means of the domestic medicine case has been of more harm than good to the interests of the school.

There is also, in this connection, another field for thought in reference to that vociferously enthusiastic lay individual who shouts homœopathy from the housetops upon every occasion and to whom nothing is impossible for homœopathy to accomplish. To him there are no limitations and the entire gamut of disease, from housemaid's knee to chronic Bright's disease, must give way before the pills and powders of his physician, upon whom, in consequence, is often placed an onerous responsibility impossible to bear. "Deliver us, good Lord, from our friends!" is the exclamation which flashes before the vision of many a homœopath to whom has been entrusted with beatific, childlike confidence, the solution of some knotty medical problem, staggering in its utter hopelessness. "Doctor, I am sending you a case of cancer, which the allopaths say cannot be cured, for I know, Doctor, that homœopathy will cure this poor sufferer! The allopaths are such heartless men!" Lucky allopaths; who has not, at times, wished himself one of them, from whom the impossible is neither expected nor demanded!

Let us, therefore, see to it that our grateful and confident patients temper their enthusiasm with the wisdom of sanity, for even we homœopaths can scarcely be said to be capable of raising the dead.

Camphor in Coryza.—When one has “taken cold,” feels chilly, is sneezing; the inhaled air seems cold to the nasal mucous membrane; snuffling is just beginning, the vitality is obviously depressed, then a few doses of *Camphor* 3x, gtt. v, in a half glass of water, will work wonders in aborting the whole process. The ordinary spirits of *Camphor* will do, if a potency is not at hand; but should be well diluted. We have seen susceptible individuals collapse from a five-drop dose of spirits of *Camphor*, poured on a small lump of sugar. The above is trite, but true and always useful, though not new.

PERSONAL.

Homœopathic Medical Society of the State of New York.—The sixty-seventh annual meeting of this society was held on April 8th, in Brooklyn, at the Hotel Bossert.

A short business session was held first, at noon, and the scientific programme was begun in the early afternoon, with the reading of a paper in the bureau of materia medica, by Dr. Guy B. Stearns, of New York, entitled “Pre- and Post-Operative Treatment.” This was discussed by Drs. Joseph H. Fobes and R. F. Rabe. In the bureau of clinical medicine and pathology, a highly scientific and interesting lecture upon “Blood Chemistry—The Technique of Its Interpretation and Its Value to the General Practitioner,” was delivered by Dr. Henry A. Higley, of Brooklyn. Dr. Higley is a master of his subject and his elucidation and demonstrations were, therefore, most instructive.

The bureaux of surgery, obstetrics, gynecology, etc., had each one paper, of more particular interest to the specialists represented. One or two papers were of the usual text-book, com-

mon garden variety, showing that some men delight in the labor of plucking the fruits of others and holding them up for admiration before the long suffering members of their societies.

It is noteworthy that but one paper dealing with homœopathy was read. Small wonder that the average meeting of homœopathic physicians can hardly be distinguished from a meeting of old school men. It is well that the good old word *homœopathy* possesses a diphthong, which, at least, makes it elastic, for the poor old term is obliged to stretch and cover a multitude of sins, both of omission and commission.

In the evening the usual banquet was held, at which the attendance was large. Interesting speeches were made by Dr. Edward H. Egbert, formerly chief surgeon of the American Red Cross detachment to Russia; Dr. Thomas J. Preston, Jr., dean of the New York Homœopathic Medical College and Flower Hospital, and Dr. W. A. Pearson, dean of Hahnemann Medical College, Philadelphia.

Dr. Preston spoke of his ambitions and aims to place the New York College in the front rank of homœopathic medical colleges and Dean Pearson told of the flourishing state of his institution in the city of brotherly love.

The attendance was large and the weather perfect. Dr. Roy Upham, of Brooklyn, was elected president for the coming year.

Dr. Edwin S. Munson having returned from service in France announces that he has resumed practice 8 West 49th Street, New York. Hours, 9 to 11, and by appointment: Sundays excepted. Telephone, 2838 Bryant.

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PROHIBITION.

Prohibition.—In two short weeks these United States will find themselves legally if not actually dry, and soon the fruits of the tidal wave of hysteria, which some months ago engulfed the country, will be in evidence. It is not difficult to foretell what these fruits will be—the increased number of drug addicts and narcotic users will form a large part of the harvest, for in spite of all the laws in force designed to suppress the trafficking in habit-forming drugs, the latter can always be obtained by those who crave them. By far the greatest evil effect of national prohibition will be the rapid development of nation-wide hypocrisy. To say that the majority of our American citizens favor prohibition, is to grossly misstate the facts. Our legislators, however, seem to have permitted themselves to be wheedled, cajoled or bulldozed into line by a few vociferous and fanatical extremists. It is pathetically amusing to observe how some of our Solons, who habitually indulge in the cup that cheers and may inebriate, placed themselves on record, in voting for prohibition. One instinctively wonders what sort of a spinal column these gentlemen must possess.

Extremes in anything are always undesirable, the golden mean is ever to be sought! Morality cannot be legislated into people, nor, for that matter, out of them. Nation-wide prohibition strikes at the very tap-root of personal liberty, and by centralizing its mandatory power in the national capital, sows the seeds of paternalism. The qualities which have made this nation strong and thus far invincible are those of independence, self-reliance, individual initiative and anything which tends to eliminate these

characteristically American qualities, at once becomes a danger to our national character and existence. Nothing has more strongly emphasized the truth of this observation than the great war through which we have just passed. Wonderfully organized paternalism here met its defeat at the hands of individualism and initiative. The clear-headed American soldier, full of the spirit of self-reliance, was more than a match for his better trained and slavishly obedient antagonist. The spirit of '76 and of '61 flared up in the breasts of those American boys, whose names will always be gloriously linked with those of Chateau-Thierry, St. Mihiel, Belleau Woods and the Argonne.

Let us hope that the era of grape juice and ice cream sodas, upon which we are about to enter, may not prove to be the entering wedge to national decadence and mediocrity. And before we embark upon the turbulent waters of prohibition let us, in all solemnity, raise our glasses and, as the Romans of old, exclaim, "Morituri, salutamus!" O death, where is thy sting?

SLEEP WITHOUT NARCOTICS.

By Seldon Talcott, M. D.

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In considering the causes which *prevent* sleep, we may note, *firstly*, those pathological conditions of the brain which tend to disturb or derange its normal action. Chief among these are cerebral hyperæmia, and the opposite, namely, excessive anæmia. While healthful sleep is due, we believe, to a moderate anæmia of the brain, a persistent and severe anæmia of that organ is one of the most striking causes of sleeplessness. The "happy medium" is the only condition in which to obtain certain and satisfactory sleep.

Secondly, protracted over-use of the brain—that is, over-work of that organ until the brain produces, or tends to produce, vasomotor paralysis—or destroys all natural tendencies to sleep.

Thirdly, over-anxiety of the mind—that is, unwise worrying over the duties of the present; unwise haste in the acquirement of wealth or knowledge, and trouble borrowed from the past

or future—is another of the prominent causes of sleeplessness. Work may engross the attention and powers of the mind and body during the day, and no harm result: but when worry tyrannizes the will, overrides the judgment, and holds ruinous carnival in the citadel of the brain at night, then arise the most disastrous dangers. An eager desire to become rich impels us to unnatural toil while the day lasts, and drives us mad in the contemplation of the harassing theme during the still watches of the hours of darkness. But worst of all are the fearful apprehensions in which we sometimes indulge concerning the possibilities of the future. We are kept awake many times when we ought to be asleep, in our eager endeavors to make ready for the crossing of bridges which we may never reach.

Fourthly, the natural temperament of some people is a formidable obstacle to the securement of needed sleep. Those of a bilious temperament are inclined to melancholy, and the cheerless gloom which surrounds a person of such a temperament is a marked and chilling hindrance to repose. The nervous temperament impels its owner to rapid and continued action, until the exhaustion and anæmia are so great as to induce irritability and sleeplessness.

Fifthly, we may record the fact that localized disease in some portions of the body other than the brain, may, by reflex influences, tend to wakefulness. This is particularly true concerning diseases of the heart, which disturb the circulation, also diseases of the lungs, which produce cough; and diseases of the stomach, such as dyspepsia and gout. The former break repose by sudden demands upon the mind for attention; the latter by producing pain after each inception of food. Again, diseases of the liver or bowels may so far impede or derange the circulation as to produce sleeplessness. The kidneys, the bladder, the genital organs (particularly those of the female), are likewise the seats of sleep-disturbing disease.

Should excessive anæmia exist, and a state of nerve irritability and trepidation be thus produced, we shall find that the best means with which to combat such sleep-endangering forces will be the administration of liquid food, such as hot milk, beef tea and broths, about an hour before sleep is intended. By doing this

the impoverished blood is speedily nourished and increased not only in quantity, but in volume to the required degree.

Another natural means for inducing sleep is *massage*, or muscular manipulation. This method is of peculiar value to all that class of persons who are addicted to sedentary habits; to those who take too little exercise, and to those who suffer from imperfect circulation, and digestion and assimilation of food.

Among the simple means for inducing sleep, to which all may aspire, are warm baths, fresh air, comfortable beds, sufficient and proper bed clothing, and proper position in bed.

Health, comfort and sleep, may be obtained, after a hard and irritating day's work, by a warm bath, a cold *douche*, following the bath, a brisk rubbing following that just previous to retiring for the night.

Fresh air should be freely supplied in every sleeping room, yet the sleeper should be protected from even moderate draughts, for these, though apparently slight at first, will produce chilliness of one portion of the body, while another portion may be overheated, and thus a disturbing inequality of circulation ensues.

Beds should be firm in texture, level and well elevated from the floor, for thus complete circulation around the bed is secured, and the sleeper is above the influences of some of those dangerous gases which are likely to accumulate in sleeping rooms. The position of the head is of importance. In cases of hyperæmia the head should be well elevated; in the opposite condition the patient should sleep on a very small pillow. Bed clothing should be sufficient to insure comfort, yet care should be taken against using too much. Bed clothing should be porous. Soft woolen blankets are the best. Tightly woven and stiffly starched counterpanes are objectionable, because they do not favor good ventilation.

For the mental excitements which accompany acute febrile diseases, which active cerebral congestions, intense anxiety and apprehension of death or disaster, preventing sleep, *Aconite* leads the list. Disturbances of the mind after fright or anger, are relieved by this valuable drug. One of our patients, brought in while suffering from acute mania, after a week's sleeplessness in spite of heavy doses of chloral, and where fright, anger, and

restlessness were intermingled, so to speak, was promptly relieved, and made to sleep sufficiently with a few doses of the third centesimal dilution of *Aconite*.

Actæa racemosa works its effects directly upon the cerebro-spinal system as a "rheumatic irritant producing erethistic hyperæmia of the brain and spinal cord, and through these the whole muscular system." (Hale.) Sleeplessness from such a condition as this is almost inevitable. Hence we find *Actæa* to be an invaluable remedy for the production of sleep in the case of drunkards who are suffering from the effects of stimulation, who are passing through the horrors of delirium tremens. Opium eaters, or those who are trying to stop the use of opium, and those who are suffering from the effects of protracted muscular strain from toil, watching, or exposure are strikingly benefited by the use of *Actæa*. Dr. George W. Palmer prefers the use of *Macrotin*, the active principle of *Actæa*, for drunkards and opium eaters. The symptoms upon which *Actæa* is prescribed are: Intense prostration, pain in the base of the brain, extending to the nape of the neck, and sometimes spreading over the shoulders. Mentally, there is a sense of crushing depression, a feeling as if the mind were wrapped in the blackness of eternal darkness. Throughout the body there is a condition of active and distressing tremulousness.

Arsenicum is pre-eminently a remedy for the sleeplessness of those who are suffering from blood degeneration and from mal-nutrition, accompanied by exhaustion of the nervous system. Not only is the brain anæmic, but the entire body likewise. To anticipate good results from drug action in such cases, the remedy must be applied with a view of affecting favorably the blood itself, and through it the nerve centers.

By the liberal use of milk and beef tea, and by keeping the weak and exhausted patient in a prone position both day and night, the subtle and charming effects of *Arsenicum*, as a restorative medicine, are made manifest in pleasant and abundant sleep at night, and a rapid regaining of health and spirits throughout the coming day. *Arsenic* has a restlessness and anxiety which rivals *Aconite*, but the former is the restlessness of anæmic irritability, while the latter is the restlessness of erethistic hyperæmia.

A new method for the relief of sleeplessness following alcoholic or narcotic stimulation, and mental excitement due to any form of overtaxing the brain, has been put upon the stage of active usefulness. That remedy is *Avena sativa*—the common oat. Its action upon the nervous system is not yet fully understood, but the good results following its use by some very careful and observing physicians entitle it to further proving and clinical experimentation.

Among the remedies which control the circulation, and thus affect the nervous system, we may name *Baptisia*, *Gelsemium* and *Veratrum viride*.

Baptisia overcomes the quiet but persistent wakefulness of those suffering with profound melancholia, accompanied by tendencies to the typhoid state.

Gelsemium has a somewhat similar form of sleeplessness; that is, the patients are quiet, dull and stupid, yet they fail to sleep. The distinguishing difference which exists between the *Gelsemium* and the *Baptisia* patient is to be found in the general condition, and in the causes affecting the nervous system of the individual case. The nervous system of the *Gelsemium* patient is exhausted by overwork or debauch; that of the *Baptisia* case by imperfect nourishment of the nerve tissues with the pabulum of impure blood. *Gelsemium* patients seem ever on the verge of profound slumber, but are unable to pass the gulf that lies between them and needful rest. Such patients are the victims of an overtaxed and exhausted brain.

Veratrum viride, unlike *Baptisia* and *Gelsemium*, has intense restlessness. In this respect it resembles *Aconite*, but the latter is full of fear and apprehension, while the former is quarrelsome and inclined to be cross, like *Belladonna*.

Veratrum viride is useful in the sleeplessness of acute fevers, of puerperal mania, and the excitement preceding or following attacks of epilepsy. A tendency to spasmodic action of the muscles will perhaps serve to differentiate *Veratrum viride* from *Aconite*, and from *Belladonna* by reason of the fact that mental disturbances are somewhat milder in degree, while the fever is most severe.

Of all remedies in the materia medica, probably none acts so

directly and so positively upon the brain as *Belladonna*; consequently we come to rely upon it as one of the chief remedies for the relief of those cerebral diseases of a congestive or inflammatory nature which tend to prevent sleep. From the insomnia of mania to the dazed sleeplessness of the melancholia with stupor, this drug exerts its powerful influence, and its persuasive charms may be exercised upon every form of cerebral disorder and mental distress. Its symptoms are familiar to every practitioner. As a practical hypnotic without narcotism, its success depends largely upon its mode of application. When the brain is over-supplied with blood, and the mind is lashed into a fury by the spurring action of the arterial torrents, then the mildest and almost imperceptible doses of *Belladonna* will manifest a control over the excited mental forces more marvelous than the strange juggleries of the lion tamer. On the contrary, when the brain forces seem utterly befogged and overpowered by the intensity of blood pressure, when the pupils are widely dilated, and when tetaniform convulsions seem impending, then material doses of the drug are required to dislodge and disperse the enemy.

Cactus and *Digitalis* are sometimes required in cases of sleeplessness; the former where the pain and constriction about the heart produce a silent sadness of mind, with a disposition to weep and mourn night and day; the latter where cardiac distress induces an anxiety similar to that of *Aconite*.

Coca is useful as a sleep-producer in cases of mental exhaustion, where at times the patient seems utterly prostrated, and at other times remarkably bright and well, and ready and eager for any work. *Coca* is also beneficial where the patient after going to sleep is suddenly awakened by a sense of shock in the brain. The pathological condition which exists in such cases is, we believe, that of anæmia spasmodica. Weak and nervous women, and worn-out brain workers, are peculiarly liable in such conditions.

Allium cepa, the common onion, has a popular reputation as a remedy for sleeplessness. In mild cases of brain fag, accompanied by catarrhal disturbances of the nasal passages and throat, with tendencies to neuralgic pains, and where these external irri-

tations excite the mind, it is an effective remedy. The raw onion may be eaten just before retiring, or the mother tincture, or lower potencies may be used.

Chamomilla is useful as a hypnotic if the patient suffers from dull, unrelenting and distracting pain, such as nightly toothache. This remedy is particularly serviceable if the patient is cross and irritable, and feels inclined to get out of bed and walk the floor. If, instead of being cross, and obstinate when suffering severe pain, the patient is anxious, fearful and makes a great fuss, then *Aconite* will relieve.

Coffea is indicated when the nervous erethism is still more acute and sensitive than it is in either *Chamomilla* or *Aconite*. The absolute and unutterable æstheticism of sensitiveness is reached when *Coffea* is indicated. The bad effects of quite too good news are likewise successfully combated with *Coffea*.

Hyoscyamus has the sleeplessness of *Belladonna*, but not the intense congestion and inflammations of the latter drug. It has a high degree of mental excitement, but not the maniacal fury of *Stramonium*. Standing as it does between those two extremes, it is, perhaps, more frequently required in practice than either *Belladonna* or *Stramonium*. *Hyoscyamine*, the active principle of *Hyoscyamus*, is said to produce anæmia of the brain; hence its homœopathicity to anæmia when it exists in nervous and overworked persons. For sleeplessness in such cases, particularly where the patient is easily perturbed in mind, it is an effective remedy.

Hypericum, "the arnica of the nerves," may be used after all nerve injuries, and where sleeplessness follows these, and where, likewise, the brain has been strained by intense and continued exertions.

For the sleeplessness of grief, no remedy compares with *Ignatia*. The *Ignatia* patient broods quietly over the sorrowful experiences of the past, and rises but slowly from the "slough of despond" into which the loss of health, friends, or property has plunged him.

Aconite and *Opium* may be called for in cases of sudden shock from bad news, the accompanying symptoms determining the demand for either one or the other. In one case agonizing restlessness will exist; in the other, dullness and dazed depression.

Pulsatilla may be serviceable in the sleeplessness of mild and tearful young women, while *Natrum muriaticum* is required by those who are full of boisterous grief, and who, though young, have the appearance of being prematurely aged.

Kali bromidum is a drug which produces true anæmia of the brain. Its use in massive and overpowering doses has caused many disastrous results, yet the same may be said of *Mercury*, *Opium* and *Antimony*.

Where insomnia from anæmia exists with no other marked indications, we have found grain doses of the first decimal trituration remarkably efficacious. This is particularly true when the remedy is used upon patients suffering from acute and painful disease.

Nux vomica is a drug whose value as a hypnotic is well known to the profession. It is specially applicable in cases of recent debauchery or gluttony. Those who are sleepless from a recent "drunk," or of a surfeit of a late and rich supper, will find *Nux* a panacea for their pains, and a happy antidote for the disgust which such practices excite in the breast of Morpheus.

Nux likewise overcome the ill effects of hard study and sexual excess, and enables the victim to secure, with comfort and safety, a not otherwise easily obtained morning nap.

Another valuable remedy for sleeplessness following intense mental overwork and anxiety, and coupled with a distressing confusion, pain and vertigo in the head, is *Phosphorus*. Five drops of the tincture in half a glass of rain water, a teaspoonful every half hour during the evening, followed by a bowl of hot soup or a cup of beef tea at bedtime, will generally relieve the pain and restlessness of brain fag, and secure to the patient a sound and refreshing sleep during the night. Dr. Conant tells me that he has found *Phosphorus* useful when the patient falls asleep easily and is just as easily awakened. The *Phosphorus* case sleeps and awakens many times in a single night.

Opium is *par excellence* the world famous narcotizing agent by which the brain is stupefied and unnatural and unhealthy sleep is produced. It may be applied to mitigate the stupor of severe cerebral congestion, particularly where there is a tendency to apoplexy or paralysis. We remember a case where *Opium* thus

applied caused the patient to sleep lightly and naturally, who, previous to its use, was accustomed nightly to sink into a stupor from which he could not be aroused until eight or nine o'clock in the morning. Under *Opium* he awoke naturally, according to previous habit, at 6 a. m., without external assistance.

Secale cornutum produces at first marked congestions followed by anæmia and sleeplessness. There is a tendency to paralysis, and particularly formication. These sensations in cutaneous nerves, as if ants were crawling over the skin, tend to excite and worry the patient, and stimulate a feeling of anxiety, and apprehension, which prevents sleep. As a "regulator" of the circulation in anæmic cases, and as a promoter of sleep, *Secale* occupies a prominent position in the materia medica.

For the sleeplessness of utter mental and physical inanition, when food fails to nourish, when the heart loses courage, and when there is abject despair and total absence of hope, we find that *Silicea* will often work a wondrous and magical *presto* in the condition of affairs.

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Each case must be individualized, and both the conditions and symptoms noted with scrupulous care. When practicable, the conditions must be changed from abnormal to normal, as far as possible, by hygienic and dietetic means.—*Pacific Coast Journal of Homœopathy.*

**IT IS NOT WHAT WE LEARN TODAY, BUT
WHAT WE REMEMBER TOMORROW, IS
WHAT ADDS TO OUR STOCK OF
KNOWLEDGE.**

By **Eli G. Jones, M. D., Buffalo, N. Y.**

A doctor may *think* he knows *all* about materia medica, then he may meet with some *simple*, trifling symptom that will put him on his mettle to find the *indicated* remedy. A prominent regular physician in England wrote me for advice about a *coldness* in his back. He had several of his medical friends prescribe for him but they did not *help* him any. For a cold feeling in the *back* our first thought is of *Aconite* 3d x, every two hours. If there is a sensation as of *cold water* running down the back, then

Arsenicum 3d x every two hours is the remedy. If the back feels as if there was a lump of ice in lumbar region, then *Tr. agaricus* 3d x is the remedy, 5 drops every two hours. The last remedy was the one indicated in the above doctor's case.

We must not forget that *Natrum mur.* is the "Tissue" remedy for coldness in the back. A lady near the menopause has a roaring sound in her ears that drives her nearly frantic. She has tried different remedies but they gave no relief. I thought of some remedies that were indicated in such cases, but I omitted one important thing, I did not read her pulse. When I did read her pulse it told me the real condition of the patient. In placing my fingers on her wrist I noticed the cords of both wrists were tense and rigid, also a tension to her pulse.

This condition showed "nerve tension," her nervous system was strung up to the highest pitch. Then my common sense told me that the first thing to do was to relieve that nerve tension. This I did with *Magnesia phos.* 3d x, three tablets every two hours in a teaspoonful of hot water. For the roaring in her ears I gave her *Causticum* 3d x, three tablets every three hours. In less than twenty-four hours the noises had disappeared from her ears.

This shows us how important it is in most cases we meet. To read the pulse, and learn the real condition of the sick person before we jump at conclusions, and begin to prescribe for them. No remedy would have stopped the roaring in the ears until that nerve tension was relieved. Very many of our doctors have had patients drift out of their hands to some other doctor simply because they failed to read the pulse, to learn the real condition of the patient and find the indicated remedy.

I had a letter from Dr. J. N. Sarkar, Krishnagar, Bengal, India, one of the leading physicians of that country. He writes me that he had made his reputation in the treatment of pneumonia by treating fifty cases successfully and no deaths. In his treatment of the above disease he followed my treatment for pneumonia as given in December (1916) number of THE RECORDER. He used the onion poultice as I use it over the chest. He says, "Some poor men with pneumonia used the onion poultice only in pneumonia, and there were no deaths." He says, "The allopaths of his town lost most of their cases of pneumonia." Dr. Sarkar is a good prescriber, and that is something to be proud of.

Dr. Samuel H. Starbuck, Seattle, Washington, one of the most eminent surgeons on the Pacific Coast, is what *very* few surgeons are, a *good prescriber*. During the epidemic of influenza in that city he treated *six hundred cases and no deaths*. That is a *splendid* record.

A lady hurt her leg by a fall; she complained that it *pained* her a good deal *nights*. Upon examining the front part of the leg I found considerable *induration*, in a space about as large as the palm of my hand. It would seem that the *bone* of the leg was injured, this accounts for the *pain* in the leg at *night*. For *bone* pains at *night Aurum metallicum* 6th x is the remedy, three tablets three times a day. I also had the *indurated* spot bathed with *Oil arnica*; rub it well into the skin twice a day. The treatment not only removed *all* induration but it also *stopped* the pain.

It is the little *simple* things that may arise in *every* day practice that is a pretty *good* test of whether a doctor is a *good prescriber* or not.

An old man complains about his feet. They feel tender when he walks on them, the ends of the toes are so *sore* it causes much *pain* every step he takes. This indicates *one* remedy, *Antimonium crudum*, 6th x three tablets three times a day. After the *first* dose of the medicine his feet felt *better*; in a few days he could walk as well as *ever*.

Very many books and pamphlets have been published explaining the *theory* of Homœopathy and what it will *do* for the sick, but it could all have been *boiled down* in two words, "HOMŒOPATHY CURES."

In all the years of my life when I am sick enough to have a doctor I prefer a homœopath, for they are more apt to *cure* their patients. I would not care to have an old school physician treat me if I was sick, for I don't have *any faith* in their remedies. I always believe in "playing *safe*" and taking no *chances*. It reminds me of a doctor who once practiced in my native town. In the course of his life he had buried *five* wives. When he proposed to the sixth woman she was *willing*, but I expect she made a *mental* reservation, for when she was sick she declined to take any of *his* medicine. You see she was "playing *safe*"

and *taking no chances*. As a result of this forethought she *out-lived him!*

An old school doctor was called to prescribe for a brother physician of the same school of medicine. In his diagnosis of the case he agreed with the sick man. Then he began to deal out the medicine for him, some calomel and morphine powders. The sick doctor said, "Well, doctor, what have you prescribed for me?" The doctor told him. "Yes," he said, "that is just what I would have prescribed myself in a case like mine; but I have *no faith* in it, I *won't* take the medicine."

Many years ago a botanic physician, who was also a preacher, was asked to call and see a sick lady. She was very anxious for him to pray for her that she might get well. She was under the treatment of an old school doctor. The preacher noticed on the stand by her bedside some calomel powders and a bottle of laudanum. He said, "My dear madam, it would not do any good for me to pray for you to get well when you are *taking that stuff*." The preacher was *right*. When we prescribe the *right* remedy, the remedy that the sick person ought to have, we can with *confidence* ask God's blessing on what we have done for our patient.

I never give my patients any "*dope*" or *experiment* on them. I never *guess* at anything. I either know a thing to be a *fact* or else I don't know *anything* about it.

A doctor said to me, "If I could only diagnose diseases when I meet them I would know what to *do* for them."

Certainly that is *easy*, for we have proprietary remedies, Combination Tablets No. 16, Diabetes No. 20, Bright's Disease, etc. All you have to do is to find out what *ails* the patient then pick out the *right* number and there you are. This is an *easy* way to practice medicine, it don't require any expenditure of gray matter, and it is the way many of our doctors practice their profession.

I often think if some of that *kind* of doctors were haled into court and under the *rigid* cross-examination of the district attorney *compelled* to tell what they *really* know about those remedies, the *formula*, *indications*, *authority* for using them, etc., they would be made to appear very *foolish* before he got through with them. There is nothing *pleases* a lawyer so much as to get a *doctor* on the witness stand and *make a monkey of him!*

ON THE HOMŒOPATHIC TREATMENT OF THE TOOTHACHE.*

[Read before the Allopathic Medical Society, of Muenster (Westphalia), by Dr. V. Bœnninghausen.]

From among the numerous varieties of odontalgia the author selects only one species—the throbbing toothache, on which he makes the following practical remarks:

I. By taking cold, particularly from sharp, dry air, there is frequently a species of fever produced, which is accompanied with congestion of blood to the head, burning heat in the face, hard, accelerated pulse, and great physical and mental uneasiness. If simultaneously with these symptoms a beating toothache is felt, generally confined to one-half of the jaw, with a red cheek on the same side, then *Aconitum* is the specific, which soon removes the toothache together with the other symptoms.

II. Another kind of beating toothache occasioned by taking cold, but without fever, is cured by *Causticum*. It is generally of a chronic nature, attended with painful, easily bleeding gums, and with rending pain in the eyes and ears and muscles of the face.

III. *Chamomilla* will cure a throbbing toothache, particularly in women and children presenting the following characteristics:

It is worse at night, becomes almost insupportable by the warmth of the bed, so that the patient is driven complaining and moaning from place to place. One cheek is frequently red and somewhat swollen, as also the submaxillary glands; there is likewise thirst and perspiration on the scalp. A very small dose of this remedy, or only a smell of it, is sufficient to remove the whole suffering. Some time since, while I was absent from home my wife was taken with this species of toothache. She applied to Dr. Branco, who then resided in this city. He administered on the first day *Aconitum*, on the second *Pulsatilla*, and on the

*We make no apology for republishing this article from the pen of so great a homœopathist as Bœnninghausen. It first appeared thirty years ago; but as the journal in which it was published is out of print, it has been lost to sight. We have the pleasure of once more bringing it to light.

third *Bryonia*, without the slightest relief; and presuming that in this case homœopathic treatment would be of no avail, he finally ordered eighteen leeches and prescribed some anodyne mixture. The ease produced by these means was, however, of very short duration, and the appearance of my wife quite alarmed me on my arrival in the afternoon of the fifth day of her suffering, when I immediately administered *Chamomilla*. An hour afterward the pain left her, and the next morning the swelling of the face was removed.

IV. The throbbing toothache, which is cured by *China*, does not occur so frequently. I remember particularly one case, which I met with during a journey through the district of Arensberg. A young girl, hitherto in blooming health, had become pale and emaciated. She suffered from a beating toothache generally after eating and at night, which would be relieved by clenching the teeth firmly together and by strong pressure, whilst a gentler touch would aggravate the pain exceedingly. There were also night-sweats and continual diarrhœa, which debilitated her to such a degree that she was scarcely able to walk. She was relieved in one night by *China*.

A similar toothache may be produced by the abuse of *China*, as I had occasion to observe in the case of two individuals, who partook of it every day in their brandy. It would, of course, have been improper to administer *China* in these instances, and the symptoms differed so materially that one patient was cured by *Arnica*, the other by *Pulsatilla*.

V. The north pole of the magnet very speedily relieves a throbbing toothache *in the lower jaw*, which is attended with a sensation of burning, with swelling, heat, and redness of the cheek, whilst there is chilliness in other parts of the body, tremor and uneasiness in the extremities, with general irritability. It becomes aggravated by heat and eating. The cure was effected, in many instances, in one minute, by placing the forefinger long enough on the north pole of the magnet to produce a slight increase of pain. The following example, though a failure, may illustrate the powerful effect of the magnet in similar cases. My servant suffered from a toothache apparently adapted for the application of the north pole, but the pain was *in the upper jaw*.

He had scarcely touched a magnetic rod which bore only a weight of a few ounces, when he suddenly put the other hand to his face, saying: "There, it jumps down" (in the lower jaw).

In order to ascertain whether this metastasis was really occasioned by the north pole of the magnet, I ordered him to touch the south pole, and again his hand flew up to his face, for the pain, as he assured me, had returned to the old place again. *Pulsatilla* relieved the poor sufferer in a few minutes. That could be no imagination.

VI. Another cure performed with *Pulsatilla* gives me still much satisfaction. Several years since, I stopped one evening during my travels at a hotel, where I met some friends and the young family physician of mine host. I had scarcely seated myself in the parlor, when the oldest daughter of the family begged me to relieve her from a throbbing toothache, under which she had suffered for longer than a fortnight every evening from sunset until midnight. All the means employed had proved useless, according to the physician's own confession, and though the circumstances did not permit a further inquiry into her case, I let her smell of my preparation of *Pulsatilla*, and the relief was so instantaneous, that even the doctor admitted it would be something extraordinary if this cure was permanent. But I concluded that *Pulsatilla* could only have acted so promptly in consequence of a state of the patient's system perfectly corresponding with this remedy, and, therefore, told the doctor if the patient would observe a homœopathic diet for eight or ten days, she would not only remain free from toothache, but her other symptoms would also subside. The young *Æsculapius* seemed still more surprised, and asked: "What other symptoms?" I then acquainted him with some characteristics of *Pulsatilla*, viz.: Chilliness, and yet the effect of artificial heat being almost insupportable, absence of thirst, disposition to weep, wakefulness before midnight, unrefreshing sleep in the morning, disgust for rich victuals, etc.

Upon this, he replied that the patient must have informed me herself about these symptoms, and when it was proved that I, having just arrived, had only conversed with her in his presence and within his hearing, he became vexed and rather for-

wardly accused the patient and her parents of partiality to me, and of saying anything to please me; for it would be utterly impossible to have such knowledge from any other source.

This induced me to take him aside and inform him that I had reason to suppose there must be also irregularities in the patient's uterine functions, as well as in those of the intestinal canal, the truth of which he might ascertain himself, if he felt disposed. He not only consented to this, but was also candid enough to confess that he found my suppositions correct. Though the cure proved a permanent one, I never could discover whether the doctor was induced by it to pay any attention to Homœopathy.

VII. The indications for the use of *Sabina* in this species of toothache are of but rare occurrence, yet I have met with some cases where it proved to be the only specific. The throbbing appears likewise toward evening and in the night, becomes aggravated by the warmth of the bed and by eating, and is attended by a sensation as if the tooth were going to burst. There is stronger arterial action, belching of wind, and in females, in whom only I had occasion to observe it, copious uterine hæmorrhage of light color at the menstrual period as well as at other times. In one instance this kind of toothache appeared immediately after a podagrical pain in the great toe had been suppressed by external applications. *Sabina*, corresponding with one as well as the other of these symptoms, removed them both.

VIII. The throbbing toothache, for which *Succus sepia* is the specific, mostly attacks persons of sallow complexion. It extends up to the ear and down through the arm to the fingers with a prickling sensation therein; it is attended with difficulty of breathing, cough, swelling of the face and of the submaxillary glands. The throbbing toothache during pregnancy is often removed by this remedy, which is rather slow, but certain in its operation.

IX. Similar to the toothache to which *Sepia* is adapted, in regard to the sensation as well as the accompanying symptoms, is that which is cured by *Silicea*. The pain is more in the lower jawbone, the periosteum of which is swollen, than in the tooth itself; the patient has no rest at night from general heat, and

his skin is very prone to ulcerate from slight bruises. I cured myself from an attack of this kind.

X. *Spigelia* is an excellent remedy for the throbbing toothache which is attended by a rending, burning pain in the malar bone, paleness and swelling of the face, with yellow rings under the eyes. There is also often pain in the eyes, frequent urging to urinate with copious discharges, palpitation of the heart, a sensation in the chest resembling the purring of a cat, chilliness and great uneasiness. I succeeded in curing such a case of pro-sopalgia and toothache of several years' standing.

XI. *Hyoscyamus* will cure a throbbing toothache, which occurs mostly in the morning, and is occasioned by cold air. The affected tooth seems to be loose during mastication, and there is also a violent pain in the gums, congestion of blood to the head, general heat, at intervals spasmodic contraction of the throat, so as to prevent the patient from swallowing, and great dejection of spirits. Jealousy and grief had thrown a young girl into a severe fever with delirium and throbbing toothache, which were removed by *Hyoscyamus*.

XII. The throbbing toothache which often appears after eruptions, which have been suppressed by external applications, is cured by *Sulphur*. Such cases are attended with swollen gums, which likewise throb: there is great sensibility of the edges of the tooth, congestion of blood to the head, and throbbing headache, particularly in the evening; the eyes are red and inflamed and so is the nose; there are stitches in the ear, ineffectual effort at stool, constipation, pain in the back, uneasiness in the extremities, chilliness, drowsiness, etc. If, however, these symptoms should have been occasioned by the abuse of *Sulphur*, other remedies must be resorted to.

XIII. The throbbing toothache produced by the abuse of *Mercury*, mostly worse at night in bed, is generally removed by *Acid. nitr.*

XIV. *Veratrum* is indicated where there is swelling in the face, cold perspiration on the forehead, sickness at stomach, vomiting of bile, lassitude of the extremities, great sinking of strength, even to fainting, external coldness and internal heat, and thirst for cold drinks, scarcely to be satisfied. An individual

who had been suffering in this manner for twenty-two weeks, and who became so reduced as to be unable to walk, was cured by two doses of *Veratrum*.

These aphoristic remarks on the varieties of but *one species* of toothache, for which, from amongst thirty-five remedies, we had only opportunity to try fifteen, sufficiently explain the difficulty in selecting the specific remedy for every given case, since many other varieties of toothache bring a still greater number of remedies into concurrency of choice. Hence the assertion "that homœopaths need no laborious study," must at once appear unfounded, and though the practitioner may fail, from want of skill, the homœopathic fundamental law *never does*. Professor Echenmeyer, of Tuebingen, says in his work, *Allœopathy and Homœopathy Compared According to their Respective Principles*: "The accumulation of extraordinary facts is beyond all doubt, and the reasonable do not expect from Homœopathy what *might justly be demanded* from doctrines tested for centuries past. Homœopathy not only stands severe scientific analysis, but it also presents us with new principles and conducts us into a higher pathology and physiology. Hence, then, let her have fair play!" With this request, gentlemen, do I conclude my feeble attempt to introduce into our Society a subject by no means favored as yet by its members; but so much greater is the pleasure which I feel by acknowledging the noble spirit of calm observation and impartial investigation, manifested by allowing Homœopathy "fair play," until either its truth or fallacy shall have become indisputable.

LACHESIS AND LYCOPODIUM IN TONSILLITIS.

LACHESIS.

LYCOPODIUM.

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Pain and soreness begin on left side of throat, which is 2. Worse from hot drinks, better from cold; more pain on swallowing liquids than solids. 3. Throat excessively tender to external pressure. 4. Spits large quantities of ropy mucus. 5. Protrudes trembling tongue with great difficulty. | <ol style="list-style-type: none"> 1. Pain and soreness begin on right side of throat, which is 2. Worse from cold drinks (especially milk), except water in some cases; better from hot drinks. 3. Tongue distended, causing a silly appearance. 4. Ichorous nasal discharge in scarlatina and diphtheria, beginning in right nostril. 5. Tongue is darted out, and oscillates to and fro. |
|---|--|

POINTS.

By Ad. Lippe, M. D., Philadelphia.

Dolichos pruriens.—Invisible itching. The nightly rest is especially interrupted by a very distressing itching all over the body, without any perceptible or visible cause; it is especially indicated if this itching proceeds from liver diseases, and is indispensable when there is present *icterus*.

Symphitum officinale.—Mechanical injuries, pains in broken bones, injuries of the eyes from blows, a snowball strikes the eye, an infant thrusts his fist into the mother's eye. *Arnica* is utterly useless in blows injuring the eye. *Arnica* will relieve the soreness from injuries of soft parts, contusion of the brain, etc., but if the periosteum has also been injured, and the soft parts recovered from the bruises after giving *Arnica*, this soreness of the periosteum only becoming perceptible *afterward*, then *Symphitum* will relieve at once.

Lac caninum.—Pains and disorders of all kinds, changing from

one side to the other; it was first observed in diphtheria, if first one, then the other, tonsil was affected, changing repeatedly, while *Lachesis* has as a characteristic symptom the spreading of the disease from the left to the right side, and *Lycopodium* the reverse, spreading from the right side to the left. *Pulsatilla* has wandering pains, but not characteristically changing sides only, but wandering over the whole body, attacking different parts irregularly, generally with swelling and redness of the joints. *Sulphur* has a similar shifting of gout. *China*, *Arnica*, *Daphne ind.*, and *Taxus* have also shifting pains.

Sticta pulmonalis.—Will be found an indispensable remedy with stoppage of the nose, with an uncontrollable desire to blow the nose to no purpose. Even at night this blowing is continued, allowing of no sleep, and nothing is really blown from the nose. *Nux vom.* and *Sambucus* have stoppage of the nose, with discharge similar to that which often attacks infants (sniffles). *Lycopodium* has stoppage of the nose at night, preventing breathing and sleep, with profuse discharges from the nose during the day.

Causticum.—Involuntary hard stool, worse during the daytime and when passing wind. *Aloe* has also involuntary passages of hard lumps of stool when walking. *Coloc.* has also involuntary formed stools. *Causticum* has pains in the bowels *after* a passage. *Coloc.* has the characteristic doubling-up pain *before* the stool.—*The Homœopathic Physician.*

GASTRIC ULCER—A CASE.

Motorman, age 30. Met me at the door with hot water bottle in waist-band of trousers, epigastric region. Asked why? Felt good; relieved pains that came an hour or so after eating.

Vomiting after eating one-half to two hours.

Bitter, sour; burns like fire; forcible.

Pain after eating, hour or so. Better heat.

Distention two or three hours after eating.

Desires cold drinks, but worse from them; pain in epigastric region.

Intolerance of clothing on abdomen.

If he goes out and gets chilly stomach beats or quivers.

Milk tastes "rotten," said so bad it could not be good for children.

Nausea odor of cooking.

Sleepless from pain, must sit doubled up with heat to epigastrium.

Lines of worry, face.

At times cannot even keep warm water on stomach.

History of general loss of flesh.

Since middle of December, '18, inability to eat anything without pain and vomiting.

Weight, March 8, '19, 110 lbs.

Any *near accident* when on car, before he gave up work, would cause him to tremble for some time.

March 8, '19. *Nux vom.* 30, every six hours, for two days.

March 11, '19. *Phos.* 30, two powders, one in one-half glassful of water. Teaspoonful every two hours. Given for two days.

Phos. 30 repeated April 5th., one every hour for five doses.

April 22. Has only vomited once since commencing treatment (this on March 10). The vomit consisted of stringy membranous substance, three or four inches long by one-half inch wide. These strings were also passed per rectum.

Weight to-day, 139, a nearly well man.

PROSPER D. WHITE.

Detroit, Mich.

AFRICAN EXPERIENCES.

The following extract from an interesting letter by Dr. Elizabeth Morse to Dr. Farrand B. Pierson, of Brooklyn, will be pleasant reading. Dr. Morse is in the Uganda, Africa, in the West Nile Province, doing missionary work. In speaking of a woman patient, practically moribund, to whom the doctor had been called, she says:

For about five days the woman was practically dying—one of our most valued and best beloved people. To be a little systematic about it I will begin at the beginning. For a year previous to her present illness she had been up and down: first down for seven weeks with apparently bladder abscesses, then half sick with malaria and quinine and cystitis she went to Kijabe and had

treatment which helped at times but did not cure. She came back with us to Congo where she met her husband to whom she had been married but a short time before the abscess trouble; but on account of her weakened condition from malaria he had let her strictly alone. She had hardly been in Congo a week when she was suddenly taken with high fever and pain in large joints, etc., typical rheumatic fever. They were here at Aru, and after three days sent for me. I had nothing but the little black hand bag of medicines, etc., that I had with me all the way out, but I came and got here about two weeks after she was taken ill. She was better, but a *Bryonia* patient (to me), so she had *Bryonia* and the pain shortly disappeared, but the temp. went up to 104° and more, and did not drop below 101° , and not then frequently. I had no books and no diagnostic instruments and hardly knew what to do. *Baptisia* helped the mental condition wonderfully, and then the old bladder trouble seemed to wake up. I treated that with local washes and that cleared up, and then the kidneys seemed to be affected, but I could make no urine analysis. She apparently had uræmia; and the weeks were going by all this time. Finally my goods arrived, but by that time everything had apparently cleared up but the temperature and a peculiar mental condition. As quickly as I could I set up my laboratory in my little hut and started in for analysis, when she suddenly showed the typical symptoms of malignant endocarditis. I found nothing in the urine, but in the blood were many, many diplococci, which I suppose were pneumococci and a perfect picture of anæmia. I tried blood culture treatment with apparently no effect. I left Homœopathy because I was afraid I didn't know enough. So when nothing else was left I took that book you gave me, "*How to Use the Repertory*," and just carefully studied it through. Then I showed Bwana parts of it until he was enthused, and said, let's try it. So we went to it together with Kent and paper and pencil. *Arsenicum* won out, so I put a few of the tiny pills of 200th trit. in two drops of water and spilled them into her mouth. She was absolutely unconscious, eyes half open, film over them, tongue fallen to one side, stertorous breathing, pulse 150 and over, resp. 48, mitral murmur, cyanosis, œdema of the lids and face, incontinence of urine and

feces. She gave a swallow and nearly choked. We watched all that night, and the next day I know she was conscious but unable to speak. Toward evening she moved her lips and the next morning she spoke audibly. That was a week ago. Now she is "hungry" and wants to know when she can get up. How can we thank you for that little book and all the others? I'll do differently next time, and I've learned a few things about Homœopathy."

WHAT IS WRONG WITH HOMŒOPATHY AS A PROFESSION? THE ANSWER.

Editor of the HOMŒOPATHIC RECORDER.

In the first place it's the members of that profession and a lack of organization. They seem to have forgotten all about their Alma Mater, think only of their own practice and self, satisfied to plod along, mind their own business and to hades with the other fellow, the great cause of Homœopathy, and what it means to the public in general.

Please remember I am not hitting at the ones who have worked their heads off year after year for their State and national societies and getting nowhere. This is for the ones who need it.

Second. No interest in their State society or American Institute, satisfied to let the other fellow tend to these affairs. If they are asked to come to a meeting, give a paper or help in any way, they refuse in the majority of cases. Some don't even answer your letters, and seldom if ever come. If you get a reply it's: "Oh, I have served my time, or I have written papers enough," probably one or two in the last twenty years. Or, if I do, "There is no one present to listen." If it is a young man, too shy or backward to tell the other fellow about his first experience, or, at least, by his presence add life and pep to the meeting and society.

What are the homœopathic State societies? In most cases six to twelve of the old stand-bys that do all the work in each State. Another thing, it is not a good policy to allow personal spite or prejudice to interfere with the work, activity or success of your society. Don't drop your membership because someone does not do just as you think he ought to. He is probably doing the best

he can. No one can please everybody, but if every one will do his bit, having first and foremost and all the time the success of their society and Homœopathy at heart, then it will be easier to suit the majority, and you will accomplish something. If there is no one present to listen to papers, whose fault is it?

Another answer you get to your request for attendance: "Oh, I am too busy to attend the society meeting." Huh, too busy to take two or three days out of 365 to get together with your fellow practitioners, talk over the past and present, and to pick up a few points here and there, that means dollars in your pocket. To get your mind off home and business cares. There is no such thing as too busy or can't afford it. Your families, when they know you have gone to your district, State or American Institute meetings to improve your knowledge, will think more of you and appreciate your work a hundredfold. The man who is too busy in many cases is the man who is not busy, but don't want to leave for fear he will miss something.

Let your town people know where you have gone and what for. Put it in the papers, if you have any, and I will guarantee that when you return you will get business that you would never have gotten if you stayed at home, and your regular practice will wait for you. Try it a few times and see. Take a chance on a confinement case, nine out of ten times it won't come off. You can get someone to watch it while you are away.

Once more. Plan more social affairs at your State meetings. Get the wives interested, bring them along and arrange separate entertainment for them. They need a rest and change as well as you. It will pay you good interest if you do, they will see that you get to the meeting, for ninety-nine times out of a hundred they have the better judgment and can see further than the tired doctor.

Remember, doctors, you have only one life to live, and you are a long time dead. Keep yourself young and add to your span of years by just such a change and recreation as this; at the same time improve your knowledge. The man that thinks he knows it all is a dangerous man. Even if you are old, you are never to old to learn something.

Who is going to keep Homœopathy alive when you are dead

and gone? The colleges are not turning out enough men to do it. Why?

The deans of your colleges write you to send them students; well, let's see how that works out. You look up likely candidates, explain Homœopathy to them. How they will have better chances in a homœopathic college, a better and quicker practice built up than in the other school.

They finally decide to take up Homœopathy. Later, in telling their friends of their decision they are talked out of it, advised to ask such and such physicians for their opinion first, etc. What is the result? Majority, of course, rules, Homœopathy is tabooed. Nothing but little sugar pills; what do you want to take that up for? Homœopathy will soon be out of existence, then where are you? So they are in the end persuaded by superior numbers to go elsewhere, and Homœopathy loses another member to its ranks.

What do you think would be the result if the general public knew and understood more about Homœopathy? You would then have someone working for you and with you, even urging their sons to make it their life study.

You may knock the old school as they knock you. But you, the minority, are bucking your head against a stone wall, unless you have the people with you. Knocking never gets you anywhere. You roast the A. M. A. Right. Every honest man should, but you have got to hand it to them, they have the organization and they use it. They put things over and pretty near get whatever they go after.

Well, we have 12,000 to 14,000 homœopaths in the U. S. What's the matter with our having an organization? Get behind that organization each and every one of us, with every cent we can spare and all the time we can give. Plug and work to place Homœopathy before the people where it belongs.

Do you wonder that osteopathy, chiropractors, Christian Scientists, and what not, are taking your places in families. Why? Because they take their wares to the public, and whether they can do all they claim or not, they get the business just the same. The O. S. are affected most when they fall down in their treatment, people get disgusted and flop to the above-mentioned

substitutes. Homœopathy not being understood nor heard much of, except in derision, is overlooked in their search for help.

You and I, individually, cannot advertise and promote Homœopathy in our respective localities, but your district, State and national societies, with proper organization, can put this before the people in every city, county and State in the Union. Two or three men from each cannot do it, nor can it be done with hot air and promises. But let every man in his district get up on his hind legs, put in each month or year all he can spare of what he earns, then see what happens. You owe lots to Homœopathy. Stop and think, where would you be without it?

Your colleges are not holding their own even. There has been talk of affiliating with the universities as a protection. What's the use? The homœopathic student is a joke around such places. They are kidded and roasted continually by the O. S. students, and life is made miserable for them, and a great many, by the time they reach their third or fourth year, flop over or don't finish. I know from experience at Ann Arbor, and left there to finish in Chicago. But all boys are not situated so they can go anywhere they want to.

What is the answer to all this difficulty? Did you ever see any big business or enterprise thrive without efficient organization? No. Well, I call Homœopathy the greatest and best business and profession in the world. For what is business, money, etc., to anyone unless his good health is protected.

Now let's see if we can't straighten this thing out and get somewhere. First, Have each State society appoint a committee of five (5) men, one each to cover three or more counties in his neighborhood. Organize the men in that locality into a district society (I say district, as there are not enough homœopaths in most counties to have a county society).

The president and secretary of State society to be ex-officio members of this committee. Let each member of that committee arrange for place of meeting, date of same, etc. Then go to every homœopath in that district, don't ask him if he will come, but just say: "There will be a meeting at such a time and place to organize the homœopaths of this State, and you cannot afford to be absent from that meeting."

Make it short and business-like. Elect officers and map out plans for the future of Homœopathy. Would suggest that meetings be held once a month, have papers read, and call in outside men to give you talks occasionally. Find out what is needed in that locality most in the way of a publicity campaign. Keep headquarters committee posted with whatever suggestions and advice you have to offer each month.

Let a committee of the American Institute, properly appointed, have charge exclusively of this organization and publicity work. Call it supreme court, league of nations, if you will. They to plan, with suggestions from district and State societies, the proper material for the public in each State, district, a part of the State, and both the backbone of the American Institute.

The money for carrying on this organization and publicity campaign to be raised in one of various ways, viz.: Each man give what he can afford, or ask a certain fixed amount from each. My suggestion would be to have secretary of each district collect from his members, either monthly, quarterly, semi-annually, or annually, as they wish, as much as each can afford. ALL money to be sent to League of States committee for proper disbursement.

DIFFERENT METHODS OF PUBLICITY.

Well written articles, some in story form, if you will, in the Sunday supplements of the large city papers, to be copied in your home papers. Collect statistics, both hospital and private practice, on results of homœopathic treatment in the influenza epidemic.

Results of homœopathic service in war work. Compare with old school. Also the death rate of the two schools.

Publish the history of Homœopathy and of Hahnemann's life work. Describe how Homœopathy is applied, remedies are proven, why the minute dosage. Compare it with radium, electricity, etc. You can't see it, but how powerful minute amounts of them are.

Get lecturers on Homœopathy for the Chautauqua platform. Use the moving picture game: some way can be devised whereby this wonderful enterprise can be used in the cause of Homœopathy.

Give free lectures in different cities and towns as the Chris-

tian Scientists do. There are numerous ways in which to work out this publicity proposition. It needs a first class advertising manager, one who knows the game, and the right men to handle the finances, to put this over.

It takes money, of course, but there is nothing to it if worked out systematically, and if every one of the 14,000 homœopaths in this country will go to his district and State meetings, and give in money and time all he can spare. Just sit tight a moment. Can we do it? To be sure we can!

I am going to have this published in every homœopathic journal that will give it space, so that it will reach everybody, and I also wish that they would devote two or three pages each month to this work, editorials and papers. Don't let it get cold, but keep everlastingly at it until we get this accomplished. How can they better help Homœopathy?

The *Medical Council*, an O. S. journal, is using three or four of its pages each month in editorials and papers to promote the so-called State and government ownership of the medical profession. Calling it the business side of medicine and surgery. Substance of which is this: Doctors to be paid a salary according to their ability, and treat everyone free. People taxed a small amount to pay for this service.

Place medicine and surgery on the same basis as our educational system.

See what you are coming to. I tell you you MUST get busy and do something or one of these days you won't be anywhere.

You have been recognized by the U. S. Government and placed on an equal basis with the old school, and if you don't get busy and take advantage of this good fortune, you all ought to be shot at sunrise.

CHAS. F. BROWNE, M. D.,

Pres. Wisconsin State Homœopathic Medical Society.

May 10, 1919, Racine, Wis.

A CORRECTION.

April 20, '19.

Editor of the HOMŒOPATHIC RECORDER.

Dear Sir:

In the article, "The Question of Masks, Sprays and Gargles," page 185, of your April number, you have given me the credit of

authorship, which I wish to disclaim. I have a faint recollection of having sent a newspaper clipping to you some time ago, not for the purpose of advocating the use of masks, which I do not favor, but of calling your attention to the condemnation of sprays and gargles by the American Public Health Association. As to the use of masks I would say that they certainly have a bad moral effect in terrorizing the community, and that the fact of many influenza patients having impolitely coughed into my face during the late epidemic, with no further disaster than the mere annoyance of it, would seem to indicate the futility of that much vaunted face protection. Where the balance of the article favoring saline solutions came from, I do not know. At all events, I do not care to have all of it attributed to my pen.

Yours truly,

WM. JEFFERSON GUERNSEY,
Philadelphia, Pa.

We gladly give space to Dr. Guernsey's letter. The unintentional omission of quotation marks in the editorial referred to was no doubt responsible for the misunderstanding. Dr. Guernsey's Homœopathy is above any suspicion of entanglement with masks, sprays and gargles. EDITOR.

DR. R. F. RABE, Dunedin, 31, 3, 1919, New Zealand.
Editor of the HOMŒOPATHIC RECORDER.
Dear Doctor:

I am bold enough to hazard the opinion that it will be found by all readers of the RECORDER, whether they be doctors or laymen, that in practice Pyrogenium is "prophylactic" against influenza in any form, but especially against the pneumonic type.

During the epidemic we experienced last year in N. Z. my clientage and many of their friends took regularly, twice or thrice weekly, from one to three small pilules medicated with Pyrogenium 12x, and the protective influence of the nosode was almost impregnable. This incontrovertible fact is of striking significance and importance, absolutely rebutting the allegation or assertion of Homœopathy being a myth or something akin to faith healing. And ought also to pave the way for converting allopathic opinion to the motto, "Dare to be wise."

Yours faithfully,

DAVID WISHART.

1805 Chestnut St., Philadelphia.

May 10, 1919.

Dear Dr. Rabe:

I thought to-day that you might care to publish the following case coming under the care of my brother, Douglas, in France, recently. He was a captain in the medical arm of the service in the Signal Corps. The following is a rough telling of the incident:

About the 12th of July, just before the opening of the attack of Chateau-Thierry in the town of La Ferte sous Jouarre, brother was called out at night by one of the refugees to see a woman (also a refugee) who was seized with convulsions. He found a woman of 45 years of age, of a robust and healthy physique, of whom the others gave him a history of a failure to void urine for several days. He could get little information other than this at the time, as the town was being shelled and everything in the throes of excitement. The woman was violently delirious, screaming and struggling with those who sought to restrain her. At each shell burst she would seize an old woman by her by the hair of her head in her terrors.

She had a rapid, tense pulse, muscular twitching, and gave an exhibition of remarkable muscular power. My brother was unable to catheterize her; in fact, things were happening too quickly to do much of anything thoroughly. Guessing uræmic convulsions from an acute kidney condition and being guided by a rapid high tension pulse and urinary suppression, Douglas gave her *Coffea cruda* (dynamized) every hour or so. In a short time (by the following morning) the delirium had subsided and the urine began to be passed in small amounts. Brother stopped the medicine and returned to it in a few days when another convulsive attack ensued with a urinary suppression. Again the remedy was used, and he kept on with it until her condition returned to normal. The *Coffea cruda* was some I had given him, I believe it most likely, that it was a high preparation of B. Fincke.

Very cordially yours,

DONALD MACFARLAN.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Aspiration of Suppurating Tubercular Glands.—Dr. Walter Bradford Metcalf in his recently published work on *Tuberculosis of the Lymphatic System* is in favor of aspiration of the suppurating glands. His technique is as follows: The skin is cleansed with soap and water and alcohol, or tincture of iodine applied. A local anæsthetic may be used for anæsthetizing the skin, if it is desired. A needle should be selected with a calibre of sufficient size to permit the withdrawal of pus, which is often thick and curdy. Aspiration is effected by means of a syringe. The needle is inserted into the softened gland at an angle and through the healthy skin and subcutaneous tissues, rather than directly over the gland at a point where the rupture is threatening. By so doing the healthy tissues will contract and the needle track will quickly heal and no sinus will result, as might be the case if the needle were inserted at the point of threatened rupture where the skin is thinned, its nutrition impaired, and the contraction of the needle track prevented by adhesions to the underlying tissue. One aspiration may suffice or it may be necessary to repeat it several times, inserting the needle at different points each time. Under tuberculin the glandular enlargement then usually subsides and rupture and sinus formation is prevented.

Influence of Uric Acid on Benedict's Test for Sugar.—An interesting opportunity to test the effect of a high per cent. of uric acid, and deposit of urates on Benedict's test for sugar was recently afforded the writer. In a case in which renal colic had occurred the patient supplied the 24 hours' urine for examination which showed the following: Volume per 24 hours, 660 cc.; specific gravity, 1.027; acidity, 87 degrees, equivalent to 2.28 grammes of hydrochloric acid; urea, 3.8 per cent.; uric acid, 0.007 per cent.; ammonia, 0.17 per cent. In spite of the unusually high percentage of acidity of uric acid, of urea, of ammonia, and of the presence of a sediment of amorphous urates, Benedict's test used in

the proportion of 5 cc. of the liquid to 10 drops of urine gave no reduction of cuprous oxide, the only change noticed being the appearance of a greenish color without any trace of yellow. The writer has claimed for some time that when a marked reduction occurred with Benedict's test in the hot liquid that it was always due to substances other than uric acid or to acidity, and that normal constituents of urine could be practically ruled out. The writer regards Benedict's test properly applied as serviceable in many cases of carbohydrate intolerance which denote digestive insufficiency and which can be corrected along with other important symptoms and conditions by putting the patient on a diet by means of which the reduction with the test liquid is made to cease. The technique of the test is of importance.

Attention is directed to the high figure of ammonia in the analysis reported above. It is likely that if more ammonia analyses were made it would be found that the ratio of urea to ammonia would show a decrease in these cases of uric acid diathesis so called, in which the digestive system is in all probability primarily at fault.

Mitchell's Acidosis Test.—In a case of diabetes with marked acidosis recently examined by the writer it was difficult to tell by means of the Gerhardt reaction for diacetic acid whether from day to day the condition was better or worse. But by use of the titration method devised by the writer and described in the last RECORDER it was found that the amount of urine necessary for the end reaction increased from a low point of 5 cc. to 10 cc., hence an opinion was given that the condition was improving rather than retrograding, which opinion was apparently verified by the general improvement of the patient later occurring. At the same time the condition of acidosis measured by the figure 10, denoting the number of cubic centimeters of urine necessary for decolorization of the iodine solution used, is not favorable and suggests caution in regard to the prognosis of the ultimate outcome. In such a case great care is to be observed in regard to proteins and fats in the dietary, which, in the main, should consist of the five per cent. vegetables and a very little of the proteins and fats. Later on such dietary this patient improved to a marked degree, and the acidosis test showed 17 cc. of urine needed for reaction.

Decolorization of Iodine Solution By Urine.—Normal urine contains several substances which are said by chemists to have the power to decolorize iodine solutions such as uric acid, creatine and creatinine. In the writer's original article in the *Record* this power of decolorization of iodine by normal urine was duly referred to in the following language:

"The foundation of the test rests upon the fact that urine has the property of decolorizing iodine in aqueous solution, that is iodine in solution in potassium iodide solution, for example, the so-called Lugol's solution. The truth of this can easily be ascertained by the following simple experiment: To one liter of water add 3 cc. of Lugol's solution and mix thoroughly. A yellow liquid results which has a peculiar reddish tint, and a bright color. Pour 10 cc. of this liquid into a small white dish, and with the aid of a medicine dropper add urine drop by drop, with stirring, to the liquid in the dish. After 5 or 10 drops of urine have been added it will be seen that the color of the yellow liquid begins to fade, and that after some 20 or 30 drops have been added the color is discharged entirely. The decolorization is not due to dilution with urine, as can be proved by performing the experiment with water instead of urine.

"After several years of experiment with the urines of various diseases the writer found that the urine of diabetic coma, and of the pernicious vomiting of pregnancy, had a greater decolorizing power, so far as iodine was concerned, than that of other conditions. In other words, the urine in the acidosis of diabetes and of pregnancy contains a substance which is particularly well able to destroy the yellow color of iodine."

Does Glucose Decolorize Iodine?—The writer has been informed on authority which he deems trustworthy though he does not know it as a fact that certain chemists have asserted that sugar (glucose) will decolorize iodine. That it certainly is **not glucose** that influences Mitchell's acidosis test is easily proven by the fact that **when a diabetic with acidosis is fasted for a day or two until the sugar entirely disappears, the decolorization of iodine may be still effected by means of a few cubic centimeters of the urine.** Again, even in urines containing much sugar, four per cent. or more, when the patient is not suffering from acidosis, the de-

colorization of the iodine solution has been found by the writer to be practically that of normal urine. Hence glucose in the urine is not concerned in any practical way with the success or the failure of the test.

Theory vs. Practice.—Both the urea—ammonia ratio, used so much by the writer and the acidosis test by iodine have appeared to show that study of the patient is on the whole of more practical value than study of the pure chemistry of the urine. If the writer paid serious attention to the bald statements of the text-books about this and that, he could be of very little service as a consultant. After hundreds and thousands of verifications of clinical observations the prediction of results becomes a matter of comparative certainty, which can not be upset by the theories of text-books. Not but that some theories are valuable, but the difficulty is to separate the chaff from the wheat.

Decolorization of Iodine in Acidosis.—In spite of the fact that normal urine contains certain substances such as uric acid, creatine, and creatinine, which have the power of decolorizing iodine, it takes a much greater quantity of such normal urine to decolorize iodine than it does of the urine of acidosis. The truth of this contention is easily verified by comparing the urine of a normal individual with that of one with acidosis. Moreover the writer has been unable to find any urine so rich in uric acid or creatinine as to decolorize iodine in anything like the small amount which in acidosis is needed to decolorize the iodine. If any one interested will fast a diabetic with acidosis for a day or two until the per cent. of normal constituents, as, e. g., uric acid and creatinine is much below normal, he will find that the power of decolorizing iodine solution is still great, regardless of the fact that uric acid and creatinine are in negligible per cent. in the urine. In other words, we should study the urine of the individual and not theories about the constituents of urine in general.

Creatinine not Responsible for the Acidosis Reaction.—In order to ascertain what relation creatinine bears to the acidosis test already described the writer obtained the 24 hours' urine of a pregnant woman who was vomiting everything she took, even water.

The volume of urine in the 24 hours was only 500 cc., the specific gravity 1025, the per cent. of urea 2.5, and the creatinine reaction intense. In spite of this the acidosis test was normal, over 25 cc. of urine being required for decolorization of the iodine. This proves that a high per cent. of creatinine does not necessarily affect the test.

Saccharin as a Fallacy in Acidosis.—The writer has already directed attention to the fact that when the diabetic patient is taking saccharin there may be a positive ferric chloride reaction in the urine suggesting presence of diacetic acid. Hence when there is acidosis and diacetic acid is really present it is difficult to tell when this substance leaves the urine in case the patient is taking saccharin. Hence the value of the iodine decolorization test of the writer, as it is not affected by coal tar compounds.

Collins on Actinic Rays in Skin Diseases.—Dr. C. D. Collins, of Chicago, has this to say about actinic rays:

"The field of usefulness for actinic rays in dermatology is very large; one can readily see that all dermatosis requiring sterilization would come under this form of treatment, hence impetigo, eczema, sycosis, acne, pustular dermatitis, open ulcerations and infections would all be greatly benefited by this ray; it is safe to use it as much as necessary for no harm can come from its use; it is an invigorator of tissues, not a devitalizer.

"The second class of cases in which this ray is useful is where stimulation is required; it raises the local as well as the general resistance; hence in all chronic dermatosis, lingering sores, indolent ulcers, thickened patches, cracked skins from any cause, X-ray burns or atrophy cutis.

"In scrofuloderms, tubercular ulcers, either primary or secondary, they will surely be benefited by the ray. A word of advice from the essayist is: Do not be afraid of a little burn, often the best results come about in this way and no amount of raying will ever cause destruction of tissues.

"Another class of cases greatly benefited by actinic rays is the devitalized patient, the run down, anæmic, neurotic or neurasthenic. Many skin diseases can never be cured until the above conditions are removed and actinic rays will materially assist in removing them.

"In pityriasis rosea it is my only local treatment. In tinea versicolor it works like magic, in tinea tricophytina it cures very well.

"In favus it is slower but good.

"For bald heads there is no treatment equal to it. The author has had his best results by treating scalps violently, but not too often; it is advisable to ray for 15 to 30 minutes at each sitting, make the scalp look like the rising sun in July and success will be yours.

"The actinic ray is life giving to the tissues and blood and especially the skin. It is vastly better than lotions and salves and has come as a most welcome adjuvant to the armamentarium of the dermatologist. What salvarsan has been in syphilis, the actinic rays have been in dermatology."

A VERIFICATION OF CARBO VEG.

Mr. B., age 45. for a long time had complained of the following symptoms:

Weekly "bilious attacks," but without nausea or vomiting.

Indigestion and acid eructations.

Eructations of gas, which >.

Little appetite. No special desires.

Pulse intermittent at times.

Bowels usually regular but have been constipated for the past ten days.

Sensitive to cold.

Headaches are > by eructations of gas.

Blood pressure, systolic, 144 m. m.

Acids and fats disagree.

Physical examination negative.

Carbo veg. 10m lk. One dose completely removed all symptoms.

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EDITORIAL NOTES AND COMMENTS

The Institute Meeting.—This issue appears as the American Institute of Homœopathy is in annual session at Asbury Park, N. J. It is to be hoped that homœopathic physicians everywhere will regard it as their solemn duty to attend this convention. Never in the history of our school has the need of clear thinking and of wisdom been greater than now. The leaders of the Institute can do nothing without the whole-hearted and united support of the entire membership.

If anyone has a grievance, or a constructive suggestion, the floor of the Institute is the proper place upon which to introduce it. Here is an open forum where all may be heard. The Institute is a democratic body where the majority may rule. But all must consider it a duty to take part in its deliberations. No one man or woman in office possesses all the wisdom, nor does any office holder claim to.

The matter of the federation of our state societies is a pressing one. If we are to become an organized power to command respect and attention we must perfect and strengthen our organization. In no other way can this be done. Our officers deserve the highest commendation for their unselfish efforts in behalf of the school. Yet they are only human and need encouragement, guidance and sincere co-operation. Let us give it to them unstintedly!

Phenol in Treatment of Influenza.—*J. A. M. A.*, for March 29, presents the following interesting abstract:

“Orlando relates that 100 per cent. recovered of the influenza patients given phenol, but he adds that he did not attempt this treatment in the practically moribund cases. The promptest and best results were obtained with it by the vein, but highly satisfactory results were realized with intra-muscular injections and by the mouth. He injected daily into the muscles 5 cc. of phenol, on each side, at 2 per cent. He also gave it by mouth in doses up to 1 gm. per day. Some patients were given it by the mouth alone, together with 300 gm. water and 50 gm. syrup of anise. The results were equally good, but recovery was slower, up to ten days. The kidneys did not seem to suffer from the phenol; pre-existing albuminuria sometimes subsided under it. He declares that the phenol method of treating influenza not only has proved its usefulness but is being more commonly adopted, and the results are favorable and concordant. He urges others to resort to phenol from the first, saying that if they do this they will behold a mild course of the epidemic disease and no mortality.”

The provings of Carbolic acid show that this drug is therapeutically related to exhausting diseases of the type of influenza. The prostration caused by the drug is marked and the effect upon the kidneys pronounced. Albuminuria and hæmoglobinuria are produced. Orlando states that *pre-existing albuminuria sometimes subsided under it*. This shows that the remedy was undoubtedly homœopathic to some if not so many of his cases.

Diphtheria, acute nephritis, azoturia in horses (Monday morning sickness) and toxæmias of various origin may all come within the curative range of phenol. A striking symptom is a headache, as though a tight rubber band were stretched across the forehead and to the temples. *Gelsemium* and *Sulphur* may here be compared.

Foul smelling leucorrhœa, with ulceration of the uterine cervix, is also at times an indication. The remedy is probably not prescribed as often as it deserves to be.

Benzol in Myeloid Leukemia.—Bourges treated with benzol a man of 35 presenting symptoms of myeloid leukemia, giving 100 drops in milk three times a day. Gastro-intestinal disturbance

and albuminuria the second day compelled the reduction of the dose to 50 drops, gradually returning to the former dose. This was kept up for two months and a half, with intervals of suspension every ten days, and marked improvement was evident. He gave up the treatment then, but returned ten months later in a very precarious state. Resumption of the benzol then failed to relieve and the man died in two weeks. During the first stage of treatment the blood improved, the spleen became reduced in size, the number of reds increased while the leucocytes and myelocytes became much reduced in numbers, and the whole condition showed pronounced improvement. It is therefore in the early phase of leukemia, during the almost latent stage, that benzol produces its finest effect. It seems advisable also to continue it for several months at a time with possibly Roentgen exposures in the intervals. This case, with others on record, teaches the wisdom of beginning with small doses, testing the susceptibility of the patient.—*J. A. M. A.*

Amen! Yes, friend Bourges, it is indeed the part of wisdom to employ small doses. We poor simps of the benighted fraternity of homœopaths have been possessed of this wisdom for a great many years, and we are glad to observe that some of it is at last soaking into orthodox skulls. Patience, brother, it will finally percolate through and reach real, live gray matter.

The use of benzol in leukemia is, however, comparatively little known, and the observations of Bourges are most instructive. That the hypertrophied spleen should be reduced in size, the number of red blood cells increased, while at the same time the leukocytes and myelocytes become reduced in number, is evidence of wonderful curative powers of this drug. Come on, A. I. H., hurry along that Columbus idea of drug proving. A suffering world awaits new and beneficent therapeutic discoveries! Benzol promises much indeed, in a class of diseases now seldom cured.

Reform in Medical Education.—Van Rijnberk refers to a recent book with this title published by Prof. J. Schwalbe, the editor of the *Deutsche medizinische Wochenschrift*. He insists that the curriculum should be revised at least every five years; the neces-

sity for thoroughgoing changes now has been emphasized by the war. It has demonstrated the excessive proportion of specialists, and the necessity for training physicians to be less dependent on specialists. Schwalbe urges reform in two directions, by training the medical students in practical application of what they are taught, teaching them by letting them do things themselves instead of merely watching the professor do them, and by giving the student a training in philosophy. Elementary logic, philosophy and psychology should be a compulsory part of medical education. This provides a common platform on which all cultivated minds meet on an equal footing, while teaching him the use of the tools with which he is to build up his own knowledge. On the practical side, the students should take part in operations, and be allowed to operate themselves, under good control, as often as possible. Especially in gynæcology and obstetrics, looking on is futile; the student must do the work himself.

Schwalbe urges that all hospitals, large and small, should be utilized for practical instruction of the students in internal medicine. He says that all the training the student ever gets now in disease of the throat, nose, ear, skin and sexual organs is merely enough to recognize the condition so that a specialist can be called in to treat it. He declares that students should be trained so they can treat these as well as diagnose them, instead of being merely a directory for the addresses of specialists. He says of instruction in pediatrics that its black side is the diagnosis and treatment of sickness in infants. Sickness in older children much resembles the same in adults, but still one semester of children's diseases is important. The students should be thoroughly grounded in social medicine and hygiene, occupational hygiene, school hygiene, medical legislation, and insurance against industrial accidents. The care and feeding of the sick should be taught both in theory and in practice. The students should be trained in cooking for the sick as well as in the bacteriologic laboratory and in the pharmacy. He insists that there should be a chair for pathologic physiology, general and experimental. If a separate chair is not available, a laboratory for this could be placed in charge of the physiology or pharmacology institutes. In conclusion, he declares that more theoretical and practical training in orthopedics,

mechanotherapy and massage is also indispensable.—*J. A. M. A.* . . . There is much food for thought and serious consideration in these observations and suggestions of Professor Schwalbe, which, although based upon experience with conditions in Europe, apply with even more force to us in this country.

It is appalling to see the hordes of half educated, immature and unthinking young men who crowd into our medical colleges in the large cities, such as New York, Philadelphia and Chicago. Our public school system fails lamentably in its purpose, in turning loose upon our schools of higher and professional education these armies of poorly prepared and often totally unfitted young men, whose ambition is misdirected and ill-spent. Medicine frequently adds to its ranks some very poor doctors, who would have made expert mechanics or successful salesmen.

In a recent address, delivered at Chicago, before the National Federation of Medical Examiners, Gen. Munson, of the U. S. Army Medical Corps, stated, that of all the alleged surgeons applying for admission to the army medical service, but one out of three could really qualify, and that many of the alleged specialists were found to be absolutely unqualified in the specialties which they ostensibly represented. Hence thousands had to be re-educated and retaught before they could be sent to active service, and many had to be discharged altogether.

Every physician can point to many who are "doing surgery," but every physician knows, that in reality there are few really qualified surgeons. The dear laity, however, does not know this and suffers accordingly. And the popularity of the physician among the laity, is by no means a criterion of his professional ability.

The curricula of our medical colleges are absurdly top-heavy and calculated to turn out jacks of all trades but masters of none. It is indeed time for much needed reform!

Chenopodium Poisoning and the Hearing.—Oppikofer adds another to the four cases he has found on record in which bilateral deafness developed in consequence of poisoning from chenopodium. The two adults and three children affected all presented symptoms showing severe general poisoning, to which the adult

who had taken the largest dose succumbed. The others recovered in a few days to two weeks. He reviews the literature on chenopodium poisoning, saying that in none of the other ten cases on record was the hearing mentioned, so presumably the drug did not induce deafness. Staggering, extreme vertigo and inability to stand without support were recorded in the cases with deafness, suggesting impairment of the vestibular as well as of the cochlear functioning. The optic nerve seems to be more resistant to the poison than the nerve of hearing. In only one of the total fifteen cases of chenopodium poisoning were visual disturbances noted. The general symptoms are nausea or vomiting, headache, rapid and irregular pulse, abdominal pain, dyspnoea, hallucinations, somnolency, cramps or paralysis, and sometimes jaundice; aphasia in one case. The necropsy findings are not characteristic.

In fifteen cases on record the therapeutic dose had been much surpassed, except in some weakly children. Oppikofer's patient took eighteen times the therapeutic dose, but even this did not free her from the oxyuris. He protests against prescribing a larger amount of the drug than is needed for the special patient. In this case the woman took what was left over in the bottle after the child's treatment was finished. The auditory nerve seems to be especially endangered. In the severer cases slight improvement may occur spontaneously, but the hearing is permanently impaired and the subjective noises are particularly annoying and persisting, still waking the woman at night, after five months, in his case.

We have in a previous number published observations upon chenopodium poisoning. Such provings of this drug as we have show its effect upon the ear. The symptom "Progressive deafness to the human voice, extreme sensitiveness to other sounds" is striking, also that of "roaring in the ears as of cannon." Clarke states that *China*, *Chininum sulphuricum* and the salicylates should be compared. Its action as a vermifuge is, of course, toxic, not homœopathic.

Typhoid Vaccination Not a Substitute for Sanitary Precautions.
—No one can question the high protective value of typhoid vac-

ination in the American army. The brilliant results reached are common knowledge. At the same time, the evidence from France reinforces what bacteriologists have suspected for some time—that typhoid vaccination does not afford a protection that is absolute. Massive doses of typhoid bacilli are plainly dangerous, even when ingested by well vaccinated individuals. As in certain other diseases, the sense of security imparted by typhoid vaccination has led some persons to disregard sanitary precautions which might otherwise have been taken. A little knowledge is a dangerous thing. The man who believes that he is protected against typhoid by vaccination may take chances in drinking water from contaminated sources that otherwise he would have avoided. A recent memorandum by the chief surgeon of the American Expeditionary Forces, reprinted in the *Public Health Reports*, points out with much force the necessity for maintaining sanitary regulations for all military organizations, vaccinated as well as unvaccinated. One instance is given of a replacement unit of 248 men reaching England from Camp Cody with nearly 40 per cent. of the men suffering from typhoid. Investigation was thought to indicate that the men were exposed to infection by contaminated drinking water while en route to the port of embarkation in the United States. Other small but relatively severe epidemics have occurred in various units in France. In November, typhoid began to appear more extensively in the expeditionary forces. According to Soper, from September 27 to February 13 there were 821 cases of typhoid and 190 of paratyphoid in the American Expeditionary Forces in France. Apparently a large portion of these were due to the drinking of contaminated water during the fighting in the Argonne. The memorandum by Colonel McCaw, chief surgeon of the American Expeditionary Forces, points out the importance of water contamination and carrier infection in the spread of typhoid fever under the conditions prevailing in France. It is emphasized that vaccination should be regarded only as a partial protection, and should always be reinforced by sanitary measures. In a word, valuable as typhoid vaccination has proved to be, its efficiency does not warrant any relaxation of sanitary precautions. The relatively high resistance of the vaccinated human organism may be overwhelmed by massive doses

of typhoid bacilli, and perhaps also by small doses under certain predisposing conditions that increase individual susceptibility in ways not wholly understood.

This eminently fair statement by *The Journal of the A. M. A.* of the status of typhoid vaccination is of interest, particularly, however, the terminal sentence, “* * * and perhaps also by *small doses* under certain predisposing conditions that increase individual susceptibility in ways *not wholly understood.*”

Belladonna is often a prophylactic in scarlet fever, or, more correctly, perhaps, seems to be. *Pulsatilla* may be preventive of measles. *Variolinum* or *Malandrinum* have apparently protected against small-pox. All have done so in ways *not wholly understood*; but we believe by virtue of the operation of the law of similars. We believe that vaccines as commonly used, when successful, are so because of the operation of the homœopathic law. Vaccines encourage and foster the growth of antibodies, thus raising the resistance, as shown by the rise of the opsonic index. Correctly chosen homœopathic remedies do the same thing, and this has been proved with potencies of *Hepar sulph.*, *Natrum sulph.* and *Phosphorus*. Vaccine therapy is a bastard form of Homœopathy and as such should be recognized. As with Homœopathy, it has its numerous failures, due chiefly to faulty application. The same may be said of the law of similars—when wrongly applied it is bound to fail. The more skillfully we apply it the more successful we will become. But let us strive to apply it in a legitimate manner and in its proper sphere.

Signs of the Times.—In a recent editorial, under the above title, we referred to the passing of the College of Homœopathic Medicine of the State University of Iowa. This has, unfortunately, now become an accomplished fact, and from July first the college will, by legislative enactment, cease to exist.

The *Iowa Homœopathic Journal* in commenting editorially upon this circumstance, states:

“The causes which have led to this final step are well known to most of the readers of the *Journal*. They are many but only one need be mentioned, viz., the indifference of the graduates and other homœopaths of the State. This indifference has been

as great toward Homœopathy as toward the college. Had the homœopathic physicians of Iowa been as active in getting young men and women to study homœopathic medicine as they were in the days of the "preceptor" there would have been forty students in attendance at our college at the present time instead of four and the college would continue its existence."

In place of the college there will henceforth be a department of homœopathic materia medica and therapeutics, in the College of Medicine (O. S.) of the State University. This department will be presided over by that veteran fighter for Homœopathy, Dr. George Royal, who will be given two hours weekly for his lectures to both Juniors and Seniors. These lectures will be so arranged that all students *may* attend them if so inclined. We italicize the word "may," which to us opens up a vast field of doubt. So long as Dr. Royal lectures, students will be attracted; but when he no longer shall preside, what then? Who is to follow in his footsteps? Men of his experience, enthusiasm and ability are very few and becoming more scarce each year. There is at present no incentive for aspiring materia medicists to enter the field. We say this advisedly in the light of abundant experience, much of it bitter. The indifference of homœopathic physicians, noted in the *Journal's* editorial, is notorious. For this indifference there are many reasons, into which we will not enter at this time, other than to say that revolutionary changes are unquestionably in store for the homœopathic school. These changes are not only revolutionary but are evolutionary in character. Nothing can or will stop them! But their steady progress leads us to observe, that after all, Homœopathy is more and more coming to be recognized as a *therapeutic specialty*, and the question of its future existence must be determined in the light of this fact.

Unless we as homœopaths take cognizance of this, more such incidents as the death of the Iowa College will occur. It would seem that our leaders in the school are apparently blind to the impending danger.

PERSONAL.

EDDIE AT THE FRONT.

I

You have heard, my friends, of Kelly for these twenty years or more,
And you know I've tried to "can" him, for I thought he'd be a bore;
But each and every Spring time, there are cries from Clark and Nat
And Seward, too, and Allen—"Give us Kelly at the Bat."

II

But now, alas! for Kelly, there'll be cries for him no more,
Another hero's cut him out since Eddie reached this shore.
For the flags are flying finely and flowers have strewn his track,
And Yonkers now is "on the map," for Eddie Munson's back.

III

And as he proudly stepped ashore with vigor and with grace,
A crowd of hero worshippers gazed at our Eddie's face.
They gazed at Eddie's chevrons—they gazed at Eddie's sword,
"No wonder that the Kaiser quit"—they cried with one accord.

IV

And as the war-like heroes strode proudly through the street,
The royal welcome that they met would sure be hard to beat.
The curbs were lined with people, and this is what they said:
"We're glad to see O'Ryan, but where th' hell is Ed?"

V

But Eddie never noticed them—he'd gotten used to Fame.
He said: "The thing I want the most is a good old poker game.
I like the easy money that I gathered once before,
When they all lay down to my bob tail flush in the good old days of yore."

VI

Oh! somewhere across the ocean, Bill Hohenzollern sits,
No longer proud and arrogant, but scared out of his wits.
"How different," says he to himself, "the world would be to me.
If only Eddie Munson hadn't come across the sea."

W. L. L.

On Wednesday evening, May 21st, at the Hotel Astor, New York City, a complimentary dinner, under the auspices of the Jahr and New York Medical Clubs, was given to that veteran homeopathic physician of fifty years' active service, Dr. St. Clair Smith, by his many friends, colleagues and former students, who came from far and near to pay their respects to their friend and teacher.

After a bountiful repast, Dr. Geo. G. Shelton, the toastmaster of the

evening. in gracious words, felicitated Dr. Smith upon his long, useful and honorable career in the medical profession and then introduced Dr. Royal S. Copeland, Health Commissioner of New York City, who, in his usual happy vein, presented to the guest of the occasion in behalf of his friends, a gold handled cane suitably inscribed. Dr. Smith was visibly affected by this token of esteem and friendship and replied feelingly.

Other interesting speakers of the evening were: Commodore E. C. Benedict, a life-long friend and patient of Dr. Smith; Mr. Frank Hastings, president of the Board of Trustees of the New York Homœopathic Medical College and Flower Hospital; Mr. Howard Smith, a member of the Board of Trustees; Dr. John E. Wilson, professor of neurology and head of the department of clinical medicine in the New York Homœopathic Medical College, and Augustus Thomas, the playwright, who spoke in his usual finished and charmingly humorous manner.

A large attendance graced the occasion and among those present were a number of prominent physicians and surgeons, such as Robert T. Morris and John F. Erdman, of the Old School.

The occasion will long be remembered by all who were fortunate enough to be present.

Doctor J. B. Gregg Custis has moved his office from 912 Fifteenth street N. W., to 1815 Columbia Road. Office hours: 8:30 to 9:30 a. m., 4:00 to 6:00 p. m. Thursday and Sunday, 8:30 to 10:00 a. m. only. Telephone. Col. 897.

Dr. William Lathrop Love, of our neighboring borough of churches and pretty girls, him of the red carnation, red tie and immaculate shirt front, looking like one of Dickens' characters, with his strong facial lines and clean shaven face, is a member of the Dunham Medical Club, and, in addition to his many talents, possesses those of histrionic and poetic ability. Though medicine has gained, the boards and footlights have lost in William, a candidate for high honors and widespread fame.

"At every Annual Beefsteak Dinner now for a quarter of a century 'Casey at the Bat,' as it is more familiarly known, 'Kelly at the Bat' (having been rededicated to the 'Idol of the Hub,' the famous Mike Kelly of the Boston National League team), has been called for, until now it is known so well that my fellow conspirators recite it with me.

"On the occasion of our 25th anniversary, we were privileged to Welcome Home from Service in France, one of our Charter Members, Dr. Edwin S. Munson, of Yonkers. Dr. Munson was for years a member of the famous 7th Regiment of the New York National Guard, and instead of seeking to be transferred as a Medical Officer, where his services would probably have entitled him to the gold leaf of a Major or possibly the silver leaf of a Lieutenant Colonel, Eddie stuck to the Line, serving as First Lieutenant and participating in the Battles that Demolished the Hindenburg line.

"'Kelly at the Bat' would be manifestly improper on an occasion like this, so 'Eddie at the Front' was substituted."

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THE AMERICAN INSTITUTE OF HOMŒOPATHY
AT ASBURY PARK, NEW JERSEY, JUNE
15 TO 20.

Dear old New Jersey, with her numerous attractive resorts, is once again the Institute's choice as a meeting ground, and the Hotel Monterey at North Asbury Park is already filling up with Institute members and friends from far and near. It is Sunday, June 15th, with a dreamy haze hanging low over the ocean and a cool east wind blowing, suggesting rain. But rain cannot dampen the spirits of those who are making their annual pilgrimage to the convention of the oldest national medical society in this country.

Ye editor spent last night in town, meaning thereby the brick and mortar of little old New York, dear old city, so much maligned, but always so eagerly returned to. This morning early, after a homœopathic breakfast of "ham and" in one of the multitudinous "Café des Enfants," we journeyed, bag in hand, to the foot of West Forty-second street, there to take the boat for Atlantic Highlands and Asbury Park. As we sat upon a railing out on the pier, watching the Sunday crowd of holiday seekers surging down the dock, we were glad to spy among the throng Dave Roberts, of New Rochelle, and his attenuated friend, Thomas Pharmacopœia Carmichael, of the city of brotherly love and political *mal de mer*. Now Dave and Tom are royal good fellows and, seated snugly at the stern of the good ship "Sandy Hook," we soon fell to discussing the present status of Homœopathy and the possibilities for the future. Carmichael deftly steered the conversation to his favorite hobby, the reformation of the

homœopathic pharmacopœia, and presently his convincing arguments succeeded in interesting even the mere laymen who chanced to sit in our immediate vicinity, while Roberts sat attentively by quite overcome by the volume of eloquence. Ye editor, however, adopted an attitude of sublime meekness as becomes a scribe whose duty it is to scribble the opinions and sayings of others and utter none of his own.

Sailing down the harbor we were impressed by the many vessels of numerous nations, which tugged lazily at their anchors in the morning mist. Here the majesty of New York City and harbor is indeed overpowering in its significance: the commerce of the world is here, its nautical emissaries only waiting the word which shall send them to the far away seven seas of the earth! And best of all, most of those messengers of the god of commerce flung to the gentle wind the stars and stripes. May the American flag henceforth be known to every port, no matter how small or how distantly located!

"The Monterey" is a commodious hotel, well suited to the purposes of a medical convention; we are writing this immediately after a very excellent luncheon and with the melodious voice of Jos. H. Bryan ringing in our ears. Joe Bryan has worked like a Trojan in his capacity of chairman of the local committee of arrangements to make the Institute welcome and feel at home, and we surmise that the rest of the committee has been more or less asleep at the switch. This is characteristic of committees, as a rule, and their motto really should be, "Let George do it!" for poor George will have to anyway.

Philadelphia is thus far well represented, for already that indefatigable walking delegate for old Hahnemann, Dean Pearson, is on the job. Pearson never sleeps in spite of his Philadelphia residence, a severe handicap to any but the strongest man. We suspect that *lethargic encephalitis* had its origin in Philadelphia, though Clarence Bartlett assures us quite soberly that such is not the case, and Bartlett, with his clinical ability, should really know.

It is nearing four o'clock, the hour set for the meeting of the Congress of States, euphonious name, we rather enjoy saying it aloud, even though we do not yet quite understand its signifi-

cance. But we must for the moment put aside editorial duties and assume those of an accredited delegate from the New York State Homœopathic Medical Society. More anon!

The Congress of States yesterday floundered for a while in the ooze of uncertainty and parliamentary pitfalls, but finally came up for air and appointed a committee of seven to formulate some constructive plan of action. We shall hear from this committee later in the session. At the memorial service last night, impressively conducted by Dr. Bryan, it was stated by the necrologist, G. Forrest Martin, that of the Institute membership, 1,862 members, over fifty per cent. had donned their country's uniform for service in the great war. These figures speak eloquently for the unselfish devotion to duty, loyalty and patriotism of the homœopathic profession. During the year just past and since the Detroit meeting, 186 homœopathic physicians have passed to the great beyond. In the same period 81 homœopathic physicians have been graduated. It requires no expert accountant to forecast the inevitable result, bound to occur, unless we of the homœopathic school arouse ourselves to vigorous action. The memorial address was ably delivered by our good Jerseyman colleague, Dr. Charles Francis Adams, of Hackensack, who never does anything but what he does it right. It is a real pleasure to hear an address such as his, wherein a scholarly use of the English language is so beautifully exemplified.

At the business session this (Monday) morning, President Dearborn presented his business address, in which matters of importance to the organization and school were touched upon. Reports from various committee chairmen were then received, all of more or less interest and importance, some particularly so. Dr. Sutherland, of the city of beans and erudition, reported upon the condition of organized Homœopáthy in foreign countries. Poor Homœopathy has been rather severely mauled in both France and England, and will require some little time for resurrection. The pity of it is that although the world war has demonstrated beyond question the superiority of homœopathic therapy in measles, pneumonia, influenza and other epidemic diseases, there are still those in authority who are too bigoted, too petty, too intolerant to admit the fact. To such as they it means nothing that human

life is at stake. To them the lives of men are but pawns in the game of personal ambition and selfishness. Shame be upon them!

One of the greatest things about the Institute convention is the opportunity it affords for meeting old friends and acquaintances and exchanging ideas with them. To get the other fellow's viewpoint is frequently an important step in a liberal education, for most of us, if left entirely to ourselves, are in danger of slipping into the narrow ruts of self-opinion. It is really surprising how much one can learn from the other fellow! We ran across many such to-day and exchanged views with them. There is Dudley Williams, for example, from Providence, R. I., a homœopath who holds sane, well balanced opinions, who is a voracious reader, well informed, not only in the literature of his own school, but in that of the old as well; a man who enthusiastically upholds the principles of Homœopathy, yet is fully conversant with the broad field of medicine in general. Truly a type of homœopath well worthy of imitation.

In chatting with Porter Kinne, of Paterson, N. J., and Adams, of Hackensack, New York College matters were touched upon and the financial straits of this institution discussed. Said Kinne, "If this college from which I graduated and to which I owe my medical education should be obliged to close, I believe that I would cry." Which shows his love for his old alma mater, a love he it said which exists in the hearts of many of the alumni of this institution. These men will not let the old college die, but in a spirit of renewed fealty to the cause which she represents, will rally to her aid and see her once more placed in the forefront of medical educational institutions.

The new Handbook of Homœopathy, under the guidance of Gilbert Fitz-Patrick, is now assuming shape: the copy will soon be revised and polished off and will then be ready for the printers. Several Institute members have combined in writing the book, among them the two Hinsdales, father and son, the tried and true Dewey, of Ann Arbor, the faithful Carmichael, G. Harlan Wells, and ye RECORDER editor. The introduction by Wells is a masterpiece of its kind—but those who know G. Harlan expect nothing else, and our school is proud to possess such men as he. This Winter will no doubt see the publication of the book, designed as

a sort of therapeutic bell-wether to lead the inquiring allopathic mind into the homœopathic fold. To Fitz-Patrick and his committee belongs the credit of initiating this work and seeing it through.

The formal reception was held last night with the ubiquitous Dr. Bryan as host. A few short, jocose remarks were ably responded to by Dr. Cora Smith King, of Washington, D. C., who is always bright, clever and of charming personality. The address of the evening was, of course, delivered by the president of the Institute, Lt. Col. Frederick M. Dearborn, who, in a humorous way, told of his impressions and experiences while abroad in France. A reception by the Institute officers, of the members and friends followed, while dancing rounded out the remainder of a pleasantly entertaining evening.

To-day, Tuesday, has been a beautiful day, cool, sunny, a cloudless sky, with a wonderfully blue ocean dashing in foamy white waves upon the sandy shore. Still more members arriving from East and West, North and South, until the halls and corridors buzz with animation. The Bureau of Clinical Medicine presented some very able papers and interesting discussions. Speaking of the latter we are reminded that some men have the unfortunate habit of speaking all around Robin Hood's barn and back again. They begin a discussion of the pathology of pneumonia, for example, and end by bringing in such irrelevant details as the value of Swan's dmm. Really, bureau chairmen should tactfully hold such discussors down to earth, or rule them out of bounds.

President Dearborn's address was reported upon this morning, and his numerous excellent suggestions were acted upon and adopted. Of these one or two of special importance will be good news to the homœopathic profession at large, such as the early publication of a national directory of homœopathic physicians and the establishment of a post-graduate school of Homœopathy and Institute of Scientific Research. We are firmly of the opinion that drug proving conducted along modern lines will prove to be the best propaganda for the spread of Homœopathy it is possible to launch. In this connection it may not be amiss to state that the Institute now has 3,650 members, of whom

422 were taken in during the year now closing, and that financially the organization has never been stronger.

We ran across Major Richard Blackmore to-day, bronzed by his military service on the Pacific Coast, looking every inch a soldier. Blackmore is a real homeo. as well and an expert prescriber. He managed, during the term of his active duty, to slip in a few well chosen homœopathic remedies in the treatment of some of his cases, with good effect, we may, of course, add.

Young Major J. C. Howard is here, just over from Camp Dix, on a brief visit. He but recently returned from France where he did most commendable work. Youthful, even boyish in appearance, he deserves much credit, which dear old Uncle Sam has granted him by giving him his majority. His father, Dr. Clarence C. Howard, of New York, is justly proud of him.

The Victory dinner last night was egregiously attended—nay more, was positively crowded. Of course, the members in uniform were on the tapis. It was their night and they made the most of it. Three lieutenant colonels, Dearborn, Honan, and Bishop, six majors, twelve captains and several lieutenants graced the occasion and spoke of their experiences here and abroad.

The Bureau of Homœopathy held sway to-day, Wednesday, under the leadership of Dean Wm. A. Pearson, and resolved itself into a sort of statistical experience meeting, relative to the recent pandemic of influenza. The experiences of many physicians from all over the country were related and uniformly showed that the death rate for influenza, including pneumonia of all forms, has been from four-tenths of one per cent. to 1.056 per cent. Our O. S. friends, with the best of juggling, can present nothing better than a mortality rate of 30 per cent., running as high as 50 per cent. in pneumonia.

Were these figures reversed the homœopathic school would speedily be legislated out of existence. Here and there the old school is waking up, as in Buffalo, where as a result of the striking success of the homœopaths during the flu, the Buffalo Medical College proposes to establish a chair of homœopathic materia medica and therapeutics. All honor to this college for its broad-minded spirit and courage.

The Congress of States held sway this morning at the business

session, with the handsome Scott Parsons, of St. Louis, in the chair. A real live program was presented and after some animated discussion adopted, marking the accomplishment of real federation of the State societies with the American Institute of Homœopathy. Among other things provided for are the following: Each State society is to have three delegates and also the president and secretary of the State society as members *ex-officio*. Where no State society exists a delegate at large will be either appointed or chosen. For purposes of homœopathic propaganda each State society is to pay to the Institute one dollar a year, for each member in good standing. The powers of State societies are in no way to be infringed upon by the Institute, and the Congress of States is not to act as a nominating body for Institute officers. Thus the good old democratic method of nominating and electing officers will be perpetuated. A paid press agent for national publicity is to be employed. This in recognition of the fact that it pays to advertise. The word garter, is always preceded by Boston or Paris, and B. V. D. is known wherever underwear is worn. It is high time that Homœopathy indulged in a little legitimate publicity. A plan of legal defence for Institute members is likewise to be worked out.

Oliver Haines, professor of materia medica of Hahnemann Medical College, Philadelphia, read a humorously sarcastic paper this afternoon, the deliciously subtle implications of which would do credit to Bernard Shaw himself. Haines looks like one of Thackeray's characters; how he keeps a straight face while reading, though bubbling with quiet humor within, is more than we can tell. Now Haines knows his materia medica, and, incidentally, how to teach it, which qualities be it said are not always bedfellows! The combination is certainly a happy one for old Hahnemann.

Strolling through the lobby we bumped into Wm. B. Griggs, director of the Hering Laboratory, Philadelphia. Griggs has more valuable things up his sleeve than anyone in the materia medica world. He and Albert Hinsdale, of Columbus, would make an ideal team of research workers. Griggs has done some remarkable work with butyric and oxybutyric acid as well as with sarcolactic acid and glycerine. He works with the basic acids, and

his provings are veritable gold mines of information in aid of the cure of conditions beyond the reach of the ordinary remedies. We hope to publish some of his results in *THE HOMŒOPATHIC RECORDER* within the near future. What Griggs doesn't know about the chemistry of the body isn't worth knowing.

This morning, Friday, another cool and beautiful day has been begun. At the usual morning business meeting the sad news of the death of ex-President A. B. Norton, of New York City, was announced. Dr. Norton was a man of force and determination, and much of the progress of the Institute has been due to his efficient work and wise planning.

The Bureau of *Materia Medica* was presided over by Dr. Fredrika Moore, of Winchester, Mass., and her bureau secretary, Dr. Martha I. Boger, of Portsmouth, N. H. These ladies held the managerial reins gracefully yet firmly, as more than one too lengthy discussor found to his surprise. Perhaps we are really coming to an honest to goodness realization of the condition portrayed so admirably by the lamented Opper in his cartoons of Mr. Henry Henpeck. A symposium on the teaching of *materia medica* called forth a large audience, which listened attentively to the papers of Dr. Sutherland, dean of the Boston University School of Medicine, Dr. George Royal, Dr. Haines, of old Hahnemann, Philadelphia, and ye editor. An interesting general discussion was unfortunately cut off, somewhat prematurely, by the arrival of the noon hour and the necessities of another bureau.

Dean Thomas J. Preston, Jr., of the New York Homœopathic Medical College and Flower Hospital, has been here since Wednesday, mainly to attend a meeting of the alumni of the college over which he so ably presides. The meeting we are pleased to chronicle was an enthusiastic and well attended one, with the result that about ten thousand dollars were raised for the college fund within fifteen or twenty minutes. This augurs well, as the campaign for funds is really just beginning. In the Fall the trustees of this college will commence a campaign to raise a large endowment fund. The prospects for a bright future are most excellent, and we prophesy a career of great usefulness to the cause of Homœopathy, for the New York college. Under Dean

Preston's guidance she will again command the confidence and respect of all.

To-night the Institute convention is practically over; a little routine business remains to be done to-morrow and then, homeward bound! The sessions of the various bureaux have been well attended, especially those of Homœopathy and materia medica. The papers and discussions have been of a high order and the general spirit which has prevailed has been that of optimism, enthusiasm and good fellowship.

For the coming year that human dynamo of radiant energy, Charles E. Sawyer, has been elected president; Dean W. A. Pearson has been made vice-president; Thos. E. Costain will remain the efficient secretary-treasurer. Thus the 75th annual meeting of the Institute passes into history and will go down as one of the most successful ever held. *Le roi est mort, vive le roi!*

DUFFELS.*

By **W. B. Stewart, M. D., Indianapolis, Ind.**

The title of this paper, Duffels, is an example of the changes that may in time take place in the philology and etymology of words. I use a paragraph from Edward Eggleston to illustrate this change, and to explain the variety of somewhat disconnected subjects of the paper.

"Back in the early history of New York State, when the bush-logger, as the Indian trader was called, launched up the Mohawk or the Hudson in his canoe, to trade with the Indians, he carried with other salable wares a kind of cloth which found ready buyers among the Indian tribes who inhabited the country beyond the Six nations; this cloth being suitable for making dresses for the young squaws, it was their delight to receive a few yards of it from a stalwart brave; and he was ever ready to trade skins for it and present it to the maidens and thereby gain the admiration and favor of its recipient. The name of this cloth was duffel, so named from the country and town where it was manufactured.

*Read before the Indiana Institute of Homœopathy at its meeting, May 20, 1919.

Combs, pocket mirrors, hatchets, knives, jews harps, paint pigment for painting the Indian face red, yellow, blue or vermilion, and many other articles and trinkets were stored away in the canoe to be spread out as a temptation before the eager eyes of a group of savages for their inspection and purchase. By degrees the name duffels was applied to the whole stock of wares, and the Dutch-American trader's duffels was known to include all the miscellany he carried with him. In later years the north woods navigator in true American initiative and synonymity transferred the name duffels to his collection of camp utensils, guns, fishing tackle and what-nots. The basket that sat in his boat to hold various small articles was called a duffels basket, and when this trader built him a house he had a room that held unclassified and sundry articles that was called a duffels room."

So this paper is designed to contain a duffels basket of topical thoughts on various lines and with various phases, each of which is of interest to him who has close to his heart the concern and welfare of the homœopathic cause as represented by our societies and journals and by the homœopathic physicians in this State and of every other State in our commonwealth. Some of these topics being no doubt irrelevant to the cause while others, in their careful consideration and just disposal, become vital to the existence of Homœopathy in the same relative manner it has existed and flourished during the last century.

When Dr. J. W. Webb called me over the phone and importuned me to take the chairmanship of this bureau, he informed me that another had been selected to take it, and had tacitly consented to do so, but that later he had begged off for reasons that he felt were just and sufficient. At the time of this phone conversation I had forming, out of sight to me, a carbuncle whose dimensions were those of a pie plate. This posterior and to me invisible companion, caused me to feel very much like anything else other than working up a bureau even on what should be the most interesting subject known to every member of this institute. This little aforementioned cervical issue was the fourteenth one I had wrestled with during the last eighteen months, and I had become so accustomed to them that I could not think without their presence nor could I eat without their

company or sleep without one or more as a bedfellow. I did not, however, permit this one to rob me of *this* pleasure, and graciously told him for the felicitation of the secretary and by the mercy of the institute I'd do it. I fell in my heart that this is *the* bureau of the institute because it embraces all of our tenets. It includes, clinically and didactically, the whole scope of the healing art in general, and specifically it covers every phase of every belief and practice that make us different from all other physicians. It sets us aside and makes us a distinct school. It covers the whole span of internal medication for him who believes in the therapy of potentized drugs prescribed according to a well established and successful method based on the dual action of remedies, and the well known analogy between the local as well as the constitutional affinity existing between the pathogenetic and therapeutic action of drugs in the human system. It is the one limelight bureau that furnishes the *raison d' être* for a homœopathic college, a homœopathic society or a homœopathic doctor; it is the one efficient means of turning out an acceptable end-product.

This has been a very busy year for everybody, a year of unrest, expectation and uncertainty; a year of devastation and destruction; a year of suffering and death; a year of such dire straits as to try the integrity of men's souls. It has been full to overflowing with nervousness on all sides. Separations, sorrows, regrets and anxious expectations have been the daily rations in almost every home, and together with the increased cost of living have made existence a desideratum hardly worth while. It seemed the consuming mouth of hell itself had spewed its destroying venom in the faces of men and evil stalked on the earth loosening its death dealing forces to prey upon humanity.

War! with its cruel horrors and pestilence, with its toll of suffering and death both came upon the country unawares and found us unprepared to defend our rights as free men, and our health as intelligent and capable individuals. The social, political, ethical, economic, religious and æsthetic aspects of the nation's life have each gone between the mill stones; have each passed through the travail of being born again. Every established and cherished principle and custom of a free and peace-loving and

happy people was challenged, and wavered in the vortex of distrust and dissolution, and the people bowed their heads in one common petition for hope and deliverance. No one could tell what would be the status of men when these fruits of civilization should come from the crucible. The grim demon of rapine and rape, of mutilation, devastation, brigandage and piracy, and of *pestilential disease* came in hydra-headed monstrosity to undo the civilization of the centuries and to render futile the political, religious and scientific advancement and the benefits of former research as applied to the amelioration of the sick and suffering. The things civilization stands for as well as the flower of American manhood were engulfed in a penumbra of death, and lives were sacrificed by the millions in both willful, equal, and *unwilling* and *unequal* combat. The cataclysm of unpardonable and irreparable disaster claimed them on one hand and the scourge of uncontrolled pestilence on the other. In the spirit of American manhood many of our confreres joined the most individual-initiative, bravest and most invincible army the world has ever equipped for battle. This left a heavy burden of duty to those who staid at home. With the medical ranks decimated by volunteer service there were not enough physicians left in any one field to but properly care for those in need of help in ordinary times of sickness.

In September of 1918 the grippe appeared in the eastern States and cantonments, and spread with the rapidity of a Polynesian simoon westward and southward until every part of the U. S., Canada and Alaska was trying to stem the tide of death. A complication of gangrenous pneumonia set in in many places. Doctors were overworked as well as powerless to meet the exigencies of the case and the demands of the dying. The inability of the doctors to save the boys was lamentable in the extreme. I pause here to state that in city, hamlet and country symptom similarity prescribing proved a boon to the sufferer, and the treatment by homœopaths everywhere has established another sound basis for homœopathic propaganda. Homœopathy has, in this epidemic, won the lasting gratitude of those who know of, and those who are living examples of its successful results. Homœopathy, no doubt, has saved the lives of thousands who would

have died under the popular method of treatment. The death rate under the popular treatment of salicylates, quinine, aspirin, morphine, sera, et al., followed by digitalis and strychnine when the heart wavered, was enormous, as high as 40 per cent.; while under symptom similarity prescribing and the potentized dose, the per cent. of deaths was by many kept down to the fraction of one per cent., and I believe never higher than 3 per cent. The laity should be led to the knowledge of this startling discrepancy in results. Thousands of our boys in the army and other thousands in civil life, in the very pink of health, went out like candles in a snow storm. I veritably believe if these same boys had been given good nursing and pure water with no medicine of any kind many of them would be alive and well to-day.

Homœopathic treatment surely in this epidemic kept the mortality to a minimum. I treated about six hundred cases of what was erroneously named Spanish flu. I say erroneously because the Spanish people never had studied this disease, they never named it, nor did it originate in Spain. All the cases I treated are alive with one exception, and that case died of simple metastatic meningitis. I had seven cases of pneumonia as a complication, and they all recovered. Not one of my cases of gripe had a dose of quinine, aspirin, salicylates, morphine, digitalis or strychnine. Surgery is not Homœopathy; diagnosis is not Homœopathy; adjuvant treatment is not Homœopathy; the *size* of the *dose* is not Homœopathy, though each and all of these are necessary and belong to the practice of medicine and are as much homœopathic as they are anything. They do not belong to a pathy but to that broad conception of the general practice of medicine which all doctors believe in and use if they so desire. No school or system of medicine can justly claim any more belief in, or more use of, these aids to the treatment of the sick than another school or system of practice. The belief in, and practice of, giving a remedy to a sick individual to cure him, which has been tested as to its pathogenetic symptoms, and fitting the remedy to the like symptoms of the sick individual, *this* is Homœopathy; and it is not made stronger, neither is Homœopathy made less effective by adding to or taking from it these adjuvants. Homœopathy is not a vacillating opinion, it is a principle, and does not

change, because it is founded on law. Some methods have been added to it and called Homœopathy; they neither enrich it nor do they impoverish the imperishable principles on which the law and art is founded and practiced. I am no hair-splitter on potency, and though I have no quarrel with him who spends his time to establish a place in the sun for the C. M. or D. M., I feel more at home with the lower potencies. I believe that the uncompromising discussions of attenuated potency in our institute in the past has done much to bring Homœopathy into distrust and ridicule. No one can explain the action of any potency or crude drug either for that matter except in theory, and each individual doctor has a right to his own theory and should relegate the same privilege to the other fellow. The manner of taking the case and the method of applying like to similar and not giving the remedy for the name of the disease, this is Homœopathy. Surgery in its theories, mechanism and technique is as much homœopathic as it is anything. The same can be said of adjuvant treatment. Homœopathy cannot disinfect a focal point of sepsis; it cannot expel a gall stone; it cannot amputate a limb; lance an abscess or trephine a skull. But it may and often does enable the system to rise above the influence of sepsis or it enables it to neutralize sepsis; it can and often does so adjust physiological activities as to prevent the formation of gall stones, forestall and render unnecessary an amputation; preclude or abort an abscess and eliminate toxins and auto-toxins. Some of the odium which Homœopathy has had showered upon it in the past and in the present, too, has been the outgrowth of an uncompromising defence of the things which Homœopathy *does not and cannot* do, and *has not* nor does it *now* lay claim to. The scope of the practice of Homœopathy is as broad as is the means of help to the sick and suffering, and as is the ingenuity of man to furnish, but the truly homœopathic part of it is the application of the internal remedy according to the law of similars.

Only a few years since a clear-headed, pure-minded woman with the health of her neighborhood at heart and a few remedies and a small repertory in her possession could rouse the ire of and lay in the shade the prescription of the silk tiled Æsculapian

of the old school. She could do it because she was sincere in her desire to help suffering, and knew how to give a few remedies, and had nothing in her armamentarium that would depress, hinder or kill. In looking backward over the history of our country for a third of a century and scanning the elemental and basic fundamentals necessary to an ideal civilization, I behold many changes in the face of the economic, social, political and religious tenets of the people; but not the least of the changes wrought is that which the gentle, silent, helping and beneficent influence Homœopathy has produced on the practice of the dominant school of medicine. No longer does Æsculapius administer a heroic dose of crude drugs to the feeble, the sickly or suffering, or to the baby. No longer does he throw all disease into the polyglot pot of malaria, biliousness or anæmia, and give big doses of quinine, iron or mercury. No longer can he make one glance at the tongue and then prescribe an array of Latin names of drugs on a prescription blank that makes it look like a menu card at Delmonico's, dismiss the patient and then play billiards until the next gullible victim presents. The old theriaca and romachi with its sixty-three ingredients has gone with the American bison into a past, whose memories send a creeping up the spine and a nauseating thrill down the œsophagus. The seaton, the blister and the tonic are long scrapped, except in the hands of the crudest and farthest removed from the centers of enlightenment. The severe purge is supplanted in most cases by the gentle clyster. The insane under the custodial care of the state are no longer treated as criminals. The most up-to-date and best regular in the land depends largely on the subjective and objective symptoms, as expressions of pathological conditions, and as a helpful aid to diagnosis, and as aids to therapeutic prescribing.

Pharmaceutical prescribing is obsolete.

Polypharmacy is a back number with the advance guard of all schools of medicine.

The universal and indiscriminate use of morphine is recognized as a curse by the profession and laity; and it was the influence of Homœopathy that established a sentiment which terminated in statutory laws against its unguarded and reckless use. Whiskey.

the evil of the age, has mostly been relegated to an unthinking, barbaric past through the influence of Homœopathy, and that of those who hold the same views regarding temperance in all things as was promulgated by the discoverer of similia and advocated and practiced by nearly all of his followers for a century. The mellow influence of the pleasantly tasting potency has taken the scarecrow out of the administration of remedies and has a civilizing, humanizing, educative, gentle influence on the manner and customs of the body politic wherever it has been used. Charity and suasion, gentleness, generosity and tolerance for the opinion of others have come to be the common attributes of men in the lands where Homœopathy has flourished best. The hypersensitive, the neurotic, the imbecile, the moron and the criminal each receives more consideration because of the belief and practice of Homœopathy. The influence of Homœopathy in its claims of *helping* as against *forcing* results has been no small factor in juvenile courts, and has wielded a great influence in the transition from the brutal to the humane. Thus many phases of our civilization have been changed by those who have espoused Homœopathy and believe in tolerance, and are willing to defend the principles of individual choice in selecting one's own politics, religion or doctor.

Homœopathy as a school is opposed to State medicine, and homœopaths everywhere are opposed to the standardization of medical teaching and practice unless that teaching includes instruction in homœopathic materia medica and in the principles of homœopathics as deduced from the belief in a law of therapeutics which is expressed in the theorem *similia similibus curantur*. The old family physician who was closer to the family troubles and joys than any other person, who entered into the feelings and sentiments of every success, pleasure, disappointment or sorrow of the family I regret to say, is passing. His place being taken, but not filled, by the specialist, the surgeon the neck twister, the back pounder, or the absent treatment imposter. The half hearted milk-and-water homœopath who doesn't know exactly where he is at, or what he believes in in reference to drug therapy; who has grown weary of his congeners and seeks association with doctors and societies that are not in har-

mony with the teachings, principles or practices of Homœopathy will find in a short time that he is skeptical on the action of remedies ; he thus becomes a doubter and is soon on the highway to medical nihilism.

The only two utilitarian forward steps the regular school of medicine have taken in the last twenty years is the one into serum therapy, and *it* is based on the law of like cures similar, and the other, the abandonment of nearly all their former beliefs in the curative action of internal medication according to empiricism. The latter is a very long step in the right direction and the former is truly homœopathic, but it would seem that the use of sera, vaccines and toxins had not been so positive as yet in cures wrought as to cause a general use of them by physicians or a universal acceptance of their efficiency. I do not believe that homœopaths are ready yet to amalgamate with the regulars nor will they be until our law of cure and manner of prescribing are taught and practiced by a fair per cent. of their practicing physicians and a chair of homœopathic therapeutics and materia medica is established in all their colleges and taught the student body. This, I believe will come some day, and that day will dawn earlier in proportion as homœopaths stand closer to their principles, and thereby show to the world their faith by their works, and prove to all physicians that Homœopathy has something valuable to them in their practice and to the public that we are honest in our belief. The rule or ruin spirit in the regulars has melted away in the crucible of our courageous forebears who throve on adversity, grew strong by opposition, and were not daunted by overwhelming numbers against them. The opposition to Homœopathy has always been strong in numbers, been closely organized, been governed by a central body, and have had numerous colleges to spread their propaganda and have been backed by plenty of money. I am in sympathy with the federation of homœopathic societies, colleges and interests in the United States, but I am forever opposed to the federal control of colleges and the practice of medicine, even though the homœopathic school were in the majority. I believe that the equal recognition by the regulars of homœopaths together with the success of the homœopaths generally has done much to bring

about a self-assuring passive attitude in the members of the homœopathic profession. I do not believe the homœopath of to-day is as good a student as he was when he had to fight for every gain he made. Interest in the Indiana Institute of Homœopathy has waned, and homœopathic propagandism has lost impetus since the active days of Davis (of Evansville), Waters, Sawyer (Kokomo), Elder, Fahnestock, Dunn, Haynes and Runnells in his earlier days, and by analogy I take it the same is true in other States. Individual propagandism, personal touch with laymen, has almost ceased to be a factor in spreading the knowledge of Homœopathy among the people. Diagnosis was once thought to be cornered by the regular school of medicine, but that time has long passed; our colleges now give as complete a course in lectureship, laboratory, didactic and clinical teaching as the best colleges in the land, and the homœopath goes into his field of work as well qualified to diagnose disease as the students from any college in existence, and he has not spent six weeks on the anatomy of a chicken either.

In writing this paper I have told you nothing you do not full well know. The principles herein enunciated have been told and retold time and again in this institute. But what with the lack of young blood coming into this institute and a manifest lethargy of some of the older and once very valuable and enthusiastic members, I feel that we need to be combed out some. We need to be imbued with a new zeal, we need our hearts fired with a new enthusiasm, the kind of enthusiasm that comes into the human breast through hatred, jealousy, opposition, and by ostracism. We need to reconsecrate our knowledge, our efforts and our purposes to the cause which has so much in it for the tireless worker, and brings in a pleasant way and so thoroughly peace of mind and satisfaction of soul and relief and health to so many struggling with disease. We need once more to pledge ourselves anew to every tenet of our creed, re-espouse our militant cause, renew an earnest allegiance to a faith grounded in good works and be willing to make any necessary sacrifice for a system of therapeutics which is both gentle, militant and just, and thereby be regenerated in the courageous spirit of true, fraternal fellowship, and thus stand side by side in the victories and glories

won under the banner, *similia similibus curantur*, and forward march to glories and victories that are sure to be ours and theirs who come after us, if we but in good faith lend our knowledge, our experience, our best efforts and our lives to the cause which is near the heart of all true homœopaths and near also to the heart of suffering humanity.

THE SIGNS OF THE TIMES.

By Eli G. Jones, M. D., Buffalo, N. Y.

I believe that there is the dawning of a brighter and better day for our profession.

It affords me *much* pleasure to note the great changes that have taken place within the past 25 or 30 years.

I can recall the time when but *very* few of the regular medical journals in this country and Great Britain would accept and publish articles referring to eclectic and homœopathic medicine and treatment of disease, but times have changed. There is a *better* feeling now than ever before between physicians of the different schools of medicine.

There is a growing sentiment among them that we should "bury the hatchet" and get together as physicians, as brothers, to find the *best*, the most *definite* means of *healing* the sick. The rank and file of the profession do not take kindly to the idea of so much *needless* surgery, and to having the "serum treatment" for disease *forced* upon them by the "powers that would be." They are looking for a *better*, a more *definite* means of healing the sick.

For the above reason they eagerly scan the pages of the independent regular medical journals for articles giving a *definite* treatment of disease, by *new* school remedies. There is a *greater* demand than *ever* before for books and journals of the new school of medicine.

I can read the "signs of the times" from *hundreds* of letters I have received *this* year from regular physicians who want "*more light*." They want to know how to *do things* in their profession. The tone of their letters shows a more *liberal*, progressive spirit than *ever* before.

In the month of March 300 copies of my book, "Definite Medication," were sold, *mostly* to regular physicians.

It is said that "straws show which way the wind blows."

A *great* part of my correspondence is helping our doctors of the regular school to a *better* understanding of *new* school remedies.

The articles I have written for many regular medical journals on both sides of the Atlantic have *aroused* a deep *interest* in the study of *materia medica*.

The result will be that in the near future our doctors of *all* schools of medicine will be able to do *more* for the sick than ever before.

For they are learning the *definite* action of drugs.

In the month of May I was called to Elyria, Ohio, in consultation with Dr. Karl P. Reefey, of that city. The doctor has a *big* practice making from 65 to 70 calls a day.

I had the pleasure of meeting all the doctors of the city (some 25) at the doctor's office. *All* schools of medicine were represented at the meeting. They wanted to have me give them a "talk," so I did to the best of my ability. What I said was very well received, and I trust the seed sown fell on *fertile* ground that some day it will bear *fruit*.

I believe much *good* could be accomplished if I had the means and could spare the time to visit all our cities and give the doctors a practical talk on many things they *ought* to know and *don't*; "more's the pity."

The first part of the month of June found me in N. C. and Georgia, where I met some regular physicians in consultation. It gave me an opportunity to give them a "heart to heart" talk, and they listened with *much* interest to all I had to say and seemed to *appreciate* it.

The work I am trying to do for the profession is God's work, and it is *good* work, and it will be *my* work as long as He gives me *strength* to do it.

I thank God that I have lived to see the dawning of a brighter and better day for my profession.

A CASE OF DIPHTHERIA.

By David Sackin, M. D., New York.

Name, Grace D.; age, 15; dark hair, gray-brown eyes, tall and slender; time, February, 1919.

I was called to see patient who complained of sore throat, slight fever, 100°, pulse 120; fauces and tonsils inflamed; miniature white patch on upper left tonsil. Prescribed *Merc. bin.* 3x. Culture taken, result positive diphtheria. Klebs-Lœffler present.

Next morning slight increase in temp.; patch larger; stiff neck with submaxillaries involved; great pain on swallowing; anxiety, restlessness, extreme putrid odor which actually saturated apartment in spite of good ventilation; profuse salivation; great salivation.

I gave *Merc. cyan.* 6x. Cultures were taken daily for first four days, all corroborating diagnosis diphtheria. Patch then appeared on right tonsil, leaving left side apparently healed. One day later membrane covered completely both tonsils, with patch on pharynx. Appearance, porcelain like. The advisability of antitoxin was never neglected; but patient suffered from results of rheumatic endocarditis of three years before which left heart very much enlarged, and murmur pointed to mitral stenosis and aortic regurgitation. Patient was sick then for two years.

Called Dr. Rabe in consultation. Symptomatology elicited by him and drug *Lac. can.* 1m given on the following; attack came simultaneously with menses; membrane changed from left to right, then back to both sides; appearance, pearly white; swallowed solids better.

After first two doses patient slept that night; membrane peeled off; pain in neck also stiffness disappeared.

Patient recovered within five days. Board of health discharged patient, from quarantine eight days later.

HEADACHES.*

A widow, over sixty, suffered for three months from frontal headache on the left side of the occiput, pain in os zygomaticum here and there, changing rapidly its seat. The pain is the same by day and by night, setting in suddenly, *shooting in*. Sometimes nausea, but not during the paroxysms. *Cannot lie down with the head low*; when patient looks downward, yellow stars; looking at something white, *red* flowers before the eyes. June 15th, 1875, *Spigelia* 200 (Lehrman), one dose.

The patient was for a whole year free from pain. September 23d, 1876, she complains of headache in forehead, temples, teeth, *deep in the orbits*, and about midnight. *Cannot lie down with her head low*. Another dose of *Spigelia* 200.

November 22d, 1878.—For the last ten days the old pains; in windy weather, but can lie low; bitter taste. *Spigelia* 30, three powders, every evening a powder. So far she has not yet returned.

In *Spigelia* the pain is mostly lancinating, tearing, attacks suddenly, and more frequently the left than the right side of the face, teeth, zygoma (*Staph.*, *Stram.*, *Sep.*), the bulbs, and the orbits. It appears mostly at irregular intervals. Sometimes the painful parts are swollen, *in windy weather, when lying with the head low, when lying on the left side, on stooping*. Simultaneously we may meet palpitations with or without the pains; pupils mostly dilated. *Spigelia* is especially efficacious in so-called pure neuralgia, and the patients often think that there is nothing the matter with them except those pains.

Arsenicum removes sometimes semilateral headaches. Here, also, agg. by *wind before and during east winds, and when lying with the head low, regular periodicity of the attacks, and after midnight*. Pain, especially burning or beating. Complications: sleeplessness; anguish, especially when alone; palpitations; thirst, with frequent sipping; tenesmus urinæ—slow, scanty discharge, with burning in the urethra.

Platina has headache in the evening, after lying down; *before*

*Translated by Dr. S. Lilienthal, from the German of Dr. Kunkel, Kiel.

or during windy weather, and when lying on left side; in fresh air, and therefore desire for it. The pain is squeezing, stitching, boring, drawing, with sensation of numbness. The nervous pains are often caused by emotions, fright, anger. Impulses of the mind constantly changing without cause, jumping from one extreme to another; spasmodic gaping without sleepiness.

Phosphorus has, like *Spigelia*, the suddenly appearing (shooting in) pains; with *Platina* and *Spigelia*, the aggravation when lying on left side, in windy weather or before it. Sleepiness in daytime, night-sweats during sleep, which pass off as soon as he awakes; anguish, with or without increased sleepiness; during thunderstorms, vertigo, veil before eyes.

Phosphoricum acidum has also sleepiness in daytime and great prostration, like *Phosphorus*; from emotions; tendency to painless diarrhoea, with green or gray stools; disgusting pappy taste; urine watery or murky and of a foul odor. The excellent effect of *Phosphoric acid* in some protracted gonorrhœas with great prostration in cases of vesical catarrhs is well known. The drug stands in close correlation to *Thuja*.

Calcarea is a capital remedy in left-sided headaches, semi-lateral specially. Obese people, with blonde hair and tendency to perspire are more affected. Wide pupils; glandular swellings after catching cold, cardialgia, with bloated pit of stomach and where the pressure of the clothing cannot be borne; profuse antepoising menses, preceded by leucorrhœa, agg. by drafts and dampness.

Kali carbonicum.—The pain is tearing, stitching, either on one or the other side. It acts capitally in sequelæ of scarlatina or measles, or after puerperium, agg. by draft and coldness; attacks at night, mostly after midnight, about 2 or 3 a. m., often at the same time. Constipation, with large-formed stools, hemorrhoids, renal affections, phthisical disposition, tendency to œdema of the face. Hemicrania is justly often considered a complication of renal affections. (*Kali, Coloc., Phos. ac.*)

Colocynth acts well where the headache is caused by anger, depressing emotions, but improvement by lying on affected side.

In scorbutic *Staphisagria* we also meet the mental depression. Nothing new, but it is personal experience, and for that purpose given.

A SEVERE CASE OF DYSMENORRHŒA.

By F. H. Lutze, M. D., Brooklyn, N. Y.

Mrs. E. M., æt. 31 years, has suffered from painful menstruation from the beginning of her menses, when nearly 14 years of age. For the first six months she had a severe cough, before and during each menstrual period, but from that time on the menses were accompanied also with severe cramping pains, in the uterus and sacrum. She was treated by two physicians in succession, the last one stretched the os uteri twice, the last time by inserting sponge tents and leaving each one of them for some time in the os uteri, but all with but very slight relief for a short time, after which she became worse than ever. Also took some patent medicine, but all in vain. In her 17th year she married, hoping that this might aid in giving her relief from her suffering, but instead this became steadily worse.

June 19th, 1918, she came to me for treatment, giving these symptoms: Three weeks before her period the mammæ begin to swell and become more and more painful and tender to touch, or even to the pressure of clothing. This pain is increased by any motion, as by going up or down stairs. Then severe pains come in the sacrum that are relieved somewhat by pressure, lying on her back, or pressing the back hard against something. When the menses appear these pains pass around the back on either side to the front of the abdomen and center in the womb so severely that she screams with the pain and becomes very irritable. There is also a dragging down pain in the abdomen, worse from the least motion, jarring or even talking. The menstrual flow is bright red at first, then becomes brown, has the odor of ammonia, and stops at once when standing, with increase of pains in the womb.

She also coughs during the menses, ever since they began in her 14th year, and has epistaxis before the menses. She always has hæmorrhoids, and is late in falling asleep, after retiring. *Bell.* 30, July 3rd. Just has had her period; there was no improvement, and considering that the case was of long standing, I gave her *Calcarca carb.*, the chronic of *Bell.* This acted

promptly, the breasts did not swell so much and were less painful, soon after taking this remedy. No more epistaxis before, nor cough during the menses, and less pain in the sacrum.

August 10th. The menses failed to appear, but a brown discharge only came, with pain in the sacrum, extending around both sides to the abdomen, but less severe than during former periods, and less pain in the mammæ, but they felt heavy, as if they weighed a ton each. She feels worse from warmth and in the house. Wants the windows open to get cool fresh air. Believes herself to be pregnant. *Bryonia* 200.

August 23rd. Dragging down in abdomen, nausea and vomiting, stitches in the vagina, wants doors and windows open. *Sulphur* 55m.

September 7th. Nausea from the least motion, even on turning in bed. Vomiting on rising mornings and after eating, relieved by rest in the open air. *Bryonia* 45m.

September 30th. Her last period was in July 7th, and not as painful as before. She now has internal hæmorrhoids, protruding during stool, bleeding at times. Pain in sacrum worse stooping, stools very difficult. Must have doors and windows open. *Sulphur* 200.

October 9th. Nausea mornings on rising, relieved by lying on abdomen. Hæmorrhoids still protrude during stool, do not bleed now and are painful only while being pressed back into rectum. Her mother-in-law, an experienced midwife, examined her and pronounced her to be pregnant for the past two months and a half. *Podophyllum* 200.

From this time on her pregnancy continued in the usual normal manner, her health remaining very good till the end of the eighth month, when she wrote to me. She thought that she was having false labor pains, and felt as if the baby was standing erect in her womb. *Pulsatilla* having similar symptoms gave no relief. Then I sent her *Bell. cm.*; a few powders of this relieved her of these annoying pains.

In the early morning of April 11th, 1919, labor pains began and at 4 p. m. on that day Mrs. E. M. gave birth to a healthy baby boy, the entire labor being normal. To-day the child has grown and developed very well and the mother nurses him at the breasts, having a good supply of milk.

P. S.—Mr. and Mrs. E. M. have given me permission to give their name and address in full to any one applying to me for this, that they may testify to this most rapid and thorough cure of Mrs. M. after 17 years of suffering, 14 years of which were in married life, without any issue, though both of them desired to have children very much.

GELSEMIUM SEMPERVIRENS.*

By William Raymer, M. D., Beaver Falls, Pa.

This is a third class tincture, hence of sixth power, and dilutions are made by taking six parts of tincture to four parts of dilute alcohol

Gelsemium centers its action upon the nervous system, producing various degrees of motor paralysis, and later, sensory as well; a depressed, nervous condition; languor and stupor are characteristic of the drug. It also lowers the action of the heart and lungs.

The five grand characteristics of the action of *Gel.* are:

- 1st. Dull, stupid, apathetic mental condition.
- 2nd. Great weakness, muscular relaxation and deep-seated aching.
- 3rd. Paralytic action on ocular muscles.
- 4th. Low type of thirstless fever.
- 5th. Complaints arising from emotional disturbances.

Let us consider some of the peculiar actions of this drug. It dilates the pupil by paralyzing the third nerve which supplies the circular fibers of the iris, there being no longer any resistance to the action of the radiating fibers, the pupil dilates. While *Belladonna* dilates the pupil by stimulating the sympathetic which supplies the radiating fibers of the iris, so that they overcome the action of the circular fibers, while *Physostigma* contracts the pupil by stimulating the third nerve. It will only contract the pupil dilated by the action of *Bell.* and not that of *Gels.*

Gedsemium by its action on the third nerve causes paralytic symptoms, such as diplopia, ptosis and strabismus, all from its

*Read before the Beaver County Homœopathic Medical Society.

action on the third nerve. (In ptosis of a rheumatic origin *Rhus tox.* is indicated.)

Under the mental conditions the patient is dull, stupid and apathetic; ailments, diarrhœas, etc., from bad news, fright, grief.

The headache is a dull heavy ache, with heavy eyelids. It commences in the nape, passes over the head and settles in an eye; worse in the morning. The patient is listless and stupid, face dark red; in fact, patient appears as if under the influence of liquor; in cold in the head and catarrhs. First stage there is fullness of the head, fever and chilliness; chills run up and down the back with marked inclination to hug—the—fire; watery excoriating discharge from the nose and sneezing; there is a predisposition to take cold from any change in the weather, especially if the weather be *warm* and *relaxed*.

In the throat we have aphonia from paresis of the muscles, sore, scraped throat, pain extends into ears; worse right side; post-diphtheritic paralysis.

A characteristic heart symptom is on dropping asleep there is a sensation as if the heart had stopped beating, forcing the patient to move to stimulate it into action.

The diarrhœa, which is caused by some emotional excitement, is sudden, copious, yellow, cream colored or papaceous. Some of the nervous disturbances of *Gels.* are loss of power of muscular control, such as writer's cramp, violin player's cramp, excessive trembling of all the limbs.

Three D's characterize the fevers of *Gels.*, drowsiness, dullness and dizziness, soreness of muscles and absence of thirst; great prostration and remission of symptoms. The characteristic pains are deep-seated muscular pains and dull aching pains. The complaints of *Gels.* are *slow* to *develop*, several days may ensue before a cold develops. In fact, *Gelsemium* is a warm weather remedy, as is evidenced by the fact that the colds and fevers of the mild winters are more likely to run to this remedy, while *Acon.* and *Bell.* are indicated more in dry cold weather that develops colds in a few hours after exposure.

THERAPEUTICS OF ANGINA—SORE THROAT.

The treatment of the different forms of angina is generally directed with reference to their characteristics, their intensity, and complications. The first duty of the physician in these, as in all acute diseases, is to arrest their probable causes, and to remove every agency capable of augmenting these maladies; then to prescribe a suitable diet, which most frequently consists in abstinence from all ailment; and finally to select the remedy most apposite to the case.

Actæa is serviceable whenever there occurs stiffness of the neck, a sensation of swelling and vehement pressure in the tonsils; great dryness and burning heat in the throat, with a sensation of hot air passing over it; extreme sensibility of the throat to cold drinks and to cold air; burning itching; contraction in the throat on swallowing solid food; painful pressing after having spoken; irritation followed by cough and bloody expectoration. When these symptoms persist, despite the previous use of *Aconite*, the *Actæa*, aided by *Nux vomica*, will mitigate them in a few days.

Ammonium carbonicum applies as a remedy when there is burning on the neck, extending as far as the throat; sensation of swelling in the tonsils on swallowing; pressure with congestion of the œsophagus, as if some substance had been arrested in its passage, although exempt from pain; speaking difficult; voice hoarse; nocturnal cough violent; respiration short; and occasionally an aphthous appearance. Great sensibility against cold, weakness of the limbs, a continued shudder, which alternates, at night, with heat, also indicate this remedy.

Ammonium muriaticum is indicated by shooting pains in the neck, whether on swallowing, or independent of deglutition, and also in the throat on gaping, with bitter taste, anorexia, unquenchable thirst, dry cough, and dry coryza; when frequent tickling is joined to a sensation of roughness and shooting pain, and to a great dryness of the throat, at the same time that there arises an abundant secretion of mucus, which it is very difficult to expectorate. Then occur repeated shudders, great fatigue, and flushes of agonizing heat. The Sal ammoniac also answers

when the malady is obstinate and threatens to pass over to a chronic state.

Baryta benefits when there are penetrating pains in the throat on empty swallowing; pressure and shooting pains on swallowing aliments; strong swelling suppuration of the palate and tonsils; obstructions to speech and deglutition; sometimes, in the morning, dryness and painful stitches on swallowing, recurring at night; contraction of the throat, with labored respiration after meals; efforts to belch; scratching in the throat; humid coryza, with dry cough, alternate chills, and flushes of heat. The *Baryta* renders the greatest service when the angina lingers, remains stationary, passes over to the chronic state, or resembles schirrus.

Belladonna is to be given if a violent fever and burning heat accompanies the pains of the throat, with warmth and swelling of the veins; if there is dryness of the throat and mouth; shooting pains in the throat on swallowing, turning the head, or breathing; or when on swallowing there is experienced a sensation of a bruise and burn, or, in addition, a contraction and oppression of the throat, which impedes the deglutition, speech and respiration. Dry cough is an important indication of *Belladonna*, and, also, swelling of the tonsils. It frequently succeeds *Aconite* with marked benefit.

Bryonia accords with pricking sensations in the throat on swallowing and turning the head; pressure, swelling and dryness of the back of the throat, the palate, and mouth; abundant secretion of saliva, constipation; cold in the head and hoarseness; dry cough and oppressed respiration. *Bryonia* follows the *Aconite* advantageously in practice.

Cainca has been applied with the greatest success when the salivation has been abundant; when there has been swelling of the uvula and palate with a grating sensation; a constant contraction in the throat alternating with drawing; heat; difficulty of deglutition; hollow, oppressed, and hoarse voice; pressure on the larynx; copious expectoration of watery mucus; sneezing; dry cough; difficulty of respiration at night; swelling and paleness of the face. This remedy is remarkably active and curative in many catarrhal forms of angina, especially those which pre-

cede scarlatina and measles. It is also useful in the treatment of anasarca that succeeds these two diseases.

Cantharides deserves employment when the throat manifests a burning and grating sensation; when there is redness and tension in the mouth; or pressure terminating in shooting pains on swallowing; or when the patient cannot swallow liquids; has a bitter and sour taste; white tongue; salivation; violent tickling in the larynx; dry cough, sometimes followed by bloody expectoration, and labored, painful respiration. *Cantharides* has proved useful at the conclusion of inflammatory, and at the commencement of catarrhal sore throats.

Capsicum is an energetic remedy when an inflammatory pain exists in the throat, which becomes drawing, or very contracting and convulsive, irrespective of the deglutition; when a painful pressure, a kind of contraction, exists in the curtain of the palate during deglutition, and when the ganglions of the neck experience rending and agonizing pains, recurring by paroxysms. To these symptoms may be added tickling in the throat, which causes frequent sneezing and sensation of roughness; weak, disagreeable taste; excretion of abundant and thin mucus from the nose; hoarseness; dry, hacking cough, and the production of a copious mucus in the trachea, expelled by expectoration. *Capsicum* is also appropriate to many epidemic maladies, or to such of its indications as occur suddenly during the prevalence of an epidemic. Sore throats complicated with gastric or rheumatic ailments, as well as those of unfavorable forms that pass over suddenly to a gangrenous state, yield readily to *Capsicum*, given twice in six hours.

Chamomilla responds expressly to angina complicated with gastric and bilious fever; also with painful deglutition; a sensation of fixed pain in the throat; bitter taste; malaise; nausea, and catarrhal affections, particularly dry coryza, tickling in the larynx, hoarseness, dry cough, and difficult respiration. *Chamomilla* is indicated in all mucous diseases, and therefore is especially suitable for catarrhal sore throats.

Cocculus is applicable to dryness of the mouth, with a sensation of roughness in the throat, or burning in the throat which extends quite to the curtain of the palate, with a flow of saliva,

very great sensibility of the neck, even to smarting, pressing pain in the tonsils on swallowing, bitter and offensive taste, distaste for all aliment, partial paralysis of the œsophagus, with sensation of inability to swallow, contraction of the throat, difficulty of respiration and irritation constantly inducing cough; at night the cough becomes violent and menaces suffocation. *Cocculus*, after the prior administration of *Aconite*, will relieve all inflammatory traces of the above symptoms that the latter remedy does not reach.

Drosera is an admirable remedy for dryness and contraction of the palate and pharynx; pricking in the throat, without deglutition; expectoration of watery saliva; irritation to cough, with darting and pricking pains in the larynx, hoarseness, yellow mucous expectorations, and difficult respiration. The voice becomes materially changed, and the cough, which occurs in the evening on retiring and during the night, is developed in deep, repeated, and convulsive paroxysms, which are sometimes succeeded by vomiting.

Hepar.—Pricking sensation in the throat as if from pins, on swallowing, gaping, respiring deeply, and turning the head, which sometimes extend to the ears; pain, as if from a bruise, in the muscles of the neck; interiorly a sensation of swelling and pressure as if from some fixed external body; sensation of scraping on swallowing solid aliment; heat and scraping in the throat after primary relief; with constant expectoration of mucus; vomituration in the morning, with a dry and deep cough, which develops itself at evening and becomes sometimes extremely violent and agonizing; frequent expectoration of mucus and blood; expression of the face weakened; eyes black and blue, shivering followed by heat, clammy perspiration, especially on the forehead and chest—such are the symptoms which indicate the use of this remedy. In sore throats of the most serious character, which threaten to destroy by suffocation, also in croup, the *Hepar sulphuris* displays the most astonishing power, and not less conspicuously where there is a tendency to induration of the tonsils, or when such state is developed. The *third* potence of this medicine has acquired a decided preference, for efficacy, over any other of its forms.

Hyoscyamus is in requisition for burning heat in the face, the features of which are distorted, and the complexion purplish; for dryness of the throat, thirst, prickings in the larynx contraction of the throat, impossibility of swallowing, copious salivation, increasing loss of appetite; for vomitings of white mucus or of green bile, collection of mucus in the larynx and trachea, hoarse and indistinct voice connected with a sensation of a foreign body firmly lodged in the trachea, nocturnal cough, which may be dry and spasmodic, and respiration labored and agonizing. The *Hyoscyamus* is peculiarly suitable to sensitive and irritable constitutions disposed to spasms or convulsions.

Ignatia.—Lancinating pains in the throat, sensation of a foreign body lodged there, a bruised pain on swallowing, pricking in the windpipe, constant effort to swallow, pains in the cervical ganglions, pressure on the entire œsophagus, rending pains in the larynx which increase on swallowing, respiration, and coughing; sensation of ulceration of the nose with coryza, dryness of one nostril, copious secretion of mucus in the trachea, progressive tickling in the larynx with cough, or, in its place, difficult yellow expectoration with contraction of the throat that excites a cough: distention of the abdomen and constipation. The *Ignatia* not only accords with the previous state, but is of infinite importance in rheumatic and gastric constitutions. It frequently requires to be followed by *Pulsatilla*, *Rhus*, or some appropriate antipsoric remedy.

Ipecacuanha.—Rough, bruised, pricking, and swollen sensation of the throat, especially during deglutition; elongation and painful sensibility of the palate; liquid stools; severe catarrh with drawing pains in the limbs; violent cough with dyspnoea, and without expectoration, similar to whooping cough, with congestion of blood to the head, constriction of the surface joined to extreme paleness. *Ipecac.* is also useful in catarrhal sore throats, when they are connected with spasms of the chest and other nervous affections of the same nature. This medicine should be given every two days in alternation with *Nux vomica*, to which should be added *Arsenic* when agitation and dyspnoea supervene.

Manganum aceticum finds a place for the following symptoms: dryness, roughness, and a sensation of obstruction in the

trachea; pain in the palate, without swallowing, with prickings on both sides of the neck on empty swallowing; roughness of the throat, bitter, disagreeable taste, anorexia, hoarseness on inspiring air freely; dry coryza, a disposition to cough, which modifies no other symptom: dry cough after talking; great dryness, roughness, and sensation of constriction in the larynx; yellowish green mucous expectoration; smarting extending to the cheeks; febrile paroxysm at night. The *Acetate of manganese* has been amply tested in practice.

Mercurius solubilis.—Sensation as if from an obstruction in the throat, painful deglutition with pressure, constant effort to swallow, lancinating pains in the neck and in the tonsils extending to the ears, pressure in the œsophagus and larynx, which increases on eating; drinks cannot pass by the epiglottis, and are forced back by the nose, swelling of the parotids and the cervical ganglions with pressing, burning, or lancinating pain, flow of thin and fœtid saliva, coryza and sneezing, dry and violent cough, occasional bloody expectorations, and dyspnoea. This remedy applies especially to scrofulous temperaments where the sore throats have endured for a long time without assuming a decisive character, or where there has arisen suppuration of the tonsils, palate, and pharynx; or, further, an induration of the same. The *Mercury* also answers for the last stage of violent catarrhal sore throats which have been neglected or badly treated, and where the Eustachian tube is involved in these conditions.

Nux vomica.—Roughness and sensation of a bruise in the throat during deglutition and inspiration of cold air; swelling of the curtain of the palate and of the uvula; pressing pains during and without swallowing; at the same time lancinating pains in the throat, which extend to the ears and submaxillary glands; sensation as if the smallest body would be arrested in the throat, on swallowing; burning heat in the larynx; grating sensation in the larynx; ulcerative pain in the nose, with an abundant secretion of mucus; itching and tickling in the larynx, cough on respiring and talking, rending in the jaw-bones and swelling of the face. This remedy is required in angina arising from colds, in which case *Aconite* should precede its use, if the inflammatory fever is very high. It also is remedial for simple

catarrhal sore throats. The *Nux* is applicable when the swelling of the parts involved aggravates the disease to the danger of suffocation, especially when connected with obstinate constipation.

Pulsatilla.—Exterior lancinating pains on swallowing, pressure in the throat, sensation of swelling in the uvula and curtain of the palate: during and without swallowing, sensation of roughness and pain in the throat, or as if the swollen submaxillary glands throbbed with pulsating leaps forward, in the mouth; the palate seems filled with lumps, is painful on speaking and touching the tongue; in the morning an insupportable dryness of the throat, mouth, tongue, and lips; they become covered with a tenacious mucus, bad odor from the mouth and dry cough; in the morning, a flow of thick and yellow mucus, sometimes of fœtid matter, sensation of scraping and scratching in the throat, pain in the chest, perfect hoarseness, cough, with scratching and tickling in the trachea, copious and consistent expectoration and dyspnœa.

Stramonium is indicated for extreme dryness of the throat, with inability to swallow, contraction, as if from a cord, altered voice, running into a very high octave, difficult speech, respiration exceedingly labored, anxiety, and blue discoloration of the face. This remedy should be also employed in spasmodic and convulsive conditions of angina, attended with exhaustion of the strength through the violence and duration of the malady.

Senega responds to various indications; white tongue, mucous taste, vomituration, smarting in the palate, inflammation of the pharynx and of the uvula, with enlargement; tension from the palate to the articulation of the jaws, dryness of the mouth and throat, collection of tenacious mucus, or of lumps of mucus, about the larynx; frequently a strong scratching, which compels the patient to expectorate and to swallow, with burning, itching, and pressing in the throat; also frequent sneezing, dry cough, or cough with expectoration of tenacious mucus, collection of mucus in the larynx, with tickling in the throat, dyspnœa, heat in the face and slight chills. *Senega* is very useful in simple sore throats, as well as for rheumatic complications. The third potence is to be preferred.

Sulphur corresponds with strong heat in the throat from the larynx to the mouth, suppuration of the uvula and tonsils, or a sensation of elongation of the uvula, sensation of swelling and pressure in the throat, as if from a body lodged in the throat, especially on swallowing and respiring: sometimes lancinating pains and spasmodic constriction of the throat, as if the deglutition could not proceed below the gullet; also, dry coryza, hoarseness or total loss of voice, dyspnoea, and contraction of the chest. Although *Sulphur* may be specifically indicated for *chronic laryngeal phthisis*, it is also equally applicable to similar conditions of the throat; moreover, when symptoms slightly inflammatory have not been entirely removed by more active or acute remedies, when hoarseness persists, and when the general symptoms are unyielding and threaten a fatal termination.

A. GERALD HULL, M. D.

ENDOCRINE REPORTS.

By W. H. Freeman, M. D., Brooklyn, N. Y.

Regarding the pituitary case reported in the May RECORDER Dr. Fraenkel offers the criticism that it seems to suggest endocrinology as an improvement upon, or an easy substitute for, Homœopathy, whereas it is only an addition to and an aid in the study and comprehension of Homœopathy. The doctor says also that while there is no comparison in the results generally obtainable from the endocrines with the results obtainable from homœopathic remedies—still, under certain circumstances, the endocrine will do something to the patient which makes him respond better to homœopathic remedies afterward.

This point was illustrated in a case of gonorrhœal salpingitis mentioned by Dr. Stearns, in which, after marked initial improvement, he was unable to bring about a cure, whereas, Dr. Fraenkel quickly cured the patient with a few doses of thyroid followed by a high potency of cinchona—presumably because thyroid by arousing dormant reaction was followed by symptoms calling for cinchona.

In certain cases where, even with the most painstaking care, we

are unable to elicit symptoms sufficiently peculiar and individualistic upon which to base a true homœopathic prescription, or where the seemingly similar remedy fails to relieve, it is often possible to induce reaction and obtain relief with the proper endocrine extract, as is shown in the following report:

Mrs. M., aged 65, widow, American parentage, nurse by profession. Dyspnœa of fifteen years' duration; much worse recently; the least exertion makes her breathless. She is comfortable while lying and while resting. Cough dry and hacking only on exertion. Urticaria frequently and severely for several years. Appetite poor but no indigestion. Bowels regular, stools offensive. Chilliness and very sensitive to the cold; likes hot weather best. Catches cold easily and often, sneezing and coryza. Cold feet and legs in cold weather.

Careful questioning during several examinations failed to elicit any further symptoms or modalities.

Physical Examination: Height, 69 inches; weight, 152 lbs.; well formed and symmetrical; expression intelligent; eyes gray; good growth of gray hair; skin and mucous membrane pale; lips and nails slightly cyanotic; teeth false; gums, mouth, throat, eyes, ears, and nose negative; thyroidectomy scar; no tremor nor evidence of myxœdema; gait normal; reflexes normal; cardiac sounds weak; slight dilatation; no murmur; lungs negative; abdomen negative; S. O. negative; slight œdema of ankles; skin healthy; a few hairy moles; red line faint and slow; sweats moderately on exertion; trace of albumen and a few granular and hyaline casts; moderate indicanuria; R. B. C. 3,700,000; whites, 8,000; eosinophiles, 3 per cent.; neutrophiles, 73 per cent.; hemoglobin 70 per cent., otherwise normal; stools show nothing pathological. B. P. diastolic, 90; systolic standing, 165 to 175; sitting, 180; lying, 185; P. P., 75 to 95, according to position, being highest while lying.

History: Pertussis, age 12; measles severely, age 15; varicella and mumps earlier are all that are known of childhood's diseases. Pnuemonia, age 45; pleurisy and bronchitis, age 62. Goitre without exophthalmus since adolescence, and thyroidectomy, age 63, to relieve dyspnœa thought to arise from pressure of tumor. First menses age 15. Menses, pregnancy and menopause uneventful.

Widowed soon after birth of only child and supported self and reared daughter by nursing. Has been under treatment off and on for years, and has had strychnine, arsenic, iron, quinine, digitalis, etc., etc., without benefit,

Probable Etiology: Measles = thyroid stress = caries of teeth and compensating stress of adrenals. Widowhood and support of self and child by nursing = adrenal stress = pneumonia = adrenal stress. Remedies usually given for grippe and colds are chiefly adrenal depressants, *e. g.*, aspirin, acetanilid, etc., etc.

Diagnosis: Myocarditis and nephritis with interstitial toxæmia. (Cardio-vascular syndrome.)

Endocrine Diagnosis: Adreno-thyroidal dystrophy, the present symptoms being predominantly adrenal in character.

Therapeutics: This condition calls for rest in bed and a non-putrefactive diet for, while neither will be curative, neglect will aggravate the condition.

Bryonia, which first comes to mind for such symptoms and likewise *Psorinum* and *Tuberculinum* were tried without benefit.

Analysis of the symptoms shows them to be exclusively pathological in character, common to such a condition, and, therefore, entirely lacking in individuality. Now experience has demonstrated that when a patient lacks sufficient vitality or reactive power to develop individualistic, symptoms that the prognosis is usually poor and that curative reaction, if at all possible, can be induced solely by a remedy capable of producing a similar state of defective reaction. Unfortunately, while our knowledge of such remedies is considerable, it is anything but complete, and our results from homœopathic treatment in such conditions is often discouraging.

The correct remedy invariably induces curative reaction in cases not already moribund or where a vital organ is not too badly damaged to continue functioning and, even under such circumstances, it relieves pain and discomfort and makes the last days of the patient easy. But the selection of the correct remedy, under circumstances similar to this, is always more or less difficult and sometimes impossible. To claim otherwise is to claim infallibility.

Whether or not the indicated remedy for such a group of

symptoms is one of the well known drugs for defective reaction or some little known or unknown drug, it is a fact that the endocrine extract will often arouse reaction and give relief in these therapeutically obscure conditions when other remedies fail.

Endocrine Therapy: After six weeks of diet, rest, *Bryonia*, *Psorinum* and *Tuberculin* without benefit and in spite of the high blood pressure, *Whole Gland Suprarenal Extract* was given. It was given in doses of gr. 1/6, once daily, for one week and stopped for one week with apparently slight benefit while taking it but not during the week following. Then it was given in one grain doses once daily for one week and stopped for one week with notable benefit while taking, which ceased when not taking it. It was then given in one grain doses three times daily for one month, the patient being under frequent observation, with marked and continuous benefit. The patient said it was the first medicine she ever remembered which proved beneficial. At this time, three months after beginning treatment, she felt better than for three years, the color was fairly good, only a trace of cyanosis, slight pallor, slight exertion did not fatigue, appetite excellent and the blood pressure had decreased as follows: diastolic, 85; systolic, standing, 115 to 120; sitting, 120; lying, 125.

The patient now decided to return to her home up the State and was given a letter to her family physician with request to report progress, but nothing has been heard from her since, two months ago.

This case is interesting because, as every experienced physician knows, improvement in such cases by any method of treatment is unusual and also owing to the lowering of blood pressure with improvement of the general condition while taking material doses of *Suprarenal Extract*, which as a blood pressure raising agent is supposed to be contra-indicated in such conditions which suggests that *Suprarenal Extract* may not be contra-indicated in cases of high blood pressure provided the other symptoms call for it.

THE TEACHING OF MATERIA MEDICA.

By the Editor.

This is a subject which has been much written about and variously discussed, before this body many times. The subject indeed may be said to be trite, but, inasmuch as we of the homœopathic school are witnessing an undoubted decadence of the homœopathic spirit throughout our ranks and, as furthermore, the product which our homœopathic colleges are turning out cannot be compared, so far as a knowledge of homœopathic materia medica is concerned, with the finished product of the years during which Dunham, Farrington and the Allens taught, the subject is, after all, deserving of our serious thought and earnest discussion. As one casts about for reasons why the average graduate in homœopathic medicine is so poorly grounded in his materia medica, one is struck by the plain fact that there are a number of causes to be assigned in explanation. The curricula of our colleges have expanded enormously since the days of our fathers, until at the present time at least they are over burdened with a multiplicity of subjects incapable of digestion and assimilation by the average mind. Our colleges are not altogether to blame for this state of affairs, which is the direct outgrowth of the demands legally, yet arbitrarily, enforced by our State examining boards. In many instances these boards do not require an examination in materia medica. Small wonder, then, that this subject sinks to a level of secondary or even trivial importance, both in the mind of the student as well as in that of his teacher, while the subjects which are legally demanded, quite naturally assume a position, compelling in its significance.

Established medicine to-day finds itself doing its best work in the field of prophylaxis and immunity, while it is practically as helpless as ever in the field of curative therapy. We need only point to the truly appalling number of deaths under O. S. treatment in the recent pandemic of influenza and pneumonia for

*Read in the symposium on the teaching of materia medica before the annual meeting of the American Institute of Homœopathy, at Asbury Park, N. J., June 15-21, 1919.

verification of this statement. But in our own school, where therapeutic results have been so strikingly superior, strangely enough we find little or nothing done to advance our knowledge of the very thing which has enabled us thus far to achieve this superiority. We, too, are blinded by the magnificent lustre of modern science and in its glare fail to see or to seize the very diamonds sparkling at our feet.

What then ought we to do if there is to be an awakening within us which shall arouse us to action and cause us to place homœopathy where she rightly belongs, in the very Keystone of the arch of drug therapy? For after all homœopathy is and will remain a therapeutic specialty, and as such, by virtue of its fundamental law, will always be supreme in its legitimate field.

In the treatment of the sick, consciously or not, we ask ourselves the questions: "Is this sick patient one suitable for drug therapy; if so, for which form of that therapy; what is the cause of his illness, and is it removable, or if not capable of being removed, can cure nevertheless be reasonably expected? How far has his disease progressed; of what nature is it; which tissue changes have taken place and to what extent?"

These are the interrogations which automatically come into our minds and which cause us, in a logical manner, to determine what should and can be done. Granted that the case falls within the domain of curative drug therapy, we next seek to photograph, as it were, this particular patient; to visualize the patient symptomatically, and with this picture firmly in mind to seek its counterpart in the storehouse of the materia medica. The better we can visualize the easier will be the search for the therapeutic counterpart. To learn to recognize this counterpart is then, to know the materia medica. In a sense, drug pathogenesis and disease symptomatology are interchangeable. The more we know of disease, its symptomatic expression, both objective and subjective, its beginnings and its endings, the better able we are to know materia medica, and, of course, the converse of this is particularly true.

Hence, in the teaching of materia medica nothing which a drug is capable of producing upon the healthy human or upon the healthy animal is too insignificant or too unimportant to escape

notice. When drugs produce symptoms, they do so by first causing functional disturbance, which then, if the administration of the drug be continued, goes on to actual pathological change. The latter, for reasons obvious, can best be observed in animals, the former in intelligent humans whose intelligence enables them to describe and record their subjective symptoms or sensations.

To us it seems, therefore, that the *photographic* method, as it might be called, of teaching materia medica would seem to be the one best calculated to train students to become successful homœopathic prescribers. That other methods are important and have their place cannot be gainsaid. That any method may be badly taught or abused is also true; but the fact remains that our most successful prescribers have been made so by the application of this method, which was used by our greatest teachers, such as Farrington, Lippe, Kent, Dunham and the Allens.

TWO CLINICAL CASES ILLUSTRATING THE HOMŒOPATHIC APPLICATION OF THY- ROIDIN.

By the Editor.

Our knowledge of the endocrine remedies is as yet in a formative stage, but the therapeutic use of the ductless glands is steadily growing. We know more of the thyroid gland and of its therapeutic applications than of any of the other ductless glands. Thyroid has received a careful homœopathic proving and certain features stand out prominently in its pathogenesis. Of these we have made use. In a general way it may be said, and the statement is probably true, that in conditions of hypothyroidism the cruder doses or lowest potencies of *Thyroidin* are necessary, whereas in hyperthyroidism the reverse is true. The following cases will, therefore, be of instruction and interest:

CASE I.—Mrs. B., a widow, age 39, gave a history of menorrhagia. Menses occurred every three weeks, were very profuse, clotted, and lasted six to seven days. After the menses severe vertigo, weakness and attacks of syncope occurred. The general health was otherwise good. *China* had palliated immediate symp-

toms, and *Calcarea carb.* had failed to cure. The patient was plump and inclined to easy perspiration.

Thyroidin 2x trituration, one tablet four times each day, was given and continued for several weeks with general improvement. Later the 3x trit. was employed. Menstruation is now normal and is not followed by weakness or vertigo. In this patient hypothyroidism was unquestionably present.

CASE 2.—Mrs. R——, age about 40, during the past winter had two attacks of influenza and was under the excellent care of one of the members of this association. Subject to diarrhœa upon slight provocation, this had supervened upon the influenza and convalescence was tedious and most unsatisfactory. Returning to New York the patient's condition was now as follows:

Much flatus with stool; painful flatus.

Faintness follows stool.

Stools undigested and containing thick white mucus.

Diarrhœa < mornings on rising.

No thirst; tongue coated yellowish-white.

Rheumatic pain in right hip and in right knee.

Bad taste in mouth mornings.

Fair appetite; no special desires.

Sleep restless; lies awake a long time.

Hair comes out profusely.

Is losing weight.

Great *weakness*. Is prostrated from the least exertion and must lie down.

Feels *faint* and is very *sensitive to least cold*.

During the influenza her menses were copious as well as premature in appearance. *Phosphorus* has been her constitutional remedy. *Thyroidin* 2x trituration, one tablet four times each day, was given with very prompt and strikingly remarkable improvement in strength and general health. This patient was also, as in Case 1, in a condition of acute hypothyroidism, a condition be it said, usually found during convalescence from severe or exhausting diseases. Clinically, therefore, *Thyroidin* is related to such remedies as *Calcarea carb.*, *Kali carb.*, *Iodine*, *Phosphorus* and *Silicea*.—Read before the I. H. A. Convention.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Chilling of the Surface of the Body and Its Relation to Nephritis.

—The writer is convinced from experience that chilling of the surface of the body has much to do with aggravations of nephritis and that it may also stand in a certain causal relation to the development of this condition. We recognize an acute nephritis which we used to call "nephritis from exposure to cold," due to the fact that it appears for the first time after a chill. Then, again, there is a form of nephritis which occurs especially among brewers and heavy beer drinkers, which is said to be favored by exposure to cold. In regard to these acute cases and also to sub-acute ones, where the nephritis is not recognized until after a chilling of the surface of the body takes place, our theory is that there is already present in the body a focus of infection, and, as is well known, the resistance being weakened by a chill, the kidneys being, by inheritance or congenitally, predisposed to disease, the renal congestion naturally following the chill, coupled with the infection, results in a nephritis. The following case would seem to confirm this idea: Patient, a strong and apparently healthy young man, 29 years of age, a year or more ago stood in ice cold water up to his waist for half an hour helping a neighbor with some work. Following this albumin appeared in his urine, his face was swollen, he was puffy under the eyes and his feet swelled. The writer examined his urine on March of this year and found it normal in respect to excretion of solids but containing about one-tenth of one per cent. of albumin and a few granular casts of medium size. Not long after this the patient was examined by the writer and it was found that the usual cardiovascular symptoms of nephritis were absent. Search was then made for a possible focus of infection which a blood examination located in the mouth. The importance, therefore, of early recognition of diseased conditions in the mouth is obvious, inasmuch as the case in question shows the apparent

relation in an otherwise strong and vigorous patient between nephritis and mouth infection.

It has long been known that in cases of nephritis referred to exposure to cold there is a tendency to recurrence and that, after an apparent recovery, there may be a relapse weeks or months later. This tendency should warn us, therefore, to guard our nephritic patients against exposure to cold in general. Chilling of the surface leads to congestion of the internal organs, which, in turn, is likely to be followed by exacerbation of any existing nephritis.

Removal of the focus of infection may not necessarily be followed by recovery from the renal condition, but, inasmuch as this renal condition is, in itself, likely to be focal in character, progress of it may in all probability be checked by removal of the causes which tend to aggravate it. Microscopic examination of the urine by means of study of the tube casts present should show whether or not the straight collecting tubules are affected or not. If not, the writer finds the cases likely to be slow or mild ones or those in an early stage. Hence, in such mild cases, the discovery and removal of the focus of infection assume importance. In cases in which the straight collecting tubules are affected, the process has in all probability involved the entire kidney substance, and there is likelihood of extensive fatty degeneration of the tubules, etc., which will, in all probability, be shown by presence of fatty casts, fat granules, hyaline casts, and free fat granules in the urine sediment. It must be remembered, however, that fat in the urine may be due to admixture with smegma, especially in the case of the urine of women. In the case of smegma the fat granules are usually larger than in the case of fatty degeneration of the kidneys. Then, again, patients may provide specimens of urine in bottles or other containers in which fatty substances are already present.

Focal infections, apparently causing nephritis, are not necessarily confined to the mouth. For example, an acute nephritis may follow mild sore throats, insignificant gastro-intestinal disorders, or even boils and eczema. In such infections, therefore, even if the urine is normal, the patient should be warned to avoid chilling of the surface of the body, which warning becomes im-

perative, if kidney disease is known to be prevalent in the family.

Nephritis is, therefore, to a certain extent a preventable disorder, the principal difficulty in the management of a given patient consisting in the fact that it is sometimes difficult to discover whether renal troubles are prevalent in the family or not. Dr. Anson Cameron in his service in Cook County Hospital adopted the rule that all **scarlet fever patients should be kept in bed on a strict milk diet for 28 days.** Not one case of nephritis developed in such children as were successfully subjected to this rule. It goes without saying, however, that such a rule could in all probability not be carried out successfully everywhere. In our opinion scarlet fever is a most dangerous disease from a renal viewpoint, and, it seems to us, that no measure, however restrictive, which will guard the sufferer from kidney lesion following the fever, should be neglected. We have heard it said that scarlet fever is a worse disease than syphilis. The body politic is adopting sternly repressive measures against syphilis. Why not, therefore, "put on the clamps" against scarlet fever?

Influenza and Nephritis.—Since the epidemic of influenza we have had our attention directed to several cases of nephritis which, previous to the influenza, were not recognized. The following is an example: Patient, a young man 21 years of age, who had influenza in the middle of February of this year from which his recovery was slow. Albumin was discovered in his urine in May, but there had never been any signs of nephritis other than those found in the urine. The writer examined the urine of this patient and also the man himself. The urine was normal as regards excretion of solids, urea, etc., but a plain trace of albumin was found in all samples submitted together with several epithelial casts, and one or two granular ones. Cylindroids were also found containing clumps of epithelia resembling renal ones. Going into the history of the case it was found that for some time back the patient was subject to attacks of what he called "swelling of the tonsils" and that he had a chronic sore throat. He was also given to swimming in cold water, and had already been "in swimming" in Lake Michigan during the month of May. His teeth also had been "bad," as he expressed it. It would appear, therefore, that the influenza

infection was not perhaps the sole cause of the nephritis, and it may be that other cases of nephritis, recognized for the first time after influenza, were only aggravated by this infection. Hence the importance of the old adage "know thyself." Preventive medicine is making much progress, and among the various fields for its progress there is no more desirable one than that in which is undertaken the stamping out of toxic nephritis.

Practical Difficulties in Urine Analysis.—Mere ability to analyze urine signifies little or perhaps nothing as to the field of usefulness of the examiner. Dr. W. Henry Wilson has truthfully remarked that the great majority of analyses of urine are not worth the paper they are written on. This, however, is not so much the fault of the science as of the persons who first and last have to do with examining the urine. If, for example, the urine of the 24 hours of a given patient be collected and preserved in three different containers holding the urine of three different periods of eight hours each, it will be found that in some cases the urine of one container will show plainly marked evidences of disease while that of others contains nothing significant. The writer is never able to understand the sempiternal indifference of the patient to the matter of proper collection and preservation of the urine sample he provides, especially when contrasted with his sempiternal willingness to pay for almost "any old" examination of it. The writer has printed cards of directions for collecting urine, he also provides suitable containers for urine, and is not only willing but anxious to give out all kinds of advice and suggestions to those wishing urine examined. But in spite of all this the same old story of neglect goes on like Tennyson's brook, apparently forever, while nothing is more easy to accomplish than the furnishing of urine in a fit condition for examination. It never seems to occur to anybody that the chamber vessel is a household utensil and not a scientific apparatus, and that the chamber vessel should, therefore, not be used for the collection of urine samples. Patients in spite of their apparent objection to the odor of stale urine never seem to realize that urine becomes stale and that, when it is stale, it is not fit for examination, scientifically speaking. Patients still further never seem to consider that life insurance companies

are more careful of their money than the patients themselves of their condition. Patients will worry themselves into all sorts of nervous conditions from real or imaginary causes, but I never knew a patient who worried about getting his money's worth from a urine examination. The indifference of pregnant women to the possible dangers of their condition is a remarkable phenomenon. It is with the utmost difficulty that a pregnant woman can be induced to collect and preserve properly her 24 hours' urine for the urea-ammonia determination, hence the almost insuperable difficulties connected with this procedure. The writer observes with much amusement the tremendous amount of urine analysis being conducted by innumerable tyros all over the country, and sometimes wonders what these persons who are examining urine think they find!

The first step in the analysis of urine is the procuring of a specimen fit for examination. That such a specimen is invariably furnished is far from being the case.

The Iodine Acidosis Test.—That this test as described in the RECORDER for May, 1919, is not affected by sugar in the urine has been our own observation and one which recently has been confirmed by Dr. F. C. Askenstedt, of Louisville, who writes us that he found 52 cc. of urine containing a large amount of sugar necessary to decolorize the solution which, when acidosis is present, may be decolorized by less than 10 cubic centimeters of urine.

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EDITORIAL NOTES AND COMMENTS

Influenza Treated With Serum From Recovered Cases.—Three cases of influenza, two complicated by pneumonia, were treated by Miller and McConnell with injections of serum obtained from persons convalescing from pneumonia. The results of this treatment lead the authors to believe that the injection of serum from recovered patients into desperately ill patients infected with the same organism is logical and is of some value.—*Kentucky Medical Journal*.

Nosodic remedies have long been known to homœopaths, from the time of Lux down to Swan and others. Homœopathic prescribers have used the nosodes successfully hundreds of times, and without these remedies many cases would remain uncured or go on to a fatal termination. *Malandrinum*, *Variolinum*, *Psorinum*, *Tuberculinum* and others are all priceless when properly used. Some of them, as *Psorinum*, have received careful provings, others have been and still are used more or less “by guess and by God,” as the shipwrecked and compassless sailor would say; but we should hate to part with any of them nevertheless.

Their use frequently requires a certain degree of imagination—speculation if you choose—which enables the prescriber to visualize his case and philosophize over it. Imagination is an integral part of every real artist, and successful homœopathic prescribers must indeed be artists to obtain the marvellous results of which Homœopathy is capable.

To confine oneself to the routine use of twelve or fifteen reme-

dies, as some physicians do, is to voluntarily enter the purposeless, revolving squirrel cage and circumscribe one's field of useful activity to the dull monotony of the treadmill.

Theories Regarding Blood Pressure.—Harold W. Dana, M. D., of Boston, Mass., contributes to the *Journal of the A. M. A.*, May 17, an interesting article under the above title. After speaking of certain apparent exceptions to "any preconceived standard for normal systolic pressures," he states:

"Certainly I am not at all willing to concede that a high blood pressure, for example, 200 mm., means necessarily any of the things that we have always agreed that it did mean. It does not seem to me a proved fact that marked hypertension necessarily causes apoplexy; that it necessarily increases the probability of apoplexy, or of renal or arterial disease, or of ill health of any kind. If marked hypertension means of a certainty any of these things, why do some men live to far beyond the average age, in spite of continued marked hypertension of long duration? Granted that some pathologic condition would have been found present after death in these cases; granted that signs of nephritis or of arterial degeneration might have been present, proof is still lacking that the hypertension was the result of the lesions found; for, after all, if there were not some cause for the termination of life, these fortunate beings would have lived forever; and in my opinion any man who enjoys reasonably good health and an active life—as many men with marked, continued hypertension do—until past 75 or 80 years comes to his final end for the reason that his body is not immortal and is constructed to last for only seventy years or thereabouts."

Further on he says:

"What does the systolic pressure represent? We have been taught that a constant high systolic pressure indicates a permanent change in the capillaries, particularly the renal capillaries. Yet, if such be the case, why is it a fact that some patients with high systolic pressure may have their blood pressure lowered and kept at a normal level by repeated treatments, either with high frequency currents or with radium emanations internally? Incidentally, I would point to this influence of the high frequency

currents or radium emanations on blood pressure, through their action on metabolism, presumably in oxidizing or otherwise destroying toxic products in the body, as supporting my theories as to the causes of individual blood pressure readings. If there is actual change in the renal circulation, of such a nature that the capillaries can no longer dilate, then it must be a fact that an increase in systolic pressure is necessary to drive the blood through the kidneys. But it is a fact that many patients with contracted kidneys and high systolic pressure may be freed from symptoms for years and have a blood pressure normal for their age, as the result of treatment. This, to my mind, is explained by the theory that the systolic pressure, while a measure of peripheral resistance, and as such a compensatory mechanism in these cases, is not the result of permanent changes in the renal capillaries, but is the effect of vasoconstriction, due to toxins circulating in the blood. Many cases of acute focal infection give rise to a temporarily increased systolic pressure, to be accounted for in the same way.

“Similarly, many cases of hyperthyroidism present an elevated blood pressure. The effect of nicotin in raising systolic pressure is well known. It has been demonstrated to my satisfaction that the presence of constipation causes a rise in blood pressure. To my mind, there is a definite syndrome of slight cyanosis, increased aortic second sound, and increased blood pressure, that goes with many cases of intestinal stasis. Furthermore, I am certain that many persons leading a sedentary life can have daily bowel movements and still be constipated.”

And then draws the following conclusions:

“1. It is believed that increased systolic blood pressures indicate the presence in the circulating blood either of unexcreted putrefactive products absorbed from the intestine, from the kidneys, from focal infections in the dental alveoli, the nasal sinuses, the tonsils, the genito-urinary tract, or of secretions in abnormal amounts from the glands of internal secretion.

“2. It is believed that in some cases at least, a lowered systolic blood pressure indicates a defective secretion of pressor substances, or an increased secretion of depressor substances by the ductless glands.

“3. It is believed that the diastolic pressure, when it fails to conform to its normal ratio with the systolic pressure, is also influenced by abnormal products of metabolism or by abnormal amounts of ductless gland secretion in the blood stream.

“4. It is not believed that either the systolic or the diastolic blood pressure gives any certain indication as to the condition of the cardiovascular renal system as such; and that when changes in the vascular system are accompanied by hypertension, neither condition is secondary to the other, both being held to be secondary to the presence of unexcreted toxic products of metabolism in the circulating blood.”

All of which is instructive and plausible. Correctly chosen homœopathic remedies reduce blood pressure when seemingly high by correcting the abnormal state for which they are symptomatically prescribed and of which the high pressure may be a part. Here again the totality of the symptoms comes into play, likewise our knowledge of positive drug effects pathologically expressed and recorded by modern laboratory methods.

The necessity for a revival of drug proving is, therefore, seen, and we cannot urge this too strongly upon the homœopathic school. Our slogan might, with considerable propriety be, “Prove or be disproved!” Why not then, as a profession, get busy?

Fraternity Influence in Medical Colleges.—On the occasion of the annual banquet of the Alumni Association of the New York Homœopathic Medical College and Flower Hospital, Dean Preston in his address dwelt upon the evil influence of fraternities in medical colleges, stating it to be his belief that college spirit is apt to be destroyed by fraternity activity.

We are of the decided opinion that Dean Preston is right; his experience as an alumnus and former professor of Princeton University where, incidentally, fraternities do not exist, entitles him to pass judgment upon the matter. In the New York Homœopathic Medical College fraternities have, unfortunately, played a part detrimental to any real college spirit, which has in consequence, been subordinated to a position of absolute unimportance. It is true, of course, that some if not many of the best

students are to be found in the fraternities, although this is by no means always the case; but the fact remains that fraternity men are first and last for their fraternities, and that the non-fraternity man or poor neutral is apt to find himself between the upper and nether millstones. As a result, he comes to cordially dislike all fraternity men and often attributes to them vices for which they are not altogether or even at all responsible. In any case he sees his college looked upon as a sort of fraternity battle ground to which it is useless to show any particular loyalty or allegiance. The college suffers in consequence, often grievously, as is now the case in New York. The leaders of the fraternity chapters are usually men of ability and brains whose personal ambitions are likely to be best served by the blind allegiance of their fraternity fellows. These are too often of a type which permits of no independent thinking; hence we see these men bending their minds complacently to the superior will of their leaders. There have been some glaring examples of this slavish spirit—a spirit be it said which sees neither the right nor the wrong of a question, which fails to recognize principle, but which, like the early aborigines, looks upon authority in a sort of semi-religious, barbaric way.

This kind of loyalty is really pathetic and denotes the weak man, and heaven knows the medical profession is overstocked with weaklings as it is. The strongest fraternity men it is our pleasure to know are those who, in their dealings with men, pay the least attention to fraternity considerations. But we must admit that they are few in number. The homœopathic profession is altogether too small to permit of fraternity activity, whose baneful influence is already only too apparent. What the profession does need and quickly, too, is a real Hahnemannian spirit which shall carry forward to completion the work which must be done if the truths of Homœopathy are to be safeguarded. At present these are in great danger of inundation by the waters of personal jealousy, petty political preferment and crass selfishness, qualities which are frequently characteristic of fraternity spirit.

We are, therefore, of the firm opinion that fraternities in medical colleges at least, should be abolished root and branch.

The Future of Homœopathy in New York.—As New York goes so goes the nation! Should the New York Homœopathic Medical College find itself obliged to close its doors, the death knell for the homœopathic profession in this country will have been sounded. There is great danger of such a calamity coming to pass. The reasons are comparatively few and not far to seek. Among them may be mentioned, first, the enormously increased cost of providing modern medical education. No longer is it possible or desirable to man our colleges with volunteer teachers solely. Technically trained men must be engaged to give all their time to teaching, and these men must in consequence be adequately paid. Fully equipped laboratories of chemistry, physiology, pathology, etc., must be maintained and these, of course, cost money. The fees paid by medical students for their tuition are hopelessly inadequate to meet the cost of their education: yet of necessity almost these fees must be kept relatively low, if men and women are to be attracted to the study of medicine.

With an insufficient endowment fund and large expense account, the New York College is, therefore, unable to continue its existence unless money with which to pay the bills is forthcoming. Her board of trustees is in process of reorganization and is now largely composed of men of affairs whose acumen, wisdom and breadth of vision are beyond question. But these men cannot solve financial problems in a day, and until they can secure a large endowment the alumni of the college must come to the rescue. It is here that the element of uncertainty presents itself. The average income of physicians is not large and comparatively few can, unless possessed of extraneous means, afford to go down very deeply into their pockets to help medical colleges. On the other hand, many are shamefully indifferent or even antagonistic. Still others believe that the day of homœopathic medical colleges is over, and that the title homœopathic should be abolished. They feel that it is time for the schools to forget their differences and come together. Theoretically this opinion is very beautiful and could be put into practical operation provided that our friends of the O. S. would agree to teach homœopathic philosophy, materia medica and therapeutics in their colleges and provide for clinical demonstration. It is true that in

a sense this is actually done in one or two of our State universities, but after all, the large medical centers such as New York, Chicago and Philadelphia are not so graciously inclined.

In the meantime the homœopathic profession is losing annually by death more men than it is graduating, and at the recent commencement of the New York Homœopathic Medical College but thirteen graduates received their diplomas. To be sure, this unprecedentedly small number was due to the severe pruning which the senior class had rightly received, for the poor showing of the students of this college before the New York State Board of Examiners heretofore, has been little short of scandalous. Small wonder that Dean Preston, who, thank the Lord, is not a physician but an educator, is determined to place his college in Class A, even if he has to graduate but a baker's dozen of students to achieve his purpose.

A campaign to raise money for this college is now under way and will continue until October. The board of directors of the Alumni Association are working unselfishly to make this a success. They are mindful of the numerous difficulties which confront them, but are a unit in their determination to leave no stone unturned to achieve success, realizing fully the momentous calamity which may befall Homœopathy if failure be their part. It behooves every alumnus, therefore, to do his utmost to come to the rescue of his sorely tried alma mater.

PERSONAL.

Song of the Conscientious Objector.

Oh, what care I,
 Though things go dry?
 For I'm the old
 Forehanded guy.
 Into my cellar you may drop
 And find all things
 But soda pop.
 And 'ere I stop
 This soggy story
 I'll give a partial
 Inventory:

9 barrels,
116 jugs,
57 demijohns,
456 decanters,
1,097 bottles,
678 flasks.

I don't know what
I'm going to do
With all this stuff,
I've bought, do you?
Ah, what to do!
The question's rife.
I never drank
In all my life.
But when they said
I couldn't have it—
And never would—
I thought I'd show 'em
That I could.

Dr. William H. Bishop announces that he has resumed practice at 667 Madison Avenue, New York. Office hours, 11 to 12. Telephone, Plaza 8106.

Dr. James Daniel Miller has returned to New York City and will resume the practice of medicine in his new offices at the Hotel La Salle, 30 East 60th Street. Office hours will be from 12-2 p. m. daily excepting holidays and Sundays. Other hours by appointment only. Telephone, Plaza 9900.

Dr. Joseph Harker Bryan wishes to announce that Doctor William Gettier Herrman is associated with him in the practice of roentgenology—diagnostic and therapeutic, 221 Asbury Avenue, Asbury Park, N. J.

Dr. Forris E. Chick announces that he has opened an office at 17 East 184th Street, New York. Office hours, 12-1:30 p. m., 6-7 p. m. Telephone, Fordham 633.

Dr. T. Drysdale Buchanan has resumed practice at his temporary office, 435 West 21st Street, New York. Anæsthesia exclusively. Telephone, Chelsea 8697.

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THE HOMŒOPATHIC RECORDER

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EPIDEMIC INFLUENZA TREATED BY HOMŒOPATHIC PHYSICIANS.*

By Dr. William A. Pearson, Chairman.

It is not my desire to discuss any of the many medical aspects of the recent epidemic of influenza, as they will be fully discussed by able representatives from widely distant sections of the United States before the Bureau of Homœopathy. The peculiarities of the epidemic in various sections of the country will also be presented by them.

The object of this contribution is to present reliable data in regard to the actual mortality of the epidemic when patients were treated by homœopathic physicians. I shall not, however, include the mortality in Homœopathic Hospitals, as these data will be presented by Dr. W. A. Dewey.

It is not even my primary desire to report the number of influenza patients who developed pneumonia, but it is certain that this number is comparatively small.

A questionnaire was sent to about 2,000 homœopathic physicians and reliable information was requested from all members of the American Institute of Homœopathy by inserting a notice in *The Journal of the American Institute of Homœopathy*. The data below is presented without regard to location, as it was evident that very little difference in the actual mortality was reported by physicians in widely distant sections of the country. The original reports are on file for inspection of all

*Bureau of Homœopathy, American Institute of Homœopathy, June, 1919.

interested. I am only sorry that a larger number of physicians did not report their results, but physicians are very poor correspondents.

Physician	Number of Patients Treated	Number of Deaths	Physician	Number of Patients Treated	Number of Deaths
1	65	2	45	60	0
2	100	0	46	250	9
3	600	5	47	300	1
4	300	3	48	50	0
5	425	1	49	225	2
6	500	3	50	700	14
7	325	3	51	150	2
8	87	1	52	200	3
9	100	1	53	200	4
10	608	3	54	400	7
11	50	0	55	1,350	5
12	200	0	56	300	3
13	300	0	57	132	3
14	360	4	58	100	4
15	1,200	3	59	100	3
16	340	10	60	190	2
17	365	1	61	300	3
18	500	5	62	500	6
19	300	7	63	50	0
20	342	5	64	200	2
21	115	0	65	260	3
22	300	0	66	255	0
23	35	1	67	500	15
24	500	12	68	58	3
25	400	1	69	60	0
26	135	2	70	362	2
27	150	0	71	196	1
28	135	0	72	65	0
29	483	7	73	653	2
30	156	1	74	420	0
31	65	2	75	83	1
32	167	3	76	147	1
33	250	6	77	150	0
34	1,200	4	78	478	3
35	60	6	79	465	1
36	350	2	80	350	5
37	180	35	81	200	2
38	294	0	82	313	3
39	600	3	83	1,000	1
40	219	0	84	100	0
41	450	8	85	533	6
42	60	1	86	100	0
43	60	0	87	51	0
44	100	0	88	300	0
Average mortality, 1.056 per cent.			88	26,795	273

It is evident that the above data are fairly representative of the results obtained by all homœopathic physicians, and it

only remains to compare the results with the colossal epidemic influenza mortality (average mortality about 30 per cent.) to realize how very much better chance a patient had when treated by a homœopathic physician.

Since the mortality as reported all over the country includes the much lower mortality had by homœopathic physicians, the comparison with official records becomes still more favorable for homœopathic physicians.

All reports received have been tabulated and no attempt made to report only the more favorable results. Just previous to the epidemic of influenza the Hahnemann Unit of the Students' Army Training Corps was organized. Dr. G. Harlan Wells was chief Medical Officer and directly responsible for the health of our students. *Gelsemium* 3x was given to every student four times a day as a prophylactic and *not a single serious case of influenza developed*, and, of course, no deaths, while the Spring Garden Institute Unit, which was housed in the same armory with the Hahnemann Unit, had seven deaths directly attributable to influenza. This is even more remarkable since our senior and junior students were released for one week to do emergency work with influenza patients, and many of them worked day and night during this period.

During the epidemic when all the nurses in Hahnemann Hospital were working day and night without any consideration for their own health, a total of fifty-seven of them at different times had to finally go to bed, and a large proportion of these had influenza, but *not a single one of them developed pneumonia*. It is perfectly proper to state that these nurses were under the care of Dr. William R. Williams.

How would it be possible to convince any one of the merits of homœopathy if he failed to believe that homœopathic physicians had a much lower mortality than the average? Homœopathy requires no apology. Its practical value is its greatest asset.

None are so blind as those who cannot see that the average mortality of influenza patients treated by homœopathic physicians was actually only about one-thirtieth of the average mortality reported by all physicians. Nothing would be more ad-

vantageous to homœopathy than to tabulate from official records in every city and town the number of deaths reported by homœopathic physicians and those who are graduates of non-homœopathic institutions.

THE MANY WAYS MEN POISON THEMSELVES.

By Charles B. Towns, New York.

We are now consuming more habit-forming drugs than all Europe combined. Our consumption of opium is far greater, per capita, than that of China, long looked upon as the worst of all drug-sodden countries. And this was true even of the China of pre-republic days—those glad days of only a few years back, when the myriads of opium pipes were cast into the devouring flames by the enthusiastic and celebrating heathen.

Since 1860 there has been an increase of three hundred per cent. in the importation and consumption of opium in all its forms in America, as against only one hundred and thirty-three per cent. increase in population. During the past ten years there has been an annual importation and consumption in America of four hundred thousand pounds of opium, fifty-seven per cent. of which is made into morphine.

It is estimated that eighty per cent. of this morphine is used by victims of the morphine habit. Some authorities place the figure even higher, claiming that only ten per cent. of all opiates are used legitimately for blunting pain. The other ninety per cent. are employed by drug habitues for the purpose of murdering their best instincts and their physical well-being.

In addition to opium and all its derivatives, one hundred and fifty thousand ounces of cocaine are used illicitly.

And still further to swell the total, hundreds of pounds, or even tons, of other hypnotics, narcotics and nerve-deadening drugs are used.

We have dug for ourselves this deep and slippery-sided pit, to fall into which is as easy as lying. But once in there are few indeed who climb back to the bright light of normality again without a soul-chastening struggle.

The most dangerous of all habit-forming drugs are opium and

its derivatives, cocaine, and the hypnotic group—trional, veronal, sulphonal, medinal—and other sedatives derived chiefly from coal tar sources. Of late years the abuse of bromides and other nerve “soothers” has also been greatly on the increase.

These hypnotics and sedatives are not usually classed as habit-forming drugs. Yet their effects are almost as destructive and the toxemias they engender quite as definitely pathological as are the effects of opium or alcohol, and for these reasons their sale should be regulated quite as scrupulously as should be the sale of the more generally recognized narcotics.

I have never seen more pitiable cases than those who come to me after they have been taking regularly, over a considerable period of time, some “cure” for sleeplessness. For this habit not only produces an extreme neurotic condition, but it also changes the entire temperament of a person. It will turn the most beautiful character into an extreme case of moral degeneracy.

Again, most of us have peculiar idiosyncrasies with regard to certain drugs. I have seen patients who could not take as much as two grains of veronal or trional without flushing, itching, or similar symptoms. With such people large doses might bring about serious results or even death.

I have treated scores of victims of bromides, chloral, and the “sleeping powder” habit, and I cannot too strongly emphasize that the victims of these delectable forms of “dope” are quite as unstable and equally as difficult to reconstruct as are those who long have been abusers of alcohol, opium or cigarettes.

Aud, further, the sale of these hypnotics, without a prescription, is inviting a serious risk. For how is it possible for a man, be he ever so well qualified as a pharmacist, to know, for instance, that an amount of veronal which would not ordinarily affect a child might create an intense nervous disorder in a particular type of adult?

Yet the sale of hypnotics, of almost any type, is unrestricted in this country. Preparations intended for the relief of “nervousness” and insomnia are widely advertised, and openly and energetically sold. Yet they are all definitely dangerous in character and definitely habit-forming in their action.

Opium and its alkaloids are the chief narcotic drugs with

which we have to deal in this country, although extracts of hemp and other mind-destroying drugs have a tremendous vogue among certain Eastern peoples.

Opium and its alkaloids are unique in respect to the fact that no other drug can be satisfactorily substituted for them—once tolerance is established. Chemists have given us more than twenty different salts or alkaloids of opium—under as many different trade names. To each of these preparations they have ascribed glowing virtues. If one were to believe what these German gentlemen tell us, the impression would be inescapable that each new-found pet opiate was in the same class with baby foods for harmless and benevolent worth.

All of which would be very interesting and important, except for one thing: There isn't a word of truth in any of the statements. For anything that has an opiate's action is an opiate—no matter by what sweet-smelling name it may be called. The harmless disguises are intended, in the end, only to deceive. And, until it is possible to extract from the fire its burning qualities, or from water its wetness, it will be equally impossible to extract from opiates their opiate qualities.

Morphine is the chief active principle of opium. It is intrinsically, and in its insidious effects, far worse than opium itself—for opium has certain inherent properties which partly counteract the evil effects of the morphine it contains.

The morphine user generally retains his faculties. He is usually capable of intelligent conversation. He is able to discuss the various phases of his condition—something which is quite impossible with a victim of the alcohol habit.

Codeine and heroin are the most important derivatives of morphine. Codeine, while it is only one-eighth the strength of morphine, is, nevertheless, decidedly habit-forming in its action.

Doctors have been led to prescribe it quite freely as a sedative in cough, and for the relief of pain, as well as for its hypnotic effects, notwithstanding the fact that it is the accumulative consequence of continued small doses, and not the quantity of morphine in each dose, which may, and does, develop an addiction.

For to use any narcotic drug effectively means, in the long run, the necessary increase of the drug up to the limit of physical tolerance.

Heroin, which is the basic element of "cure" in many liberally advertised expectorant mixtures, is three times the strength of morphine. It was first introduced to the world by the indefatigable German chemists—the name "heroin" being merely a trade name.

It was announced as being a morphine derivative, in which the highly depressing effects of the morphine were eliminated, while the stimulating effects of the morphine were retained.

Of late years this highly toxic product has supplanted morphine and codeine in the prescriptions of many physicians, particularly in cough and asthma mixtures. It is a baleful and dangerous drug to rely upon, particularly in those long-standing pulmonary conditions that *may* get well, only to leave behind them a nervous system unstabilized and fettered in the bonds of a habit which makes life far more wretched for its victim than the disease it has supplanted.

The grim joke in connection with heroin is that this powerful opium alkaloid was originally, and by some physicians still is, really thought to be quite harmless. Indeed, in many cases, where it was given by prescription, heroin was ordered by the physician in the sincere belief that it would not create a habit.

Yet, a patient, accustomed to taking three grains of morphine daily, can be made comfortable on a single grain of heroin, and will not suffer so much as from the depressing effects of taking the morphine "straight."

I may mention here that I was the first to give the medical profession the clinical findings on this drug in comparison with morphine and other preparations of opium.

I told the profession at the time that it was the most harmful of all the derivatives of opium, and that, in view of its extreme stimulating effects, a tolerance of the drug would be more quickly established than by the use of the opiate in any other form—an observation which experience has proved to be true.

For heroin takers acquire the habit quite as quickly and easily as though they had been using morphine. I have had repeatedly to treat cases of heroin addiction in which the victims have thought to satisfy their needs for an opiate without forming a habit.

Physicians generally do not yet know how long a drug may be administered, nor how much may be taken, before a tolerance for the drug is set up. Indeed this point would be extremely difficult to determine, for each patient has his own limit of resistance, to ascertain which it is necessary to let him proceed to this limit. Having proceeded to this point, however, he is definitely and completely within the thralldom of the opiate.

There is, of course, only a palliative effect in any of these drugs, since, like opium, they have no curative power whatsoever.

Cocaine is the most harmful of all habit-forming drugs. There is nothing that so quickly undermines the constitution, or that provides so direct and expeditious a road to the insane asylum.

A man does not acquire the cocaine habit in the sense that it is virtually impossible for him to leave it off without medical treatment. He can, if he will, relinquish it, although he rarely does, because of the fact that, on withdrawal, he experiences only an intense and horrible depression, associated with a prostrating physical languor, which results in a sleepiness that can hardly be shaken off.

It is just the reverse in this respect from opium withdrawal which causes a distressing insomnia, together with an extreme nervous and physical irritability.

In its action, too, cocaine is exactly the opposite of opium; for cocaine stimulates amazingly, whereas opium usually soothes and quiets.

While the stimulus of cocaine wears off rapidly, it nevertheless confers half an hour or more of capability for intense effort. This is why bicycle riders, prize fighters and race horses are often "doctored" with cocaine.

When the effect of the cocaine gives out its victim usually resorts to alcohol for stimulus. Alcoholics, however, when deprived of alcohol, almost invariably drift into the use of morphine.

The widespread use of cocaine among the laity in the comparatively short period of time since its discovery and its introduction to this country has undoubtedly been brought about by the use of patent medicine preparations, containing small quantities of the deadly drug. These have been chiefly the so-called "ca-

tarrh cures"—a type of remedy which, of course, never cured anything.

Yet, with only a two or four per cent. solution of the drug, these "cures" brought about a craving for cocaine which made "repeat sales" a certainty, and which started thousands down that steep path that leads to the labyrinth of murdered hopes.

As with other habit-forming drugs, in order to gain the desired result, the dose of cocaine must be increased in proportion to the gradual increase in physiological tolerance.

Cocaine contracts and deadens the tissues with which it is brought in contact, and this, in the case of catarrh, relieves instantly the discomfort, making one feel, for the time, as though there were no nose on one's face. Its effect, however, lasts only for twenty to thirty minutes.

This is one of the reasons why the cocaine habit is so readily formed. A man, taking any powerful stimulant, is certain to feel a corresponding depression when the effects of this stimulant wear away. It thus becomes necessary for him to take more of the drug in order to be buoyed up and restored again to the point of normality.

It is among those "accidental" cocaine users, therefore, not the yearning for any abnormally pleasant sensation which sends them back again and again to their dosage, but merely their desire to be measurably restored to the comfort which is habitual to their normal state.

It must be apparent, however, that as soon as it has become necessary for any one to resort to the use of a drug in order to rise to the normal, that there has been a marked depreciation, physical and mental, or probably both.

This explains the fact that so many criminals are to be found among the cocaine users. For no drug so quickly brings about mental and physical deterioration.

Also, cocaine is the most expensive of all the drug habits. I have known victims who habitually used 120 grains a day, at a cost of about seventy dollars a week.

This is undoubtedly one important reason why so many have been made criminals and prostitutes by the use of cocaine. One who uses it diminishes his earning capacity; while, on the other

hand, one who must have it must have money, and a considerable quantity of it, in order to continue his habit.

Perhaps it is the matter of expense which explains why the under-world has taken so avidly to heroin instead of cocaine. Heroin is so much cheaper.

Whenever the sale of the poison has been restricted to those presenting a physician's prescription, the consumption of cocaine has immediately been lessened, for most men cannot afford a doctor's prescription for a patent medicine—and no reputable physician would write one, unless neuralgia, or some equally painful condition demanded the use of this powerful agent.

We have become so thoroughly accustomed to the use of headache powders and the seductive "fizzy" drinks containing acetanilid as a pain club, that we consistently ignore the depressing effects these drugs may have upon the heart, and their deleterious results upon the blood—breaking down its red corpuscles and creating serious and persistent anæmias thereby.

Indeed, familiarity has bred in us an easy contempt of analgesics. So to-day there hardly exists an apothecary, no matter how honest and conscientious, who will not undertake, for a consideration, to recommend a headache remedy, of whose action he knows nothing, for a headache the cause of which he knows less.

Without the slightest knowledge of the patient's idiosyncrasies he will prescribe for him blithely and cheerfully, taking never the slightest thought as to whether the mixture he sells may not be absolutely contra-indicated by reason of some organic condition.

To the average druggist a headache is only a headache—just as the yellow primrose, growing by the river's brink, a yellow primrose was to the gentleman Tennyson talks about—and nothing more.

Yet no physician would, without a careful examination, assume the responsibility of prescribing for a man who came to him complaining of pain. For what might alleviate one form of headache might be disastrous in the headache produced by another variety of toxæmias—to say nothing of the fact that any headache should be removed by removing its cause and not by bludgeoning it into insensibility with a dose of dope.

All of which argues for closer scrutiny, more rigid control, and the adoption of a method of treatment based upon the etiology of the condition, which implies, first, de-poisoning, and second, physical rehabilitation.

The adoption of these two sensible measures will relieve and correct most relievable and correctable cases—provided always that they are willing to co-operate.

THE FAILING HEART.

By **E. Wallace Mac Adam, M. D., New York City.**

GENERAL CONSIDERATIONS.

The cardiac cycle includes all the events which occur in the heart from the beginning of one contraction to the beginning of the next contraction. This cardiac cycle or cardiac revolution may be represented by a circle in which the various events may be diagramed. One-eighth of this circle would represent the time consumed in the contraction of the auricle; this is followed by contraction of the ventricle, which takes three-eighths of the time; then comes the pause or diastole of the heart, which consumes the remaining half of the cycle. We sometimes think of the heart as working ceaselessly, never stopping, never resting, but it will be noted that the auricle contracts $\frac{1}{8}$ of the time, and rests $\frac{7}{8}$, while the ventricle works $\frac{3}{8}$ and rests $\frac{5}{8}$. In other words, the heart muscle rests for a longer time than it works. This, however, is when the heart is beating normally: 72 to 80 times a minute. If the pulsations are increased above the normal, the resting time is very materially shortened. The contraction of the heart may take as long as before, the increased speed being gained by cutting off the diastole. This has practical bearing on the treatment of heart conditions.

The heart contracts by reason of some inherent property within itself. The respiration is entirely under the control of the general nervous system; but the heart is automatic, controlled, indeed, by the pneumogastric (the curb) and by the sympathetic (the spur), yet capable of beating with entire independence of any central nerve stimulation. A dog's heart kept warm and

nourished by forcing through the coronary arteries a salt solution containing sugar will continue to beat for hours. I think of the heart as the most magnificent organ of the body because it will endeavor to do its work under all kinds of difficulties—inside of the body or outside.

A heart outside of the body may be experimented with easily. We find that warmth causes it to contract more rapidly, that cold makes it contract more slowly; that ether, dropped on the heart directly, will slow it, perhaps because it produces marked cooling; when the ether is washed off the heart is apparently undamaged. Chloroform dropped upon the heart causes it to cease pulsation, nor can the organ be made to work again. Chloroform kills the heart. These simple experiments may serve to explain facts we are familiar with. We understand, for instance, why an ice bag is often grateful to the patient with palpitation. Death from chloroform is not uncommon, and it usually takes place at the beginning of anæsthesia; a probable explanation is that a large inhalation of the vapor is taken, this poison is carried directly to the heart by the pulmonary veins and acts in the same manner as chloroform dropped upon the outside.

The heart has this peculiarity, that it is responsible for its own nourishment. The heart gets its blood supply through the coronary arteries, direct branches from the aorta. When the heart contracts vigorously, and throws out an efficient stream of blood into the aorta, the musculature is well nourished. When, however, the heart fails, it is unable to supply the coronaries properly, the muscle grows weaker from lack of nutrition and consequently it is able to throw less blood not only to the body, but to itself; a vicious cycle is produced.

Our interest in the heart has to do with heart failure. The questions presented to us daily are, will the heart fail? Has heart failure set in? How can we best treat a failing heart?

In the first place, let us get into our minds the dictum of Graham Steel: "No one ever dies from mitral regurgitation." The heart fails and the person dies because of some disease or impairment of the muscle itself and not because of defects in the valves. Murmurs of the heart, which are evidence only of valvular lesions, are, therefore, not trustworthy guides in rela-

tion to heart failure. Sir James Mackenzie has brilliantly pointed out the signs by which we may gauge the ability of the heart to do its work. These are not the physical signs, not the murmurs, nor the blood pressure, nor the pulse, nor the reading of the cardiograph, but the subjective symptoms of the patient. Beginning heart failure is always evidenced by some disagreeable sensation, usually breathlessness upon exertion and often pain. As the heart failure progresses, other physical signs, œdema, cyanosis, asthma, enlarged liver, etc., come on; but the most valuable, because the earliest, are the subjective symptoms.

To the homœopath, then, the treatment of incipient heart failure presents great fascination. For the symptoms point the way not only to the diagnosis, but also to the treatment. And it is in the treatment of the early cases that we may gain the greatest satisfaction.

GENERAL TREATMENT.

The object of treatment is to increase the strength of the heart, and to ward off, if we may, degeneration of the heart muscle.

Rest. If the heart beat is over 90, increased rest of body and mind is indicated. Early to bed and late to rise, and periodic rests during the day are beneficial. The recumbent position causes a slowing of the heart, and, consequently, a relative lengthening of diastole or resting period in the cardiac cycle. I have seen marked benefit from lying down an hour in the morning and again in the afternoon. Sometimes more rest than this may be needed; for instance, a gentleman over eighty had a cough which lasted all winter; he had been attended by one of the best prescribers we have in New York, but without benefit. Gone over carefully, in physical examination, he was found to have a slightly damaged heart, and high pulse rate. Many cases of chronic cough (probably as high as 40%) are due to bronchial engorgement from a failing heart. Absolute rest in bed was insisted upon and the cough was gone in two days. The recognition of the clinical fact of heart impairment in this case did more for the patient than the finest prescribing.

Exercise. Any exercise which causes dyspnœa or pain must be stopped. We must study the personal equation as regards

different kinds of exercise. One patient may wash clothes all day without distress, but has difficult breathing when sweeping; another may suffer from doing laundry work, but housework causes no symptoms. Exercise should be encouraged up to the point of dyspnoea, pain or extreme fatigue.

Diet. The food should be abundant. The nourishment of the heart must be maintained. That statement seems axiomatic, yet we often see cardiac cases kept on a diet insufficient in muscle building food (protein). The minimum daily requirement is 60 grams of protein, and it is our duty to see that these patients take at least that much. Milk and eggs are used for this purpose, with enough meat to make up the total need. We see such persons who have been on vegetable diet for a long time improve markedly when meat is insisted upon. Dr. W. N. Berkeley, of New York, reported the cure of a case of heart failure by the use of pancreatic extract; the pancreas, by increasing the digestive function, enabled the heart to obtain the needed food.

HOMŒOPATHIC REMEDIES.

Here we have a wealth of tools to choose from. It must be understood, of course, that any remedy may be indicated which is called for by the constitutional symptoms. Often remedies seemingly unrelated to the cardiac condition have proved to be of the greatest value.

Pulsatilla. Thus *Pulsatilla* has been frequently prescribed with happy results.

Moschus. In a case of angina pectoris, where there was great nervousness and excessive eructation of gas together with sensitiveness to cold so extreme that the patient in preparing for bed donned all his clothes, even putting on gloves, *Moschus* worked a near miracle.

Coccus cacti, although having few heart symptoms in the *Materia Medica*, has been curative in one grave case that I saw with Dr. Stearns. It was also prescribed with marked benefit in a heart case of my own, where I was led to it by the symptoms, "cough better in open air" together with "profuse stringy expectoration." As I have already pointed out, in prescribing for coughs in patients who have any kind of heart weakness we

must keep in mind the relation between the cough and the heart. When we considered using *Coccus cacti* for these two cardiac cases, it occurred to us that the cochineal insect, feeding upon the cactus plant, might take on some of the remedial action of the heart remedy, *cactus grandiflorus*. The results in these two cases corroborated the idea in a striking way.

Cactus. No remedy has a more copious expectoration (bronchorrhea) than *Cactus*, and after *Coccus cacti* ceased to benefit my patient with the profuse expectoration, *Cactus* itself helped.

Kalmia. It is well, perhaps, to call attention to symptoms which are often referred to other organs, but which are really cardiac in origin. Heart cases frequently complain of eructation of gas, feeble digestion, distress in the stomach and abdomen, all of which clear up when the heart muscle grows stronger. Nasal catarrh is not uncommon and I have already mentioned the chronic bronchitis from which these patients suffer. A gentleman who had long been treated as a stomach case, was put in the heart class after a careful study of his subjective and objective symptoms. When suffering from an attack of what had been called "indigestion" he could not lie down, and sometimes he could not even sit down because of the violent eructations of gas, which were aggravated by these positions of rest. Standing for hours at a time, his head supported on the mantel, he was shaken by convulsive eructations. Keeping in mind the cardiac diagnosis, *Kalmia* was studied, and the following was found under Stomach: "Pains > by sitting or standing upright; crampy pain, with eructations of wind, palpitation of the heart. Gastralgia." These are symptoms not of "Gastralgia," but of angina pectoris! *Kalmia* cured. Many such cases, treated for years under a diagnosis of "indigestion," are not helped until the real cause is uncovered. As here illustrated, all heart pains do not occur about the heart and down the arm; not infrequently they are referred to the stomach, and in one case the pains were over the crests of the ilia and extended into the legs on exertion.

Kali bich. Most of our remedies have been given in the two hundredth potency or higher. But in a recent case of Dr. Spencer Carleton, where the cough was evidently cardiac and the remedy plainly *Kali bichromicum*, this medicine availed nothing

in the two hundredth; but when given in the 3x promptly established reaction!

Grindelia helped one of my cases for a long time.

Arsenic, although often apparently indicated, has proved disappointing.

Antimonium tart. in a case of failing heart, failing kidney, œdema, and systolic blood pressure at 250 to 260 yielded astonishingly happy results. The symptoms were bluish lips, sleepiness, rattling cough with absolute inability to expectorate anything.

Digitalis, in potency, can be absolutely trusted in one condition, heart block. The characteristic symptom of heart block is marked slowing of the pulse and here *Digitalis* in potency seems specific. In other heart diseases it has been unavailing in potency. On the other hand, *Digitalis* in material doses must not be used if the heart is slow. *Digitalis* causes heart block.

PHYSIOLOGICAL REMEDIES.

But often, notwithstanding rest, and diet and the homœopathic remedy, our case grows progressively worse. Responding for a few days perhaps to a carefully selected remedy, he soon flags. Again we prescribe, again the patient improves for a little, again he fails to hold his improvement. The dyspnoea becomes worse, swelling of the ankles increases until the legs are involved up to and beyond the knees, orthopnea is present, the face is bluish. When I was in the hospital I saw many of these cases, and I prescribed for some homœopathically, and they died, every one. And I watched the visiting physician prescribe for others physiologically, and they died under his treatment. Patients die under my present treatment, too, but they do not die as soon as they used to, and they are more comfortable—and some of them have not died yet!

I have already mentioned the effect that the failing heart has on its own blood supply. It is as if a sick man has still to earn his own food. He needs food, he is too weak to earn enough, the harder he works the weaker he gets, and the less food he gets the weaker he becomes. But the heart has still another condition to contend with. Upon each normal contrac-

tion of the ventricle, blood is poured into the aorta and so into the arteries. In the arterioles normally there is resistance to the flow, termed in Physiology "peripheral resistance." As sequel to a failing heart there is venous engorgement of all organs, and all tissues are filled with blood and fluid; the peripheral resistance is thereby increased enormously in the water logged legs, in the mesentery, in the liver, and, in fact, in all interstitial tissues. This increased resistance puts even more work upon an already overworked organ. It is as if our sick man, exhausted as he already is, now has to climb upstairs every time he wants a mouthful.

Under these circumstances the heart, weakened as it is, has more work thrust upon it than it had to bear even when it was normal. Battling gallantly, indeed, it must be overcome unless help is given. And the help must be directed, first of all, not to the heart itself, but to lightening the extra burden it has been called upon to carry. That is, the increased resistance to the onward flow of blood must be reduced.

Karrel Diet. Even here, before resorting to toxic remedies in large doses, we may yet benefit the patient by putting him on the Karrel Cure: Rest in bed and restricted milk diet, not over a quart a day, sipped in small quantities, continued for five or six days. Milk is a powerful diuretic, and often this simple diet causes an increase of urine and a draining of the tissues; the heart, relieved of the extra load, takes on new strength and a homœopathic remedy may succeed.

Trousseau's Diuretic Wine. If, however, after all these procedures are used, and still the patient grows worse, then we are forced either to abandon him to a lingering and suffering death, or to use drugs for their physiological effect. I offer no apology for failure with homœopathic remedies in these end-stage heart affections; they are not curable, but their unhappy condition may yet be ameliorated, sometimes most wonderfully, by skillful and intelligent use of physiological medicines.

We must keep in mind that not only is the heart weak, but it is overburdened with work; we must lighten the load, before we whip the horse. The means of lightening the load and gently spurring the heart are found in a prescription of the great

French clinician, Armand Trousseau (1801-1867) called "Trousseau's Diuretic Wine."* The formula is as follows:

White Wine	7 pints.
Alcohol, 90 per cent.	17 ounces.
Juniper Berries	12 "
Acetate of Potash	7 "
Digitalis Leaves	2 "
Squill	1 "

Each tablespoonful of the wine contains:

3 grains	Digitalis.
10 "	Acetate of Potash.
15 "	Juniper Berries.
1½ "	Squill.

The method of using it is described in detail in Dieulafoy's Text Book of Medicine, whence I gleaned it. The concoction is given in doses of one tablespoonful (sometimes two tablespoonfuls) twelve hours apart, for five or six days. The diet consists of milk and sugar of milk solution, nothing else. The milk may be given in any form, hot or cold, fermented or cultured, skimmed or as buttermilk. The sugar of milk I use in about 20% solution, flavored with orange and lemon juice. The milk sugar should first be dissolved in hot water, because it does not readily dissolve in cold. Milk and the lactose solution are given in alternation, or in accordance with the wishes of the patient.

Milk and lactose are powerful stimulants to kidney function; the diet, together with the diuretic effect of the wine, in a few days causes the urine excreted to be greater in amount than the fluid intake. The dropsy rapidly disappears, the breathing becomes easier, the cyanosis leaves, the heart slows down. At the end of five or six days the treatment is stopped, and now we have a patient who may be treated again from the homœopathic viewpoint. The mechanical obstacle to his reactive powers (the œdema) has been drained away, and the heart is no longer forced to Herculean labor to sustain life; at the same time the heart itself is stronger and is acting more efficiently; the symp-

*This prescription has been put up and is held in stock by Boericke & Tafel, 634 Columbus Ave., New York, N. Y.

toms become clear, and a remedy may be selected with some certainty and prescribed with some assurance. The patient has been given another chance. Sometimes our prescription made now on a clear case has held for a long time. In one patient there has been no recurrence of the trouble for years. In many cases, however, especially in old people, homœopathic remedies, after a time, again lose their effectiveness, and the treatment has to be instituted over again. Meanwhile the patient has had weeks of comfort.

It has been my fortune to have had many of these desperate cases under my care, and I have used this method for about seven years. I offer it as something more rational than the usual physiological treatment. The procedure is old, the only novel feature that I have introduced is that of attacking the case afresh from a homœopathic standpoint, after temporary relief is obtained.

The points in favor of the treatment are:

1. It gives immediate relief in cases almost moribund.
2. It is given for a short time and then is stopped altogether.
3. It changes a hopeless case into one which may and often does respond to homœopathic remedies.

WHY GIVE MEDICINE ?*

By **George E. Dienst, M. D., Aurora, Ill.**

By medicine we mean some form of drugs as commonly understood. The question is ambiguous, very commonplace and puerile. It really seems foolish to ask such a question in a convention of physicians. But there is an object, for physicians do some very foolish things. The laity likewise. Really when one considers some things done by physicians in the line of drug therapy we wonder if the intellect has not been dwarfed and the judgment thwarted.

However, this fact remains, that practically all animal life, when sick, seeks help in the form of some remedy. Instinct

*Read at the annual meeting of the International Hahnemann Association, June 25, 1919.

leads certain of the lower animal life to search for certain plants, springs of water or what not when ill.

Man, actuated by reason, is so imbued with the idea of drug therapy that countless numbers of drugs and drinks are prepared to comfort those who are indisposed. Great fortunes are made from some preparations reputed to cure this or that disease, and no matter what multitude of failures may follow their ingestion, as long as almanacs, magazines and newspapers persist in advertising the drug, people persist in taking it.

Apart from the nostrums so frequently dispensed over drug store counters we come to the problems of the physician on the question, "Why give medicine?" By what law of science do we give this or that drug for this or that disease nomenclature when the human family, with its multitude of disease is so much alike? If drugs are curative, why such diversity of opinion and dearth of law in the preparation and administration of drugs? Is reason playing an accurate role, clearly intelligible in the giving of medicine, or is it perverted and playing the game of "cutting and trying?"

Now the first class of physicians we desire to interrogate is the one which gives its favorite compounds. As a youth we thought this a very dignified and scientific manner of preparing and giving medicine. One of our most youthful pleasures was to watch the druggist, in the corner drug store, filling prescriptions, pouring from this then from that bottle, add aqua dist. to give bulk, label it and write, "Take one tablespoonful after each meal." Oh! if we could but taste it our energies would be renewed for a week. Later, there came the kaleidoscopic display of tablets—the green, the red, the blue, the chocolate—a mass of dazzling colors in the physician's buggy case—each tablet being a compound of three or more remedies, and at the bedside of the sick the green was for laxative, the red for pain, the blue for a diuretic, the white for fever and the yellow for a tonic—all given in frequent alternation at close intervals day and night.

How imposing to a youthful eye! How learned and how wonderfully scientific! We wonder if such skill (?) will ever be ours. But as time passed and we saw the nauseating effects, heard the groans of the sick, saw the perplexed expression of

the physician, observed the frequency of changes made in the remedies, and felt the anxiety of the family as they patiently waited from day to day to see some change for the better, we grew interrogative and asked, Why give such medicine, which so often produced conditions worse than the disease? Why such profusion of compounds, offensive in odor, taste and effects, in one already sick?

Is it rational to suppose that, while one compound is acting as a cathartic, another compound will, independently of the cathartic, act to reduce the temperature, and while these two are thus acting independently another compound is given to relieve the pain? If so, then there is no central governing force controlling the organs and tissues of the body as a unit, neither is there physiological affinity between them; and yet, such is the practice of thousands of physicians to-day who boast of having reached the pinnacle of scientific therapeutics. Though a "half wit" can see the destructive effects of such practice, nevertheless it is taught and published to the sacrifice of not health only but many valuable lives.

Then, again, by what law of chemistry or therapeutics does the compounding of drugs accelerate or retard the action of any one of the drugs in the compound? Does it produce a new chemical substance combining the therapeutic powers of each drug in combination? Have we, by this combination, a more potent agency than in the single remedy? Suppose but one remedy to be indicated, why compound it with others not indicated? To these questions we have had no intelligent reply.

There is another manner of giving medicine which provokes pointed interrogations. I refer to the alternation of the single remedies at close intervals, in treating both acute and chronic conditions. Why this is done seems inexplicable to me. This method of giving remedies is taught and practiced in all schools of medicine, but it is the fact that homœopathic physicians do this that the question becomes really imperative. You, perhaps, have seen men give *Bell.* and *Merc. biniodide* in sore throats in alternation every thirty or sixty minutes. If the patient needed *Bell.*, and you gave it, did it change that patient's condition from a *Bell.* character into that of a *Merc. bin.* character in thirty min-

utes? If so, what becomes of the throat, for a *Merc. bin* throat is quite as sore as a *Bell.* throat, and I see no improvement of conditions. Suppose *Bell.* really changes all the conditions from that of *Bell.* into that of *Merc. bin.*, and you give it, does *Merc. bin.* toss conditions back like a foot ball into the *Bell.* sphere? Do these remedies play tit-for-tat in these matters or do they play the game of political graft—you play into my hand and I will play into yours? Is the philosophy of alternating remedies based on the theory that, by tossing the symptomatology and pathology of disease back and forth, you destroy the germs producing the disease, which, unable to keep up the pace, growing tired, weary, discouraged with the rapid changes, roll over, throw up their hands and cry "Kamerad" and yield to an unconditional surrender?

Suppose this to be the logical theory, does each remedy play an equal part in the game of producing results? Is it not possible that one may outdo the other—kick the ball faster and further than the other—and if so, how will you determine which remedy kicked the hardest? During this interesting game of give and take what becomes of the poor suffering patient? Seriously, who can define this practice with clearly intelligible reasons? The pathogenetic actions of *Bell.* forbid the meddlesome interference of *Merc. bin.*, neither does it by any law of therapeutics so change the human organism in sickness in thirty minutes or one hour as to make the ingestion of *Merc. bin.* an absolute necessity. It seems to me that this practice is not only inexplicable, it is folly, and folly at the bedside of the sick is a dangerous physician.

This analysis might be continued for hours, but we hasten to ask, Why do men give medicine in this manner, and on the pretence of doing something to restore the sick, when they really send multitudes of curable people unto untimely graves? Would you trust yourself or your loved ones into the care of such physicians? If it were not for the tragic nature of the problem we would be inclined to take the whole matter as a huge joke.

Now, then, if the compounding, the combining and alternating of drugs in drug therapy is not defensible by any law of chemistry or therapeutics, what have we to offer that is better?

Is there a law dependable, thoroughly tried, true to spirit and letter and accurate in its operations governing the giving of medicine?

In an ancient volume, not decadent by time, rarely seen or studied by physicians, seldom found in the library of medical colleges or on the shelf of a research library, a volume shunned but never refuted, we read, *Organon*. Sec. 3 :

“If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (knowledge of disease, indication) : if he clearly perceives what is curative in medicine, that is to say, in each individual medicine (knowledge of medicinal power), and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue—to adopt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him (choice of the remedy, the medicine indicated) as also in respect to the exact mode of preparation and quantity of it required (proper dose), and the proper period for repeating the dose ; if, finally, he knows the obstacles to recovery in each case, and is aware how to remove them, so that the restoration may be permanent ; then he understands how to treat judiciously and rationally and he is a true practitioner of the healing art.”

What does it mean? Simply this—*Clearness*. If a physician does not clearly perceive in the symptoms and conditions of the patient what is morbid or unhealthy—physical and psychological—and if he does not clearly perceive what is curative and how to cure, his work is in vain. If he does not know what is curative in disease in general and in each individual in particular and what is curative in drugs in general and each drug in particular, he will fail and the curable will die.

In addition he must know the strength and dose and when to repeat the dose in order to gain the best results. On the proper fulfilment of this law, its exact application to each sick individual, its universal application, hang all other laws of drug therapy.

An effort to obey this law and thus fulfill its requirements is the only rational reason we know for giving medicine to the sick.

ARE WE OUT OF DATE?

Ever and anon some half-baked homœopath vociferates the *out-of-dateness* of our school and wants to modernize it. He is so afraid the *Regular* is getting the best of us.

What is all this modern scientific stuff?

Oh! they take the *blood pressure*. Granted. But what do they do with it after they take it? But they have discovered such wonderful serums and have made marvelous strides in preventive medicine. Again I say, *granted*. But what have they prevented? Oh! they got ahead of us on this anti-typhoid stuff, and typhoid has been wiped off the map.

Has it? What is this *Para Typhoid* we hear so much about;

But they have discovered a *wonderful* treatment and brought forth the hitherto unknown *Emetine*. They push it to the physiological limit, and furnish us with the *grosser* proving of *Ipecac*.

I could go on with the fads and fancies *ad infinitum* of the unwarranted assumption of the pretensions of the conceited regular. But a'vast! Do they *cure anything*?

They say that disease must run a *natural* course.

All their boasted science and wonderful advancement have bereft them of medicinal and curative therapeutics.

Now *if* we homœopaths want to be up to date and accept their wonderful discoveries (whatever they are) we must discard our *Mat. Med.* and watch disease take its natural course, and so it is up to us either to stick to our *Mat. Med.*, do the best we can to find what we, in our *delusion* term the *indicated* remedy, or abandon the whole thing and depend upon the regular's *nothing*.

Gentlemen, all this nonsense is simply the hysteria of a set of men who do not belong to our school, and the sooner they pack up and get out the better.

If a man wants to be a *Regular* (whatever that is) let him go to it. Let him shut up his criticism of homœopathy about which he knows nothing and produce *something* that will beat it.

Gentlemen, homœopathy is a separate and distinct *system* of medicine. It is founded on a natural law which was *discovered* and *not* invented by Samuel Hahnemann. Those who are interested do not need me to tell them about it. Those who are not would

not understand if I did. You cannot *modernize* or bring *up-to-date* any of the laws of nature. They have existed since *time* began. We have the same old Moon, the same Sun, we have the law of *gravitation*, chemical affinity, and a lot of others. No one can *invent* a natural law, we can only *discover* them. Now we homœopaths want to cease listening to or bothering about the siren notes of the A. M. A. Tell them to go plumb to (any place they want to). We want to ORGANIZE and combat their officious and meddlesome efforts to secure legislation whereby *they* may direct, dictate and arrange the curriculum of *our* educational institutions.

I do not say that our Mat. Med. is perfect, and I do not say that we are *teaching* it in the best possible manner. Let us get together and discuss it. But I *will say* without fear of substantial contradiction that the *regular* hasn't anything or ever has had anything that can aid *us* in teaching Mat. Med. or *curative* therapeutics. The sooner we vomit all this *regular* stuff, tell the regulars to depart to hades, get together, stand together, develop, maintain, fight for and maintain a separate and distinct *school* of medicine the better.

The regular has nothing we want. He has failed *absolutely* in the *curative* realm, and, like the *fox*, he seeks to *extinguish* us by absorption. Let us cut loose from tradition. Don't appeal to our *natural* enemies to aid us, let us be *men*, true to our convictions. Fight to the last ditch so that when we *pass on* we may stand before the Great White Throne without a tear of sorrow or of a blush of shame.

JOSEPH E. WRIGHT.

Westfield, N. J.

Editor of the HOMŒOPATHIC RECORDER.

In the June issue of the RECORDER appeared a long article by Dr. Chas. F. Browne, on "WHAT IS WRONG WITH HOMŒOPATHY AS A PROFESSION? THE ANSWER."

The doctor has written well and given a good answer to his question, and how to remedy it from a certain viewpoint, but we do not think he touches the root of the trouble which must be recognized and corrected before a cure can be effected.

Forty or fifty years ago our colleges were teaching pure homœopathic materia medica, and put therapeutics ahead of everything else for the cure of disease, and our physicians were educating the lay people to the law of Similia, and to the superiority of homœopathy above all other schools in the treatment of disease, and had good physicians located over the country to demonstrate in practice what they taught in principle, and as a result homœopathy was growing rapidly.

Prior to about thirty years ago the dominant school would not recognize or affiliate with the homœopath in any way whatever, and the new school was making wonderful progress, especially with the educated and intelligent classes, and the old school was not slow to recognize this fact and to thwart it at once, changed their attitude to the reverse, and began to hug us, as it were. At this, their sudden endearing attitude, the majority of the homœopaths seemed flattered, and instead of winning them to our own beautiful and *only* law of cure (which we thought at that time would be the result), the greater body of homœopaths fell in with their surgery and their easier routine methods of practice, and as a result ever since homœopathy, as a school, has retrograded.

Most of our colleges now put surgery in advance of therapeutics in all diseases where surgery can be employed, or where it is employed by the old school, who cannot do better than operate for want of a law, or any system of therapy to cure disease.

Not so with the homœopath, for he has the thereology at his command, and a cure can be effected so gently and easily that it attracts but little or no attention, while an operation quite advertises the surgeon as a superior (?) man, besides bringing him a big fee, and he feels quite elated at being able to compete with his brother old school surgeon.

As a result of all this our homœopathic colleges in the treatment of such diseases as *gall-stone*, *gravel*, *appendicitis*, *mastoiditis*, *goitre*, *adenitis*, and a host of other minor troubles, give the preference to surgery. They do not only instruct the students how to operate instead of curing medicinally the above diseases, but rather teach them that such conditions *cannot* be

cured by medication, and surgery must be resorted to; and one of *our* professors of *Materia Medica* in a homœopathic college, in an address at a medical meeting about two years ago, remarked that homœopathy was an "impractical science," when it is in point of truth of all others *a most practical science*; but with this attitude of a college professor, Mr. Editor, what can we expect of students? If we should educate the people as advocated by Dr. Browne, and seconded by the writer, what good, or what will it amount to if there are no pure homœopathic physicians over the country to demonstrate in practice what we teach the people in principle? Yet any homœopath leaving our colleges forty or fifty years ago *can cure all the above diseases*, but for many recent years graduates leave the colleges thinking it cannot be done by medication, and, therefore, like the dominant school, tell the patient that an operation is necessary as the *only* cure.

The young physician of all schools to-day builds up his practice on a *social, church, lodge, etc.*, basis, rather than that of *merit*, and he can employ any old cheap drug in a routine way, and make any mistake, and yet be upheld by the public, because he is a "brother" and a "good fellow." This was not the case fifty years ago; it was *merit* that told, and, therefore, resulted in *better and safer physicians*. To prove this we have only to compare results of the recent epidemic with previous similar epidemics of years ago. The fatality was not nearly so great then as now, but with pure homœopaths (now but few) results were about the same—fatalities being almost nil.

Now Hahnemann unfolded to the world a beautiful law of cure for disease, and the writer believes as expressed years ago by the late Dr. Holcomb, that all the cure there is for disease lies somewhere in the law of *Similia Similibus Curantur*.

What then, Drs. Browne and Editor, "What is wrong with homœopathy as a profession?" *We* answer: *First*, it lies with our colleges; *second*, with the surgeons of our school; *third*, most of our journals (the RECORDER is all right) and societies sanction, or make no protest against this state of affairs, and again so many homœopathic pharmacies with their *combination tablets* come in for a good share of censure for "*What Is Wrong With Homœopathy as a Profession?*"

Now brother homœopathic physician, with the attitude of the whole profession of to-day running as it does to *surgery, serums and graft*, we question if the homœopathic school will ever be again where it was fifty years ago, with all the efforts the few pure ones can make to bring it back to its first love. But let no one take this state of affairs seriously to heart, for the world is going rapidly to the bad, and the medical profession is no exception.

T. E. REED.

Middletown, Ohio, July 15, 1919.

MID SUMMER NOTES.

By Eli G. Jones, M. D., Buffalo, N. Y.

A lady complains of a severe pain *over* and *in* the *left* eye. She says it feels to her as if her "eye was being *pushed out of her head*." I prescribed *Tr. spigelia* 3d x, 15 drops in half a glass of water, one teaspoonful every 15 minutes until relieved. At the third or fourth dose the pain was *gone*, and did *not return*. We have another remedy that comes pretty near the above symptoms. When there is pain in *right* eyeball as if the eye would *burst*, shooting like *lightning* through the brain to the occiput. The above indicates *Tr. prunus spinosa* 1st x. 5 drops every two hours.

A pregnant woman complains of a dragging or a heavy *weight* in the hypogastric region. There is a sensation of *incarcerated flatulence* in the *left* side, the patient has to *stoop over* when *walking*. The above condition calls for one remedy, *Sulphur* 6th x, three tablets every three hours, and this remedy *relieved* her.

A young married woman has *cramps* in her legs just *before* the monthly period. There is sensation as if the "*muscles were tied up in a knot*."

The above symptoms point like a finger-board to *one* remedy, *Cuprum* 6th x, three tablets three times a day. At the next monthly period *after* taking the above remedy she had *no cramps, no pain*, and it was the *easiest* time she *ever* had.

The above is an example of what can be accomplished by *definite* prescribing. When we prescribe a remedy according to

certain *clearly* defined indications we may expect *definite results*.

I have published a little booklet, entitled "JUST A LITTLE TALK BETWEEN OURSELVES." It is a book that *every* reader of THE RECORDER ought to read, and it will be sent *free* to any address.

The book has proved to be an "eye opener" to some of our doctors for it has given them something *serious* to think about. About the *first* book I ever read on medicine was a book on "Practice," by Sir Thomas Watson. He was a physician to the Middlesex Hospital, London, England. In his work he gives a very *vivid*, a *life-like* picture of disease as we meet with it in everyday practice. It is an old book, long since out of print, but it can be obtained at the second hand book stores.

I owe my knowledge of the *Diagnosis* of disease to a careful study of *that* book. The book is written in an *interesting* style that holds the *attention* of the reader and helps to *fix* the *diagnosis* of the different diseases in his mind. No book on practice published in modern times can *compare* with "Watson's Practice."

It is over fifty years since I read that book as a student, and every week my preceptor (an old army surgeon) used to quiz me on what I had read. He used to *drill* me in the *diagnosis* of each disease until he felt sure I would *remember* it. In those days they turned out medical students from a doctor's office that *had to know their business*.

During the month of June on my southern trip I stopped off at Atlanta, Georgia, and visited my daughter, an army nurse at Fort McPherson, near the above city. I saw 500 German prisoners, mostly sailors from interned vessels. I also saw a Cyclo-rama of the battle of Atlanta, which was fought July 22, 1864, during the Civil War. The picture was 1,500 feet in circumference and 50 feet high. It took three Germans three years to paint the picture. It was worth going very many miles to see, for it gives you a very *vivid* picture of what a *battle really is*.

In the month of June Dr. J. F. Moell, Lincoln, Nebraska, came to study with me. The doctor is a regular physician, a former surgeon in the late war. He was also for a year a physician in Post-Graduate School Hospital, East 20th Street, New York, and had the care of 400 patients. I have never had

a student so *anxious* to learn, so *willing* to be taught as *he* was. He is a type of the brainy, liberal, progressive regular physicians in this country who want the *best* there is in medicine, who want to know *how to do things* in their profession. He is a physician who will make a reputation in the western country by the *cures* that he makes.

A doctor wants to know "What is good for a pain in the right side?"

That is rather *indefinite*. We would like to know the *character* of the pain. Sharp pain in right side, *worse* by movement indicates *Tr. bryonia* 3d x, 5 drops every three hours. When there is a sharp *cutting* pain below the free ribs that *catches* the patients when they take a long breath, the above symptom indicates *Tr. berberis vulgaris* 3d x, 5 drops every three hours.

Pain in right side *relieved* by moving about calls for *Tr. Dioscorea* 3d x, 10 drops every three hours.

In *itching* of the uvula in old ladies the remedy is *Tr. rhus tox.* 3d x, 10 drops every four hours.

Itching of the vagina with *swelling* of the *labia* indicates *Tr. Apis mel.* 3d x, five drops every two hours.

Itching of vulva and *anus* calls for *Ambra* 6th x, three tablets three times a day.

You may be called to a woman in a hysteric fit. They will often say, "I can't breathe," "I am dying," etc.

The above indicates one remedy, *Tr. moschus* 3d x. Put 15 drops in half a glass of water and give a teaspoonful every 15 minutes.

It is also indicated in *nervous* palpitation of the heart and faintness. It should be always carried in the pocket case.

The ways of women like the ways of Providence "are dark and mysterious," and it is well for the doctor to be prepared, for most anything is liable to happen.

A CASE OF ECZEMA.

By the Editor.

Mrs. B., age 34 years. Red, scaly, itching eruption of both palms and palmar surface of fingers.

Hands feel sore as though burned.

Itching < mornings as soon as she touches hands, > after using hands awhile.

The palms feel stiff in the morning.

The eruption has lasted one month and she had a similar eruption ten years ago.

No eruption elsewhere on body or limbs. General health good; bowels normal. Is sensitive to cold, like plenty of heat.

Perspires very little. Summer heat prostrates her.

Menses regular and normal.

March 13, 1917. *Rhus tox.* 12, q. 4 hrs.

March 20, 1917. Hands decidedly >. Itching >, also sensation of stiffness. Palms still look scaly with some red patches.

Sulphur 10m. SK.; one dose.

March 27. Had an < on the 23rd, which has since subsided and hands are now decidedly > again. S. L. q. 12 hrs.

Nov. 1. No return of eczema since last remedy.

A CASE OF PNEUMONIA CURED WITH KALI BICHROMICUM.

By S. A. Kimball, M. D., Boston, Mass.

On March 24, 1918, I was called in consultation to see Mr. X., 53 years old, who had been ill for a week but whose case had been reported to the health authorities the day before as lobar pneumonia.

It seems he had been taken with a chill at 10:30 p. m., March 18, and they had called a magnetic healer. His administrations not being very successful they called their regular physician the next day.

His temp. was 102° in a. m. and 104° in p. m., with pain and soreness in right chest, but no cough. This all went away after

Bryonia. Then he began in a day or two to have a sore throat with discharge of mucus from the posterior nares; visions on closing the eyes; worries about his business; pulse irregular. *Opium* 1m. was given March 23. When I saw him the next day his temp. was 100.2°, pulse 96, resp. 42. There was a greenish yellow white discharge from the throat and posterior nares which were stuffed, and there was a greenish white membrane, or deposit of mucus, on the pharynx, extending up into the posterior nares. Respiration was loud with dry rales in front of both chests. Loud bronchial respiration in the posterior middle and lower right lung with marked dulness on percussion. Thirsty for cold water, tongue white and dry, some sweat last night, but none this morning. Two doses of *Kali bich.* 1m. F., in water, were given, two hours apart. The next day, March 25, we found that his temp. the evening before was 98.6°. This a. m. 98.6°, pulse 96, weak and irregular. He was restless and talkative, but breathes through his nose a little better. The dulness in the right back had extended slightly upwards and downwards. The membrane or deposit of mucus was still on the pharynx. It was difficult for him to take a deep breath, and his only comfortable position was lying on his back. He dozes and talks in his sleep. Dry rales in front of chest with bronchial respiration, but no dulness on percussion. Pasty stools this morning and considerable sweat yesterday.

As there seemed to be no special change and his temp. was normal no change in the remedy was made.

March 26.—Temp. at 8 p. m. yesterday was 101.4°. This a. m. 101°, pulse 86, resp. 24. He slept considerably in the night with muttering delirium. Passed a lot of flatus. Nose clear. Greenish white membrane still on pharynx and dry rales in front of right chest. Posterior right lung solid from top of scapula to lowest part. As the symptoms had not changed but were more intense and his condition was worse, the *Kali bich.* was repeated, one dose of the 10m. Fincke.

March 27.—His temp. last evening was 101°. This a. m. 98.6°, pulse 84, good and full, resp. 24. He had slept quietly with no muttering. Dryness of mouth, nose and throat. Much less mucus in posterior nares. Respiration at top of right lung,

in back, was more normal and there were a few moist rales below the right scapula. Resolution was evidently beginning, and he was let alone.

March 28.—Temp. yesterday at 3 p. m. was 98.6°, at 8 p. m. 97.4°, this morning 96.4°, pulse 66. There was still some greenish white mucus or membrane on the pharynx, but much less. Chest was clear in front, no dry rales. Moist rales all over right back with much better respiration, and a few fine rales in lower left back. He made an uninterrupted recovery.

CONFIDENCE.

Take your patient into your confidence. Put homœopathy before him or her, break down the barrier of *awe*. The foolish notion that the layman must be fooled in order to be impressed must be abandoned. Don't be one of those silly fellows who think it is necessary to *impress* the patient with the idea that you know it all, and do not feel that you have met a calamity if some silly patient leaves you because you have been too noble and honest to *play on ignorance*. Barnum did not have the right idea when he said people must be fooled; that is not so in medicine.

The one supreme thing that every sensible sick man or woman wants is to get well. They do not want to be *taking* something all the time. That thought is erroneous. All this nonsense of the patient's wanting to be fooled is simply the *foolishness*, the arrant humbugs and pretenders have schooled into them.

The medical profession has not been fair and honest with the laity. The doctor has too often been a blind leader of the blind. Law and theology also please take notice.

Gentlemen, until we discovered a real law in medicine and placed the *curing* of sickness on a *scientific* basis, we did not dare to be frank and honest with our patients. We groped about in the darkness seeking a sure emetic, a positive cathartic and a reliable emmenagogue. If we could only be successful *bowel* movers and *abortionists* we knew our success was assured.

The shame of it all! The only duty of the *physician* is to *cure* his patients. If the physician knows how to do that and

has a sensible method, one in which he has faith and confidence, he need not hesitate to expose and explain it. He will eliminate the fools and attract an appreciative and *paying* clientele, and enjoy *self respect*. Let *illegitimate* work alone, have nothing to do with *deceptions*. There is a *science of medicine*, make yourself reasonably familiar with it and you will *cure* sick people. *Teach* it to your patients. Take them into your confidence. The average patient is no more of a fool than you are.

There is only *one* system of *medicine*, and it is founded on a *law* of nature. You need not be afraid to expose it to any sensible intelligent mind, spell it with a very big H—Homœopathy.

JOSEPH E. WRIGHT.

Westfield, N. J.

THE SPECIALISTS' DEPARTMENT

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Urine Findings in High Blood Pressure Cases.—When the sphygmomanometer first appeared the dictum of a clinician, whose name has escaped us, acquired great vogue when it expressed the opinion that a high systolic blood pressure meant chronic interstitial nephritis regardless of urine findings. Much harm resulted from this generalization, for scores of persons were worried with the diagnosis of "chronic Bright's disease" which, in the minds of the laity, means certain and speedy death. For some little time after the profession had swallowed the dictum above mentioned the writer's lot was an unhappy one, for doctors "all over the country" kept us busy with urine samples from patients with high blood pressure, and manifested great disappointment, not to say incredulity, at our urine findings in many of these cases. Even now we have specimens of urine referred to us in cases where the attending physician feels there **MUST** be something the matter with the kidneys on account of the high systolic blood pressure.

It is, of course, true that in cases of well-marked kidney disease we may find high pressure but the converse is not necessarily true. For example, suppose a patient turns up with headache, dizziness, weakness, and perhaps other and anomalous symptoms. We take his blood pressure and find the systolic, say, 205 or upwards. Should we jump at the conclusion that his symptoms indicate uræmia? It is true that in uræmia we find headache, dizzy sensations, etc., but it is also true that in cerebral conditions the same symptoms are manifest. Hence an examination of the urine should be undertaken and in a very thorough way, that is to say, after collecting the urine for the 24 hours in periods of eight hours each with careful preservation, and subjecting it to searching microscopic examination as well as chemical. If now repeated urine examinations of properly collected and preserved

urine are negative, we should, in the writer's opinion, not assume that the kidneys are the sole factor in the case. It is, of course, difficult to say positively that the kidneys are not diseased in a given case, but if they show no signs of disease and if the output of solids studied with reference to the diet is within the normal ranges for weight, etc., the burden of proof is certainly on him who insists that the kidneys are in a state of degeneration. What we need is more post mortem evidence of the complicity of the kidneys in such cases.

If, however, the course of such cases is carefully studied, it will be found that they are more likely to be generally sclerotic than specially degenerative, so far as kidney findings in the urine are concerned; that is to say, the symptoms may be accounted for on the theory of cerebral sclerosis rather than of chronic interstitial nephritis and the dreaded words "chronic Bright's disease" should not be used in cases of this nature. Especially is this true when the examination of the fundus oculi reveals no true kidney condition in the eye. (If, however, the expert oculist can show suspicious eye findings then the urine examination must be kept up at regular intervals until the complicity of the kidneys is assured.) It goes without saying that in such cases the blood pressure and its accompanying conditions are best treated by diet and rest rather than by powerful drugs.

Urine Preservatives not Always Needed.—In order to preserve the urine for proper examination it is customary to add various preservatives to it. With view to ascertaining whether such are necessary the writer has, during the hot and humid weather experienced in Chicago this summer, undertaken experiments with certain patients which seem to show that in local practice preservatives are not needed, although for sending urine from a distance they probably are needed. The patient is instructed first of all **never to use the chamber vessel or hospital bed pan** for the collection of the urine but to void urine directly into a fruit jar which has been thoroughly cleansed and washed out with hot water. The jar must be provided with a rubber band and after every urination is placed in a refrigerator and, tightly sealed, is kept on ice. Three jars of this kind are needed for the 24 hours' collection, one that is for every eight hours. All three are kept

on ice, and at the end of the 24 hours are immediately delivered to the examiner. By following such a method of collection the writer has been able to obtain the urine in a perfect condition for examination, that is, such that under the microscope the field is not seen to be swarming with saprophytes, while the urine itself is not cloudy to the naked eye nor offensive to the smell.

In the case of pregnant women the matter of collecting and preserving the urine is of such importance as to warrant careful attention to the method just described owing to the fact that the addition of preservatives may interfere to a certain extent with the pregnancy analysis now carried out by the writer. Women are so accustomed to the use of the chamber vessel that it is a matter of much difficulty to persuade them to use anything else, even for one period of 24 hours only.

Two Kinds of Ammonia in Urine.—Every summer and sometimes in the winter the source of ammonia found by the ammonia determination in the urine must be taken into consideration. The writer uses the terms "clinical ammonia" and "dung-hill ammonia" in order to impress upon the patient the difference in ammonia found. By clinical ammonia understand that small amount of ammonia present in the urine in the form of various ammonium compounds not carbonate. Such clinical ammonia is that which we find in small amount, seldom above one-tenth of one per cent. except in the acidosis of diabetes, pernicious vomiting of pregnancy, etc. (To say that this ammonia is sufficient in quantity to constitute a serious error in the hypobromite process for urea is not true, as very few of us can read, on the Doremus instrument, as closely as one-tenth, and an error of even one-half per cent. is no great one clinically.) It is the clinical or non-carbonate ammonia which assumes importance in the toxæmia of pregnancy and which is now studied with interest by all advanced obstetricians, judging from the writings of them in the journals. The process which determines that clinical ammonia is the formaldehyde one already described in the RECORDER and in the writer's book on urinology. On the other hand, "dung-hill" ammonia is of no value to the clinician except when present in the freshly voided urine. Urine which has the dung-hill odor contains ammonium carbonate due to the decom-

position of urea by the micrococcus ureae or other organisms. This dunghill ammonia is readily shown by the odor of the urine and by the presence of triple phosphate crystals in the urine (due to union of some of the ammonia derived from decomposition of urea with magnesium phosphate to form ammonio-magnesian phosphate). Urine having this dunghill odor, which is alkaline to litmus paper, and which fumes when hydrochloric acid is brought near it, is of no value to the clinician or obstetrician so far as the determination of ammonia is concerned. It goes without saying that in the great majority of cases the chamber pot or the hospital bed pan is responsible for the presence of "dunghill" ammonia in urine. Hence the physician only makes himself ridiculous who assumes pathological importance for such urine unless he knows the circumstances of the collection of the specimen. On the other hand, freshly voided urine having the dunghill odor when passed into a clean glass vessel is of great importance clinically as it indicates decomposition of the urine within the body, as in the renal pelvis or bladder, and is found in cases of stone, enlarged prostate, or retention due to spinal conditions.

Errors in Diagnosis.—In spite of many advances in diagnosis every now and then errors are made, and so far as the writer is able to observe from study of these most instructive mistakes—for nothing is more instructive than an out-and-out error—the foundation of the error lies in too great reliance upon some one special finding or person consulted. Thus in one case seen by the writer in which pyelography demonstrated most beautifully a hydronephrosis the real condition was carcinoma; in another case in which x-ray showed apparent indications of ulcer of the stomach carcinoma was present: in still another tubercle bacilli in the urine seemed to indicate renal tuberculosis when impacted stone in the ureter was the condition; in another both x-ray and cystoscopy failed to establish the diagnosis of renal calculus. Patients die of uræmia, as shown by Lydston, in spite of normal renal function tests, and conversely nothing may happen after operation in spite of most threatening function tests. The difficulty seems to lie in the personal equation of the diagnostician and also in the ability of certain medical persons to convince

others. In the writer's opinion nothing is more dangerous to the patient than the convincing physician, *i. e.*, he who has the personal power to convince other persons that he is right in all cases. Nobody is right in all cases, and the study of an obscure case must be made most impersonally, without bias, and without regard to anyone's say so. In other words, the case must be decided as in law upon the evidence and not upon the opinion of any one particular person or from the result of one method of procedure. The writer has seen uræmia caused by the pressure of an ovarian cyst in the case of a woman seventy-eight years old. It goes without saying that no one guessed the cause of the uræmia in this case, although the writer ventured the opinion that it was a pressure case and not a true kidney one. Among the various things which may lead to error is cystoscopy. After the passage of the cystoscope the urine is likely to contain blood and a great number of bladder epithelia from the middle layers. These epithelia may be found in quantity for as long as a year after the use of the cystoscope, and may incline a new comer in the case to the opinion that something is seriously wrong with the bladder, when there may be much more serious trouble elsewhere. What we want in practice nowadays is a shrewd "summer-up" of evidence and not an orator or a leader of men. A leader of men is likely to lead us into a trap, every now and then. To gather the diagnostic evidence in a case, to reason out the bearing of the findings and the relative importance of them, and to estimate correctly the skill of those on whom the diagnostician must necessarily depend are the assets of success in medicine in these days.

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EDITORIAL NOTES AND COMMENTS

What Impression Will It Make?—Facts and circumstances are now coming to light which prove beyond any question the marvelous superiority of homœopathic therapy in influenza. The difference in the mortality rates of the O. S. and of our own is so startling and so strikingly in favor of homœopathy that one is compelled to believe that revolutionary changes in the therapy of the dominant school must take place as a result. We make bold to say that if this difference were reversed, the homœopathic school would speedily be legislated out of existence.

Quinine, aspirin and digitalis have undoubtedly killed their thousands, as will be shown by one little circumstance alone. An O. S. army medical officer in one of the numerous large encampments in this country had charge of two wards of sixty-five beds each, all filled with influenza patients. The death rate in the hospital was twenty-five per cent., a fact which evidently appalled this young medical officer, who, at the risk of court martial, refused to continue to give to his patients the deadly triad of drugs above enumerated. His superior officer permitted him, however, to withhold all medication and to rely upon good nursing, nourishment and fresh air alone. Promptly the death rate fell to fifteen per cent., while in the rest of the hospital it remained at twenty-five. Drugs were now discontinued in the remaining wards and the death rate dropped to fifteen per cent. in these also.

It is quite fair to assume, therefore, that aspirin, quinine

and digitalis accounted for ten per cent. of the deaths. Compare, however, this rate of fifteen per cent. with that of the homœopathic physicians, who, in over forty-two thousand cases, had a mortality rate of approximately one and five-tenths per cent. Truly a remarkable showing.

All honor to the medical officer who refused to go on with his death dealing drugs, and to his superior officer who was big enough to coincide. But what about the thousands of other O. S. physicians? Will they be impressed by this knowledge, and if so, to what extent?

Verily, O. S. medical science, with all its achievements, has much still to be learned!

What Homœopathy Can Do.—A short time ago we were asked to take care of a case of influenzal pneumonia, which had been going rapidly to the bad in the hands of an O. S. brother. The latter had virtually thrown up his hands, confessing that he had nothing further to offer.

An examination of the patient, a young married man, showed an apparently unresolved pneumonia of the middle and lower lobes of the right lung, as was evidenced by percussion dulness, bronchial breathing and increased vocal fremitus. Elsewhere throughout the chest moist bronchial rales were to be heard. The respirations were running about 36, pulse 110 to 120, and temperature from 99.5 degrees and 100.5 degrees in the morning to 102.5 degrees and 103.5 degrees in the afternoon and evening. A dry hacking cough, somewhat worse at night; sweat during sleep and desire to uncover, were present. No chest pains or sensations were complained of, and, if anything, the patient preferred to lie upon his back. Mentally, he was docile and not particularly anxious about his condition. He was weak and made a decidedly sick appearance.

Pulsatilla 30, q. 4 hrs., was given and continued for some thirty-six hours, together with as much nourishment as it was possible to persuade the sufferer to take. A slight modification of the temperature range followed, and paved the way for the

chronic of *Pulsatilla*, the nosode *Tuberculinum*, which was now given every six hours in the 10m. potency of Fincke. This remedy was continued for four days, when the temperature dropped to normal, both mornings and afternoons, and remained so, with marked general improvement of the patient and a clearing up of the dulness and physical signs. Recovery was now rapid and entirely uneventful.

If there is any other therapeutic measure which can equal or surpass the results obtained by simple straight homœopathy in this case we would like to know of it. We doubt its existence. O. S. therapy with its aspirin, quinine, strychnine and digitalis can produce nothing to equal such an outcome as this as is proved by the horrible mortality statistics of our O. S. friends in the recent epidemic.

The New York Homœopathic Medical College.—The alumni of this college have begun a campaign to raise at least \$30,000 per year for a period of five years. This money is to be expended for college purposes exclusively, which means that it is to be used to pay the salaries of full-time instructors in the various departments and for laboratory equipment.

The standard of modern medical colleges which are rated as Class A institutions demands that from eight to twelve full-time professors, assistant professors and instructors be constantly employed. These teachers are embraced by such important departments as anatomy, chemistry, physiology, histology, pathology, bacteriology, etc. Such subjects, being fundamental, are common to all medical colleges, regardless of pathy and are furthermore, demanded by the various state medical examining boards. In order, therefore, that the New York Homœopathic Medical College, now rated as a Class B college, be placed in Class A, such requirements of standardization as above referred to must be met. It is true that these requirements have been imposed by the Council on Education of the American Medical Association, but this association has placed the same requirements upon old school colleges as well, and it is but fair

to state that no discrimination has been shown between O. S. and homœopathic institutions.

The New York College now has a dean who is an educator, one whose sole business it is to raise the educational standard of his own college, to improve the quality of its students, and to see to it that its graduates shall be mentally and morally equipped to go out into the world as educated and fully qualified homœopathic physicians. Already the results of the State Board examinations in New York give evidence of the improved quality of the most recent graduates from this school.

The committee of the alumni of this college, which is conducting the *Alumni College Fund* campaign, is composed of Drs. W. W. Blackman, O. S. Ritch, Roy Upham, H. D. Schenck, M. T. Hopper, F. J. Ranken, Wm. L. Love, all of Brooklyn; F. M. Dearborn, S. B. Moore and R. F. Rabe, of New York. Dr. Rabe is chairman of this committee, which has been given power to add to its numbers and which will shortly appoint representatives throughout the country.

In the meantime some \$2,600 have already been paid in, and approximately \$19,000 have been pledged. Any sum, whether small or large, will be gratefully appreciated. Pledges should be sent to Dr. R. F. Rabe, 616 Madison Ave., New York, and checks drawn to the order of Thomas J. Preston, Jr., Trustee.

The future of homœopathy is at stake and lies, to a great extent at least, with the New York Homœopathic Medical College. It is, therefore, an imperative duty of the friends of homœopathy to rally to the support of the New York institution. Homœopathy still has a great mission to perform, and, until this mission has been accomplished, our homœopathic colleges and departments throughout the country must be loyally and fully supported.

The Order of Cure.—We have several times called attention to the fact that a homœopathic cure proceeds from within outward, from above downward and that symptoms disappear in the reverse order of their coming.

A recent experience emphasizes the last observation. A patient of 62 years and of good constitution, after exposure to cold, was taken, several days later, with severe pains in the lumbo-sacral region, followed by pains in the thighs and legs. Two prescriptions of apparently well indicated remedies had been made, but without result. A re-taking of the case brought out the following picture: Severe contractive and drawing pains in the lumbo-sacral region, extending into the gluteal muscles on either side and down the posterior surface of the thighs into the calves, with numbness, as though paralyzed. The pains were paroxysmal, severe, causing moaning and groaning, weakness and copious general perspiration. Restlessness was marked, with frequent change of position, yet no relief in any. The patient craved heat, wanted to be covered, but the application of heat gave no particular relief from the pains. The pains extending down the thighs and into the gluteal muscles were the latest symptoms to appear.

One dose of *Kali carb.* 40m.. Fincke, was now given. An hour later a very severe attack of pain occurred. It was the last, the pains in the gluteal muscles and thighs now left, the pains in the back alone remaining, although much less severe. Within four to five hours a condition of comfort was established, the further course of the case was uneventful.

The observation that the pains in the thighs had gone gave assurance that the right remedy had been found and that certain cure was progressing. It is well to bear these facts, relative to the direction of cure in mind, when prescribing for our cases.

Sepia As a Remedy in Nasal and Naso-Pharyngeal Catarrh.— Regarded by many as an almost exclusive woman's remedy, *Sepia* is too often forgotten in the treatment of conditions which lie outside of the female pelvis. Yet its usefulness in many conditions which are not gynecological in character is unquestionably great. Among these may be mentioned catarrhs, particularly those of the upper respiratory tract.

The stuffy, obstructive nasal catarrhs, with thick, yellowish, or

yellowish-green mucous discharges and with the formation of hard, clinkery, scabby masses in the nasal passages, will frequently need *Sepia* rather than *Kali bichromicum* which is commonly prescribed for this condition. We must differentiate these remedies by bearing in mind that *Sepia* is typically left-sided in its action; hence the left nostril is likely to be the one most affected. This is not the case with *Kali bichromicum*. *Sepia* has an aggravation in wet and in foggy weather and especially in snow air. This is not so in *Kali bichromicum*. The latter is more likely to suit blondes, particularly those who are fat and short-necked, whereas *Sepia* is better adapted to brunettes. Cold in general aggravates both remedies, as do changes of weather. Both have tough, tenacious mucous discharges, but this characteristic is especially pronounced in *Kali bi*. Bloody mucous discharges are found in both remedies. *Sepia* complains of much dryness and soreness of the throat, *Kali bi*. of acidity, as though an acid fluid were running down the posterior nares, also of a sensation of a hair on the back part of the tongue or in the pharynx.

Sepia hawks out large, greenish, scabby masses from the posterior nares. Ulceration of the mucous membrane is more typical of *Kali bi*.; the ulcers are round, deep, as though cut out with a punch, often found on the nasal septum and may be syphilitic in character.

This differentiation of *Kali bichromicum* and *Sepia* can, of course, be further extended; but enough has been shown to prove that *Sepia* must often be considered when *Kali bi*. is alone thought of. Finally, *Sepia* is more likely to be deeper in its action and more lasting, hence better suited to chronic states. The nosode, *Tuberculinum*, will often follow well.

Psoriasis and Diet.—That a restricted protein diet extending over many years may be accompanied by psoriasis is shown in Pusey's case. When the patient was a child 3 years old, she was thrown into great excitement by seeing a chicken killed, and as a result developed a complete antipathy for animal foods. Until

she was 19, she ate absolutely no meat, fowl, fish, milk or eggs, except such milk and eggs as she received in breads. For the last four years she has eaten a very small amount of meats, nothing but pork chops and beef; she eats sparingly of these and only once a day, her reason being she does not care for meats. She has never eaten eggs, milk, fish or shell fish. She has tasted eggs and milk, but as far as she knows, she has never tasted fish. She is very fond of gravies and her diet in other respects is well rounded. Pusey is convinced that her intake of animal protein is a physiologic minimum, and she is not a heavy eater of leguminous vegetables, yet she had a clear case of psoriasis.—
J. A. M. A.

PERSONAL.

AS OTHERS SEE US.

HOMŒOPATHIC RECORDER,

Lancaster, Pa.

Sir—I have three sons, six daughters, five in-laws and nineteen grandchildren with my wife, sister-in-law and self, all are life prohibitioners, and come of a total abstainer family. We are not subject to hysteria and we have no drug habits. There is no hypocrisy in the family. I am, myself, a medical man, and know that all intoxicants are forbidden even by those who are not teetotalers in the vast majority of cases.

Prohibition *does not* strike "at the tap-root of personal liberty" any more than the use of narcotics. When men are put in extreme danger, as in arctic travellers, it is forbidden to be used. Men are never put under restraint with grape juice and ice cream sodas, and it does not require extra policemen to guard the public. I live on a road that used to be dangerous to go along. Every day shooting and fast driving made it dangerous. Men *now* take furniture and money home in place of a drunken man with empty pockets.

I object to your article in June 15th HOMŒOPATHIC RECORDER as it stands. To my mind it militates very much against other contents. I am a lifelong homœopath and practitioner, and am seventy years old.

DR. GEO. E. WALKER.

Sweet Briar, Va., June 20th. '19.

June 16, 1919.

Editor HOMŒOPATHIC RECORDER,

Lancaster, Penna.

Sir—You kindly stop sending me your journal, and if I owe you anything send me the bill.

I am surprised at your editorial on prohibition. How anyone with intelligence can muster the courage to try to bulldoze a great profession in the manner you have in this editorial I am at a

loss to know. Such impartial (sic), untruthful, unscientific statements I have not yet seen from the pen of any editor of a journal that is published for the relief and uplift of humanity.

If the reliability of the other matter published in your journal may be judged from the sophistry portrayed in your editorial on prohibition, it is not worthy of much confidence, I assure you. You insult the intelligence of the profession.

Very respectfully,

J. H. GARDNER.

I. H. A. NOTES.

The International Hahnemannian Association held its fortieth annual meeting at the Metropolitan Hotel, Asbury Park, N. J., June 23d, 24th and 25. A better attended or more enthusiastic meeting has not been held by this association in recent years. The papers were, for the most part, of a high order, and, as is usual with the I. H. A., were thoroughly discussed.

The address of the president, Dr. Guy B. Stearns, of New York City, was a thoughtful one, containing several important and timely suggestions, which were, later in the session, favorably acted upon. Among these recommendations, one requesting the surgeon-general of the United States Army to incorporate in the army and navy manuals such medicines as are commonly employed by homœopathic physicians, was unanimously adopted.

The question of federation with the American Institute of Homœopathy was thoroughly and sympathetically considered, and a committee, of which Dr. Frank Patch, of Framingham, Mass., is chairman, was appointed to take up this matter with the trustees of the Institute. This committee, in addition to Dr. Patch, consists of Drs. Stearns, Boger, Rabe and the secretary of the association, Dr. W. W. Wilson. It is believed that an affiliation most advantageous and productive of good to both organizations, can be brought about. The committee has been instructed to report at the next meeting, in 1920, to be held probably in Cleveland, Ohio.

The officers elected for the coming year are: Dr. Geo. E. Dienst, president; Dr. Thos. G. Sloan, vice-president; Dr. W. W. Wilson, secretary-treasurer; Dr. E. Wallace McAdam, corresponding secretary.

THE HOMŒOPATHIC RECORDER

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ODDS AND ENDS.

C. M. Boger, Parkersburg, W. Va.

BURSA PASTORIS.

Mrs. S., æt. 56. Dull, phlegmatic temperament; comes with a second attack and the following symptoms:

Rusty leucorrhœa; *stains indelibly*, deep yellow.

Burning in hypogastrium, with stinging in left side thereof, extending into neck of bladder.

As of foreign body in throat. Hollow sound below left breast on coughing.

Puffed under eyes. *Quinine* causes nosebleed.

Much belching and flatulence. Worry prevents falling to sleep.

General bruised feeling through body. Ulcer on os uteri.

Medorrhinum, *Pulex irritans*, *Silicea*, *Viburnum* and *Bursa pastoris* (*Avena*, *Mag. c.*), all have leucorrhœa which stains indelibly. The symptoms fitted *Bursa pastoris* only, of which she received a single dose of the 7th on the 7th of last December; by the 17th she felt much better, especially of the burning which was entirely gone by the 28th. By January 19th the burning and throat symptoms had reappeared and there was nightly urination. She now received a dose of the 20th in water night and morning for five days then *Sac. lac.* By the 27th she felt herself very sick and sent for me, relating the following symptoms, which proved pure drug effects:

For several days a strong impulse to see how far she could walk (like *Flu. ac* and *Sepia*). This is the direct opposite to her natural habit.

Large sharp needles seem to stick into the flesh all over the body.

As of something pushed onto right ear.

Terrible general aching.

She now coughed up a large gristly polypus, evidently from the larynx, as the throat symptoms are gone as well as the pelvic symptoms, but she developed a dry cough on lying down, with aching under the left mamma (*Cimi*).

The heart feels hard and sore, followed by throbbing in the back of the neck.

Aching in the forehead, worse from coughing.

Attacks of nausea.

Aching in the stomach.

Craving for buttermilk.

Much general weakness.

Here are several very significant symptoms, especially in view of Burnett's observation that it suits the effects of suppressed uterine disease, especially ulcer. Most of these symptoms are new to this remedy. The general aching was first noted by MacFarlan. The ancient repute of *Bursa pastoris* in hæmorrhage was verified indirectly only, although I have found it of the highest value in uterine hæmorrhages, even when due to cancer, fibroids, etc., especially when accompanied by aching in the pelvis or small of the back or a general bruised soreness. Prescribed for metrorrhagia it always caused this general aching; the patient finally discharged a large mass which I did not have an opportunity to examine. Aching between the scapulæ has often served to indicate it.

APIS MELLIFICA.

A man after being severely stung by a bee developed a number of *Apis* symptoms, among which was "a stitch at the heart every time he wiped the anus."

DICTAMNUS.

Incidentally, perhaps the oldest mention of a cure by similars occurs in an account of the old Cretan goddess "Diktymia (the emitted ray), who wears a wreath made of the magic plant diktannon or dictamnus, the evergreen shrub whose contact was said at the same time to develop somnambulism and finally to cure

it. As Juno Pronouba, she is the goddess who presides over births. The use of the dictamnus wreath is associated with the moon. During childbirth the Cretan women were covered with this plant, and its roots were administered as best calculated to soothe the acute pain and allay the irritability. They were also placed under the direct rays of the daughter of Jupiter." This observation refers to practices and beliefs about four thousand years old.

A married woman, the mother of three children and a hard worker, became a somnambulist, getting up every night and opening a window, before which she stood. A dose of a single drop of the mother tincture removed this.

Hahnemann used *Dictamnus* in leucorrhœa.

NITRIC ACID.

Cutting pains in the nose, which drips foul pus or bleeds.

Eyes water profusely at night.

Restless before midnight. Easy sweating.

Worse before storms.

Advanced cancer of the nose; bones all gone.

A dose of *Nitric acid* 200 every two weeks kept him free from pain for a long time; later, higher potencies were necessary.

RHEUMATISM.

A strong blacksmith had an abscessed appendix which ruptured into the abdominal cavity; this was followed by rheumatism. There were cutting pains running upward along the whole length of the spine, also sharp pains in the sacrum. There were sore pains in the heels. During the night the pains would distort his lower limbs, inverting them, when he would get up and walk about for hours to prevent a permanent disability. During one of these nightly attacks a sound molar tooth suddenly burst into pieces. He was worse before storms and the urine contained oxalates, albumen and blood, being very dark. He was better and worse for over a year, but lately was unable to walk and very weak. He received *Polygonum sagittatum*, tincture, in water every four hours which in less than half a day caused profuse sweating with relief, which was almost complete in three days.

and the case went on to complete recovery under a divided dose of this remedy now and then.

KALI IOD.

Of two patients who received this remedy for epidemic coryza complicated with frontal sinusitis, one developed a sudden clear whistle in the larynx, while the other claimed that she heard a clear whistle in the lungs. I saw a number of these cases follow flu; they discharged immense quantities of pus from the nose and nearly always spoke of a want of enough air to breathe.

VARIOLINUM.

An operative patient, having taken chloroform badly, came from under the anæsthetic much exhausted with violent vomiting. Her copious supply of milk was entirely suppressed and the breasts completely flaccid for four full days, in spite of massage and the usual homœopathic remedies. Through a mistake in the delivery of medicines she now received a single dose of *Variolinum*: in a few minutes she felt herself getting hotter and hotter, finally breaking out in a profuse general sweat which lasted all night. At the same time she felt the milk flowing into the breasts. The next day there was half a supply and on the third there was the old plenty.

BUFO.

This remedy has again removed the sensation of the heart swimming in water. Both subjects were very corpulent, thus confirming the pathogenesis in the encyclopædia. Six weeks later one of them developed a lumbago, worse from the least motion, and raising up and accompanied by frequent scanty urination; all of which *Bufo* also cured very quickly.

SCROPHULARIA NODOŒA.

Increased experience has given me more appreciation of this remedy. *Painful soreness*: in the liver, rectum and of the *piles*. Indigestion, with flatulency. Vertigo, felt in the vertex (*Calc. c.*, *Chel.*, *Lyss.*, *Medorr.*). Aggravation from lying on the right side. In the presence of this combination of symptoms it does fine work.

VACCINATION.

Some years ago the twin daughters of Mr. A. were vaccinated preparatory to entering the public schools of Pittsburgh. In a short time eczema appeared on the dorsæ of their hands and resisted the best allopathic treatment they could procure in that city. Over two years ago they were brought to me. *Thuja* did nothing, but *Variolinum* dmm. in a few days brought out large blebs which quickly turned to pustules, having the characteristic small-pox odor; they covered both surfaces of their hands, being particularly large on the palms. Recovery was prompt and the eczema gone. They remain well to this day.

AMMONIUM CARB. IM.

CASE 1. Spells of mental vacancy or complete loss of memory ever since a fall some years ago. Awakes at midnight and can't sleep until 4 a. m.

CASE 2. Stupid and drowsy in cloudy weather. Rainbow colors about light. Feet burn at night, worse right; foot numb. Swelled below knees, with stinging pains. Crawling along spine, worse change of weather.

CASE 3. Vexation causes loss of memory, even while talking. Rattling noses cause reverberations in the head and back. Heat between scapulæ. Burning soles at night. Damp cloudy days cause of stupidity. History of injury.

DROSERÆ.

Incessant cough interrupted by more violent paroxysms, with a red sweating face; occasionally ending in vomiting. When able to speak she said the cough came from a tickling in the larynx, and was always excited by talking or lying down. This had now forced her to sit up in a chair for two days and nights. The expectoration was white and frothy; the temperature and pulse normal. After a single dose dry on the tongue she was easier in a few moments, and in a little while retired, sleeping all night. The mother insisted that I had given a strong opiate.

EPIDEMIC WHOOPING COUGH.

The cases were marked by extremely violent paroxysms of cough along with either nosebleed, spasm of the glottis so that

some of the little sufferers fell down unconscious, swelling of the forehead (*Ars.*, *Hell.*, *Lyc.*, *Nux vom.*, *Rhus t.*), or a tendency to pneumonia. All cases were worse from cold air. A single dose of *Nux vomica* 18cm. was generally sufficient to control matters, only occasionally was a second or third dose necessary.

SILPHIUM.

An intractable cough with *profuse*, white, stringy, difficult expectoration and great exhaustion had followed flu. The attacks were excited by a sense of mucus rattling in the chest and were aggravated by drafts of air. Several homœopaths had tried their skill on this cough but without results. *Silphium* 3x, night and morning, cured.

BERBERIS.

Frequent micturition with burning in the meatus during and after the act; must wait to start the stream. Gets up at night to urinate. Burning about the kidneys. Sharp, electric-like pains shoot out of the meatus and out of the ends of the toes. Has lost over 20 pounds. A dose of *Berberis vulgaris* nightly for one week cured and he quickly recovered his weight.

AGARICUS.

She steps too high when ascending or descending steps, hence falls.

The eyes draw when she reads. Wind hurts the eyes. Photophobia.

Has been subjected to severe mental exertion, with eye-strain. Aggravation from looking intently.

A single dose of *Agaricus* 59m. cured in a few days.

Three months later a similar ordeal caused vertigo on looking intently, with muscular quivers here and there over the body. This time *Agaricus* cm. cured almost immediately.

MERCURIUS.

Perhaps the most distressing symptom which a patient may manifest is when the sufferer fumbles about in his own feces or spreads them over everything, his own person included. In two cases of senile dementia and one of hemiplegia I have been able to stop this habit with a single dose of *Mercurius solubilis*

12x. The remedy had, however, no effect upon the general course of the former disease while the hemiplegia showed some improvement.

CALCAREA HYPOPHOS.

Talks rapidly and easily angered.

Dilated pupils.

Menses early.

Weakening night sweats.

Little appetite.

Cold hands and feet.

Acne pustulosa over body.

Calcarea hypophos. 12x, one dose, cured rapidly.

This is perhaps the most efficient of our remedies when loss of appetite, exhausting night sweats and rapid debility seem to combine to put our patient in a difficult position.

HYPERICUM PERFORATUM.

By Grace Stevens, M. D.

Northampton, Mass.

One of the interesting things about homœopathy is that some of its most useful remedies are prepared from plants which we find along almost any country roadside.

The common St. Johnswort is one of them and it would be exceedingly interesting to know who first thought of using it medicinally, and why.

Hering gives the names of several provers—Mueller, Shörer, Stokes—but I confess they mean nothing to me.

The provings may or may not have been made in this country. for Gray tells us that this specimen of *Hypericum* is the only one not indigenous to this country, having been naturalized from Europe, and adds that it is a troublesome weed in the fields.

The rather large yellow flowers with five petals and many long stamens are arranged in a loose, leafy cyme, and the lanceolate leaves have pellucid dots, giving this specimen the name, perforatum. It blossoms from July to September.

The tincture from which dilutions are made is prepared from the whole plant.

The action of the remedy is chiefly on the meninges and nerve sheaths, but the joints are also affected.

The provings produced shooting, tearing pains along the nerves, and consequently the remedy has proved useful in just such conditions. The mental symptoms are dullness, forgetfulness, confusion and, clinically, the remedy relieves these when due to physical shock or fright.

The headaches are apt to be dull, but one that is characteristic is a severe throbbing pain in the vertex extending to the zygoma and cheeks. There is also an occipital pain extending over the head.

Vertigo is present, worse at night, and a peculiar sensation of being lifted high in air with great fear of falling, if touched.

This symptom appeared in a person after a fall on the occiput and was relieved by the remedy.

Two interesting clinical symptoms are given, which relate to the mouth. Extreme pain after injury to the dental nerves, and pain in decayed teeth, which is better for quiet and lying on the affected side; and a great soreness of the tongue after it had been bitten during an epileptic seizure.

The remedy is especially applicable to lacerated wounds as we shall see later.

In the genito-urinary tract we find further testimony to its efficacy in treating injured nerves.

It has relieved burning of the urethra caused by an ill-fitting pessary and very severe pain in sacrum and hips after instrumental delivery.

Naturally the back comes in for a large share in the symptoms of this remedy.

The cervical vertebræ are very sensitive to touch, and there are cutting pains between the scapulæ.

Any injury to the coccyx gives an especially good chance to exhibit *Hypericum*, even a long time after it has taken place.

Two cases will illustrate this:

1. A woman who five years before treatment slipped on the stairs and slid down nearly the whole flight on her back.

She suffered a great deal at the time, and when I saw her she still had periods when she found sitting very painful, and rising from a sitting posture even worse.

Hypericum removed this sensitiveness entirely.

The second case sounds like a fairy tale, but I can only give you the patient's word for it.

The agent of a drug firm came into my office and, when I asked him to sit, said that he was not sitting that day unless he had to. He told me that fifteen years before he had fallen on an icy sidewalk injuring the coccyx severely, and that ever since he had had every few months a period of a week or ten days when sitting was almost impossible. This in spite of operative and other treatment.

I asked him if he was taking any medicine, and he said, "Yes. *Arnica*."

I suggested *Hypericum*, and gave him a powder of the 45m. to be taken the first thing next morning.

About fourteen months later he came into my office again, recalled himself to me and told the rest of the story.

He took the dose of *Hypericum* about seven o'clock in the morning. At half past nine there began a marked aggravation of the pain lasting for an hour or more. Then it subsided, and he had not felt it since, a period of more than a year.

In two cases of fractured hip and one of fractured elbow I have seen marked relief from the streaming pain along the course of the nerves by repeated doses of *Hypericum*.

Lacerated wounds of the ends of the fingers or toes, parts rich in sentient nerves, are helped to comfort and healing by this remedy. In the case of punctured and penetrating wounds, where the nerves have become inflamed and there is streaming pain with jerking of the muscles, *Hypericum* helps to prevent tetanus.

Kent says that *Ledum palustre* should be given at once in cases of a punctured wound—as that made by a tack, nail or bite of an animal, but if this precaution is neglected and the hard pain and jerking come on, *Hypericum* is the remedy.

Even the pain of gunshot wounds may be eased by *Hypericum* according to Hering, and experience in this last war substantiates the claim. One writer said that he had seen more relief from this drug than from morphine.

One use for *Hypericum* spoken of by Hering is its local ap-

plication to bunions. If it does relieve in such cases it should indeed make a name for itself.

Besides the special nerve affections we find the remedy characterized by a general soreness of the joints and a marked depression, mental and physical.

THE HAHNEMANNIAN DOCTRINE OF ATTENUATION.

By **Albert Abrams, M. D.,**
San Francisco, Cal.

Attention is directed to this doctrine from an electronic viewpoint. The creation of a sect in medicine is often a deplorable necessity to emphasize the delinquencies of conventional and official methods. There is some good in all things. My opinion of homœopathy, like many medical men, was based on the diatribe of Holmes, "Homœopathy and Its Kindred Delusions." The standard employed by Holmes, as a basis for his criticism, was the medical theories of his day which are now shattered and swept into the discard.

It is assumed that Hahnemann conceived disease as a perversion of the spiritual vital powers and anything spiritual not being combatable by material remedies he turned to a spiritual power bound up in plants and liberated by dilution. The corollary of the latter conception was, "the efficiency of medicinal substances reduced to a wonderful degree of minuteness or dilution." Hahnemann lived at a time when the now exploded theory of vitalism dominated medicinal thought and he no doubt employed it as a vehicle for emphasizing this doctrine. The historic development of therapeutics is identified with this therocratic philosophy.

By aid of the "Reflexes of Abrams," it can be shown that *radiation is a universal property of matter* and that the reflexes in question surpass any instrument yet devised by man in the detection and measurement of radioactivity.

In 1895, Roentgen's discovery of a new type of ray stimulated Becquerel in the following year to investigate phosphorescence and he found that uranium salts were radioactive. The methods

for recognizing radiations are: Effects on a photographic plate, exciting visible fluorescence and ionization of the air. In the latter method a gold leaf electroscope is employed. Note how comparatively insensitive is the photographic method when compared to a human reflex for the retina is approximately 3,000 times as sensitive as the most rapid photographic plate. In the employment of a reflex, the most primitive and sensitive substance, bioplasmic matter is used for exhibiting the phenomena of radioactivity.

With the relatively crude methods employed by physicists, it is not surprising to learn that practically only 36 bodies are known to be radioactive and all these contain either uranium or thorium or a mixture of both.

It is an established fact that many elements at the moment of their formation (nascent state) exhibit the most pronounced reactivity which is absent in their ordinary state. M. Perrin, in studying the Brownian movements, found that the mean kinetic energy was independent of the mass. In fact, the extraordinary movements of the smallest visible particles was in marked contrast with the small and sluggish movements of the large particles. It is practically impossible to conceive the limit of the subdivision of matter. An idea of the smallness of an electric charge in matter was referred to by Prof. Milikan, in a recent lecture here at the University of California. It was he who first isolated and weighed electrons. He said that if the two and a half million people who live in Chicago were to begin to count, and count as fast as they could day and night without stopping to eat or sleep or die, for 20,000 years, then, if the amount all had counted were added up, the total would be the number of electrons passing through an ordinary light filament in one second

Measurements recently made by the writer with the biodynamometer disclose the almost unbelievable fact *that the mechanic subdivision of drugs or their dilution will augment their radioactive potency.* This the writer believes, is the *first positive experimental evidence* in corroboration of the latter contention. His primary endeavor, he confesses, was to disprove the fallacy of infinitesimal dosage. The following figures are cited:

<i>Drug Employed.</i>	<i>Radioactive Potentiality.</i>
ACONITE (Tincture)	10/25 of an ohm.
THE SAME TINCT. (diluted 50 times) 1 ohm and	9/25 of an ohm.
THE SAME TINCT. (diluted 100 times) 3 ohms and	13/25 of an ohm.
CALOMEL (1 grain)	6/25 of an ohm.
CALOMEL (gr. 1/100)	3 ohms and 7/25 of an ohm.
CALOMEL (gr. 1/200)	4 ohms and 16/25 of an ohm.
BELLADONNA (Tincture)	8/25 of an ohm.
BELLADONNA (one-millionth part of the foregoing and known in potency as 6x) 12 ohms and	11/25 of an ohm.

Note that when the aconite was diluted 100 times, the radioactive potentiality was increased 78 times, whereas a dilution of 50, was only increased 24 times. The potentiality of calomel (gr. 1/100) was increased 76 times and 1/200 gr. of the same drug was increased 110 times. Belladonna diluted to the 6x was increased 303 times.

All the measurements were controlled by specific reflexes peculiar to each medicament. To exclude the dilute as a factor in the measurements showing augmented potentiality, the same quantity of alcohol (78 *per cent.*) only yields a potential reaction of 3/25 of an ohm.

Therapeutic action predicates a knowledge of the cell, the chemic changes of which conduce to energy transformations. Therefore, the phenomena of the cell are invariably, associated with psychico-chemic transformations. With our crude methods of identifying the physiologic action of drugs we are constrained to accept only that which is obvious and must ignore those recondite phenomena associated with cure. The latter is the exclusive prerogative of Nature and the physician's therapeutic acumen is limited to assisting Nature and to know what not to do which is often more important than doing. The physician, like the patient, looks to what is obvious as a criterion of physiologic action, hence the prestige of the purgative and the truth of the aphorism, *Qui bene purgat, bene curat*. The activity of the purgative is identified with a reaction. In the same sense, if an individual removes a fly from his face, the *musca domestica* could be regarded as a brachial stimulant.

The Latinism, "*Naturam morborum curationes ostendunt*," is still applicable and emphasizes the fact that the crucial test for medicamentous action is in clinical results. The electron theory so seductive in its explanation of remedial action is yet undeveloped. It fails to explain the actions of non-electrolytes and is incapable of fully explaining all the effects of electrolytes.

Radioactivity suggests a more alluring field in the explanation of pharmacodynamics. It is only since 1896 that the distinct experimental science of radioactivity has been developed. Succeeding the inception of radiotherapy, its indiscriminate employment only yielded disastrous results until now, properly diluted, the use of the rays are achieving phenomenal results. Our knowledge of the latter, however, is still limited to their surface action.

All electrons are characterized by the uniformity of vibrations (N. C. 48 and 204) and the writer has succeeded in determining the vibratory rate of many drugs thus enabling him to explain pharmacodynamics as has never been before accomplished.

Electromagnetic waves have no effect on objects which are incapable of vibrating in resonance with them. Such objects are transparent to the particular wave length in question. Thus, rock salt is transparent to heat and ultraviolet waves and ruby glass to red light waves.

Bodies out of harmony with the tissues are either not absorbed or changed before absorption (Abderhalden). My investigations show that the vibratory rate of specific drugs corresponds to the vibratory rate in disease. With my apparatus an empirical scale is employed and it was found that the vibratory rate for syphilis is 20, and that of mercury and potassium iodid is likewise 20. The vibratory rate of gout is 4, and that of colchicum is likewise 4; that the rate of polyarthritis is 3, and that of the salicylates is also 3. The vibratory rate of malaria like its specific quinine sulphate is 10.

Is not the law of similars (*similia similibus curantur*) in a manner justified by the foregoing?

Pharmacodynamics is identified with homovibrations, and not if I am permitted to neologize by heterovibrations. *We are standing on the threshold of a new pharmacognosy in which radiotherapy will be employed with relation to the polarity and*

vibratory rate of disease. I have designated the former as polaritherapy and the latter, I shall neologize as *oscillotherapy*. We are now conducting experiments with a radiant energy that permits us to select a vibratory rate corresponding to each disease. This will be a decided step toward Utopian pharmacognosy.

Electric diagnosis appeals to the uninitiated like the mythical fabrications of an Homeric poem in which, with a blow of the hand, the heroes destroy worlds. The simple story of its evolution could be inscribed in three chapters: 1. Discovery of the visceral reflexes; 2. Recognition of the fact that electrons and not cells are the ultimate constituents of the organism, and that, in the incessant activity of the former, radioactivity or its equivalent, energy is evolved which has an invariable vibratory rate; 3. That the reflexes surpass in sensitivity any scientific contrivance for the recognition of this radioactivity. Our new concepts in diagnosis and treatment must await the verdict of time for their universal recognition, but in the meantime the art of medicine must suffer the opprobrium conferred on all knowledge, the basic constituent of which is inaccuracy.—*Physico-Clinical Medicine.*

AN EYE WITNESS IN THE ARGONNE.

**Henry B. Dorr, M. D., Lt. U. S. A. M. C.
Ocean Grove, N. J.**

Having been asked to send in an account of my experiences with the combat troops, I submit the following article, hoping that the readers of the RECORDER will understand that one must have the descriptive powers of a Victor Hugo or a Philip Gibbs if he would portray accurately the horror of modern warfare. This is particularly true from what I saw in the Argonne region.

Taking but a portion of those stirring events I shall begin at Revigny, located in northeastern France, in the Department of the Meuse. We unloaded at Revigny on the twenty-fourth of last September from "frog" trains, a name applied to the French railway system. The men were all tired out from long traveling in crowded freight cars, most of which had no coverings. Those who object to strap hanging for a few minutes in our

large American cities must imagine themselves standing for thirty-six hours on an open freight car, in order to understand the life of a soldier there. There was no room to sit down and rest, and the cold rain fell all night.

Among the unforgettable things, the most outstanding was the spiritual quality of the great struggle, and I will take it with me right through life—the constant sight of those boys who came so far over the seas pervaded with the ideal elements that America contributed—there they were, shoulder to shoulder with this man to the right, with this man to the left, discharging their fire, never flinching, peering through the titanic thunder and smoke of the battles, taking their share of the buffets and wounds, and the grating hardships, and uncomplaining for the most part.

From Revigny we hiked to a little town by the name of Seigneulles, where we were privileged to rest for a few days from our long marches, although under the regime of the army was little rest for the weary. Continual rains were making it unpleasant especially for duty in the open. One day, amid great excitement, came an order to proceed to a point not far from Seigneulles, where trucks would meet us and take us to the front. When we reached this place, however, to our great disappointment we were not allowed to proceed further, for the French authorities had received no orders other than to bring the trucks to this point and await for word to advance. None came and we were forced to stand or lie about as best we could in the cold rain all that night and the greater part of the next day, not daring to leave for fear of the likelihood of a hurried movement of troops and having no authority to return to Seigneulles. Eventually we were ordered back to that town, so that the entire plan of leaving by truck failed and we had only the trouble and exposure for our pains. Thus we rested most of the time. Various inspections were conducted at frequent intervals to keep us occupied. Then, too, there was much to be done in view of getting ready for the coming events.

One miserably rainy night on September thirtieth we pulled out of Seigneulles, not by the coveted trucks, but on foot only. Transportation difficulties having presented themselves, many

officers were forced to discard their baggage. I know of one major who thus lost personal belongings valued at seven hundred dollars. The wind drove the heavy rain against us with such terrific force that it seemed to strike our very bones, as we pounded along in the inky night with jaws set and grim determination inside. No dress parade that, but merely a patient working army plodding along somehow, amid all the emotions that come of feeling that before long a still greater test must come. Sometimes we were allowed a few minutes for rest and then the well trained men, unconsciously drawing over to the right of the road or the side of a bank, would drop into a sound sleep, never asking to choose their beds.

Continued hikes to different camp sites made up most of our existence for the coming weeks prior to the jump off on October eighth in the Argonne, a few miles northeast of Verdun. As far as possible we avoided the clearing and camped in the woods. Kitchens and wagons were camouflaged when necessary to avoid detection. All lights or fires were forbidden at night. Such sleep as we could obtain was snatched during the day, but even the days were a nightmare because of the work to be done. Much sickness prevailed under such circumstances and much responsibility fell upon the medical officers. The evacuation of the sick at each location brought new problems. Many swollen feet had to do duty in spite of our efforts to keep them in condition, for it was impossible either to evacuate all cases or leave them to themselves.

I well remember that last stretch of weary kilometers just before our battles in the Montaigne woods. Every nerve was keyed with expectancy and apprehension, for it was unexplored territory for us, and we received no information in detail. The men were straining under individual packs weighing from ninety-five to a hundred pounds. It happened that later by a few hours the men threw away their burdensome loads. It seemed pitiful and exasperating for them to be weighted with an unnecessary burden all that night before going over. A mule drawn ambulance of my own battalion was so filled with the sick and exhausted soldiers who had dropped out of the line that I was glad to receive orders from my commanding officers to leave the

ambulance and men at Charney, just as we crossed the Meuse. There was nothing I could do for them, for I was not even allowed to strike a match.

How we ever got organized sufficiently to jump off so early on that morning of October eighth, will ever remain a mystery to me. While it was still dark as pitch we were led off by a narrow foot path through marshy ground, and the confusion that resulted caused the temporary loss of many men. The band men who were to assist us as stretcher bearers for some reason lost the path entirely, and keeping on the main road, it was several days before they could catch up to us.

At last, however, we knew that we had taken but a short cut, for again we reached the solid roadway. This was but an hour or so before daybreak, and the men lay down on the damp chilly ground too overcome with fatigue to care much what happened next. We were now on the site of a little old ruined town of Brabant, and those who have been there will remember the canal and the marshy ground with its tall reeds. The three battalions of our regiment were soon to start their little part in the famous Argonne-Meuse offensive here, one battalion advancing a prescribed distance, another covering their ground and penetrating a given space beyond, and still another, our own as it happened, covering the ground of the other two and proceeding further.

There were no woods at this particular place, and as we found our positions with the coming light we could already make out the little heroic combat groups of the first battalion worming their way over the first of the many little misty hills we were destined to cover. It was a sight calling forth the deepest emotions to watch these brave chaps now creeping, now running or dodging, but ever advancing like Trojans, the dirt flying up after them wherever enemy ammunition struck sod. Already a string of prisoners had been noted.

Our turn came with the others and our boys did not dodge the issue for an instant, even if sick and tired, with not even a swallow of hot coffee to break up the chill of the night. Of course medical officers with their detachments were supposed to keep in adequate proximity with their respective battalions, giv-

ing aid to the wounded and seeing that they were either transported to the rear or kept from being lost amid the confusion of battle. Often it was necessary to dart aside from the direction we were taking to aid a wounded man with a shell dressing. Very likely he had to be left or moved to some better shelter, if possible; while we advanced still further, ever on the watch for other cases. We were ordered to give antitoxin in every case, and this I did until my syringe broke. I also gave doses now and then of my morphine solution to the poor sufferers who would need to lie many hours on No Man's Land before circumstances would permit them to be taken back.

As we stumbled along over hills and across valleys, we noticed that the Boche were sending over more and more shells, increasing the roar and din of battle. Suddenly my attention was caught by a cry of agony coming across the valley ahead of us and slightly to the left. I started in that direction with a shout for assistance, but evidently only one of my men heard me, the others in our detachment continuing on with the other medical officer. I could see three wounded men, one dying within the space of a minute. We found a dugout near and used it as a station to which we gathered many wounded men. Later many of these were taken or sent on foot to Brabant where a motor ambulance service was established. Meanwhile the Boche were pounding us worse than ever, and it was only with the greatest difficulty that we could attend to the injured. We got considerable gas in us in spite of our masks, for one does not always realize its presence so insidious is its approach.

After clearing out the wounded I left to find the rest of my comrades who by this time had penetrated the Montaigne woods, one portion of the Argonne forest. I found them at Battalion Headquarters only after much searching and inquiry, by tracing my way along the wires laid by the Signal Corps. From here on experiences varied according to the plan of battle. Two of our medical officers having been wounded and one taken ill it fell to my lot to serve with all battalions of the regiment, although I was too sick myself to do my best work. I remember going out to get our beloved chaplain, just at the close of another over the top movement, but I could not lift him alone and had

taken no help. Fortunately I found three doughboys within call and by their assistance and the use of an improvised litter was able to carry the wounded man into a better shelter.

Our life in these woods was a hell on earth, and our work was carried on under strenuous conditions. Fleas, cooties, mud, and rain made up our existence. When a man was brought in riddled with machine gun bullets, we helped him, but there was no orderly, well-lighted operating room at our disposal. We worked by candle light when that was available.

The men got little sleep and the strain was telling on them more and more, but the spirit of patience through it all was divine. Dysentery was prevalent to a marked degree and sapped the strength of the men. We gave what little medical help the army provided for these cases, but I longed for homœopathic remedies. The gas took its toll here and there, although many of the boys who were badly gassed would not give up. On one occasion almost a whole company was put out of business by gas alone. I now know what it is to be lost at night in the woods and underbrush with no light except the flashes of the distant artillery flaring in the heavens for a moment before the devilish roar of the tremendous guns reached our ears.

We were sick and tired of it all and glad to be relieved by the Seventy-ninth Division, who took our places as we wound our way back to Verdun on the night of October twenty-eighth. During those battle weeks we had little water with the result that many men drank the poisoned water from the forbidden shell holes, so intense was their thirst. The clothing of the men had not been removed during their stay in that area. As a result the sickness increased constantly, and upon reaching the rest area I remember sending back sixty men to the hospital at sick call in a single day.

If space permitted I might enumerate the thrilling events of our life in that region where many points such as Death Valley, Dead Man's Hill have become landmarks in the world's history.

As I often think over the remarkably fine services of my fellow doctors in the battle areas, I am glad and grateful to have been associated with men of such heroic kindly quality. However, I am sure that every doctor who served overseas amidst this

colossal carnage, hopes, yes prays, both consciously and subconsciously, that society will so organize itself as to make impossible for all time such a blood-bath as has just drenched the world.

SCIENCE AND ALCOHOL.

It is gratifying in the extreme to the editors of *American Medicine* to find their views on prohibition, frankly recorded in these columns during the last few months, so strongly fortified by the opinions of men as high in the esteem of the public and the profession as Drs. A. A. Brill, Joseph Byrne, L. Pierce Clark, Smith Ely Jelliffe, C. P. Sherwin, E. E. Southard and a score of other well known specialists. At a recent meeting of the New York Academy of Medicine, a discussion was arranged by the Section on Neurology and Psychiatry and the authorities named expressed their frank views on the dangers that will menace the social fabric when prohibition comes into effect. With amazing unanimity, they agreed that the evils resulting therefrom will far outweigh any little good that may come of it. Whatever the anti-alcoholic forces may have to say about such an opinion (and they will surely feel constrained to answer such serious criticism) they cannot attack the authenticity of the judgment given at this meeting. It was not a sentimental pronouncement emanating from hysterical reformers, nor was it a campaign maneuver on the part of defiant reactionaries. These specialists have no axe to grind, they are the servants of no special interests. They met as scientists, and as scientists they came to a cool, unbiased, honest decision. And the decision was against prohibition, on the ground that it constituted an invitation to substitute habits which will be much more dangerous than drink to the common welfare. In expressing this view, they draw both upon their experience in the past and their equipment to judge the future. Surely, it would be hard to find a body of men better fitted to give an expert opinion on this subject.

What was said at this meeting of the Academy of Medicine has been repeatedly stated in these columns, and it is perhaps of interest to note here that the editorials have been written by men who are absolute teetotalers or practically so. The value of

these opinions, then, has been that of the testimony of a disinterested witness whose sole concern is the unperturbed pursuit of the truth. Though it was unhesitatingly admitted that, at the base of the prohibition movement, there was a fine and worthy motive, attention was directed to the fact that the whole movement was purely a negative one. It was destructive only—elaborately conceived on its destructive side, utterly undeveloped and poorly informed on the constructive side. Alcohol was to be definitely eliminated, but what was to take the place of a habit that had taken such deep root in the life of the average individual was not stated; or, if stated, was so scantily referred to as to offer little help. There was only one speaker at the Academy meeting who had even a good word for prohibition; and, though he admitted that "the reign of King Alcohol had been a disastrous one," he asserted that his abdication could be made of benefit to humanity only by carrying out a most elaborate and costly plan for amusements, recreations, and social opportunities as an adequate substitute. Such a plan, admittedly, has not been worked out by the anti-alcohol forces; and prohibition threatens to come upon us before a substitute has been provided. One knows from past experience the dangers that would face the community in such an event: the increased use of drugs, the accentuation of social unrest, ruinous experiment with new stimulants, and, strangely enough, even the increase of the consumption of alcohol in the guise of medicinal preparations.

These dangers have been repeatedly emphasized here and they were emphasized, in almost the self-same language, at the meeting referred to. In particular, stress was laid upon the danger of social unrest and the lapse of the individual into various degrees of neurosis. There are few men in this country who understand better than Dr. Smith Ely Jelliffe the condition of strain imposed on modern humans by the highly artificial and trying standards which our so-called civilized form of life demands. Dr. Jelliffe made it clear that drink was more of a blessing than a curse, in that it stayed the evil effects that such trying conditions might induce and soothed into quiescence more vicious and more dangerous anti-social reactions. Drinking might be a

great evil, but the evils it prevented were far worse. Likewise Dr. A. A. Brill pointed out that drunkards were men and women predisposed by inheritance or acquirement to crime and vicious practices, and that alcohol saves them from following the more violent bent of their natures. Without drink, these people would inevitably yield to temptations of a more menacing type. Incidentally, he brought out the fact that in his practice men and women who had abused the use of alcohol and were deprived of it often acquired other excesses—notably that of over-eating. The “food jag” took the place of the “alcohol jag”—a type of excess which, in its individual aspect, is not less harmful than the excess it displaced.

These facts were not brought out at the Academy meeting because of any prejudiced hostility to the prohibition movement, and they are not repeated here with a view to cast discredit on the motives of its leaders. These are admittedly of the very humanest. But, at the same time, one must call attention to the short-sighted philosophy of those who permit the promise of vague benefits to blind them to the hazards of the future threat. And that this threat is a grave one, few will doubt. It is as though drugs having done a considerable amount of mischief, a movement were set afoot to abolish entirely the use of drugs. It is easy to perceive the absurdity of such an attempt. Drugs serve a very useful and very necessary purpose, and though there is at the present moment being conducted a campaign against drugs, it is directed entirely (and wisely) against those narcotics which bring harm without any commensurate good. It is hard to understand why the prohibition movement has not taken this form—attacking the vicious use of alcohol and preserving its harmless employment. Such a plan would arouse little hostility. It would find friends among all classes. An indication of how even the sanest leaders of society feel is offered by President Wilson's wise suggestion that beer and light wines be retained. Whether Congress will see fit to act on his suggestion, it is too early to say; but it is safe to assert that President Wilson, in making his recommendation, was well aware of the preference of the vast majority of citizens. The prohibition forces, aroused by this step, are preparing to fight the issue with all the in-

fluence they command. One can only regret the stubbornness and lack of vision which their persistence shows.—*American Medicine.*

THE ADVANTAGES OF GREEN DRUG PREPARATIONS.

There has developed in medicine a group of men who, following the lead of Germany, would have the practice of medicine governed and dominated by the laboratory. These men believe in nothing that cannot be proved in the laboratory. If they cannot isolate an alkaloid or a glucoside from a plant, which has a clearly defined and prominent physiological action, they deny the plant any therapeutic activity. But the fact that no potent principle has been reported is no proof that none exists. The chemistry of botanical drugs is in its infancy. Systematic physiological experimentation has not even begun. Our early studies of plant constituents was limited to the isolation of alkaloids, resins, oleoresins, oils and glucosides. Now we find that plants contain many constituents important both from a biochemical and from a therapeutic point of view, which come in none of the categories named. There are protein bodies, enzymes, oxydases and ferments which, in the living plant, play important parts in the internal metabolism which enables the plant to make use of plant food and to dispose of the products of plant life. By using the green drug, or preparations made from the green drug, we not only get the benefit of the full therapeutic value of the plant in its natural condition, but we prevent the changes which take place in the drug in drying. The changes may be beneficent, increasing the therapeutic value of the drug, or they may be detrimental, causing the decomposition of valuable constituents present in the plant and sometimes the formation of harmful products of decomposition. These green drug preparations not only are more active therapeutically than those made from the dry drug, but they have a different therapeutic effect. Much of the doubt which has arisen in certain circles in regard to the therapeutic value of certain drugs has no doubt been due to the use of faulty preparations of the drug.

The drug itself has not been at fault, the fault has been in the methods of collecting the drug and making the preparation.—
Therapeutic Digest.

AS OTHERS SEE US.

Philadelphia, July 23, 1919.

Dr. R. F. Rabe,
616 Madison Avenue,
New York City.

Dear Dr. Rabe:

When one attains to fame, I suppose that praise and blame pass equally unnoticed, but being ignored must be painful indeed; so just for once to relieve the monotony of the situation I thought I would send my humble but honest opinion to our most worthy editor of the RECORDER. That an M. D. or Ph. D. or any other title of honor is not appended to my name does not deter me in my action, although doubtless my temerity—commonly known as nerve—is greater than my ability.

This letter has been called forth by your article in the July RECORDER on the American Institute meeting at Asbury Park. Not having a professional mind, I rarely read the RECORDER, but having glanced at this particular article I found it so fascinating that work was relegated to the future, and I read every word of the article in question without stopping; and a mighty interesting article it was, too—so psychically written that one just traveled the entire distance, attended the meeting, met old friends, entered into the enthusiasm; in fact, enjoyed every minute just as though actually present, and had the added enjoyment of “ye editor’s” companionship and virile brain into the bargain.

The whole occasion would have been unqualified joy but for one thing, and that is the fact that the “ye editor” seems not to appreciate the real value of ye little old town of Philadelphia, which he admits is the City of Brotherly Love, but seems to think this love exists only because we are not awake enough to do anything else. Rather than let a man of such unusual ability and brain rest under such a queer delusion, I rise to a point of protest, and call to the attention of our wonderfully learned editor

a few facts. Perhaps we are infamous in our political *mal de mer*, or perhaps our infamy has been advertised more efficiently than our fame; or some one took advantage of us while we slept; for we were busy dreaming and these are the dreams that have come true:

Every second we make 25 loaves of bread.

Every second we make 20 cigars.

Every second we make 10 pairs of stockings.

Every second we make a new saw.

Every second we make a new hat.

Every second a new pair of lace curtains.

We can carpet a six-room house in 28 seconds.

We build a trolley car every hour and a full-size locomotive every hour.

We build a house every twenty minutes and a new baby every thirteen minutes.

AND we have the largest Homœopathic Pharmacy in the United States.

I sincerely hope "Ye Learned Editor" will forgive the liberty I have taken, and will come and visit us some fine day when "we are all awake."

Most sincerely yours,

LAURA L. MYERS.

THE SLEEPLESS CITY.

By Harry Heisler.

New Yorkers take a keen delight
In dubbing Quakertown
The Sleepy City, where, at night,
Folks keep the lights turned down.

And never have we once desired
To prove the charge untrue,
But each night early have retired,
As honest people do.

But Gotham isn't laughing now,
With war upon our hands,
For we are showing New York *how*,
And Broadway understands.

We're busy, making shot and shell,
And ships for Uncle Sam,
And uniforms and arms as well,
To help the fighting man.

Our factories and mills, that grow
Like mushrooms over night,
Keep *Sleepless City's* sky aglow,
To help to win the fight.

So when they call this *town of homes*
Asleep, we are alert;
For sticks and stones will break our bones,
But names will never hurt.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Directions for Collecting and Preserving Urine.—In answer to a request for the directions for collecting and preserving urine which we have found useful in our practice the following may be said: Inasmuch as the urine varies in the course of the 24 hours, being affected by various circumstances as, for example, fasting, eating, drinking, exercise, rest, and the taking of drugs, it follows that an examination of it to be thorough should be made upon the entire 24 hours' quantity.

It must, however, be borne in mind that the urine is a culture medium for various germs, hence is likely to undergo change and perhaps decomposition, during the 24 hours of collection, unless effort is made to prevent these changes.

The following rules should be observed in the matter of collecting and preserving urine:

1. Save the entire amount voided in the 24 hours, but take steps to prevent a large amount from being voided during that period.

2. Do not, therefore, drink any more liquids than absolutely necessary during that period.

3. Do not use the chamber vessel nor the hospital bed pan for collecting the urine.

4. Provide clean fruit jars and urinate directly into these jars.

5. Preserve the urine collected, by means of cold and, if necessary, camphor. (See below.)

6. Time the 24 hour period of collection so that it ends with reference to the immediate examination of it by the person who is to make the analysis. If it is to be sent from a distance, regard should be had for the time of the departure of the train carrying it.

7. Take no medicine during the time of collection nor just before it.

The details of the collection and preservation may be stated as follows: If the person who is to examine the urine is in the same vicinity as the patient, provide three fruit jars, which unless the patient be diabetic, need not exceed a quart each in capacity. See that they have rubber rings and covers. Wash them all, including rings and covers, with boiling water. Divide the 24 hours into periods of eight hours each, using one jar for each eight hour period. Urinate directly into the jar. After each urination close the jar tightly, and set it on ice or in the coolest place practicable. At the end of the 24 hours take all three bottles with all their contents to the examiner with full information as to the eight hour periods during which the urine was voided, stating name and address, and giving as much information as possible about the case.

The division of the 24 hours into three periods of eight hours each should make it possible for the examiner to obtain in separate bottles urine which has been voided, after fasting, after eating and after exercise. The best way to divide the 24 hours is to begin on an empty bladder at noon and make the first period from noon to bedtime inclusive, the second period all night and on rising, and the third period from after breakfast until noon. Since considerable urine may be lost at stool, it is best to void urine into the collecting jar just before "having a bowel movement."

If pains are taken to avoid drinking much liquid, three one pint fruit jars will suffice for the collection. As a rule, the most definite and valuable results of analysis are to be obtained from quantities of urine per 24 hours less than three pints, but this must not be construed to mean that all the urine voided is not to be furnished the examiner. The entire amount for 24 hours is wanted, but that amount should be restricted by avoiding the drinking of liquids such as milk, water, coffee, tea, beer, etc., in excess.

It is well to discontinue the taking of medicine a day or two before the collection is made. Drugs which interfere with the analysis are especially aspirin, urotropin, phenolphthalein, sulphonal, salicylates, bicarbonate of sodium, and chloral hydrate.

When the urine is properly collected there should be not much

difference in the various amounts of the three eight-hour periods. When the urine is properly preserved, there should be no bad odor developing in it, that is, no odor which was not noticed in it as soon as it was voided. If the urine is clear when first voided, it should not become hazy before the 24 hours are up, although it may become very cloudy from urates when set on ice.

It is well for the person collecting the urine to supply the examiner with a list of the articles of food taken during the 24 hours' collection, and also of what is taken in the way of liquids. If medicines are absolutely necessary, the names of the drugs should be stated in the information furnished.

The above precautions are rendered necessary on account of the following reasons: If the patient drink a large amount of liquids a trace of albumin may escape detection by the analyst owing to dilution of the urine beyond the range of even the most delicate albumin tests. In such dilute urines casts from the kidneys may be washed to pieces, and red blood corpuscles dissolved, hence not discovered by the examiner. As a rule, urine of specific gravity below 1010 is unsuited for analysis in that it is always conclusive in results.

If the urine has not been preserved well and decomposition has set in, bacteria multiply rapidly and may eat up tube casts from the kidneys so that the examiner can not find them. Hence urine of unpleasant odor, containing numerous colonies of bacteria, must be regarded as not conclusive in results, if it is negative as to casts.

If the urine has an odor of ammonia, this means that ammonium carbonate has been formed in it at the expense of the urea by action of micro-organisms. Ammonium carbonate in urine interferes with the quantitative analysis of several constituents. Acidity, ammonia, urea, phosphoric anhydride, and uric acid can not be readily determined in such urine. On account of the ammonia, tube casts may be dissolved and thus escape detection. Urobilin can not be readily shown by the usual chemical test in ammoniacal urine. The sediment of ammoniacal urine shows, with the microscope, invariably amorphous and triple phosphate, perhaps also ammonium urate, and many bacteria. Pus may be so liquefied in such urine as to render the

microscopical detection of the corpuscles difficult, in some cases impossible.

Since yeast spores may cause urine containing sugar to ferment, it is important that urine suspected of containing a small quantity of sugar should be preserved by addition of gum camphor, in addition to being kept on ice.

In obscure cases it is always well for the patient to furnish the examiner with urine voided in the office of the latter. Women patients may in such cases be furnished with pint fruit jars to take with them to the nearest convenient toilet.

The best time of day for the taking of such freshly voided specimens is in the middle of the afternoon, the patient being directed to take exercise before coming to the examiner's office.

In cases where a bacteriological examination of the urine is needed, great care must be taken in the cleansing of the external parts before the urine for examination is voided, and such urine is best voided in the office of the examiner.

In cases where blood in the urine is suspected, repeated examinations of freshly voided urine, taken after vigorous exercise, may be necessary.

In cases where a small quantity of sugar is suspected, the patient should furnish the freshly voided urine about two or three hours after a meal and preferably after the noonday meal. In some cases, however, sugar is present only after breakfast or after eating or drinking special articles of food or drink, as prunes, bananas, candy, champagne, etc.

In view, therefore, of the many and various circumstances influencing the composition of the urine and affecting the analysis of it, extreme caution should be employed in drawing deductions from reports of analyses when conditions of collection, preservation, diet, and habits of life are not at the same time fully considered. Moreover, it must be borne in mind that no future date for an analysis can be made with the certainty that such a date is the best time for collection.

Directions for Collecting and Forwarding Urine From a Distance.—The entire amount of urine voided during the 24 hours must be collected and preserved during the time of collection. Do not use the chamber vessel nor the bed pan. Procure a two

quart fruit jar with rubber ring and cover, wash them all thoroughly with boiling water, and let dry. Then paste a strip of blank paper on the outside of the fruit jar, up and down, from the top to the bottom. Put in the jar several pieces of gum camphor, each about the size of a pea. Urinate directly into the jar and after each urination mark with an ordinary lead pencil on the strip of paper the level of the urine. Also mark on the paper the time of each urination. Between urinations close the jar tightly, using the cover and rubber ring. Set the jar on ice or in the coldest available place. At the end of the 24 hours shake the closed jar well so that the urine may be well mixed, and pour out about eight ounces of it into a bottle, which has been cleaned with boiling water, and is provided with a clean cork. Put in this bottle one of the pieces of gum camphor. Cork the bottle tightly, pack with plenty of cotton in a container suitable for mailing liquids, and forward by parcel post, postage prepaid. In addition to the regular parcel postage add a special delivery stamp or ten cents in ordinary stamps with the words "special delivery" written on the package. Empty the two quart jar used for collection of the urine and place it in water until the strip of paper comes off. Dry the paper and forward it by regular mail (first class) to the examiner, stating also in a letter inclosed with the paper how much urine was voided in all in 24 hours, giving also particulars as to diet, age, weight, etc. Specify also to whom report and bill for charges are to be sent.

If you wish the examination to be of the greatest value observe the following:

1. Do not drink any more liquid during the 24 hours' collection than is absolutely necessary.
2. Do not take any medicine but, if medicines are deemed necessary, be sure to state names of drugs in your letter of information.
3. Do not miss any urinations and be sure to keep jar tightly closed and in a cold place all the 24 hours.
4. Do not forget the camphor.
5. Time the collections so that the specimen leaves soon after the 24 hours is up, and does not arrive at destination on Saturday, Sunday or holiday.

Diabetics voiding more than two quarts in 24 hours should procure a sufficient number of jars to contain the entire quantity.

N. B.—In cases where it is deemed absolutely necessary, the 24 hours' urine may be collected in three periods of eight hours each, three fruit jars being employed instead of one, the whole, with addition of camphor to each jar, being packed in sawdust or excelsior and shipped by express.

The Food Value of Saccharin.—In the *Boston Medical and Surgical Journal* for January 16th, '19, the following is said about the food value of saccharin:

“In a recent number of *Science* there appears an article by W. E. Burge of the Physiological Laboratory of the University of Illinois, on the substitution of saccharin for sugar. Much has been said during the past few years about food substitutes and there were many people who thought that the substitution of saccharin for sugar would prove of harmful effect. However, it has been pointed out by investigators that the amount of saccharin ordinarily used has not a bad effect. As a sweetener, it is five hundred times sweeter than sugar; but sweetening is only one function of sugar as food. To be oxidized and thereby to furnish energy and to increase oxidation in the body are the two other functions. The second function was found to be lacking in saccharin, and this present investigation was conducted to ascertain whether the ingestion of saccharin increases oxidation in the body. Dogs were used as subjects of experiment and the results of the introduction by means of a stomach tube of dextrose and of ‘soluble saccharin’ (prepared by the addition of a solution of sodium carbonate to the saccharin) were carefully compared. It had previously been found that the ingestion of sugar produced an increase in catalase and that catalase is the enzyme in the body principally responsible for oxidation. Therefore, the present investigation had for its purpose the determination of the question whether saccharin would produce an increase in catalase, and thus an increase in oxidation in the body. It was found from data obtained after careful observation that saccharin produced a much more extensive increase in catalase than sugar did. Hence the conclusion was drawn that, as a sweetening agent, though not oxidized itself, saccharin

facilitates the oxidation of other food materials by stimulating the liver to an increased output of catalase and, contrary to the supposed harmful effects, it is really helpful in the ordinary diet, and especially so in diseases which are a result of defective oxidation."

Important Correction.—In the August RECORDER, on p. 381, an error of statement occurs in regard to reading on the Doremus instrument, which will be corrected as soon as space is available.

BOOK REVIEWS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY. By James Tyler Kent, A. M., M. D., Memorial Edition. Published by Ehrhart & Karl. 1919. 288 pages.

This work, like its first edition, contains the classic lectures on homœopathic philosophy by the late James T. Kent, as well as several tributes to his memory, by some of his students and followers, both here and abroad.

The student of homœopathy who takes up in a serious manner the reading of Hahnemann's Organon, finds the philosophy of the master difficult of elucidation at times. Recourse to Kent will then explain and clarify many knotty points and aid the inquirer in his endeavor to gain a comprehensive understanding of the wonderful fundamental principles of the law of similars.

Kent's philosophy is not only helpful but fascinating in its conception, and no homœopath should forego the instruction and profit to be found in this work.

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EDITORIAL NOTES AND COMMENTS

G. W. McCoy, director of the Hygienic Laboratory, U. S. Public Health Service, Washington, D. C., in *J. A. M. A.* for August 9, 1919, discusses the status of prophylactic vaccination against influenza and then draws the following conclusion:

CONCLUSION.

"The general impression gained from uncontrolled use of vaccines is that they are of value in the prevention of influenza: but, in every case in which vaccines have been tried under perfectly controlled conditions, they have failed to influence in a definite manner either the morbidity or the mortality."

Righto! As the experience of thousands of physicians in the great war-time epidemic has shown. After all is said and done, we must fall back upon the good old law of similars, or, as our excitable Bostonese friend, Krauss, would say, the law of symptom similarity. Whichever way you take it, or whichever definition you choose, the fact remains that straight old-fashioned homeopathy gives the best results.

In an epidemic, a small group of remedies quickly stands out as most often indicated and of this group, one remedy usually proves itself to be the *genus epidemicus* or epidemic remedy. In influenza this has usually been *Gelsemium*, although not invariably, and *Eupatorium perfoliatum*, *Bryonia* and *Rhus tox.* have loudly voiced their claims to recognition.

It is an undoubted fact that patients accustomed to good homeopathic prescribing, have been more resistant to the infection

of influenza, or for that matter, to the infection of any other disease. When such patients do become ill the illness is likely to be less severe and more quickly and easily overcome. For this reason homœopathic physicians are often charged with having the easy cases, when in reality they prevent them from becoming difficult. This is at the same time an advantage, as well as a disadvantage of homœopathy, for to the uninitiated it appears so ridiculously simple that to their minds there can be nothing in it. Rarely is the *croix de guerre* pinned upon the homœopath's manly (or womanly) bosom. The patient would have gotten well anyway, say the knowing ones, kind friends and interested neighbors. And after all, the patient could not have been very sick, for the little pill doctor came but once a day.

But how different the picture of him of the regular persuasion and Van Dyke beard. How serious and austere his manner! What marvels of skill are circulating in and out of the deeply carved convolutions of his over-developed allopathic brain! Witness the wonderful paraphernalia spread out upon the sick room table, instantly at the command of doctor and nurse. See how deftly friend nurse assists in the injection of the polyvalent, yclept shotgun vaccine. Note the serious-visaged family standing awe-inspired at the threshold, with eyes glued upon friend Van Dyke, lord and master of all he surveys. What fulsome praise is his if, after a stormy passage between the shoals of illness and the jagged rocks of therapeutics, our patient finally emerges into the calmer waters of tedious convalescence. Or if perchance the sick one slips into the sands of eternity, see how the *Booneville Weekly Bulletin*, in lamenting the death of one of the town's leading citizens, states with all solemnity "that all that science could do had been done!" And everyone is satisfied, and Dr. Van Dyke takes a well earned vacation at Atlantic City, where the Marlborough-Blenheim becomes his home.

The Power of Resistance depends entirely upon the health of the individual. The more healthy the individual the more immune he will be to disease infection, or, if attacked, he is at least less likely to develop the disease seriously.

After all, disease is a departure from the physiological normal.

When physiological functioning goes wrong, disease may be said to be present. What is then functionally wrong is soon likely to become organically wrong. The latter means tissues change; tissue change is a departure from the normal histology, and so becomes known as pathology. The latter, long-continued, eventuates in end-products which are no longer microscopic, but gross and usually beyond cure.

The time to prevent disease is before it occurs and often, so far as chronic disease is concerned, should begin before the child is born or even conceived. In other words, future generations must be provided for by paying attention to the present. Homœopathy, being a law of Nature and working in harmony with her, raises resistance by gradually restoring the physiological balance, in other words, by bringing about a state of health. Real homœopathy does not suppress, change or distort disease manifestations. The cure is never worse than the disease!

Homœopathy may often appear to fail; but if the apparent failure be investigated it will be found that the law of similars has been wrongly applied or that its tools, the materia medica, have not been understood. A poor workman may bungle a job with even the very best of tools, and usually excuses his failure by cursing the tools. So with homœopathy, its tools are often cursed and cast aside when the blame should fall upon the ignorance of the physician who essays to use them. Failures should teach us more than our successes; but let us be fair and place the blame where it properly belongs.

The homœopathic treatment of such bacterial diseases as influenza, pneumonia, typhoid fever, erysipelas, etc., amply proves that bacteria need have no terrors for him who understands the art of homœopathic prescribing. Such a prescriber raises the resistance of his patient to bacterial attacks, increases the phagocytic power of the leucocytes; or, in plain language, enables the sufferers to *throw off* the disease. A hint of this truth is embodied in an excellent editorial, "Diet in Relation to the Teeth," contained in our big medical brother of the other side of the house, *J. A. M. A.*, for August 9th, in which it is stated that "The importance which the so-called focal infections have lately assumed as sources of disease has brought new prominence to the

relation of the teeth to such infections. Indeed, pyorrhea alveolaris has tended to overshadow the far more widespread defects of carious teeth in which the conspicuous damage penetrates rather than surrounds these structures. If further evidence of the almost universal incidence of dental caries were needed, the records of the systematic examination of pupils in the public schools would testify to the degree of prevalence of teeth defects. The underlying causes are still unknown. They have usually been sought in local bacteriologic conditions within the mouth, if one may conclude from the emphasis that dentists place on oral hygiene. *They seem not to realize that the presence of bacteria in itself never causes disease; we have millions of bacteria in our intestine and still thrive. What harm do the micro-organisms do in the mouth?*

"Evidently much depends on our powers of resistance. Disease of many sorts is the outcome of the presence of micro-organisms along with the lack of resistance or immunity factors."

The italics are ours and are employed for the sole purpose of emphasizing the hopeful indication, that light and truth are penetrating the Egyptian darkness of O. S. sanctity and befuddlement. At least something has been learned from the poor little homœopath and his still littler pills!

Results of Preventive Vaccination Against Influenza.—In the *Public Health Journal*, Troonto, for Jnly, is an article by A. B. Wadsworth, concerning influenza prophylaxis. "Summing up the results of this study as to the practical value of vaccines in influenza, it is evident that the vaccines that have hitherto been used have failed to give reliable protection against influenza or influenzal pneumonia." Thus runs the abstract of Wadsworth's article, contained in *J. A. M. A.* for August 2nd.

In the Massachusetts Homœopathic Hospital in Boston, a most carefully prepared vaccine by Watters, was given to fifteen nurses as yet unexposed, but about to take over the work of nursing influenza patients during the great epidemic. Of the fifteen nurses, eleven contracted the disease. So much for the prophylactic value of vaccines in influenza. Another illustration of the futility of getting away from the law of similars in

the matter of the establishment of immunity! Sooner or later this law will have to be reckoned with in the real solution of the problems of immunity and prophylaxis. Verbum sap!

A Mulish Experience.—As any farmer will tell you a team of good mules is a possession to be highly prized, and no one who owns such a team wants anything to happen to it. A few weeks ago a big 16 hand high jenny down on the farm became infected with the tetanus bacillus, probably through a small scratch above the fetlock. After the usual period of incubation she showed symptoms of dulness, hebetude, disinclination to move around and a certain characteristic stiff awkwardness of the hind legs, when compelled to turn around. She slobbered at the mouth, the tail was extended stiffly in paroxysms and the eyes looked dull, with injected *membrana nictitans*.

This condition continued to grow slowly worse for three days when the tentative diagnosis of tetanus was confirmed by a veterinary surgeon who had seen and treated many cases while in government service. Tetanus antitoxin was at once ordered to be injected into the loose tissue of the neck. This was done in doses of 5000 units at a time, until over 15000 units had been given. No apparent result followed, although the animal's condition seemed to remain stationary. Tetanus antitoxin is regarded as of greater prophylactic than curative value. However, observing no change we now gave *Hydrocyanic acid* 6th centesimal potency, three times a day, in a little feed. Improvement commenced within three days and continued slowly yet steadily. Later the 200th of this remedy was given, a single dose each day for a week. Still later a single dose of the 45m. finished the cure. The mule is now well, right handy with her heels though not yet put to heavy work.

Hydrocyanic acid was chosen in preference to *Nux vomica* or *Strychnia*, because no trismus was in evidence, the disease showing itself first in the hindquarters through paralytic manifestations. The over-sensitiveness to external impressions, such as noise, light or air movements, found in *Nux vomica* was lacking entirely.

Palpitation of the Heart.—Palpitation may be a symptom of one of several conditions, not always truly cardiac in nature. Upon the recognition of the cause or character of the condition will depend to a large extent the choice of a remedy.

The repertory furnishes us many remedies useful in the treatment of this distressing symptom and the classical remedies are no doubt well known to all. In neurotic patients, where no actual cardiac lesion is to be found, especially in the state known as paroxysmal tachycardia, where the pulse runs up to 140 or more, *Iberis* is an excellent remedy and should not be forgotten. Its pathogenesis will repay study. When palpitation occurs from the slightest mental emotion, *Calcarea arsenicosa* should be recalled and likewise *Lithium carbonicum*. In females of the *Pulsatilla* type, the latter medicine is, of course, needful. Others will often need *Natrum mur.*, which remedy has many important symptoms referred to the heart. Palpitation aggravated by lying on the left side is found in both these remedies, and, of course, in our old friend *Phosphorus* as well.

Palpitation after drinking coffee is likely to require *Nuxvomica*. Of course, the use of coffee should then be stopped—for there's a reason, with Postum lurking around the corner! Palpitation after drinking, brand not specified, is said to require *Conium*, but that was no doubt back in the good old days before the Loganberry high-ball had been thrust upon an unsuspecting public. Perhaps Socrates had advance information concerning the momentous date, July 1, 1919, and for this reason so cheerfully shuffled off his mortal coil by gleefully swallowing a poculum full of *Conium*. Still, the Guiding Symptoms tell us that "wine and spirits often improve the sick who require *Conium*, though it suits persons who cannot take alcoholic stimulants." So after all, "Yer pays yer money and yer takes yer choice!"

Palpitation when listening to music seems to require chiefly *Ambra* and *Staphysagria*; but we have known some music to cause such an ebullition of profanity, which even the richly endowed homœopathic materia medica could hardly be expected to control. Palpitation seems a mild form of protest by comparison.

"Tarantism" is a dancing mania, set up in persons bitten by the *Tarantula*, or in those who imagine themselves bitten. The cure

is music and dancing. Thus states John F. Clarke, M. D., and cites cases in illustration. No doubt the modern *jazz* is a tertiary manifestation of tarantism; in any case it would appear to be an hysterical relation of midsummer vacation madness. *Tarentula* is useful in hysterical palpitation, relieved by music.

Palpitation on waking suggests *Lachesis*, of course, but also *Naja* and *Phosphorus*.

Palpitation which is relieved by walking rapidly calls for *Argentum nit.* or *Sepia*; but when better by walking slowly *Ferrum* or *Pulsatilla* will be required.

Palpitation from unrequited affections will need *Cactus*, *Ign.*, *NATRUM MUR.* and *Phosphoric acid*. Perhaps a successful breach of promise suit might also relieve, particularly when a sympathetic jury grants large damages to the fair plaintiff.

Cactus has the sensation "as though grasped by a strong hand" or "bound by an iron band." No doubt the fair one misses this sensation when the ardor of her swain has undergone refrigeration; hence the possibility of the usefulness of the similimum, *Cactus*, here.

Ignatia weeps and sobs softly to herself, with ever present lump and choking sensation in the throat. Like fair Ophelia, she wanders about disconsolately and distracted. *Natrum muriaticum* is the chronic of *Ignatia*, a sort of long, drawn-out *Ignatia* sadness, but combines this with the spirit of touch-me-not. No loving arms are here desired, no youthful swain is then admired; but like threatening clouds in darkening sky, quite every minute she could cry. Sadness and irritability in the *Natrum mur.* woman are aggravated before the menses. Thirst and an abnormal desire for salt or salty foods is commonly present.

Phosphoric acid suits the sad, hungry looking hectic youth whose innamorata has rudely bid him go. Sadness and grief from disappointed love; loss of appetite, emaciation, debility, sweat during sleep toward morning, are all accompaniments, particularly when our youthful swain has grown too rapidly and too tall.

The palpitation of sudden fright or fear will need, of course, *Aconite*.

Hospital Service.—Many of our hospitals are constantly under

the necessity of appealing for funds from the public at large to meet the monthly deficits from which they suffer. In order to even partly meet their expenses they are obliged to set aside private rooms or pavilions, usually at fancy prices beyond the ability of the average patient to pay. Indeed the maintenance of most hospitals is a constant struggle to keep the wolf from the door. Municipal or city hospitals are, to be sure, in a different position, but are not, as a rule, sufficiently numerous or large to take care of the needful cases.

To-day especially, with the high cost of living mounting by leaps and bounds, it is almost an impossibility for the patient in moderate circumstances to obtain hospital treatment and care, and thus a great hardship is imposed upon this class of patients. It has been truly said that the very rich and the very poor have access to the best hospitals and treatment. For reasons obvious this is in great measure true. The very rich can pay for what they need and get; the very poor have no compunction about accepting what they can neither get nor pay for. The middle class, on the other hand, cannot secure the benefits open to the rich, and are naturally too sensitive or proud to accept mere charity.

How differently our Cuban friends manage these matters in Havana, where, for example, among others is a magnificent and fully appointed hospital supported by sixty thousand members who pay one dollar and a half monthly toward the maintenance and support of their hospital and whose privilege it is to enjoy the benefits of this hospital, when they are ill, *gratis*. The physicians, surgeons, internes and all others essential to the conduct of the institution are on a salaried basis, which at once eliminates the petty graft and favoritism in assigning cases, so prevalent in our own institutions.

Call this socialism if you will or anything else, the fact remains that this plan works the greatest good to the greatest number; is, therefore, truly democratic and eminently practical. That it may discriminate against the individual outside physician may be so; but it would seem that the manifest advantages far outweigh the disadvantages of the plan.

The International Hahnemannian Association.—President Geo. E. Dienst of this association is leaving no stone unturned in his determination to make the 1920 meeting a success. Himself of rugged physique and with the habit of working early and late, he expects those associated with him to keep the same pace. Slackers and shirkers find no favor in his eyes.

As bureaux chairmen he has appointed the following members: R. F. Rabe, New York, homœopathic philosophy; Edwin A. Taylor, Chicago, materia medica; clinical medicine, K. A. McLaren, Toronto, Canada; surgery and gynæcology, Andrew H. Starcke, Kansas City, Mo.; obstetrics and pædiatrics, Mary Parker, Boston.

All these members are accustomed to hustle and will in accordance with Dr. Dienst's wish and desire, have their respective programs ready for publication by the first of the year, so that the members may have full and advance information as to the scientific program in store for them.

At the Asbury Park meeting in June a resolution was passed requesting that the surgeons—general of the army and navy make provision for the incorporation of homœopathic medicines in the army and navy manuals. A reply from Washington has been received by the secretary of the I. H. A., Dr. W. W. Wilson, of Montclair, requesting further information and data concerning the statistics, relative to mortality rates during the epidemic of influenza. This request is a most encouraging sign. It is now for homœopaths to show what they have done and to prove to those in authority the truth of their claims. The Government is ready to accord full recognition and justice wherever it is merited and deserved. In the slang of the day, it is now *up to us!*

Homœopathy in the South has always had a hard struggle. Its pioneer fighters have for the most part passed away; but have left their impress upon the communities in which they labored. In many instances no successors have trodden the path already blazed for them, yet to-day, earnest men may be found throughout the South who are working for the advancement of homœopathy.

The Southern Homœopathic Medical Association is the forum through which these men may speak, and this organization is planning to increase the number of students of homœopathic medicine in the South. There are hundreds of towns throughout the South and Southwest in which no homœopathic doctor is to be found, towns which would welcome with open arms well equipped, educated homœopathic physicians.

Dr. H. M. Stevenson, president of the Southern Homœopathic Medical Association, believes that the re-establishment of the old preceptorial system would go far toward filling the sadly depleted ranks of homœopaths in the South. With this opinion we fully agree. No inspiration is greater than that which comes from personal contact, from intimate association between preceptor and student. The lack of this communion largely accounts for the half-baked, weak-kneed, worm-eaten product of some of our medical colleges during recent years, a product which is neither fish nor fowl, and which has been a brake upon the progress of the profession to which it nominally belongs.

If each homœopathic physician will send but one student each year to one of our six accredited homœopathic medical colleges or departments, the problem of medical rehabilitation will soon solve itself.

The annual meeting of the S. H. M. A. will take place in Cincinnati, Ohio, November 19, 20 and 21. The Queen City offers many attractions to her visitors. We recall with much pleasure the hospitality of her medical fraternity upon the occasion of a former meeting of this association, as well as the geniality and comfort found in the excellently appointed and well managed Gibson House. Let all who possibly can, forgets the old bogey, H. C. of L., and journey to Cincinnati in November!

The New York Homœopathic Medical College.—It is gratifying to note that under the able leadership of Dean Preston affairs at this college are rapidly assuming better shape. For example, all the recent graduates who appeared before the State board for license to practice passed their examinations creditably. This is the first time in several years that such a happy result has been achieved.

Dean Preston is busily engaged in securing the ablest full-time, paid instructors he can find, in order to meet the requirements of class A colleges. Already he has appointed Prof. Israel S. Kleiner, Ph. D., formerly of the Rockefeller Institute for Scientific Research, head of the department of chemistry. Dr. Kleiner served as chemist in the Rockefeller Institute for nine years, and last year became acting head of the department of chemistry of Yale University. His acquisition is a source of gratification to the New York College.

Prof. J. A. Harkovy, Ph. D., M. D., has been appointed professor of physical diagnosis. He was for two years admitting officer of Mt. Sinai Hospital, New York City, and more recently held a similar position in the Walter Reid Hospital of Washington, D. C. This hospital is one of three thousand beds, affording abundant experience in diagnostic work.

Dr. H. P. Gillingham, N. Y. Hom. Medical College, 1894, has been appointed professor of experimental medicine and scientific research, and will devote all his time to the proving of drugs and to experimental pharmacology and demonstration.

Dr. Mary B. Stark, assistant State bacteriologist, Minnesota, 1914-1915, and more recently professor of histology and embryology, New York Medical College and Hospital for Women, 1916-1918, has been appointed by Dean Preston, professor of histology and embryology. Several other paid instructors have also been engaged.

Thus it will be seen that the New York Homœopathic Medical College already gives promise of a bright future, provided that her alumni do not fail to rally to her support. At this writing this aid seems assured. Let us hope, that for the sake of homœopathy, the promise may be fulfilled many fold.

PERSONAL.

Dr. Herbert E. Maynard announces the opening of his office at 510 Commonwealth Avenue, Boston, Mass. Surgery. Consultation by appointment. Tel.: B. B. 8490. Res.: Win. 313-M.

Dr. Robert Lowell Wood, having been released from military service, announces his return to private practice at 129 Hancock Street, Brooklyn, N. Y. Telephone: Bedford 340.

Dr. Wm. Francis Honan desires to announce his removal to 24 East 48th Street, Ritz Chambers Bldg. Office hours: Monday, Wednesday, Friday, 11 to 12:30. Summer address: Greenwich, Conn. Tel.: 1000 Greenwich. Tel.: Murray Hill 2890.

Doctor Gilbert Fitz-Patrick announces his return from service in the army. Suite 1451, 122 South Michigan Avenue, Chicago. Office hours: 10 to 1 by appointment. Telephone: Harrison 5975.

Dr. H. L. Pender announces his removal to the Fort Schuyler Bldg, Utica, N. Y.

Dr. Chas. E. Alliume has removed to 259 Genesee, St., Utica, N. Y., where he has fitted up handsome offices. The doctor specializes in radium therapy, as applied to cancerous diseases particularly.

Dr. Henry B. Dorr, 67 Main Ave., Ocean Grove, N. J., announces that he has added an extra floor to his dwelling and is prepared to receive children for observation and homœopathic treatment. Patrons of homœopathy who contemplate a visit to Ocean Grove or homœopathic physicians whose patients intend to spend their vacation in Ocean Grove or its vicinity, will be glad to know of the presence of Dr. Dorr. The doctor was released from military duty in France, most creditably performed, several weeks ago. His interesting account of his experiences in France is found elsewhere in this number.

**Southern Homœopathic Medical Association
Annual Meeting.**

The next annual meeting of the Southern Association will be held at Cincinnati, Ohio, November 19, 20 and 21. Owing to war conditions the annual meeting of 1918 was postponed. It was intended in 1918 to hold the meeting at Knoxville, Tennessee.

Because of the continued high cost of travel the Executive Committee decided in the interest of the membership, which is scattered over a wide area, to hold the next meeting at a more easily available place. Cincinnati may be reached very readily by a large number of homœopathic physicians, as it is on a direct line from the south, east and middle west.

The Executive Committee is diligently at work preparing for an enthusiastic meeting after an interval of two years. At Cincinnati the local committee is well under way with plans that will add much to the program. The homœopathic physicians of that city have extended to the association a warm welcome, and there is good reason to believe that the next meeting will be one of the greatest in its history. For the public meeting at the beginning of the sessions speakers have been secured who are well informed regarding the good work of the homœopathic school. During the scientific sessions special attention will be given to important features in the department of materia medica, and a full list of other bureaus will be ably represented.

Following are the bureau heads:

Materia Medica, Dr. A. E. Hinsdale, Columbus, Ohio.

Clinical Medicine and Practice, Dr. A. L. Smethers, Anderson, S. C.

Surgery, Dr. Claude A. Burrett, Columbus, Ohio.

Gynæcology, Dr. Ernest F. Sappington, Washington, D. C.

Obstetrics, Dr. Gilbert Fitz-Patrick, Chicago, Illinois.

Eye, Ear, Nose and Throat, Dr. Gilbert F. Palen, Philadelphia, Penna.

Sanitary Science, Dr. Spencer R. Stone, Atlanta, Georgia.

Officers of the association are:

President, Dr. Henry M. Stevenson, Baltimore, Md.

1st Vice-President, Dr. J. L. Jennings, Danville, Va.

2nd Vice-President, Dr. F. L. Juett, Lexington, Ky.

Corresponding Secretary, Dr. A. L. Smethers, Anderson, S. C.

Secretary-Treasurer, Dr. F. A. Swartwout, Washington, D. C.

The Executive Committee earnestly solicits the interest of all members and of all homœopathic physicians in this meeting. Some will be requested to write papers, and the largest possible attendance is desired. With a greater chance for progress now than ever, the success of all society meetings is important. The

public now is more ready to learn regarding the capable work done in various fields by the homœopathic school, of its special methods which are so valuable in the treatment of disease. The people must be told more of the exceptional opportunities which this school offers to young men and women who contemplate entering the profession of medicine.

During the stress of war the country was afflicted by the most ravaging epidemic of disease that has occurred in its history. In this epidemic thousands of homœopathic physicians were called upon for unusual service, in which their efforts were blessed with exceptional success. A multitude of people who by them were treated, will forever remember with appreciative admiration the devoted, capable service accorded. The value of homœopathic remedies in the treatment of influenza and its complications, the ability of these remedies to carry so many cases through to recovery without complications, confirmed the belief of homœopathic patrons in the work of this school; and to those who for the first time employed homœopathy a creditable example of its efficiency was afforded.

The more general confidence that now obtains in homœopathy and the wider interest in its work, have created for the writer and speaker on this subject a more sympathetic audience, and one with an increased desire to learn regarding this method of treatment. If properly utilized, these circumstances improve the opportunity to accomplish what is so much needed by our school, a largely increased number of students for our homœopathic colleges. Every doctor who is sincerely interested in accomplishing this matter should give to it earnest consideration, so that during the meeting at Cincinnati there may be evolved a practical productive plan for assuring in future a permanently increasing number of students.

It is intended to make this vital, necessary increase of the student body the main object of the Cincinnati meeting. The marked decline numerically of medical students in both schools of medicine is entirely realized. Unless this condition is effectively corrected, even the meeting of medical societies soon will pass, for at the present rate of decline there will in time remain but a corporal's guard of their members. Not a great stretch of the vision is required to see that eventually the medical pro-

fession will be superseded by a collection of various cults, non-medical.

In our ranks are many men and women who are capable of giving aid to this project. Most of them would be able and willing to secure one student. Returning to the old plan of a preceptorship, somewhat modified, each one could from his clientele secure one young man or one young woman for the profession of medicine. By personal attention, by personal association, which is valuable not only to the student, the training of the latter could be supplemented and his final safe arrival within the walls of a homœopathic college could be assured. Some of these doctors of the rank and file are associated and hold influence with the students in preparatory schools. In quite a number of instances a homœopathic physician serves as the authorized physician in one of these schools. This influence would be strong in directing a larger number toward the same objective. What one can do may be multiplied many times, if these forces of the rank and file are properly organized, properly directed.

Too long we have depended upon the organization at large. Too often we have seen these important matters referred to boards, to committees wherein the responsibility is divided to their less successful fulfilment. Personal contact of the family physician with young people about to choose their life work offers the real opportunity for securing some of this promising material for the medical profession, an opportunity that is not possessed by any board or committee. Among that great majority of doctors who seldom hold office, who rarely serve on committees, is a valuable force of workers who, each by his personal influence and through the total of a united effort, can secure the necessary increase in the number of homœopathic students. Bring to Cincinnati your ideas whereby we may organize these valuable workers, bring the elements of a plan whereby we may gain from each a pledge to produce his share of students. By such a movement, rather than by the more extensive, more brilliant, but less productive plan, lies the opportunity for a greater homœopathy in future.

H. M. STEVENSON, M. D.,

President Southern Homœopathic Medical Association.

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OBSERVATIONS UPON THE ETIOLOGY AND TREATMENT OF CHRONIC BRONCHITIS.

E. Wallace MacAdam, M. D., New York.

Last year when I had the honor of presenting before this society some observations on the treatment of the failing heart, I called attention to the fact that frequently chronic coughs are of cardiac origin and that by recognizing this clinical fact we may often be led to a cure which might otherwise escape us. To-day I wish to attack the chronic cough from a somewhat larger viewpoint, that is, I wish to make some comment upon the causation of chronic bronchitis or so-called "winter cough," and to explain in what manner diet and hygiene should be varied for the different forms of the disease, and especially to make clear by what process of reasoning a certain remedy has been found not merely useful but, to use the word of Barrie's policeman, almost "infallible" in the treatment of one kind of this intractable condition.

As to the etiology of chronic bronchitis I think we have been somewhat misled by our medical writers. Indeed, in our text books etiology is so often a rather nebulous chapter that when I was a medical student, after attentively studying the causation of many diseases, I elaborated the following couplet for use when quizzes were imminent:

"All ailments may originate, there's scarcely any doubt,
With Alcohol and Rheumatism, Syphilis and Gout!"

For example, this is what Cowperthwaite has to say in regard to etiology of the disease under consideration: "Chronic bronchitis occurs mostly in elderly people, though the young and

middle aged may suffer with it. It occurs oftenest in cold weather, frequently recurring every year as the cold weather comes on, and lasting until settled warm weather in the late spring. It may occur primarily from exposure to cold or irritating dust or vapors, but is usually secondary, either to repeated attacks of acute bronchitis, or more often to gout or rheumatism, or, at least, it is most apt to occur in gouty or rheumatic subjects. It may result secondarily from emphysema, and chronic inflammation of the lungs, pleural adhesions, chronic heart disease, Bright's disease or chronic alcoholism." That leaves, it seems to me, a generally hazy idea that chronic bronchitis may be due to almost anything that causes distress in what Mark Twain called the damned human race.

Da Costa is somewhat more explicit and says: "In many instances, if not in most, the cause is primarily cardiac, renal, pulmonary, arterial or gouty."

Osler is more definite still, and declares "it is most commonly met with in chronic lung affections, heart disease, aneurism of the aorta, gout and renal disease."

The ailment is so common and misunderstanding so frequent that it is necessary to emphasize this point: Chronic bronchitis is a condition practically always dependent upon some other disease. I say "practically always" because the weight of opinion of older writers still bears heavily upon me and we must consent it is possible by the continuous inhalation of dust, or other irritating substances to cause an inflammation of the bronchi. But this is rare; when we see hundreds of cases of chronic bronchitis we come across only one or two which can be traced to inhalation of foreign substances.

Acute bronchitis is a disease by itself, with fairly well understood etiology, course and termination. Subacute bronchitis there may be; but the usual case of chronic bronchitis is no more a disease than is dropsy of hæmorrhage.

Chronic bronchitis is an infection of the mucous membrane, but unless there is some cause which operates to lower the resistance of the membrane and to increase the secretion, any infection will be overcome promptly.

Blood from the bronchi returns to both sides of the heart; the

bronchial veins drain through the vena cava into the right heart, while the pulmonary veins empty directly into the left heart. Therefore, any inefficiency of the action in either side rapidly affects the bronchial venous plexuses, causing distention and hypersecretion. Hence bronchitis is present in almost all cases of failing heart, after the veins become distended.

Another variety is the "bronchitis of albuminuria." This has been ascribed as due partly to cardiac weakness always present in advanced renal disease and partly to the effect of uremic poison on the vasomotor nerves of the bronchial vessels.

Still another species is the bronchitis of asthma. Here again we have a condition of lowered vitality and increased secretion.

Frederick T. Lord, M. D., Boston, reports in the *A. M. A. Journal*, Dec. 30, 1916, upon the necropsy records of 161 cases with persistent cough, expectoration and rales during life, which were presumably diagnosed as chronic bronchitis. Of these

103 had cardiac failure from myocardial or pericardial disease, arteriosclerosis or chronic nephritis.

31 were tuberculous (22 chronic ulcerative tuberculosis, and 9 miliary tuberculosis).

15 had pulmonary infections not tubercular (sub-acute or chronic bronchopneumonia, lobar pneumonia with abscess and gangrene).

5 malignant disease of the lung or mediastinal glands.

1 syphilis of trachea and bronchi.

6 cases remained in which there was autopsy evidence of bronchitis alone, but a review of the case histories revealed — bronchial asthma as the etiologic factor in every one.

161 cases, not one of which could be adequately diagnosed as chronic bronchitis. In the series were nine instances of "winter cough." Seven proved to be of cardiac origin, one was due to pulmonary tuberculosis, and one to syphilis of the trachea and bronchi.

Having in mind, then, this search for an underlying cause, we approach a case in a somewhat different attitude than if we were to concern ourselves chiefly with the superficial symptoms. The probabilities are that the cause of any given case, if not uncovered in a painstaking history, will fall within one of the three

important groups: cardiac, renal or tubercular. If after appropriate study we eliminate these three major causes, then we have to seek the etiology among the more rare and obscure diseases such as syphilis, aneurism or malignant disease.

TREATMENT.

When one studies the treatment of chronic bronchitis in even so modern a book as Forchheimer's "Therapeutics of Internal Diseases," one is struck by the absolute omission of any separation of the cases. Therapy is taken up in considerable detail under captions of Environment, Clothing, Tobacco, Exercises, Diet, etc., but only slight and indirect mention is made of the causative factors; and yet it is obvious that the regimen laid down for the nephritic case will differ from that prescribed for the tubercular.

In the study of treatment it is simpler to group the cases according to the initiating weakness.

TREATMENT OF CARDIAC BRONCHITIS.

These patients must be cared for as cases of failing heart. In my paper of last year I have touched upon matters of general hygiene, diet, exercise and remedies, and I have little to add. I may mention again the use of both *Coccus cacti* and *Cactus* in the coughs of heart origin.

Coccus cacti was prescribed by Dr. Guy B. Stearns with brilliant effect in a case of chronic cough traceable to auricular fibrillation. The patient was an elderly woman who, in addition to dyspnoea, œdema of the feet and inability to lie down at night, had a long-standing cough which was greatly relieved in the open air, and expectoration very stringy in character. Under the influence of *Coccus cacti* the cough was entirely relieved, the heart became regular and the patient remained well for over a year, until she was stricken with influenza and allopathic treatment when she promptly died.

Coccus cacti gave much relief for a long time to an elderly patient who suffered much from a heart cough with expectoration of stringy whitish mucous in enormous amounts. This remedy failed after a time and the sputum became more fluid, and then *Cactus grand.* made him comfortable for a year or so. When

this in its turn ceased to benefit, the legs became dropsical and the mucous expectoration amounted to a pint or more every morning, then the Diuretic Wine of Trousseau was given for a few doses and brought him a respite from his trouble, and he remains well.

Pulsatilla. Also let me emphasize the importance of *Pulsatilla* in these cases. I have grown to place increasing confidence in this remedy in cardiac conditions of all kinds, and in the chronic cough of heart weakness it is invaluable. The indications are familiar enough to you, the pleasant disposition, the relief in the open air, the dread of heat and especially the heat of the sun, the aversion to fats, the habitually unconstipated state, the patient normally having two or three natural stools every day—all these together with a cough aggravated by lying down, relieved by erect position, the expectoration thick, copious, creamy in color—all these symptoms make up a picture which is often met, and in which *Pulsatilla* gives happy results.

TREATMENT OF THE RENAL CASES.

The renal cases are patients with damaged kidneys to which has been added weakened heart muscle. These must have the same care as the heart case in the matters of rest, judicious exercise, abundant sleeping time, etc., and in addition especial instruction as to diet.

In laying down a dietary for these patients we may be guided by the following principles:

1. Food must be sufficient.
2. Avoid excess of foods the waste of which are eliminated chiefly through kidney, *i. e.*, protein.
3. Avoid all foods and drinks that in elimination irritate the kidney.
4. Avoid large amounts of sodium chloride.

Taking up these points seriatim:

1. We must be assured that our patient is obtaining enough food for his daily needs. Many errors have been made in this regard. Often a patient is seen whose diet has been so restricted that weakness is the predominant feature, and when persuaded to eat more improvement is marked. The cough is mainly due to

heart weakness, and unless the energy requirements of the body are met, the heart will not become stronger. A man weighing 50 pounds needs 2,200 calories while at rest, 2,600 to 3,000 calories or more when at work. Carbohydrates and fats are therefore allowed freely while we watch carefully to see that his weight does not become excessive. The heavier he becomes the greater the burden on an already overstrained heart. Estimating the caloric value of food is a simple matter for the tables are published in many books.

2. Avoid excess of protein. And yet the protein needs of the body must be met else the protein itself is burned up, the muscles become weakened, there is failure of general and cardiac strength, and consequent upon that, increase of the bronchitis. Many physicians find it difficult to figure out the protein content of the diet, and more still to instruct the patient how to do this. Seeking some simple method for the purpose, I discovered this interesting fact:

One egg,	}	each contains about seven grams of protein.
One glass of milk,		
One ounce of meat,		

The daily requirement of a man weighing 150 pounds is about 80 grams of protein (Voit put it at 118, Atwater at 125, while Chittenden advocated as low as 40) for men in health. There is no reason to believe that the nephritic can get along safely on less albumen than the healthy person; 80 grams is probably safe. From the vegetable portion of the ordinary meals there is taken about 20 grams of protein; this leaves 60 grams to be supplied by other foods. Divide 60 grams needed by 7 (the number of grams in what we call each protein unit of egg, milk or meat) the result is $8\frac{1}{2}$. Thus the patient in order to get the needed amount of protein may take $8\frac{1}{2}$ eggs, or $8\frac{1}{2}$ ounces of meat, or $8\frac{1}{2}$ glasses of milk. Of these milk is the best food for the nephritic, but $8\frac{1}{2}$ glasses is too much to ask any one to drink, no matter how docile. Let him therefore take

4 glasses of milk.
2 eggs.
 $2\frac{1}{2}$ ounces of meat.

$8\frac{1}{2} \times 7 = 59\frac{1}{2}$ grams of protein.

This rule of thumb gives the invalid opportunity to vary his diet widely. Buttermilk may be used instead of milk, especially if the fat intake should be cut down. The meat may be chicken or fish, and it may be light or dark, practically there is no difference; for although there are slightly more extractive substances in red meats than in white, the difference is so little as to be negligible. Milk is urged but if on any day that becomes repugnant, a corresponding amount of meat or extra eggs are added.

We have to put our patient upon a diet which is not temporary, but is adhered to for years. It has to be sufficient to keep his body in nitrogenous equilibrium but it also must be palatable.

Fruits are allowed ad libitum. If the urine is highly acid the acid fruits tend to make it less so. This is because in the metabolism of the vegetable acids the acid radical is burned up leaving a base, which, joined to another radical, becomes alkaline in reaction.

3. Avoid all foods and drinks that in elimination irritate the kidney. Among these irritating substances are meat extractives (present in all meat soups), smoked meats, condiments and alcohol. Water may be curtailed sometimes especially if there is hypertension.

4. Avoid large amounts of sodium chloride, particularly if there is any œdema. But restriction of salt should not be carried to the point of making food unpalatable.

I have gone rather fully into the dietetic problem of these patients because many of them are given a diet so low in caloric value or so low in protein that they become weakened far more from the lack of food than from their illness. More generous meals and a wider variety gives added strength and a return to normal vigor.

Other details I need not touch upon, the desirability of warm clothing, the matters of fresh air, dust, cold sponging—all these points are familiar to you and need no elaboration.

Nor have I any special observations to make upon the homœopathic remedies for the kidney cases, excepting to note that *Phosphorus* has been perhaps the most useful remedy for this group.

TREATMENT OF TUBERCULAR BRONCHITIS.

Between twenty and thirty per cent. of the cases which are usually diagnosed as chronic bronchitis are really cases of tuberculosis. And it is for these cases that I use my most "infallible" remedy.

Early in my practice I adopted a dictum that every cough which lasts a month is probably tubercular; as more learning has come this has been modified, and my present idea is that any continued cough which cannot be charged to failing heart or kidney, or to some patent cause uncovered in the history (excessive smoking, asthma) is, in all probability, due to tuberculosis, even if the physical findings are negative and the sputum does not show the tubercle bacillus. I freely acknowledge that this may lead to some mistakes—it has led to some. Nevertheless it is a good guiding principle, and if adopted generally would save our profession from a stigma which can now justly be cast upon it. For tuberculosis, "Captain of the Men of Death," as John Bunyan called it, is curable in the early stages, and if we were alive to its crafty presence it would soon be degraded to the ranks.

Tuberculosis is widespread, practically all of us are infected with it at some time; it is insidious in its onset; it may start as an acute tracheitis or bronchitis, and it usually begins innocently enough; it is impossible to diagnose until well advanced; a benign bronchitis disappears of itself unless there is some kidney or heart weakness or evident irritant; therefore, it may safely be assumed that any case of long-continued cough, no matter how apparently innocuous in origin, is tubercular if other causes are absent.

The treatment of these cases is simple and usually meets with immediate success. Fresh air, proper rest and sleep, plenty of food with liberal supplies of eggs and milk, and the indicated remedy. And if the apparently indicated remedy does not yield prompt results—then the "infallible remedy"—*Bacillinum*.

Reasoning from the premises laid down, it will be seen that *Bacillinum* has a field of usefulness much wider than is customary to accord it. For we may use it long before tuberculosis rears its ugly head, long before we have any right to place

so serious a name to our patient's trouble. Thus a man comes with a history of cough for six weeks. His history is taken carefully and physical examination made, both being negative excepting for a few scattered mucous rales. Guided by the symptoms we prescribe *Phosphorus*, let us say. At the end of a week he is no better. The failure to respond to a well chosen remedy gives the clue that there is something in the case which is preventing reaction, and reasoning in the manner here outlined we give *Bacillinum* 200, one dose. In two days the cough is better, in a week it is gone and the chest is clear. This has occurred in practice many times.

This remedy may be given in chronic or subacute bronchitis based upon the same philosophy that in other diseases causes us to select *Sulphur* or *Psorinum*, when the indicated remedy does not cure. So have I used it for a number of years, and it has served well.

HOMŒOPATHIC COMPARISONS.*

By Dr. L. E. Bracken, Columbus, Indiana.

With homœopathy standing out (as we believe it does today) with more to its credit than ever before and far in advance of any other pathy, it affords me much pleasure to have the honor of being your president at this time.

We have cause to believe that if it gains the recognition it now deserves, that stock in homœopathy should be quoted at a premium. Satisfied as we have always been with the efficiency of the *Similimum* in its application to diseases and their sequels, we have just passed the most critical test that medical science has ever known and came out with an excellent grade. With most tests from 70% to 80% average is all that is required for a passing grade, and if reports be true (without any advance notice of the approaching tests, and as general all over the country, as the test was) we came out (if the checking up be fair and reports be true, which we have every cause to believe they are) with an average of near 99%, which gives us cause to be

*Read as his presidential address before the Indiana Institute of Homœopathy, by Dr. Bracken.

not only proud, but very proud that we have the best there is in medicine as statistical reports will prove. With such a severe test and enter it with no more advance notice and preparation than other competitors had, to make such grade, reflected much credit to the never-changing and ever-present in time of need—the Hahnemannian law of *Similia Similimum Curantur*. And when we compare the safe and speedy recoveries with the slow and partial recoveries of those who were the victims of intensive medication (coal tar synthetics and injection of serums), is it any wonder that the more conscientious and far-sighted of the practitioners of intensive medication are now aware that those who are left to mourn have just cause to mourn, and with their mourning might be mingled mountains of animosity for those trusted, self-styled, most scientific medical men of all ages? It is said that a knock is a boost, but for me am not losing a single opportunity to uphold the right and condemn the wrong, and as scientists are predicting another epidemic to follow, it behooves us as a school of medicine to seize the golden opportunity for the furtherance of our cause by co-operating with, not only the A. I. of H., but every other friendly organization in compiling a report of (acknowledged facts by the writers in allopathic journals) statistics and any other honorable and legitimate means to cause facts and figures of comparative results made public knowledge, where the few simple homœopathic remedies, selected in accordance with a simple and natural law and given in a form inert for killing, but powerful for gentle and speedy restoration to health of the ones who need them when used by one who is capable. Said results to be compared with results where intensive medication was used with no law to guide and insufficient time to experiment, entered this fight anxious to do and learn, soon discovered that what they were doing was adding insult to injury, and in many cases the results were quick and thorough so much so that they were like a boat at sea during a severe storm and no rudder to help guide it. Our nation has come to realize in one very important particular that competency and preparedness are sacred duties to insure against sudden attacks of the enemy, so we have come to realize and have the evidence at hand to prove and are only anxious to prove, and

without cost if only given a chance by our government, the question of competency and preparedness and the lack of it in medicine. An appeal to the proper authorities in as forceful a manner as the importance demands, asking for as favorable consideration of the future of humanity as is being shown to animal, agricultural and horticultural husbandry of our country by government extension and research work, by requesting permission to demonstrate our claims before a committee of unprejudiced, unbiased citizens with the understanding that results be made public knowledge and subject to rejection or acceptance as merits warrant. A test of competency is embodied in our State laws, and the people have a right to look to the States to provide thoroughly qualified physicians. On behalf of justice to all we should be granted the privilege to put to a further test to prove our present claims, and let impartial judges publish the results without any professional political restraint, through the lay press or otherwise. We as a professional entity would stand or fall on the merits or demerits of the test, and recommend that we as a profession make just such challenge and, as the "league of nations" is being publicly debated, enter in debate on the merits or demerits, with the understanding that "*Similia Similibus Curantur*" either stand or fall as the case may be if advocates of other laws of vaunted cures will submit to the same fair test.

The lamentable fact is that the greater per cent. of our good citizenship that made the supreme sacrifice (whether soldiers or civilians) made it not at the hands of the enemy in the fight for democracy as against autocracy, backed by our government with the best of everything at its command to learn now (and we will accept their own confession as proof) that our soldiers were forced and betrayed into taking what was supposed to be for their good by the powers behind the throne of an autocracy that made as great or greater inroads in our army than did all the deadly methods of warfare at the command of our enemy forces with ages of preparation, and now that they are pleading guilty and our common knowledge of the effects of the weapons with which these inroads were made with the intelligence and executive ability of a vast number of citizens outside the rank

and file of this autocratic power, can we not muster sufficient proof to force recognition, not of the name homœopathy, but of the principle that has been tried and found not wanting as against no definite principle. How can the powers behind the throne be prepared to meet another epidemic with any more satisfactory results than the one just passed. They have not to my knowledge isolated a germ and how can they prepare a serum for prophylaxis, they have concluded that nature (left unhampered with drugs) and good nursing is about all that can be done. And to think that after testing gelsemium, not according to any definite scientific law of the application of drugs to disease but to a group of patients a certain per cent. of which might have been and no doubt were patients for some other of the polycrests to report it as the only one except belladonna that showed any signs of improvement, and go so far as to say that after a few doses of gels. the headache and backache was relieved, temperature speedily commenced to fall and improvement in general was very obvious. To then compound gels. with the following to be given to all cases:

℞. Tr. gelsemii	m. xii.
Bell.	m. v.
Potassii citratis	gr. x.
Syr. aurantii	ʒj.
Aq. chloroformii	ʒj.

Sig.—One ounce every four hours for the first twenty-four, thereafter one-half oz. every four hours until temperature is normal.

Reminds us of the story of the good cow giving a large pail of milk to kick it over when done.

No state, municipality or nation would tolerate such incompetency in the handling of our live stock and machinery, much less permitting it to be forced upon an innocent human being under the pretense of being proven by experiment. Think of giving an oz. of the above mixture at one dose. Is it any wonder that there is unrest in the medical ranks? With us there is not so much unrest as there is self-contentment, and in many instances an indifference and lethargy with reference to the future

of our school. As homœopaths we have no objection other than to promote truth and preparedness for their own sake, and thus safeguard the public. Facts simply speak for themselves without any reflection personally upon the honor and integrity of individual practitioners. We assume that public knowledge of (and imbued with a passion for) truth and right would uphold us in our effort to gain recognition. For any state or nation failing to recognize the truth when presented, likewise fail to recognize that a human being is the greatest thing in this world, for in maintaining a strong healthy population in our homeland lies the real wealth and defense of our nation, then to know the great sacrifice of such wealth and defense, to our nation, at a time when so much needed as during our recent preparation for defense, and not raise our voice against such unnecessary waste of wealth and defense would indicate that we were traitors and had no interest in our homeland, and now while patriotism is at the high mark, it behooves us to discredit incompetency and unpreparedness, for with such incompetency and unpreparedness in armaments, with similar results, our military powers would be held to shame, and how any autocratic power can be licensed to kill under the pretense of competency and preparedness and yet escape earthly punishment is more than I can understand if truth and justice shall prevail

Municipal, state and national recognition is a thing that we should set our future aims upon and hammer and keep hammering until we get it. If we could have only had a camp hospital completely under our control during recent epidemic, what credit could we now hold up to the doubting Daniels who are tossing about on the rough waves of uncertainties, who, when a disease new to them is announced, are helpless to do, though constrained to do something, did the wrong thing in many instances as their own confessions bear testimony to. But alas! their confessions cannot correct their mistakes, neither does it seem to alter their egotism. Much concern with reference to the future of our state society has been and is being felt. The ones who have the honor of being the officers whose duty it is to arrange a program for the yearly meeting (and especially the secretary) after putting forth every endeavor in due time to

complete a program to find at a late hour that responses are not forthcoming, and a slim outlook for a program is his reward for the many efforts made, he begins to think that the society is too far gone to resuscitate, but finally when the supreme test comes he finds the similimum with the usual results, instead of death there is life, beauty and joy. If we are to gain the recognition we so much deserve we must thoroughly organize, which means that every homœopath in this state and every other state who is not a member should be sought out and made to feel that he is not only doing himself a great injustice by not being a member and leading a helping hand in the furtherance of a right, just and patriotic cause. Without organization we can do nothing, while in union there is strength. I, therefore, recommend that we as a society concur in the action of the A. I. of H. in the recommendation of "Administrative Dept." with reference to the "federation of States," and would further recommend that we homœos refuse to sacrifice our identity as such by affiliation with other societies. While it is all right to be either Catholic or Protestant, it would be an impossibility to be both consistently at the same time. Questions may arise of vital importance concerning the different schools, relatively speaking, and if a member of other societies and vote in the minority, parliament and custom, decides in favor of the majority, thereby giving you no recourse only to abide or secede. Let every one present make the pledge now (nothing serious preventing) to assist in every way if in no other to attend the 1920 meeting and bring a friend, better still, a prospective student along, and help to make next year as it should be the banner year for homœopathy.

EFFECTS OF THE WAR ON THE CULTIVATION OF MEDICINAL PLANTS.*

By Charles G. Merrell, B. S., Cincinnati, Ohio

The author contrasted conditions met within the chemical industries where the mere location of the manufacturing laboratory is of no importance, to those existing in the production of botanical drugs, where the drugs will not grow except under certain climatic conditions, and in certain localities. Moreover, the chemist is not dependent on seasons and within a few months can duplicate any laboratory for making chemicals. The grower of medicinal plants, on the contrary, is dependent on the seasons as well as upon localities and requires a full year in the case of annuals and from three to five years in the case of perennial roots for the production of the drugs.

At the outbreak of the war America had depended upon Europe and northern Africa and Asia Minor for the majority of the most important drugs.

The author presented a map, showing the commercial sources of some of these important drugs.

As pointed out by Dr. Kilmer, medicinal herbs were cultivated in the Italian gardens at Padua as early as 1545. The "Jardin des Plants" of Paris, founded in 1610, added millions of dollars to the wealth of the French nation. The "Jardin Botanique de la Faculte la Medicine," which is a part of this garden, is the largest and most complete garden of medicinal plants in the world.

France, England, Germany, Austria, Italy, Holland, Russia, and the United States have extensive botanic gardens, in which, to some extent, medicinal plants are cultivated.

So far, the American botanic gardens have done but little in the way of cultivation of medicinal plants that can be considered as of economic value. Their work in general is limited to other problems. The resources of these gardens could be made of great value for the furtherance of this work.

Drug gardens are also carried on at some fourteen different

*Abstract of Address presented at the Annual Meeting of the National Eclectic Medical Association, held at Chicago, June 17 to 20, 1919.

schools of pharmacy for the instruction of the students in the recognition of plants, rather than for their instruction in the agricultural problems involved in their growth on a commercial scale, though some of these college gardens have done good work in this direction also.

The United States Government has carried on experiments on a constantly increasing scale with a view to placing the growing of drug plants on a successful commercial basis. The end has been achieved in the growing of camphor in Florida, of cannabis in South Carolina, of belladonna in Michigan and California, and of several drugs yielding oils in Florida.

Something like 15,500 acres of land, mostly in Michigan, are now devoted to the cultivation of peppermint for the production of the oil of peppermint, of which we export a considerable quantity.

Two thousand acres are devoted to the cultivation of spearmint for the production of oil for use in flavoring. The production of belladonna in the United States has grown to such an extent that we now produce sufficient to supply our needs. Thousands of dollars have been expended in experiments in the production of this drug by private manufacturers. During the war considerable quantities of wild digitalis were gathered in Oregon and donated to the government for use in the Army and Navy. In making up the preparations from this digitalis for the government, Professor Newcomb of the University of Minnesota directed attention to the importance of drying it rapidly, so as to prevent the decomposition of the therapeutic constituents and the formation of toxic substances by the action of the ferments present in the plant.

Mr. Merrell directed attention to the fact that by use of the green drug in manufacturing the preparations, this tendency to decomposition and the formation of toxic substances is obviated; and suggested that many of the unfavorable reports, which have been made by certain members of the medical profession, regarding the therapeutic inactivity of drugs which are much used by eclectic physicians, may have been due to the use of inactive preparations, the fault lying with the methods of preparation rather than with the drug itself. He suggested that the use

of green drugs in the manufacture of galenicals would do away with much of the therapeutical nihilism which has gained so much ground of late years.

The address was illustrated by numerous lantern slides, showing drug gardens, drug farms and drug plants.—*Therapeutic Digest.*

SIMILIA SIMILIBUS CURANTUR.

Albert Abrams, M. D., San Francisco, Cal.

In the last issue of this journal (June, 1917), we demonstrated that the doctrine of attenuation as advocated by Hahnemann, was correct, and furthermore, we were justified in admitting the verity of the law of similars. The latter was shown by aid of the vibratory rate when a specially wound ohmmeter was employed. This law is capable of more ready demonstration by means of the areas of dullness in splanchnodiagnosis. Briefly, the latter fact may be shown as follows: If one conveys the energy of disease for which we possess specific drugs—diseases like syphilis and malaria, to the area for evoking the dull areas of the abdomen peculiar to such diseases, one finds that the energy of mercury and quinin similarly conducted will evoke like areas. If we have evoked the dull area of syphilis and later, the energy of mercury (metallic) is conveyed, the dull area peculiar to syphilis it at once dissipated. A similar phenomenon of evanescent dullness ensues when quinin energy is conveyed to the area of dullness elicited by the energy of malaria.

It is an accepted law that bodies out of harmony with the tissues are either not absorbed or changed before absorption.

Pharmacodynamics seems thus to be identified with what I have neologized as *homovibrations*.

From my investigations, I am constrained to conclude that drugs of dissimilar vibrations (heterovibrations) are without remedial value. When drugs will be employed with relation to the vibratory rate of disease, we shall have an Utopian pharmacognosy which I shall anticipate by designating it as *oscillato-therapy*.

Let us seek a physical explanation of the facts observed by

the writer, viz., that the specifics employed theapeutically have the same vibratory rate as the diseases themselves.

The manner in which a disease can be destroyed by a substance having the same vibratory rate of the disease itself can best be understood from the physical analogy of resonance.

Every object has a certain natural period of vibration. If we approach an object with a source of vibration of the same vibratory rate as itself, the object will be set in vibration. This forced vibration of the object may attain such magnitude as to fracture and utterly destroy it. It is a trick of Caruso to take a wine glass and by tapping it determine its tone (vibratory rate), and then by singing that tone into the glass, to shatter it. This is exactly what happens when you impose on a disease, its own vibratory rate. Another instance of destructive resonance occurred in the early years of the 19th century. A troop of cavalry were marching over a new suspension bridge at Manchester, the time of the marching feet happening to be the same as the natural vibratory rate of the bridge. The bridge was set in vibration, the vibration got larger and larger, and the whole structure finally collapsed with great loss of life. Ever since then it has been the rule when either foot or cavalry cross a bridge, that they must break steps. Many other historical examples can be given. For example, the well known story of Hughes, the inventor of the microphone. At the Paris Fair a new telephone transmitter was on exhibit, and as often happens, it refused to work. Edison, Siemens and all the rest failed to make it operate, when Hughes suggested that inasmuch as it was an English telephone it would not work until the name of a great Englishman was spoken into it. Thereupon Hughes spoke the word Faraday into the phone and surely enough it responded.

The trick was that Hughes had tapped the diaphragm and determined its natural period of vibration and then spoke or rather sang, the word Faraday in that tune. Of course, the telephone instantly resonated and reproduced the word.

Drugs unquestionably act by virtue of their radioactivity. It is an established fact that when we stimulate the 7th cervical spine in spondylotherapy, one may cause a retraction of the ventricles of the heart: this is the heart reflex of Abrams. If the

energy from the left heart ventricle is conveyed to the depressor nerve (splanchnodiagnosis), a specific area of dulness can invariably be elicited on the abdomen. If the energy emanating from an opened bottle of digitalis infusion be conveyed to the depressor nerve, a like area of dulness (left ventricle only) ensues. This fact demonstrates that the cardio-tonic action of digitalis is limited to the left ventricle. Take the same bottle of digitalis and permit it to act on the region of the 7th cervical spine and note the following effect: percussion shows that the left ventricle of the heart has receded (heart reflex); *i. e.*, when compared with the delimitation of the ventricle before executing the test.

I want my readers to test this method in cases of tachycardia and inform the writer whether any slowing of the pulse ensues. The method is easily executed. Determine the pulse rate. Then apply the mouth of the uncorked bottle of digitalis infusion to the 7th cervical spine and again count the pulse after the lapse of a minute, 2 minutes, etc. (the digitalis held at the spinous process in question during the entire period of observation).

It may be observed parenthetically that Askenstedt (*Journal American Institute of Homœopathy*, Oct., 1916), employs the experiments of Schulz (*Deutsch. Med. Woch.*, May 14, 1914) in support of attenuated dosage. Schulz placed each subject under a black cloth and at intervals of 5 minutes he was made to compare the shades of green color shown by the colorimeter. A dose of 10 drops of digitalis tincture was administered to each subject and shortly thereafter his perception of green was invariably impaired. If only 2 drops of the tincture were given, the perception of green was enhanced in all cases but one. In one-half drop doses, there was a distinct increase in the acuteness of the perception of the shades of green.—*Physico-Clinical Medicine.*

NOTES BY THE WAYSIDE.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

My regular article for the August number of THE RECORDER failed to materialize on account of sickness and more work than usual. The articles in August number by Dr. S. E. Reed, Middletown, Ohio, and Dr. Joseph E. Wright, Westfield, N. J., are just the kind of articles *needed* in a homœopathic journal. If you *believe* in homœopathy why not *say* so. When you stop to think of the *cures* you have made by the remedies of *that* school of medicine, of the *reputation* you have *made* by your success in healing the *sick*, is it not about time that you should seriously ask yourself the question: WHAT DO I OWE TO HOMŒOPATHY?

In the old school journals now and then we read that "homœopathy is dead." No, dear reader, that is a *mistake*. When you and I are under the daisies, likewise our grandchildren, and our great-grandchildren, homœopathy will *then* be as it is *now* the most *popular* system of medicine in every civilized country. As I have said before, "I do not hold a brief for homœopathy," for a school of medicine that has weathered the storms of abuse and persecution for over a hundred years and come off *victorious* needs no defence from my pen.

When the "flu" epidemic swept over this country the regular school of medicine went down in *defeat* before the "flu" with a mortality of 30 per cent., while the homœopaths only *lost one per cent.*

In the treatment of pneumonia at the same time the regular school had a *frightful* mortality of 60 per cent. for which there was *no earthly excuse*. With the above disease the homœopaths only *lost five per cent.* The above facts should give *all* our doctors something *serious* to think about.

During the month of August I had an addition to my list of students, Dr. F. L. Class, Huron, South Dakota. The doctor is a regular physician of twenty years' practice. He has a large consulting and office practice, and charges \$25 for consultation, and gets it. He knows what his services are *worth* and charges accordingly. The doctor is a very *close* student of materia medica, and will *fit* himself to heal the sick.

The homœopaths this year *missed* their "golden opportunity." At the last meeting of the "American Institute of Homœopathy" they should have had a carefully prepared "table of statistics" giving the mortality under regular treatment (from the "flu" and pneumonia), also the *mortality* from the same diseases under homœopathy.

The above statistics should have been given to the public press. In every town or city where there are three or more homœopathic physicians they should unite and hire a half column space in the newspapers, then each week in that space tell the public what homœopathy *is*, what it *has* done, and what it *can* do for the sick.

One very *strong* reason why drugless healers have grown so *rapidly* in this country is just because they have not spared either *time* or *money* to *educate the public*. If homœopathy is to *grow* in this or *any* other country you must use *publicity*. Take the public into your confidence and tell them in plain, simple language just what you can do for them in the hour of sickness, and what the regular school *can't* do for them.

Never miss any opportunity to *boost it* (homœopathy). If above plan is carried out, you will be able to put HOMŒOPATHY ON THE MAP.

A PROVING OF INDOL: WITH SPECIAL REFERENCE TO ITS RELATION TO THE EXCRETION OF INDICAN IN THE URINE.*

By William B. Griggs, M. D., Philadelphia, Pa.

A great deal has been said during the last few years regarding the presence of indican in the urine, and a great deal has been written on the subject of intestinal putrefaction as being the result of the decomposition of the protein material. This also has been the subject of a great deal of discussion along the lines of autointoxication. The prominence that many clinicians have given to the subject of intestinal putrefaction has prompted the writer to import some indol from Merck's Pharmacy at Darmstadt, Germany, and begin a proving of it upon volunteer students in the Constantine Hering Laboratory at

*Bureau of Materia Medica, A. I. H., June 26, 1916, Baltimore.

the Hahnemann Medical College, Philadelphia, in order to determine whether indol, in the dynamic form, would produce in the healthy subject the symptoms incident to the clinical findings when indol is present to excess in the urine.

Putrefactive processes in the intestines are the result of the action of bacteria upon the protein material present. This bacterial action, which is the result of the combined efforts of many forms of micro-organisms, is confined almost exclusively to the large intestine. Some of the products of the putrefaction of proteins are identical with those found in tryptic digestion, although the decomposition of the protein material is much more extensive when subjected to putrefaction. Some of the more important of these putrefaction products are the following: Indol, skatol, paracresol, phenol, para-oxy-phenylpropionic acid, volatile fatty acids, hydrogen sulphid, methane, and carbondioxid; besides peptones, ammonia and the amino-acids.

Indol is a derivative of the tryptophon complex, skatolamino-acetic acid. Structurally it is closely related to indigo; and, according to Nence, this transformation may be effected by the action of ozone. Conversely, indigo may be transformed into indol by reduction. From the albumin, the substance can also be obtained by fusion with potassium hydro-oxid. [Merck.]

The greater part of the indol that is formed in the large intestine is no doubt eliminated in the feces. A certain amount, however, is absorbed, and, after oxidation of the indoxyl, appears in the urine in combination with sulphuric acid as so-called indican. If large quantities are formed, a variable fraction is further eliminated in the urine as indoxyl, compound of glycuronic acid.

The following students were carefully examined physically before taking the drug, which was administered in the sixth centesimal dilution: Messrs. Pilgram, Powell, Mills, Goeckler, Hawn, Mast and Parsons. These men were under my personal supervision for at least sixteen weeks, and developed the following symptoms in common, the control men being negative as to symptoms in every sense:

(Provers' language used.)

GENERAL ACTION.—There was a stupid feeling in the morn-

ing, with a discontented mental condition; then restlessness and the desire to be walking. A sensation of aching was felt through the head and the entire body. Later, there was experienced a "dull, don't care feeling;" and in one man, who was irritable and did not like to be teased, there was first an exhilaration, a diametrically opposite state of mind, and he was not easily "peevish." He afterwards became depressed, had no ambition, could not concentrate his mind on anything, and grew desperately irritable.

On waking in the morning, there was felt a continued desire to sleep. I may call it a persistent desire for sleep, even after a good night's rest. On continuing to take the drug, one of the men would fall asleep as soon as he sat down in the lecture-room. Later, he felt so tired that he absented himself from laboratory work in order that he might go home and go to sleep. He had a desire to sleep all the time; and upon waking he felt miserable. He developed a state of drowsiness similar to that caused by morphin.

Towards the last of the proving, quite marked nerve symptoms developed. In one man, there was a desire to crack his fingers all the time and inability to keep his fingers still. On almost any occasion, he would laugh at trivial things. There was a jerking of the muscles of the lower jaw and neck.

Two of the provers had hideous delusions. On waking, they believed that they were being operated on, and shuddered at the thought that the knife was touching them. Later, they developed a continual desire to keep their fingers and feet moving. Accompanying all this, there was a throbbing of the blood vessels in the neck.

THE HEAD.—At first, an occipital headache was experienced, extending to the frontal area. It was dull and numb in character, occurring mostly in the afternoon, and lasting throughout the evening. This symptom was developed by almost all the provers. There was an aching feeling all through the head, with pain in the frontal region, accompanied with nausea, which disappeared as the headache cleared up. There was a marked dull sensation in the frontal region, immediately over the eyes. This was relieved by walking in the fresh air. This particular symptom was

present for days in succession. The headache occurred time and again during the proving, and was always relieved in the same manner. There was also headache developing in the evening, with a depressed feeling and inability to study. In one prover, after contracting a cold, the entire head felt sore when touched or jarred. There was also ringing in the right ear.

SLEEP.—Sleepiness, mostly in the daytime, developed in the beginning of the proving; and most of the provers noticed it coming on about noontime, particularly during their recreation hour. Later, it was present at all times. At night, there was continuous dreaming, persisting as long as the drug was continued. The dreams were pleasant in character and easily remembered. The prover who developed influenza had most terrifying dreams about snakes.

FACE AND EYES.—The eyeballs felt hot, and hurt when moved. In fact, there was a great deal of suffering on moving the eyeballs. Redness and soreness of the eyes also occurred, with frontal headache. In one prover there developed a persistent dilatation of the pupils. This lasted as long as the frontal headache continued, and both symptoms became markedly worse as the proving progressed.

THE MOUTH.—In the first part of the proving, there developed a bad, foul taste in the mouth, with the tongue coated a brownish white. There was a peculiar foul, fecal odor to the breath.

THE STOMACH.—The early symptoms developed were a full feeling in the stomach and a general full sensation, which extended up into the esophagus, but was not at all uncomfortable. It was even accompanied with a feeling of exhilaration, just as though the patient had had a large substantial meal. This continued, off and on, throughout the first day. The next day, it was accompanied with occipital headache. Later, in the evening, a bloated sensation appeared. This became more and more noticeable as the proving was pushed, until it finally became very marked. It was usually worse at night.

A prominent symptom that developed and persisted was a hungry sensation after eating a full meal. The prover was not satisfied by eating, no matter how much he ate. He would feel very hungry again, a short time after leaving the table. After

this inordinate appetite had persisted for a week or ten days, there developed a peculiar thirst, which could not be satisfied, even though the amount of fluid ingested caused distress.

THE URINARY ORGANS.—At first, the provers passed more urine than usual; and then they urinated much more frequently than normally was the case. This was particularly noticeable in the evening, while studying. The smallest amount of urine was sufficient to irritate the bladder to such an extent as to cause a desire to pass water.

The provers had twenty-four hour specimens of their urine examined for thirty-one days. During this time, they were on a rigid diet with restricted proteins. Mr. Goeckler, who acted as the control, showed practically no variation from the normal excretion of urine on any day during the test. His urine was never examined by himself, and he did not know that he was the control.

Mr. Hawn, Mr. Mast and Mr. Paxon all showed an increase in the specific gravity, 1.023 plus; acidity, 30-51; solids, 52-58; quantity, 750-1,065; showing a trifle of scantiness, urea, 20-22.5; indican, in the beginning of the proving, *excessive* in nearly all the provers. In the latter weeks, it was reduced to a trace or to normal. This shows that the primary action of indol in the human economy is to increase the elimination of indican. It had no effect upon the earthy phosphates, sugar, acetone or albumin, and did not seem to produce any particular disturbance in the kidney function.

RECTUM AND STOOL.—At first, indol produced constipation. The stools were light gray or greenish brown, and were difficult to pass. Later, more severe constipation occurred, with stools hard, dry and light in color. The bowels would not move until they felt so bloated that they could hold no more; and then there were several small movements of dry, hard feces only. This is the language of one of the provers, and it describes the actual condition as it existed.

Towards the last part of the proving, the stools became more nearly normal. There was a large amount of gas in the stomach and intestines, passing both by the mouth and the anus. It usually formed in the evening. The constipation had in fre

quent association with it a peculiar light, swimming sensation in the head, probably due to a mild intoxication. In fact, one prover said that he could not distinguish his sensations from those produced by a mild intoxication with alcohol. Free catharsis relieved this feeling promptly.

RESPIRATORY ORGANS.—Towards the last of the proving two of the men developed acute symptoms like those of influenza. There was first a feeling of aching all over; and then a thick mucous discharge from the nose occurred, with a feeling of chilliness accompanied with sneezing. These men had no temperature, and the symptoms were evidently the result of taking the indol. They described their sensations at times as “a broken-up, grippy feeling.”

EXTREMITIES.—One of the patients felt very tired and sore in the lower limbs. The feet burned all day long, and the condition became so aggravated that relief was sought by removing the shoe. The burning of the feet persisted for at least ten days of the proving, and the right foot became quite swollen and painful. The knee joints became so sore and tired that simply standing on the feet aggravated that condition.

Another prover reported that his legs were sore, especially at the knees. There was pain at the calf, and also in the ball of the great toe of the right foot.

THE SKIN.—In one case, the skin on the left leg became dry and rough, and peeled off; in areas on the right foot below the ankle, it cracked and became sore. One prover, before commencing with the drug, reported an eruption on his body, which became very much irritated and itchy after taking violent exercise or from heat. He reports this eruption to be slowly, but surely disappearing, and his general health wonderfully improved.

I will now supplement this proving with several clinical cases, showing the successful use of indol. Failures are not reported, because I wish to exploit the clinical place for indican. I believe that there is a great deal more to be developed from this substance, and I will ask the profession to put it to the test and publish their failures to the world. Only by this means of confirming and corroborating the important symptoms can we

properly utilize this substance, which seems to cause so much distress when it exists to excess in the human organism. The following cases cover a period of more than two years:

Case I. (1915.) Miss O. X., a student in the high school, for more than six months had been subject to dull headaches, usually worse in the morning and at the menstrual period. She seemed depressed in spirits at times; but this depressed state was broken at intervals by periods of happiness, and even hilarity. She had a dull backache, and her appetite was capricious. She was never rested, and her bowels were constipated. There were frequent eructations, languor and drowsiness. No marked degree of anemia was noted. Every afternoon, on returning from school, she would have to lie down, on account of excessive drowsiness. After supper, she could hardly sit up to study the next day's lessons.

After the failure of several remedies to produce any effect, with the exception of the free elimination treatment, this patient was finally put on indol in the sixth potency, with the result that in ten days she developed severe urticaria, which necessitated her going to bed. As the urticaria cleared up, the drowsiness increased; and she slept for nearly forty-eight hours. When she finally awoke, she was feeling better—better than she had felt for months before; and from this time on, her color improved, her appetite became more normal, her backache disappeared gradually, and her headaches and lassitude cleared up. Her weight also increased, and her physical condition markedly improved.

Case II. The patient was a baby girl, two years and a half old. This child's environment was poor, it being a social service case. She had had spells of extreme irritability, with occasional attacks of vomiting without apparent cause, strongly resembling cyclic vomiting. She was always hungry. The bowel movements were dark or variable in color, coming in small, hard balls, and very offensive. The skin was rough, with the occasional development of a toxic rash.

After going the rounds of several prescriptions, I finally decided to try indol; with the result that in the course of two weeks the child had absolutely normal stools. The irritability ceased.

The languor and sleepiness entirely cleared up, and the child has remained in apparently perfect health.

Case III. The patient was a corpulent woman of about sixty years of age, who complained of severe intestinal indigestion. She was puffed up and bloated. She was excessively irritable and drowsy. For a year back, she had been unable to sit up for one hour a day without falling to sleep over her work. She would awake occasionally at night with a dry, parched mouth. She had a bad taste in her mouth, and an offensive odor to her breath. The bowels were constipated. A great deal of drowsiness occurred while sitting, relieved by walking fast in the open air. There was a sense of intoxication. A small, acuminate, itchy rash appeared over the abdomen.

This woman presented many other symptoms of a minor character; but the excessive drowsiness and the dry, foul mouth were the most characteristic. She had received *nux moschata*, sulphur, opium and baptisia, with no result. Indol, in the sixth potency, was administered every two hours, with the result that the excessive sleepiness completely disappeared and the foul mouth cleared up.

Case IV. This case was in a freshman student in Hahnemann Medical College, Philadelphia, who was sent to me by Dean Pearson. This young man, while examining his urine, in the laboratory of the college, discovered an excessive precipitate of indican. Finding that he was distressed about this, the Dean sent him to me.

Without any change of diet, I prescribed indol in frequent doses, with the result that the indican completely disappeared from the urine, which was examined by the Dean each day. Within two weeks, after taking indol, this young man's general health improved, and he remained well while under my observation for five months subsequently.

Indol is no panacea for cases of indicanuria. It can be curative only when the symptoms agree according to the law of similars, but I believe that in this new substance we have a valuable agent for many of these cases of auto-intoxication that are the results of various forms of intestinal putrefaction.

FAITH IN MEDICINE.

Discussion. of the relative merits of various *systems*, sects, etc., backed up by *statistics*, has proven as futile in medicine as it has in theology.

The right of existence is proven by *existing*. Any person choosing to serve the public by *any* system that brings *voluntary* patronage, *mutually* satisfactory, is entitled to an undisturbed competition in a fair field. He is justified in the claim of *superiority* and an appeal to the public for judgment.

His competitors are equally entitled to refutation by demonstration. *Again*, it is up to the *public* to decide. No class or set of men are justified in arrogantly *assuming* the authority to dictate, regulate or control *any* system, method, sect, society or aggregation of human beings who come together for any *legitimate* purpose.

Experience is not necessarily the mother of wisdom, but *repeated demonstration* in the fixed foundation of unwavering *faith*, faith founded on demonstrated facts, asks no favors, *challenges* all competitors. Faith and confidence go hand-in-hand.

Pretension, vain assumption, lacks confidence and goes hand and hand with fear. Pretension avoids competition, seeks *co-operation*, to suppress and destroy it. The history of *medicine* furnishes us perfect examples of the foregoing types.

The history of *medicine* clearly sets forth the domination and autocracy of the so-called *old school*.

Seeking to dictate and control everything pertaining to *health*. Under the guise *ethics* she carried her *pretensions* to the utmost extremity, dogmatically and relentlessly, oslerizing and exterminating any and all who dared to question her imperious self-assumed authority. Among the many dissenters was Samuel Hahnemann, and it is to *him* we owe the system of *medicine* founded on demonstrated facts or unwavering *faith*.

The work of Hahnemann and the success of homœopathy as the scientific system of *curative medicinal medicine* is a matter of history. *Homœopathy* has earnestly solicited competition in the *clinical arena*. She has confidently claimed *superiority* in *medicine*.

The dominant school, conscious of their *pretensions*, have never *dared* to meet homœopathy in a fair clinical contest.

In her determination to destroy the detestable system that was actually *curing* sick people she resorted to all means that bigotry could suggest.

The true history of medicine does not reflect credit on the old school in years gone by. Nor has her offspring, the A. M. A., reformed. *Homœopathy* is to-day the same dreaded *competitor* she was to the ancestral *pretenders*.

We have *resisted* them successfully and clinically and therapeutically. We have routed them, yet they hold us back. . .

Let me tell you the secret. *Politics*, and if we do not *organize* and fight with their weapons they will absorb and extinguish us. We must maintain *homœopathy* as a separate and distinct school or system of *medicine*. We must get rid of the domination and dictatorship of the A. M. A. in arranging our requirements for college curriculum. We must insist upon *our* right to teach homœopathy the best way *we homœopaths* can teach it. But we *must get rid* of the arrogant, meddling medico politician, the incompetent, pretentious regular. We challenge him to *competition*. We are not afraid. He hides behind *politics*. If it had not been for his big *brother*, the politician, he would have been down and out long ago.

The optometrist, osteopath, chiropract, Christian Scientist and others got their freedom. They got it by *fighting* for it. We can get ours the same way unless *we* are *too proud* to fight.

JOSEPH E. WRIGHT,
Westfield, N. J.

**A SCHEMATIC VIEW OF THE POSITION OF HOMŒOPATHY
AMONG THE MEDICAL ARTS AND SCIENCES.**

By J. P. Sutherland, M. D., Boston, Mass.

M E D I C I N E

**HEALING
ARTS**

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|------------------|------------------|-----------------------------|---|
| { | Pharmaco-Therapy | { Antipathic Method | |
| | | { Heteropathic Method | { The Rule of Similars
Drug Proving (Human) |
| | | { Homeopathic Method | { Single Remedy
Minimum Dose
Totality of Symptoms |
| | Psycho-Therapy | { Charcot | Hypnotism |
| | | { Bernheim | Christian Science |
| | Mechano-Therapy | { Freud | Faith and Prayer Healing |
| | | { Osteopathy | Vibrations, etc. |
| | | { Chiropractics | Corrective Gymnastics |
| | Hydro-Therapy | { Massage | |
| | | (Balneology) | |
| | Serum, Vaccine, | and Immuno-Therapy | |
| | | Electro-Therapy | { Galvanism |
| | { High Frequency | | Sinusoidal, etc. |
| | Radio-Therapy | { X-Ray | |
| | | { Radium | |
| | | { Photo-Therapy | (Actinic rays, etc.) |
| | Thermo-Therapy | | Bier Method, etc. |
| | | Chemo-Therapy | Salvarsan, etc. |
| | SURGERY | | (Including orthopedic) |
| | Obstetrics | | |
| Ophthalmology | | | |
| Diagnosis | | | |
| DIETETICS | | | |
| { | Anatomy | Histology | Embryology |
| | Physiology | Psychology | |
| | Pathology | Bacteriology | |
| | Chemistry | { Analytical | |
| | | { Physiological | |
| | | { Toxicology | |
| | Pharmacology | (Drug Pathogenesis) | |

**MEDICAL
SCIENCES**

DICTAMNUS.*

Dr. C. M. Boger, Parkersburg, W. Va.

Incidentally, perhaps the oldest mention of a cure by similars occurs in an account of the old Cretan goddess "Diktymnia (the emitted ray), who wears a wreath made of the magic plant diktamnon or dictamnus, the evergreen shrub whose contact was said at the same time to develop somnambulism and finally to cure it. As Juno Pronouba she is the goddess who presides over births. The use of the dictamnus wreath is associated with the moon. During childbirth the Cretan women were covered with the plant, and its roots were administered as best calculated to soothe the acute pain and allay irritability. They were also placed under the direct rays of the daughter of Jupiter."

This observation refers to practices and beliefs about four thousand years old.

Hahnemann used *Dictamnus* in leucorrhœa.

A hard-working woman, the mother of three children, florid, nervous, excitable, very active circulation, vomited for seven months in a former pregnancy, and vomits now when she does not get her meals regularly. Menses scanty, preceded by choking, smothering, hot flashes and sensitiveness to noises, even to the singing of birds. Exhausting dreams, of piecing together the bodies of her children. Forgetful. Latterly has developed somnambulism, getting up every night and opening a window before which she stands. Apprehensive of on-coming mental disturbance. Had chorea as a girl. Her father was a sleep walker.

She received a single drop of the mother tincture of *Dictamnus*. The next day, everytime she stood on her feet, bearing down pains with nausea and bitter, green, bilious vomiting occurred. There was a sensation of milk flowing into the breasts and the menses came on eight days too soon. After a few days the somnambulism disappeared along with the bad dreams, and in a short time she began to sleep and eat well, since which time she remained entirely well.

*The editor of THE HOMŒOPATHIC RECORDER has received this additional information concerning *Dictamnus* from Dr. Boger, and is glad to give space to the same.

COUGH CURED BY NITRIC ACID 6x.

CASE.—A slender girl of 7½ years "caught a cold" four weeks ago, and has had more or less cough since; at times very little, but easily aggravated from time to time by slight exposures.

Now, Aug. 20th, much worse; "coughs continually night and day;" very severe; dry and unsatisfactory. "Seems to be all in the throat." There is some fever in p. m.; 100°. Has been bathing a few times lately, and is easily chilled by drafts.

Rhus tox. 3x failed, so did *Rumex cr.*, so did *Dros.* for the severe night cough. It only seemed to grow worse and more paroxysmal like whooping cough. *Mephitis* 30x gave some relief, especially to gagging; but only modified. *Badiaga* did not control, but reduced to about two severe paroxysms at night: 9 to 10 p. m. and 3 to 4 a. m., when "she must sit up and cough it out," and then goes to sleep exhausted. Raises only the least amount of tough mucus at the end of paroxysm. No pain, but abdominal muscles sore and bruised from strain of coughing. *Nitric acid* 6x, 25 drops to one-fourth glass of water, a teaspoonful every hour. Began use 10 p. m. on *next night*. First paroxysm light, second only half hour; *second night* only the a. m. paroxysm of half hour or less; *third night* "slept right through from 9:30 p. m. to 7:30 a. m." Slight paroxysm between 8 and 9 a. m. after waking; *fourth night* slept all night; no cough in morning; practically none by day.

M. W. VAN DENBURG, M. D. . .

Mt. Vernon, N. Y., Sept. 3, 1919.

Aug. 29, 1919.

DR. R. F. RABE:

Dear Editor:

Why did not the A. I. of H. make the needs of homœopathy known to Andrew Carnegie before he died and induce him to leave an endowment to some homœopathic college, of from one to five million dollars?

Let it get busy with John D. R., and have Doctor Biggar, who is supposed to be his family physician and homœopath, be instru-

mental to present the facts and needs of homœopathy before him. What greater service could wealthy men render to the world?

If any one should endow a homœopathic college he should stipulate the homœopathic school be entirely divorced from all and any allopathic dictation and influence.

Have its own separate state board of examiners.

That the curriculum embraces only such studies as essential to the successful practice of homœopathy, including degrees, of course.

The course cut down to three years of eight months each with one year prior under a preceptor or else a four years' course and no preceptor.

Examination by State Board to cover an especially severe one in homœopathic philosophy and materia medica, besides the other important subjects.

In case someone should endow a homœopathic college, what would be the best way to endow it, to be sure the funds would be used exclusively for the cause of homœopathy? Would like some suggestions from others regarding these questions for possible future guidance.

I had several times started to write up a couple of clinical cases, but too many such articles stink of egotism, and some writers would give the reader the impression that what they do not know about medicine is but little, and are head and shoulders above all the other doctors in medical knowledge, where, as in fact, they fall down pretty flat when they assert that some particular remedy and potency and dosage is the only remedy which will cure a certain set of symptoms which are covered by several other remedies as well.

One more suggestion.

Why would it not be a good plan for all homœopaths located in the large cities to contribute to a fund and publish educational articles on homœopathy in every leading Sunday paper, and have their professional cards in a prominent place as strict homœopaths in the same paper?

Yours very truly,

DR. A. A. POMPEY,
Vancouver, Wash.

THE SPECIALISTS' DEPARTMENT

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Multiple Neuritis.—For the treatment of this painful and obstinate condition Julius Grinker in the *International Clinics*, Volume IV., Series 27, advocates the following: "Aspirin has been very helpful early in the disease when administered in ten-grain doses every three hours for a period of three to four days. Locally, hot water bottles may be applied to the affected parts, guarding the patient against burns. The best remedy for the relief of pain is the application of moist heat by means of local packs. If the patient's general condition permits, general hot baths may be tried."

Morphine he reserves for the cases in which the pain is so intense that there is danger from this cause alone. He advocates the single large dose. In regard to general treatment he says:

"There is a general treatment applicable to all forms of multiple neuritis which consists in the prevention of bed-sores and deformities. To prevent the troublesome bed-sores pressure should be removed from the bony portions of the body. This can be done by the use of water pillows and frequent changing of position. Considering the frequency with which contracture deformities follow multiple neuritis, we should plan early to prevent such occurrences by extending the knees and elbows and keeping them in position by means of proper immobilizing apparatuses or by plaster of Paris casts. The troublesome foot-drop can thus be prevented from becoming a permanent contracture; and a cardboard splint applied in time may again render the hand useful after recovery from wrist-drop. One may begin early to guard against deformity by placing a sandbag against the sole of the foot, even when the patient is still suffering from the acute symptoms of the disease.

"In the chronic cases strychnia and arsenic may be given in tonic doses. In fact, the routine treatment of all forms of

polyneuritis with strychnia sulphate or strychnia nitrate hypodermically or by mouth has given good results and must be acknowledged to be the best single remedy in this disease. Its administration may be begun with one-thirtieth grain, and it can be gradually increased to one-tenth grain three times daily. This treatment can be continued for months with no unpleasant after-effects.

"So soon as the pains have subsided—that is, when the condition assumes the chronic stage—we may begin the application of electricity and general mechanotherapy. Massage and electrical treatment, combined with passive flexion and extension, must be systematically practiced over long periods of time."

The Flavine Treatment of Wounds.—Flavine (1:1000) may be employed in conjunction with any of the various techniques recently advocated in wound treatment. Hitherto the great majority of cases have been treated as follows: An "open" wound with free drainage is first obtained by surgical measures: this is swabbed out once or twice a day with swabs soaked in Flavine (1:1000), care being taken to reach into all the crevices of the wound, and also to remove sloughs, etc. The wound is then lightly packed with gauze steeped in the antiseptic, and the whole covered with a piece of "protective" to prevent evaporation. Several ounces of the fluid may safely be left in the tissues or peritoneal cavity. It must be emphasized that the usual surgical procedures are an essential preliminary to the use of Flavine, which is intended as an adjunct to, and not to replace operative measures and drainage. In cases showing spreading inflammatory conditions, good results are obtained by the injection of the antiseptic into the affected area, and especially around its edges, by means of a serum syringe and hypodermic needle.

Once the infection has been practically overcome, considerably weaker solutions than 1:1000, *e. g.*, 1:5000, may be subsequently employed with advantage, or the application of Flavine may be intermitted for a day every few days, dry dressing being substituted in the intervals, or "stimulating" applications such as Brilliant Green (1:1000) may be used.

Applications of Flavine solution to a wound may be secured

by means of tubes, if desired, but it is to be noted that all the evidence indicates that frequent periodic flushing with a watery solution, as in Carrel's procedure, *should be avoided*. As regards this point, the evidence at disposal offers a direct contra-indication to the mere substitution of Flavine (1:1000) for hypochlorite solution with two-hourly flushing. Whether or not considerably weaker concentrations of Flavine may prove efficacious has not been determined; but in view of the necessity for the presence of a suitable concentration of serum in order to develop the full antiseptic action of Flavine, and also, because the latter is not rapidly inactivated, it appears that Flavine is unsuited to a method which necessitates frequent additions of considerable amounts of watery antiseptic.

Special attention is directed to the method of packing with Flavine-steeped gauze, since the results following the use of this antiseptic are obtained by a procedure which only entails dressing the patient once or twice in 24 hours, a manifest advantage under present conditions.

The Surgery of Epilepsy.—Which cases of epilepsy should be referred to the brain surgeon? Grinker answers this question in the *Illinois Medical Journal* as follows:

“Only those cases should be considered proper subjects for surgery who have received prolonged treatment by means of good-sized doses of bromides, have followed the prescribed dietetic and hygienic rules, and yet have received no benefit.

“Operation is contra-indicated in cases of repeated *petit mal* attacks, and also in the psychic forms of epilepsy.

“Obviously, the cases of traumatic Jacksonian epilepsy which were not benefited by the usual treatment should be operated on, for the probability of dementia is great, and the operative risk small.

“Cases of Jacksonian epilepsy, not of traumatic origin, but probably caused by cortical disease, such as tumor, cyst, or abscess, are proper subjects for operation. Even if the operation prove to have been only an exploratory one, it was worth while performing, for many lives have thereby been made more enduring. An operation to be of benefit should be undertaken before the epileptic habit has been thoroughly established.

"Cases of long standing, in whom there was already beginning dementia, have not infrequently benefited by operation.

"Positive indications for operation are: An increase in the number of attacks, as well as the development of paralysis and signs of beginning deterioration.

"Operation yields the best results during the periods of childhood and early adult life, for at these times the recuperative powers are greatest, while patients past middle age are not nearly as good risks and should therefore not be urged to undergo operation, except when the indications call loudly for interference."

Diabetic Coma.—Dr. P. J. Cammidge, of London, says that diabetic coma is not due to one cause, but is a complication arising from the cumulative effects of several, which result from the general metabolic failure of the diabetic organism, hence it is clear that treatment directed to one cause is not likely to control the symptoms, at any rate, more than temporarily, and that the only "cure" is to prevent all possible causes by so arranging the diet that (1) the patient's tolerance for carbohydrate, protein, and fat is not exceeded; (2) the total load of food is within his metabolic capacity; (3) the diet is correctly balanced; and (4) a sufficient allowance of inorganic salts is provided. Obviously the earlier in the course of the disease such treatment is commenced the better are the results likely to be and the less difficult will it prove to arrange a diet fulfilling the necessary conditions, but even with advanced cases a surprising improvement can be effected by careful dieting along these lines.

Prevention of Calculi.—The *Pharmaceutical Advance* for February, 1919, has this interesting bit of information: "Aqueous solutions of phenol, benzoates, salicylates, succinates, and a considerable number of the aromatic acids have the property of dissolving bodies which are normally only slightly soluble in water, such as volatile oils, alkaloids, albumins, edestin, lecithin, and even milk fat. This property is termed hydrotropism, and the substance acting as a solvent is termed the hydrotropic substance. They may render albumins non-coagulable on heating, and they liquefy gelatin. Drugs like antipyrin, acetanilid, phenacetin,

sulphonal, anesthesin, salipyrin, and pyramidon are rendered more soluble.

"The cause of such action is not always clear. In some cases double salts are formed, in others probably not.

"Hydrotropic bodies are thought to play an important part in digestion. The digestion of proteids forms amino acids which may act as hydrotropic substances and dissolve other substances, thus aiding in assimilation. They may also dissolve bacteria, and thus act as immunizing or healing agents. They doubtless act in part as solvents for uric acid, and prevent the formation of calculi in the body."

Treatment of Sciatica.—Grinker, in the *International Clinics*, Vol. IV., Series 25, says that perineural injections of 100 c.c. of normal salt solution into the sheath of the sciatic nerve gives remarkable relief of pain. The technic is described in the *J. A. M. A.*, Feb'y 6, 1909.

Lumbar Puncture.—In the same article Grinker says of lumbar puncture: "Already an antitetanus serum is being prepared for intraspinal injection, and the preparation of an antipoliomyelitic serum is something for the near future. Within the last two years also those syphilitic nervous diseases, hitherto so resistant to the ordinary antisiphilitic remedies when administered by the usual channels, are being attacked by directly intradural injections of salvarsanized serum, mercurialized serum, and even neosalvarsan."

The Babinski Sign.—One of the most valuable methods in the routine examination of patients is the sign of Babinski. Grinker describes it as follows:

"The sign of Babinski, elicited by gently striking the plantar surface of the foot, which results in a slow extension of the big toe, indicates the existence of irritation or destruction of the pyramidal tract. It is of great value in the differentiation of functional from organic nervous disease—never having been seen in the functional nervous disorders. By the side of Babinski's phenomenon the numerous modifications of this sign, all having the same significance but elicited in different ways and described by different authors, sink into insignificance. Now that the testing for Babinski's sign has become almost as much

of a routine method of examination as the taking of the pulse, one finds it difficult to conceive that our knowledge of this valuable test is not quite twenty years old."

Spinal Cord Tumor.—Persistent neuralgia should, according to Grinker, suggest the possibility of spinal cord tumor. In the *Illinois Medical Journal* for May, 1916, he says:

"Since Elsberg, of New York, has shown that even tumors growing in the substance of the cord are amenable to successful removal by his two-step operation, there are practically no contraindications left for laminectomy of supposed cord tumor. Quite recently we have learned of the existence of circumscribed collections of fluid in the arachnoid, giving rise to symptoms identical with tumor, and it is especially in such cases that brilliant cures are achieved by the mere incision and dissection of the spider-web-like sac circumscribing the fluid and exerting pressure on the cord. In conclusion, I wish to lay stress on the necessity for calling in surgical aid in any case of obscure spinal trouble. Many are the cases that could have been saved an untimely end had they been given the opportunity of an exploratory laminectomy. With the globulin test, the lymphocyte count and the Wassermann test to exclude syphilis almost to a certainty, there is no excuse in feeding a patient to death with iodides in the hope that 'something may happen.'"

A Case of Diabetes Insipidus.—We have recently examined the urine of a case of the rare condition termed diabetes insipidus, and as the urine in this disease is always extremely puzzling to the general practitioner who has not seen any cases the following may be of interest:

The patient was a woman in whom the condition came on after childbirth. The urine analysis showed the following: Volume, 5150 cc.; Color, pale; odor, none; specific gravity, 1006; reaction, neutral; sediment, slight; urea, 0.3 per cent.; 15 grammes in 24 hours; uric acid, 0.01 per cent.; 0.5 gramme in 24 hours; ammonia, 0.0068 per cent.; 0.31 gramme in 24 hours; phosphoric anhydride, 0.035 per cent.; 1.8 grammes in 24 hours; chlorides, as Na Cl, 0.3 per cent.; 15 grammes in 24 hours. The indican reaction was very slight. There was no urobilin reaction. The acetone bodies were absent in gross amount. Albumin and sugar

were absent, and there were no casts. In the sediment there were quite a few leucocytes as usual after childbirth, and a considerable number of epithelial cells from the genito-urinary tract.

The large volume of urine without either albumin, sugar or casts is what perplexes the general practitioner.

Does It Pay To Preserve Urine for Examination?—The following cases from practice should illustrate why we lay so much stress upon the collection and preservation of urine for analysis according to a certain routine. In both of the cases the entire urine for 24 hours was collected. In the first one, that of a middle-aged man, 3000 cc. of liquid was taken during the 24 hours of collection, and 1600 cc. of urine passed. When this urine reached me it was cloudy and ill smelling, had a specific gravity of 1011, and was neutral to litmus paper. As it was next to impossible to filter it clear the albumin tests showed doubtful haze, and with the microscope nothing but swarms of saprophytic bacteria could be discovered. Hence a trace of albumin and the presence of tube casts might easily have escaped our notice. **A noticeable feature of this urine was that it showed a titration acidity of 40 degrees in spite of the fact that it was neutral to litmus.**

The other specimen was from a pregnant woman who carefully followed our directions for collecting and preserving so that she voided only 500 cc. of urine in the 24 hours, and her urine even after it reached us was perceptibly colder than the surrounding atmosphere, having been kept on ice. This urine showed a slight cloud with the albumin tests which could not have been clearly demonstrated had the urine contained saprophytes in abundance. This slight cloud was accounted for by the sediment which showed many leucocytes and various epithelia which were distinct and typical under the microscope. The reaction of the urine was frankly acid to litmus, but the titration acidity was only 18 degrees. Now the question comes up, why was the first urine, which was neutral to litmus, of 40 degrees acidity, while the second urine, which was acid to litmus paper, only 18 degrees? It is just such things as these which discourage the general practitioner with urine analyses made by technicians who do not understand pathology. The facts in

these cases were as follows: In the first case the urine was probably collected in a hospital bed pan or, at any rate, was allowed to stand in a warm atmosphere for the 24 hours, during which it was collected. As a result decomposition of urea set in and a certain amount of ammonium carbonate was formed which in turn interfered with the phenolphthalein indicator used for the determination of acidity, since this indicator does not work sharply and accurately in the presence of ammonia. On the other hand, in the case of the urine of the woman, the acidity by titration was correctly gauged inasmuch as the urine was well preserved and no ammonia in form of carbonate present in quantity sufficient to interfere.

OBITUARY.

Dr. George H. Richards.

Dr. George H. Richards, of 424 Main street, Orange, N. J., former president of the Orange Board of Health, ex-president of the Board of Education, and for ten years an officer of the New Jersey Society, Sons of the American Revolution, died September 9, of heart disease.

Dr. Richards belonged to the Medical Reserve Corps of the Army, and was stationed at Fort Oglethorpe, Ga. He was discharged from duty a year ago. He was born in Orange on Jan. 7, 1863. He was graduated in 1885 from New York Homœopathic Medical College and Hospital as president of his class, and for eighteen months was on the staff of the hospital on Ward's Island. He studied in clinics and hospitals in Berlin, Vienna, Edinburgh and London.

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EDITORIAL NOTES AND COMMENTS.

How Can We Best Advance the Interests and Cause of Homœopathy?—This is a question over which the wisest minds may well ponder, especially so, as at the present time the homœopathic profession is giving every evidence of wide-spread decadence. Into this phase however we need not now enter, other than to say that another of our few remaining homœopathic medical colleges has gone out of existence, while the largest of them all is tottering on the brink of dissolution, for want of financial and moral support.

Such being the case, the question may well be asked: "What is wrong with the homœopathic school, and can anything be done to save it, or to help perpetuate the principles in which some of us at least still have faith?" To be sure, the ills of the school do not necessarily concern the interests of homœopathy itself, for while the school as an organized body or profession may go down, the fundamental principles of homœopathy will continue to live, regardless of the indifference or antagonism of shortsightedness.

However, it will hardly be gainsaid that something should be done to advance the interests and cause of homœopathy.

If there is one thing more striking than another in this age of rapid and turbulent change, it is that narrowness and sectarianism of whatever kind are doomed to disappear. So in homœopathy, we cannot and must not hope to maintain our narrow sectarianism which has dismally failed thus far, to impress itself

triumphantly upon the world at large. Medicine is not dominated by us, as many had hoped that it would be. Hence it would seem the part of wisdom to admit that homœopathy is that which most of us have for a long time believed, a therapeutic specialty, and as such only should be regarded.

It is idle for us to further attempt to spread it over the entire field of medicine. As a therapeutic specialty it is supreme, and in its legitimate sphere of application manifests its great superiority upon every occasion of trial. Since this is so, let us attempt to develop it along the lines of its rightful application.

What, then, are those lines? In the first place they enter the enormous field of functional diseases, which, although manifesting tissue change have not as yet developed to the point of gross incurable pathology. Gross pathology or disease end-products is usually beyond medicinal aid and belongs, broadly speaking, to mechanical therapy or surgery, with which we as homœotherapists have primarily nothing to do.

Secondly, and this follows logically, let us develop the work of drug proving, both upon humans and animals and in the light of modern methods of science. Here indeed is our greatest and most crying need which, unless it is met, will yet cause homœopathy to sink into the mire of oblivion. In this work of drug proving we must and can surpass that of our O. S. friends, whose efforts thus far have been confined to prophylactic immunization and animal experimentation. But even in the old school here and there we are catching glimpses of an awakening to the importance of human experimentation.

Thirdly, let us either work for the incorporation of the study of our philosophy, materia medica and therapeutics in the curricula of our old school medical colleges and state universities under adequate safeguards and assurances, or let us see to it that our few remaining independent medical colleges are given adequate financial support in the form of suitably sized endowments, and that a well equipped and capably manned post-graduate school of homœopathy be established.

These things can be done by us collectively; they cannot be accomplished by us as individuals. Each must do his share of the work and not stand aloof in any "holier than thou" attitude.

Human nature has its many frailties and none of us is entirely free from them. In organization there is strength; we should, therefore, throw our weight with organized homœopathic interests, for it is only by so doing that we shall ever be able to accomplish the things which we know must be done, if homœopathy is to survive. Signs are not wanting that an awakening to the importance of this fact is at last taking place.

Obtaining Money Under False Pretences is punishable by law, yet when certain homœopathic physicians so-called, are guilty of this offense there is no penalty, moral or legal, to inflict upon them. Yet this is just what the action of many amounts to when they depart from the ordinary standards of their school. Patients who employ homœopathic physicians do so because they feel that the homœopathic method of treatment is better suited to their needs; in any case, it is *what they want*, whether they know much or little about its distinguishing principles, is quite beside the question. They want homœopathic medicines and for this they are willing to pay a homœopathic physician. They do not want a so-called homœopathic doctor to give them allopathic drugs. If they wish the latter they well know where to go for them.

It is true that for the most part homœopaths no longer append the title "homœopathic" to their names, or place it upon their shingles, a custom which has, perhaps unfortunately, passed out of usage; but which had a great deal to commend it. It is also true that to-day the personality of the physician and his degree of success or failure count for more than his sectarian title; hence the successful homœopath can, as a rule, give almost anything to his patients without much question on their part. But nevertheless it remains a fact that people employ homœopathic physicians primarily because they want homœopathic treatment. To this they are certainly entitled and should have what they are willing to pay for.

We have no criticism to make of the homœopath who, in a trying situation, departs from strict principle after he has honestly endeavored, though in vain, to help his patient with his own remedies. The practice of homœopathy is difficult, men

have their limitations and so are bound to fail at times. The right remedy may not always be in evidence and consultation or aid may not be obtainable, yet something must be done if only for the moment, for the patient cannot be permitted to suffer for the sake of principle. That physician who, under such circumstances, gives, for example, a hypodermatic injection of morphine, is not necessarily to be consigned to very depths of hell itself, as some of our misguided, slant-eyed highbrows would consign him. Let us be charitable in our judgment of others; most of us live in glass houses anyway, and can ill afford the pastime of throwing stones.

But what shall be said of the homœopathic "dawkter," as our friend from El Paso, the Honorable John F. Edgar, would say, who in a case to which homœopathic therapy is adapted, without any question gives O. S. drugs and dope *ad infinitum et ad nauseam*. No criticism of such a physician can be too severe, for he is plainly a traitor to the cause he has espoused and a crushing handicap to its progress. We all know that there are many of his kind. The O. S. physician who looks upon us all as hypocrites and fakers can hardly be blamed for holding so poor an opinion when he has been thrown together with such misrepresentatives of our school. Quite recently the patient of a most excellent homœopathic woman physician, during the absence of the latter, called upon a mere male homœopath for relief from an acute laryngitis. This masculine exponent of the art of dispensing homœopathic pilules promptly swabbed the patient's pharynx with an iodine solution and gave heroin to allay the cough. A terrific turmoil followed, with accompanying indignation on the patient's part and recourse to another physician. Happily, *Ammonium causticum* 30th restored tranquility and ease once more.

The circumstance is thus briefly recited in illustration of similar experiences which are altogether too common and which are helping to injure the good name of homœopathy. In all fairness and in the name of consistency, physicians who choose to practice in this manner should at least not palm off their wares under the homœopathic label. Such practice is truly misleading and, in effect, is obtaining money under false pretences. These men

ought not to call themselves homœopaths, and should speedily give up their homœopathic sectarian affiliations.

What Constitutes the Practice of Homœopathy?—The answer to this question should be easy to formulate—the practice of homœopathy consists in the application of its fundamental and vital principles to the healing of the sick. Theoretically, this is so; practically, however, the answer is not true, if we are to judge the practice of homœopathy by that followed by many homœopathic physicians. Officially, a homœopathic physician is said to be one who adds to his general knowledge of medicine a special knowledge of homœopathy and observes the law of similia. All that pertains to the great field of medicine is his by inheritance, by right and by tradition.

This blanket definition has served to cover a multitude of sins, both of omission and of commission, and the word “observes” is susceptible of a variety of interpretations. Thus some men observe the law of similars in a strictly literal way, by obeying its mandates implicitly. Others observe it at quite a distance, so much so in fact, that frequently high powered field glasses are required to locate the law at all. The latter constitute the liberal element in the homœopathic profession, whose liberality is at times so wide as to amount to positive license. Between these two extremes there is, of course, a wide range and one permitting room for much argument and discussion. Because a man is an alumnus of a homœopathic medical college is he therefore, necessarily a homœopath? In one sense, yes, in several others, no. What shall we call the graduate of the O. S. college who has become a homœopathic physician from conviction and is far less “liberal” than his more pure bred half-brother? Some, yes many of our strongest homœopaths have been O. S. graduates originally. In the confused jumble of that which we know as homœopathic practice to-day, there is danger of hopeless bewilderment to the mind groping about for truth and enlightenment. Small wonder that our O. S. critics so often indulge in the cynical laugh of skepticism and dub us all arch hypocrites. We need only point to the enormous growth of the combination tablet evil in verification of our contention.

Undoubtedly the day of sectarianism is over or at least passing rapidly, as is shown by the dwindling number of our homœopathic colleges within the past ten years. We confess to much admiration for those of the faculty of the Boston University School of Medicine who, in the face of bitter opposition, had the courage of their convictions and dropped the sectarian title "homœopathic." The wisdom or unwisdom of their action remains for the future to show; but that is quite beside the question. In the course of evolution many things are changed, and that which seems wise to-day may not seem so a few years hence. Inasmuch as the practice of homœopathy has never been made to apply to the entire field of medicine, it would seem logical to assume that it cannot be. If this is true, then homœopathy must be regarded as a specialty in therapeutics—which in truth it is—hence, as with other specialties, it should be given its rightful place in the curricula of all medical colleges. If the O. S. colleges will not give it such a place, our own few remaining colleges must continue to do so; but in so doing, it is extremely doubtful whether they can shut out all other forms of therapy. In practice they have not been able to do so and exist.

It would seem, therefore, that the action of our Boston friends is entirely consistent with the demands of the present age and withal, entirely correct. The practice of homœopathy can mean but one thing only, but this should not deprive the physician of the right to recognize the good in other things as well, nor cause him to be unmindful of his own limitations.

After all, the perpetuation of the great principles of homœopathy is our cherished hope, no matter by whom they may be maintained or under what name they may be known. The name will matter little, if only the truth it represents shall survive.

Dr. Maurice A. Barnard announces the resumption of his practice at 265 Alexander street, Rochester, N. Y. Internal medicines and diagnosis preferred. Office hours: 2:00 to 3:00 p. m., 6:30 to 7:30 p. m.; Sunday, 2:00 to 3:00 p. m. Wednesday by appointment only. Telephones: Home-stone 1109, Bell Chase 1109; night calls, Stone 4017.

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RESEARCH WORK IN GELSEMIUM SEMPER- VIRENS AND BRYONIA ALBA IN INFLUENZA.

William F. Baker, A. M., M. D., Philadelphia, Pa.

(Read before the Homœopathic Medical Society of the State of Penna., Philadelphia, Pa., September 17, 1919.)

In the *Journal of Immunology* for July, 1918, there appeared a very good description of a new method of determining blood immunity, and a full report of the extensive work done in pneumonia by Prof. Solis Cohen at the Jewish Hospital in Philadelphia. The homœopathicity of the work appealed to me as the function of a homœopathic laboratory and, following his method, the subject was studied from the homœopathic standpoint, and I wish here to publicly express my thanks to Drs. Cohen and Heist for the willing and able support given me and the willingness with which they offered me the ways and means of their work.

Having seen also that a method could be used similar, except the substitution of *Bryonia*, the research was first attempted in July, 1918, with pure pneumococcus toxin. This was later augmented by a study of *Gelsemium* in the mixed infection which began a little later in Camp Devens, Boston, Mass. Here thousands of cases developed in the barracks so that an alarming situation was soon present, and all available Reserve Corps men were sent to Boston. The infection here seemed to be particularly virulent. Following Dr. Cohen's method, with the possible exception of immunizing with the rabbit protein which he did not do (the rabbit protein being just placed on the

market), a quantity of the toxin was immediately secured and *Gelsemium* and *Bryonia* selected in the place of *Cinchona*, which Dr. Cohen had used in his pneumonic experiments.

The nature of the infection known as influenza was discussed at the recent meeting in Chicago of the American Public Health Association, and they closed without reaching definite conclusions concerning the cause of the influenza. The committee reported "the micro-organism or virus" primarily responsible for this disease has not been identified, but that deaths resulting from the organism are due to pneumonia complication, and that the evidence at hand as to the value of vaccine in influenza epidemic is contradictory.

The prevailing influenza is a *typical mixed infection*, since all the four types of the pneumococcus, streptococcus, staphylococcus and Pfeiffer bacillus or the true bacillus of influenza are found. The organisms have been both hemolytic and non-hemolytic. The hemolytic has been found in larger numbers. The influenza bacillus is practically of no pathological significance. The hemolytic micro-organisms produce certain blood changes, greatly lengthening the coagulation time and increase in watery elements. Congestive complications in the lungs did not seem so important according to the report, and yet a mortality as high as 38 per cent. was reached, clearly showing a fallacy in therapeutics.

Much to the credit of the homœopathic profession by beginning therapy before a pathological entity was reached a low percentage to .6 per cent. was present as a monument to homœopathic therapy which should be of lasting credit to the school and demand serious attention of all health authorities.

The homœopathic prescription begins with a disturbance of the dynamic before a pathology is arrived at.

A full description of the methods employed are available so that it is only necessary to review the homœopathic results. So pronounced were the differences in mortality that I understand experiments are now being made with fluid extract of *Gelsemium* in regular schools.

Dr. Cohen has, however, established two cardinal principles, viz., by experiment.

1. Drugs do influence pathology and materially so.

2. In mixed infections the immunity of the blood ought to be determined first before any serum or antiserum be administered, and this can be done by testing the whole blood with the aid of the Lacey-Heist tube, and is far superior to the agglutination test. A review of the pneumonia work shows at once that derivatives of cinchona in high dilution accelerate phagocytosis. Low dilutions retard phagocytosis, and it is clear that animal experimentation will demonstrate phagocytosis influenced by drug administration.

He says: "The germicidal properties of the whole blood can be better studied by the Lacey-Heist method, and it will outline the susceptibility of the blood to certain diseases."

Either the culture is killed or grows at once, and, therefore, is determined immunity. The rabbit is highly susceptible to pneumonia, and it is almost impossible to secure immunity. A culture which will not grow in the blood certainly will not kill it. He further states that when a rabbit is fed quinine the blood serum shows little destructive power, but the leucocyte attack upon the toxin is marked.

Kolmer and Steinfeld have clearly shown that cinchonin in solution of 1 to 10000 will disinfect in a test tube secretions from a pneumonic patient or from a rabbit suffering from influenza.

Having decided that it is possible to modify and alter pathologies by means of medication, we are confronted with the so-called genius of the infection.

The genius or type of the infection was established by the Chicago committee, and when we speak of influenza, we mean that mixed infection which became pandemic.

In section 101, fifth American edition of the Organon, Hahnemann lays down the following principle: "It is possible that a physician meeting with the first case of a certain epidemic should fail to perceive at once its perfect image, because every collective disease of this kind will not manifest the totality of its symptoms and character until several cases have been carefully observed. But after having observed one or two cases of this kind a physician may approach the true condition of the epidemic that he is enabled to construe a true characteristic image of the same and to discover the true homœopathic remedy."

Later writers have classed this as a "genius" of the remedy and a "genius" of the drug.

Hahnemann broadens this general principle in section 102, when he says the complete knowledge is only to be obtained in a perfect manner by observations of the affections of several patients of *different bodily constitutions*.

This method of examining and classifying epidemic diseases is the accepted standard now for advanced research work in the laboratories. Having the "genius" of the epidemic, it was the purpose of research to obtain a remedy fitting the "totality."

The method of procedure was to take the mixed toxins in a dose equal to about one-half the lethal dose after the immunity of the animal had been determined. The animal is carefully housed and fed after being given the dose, and the effects noted to determine toxicity. A control animal is also used, which has been treated with animal protein.

Within six to twelve hours there is marked chill, rapid rise in temperature, loss of appetite, dulness and heaviness with great weakness and prostration and usually a profuse watery diarrhœa. eyes congested and exceptionally thirsty. After the third day there either develops a hypostatic pneumonia and death or a prolonged convalescence extending over a period of several months. Pneumonias developed in about 40 per cent. of cases with resultant death.

The control rabbit went through practically the same state but recovered in three to five days, and did not develop pneumonia.

Post mortem examination showed extreme basal cerebral congestion, especially in the medulla even after the animal had been decapitated to prevent confusion in pathology caused by the terminal lesions of chloroform anesthesia.

The lungs were not primarily involved, and where they were secondarily, it was in the form of a passive congestion of circulatory origin presumably.

The next step is to intercept the toxin in the animals by administration of the homœopathic remedy. (The caution might be well placed here to say that *Gelsemium* acts best in a low alcoholic percentage, and *Bryonia* acts better in a high alcoholic solution in the potency. The 3rd, 6th and 30th were used.) This

was to determine the effects of the remedies and if possible select the similimum.

Having selected *Gelsemium* because of its control of the infection when administered, the last step in the research was to determine the immunity produced by *Gelsemium* in the rabbit blood, and this is astounding when we say that the index of the blood is raised from 43 to 81 per cent. by the administration of dilutions of *Gelsemium* to perfectly well and normal animals.

Observations were made in the care of animals suffering with the toxin as to food, shelter and administration of aspirin and coal tar products.

The essential homœopathic observations are:

1. *Gelsemium* offered according to the animal experimentations the nearest similimum to the infection, and that after *Gelsemium* was administered to healthy rabbits the lethal dosage of the toxin would be increased showing clearly some relationship.

Immunization was more complete where *Gelsemium* had been administered and where no remedy was used and the animal survived, the condition lapsed into what may be called a chronic state, so that it could be started again with a very small dose of the toxin. For this reason we may hope to have the epidemic with us again this fall.

The best immunization obtainable in rabbits, who are especially sensitive, can be obtained from an animal which has been fed upon *Gelsemium*.

2. *Aconite* seemed suitable to the hypertonic states and was useful in treatment of chronic states where there was an acute exacerbation or where tonic or clonic spasm resulted.

3. *Bryonia* seemed in our hands a dangerous remedy on account of its action on lung tissue. It seemed to direct the infection towards the lung, especially when given in large doses.

As the toxin was given a preponderance of the pure pneumonic culture, *Bryonia* in potency up to the third seemed to render the animal more comfortable.

The higher potencies of *Bryonia* were disappointing.

General observations were:

1. Purely corn fed animals suffered more with the injection of the toxin and the death rate was high.

2. Milk fed animals suffered least in reaction.
3. Wheat fed animals suffered also lightly.
4. We were unable to get the animals to eat a rice diet or a sugar diet.

5. Our observations lead to the conclusion that animals kept warm and not exposed to chill were even better than those exposed to colder weather or draughts.

6. The invariable rule for the fall of temperature where a remedy was used was by lysis as opposed to crisis in the purely toxic states.

7. The experiments with *Gelsemium* show its value in all mixed infections, particularly those affecting the central nervous system. The basilar condition found may account for its peculiar headache. Its exceptional use in post-diphtheritic paralysis and the peculiar symptom of relief after urination may be due to its antagonistic effect upon the toxemias.

Gelsemium offers us the most purely dynamic remedy that we possess in the materia medica.

Bryonia affects the peripheral sensory functions and marked gastro-enteric.

The deep action of *Bryonia* on lungs is more of the nature of a hypostasis from collapse.

While it affects the serous side in nature of a pleurisy.

8. Coal tar products increased the toxicity of the toxin and provided increased mortality.

From our observations we are justified in the association of the severity of the reaction with the feeding of the animal. Certainly it is that marked changes in the immunity of the blood are noticed when the animal is deprived of foods containing vitamins. The resistance of the animal being lowered a much smaller dose of the toxin will produce serious results. That resistance is lowered as long as the animal is deprived, tests being made several weeks apart.

One of the best methods in combating the disease is a balanced ration.

That the disease is highly contagious and infectious is evidenced by the rapidity with which it spread through one of the colony houses. It has been my personal experience after an

extended acquaintance with this mixed infection that food plays an important part in the care and prevention of this disease, and that many of our people because of the high cost of food supplies were really not balancing the food ration to throw off the effects of the infection.

The following conclusions seem justifiable:

1. Animal experimentation has a useful field in the realm of *materia medica* as based upon the law of similars, but that use is limited for observation clearly shows that many substances are inert when administered to animals.

2. It offers the best eye-concept in the preliminary teaching of homœopathic *materia medica*. Its further uses are to localize pathology and show probable course, although it is unfair to attribute to a drug all the pathology of a terminal lesion when that terminal lesion is augmented by chloroform anesthesia. Probably thorough bleeding will give better pathological entities as shown by the slides presented. Decapitation is suggested.

3. The psychological factors or the individuality which so appeals to the homœopath cannot be given a place in such experiments, and consequently the dynamic cannot be considered in the pathogenesis.

4. A standard course of pathological teaching could, however, be worked out from the homœopathic *materia medica*, thus fixing the data in the student's mind.

5. If such a low mortality rate can be had in a medical emergency as the one in which we have just passed through, it is fair to assume that the same results can be had in another form of medical emergency with a proper understanding of the *materia medica*.

6. The need of the further study in *materia medica* is evidenced by a report of a dean of a certain medical college when 95 per cent. of the asked for suggestions were to advance the *materia medica* service.

Closing remarks:

The work just outlined is interesting, and I believe instructive, and it ought to be possible to have a laboratory under homœopathic supervision where our remedies and especially our potencies could be proven. Localizing the pathology, visualizing

materia medica and then follow such a course with dynamic research such as Dr. Griggs will present to you later.

We need in our homœopathic colleges more materia medica teaching. Homœopathy does not need modernizing; you may as well attempt to modernize your pocket book, and you are well aware where that will land you. What homœopathy needs and needs badly, is an unbroken faith among its teachers and a publicity which will bear the closest investigation.

Other laboratories are doing our work and unfortunately giving homœopathy no credit, while homœopathy unfortunately, is not given its just amount of time, in our teaching curricula.

The one bright spot in the future lies in the fact that where homœopathy is added to a university course the department is given full encouragement.

In a recent questionnaire sent to the alumni of a certain medical college, there was a prompt response in 91 per cent. of its alumni asking for more materia medica to be taught. They in practice had felt the need of it.

HOMŒOPATHY.

By **E. F. Cuthbert, M. D.**

A good old friend of mine, a liberal physician of the "Regular" school of medicine, asked me to write something on Homœopathy which would be an explanation of it to the men like himself who realized that there really is something in homœopathy, and want to know just what that something is.

I hesitate to comply with his request, because while I know enough about homœopathy to practice it successfully, my knowledge of some of the principles of this system is lacking, for I was originally a regular graduate and took the senior year at a homœopathic college as a post-graduate, thus missing teaching on the principles of homœopathy which were given during the curriculum of the preceding years. Consequently, I may not be able to cover the subject as comprehensively and as fully as its importance deserves.

Before proceeding with this subject, I wish it to be understood that I do not wish to offend any brother of the Regular

School. I am proud of my Kentucky School of Medicine diploma and am sure that I would not be as good a physician had I not graduated from there before studying homœopathy. And I am very sure that I would not be as broad-minded as I am if I had not studied both systems of medicine. If I do not make any point clear or if some reader of this article wants something explained more fully I will gladly do so on request if I can.

Just now we have too many so-called homœopaths who are the very worst kind of mongrels in their prescribing—too lazy to study up their cases and prescribe scientifically and too thoughtless to realize the danger of careless prescribing. They are a disgrace to homœopathy, just the same as certain church members are a disgrace to the church.

The small dose, if properly selected, will cure, but few realize how much there is in the proper selection. The homœopathic remedy must be properly selected, and sometimes it is an awfully hard task to find the properly indicated remedy. Right there is where so many of our so-called homœopaths are NOT homœopaths. They are too lazy to burn the midnight oil studying to find the properly indicated homœopathic remedy. Many are a little like an old retired physician I talked to some years ago. He graduated years before at a good homœopathic college which truly taught him homœopathy. He said it was so hard hunting up all the little symptoms to a case that when he became related by marriage to the leading allopathic physician of the community and they got to working together he just gradually got into the way of *prescribing whatever was easiest*. I could not help thinking what an old sloven he was, although he was honest about it. What a grand opportunity he had to show the other doctor the superiority of homœopathy and convert him to homœopathy and establish it on a firm foundation in that community. He is the only homœopath I ever met who turned allopath, although I have met many splendid homœopathic physicians who originally like myself were allopaths. How easily he could have shown his friend what he could do with homœopathic remedies which he could not do with his remedies. He might have taken a case of enlarged tonsils and said what can you do to cure these tonsils? The allopath could take them out, with the usual undesirable re-

sults. The homœopath can cure them, with the properly selected homœopathic remedy, reducing the size to normal and making them absolutely healthy. In the same way the proper remedy taken properly in the fall WILL prevent the person who usually has tonsillitis and quinsy from having it during the following winter. Did you ever have a wound which would not heal? There is a homœopathic remedy which will, when taken internally, cause it to heal nicely and promptly. What can the allopath do for the baby which is good all day and howls all night? A few doses of the proper homœopathic remedy will cure that annoying symptom. How often the delicate little child slips away from the regular physician, or is slipping away and in despair the parents try a homœopath? He gives the child some insignificant powders or tablets and the little one is saved.

Well do I remember a weary night I spent giving a poor woman chloroform to relieve the excruciating after-pains. Two years later the same problem faced me with the same lady, but in the meantime I had looked up the indicated homœopathic remedy and although the after-pains started just as severely chloroform was not needed.

And yet a farmer away back in the woods of Jackson Township told a neighbor who employed me that "Common sense tells a fellow that those little pills cannot help a person." (I had made him pay a bill he tried to get out of.) Other people say they have seen children eat half a little bottle of those pills and it did not kill them. A friend of mine once said in reply to that remark, "And I guess if it had killed your kid you would have been satisfied." However it is a fact that children often eat those pills and it never harms them. I often give a two-dram bottle of them to a child to eat. Why does it not harm them? Because they have no medicine on them. I buy those discs in twenty-five pound lots; they come in five-pound paper boxes, and they will not harm a person any more than to eat an equal amount of sugar. Each disc will absorb half a drop of medicine if the medicine is poured on and then poured off promptly. If let lie in the medicine it will absorb a drop of it. At least that is my experience. In this connection I must tell a story which is too good to keep. I have always held that the

more ignorant a physician is the more reckless he is in his prescribing. We have one here of that type. He had failed on the State board here and finally passed it by a narrow margin and, after practicing here for a few years, decided to move to North Carolina. He did so but only remained in that State long enough to take the Board examination and receive notice of the result. He then discovered that the climate did not suit his wife and came back to this State. During his absence a peculiar old maid, a patient of his, came to me for medicine for some ailment, I believe a headache, and when I gave her a bottle of little discs she told me that she did not think they were strong enough to help her, as she was so strong. I told her that was the proper remedy and should help her, and if it did not to report in two days. In that time she was back again not one bit better. She said that from the time I gave her the bottle she knew that medicine would not help her for it was not strong enough. I had told her to take two discs every two hours which would make the dose just one drop of the medicine. I determined to make a test in her case, for I was sure I had given her the right remedy. I put thirty-two drops of that same medicine in a four-ounce bottle and filled it up with distilled water and put in enough caramel to color it about as black as it could be made. She smiled and assured me that she knew that would cure her and it did. She had faith in the black stuff like she had been receiving from the ignoramus and had no faith in my discs which were exactly the same dose of the same remedy she received in the black bottle.

The homœopathic law of cure is: "Similia Similibus Curantur" or similars cure similars. Somebody says: "If I am poisoned by belladonna, a homœopathic dose of belladonna is not going to cure me." OF COURSE IT WILL NOT and IT IS NOT HOMŒOPATHY TO EXPECT IT. A small dose added to the poisonous dose of belladonna would not be a similar, but identically the same drug or condition and, of course, could not cure the condition. But supposing the symptoms of belladonna poisoning—the sore throat, flushed face, throbbing headache and throbbing carotids—were caused by getting your feet wet, riding in a draft on a damp cold day, or by some other cause not belladonna poisoning, the homœopathic preparation of belladonna will cure the case

One of the best remedies we homœopaths have for diphtheria is cyanide of mercury in extremely small, properly triturated doses. Some twenty years ago a man named Barnett died in New York City, supposedly from diphtheria. Months later a suspicion arose that he had been poisoned by cyanide of mercury. The body was exhumed, a chemical analysis made and the suspicion was confirmed. If that man was treated by a homœopathic physician and cyanide of mercury was prescribed, of course it did not help him, but if he had truly had diphtheria, it would have cured him.

While I am speaking of diphtheria, I take just a little pride in the fact that in the almost twenty-six years since my graduation I have treated a good many cases of diphtheria. I have never used anything but the indicated homœopathic remedy and usually swabbed the throat with a mixture of salicylic acid, glycerine and water. And I have never had a death from diphtheria or any other sore throat. I have never used antitoxin. Can anybody show as good a record, who uses antitoxin?

I did see antitoxin used once fifteen or more years ago, when the use of it was in its infancy. I was called in consultation to see a child dying with diphtheria, whom a young doctor had been treating several days for tonsillitis. The child was beyond earthly aid, and I told the attending physician of his error and he smoothed it out to the family. The father had heard of the new remedy and believing that antitoxin might save his child wanted it used. We got it and the young doctor used it, but the child died within half an hour thereafter. That case was not a reflection on antitoxin, however, for it was used too late.

From what reports I have heard and seen published in our recent scourge of influenza, the homœopaths had a far smaller percentage of deaths than the regulars. At one time last October I had one hundred and two cases of it on my hands and only one of them died. I probably treated more cases of influenza last fall and winter than any other physician in this vicinity and my number of deaths was away below any of the other physicians, with the possible exception of a homœopathic physician, three miles from here, the only other homœopath in the vicinity.

Evans City, Pa.

FACTS.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

It is said that "one fact is better than a dozen theories." Our doctors have been "fed up" on theories. What they want is *facts*. I often say to our doctors, "You want to rid your mind of the idea that prescribing for the sick is mostly guesswork and uncertainty, FOR IT IS NOT. When you prescribe for a sick person according to certain *clearly defined* indications, you may expect good results. It is *not* guessing at things, it is a 'dead open and shut.'" When the *indicated* remedy is given, your patient *begins* to feel *better* from the *start*. When in *doubt* about your diagnosis or the indicated remedy *read* the *pulse*; it will not only tell you the *real* conditions of your patient but also the *indicated* remedy. You must read the pulse of *both* wrists, for the pulse of one wrist may be *entirely* different from the *other*.

Very many of our doctors make a *great* mistake when they read the pulse of *one* wrist and form their diagnosis from *that*. When you do that you don't know the *real* conditions of your patient. You only know *half* the truth. *A patient* may deceive you, but the pulse will tell you the *truth*.

When we know *how* to read the face, eyes, pulse and tongue we have a DEFINITE SYSTEM of DIAGNOSIS that we can *depend upon*.

During the month of October Dr. C. M. Beck, San Francisco, California, came across the continent to see the writer. He had "heard things" about him, and he wanted to see for himself what manner of man Dr. Jones was. He is a prominent regular physician who wants "more light."

I talked with him for two hours. He said, "I feel well paid for my trip across the continent. I have learned *more* from you than in *all* the years that I spent in a medical college." We are in the world to *help* each other, and when we can help a brother physician to be a *better* physician, we are doing God's work. You may be called to prescribe for a child with a *big* belly, which is due to diseased mesentery. Its limbs are *shrunken*, eyes *sunken*, the face is *pinched* and *old* looking. It does not learn to walk or

talk, or increase in size. If not actually sick in bed everything seems to have come to a *stand still* as far as growth and development is concerned.

The child strains at stool, the stool *partly protruding*, and then *slipping back*. There is a lack of *expulsive* power to the rectum.

The above symptoms point like a finger board to one remedy, *Silicea* 30th x, three tablets night and morning.

In reading the pulse of a lady I read the pulse of both wrists, and found an *intermission* of the pulse at every *sixth* beat. This occurring in both wrists alike told me of a severe *drain* upon the system.

In her case it was caused by menorrhagia. In reading the pulse of some patients you will find it considerably *below* the normal (remember the normal pulse is *full, strong* and *regular*), very *weak*, either too fast or too slow, but about right as to number of pulsations.

There are about fifty diseases come in this way, and we call it *vital* or constitutional weakness. It is the *underlying* cause of very many diseases.

The patient drifts around from one doctor to another, each *doctor* fails to find *the real* condition of the patient and only succeeds in "patching them up." Now, no matter *what* the disease may be with the above *kind* of pulse, if we can raise the nerve power (the man *behind* the gun, heart), strengthen the vitality of the sick person, set the pulse of *both* wrists to beating with a *normal* stroke, we have our patient *started* on the road to health.

When the time comes by proper treatment that the pulse of *both* wrists are *alike*, full, strong and regular, the *vitality* of our patient is *at par*, and the patient is nearly well.

I have made a special study for many years to find a remedy that would *raise* the nerve power and *build up* the *vitality* of a sick person.

I have found the following "Tonic Tablets" the *best* thing for the purpose:

R. Calcarea phos.6th.
 Natrum mur.6th.
 Kali phos.3d x.
 Strychnia phos.3d x.

Mix.

Sig.—Four tablets before each meal and at bedtime.

You can get them at the homœopathic pharmacy.

They strengthen the nerves, increase the appetite, and the sick person has more vim, more ambition.

I love to wander through the woods, especially in those "Indian summer" days. There comes to me a feeling of *rest* and peace.

In the sighing of the branches,
 In the rustle of the leaves,
 Comes to me a welcome greeting,
 "Come and rest, and be at ease."

In the solemn *stillness* of the grand old forest, it is then that God speaks to His children. I seem to hear His sweet, gentle voice saying, "Peace, be still. Be *still* and KNOW THAT I AM GOD."

In October Dr. Charles E. Moores, an eclectic, of Seattle, Washington, came to study with me. He is one of the most prominent physicians on the Pacific Coast, a "live wire," who has built up a reputation by the *cures* he has made.

You may have a case of fever, *great* heat over the whole body, *face red* and *hot*, yet when *any* part of the body is *uncovered* the patient feels *chilly*. That indicates *Nux vomica*.

In children subject to *colic* and sore *eyelids*, the teeth grow *black* and *decay* early, then *Staphisagria* 30th x is the remedy, give it every four hours.

In a case of *colic* in children where the child gets relief by pressing the *abdomen* against the *mother's shoulder*, it indicates *Stannum* 3d x.

A good treatment for nocturnal emissions in young men is *Tr. thuja*, 5 drops every three hours, and *Baryta carb.* 6th x, three tablets three times a day.

You may meet with a case of ganglion and you would like to be able to cure it. Give *Benzoic acid* 3d x, three tablets every four hours. Apply—

- ℞. Benzoic acidgrs. xv.
 Alcoholfl. ʒiii.
 Distilled waterfl. ʒviii.
 Mix. Sig.—Rub it in well into the affected part night and morning.

When a doctor is well posted in orificial surgery, when a lady patient comes into his office, the first question he will naturally ask is, "Madam, is your clitoris hooded or is it otherwise?" This will give the lady the impression that the doctor *understands his business*. I am *not* posted in orificial surgery.

The various "fads" and "serums" don't *appeal* to me. I have *absolute faith* in my remedies, and *with* those remedies I can *cure* my patients. When a doctor *knows* materia medica he will then realize as *never before* the *mighty power* he has over diseased conditions.

This fall my old friend, Dr. Joseph E. Wright, Westfield, N. J., called to see me. The doctor is a homœopath, "dyed in the wool." Yes, sir, if you don't believe it just start an argument with him and he will tell you more about homœopathy in an hour than you ever dreamed of. The doctor and I smoked the "pipe of peace" and made good medicine.

The doctor is naturally a "self-starter," but he is at his best when you get him "wound up" and pointed in the right direction. God bless you, old friend. May your days be long in the land of your fathers.

MAKING A SKILLED PHYSICIAN.—Hippocrates named six conditions necessary to become a skilled physician: Natural talent, instruction by a competent master, a place favorable to study, education begun in youth, love of work and long application. The first of these conditions is the most important, for where there is not a natural disposition it is useless to attempt to force Nature. Theory should be combined with practice. Want of experience begets either timidity or rashness. Timidity discloses impotence and rashness ignorance.

FACIAL NEURALGIA.

By F. H. Lutze, M. D., Brooklyn, N. Y.

Miss G., æt. 58 years, had suffered from facial neuralgia on the left side of the face for five years, and had been treated for this by a number of physicians, the last one being a prominent homœopath of Boston, Mass., her home; but she had been afforded but little relief. My first prescription for this patient was: *Nux vom.*, simply with a view to antidote the drugs prescribed for her by her former doctors, believing that the temporary relief obtained from them was largely due to narcotics given her. After two weeks of this treatment she felt remarkably better, could sleep at night and suffered but very little pain during the day. Unable to obtain any symptoms I continued the *Nux vom.* in various potencies and in frequent doses with the result that finally symptoms appeared, on these I then based my further prescriptions. It would be too tedious and be of no special benefit to give this part of the treatment in detail. Suffice it to say that she received several remedies, as they seemed to be indicated by her symptoms. Among these were, toward the latter end: *Belladonna*, *Arsenicum* and *Pulsatilla*, the last one given on the symptoms: Worse at night, better in the cold air, and must sit up in bed when the pains commence to trouble her. Being well-nigh convinced that *Pulsatilla* was the homœopathic remedy for this patient, I continued this for two weeks, a powder every three days, beginning with the highest potency I had (cm.), and each following dose in a lower potency, until finally I gave her the 30th, a powder night and morning. Three days later she and the family gave me these symptoms: The pains come much more frequent and are much more severe; they start from under the left eye or from the middle of the nose on the left side and shoot down the face to the chin, also affecting the mouth and tongue. They are sharp, cutting, lightning-like, worse toward morning, in bed; has to jump up involuntarily to a sitting posture with each shock of pain; she is worse from heat and from the least motion, especially chewing, talking or even moving the tongue. I now gave her *Bryonia alba* 45m., in aqua.

and three powders cured her completely in three days. She improved almost from the beginning, in health and appearance, as the narcotics she had been dosed with were being antidoted, but there was but little change in the neuralgia until she received the *Bryonia*, and there has been no relapse.

DEAFNESS.

Mrs. G., æt. 50 years, came to be treated for deafness, which was undoubtedly due to the treatment of old school doctors with quinine, for an attack of malaria or intermittent fever, contracted while residing in Kingston on the Hudson. But the quinine did not even improve her, although she became gradually deaf. After a year she moved to a town in the central part of New Jersey and while residing there the malaria gradually disappeared, but not so the deafness. I treated her for three weeks with *Pulsatilla*, since the symptoms given me seemed to indicate that remedy, yet although she felt much improved, there was no change in her deafness. On her fourth call to my office I learned, in an ordinary conversation, with no thought of obtaining any further symptoms, as I had questioned her very thoroughly, that she still resided in the New Jersey town, but came very often to Brooklyn, as her son was married and had his home there, and that she found that her hearing always improved while staying in Brooklyn. Then I argued as follows: The New Jersey town is probably in a malaria region, and just enough similar to that of Kingston to cure the malaria contracted there, but has evidently no power to cure her deafness; though this is relieved to some extent while the lady is staying in Brooklyn. This city being much neared to the ocean, the atmosphere is more impregnated with the salty air of the ocean, which gives her some relief of the deafness. I had given her *Puls.* because she persisted in saying that she felt so much better in the cold open air. I now gave her *Natrum mur.* 200, and she did not return for treatment until a month later, when she called to have me come to attend her son, he being very ill. I rose to shout in her ear that I would go with her at once, when she smiled, saying, that this was not necessary, as the last prescription had cured her deafness completely, and she could now hear as well as ever, indeed better than ever.

AD CAPTANDUM VULGIS.

Jos. E. Wright, M. D.

To catch the rabble is one thing, to *fight* for the *truth* is another. Samuel Hahnemann preferred the latter. Hahnemann *rang* from nature one of her laws, *Similia similibus curantur*. Others had a gleam of it, but no one *followed it up* but Hahnemann, and he gave the *world* the following: The *proving* of the *single* medicinal substance on the *human* animal in a state of health.

When he *thought* that a drug or medicine would cure the symptom, signs *or things* that it would *produce*, he began to *experiment*. But he found *in* the crude and gross *dosage* that he only added fuel to the fire. So he *reduced* the dose by *diluting* it. Now he did not *dilute* at random, Hahnemann was *orderly* and *methodical*. They say that *scientific* means to proceed in an orderly and *methodical* manner.

So Hahnemann *to be* orderly and methodical (scientific) adopted the *centesimal* scale. He sought for an *inert* vehicle and selected *Alcohol*, which gave results in the medicinal substance from the vegetable kingdom. He met with difficulties with the *insoluble minerals*, so he sought for another *inert* menstruum and chose pure Sugar of Milk. He *diluted* his vegetables in alcohol and he *ground* or *trituated* his minerals in sugar of milk *and* he began to *get results*.

So he *followed it up*, and he rang from Nature another law, *Dilution* and *Trituration*.

So from Hahnemann we get the terms *Potency* or power, and the *potencies* of our pharmacy thus arrived. So far as I can glean Hahnemann went to the 60th potency, and they tell me he proved that number of remedies. They tell me that they are called the *Polycrests*. Others went higher. *Dunham* with his sewing machine attachment went to 200, *Swan* and others with *fluctuation* soared with the realms of M., C. M., D. M., and so far a bove the clouds of imagination that I am not able to

follow. But I want to say right here that we owe to Hahnemann the discovery of the *law* of Similia, the law of *Dilution* and *Trituration*.

LYCOPODIUM.

**A Proving by Donald Macfarlan, M. D., with Remarks by
John Hutchinson, M. D.**

Lycopodii Pollen, or the sporules of club moss from the forests of Russia and Finland, was proved by Hahnemann. He was the first physician to recognize and insist upon the active medicinal virtues of this substance, and he supported his position by the production of 891 symptoms from the remedy under his own observation.

Doubtless no remedy in the materia medica exhibits more striking force of character, if the expression may be applied to that which is outside the sphere of human life, but which has certainly added immeasurably to the integrity of that life.. *Lycopodium* evidences within itself the power of lifting a depleted, weak, perverted, or deeply debilitated human organism, perhaps congenitally so, out of its progressive instability into a state of amplified health, a larger existence.

This power of the remedy is beautifully illustrated in the infancy of life, when the selection of a remedy may lie between such as *Sanicula*, *Sulphur*, *Calcarea*, *Psorinum*, and yet be none of these, but *Lycopodium* instead, because the symptomatology of the case is a picture most nearly corresponding to the *Lycopodium* complex.

Or, the picture may show itself in adolescence by some prominent characteristic, particularly if the remedy had been needed earlier and the call for it unheeded. At any period of life, with the indicative constitution, *Lycopodium* will exercise its reconstructive might and efficacy, so that in future, as thousands of times in the past, patients will have reason to be profoundly

grateful for a boon from that which has been so often miscalled inert.

In the following proving of *Lycopodium clavatum* none of the provers knew that a proving was being made, so there is nothing imagined:

Emotive and Sentient: Lackadaisical spirit and sense of weakness removed by proving (30).

Weakness brought on (6) (30). Noted in 5 provers of the 30. Feels quivery with weakness, although no shaking is experienced. Drowsiness in two provers under 5c. Stupidity (5c.). Low spirited (5c.). Dreadfully sleepy by 6 p. m.; almost asleep walking round (5c.). By night worn and sleepy (5c.).

Head: Headache was on top (30). Heavy headache (30). Very giddy, in two provers, with paleness in standing up in one of them (30). The ball of the right eye is sore to the touch in pressing lid upon it (30). Lower border of both lids itch (30). Agglutination of lids (30). Eyelids sting (30). Cold perspiration on the face and asthenia (30). Hard, yellow mucus from left nostril (30). When stooping forward everything in head felt as if pushed forward through the eyes (30). Lachrymation worst in the left eye (5c.). Face scarlet with heat about four o'clock (5c.). This kept up until the evening. Bursting headache over the right eye, better by pressure, centers in the temples (5c.). Nose runs clear water around 3-4 o'clock, better in open air, worse indoors (5c.). Right ear pains off and on; ached about half the night, sharp, like a toothache (5c.). Eyes burn (5c.) Lips throb (5c.).

Throat: Dryness of the mouth (30) (5c.). Constant thirst (30). Sour taste in the mouth, worse after eating (30). Coffee and tea turn sour (30). Sourness wears off one-half hour after eating (30). Right-sided sore throat (30). Tongue feels sore on the tip (5c.).

Stomach and Abdomen: Coughing and gagging so severe in two provers that emesis follows (30). Stool is hard to move in the morning (30). Gas passed per rectum made less; it overcame the costiveness (30?). Afraid to eat because of shortness of breath after eating (30). Everything she ate turned sour (30). Appetite sharpened—four provers (30). Gags her

when she coughs (30). Awful lot of gas anteriorly in the left side of abdomen; it pushed up against the heart, causing faintness and weakness; two provers of 30. Nervous fluttering at pit of the stomach, followed by nausea (30). Primary costiveness in two provers (5c.) Straining at stool (30) (5c.). Large stool, very dark, requiring urging (5c.). Sharp cramps in the belly until bowels moved, and cramps worse after eating (?) (5c.). Marked increase in appetite especially for evening meal (?) (5c.). The proving stops the craving for sweets—on pushing the remedy the craving returns. Belching off and on and almost as soon as the food touches the stomach (5c.). Heart palpitates more while eating (5c.).

Back and Body: Beating pain—like a heart beating in the back (30.). Breast itches (5c.). Pain in back under left shoulder-blade (5c.). Back pricks up near neck as if going to sleep (5c.). Dull ache in small of back constant (6).

Extremities: Limbs are shaky and weak (30). Fingers in left hand itch (5c.). Right hand numb (5c.). Stinging pain in fingers of right hand (5c.). Picking in ankles but mostly the left (5c.). Finger joints sore—more so in left hand. Some little pain in toes by night (5c.). By noon for a short time very weak in knees (5c.). Cannot keep feet still—seems to want to cross and uncross them constantly (5c.). Left knee swollen (6x.).

Respiratory: Gagging cough starts around midnight and keeps up steadily,—two provers (30). Coughing spell, causing gagging and later vomiting,—two provers (30). Causes mucus to become yellow, was like water before,—two provers of 30 (5c.). Cold is loose on chest,—two provers of 30. Expectoration made nasty; ugly taste between bitter and sweet (30). Dry hacking cough, ameliorated on lying down, which loosens it, and later a raising of thick yellow mucus (6) (30). Dry cough made worse by sitting up (30). Cough worse at night causing vomiting (30). Stringy expectoration (5c.). When she blows nose seems to close the ear and cause deafness in the right ear (5c.). Short of breath and swollen (5c.).

Sleep: Sleeplessness in fore part of night till three a. m. (?).

Sound sleep all night; on pushing remedy sleeping not so good (5c.). Sleepless in last part of night (curative) (6x L.).

Skin: Prover not so sallow (30). Fingers in left hand itch (5c.). Produced a large boil on a healthy man who never had a boil in his life before; situated on the right buttock (5c.). Skin of face scarlet with heat (5c.).

Urine: Wonderful in preventing frequent nocturna in three provers of 30 (5c.). Diminished urination during day (30). Urination more frequent by day and night,—two provers of 30. Reddish urine changed to a weak tea color; offensiveness not removed so quickly as the coloration (30). Sharp compelling pain to urinate on holding urine; it passes off in the voiding (30). Sharp pain during urination removing by the proving in two provers (30). Proving enabled two provers to hold their urine: they feel better after urination (30). Urination more frequent (30). Normally a prover voids once at night; proving runs it up to four times, but it is clearer (?). Takes so long to pass urine (5c.). Desire to urinate all of a sudden (5c.). Prolonged draining-like morning urination (5c.).

Fever: Produced chills and fever all day long. One moment warm, the next cold (3). Chilliness (5c.). Face red with fever from four o'clock till evening (5c.). Terrible chilliness lasts for one-half hour, nine to nine-thirty p. m. (5c.). Sweats at night (curative), 6x.

Female: Awful cramps in the womb; as if she were giving birth (30).

Modalities: Amelioration of dry hacking cough on lying down, aggravation on sitting up (30). Cough worse at night (30). Worse after eating in respect to sour taste in mouth and shortness of breath (30).

(The 5c. preparation was the Fincke potency).

1805 Chestnut Street, Philadelphia,

441 Park Avenue, New York.

JOHN A. DUNN COMPANY.**Gardner, Mass.**

Sept. 19th, 1919.

Editor of the HOMŒOPATHIC RECORDER.

Dear Sir:

The Melbourne Homœopathic Hospital at Melbourne, Australia, of which Dr. W. K. Bouton is the surgeon in charge, requires an interne to start in the first of the year.

It is necessary that he be a graduate of either the New York Homœopathic Medical College or Boston University Medical School. The salary is \$1,000.00 the first year, \$1,250.00 the second year, and \$1,500.00 the third year, and there are some cases that pay fees in advance.

There is a very fine opportunity for surgical work, and at the end of the three years a very good opportunity for going into private practice.

If you know of anyone whom you would recommend and whom you think might care to go out, I would be very glad if you would advise me of his name that I may get in touch with him. The expenses of the trip can be financed by advancing money enough to cover. I would be very grateful for any suggestions that you can make.

Very truly yours,

KNIBLOE S. CARY.

P. S.—Transportation expenses to Melbourne will be paid by the Melbourne Homœopathic Hospital.—EDITOR.

AS OTHERS SEE US.

Sept. 30th, 1919.

Editor of the HOMŒOPATHIC RECORDER.

The article in the Sept. RECORDER, taken from *American Medicine*, entitled "Science and Alcohol," brings to my mind some ancient history in connection with some other events which have occurred in this good country long years ago, analagous in many ways to the great prohibition movement we have witnessed in recent years. Let the eminent scientists from the New York Academy of Medicine cool their heated brows. There have al-

ways been well educated "scientific" souls who have "viewed with alarm" every great reform movement our country has experienced, but the great mass of hard-headed, sensible people have gone right on with the reform movement and humanity has reached a little higher plane of clean living and human liberty. Witness the slavery question. We are all familiar with its history. Many well meaning, educated, Christian people defended slavery, with their Bibles in their hands.

Just because these eminent scientists in New York, in grave alarm, point out certain dire disasters which, in their opinion, *may* follow in the wake of the prohibition gunboat, is no positive evidence whatsoever that these things will ever occur.

Many years ago, in the forties, I believe, the first bath tub in Cincinnati was installed. It created quite a stir among the medical circles of the city, and one doctor wrote an article, which was published, decrying the use of bath tubs. He stated among other objections, that the bath tub would prove to be conducive to frequent bathing, which in turn would prove to be very detrimental to health. No proof was offered to establish its danger to health. All very scientific no doubt, but it was not true, and the "sentimental and hysterical" laity of Cincinnati persisted in installing bath tubs and sanitary sewers, contrary to the advice of the scientists.

Prohibition of the alcoholic liquor traffic is something more than a matter of science. It involves a great moral and economic problem as well. Booze inflicts its terrible cruelty on thousands of innocent non-drinkers, which the article referred to, takes into account not at all; but deals with the individual drinker. Booze has been banished from the fighting forces of the country, the army and navy, where during war time the men live under "very highly artificial and trying standards," quoting Dr. Jelliffe, and furthermore, the President made prohibition a war measure when the whole nation was living under similar standards. All this may be very unscientific; but its wisdom is beyond question. If prohibition is good for army and navy all the time and for all of us during war time, will Dr. Jelliffe & Co. please elucidate to the unlettered herd why it is *not* a good thing for all of us at *all* times?

I do not wish to cast any reflections whatsoever on the men who expressed their views on prohibition, on the occasion cited. They are entitled to their views, but they are not my views, and I feel reasonably sure they are not the views on the subject of the profession generally.

I regret to see the RECORDER lined up on the wrong side of a great moral and economic question. It is too worthy a journal to be defending in any degree outlawed booze.

E. B. DOAN.

EDITOR'S NOTE.—The HOMŒOPATHIC RECORDER is not "lined up" on either side of the prohibition question; its editor, however, is decidedly opposed to any *curtailment of personal liberty*; but believes in presenting all sides and opinions regarding any debatable question. Hence he is glad to give space to Dr. Doan's frank letter.

September 25, '19.

HOMŒOPATHIC RECORDER,

R. F. Rabe, M. D., Editor,

616 Madison Ave., New York City.

Dear Doctor:

You may please cancel my subscription to the RECORDER. I have been a close reader of the same for several years and would be still if the RECORDER was still "devoted to the introduction of new remedies and to advancing our knowledge of older ones;" but as it has been taken over by the "ALCOHOL TRUST" I do not care for it. I have practiced medicine where there have been saloons and where there are none. I have seen the big advantages from the prohibition, and, when necessary (?), the alcohol can be prescribed under our laws, so why should the RECORDER be so strong in its advertising the *Booze*?

Yours,

A. E. A. MUMMERY.

VERIFICATIONS.

By E. Wallace Mac Adam, M. D., New York.

MY FIRST CASE.

The elevator man in an office building seemed to be too intelligent for a job which paid nine dollars a week, and I asked him why he did not get a better position. He told me that he had been a shipping clerk, when one day some eight months before a case fell on his right hand and crushed his fingers. At the hospital they patched them up, and the fingers' ends, although badly misshapen and scarred, and the nails gone, looked serviceable enough; but he was unable to use the hand because whenever he touched anything with the finger tips, no matter how lightly, sharp pains darted up the arm and caused him such great distress that he had finally given up all attempts to use the hand, and obtained the job of running the elevator because he could do it with the left hand. He could not write or use the fingers of the right hand in any way. The surgeon to whom he had explained his predicament urged that he have all the distal phalanges amputated, but the fellow appeared fond of his fingers and refused.

Only recently I had become possessed of a Cowperthwaite's *Materia Medica*, and I imagined that all I had to do to cure anything was to look in the book and the remedy for any condition would be apparent at once. Alas! How often are we disappointed to find how difficult it is to pick the remedy! I studied the book from front to back but I could not find a description of such pain as my friend suffered. For about a week all my spare time was spent in reading remedies, and at the end of the week I went to my preceptor, Dr. H. P. Gillingham, told him about the fingers, and that I had about decided upon *Hypericum*. He said *Hypericum* might do some good, but taking into account that the injury came from a crushing bruise he advised *Arnica*, and he instructed me how to give it. Next day I sought out the Boericke & Tafel store in Grand street, bought a vial of *Arnica* 30, and put up some powders for the man. The next day I asked him if he had begun to take the medicine, and he

said no, his wife feared it might be poison. I put one powder on his tongue, and assured him that the remedy was harmless, and he promised to take the others. This was on a Saturday.

On Monday morning when I entered the cage I thought the man had gone crazy. He ran up to me, slapped me on the chest, then on the back, and then turned and beat the wall with his hands. I stood aghast, and then he cried, "See, see! I can use my hand!" And then I noted that he was drumming with the disabled fingers. Such delirium of joy I have never since witnessed in a patient.

I report the case because it has always seemed interesting that at the very entrance to professional life I should be met by a brilliant and spectacular cure and at the same time the curious mental processes so common to patients all over the world.

His appreciation was almost pathetic, he was married and now poverty and want could be banished from his home. Gratitude with him was no mean thing—how much was my bill? He wanted to pay it whatever it was. There was no charge, I answered; but if he cared to pay for the medicine, I had laid out twenty cents.

A few hours later he came to my desk. "Look here," said he, "I went in swimming yesterday; don't you think that cured my fingers?"

And he never paid the twenty cents.

SECOND: A CASE OF WARTS.

While yet a medical student I was camping with my preceptor one summer, and we became acquainted with a group of caddy boys. One of them had hands fairly covered with warts. At the suggestion of Dr. Gillingham, who was teaching me *materia medica* by the demonstration method, I gave the boy one dose of *Causticum* 30, and told him to report in one month. Promptly his letter came, but the warts were unchanged. I was disappointed and somewhat chagrined, and I wrote him that some day when I knew more I would prescribe again, that I wasn't much of a doctor, anyway. And I sent him no more medicine. Weeks later the following epistle was received:

"I was glad to hear from you I didn't think you would write to me. did you go camp thanksgiving I hope you had a good time. We have had warm for the time of the year—only had one snow storm it didn't snow much. I have killed 21. rabbits and four quail. Walter Louper and I went gunning today and he shot one wood cock. The boy who you and the Dr. gave the tent to let it stand out of doors all the time and it spoiled all most it is to bad. how is the Dr. Me and my father are fishing and claming for a living we have done well. Christmas is near. I hope you come down next summer. I would like to see you. It is evening now. my warts are all gone. my brother is going to take the letter to the post office. I will stop not. from"

THIRD: A CASE OF BOILS.

Arnica cured the man who sent the following letter: *

"The medicine which you gave me for my obstreperous stomach has worked in an entirely satisfactory manner. The nausea soon disappeared and I have had no trouble since.

However, here is another appeal for help. "I am just getting over my third boil since September. I know perfectly well that Job had more than that but the difference is that I can not afford so sit on a dust heap and bemoan my fate. I got a work too hard. Therefore, although I have used your old prescription of glycerine and creolin, which brings said boils nicely to a head until they bust (and how I pray for them to bust), still I should like to test that internal anti—head-her-off stuff—that you once told me beat the allopath's serum all hollow. Please send a large quantity, for the last series reached to the number of nine.

"Understand, it isn't that I have so much antipathy to a boil, *per se*, but I do not like the haphazard way in which they choose their sites. I can stand having by beauty marred, but when locomotion and repose are interfered with, I . . . want pills.

"Yours in boiling expectancy."

FOURTH: A CASE OF CONSTIPATION.

A young engineer had been suffering for several years from constipation. *Nux vomica* had relieved him, and when his profession called him to the tropics he asked his physician to give

him something that he could take if the condition recurred. He was given a small vial of *Nux vomica* 200, with directions to take of it sparingly, only when needed, and one dose at a time.

After an absence of some two years he presented himself with a most unhappy tale. As long as the *Nux vomica* had lasted he had been in good condition, but one day he found himself unable to obtain an evacuation, his homœopathic remedy gone, and his erstwhile physician some two thousand miles away. So hied he to a local English doctor, who prescribed the usual cathartics. After some time he developed fissure of the anus, and for two months was confined to bed, suffering acutely, discouraged alike from the oppressive heat and from the reluctance of the fissure to heal. Finally he was able to get to New York, wan and weak, with comparatively little pain, but with the obstinate constipation unremedied.

He was given one dose of *Nux vomica* 200th, watched for two days and then discharged. A month or two later the following was received from him:

"I sincerely hope that you have not judged the depth of my appreciation 'for services rendered' by the time it has taken me to tell you about it. But it sure is a joyful tale that I have to tell you, for since that afternoon, many weeks ago, that you in your professional capacity placed a few granules of reorganization upon my somewhat coated tongue I have been quite free from the worries, perplexities and embarrassments of my former self; and every single morning, when rosy-figured Aurora is busy in the East, I also am, in the innermost privacy of our privy council.

"I have taken no medicine, no enemas, no nothing, except lots of out doors, and have been following very closely all the directions received from you. But truth to tell, I have never been in better condition in that respect than now, and it is so unusual, so novel, so *good* for me, that sometimes I almost fail to recognize my perfectly well-regulated self.

"If the foregoing sounds, or reads, like a Lydia Peruna ad—don't blame me—just lay it to the great joy I feel over the revolution you have brought about. I liked the Madame Sherry music before, but now the one song is sung with so much added zest, with all the exuberance of pure joy—'Every little movement has a meaning all its own.'"

ASAFŒTIDA.

Harvey Farrington, M. D., Chicago, Ill.

Asafœtida, in its crude form, is a gum-resin obtained by incising the root of the *Ferula Asafœtida*, a plant indigenous to Persia, Thibet and Afghanistan. The young shoots are used as greens by the natives and the juice as a condiment. Its medicinal properties were noted by European investigators as early as 1687, but were common knowledge in the East from time immemorial.

The common name, "Devil's Dung," is well chosen—doubtless having been coined by some hapless victim who was forced to take large doses. Indeed, the strong, garlicky odor and alliaceous flavor have caused more than one old school physician to abandon it for drugs less obnoxious, although it is still prescribed more or less extensively as a diuretic emenagogue, aphrodisiac, and especially as a sedative stimulant in hysteria, hysterolepsy, convulsions of weak, nervous children, in asthma and spasmodic affections of the digestive tract with tympanitis.

From this we may gain a rough outline of its principal sphere of action. But as usual homœopathy has had to define its exact position in therapeutics. We have space to give but a brief outline of the picture of this drug—interesting and in many ways striking in its peculiarities.

Like most substances of strong taste and penetrating odor, the pathogenesis is dominated by mental and nervous phenomena. From this the symptoms range through functional disorders and lesions of the soft tissues and the organs, even to destruction and caries of bony tissue.

First of all we note hypersensitiveness to external impressions. Noise, touch, mental excitement are sources of aggravation. The ulcers are so sensitive the softest kind of dressing hurts them and light touch, even a short distance from the sore, causes acute suffering. It is a sensitiveness comparable only with that of *Lachesis*, and, like the latter, there is the apparent contradiction of painful ailments where the surface remains unbroken, namely, relief from pressure. Instances of this are found in neuralgic pain in the head, eyes, legs, colic, etc. Pains in the

eyes, head and elsewhere cease when the part is touched and appear somewhere else. Even convulsive symptoms may be allayed by the touch of another person.

The Asafœtida patient may have the appearance of good health, of being well nourished and robust. But on closer examination it will usually be found that the face is puffy and bluish, indicative of venous sluggishness and torpor, such as we find in *Capsicum*, *Carbo veg.*, and *Pulsatilla*. Blueness, moreover, is a general characteristic, appearing not only in the face but in any affected part. The remedy has done excellent work in thin, pale, sickly individuals also. External appearance must take second place as compared with subjective symptoms.

Hysterical twitching and contractions are marked. This is true of voluntary as well as involuntary muscle-fibers. Hence we have globus hystericus, sensation of reverse peristalsis, etc., brought on by some mental excitement. Twitching and jerking in the limbs, chorea, convulsions, hysterical in origin or perhaps from pin worms.

Numbness is a strong characteristic. It is found especially in the scalp, in the brain, the nasal bones, and occurs frequently with pain in any part of the body.

The pains are of varying character—throbbing, tearing, cutting, but most peculiar of all, *stitching from within outward*: stitches in the skull in the long bones of the extremities, in the ulcers.

Most complaints affect the left side—here again suggestive of *Lachesis* and some of the snake poisons. The twitching and jerking are apt to involve the muscles of the left arm or leg; pain in the left side of the head; bleeding from the left nostril, etc. Some of the provers experienced pain in the whole left side of the body. (*Sepia* has sensation “as if she could feel every muscle and fiber of her right side, from shoulder to feet.”)

Like most “venous subjects” the Asafœtida patient is relieved in the open air and to some extent by motion. This, however, does not apply to the asthma and some rheumatic complaints, which are worse from motion. Pains in the legs are apt to be worse from the warmth of the bed. Many symptoms appear while sitting and are better in the open air. (*Conium* is the opposite.)

The hysterical nature of the patient is revealed in the telling of symptoms. Things of little consequence are magnified; he fears paralysis or softening of the brain; is restless, unable to concentrate on any one thing; low spirited, irritable, and if a woman, there is alternative laughing and crying. With these mental states are associated the contractions of involuntary muscles mentioned above. A ball rises in the throat; it can be swallowed away but returns again. Or there is a sensation as if the whole œsophagus were being forced upwards. Flatulence is nearly always a prominent feature of the case, and tends to press upwards, sometimes with such vehemence as to cause gasping for breath, and reflexly, occipital headache, vertigo, fainting, twitching of muscles, trembling, etc. Throbbing, cutting, burning in the stomach; gone, empty feeling worse about 11 a. m. (*Sulphur* is not the only remedy for this symptom.) Belching loud and violent, which usually affords relief. Gripping in the region of the navel, heat with a sensation as though the intestines were knotted into a ball.

Eating is followed by heat of the face, anguish, great mental depression, pulsations and diarrhœa, also distension and flatulence, but these symptoms occur just as frequently from nervous shock or getting chilled. There is relief of abdominal symptoms after stool, but what is more striking and peculiar, pain in the occiput and back of neck may be relieved thereby.

Discharges, like the odor of the drug itself, are horribly offensive. Whether from ulcers or the natural channels of the body, their suppression will almost inevitably be followed by the hysterical manifestations we have portrayed.

Asafœtida is a deep acting antipsoric; it will antidote the chronic effects of mercury; it has cured many cases of syphilis, especially where the bones were involved. But whatever the basic miasm, whatever the diagnosis, at least a few of the characteristics here given must be present, if it is the *similimum*.

THE SPECIALISTS' DEPARTMENT

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Two Lives that Might Have Been Saved.—An old friend called on us not long ago who had not been practicing for many years. When we asked him why he stopped practicing his answer was that he became discouraged with medicine on account of the following remarkable experience: He was caring for a patient who was eight months' pregnant, and who apparently was in the best possible condition, a fine, healthy, athletic woman, of means and intelligence. He called professionally upon this woman on one Saturday and gave her directions to send a specimen of urine, collected on Sunday, to the writer on Monday. This was done and the writer examined the urine on the Monday in question but found it what we called in those days "normal," in the sense that it was negative as regards albumin, casts, sugar, etc. On the Monday in question the doctor called again on the patient who assured him that she never felt better in her life; that on Sunday she had walked several miles and eaten a hearty dinner after the walk. While the doctor was talking with her she complained of a sudden sharp pain in her head, in the frontal region. This pain continued. The doctor prescribed for the headache, not suspecting anything serious, and went away. In the afternoon of the same day he got a hurry-up call from her and went as fast as he could to the house. Scarcely had he arrived when the woman went into convulsions but came out of them without going into coma. The doctor immediately summoned two other physicians, one of whom refused to believe that anything serious was the matter, while the other was inclined to side with the attending physician, and advised induction of labor. Scarcely had they begun to induce labor before the woman had another attack of convulsions and died. The child was removed by abdominal section and was born alive, dying, however, a few months afterwards. In this case there was no

edema at any time, not even when the convulsions came on. All this happened many years ago. In these modern days the urine, according to the writer's plan for determining the ratio of urea to ammonia, could not have failed to show that the patient was toxic long before convulsions took place. It is likely also that the blood pressure and the respiratory rest test, as used by Fitzpatrick, would have warned the attending physician that something was wrong. This case shows the fallacy of paying too much attention to the positive statements of a pregnant woman that she is "perfectly well." The writer is not inclined to boast, but must say in all fairness to the modern tests for toxemia that in ten years of trial of them not one case of unexpected convulsions has taken place in his experience. On the other hand, patients in whom untoward happenings have been hourly looked for have been carried through successfully owing, probably, to the fact that the urine signs were far in advance of the danger period. How so many obstetricians can practice without studying these safeguards and employing them is a mystery to the writer, in view of such calamities as illustrated by the case described above.

Treatment of Trifacial Neuralgia.—Martin Fischer, of Cincinnati, whose contributions to the study of focal infection have won him everlasting fame in medical circles, says of trifacial neuralgia: "Out of thirteen cases of trifacial neuralgia, which Fletcher studied, he relieved twelve by proper treatment of infections about the teeth. I always like to compare this record with that of some of my surgical friends who have handled this distressing condition in other ways. A popular method with them is to pull out the fifth nerve by the roots. In other words, the telephone bothers them so they rip out the line. They have other ways of handling the situation. Instead of recognizing the true origin of the trouble and locating it, as is commonly the case in teeth, the surgeons kill the nerve or paralyze it with alcohol." (*Reprint from Dental Summary*, 1915.)

Treatment of Muscular Rheumatism.—Fischer, with the same idea about the teeth as the above, regarding trifacial neuralgia, advocates treatment of mouth infections for the cure of muscular rheumatism. He says: "Micro-organisms may also come to rest

in the muscles. The usual spot chosen is where muscle joins tendon, for here it is that the circulation is the least perfect. Since this is synonymous with the least adequate supply of oxygen, it is not surprising that here the micro-organisms do their greatest mischief. What we have described is the mechanisms by which muscular rheumatism is produced and thus explains why rheumatic pains and the tenderest points are located not in the bellies of the skeletal muscles but at the junction points between muscle and tendons."

Focal Infection and Nephritis.—According to Fischer, the streptococcus group circulating in the blood may localize in the small arteries of the kidneys. The infectious emboli commonly locate in the glomeruli, but they may also come to rest in the capillary beds about the convoluted and straight tubes. In consequence of the tiny infarcts thus produced spot after spot in the kidney is destroyed. As the spots die albumin and casts appear in the urine. The amount of such spotty involvement may, of course, be very general and occur very acutely, or it may be local and slow going, but, nevertheless, progressive in type. Depending upon which prevails, we have either an acute or a more lasting chronic type of nephritis."

Clawson on Fischer.—In the discussion of Dr. Fischer's paper, Dr. W. M. Clawson, a dentist, had the following to say about devitalizing teeth: "I enjoyed this paper immensely, and I am heartily in accord with the general trend of the paper, that systemic conditions are in a great many cases largely due to mouth infections that we have lately become well aware of; especially ill-fitting crowns under the margins of the gums, those which impinge upon the dental membranes, etc., imperfect root canal fillings. But the devitalization, and I do not say this because I believe in devitalizing wholesale, I believe in devitalizing only when it is the lesser of two evils—but I have seen case after case where a tooth has been devitalized and crowned, where crowns fit well, when those **teeth were in better condition pathologically than any other tooth in the mouth.**

I can show cases where fifteen years ago teeth that were abscessed, absolutely abscessed, had been abscessed for two and three years, were treated, crowned, the roots filled and those

teeth to-day are better than other teeth adjacent to them that were in perfect condition at the time that this was done. I can recite one case in particular where a man presented himself, where he had erosion of the teeth to such an extent that the nerves were in some cases actually exposed from erosion. In that mouth I devitalized under high pressure anesthesia fifteen teeth and crowned them, principally with crowns which had no bands whatever, and **I can show as healthy and fine looking a mouth as you want to see**, and I would be glad to have Doctor Fischer examine that mouth.

The Bowel as a Source of Infection.—In his paper to the dentists already quoted Dr. Fischer admits that the bowel is undoubtedly a prolific source of occasional or periodic infection of the blood, but claims that it is not yet proved in the conclusive fashion by which the dental infections have been proved. So far as we can see then it is not wise to pull out every tooth in a patient's head for the cure of nephritis until we have made certain by blood examination after the technique of Toren that mouth infection is present, until also the sigmoidoscope has shown a comparatively healthy colon, and rectum, and until other foci of infection are found absent. In our clinical experience we have noticed a little albumin and a few casts to clear up following sigmoidoscopic treatment of the colon, and we have not observed the same thing following treatment of the teeth, though it is our opinion that this does not prove much.

Subacute Combined Cord Degeneration.—Julius Grinker, M. D., in the *J. A. M. A.*, of April 4th, 1908, says of this disease, sometimes called spastic ataxia:

"The principal symptoms can be divided into (a) sensory symptoms due to posterior tract degeneration, and (b) motor symptoms, consisting of weakness and spasticity in the early stages, due to pyramidal tract degeneration, which is followed in the terminal stage by flaccid paralysis, owing to supervening anterior horn degeneration.

One of the earliest manifestations of the disease is impairment of subjective sensation in the lower extremities. The patient most often complains of a tingling or numbness or prickling in the feet or calves of the legs, frequently combined with a dull

ache in the lower spine. As these uncomfortable sensations have in many cases been preceded by some other disease, or there may have been impaired vitality from whatever cause, the patient usually attributes his subjective sensory disorders to the antecedent condition. In other cases a tired feeling or tightness and stiffness about the legs may be the initial symptoms. Whichever symptoms may have appeared first, ataxia or the lack of power to co-ordinate properly the muscles in standing and walking soon follows. In general terms one might say that motor power is at first but slightly affected, perhaps nothing more has been noted than a tendency to fatigue after slight exertion, and this was regarded as an expression of neurasthenia and treated as such. On the other hand, the distress occasioned by paresthesia, especially from feelings of intense cold or of waves of heat, may be severe and gives rise to bitter complaints.

"The disease usually terminates fatally within one and one-half to five or even six years. Instances of partial and even complete recovery have been recorded, but sufficient latitude must be allowed for mistakes in diagnosis. There is no valid reason, however, why improvement and even arrest of the disease should not occur if treatment is begun sufficiently early.

"As the cord disease is frequently found in company with anemia or some other form of ill health, the associated disorder will come in for a large share of attention. At all events rest of mind and body is positively indicated. If anemia is present iron tonics and arsenic, particularly the latter, are indicated. If gastro-intestinal disorders, such as indigestion or diarrheas, are troublesome strict attention will be paid to the dietary and appropriate remedies administered.

"The sensory discomforts which are usually only subjective in the beginning can be greatly benefited by the application of the faradic brush. The Pacquelin cautery applied over the spine occasionally relieves sensory symptoms. General faradization as a tonic and local faradization over weak muscles, used in moderate strength and not longer than twenty minutes at each sitting, appear to be beneficial; in addition gentle massage may be used cautiously. Patients must be warned against every form of fatigue; they are advised to lead a regular life and the early

cases are permitted to indulge in a moderate degree of open air exercise.

“For the incoordination nothing has yet excelled or even approached in efficacy Frenkel’s systematic exercises originally devised for the treatment of tabetic ataxia. These can be varied to suit each case and will be found very helpful in the early and even in the more advanced degrees of incoordination encountered in this disease. The underlying principle of the method is to re-educate the patient’s muscles in proper co-ordination, at first with the aid of sight and later without it. Only persistent systematic effort is fruitful of results.

“It is needless to say that there is no specific remedy against this disease. The treatment must, therefore, be purely symptomatic. Bearing in mind our utter helplessness in the face of the fully developed disease, it will be our earnest endeavor to recognize the disease in its early stages when treatment can accomplish the most good.”

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EDITORIAL NOTES AND COMMENTS.

The Course of the Disease.—Kent speaks of the possibility of disease taking a wrong course and this possibility is indeed only too true. Disease proceeds from without inward, from the less important to the more important organs. Cure proceeds in the reverse direction, from within outward. In the treatment of a chronic disease the appearance or reappearance of a skin eruption is always a welcome sign. Its disappearance, however, when not followed by general improvement, and hence not truly curative, is a dangerous sign. In the acute exanthemata this is strikingly so. When the rash fails to come out the child is likely to die.

In deep-seated, chronic diseases, in which a skin manifestation is present, a wrongly chosen remedy may prove fatal in its effect. Such a remedy, selected for its applicability to the skin phase of the disease alone, is but partially homœopathic and can never, therefore, be curative. The disease then takes the wrong direction toward ultimate dissolution and death. The same result may, of course, be brought about by wrongful suppression of the external symptoms by the application of ointments and salves. In either case disaster is sure to follow.

To be sure, the disease may of itself, so to speak, take the wrong course, regardless of any or all therapy. Such cases are always fatal. Physicians should bear these few simple facts in mind, in the care of their patients. Prognosis and even diagnosis will be much aided by such philosophical reflections. He

who is successful in checking a tuberculous diarrhoea with a partially indicated remedy is doing as much harm as he who checks it with opium. In either case the neatly covered, ornate black silver mounted pine box is not far around the corner. So let us pay heed to the dangers of disease suppression and beware of disease which takes the wrong course.

Time to Act.—We are all eager to make brilliant cures, but many of us spoil our chances of curing by too hasty repetition or change of remedies. This is particularly true in the treatment of chronic cases, in which we can hardly expect rapid improvement. Unless we are wise enough to wait and permit the remedy given to expend its force without interruption, failure will result. The best cures are made of patients whom we least often see. It is surprising to watch symptoms of long standing gradually and silently disappear, when the properly chosen remedy has been allowed to act without interference. Hence "hands off!" should be the motto, once improvement is under way. Nature has been gently started on the road to cure; but if you attempt to hurry her by giving a few extra pushes, you may topple her over before she reaches the goal. So give the remedy and nature time to act.

It Is Well To Look Before You Leap.—A gentleman of seventy-three, recently called upon us for treatment of a supposed orchitis. The diagnosis was his own evidently, and seemed to be largely based upon the fact that he had, some forty-seven years ago, had an attack of gonorrhœa, which was finally cured by a homœopathic physician. For nine months previous to his coming he had been carefully prescribed for by two most excellent homœopathic physicians but without the slightest improvement. *Bryonia*, *Clematis*, *Aurum met.*, *Kali iodatum*, and other remedies had been assiduously administered, but the hard scrotal "orchitic" lump persisted. During all this time no thorough examination had been made, but the affected region had been inspected and even palpated. It seemed as though our white haired Lothario of seventy-three summers was doomed to endure his discomfort for the rest of his earthly days, at least.

Examination showed a firm, hard tumor in the right half of the scrotum, apparently connected with a nodular but much smaller mass on its under surface. Palpation of this nodule showed it to be the testicle. Over the tumor itself, cough impulse was present, and a distinct impulse was to be felt when the patient strained as though at stool. Placing him on his back we were able to easily reduce the tumor, leaving a normal right testicle and scrotum. Thus the diagnosis of hernia was substantiated and the need for mechanical or surgical measures indicated.

Mistakes as these are still too common, and when, as was unfortunately the case, committed by homœopathic physicians, are apt to bring homœopathy into ridicule and disrepute. To prescribe for such a condition is not only laughable but an absurd misinterpretation of Hahnemann's philosophy. Seek the cause and examine your patient always, before you attempt to cure him!

Educational Reflections.—The annual "Educational Number" of *The Journal of the American Medical Association* of August 16, 1919, arouses much thought in several directions. The therapeutic poverty of our O. S. friends and their lamentable weakness in therapeutic ability are abundantly reflected in an able article read before the section on pharmacology and therapeutics at the seventieth annual session of the A. M. A., Atlantic City, N. J., June, 1919, by W. A. Bastedo, M. D., assistant professor of clinical medicine, Columbia University College of Physicians and Surgeons.

Among other observations, Bastedo states, "all didactic lectures should be abolished except a very few that may deal with principles. . . ." This is in line with the modern idea of teaching a subject by visualizing it and can be well applied where there is sufficient clinical material by our own teachers of materia medica. The student who is shown, *e. g.*, a typical case of pleurisy in which the diagnostic physical signs have been properly demonstrated to him and to whose attention have been vividly brought the therapeutic indications, let us say, of *Bryonia*, is much more likely to remember *Bryonia* than if this remedy has been merely

lectured upon in the usual didactic manner. Several different clinical cases, such as pneumonia, acute rheumatic arthritis, appendicitis, etc., but all requiring *Bryonia* as a remedy will do more to fix indelibly this medicine in the student's mind than a dozen didactic lectures. The latter are useful to be sure, but only to round out the picture for the sake of theoretical completeness. Our colleges to be truly useful must be able to furnish enough clinical material to permit of such instruction by visualization. If they cannot do this, they fail in their mission, and that many have so failed in the past is only too well known by those who have graduated from their halls. To-day our colleges must possess ample hospital facilities or affiliations, otherwise they must expect to go under. In the last analysis it becomes a question of the survival of the fittest, the weak are bound to die.

Another wise observation of Bastedo is the following: "In the best teaching in any subject it is a fundamental proposition that facts must be handled by the student at school as he may be expected to handle them in the world at large; or, to apply this idea in therapeutics, the undergraduate must be taught to handle the facts on which the treatment is based as he may be expected to handle them when he is practicing medicine. It follows from this that his clinical therapeutic teachers must be practicing physicians, men who will understand the needs of the sick patient in the home and the physician's office, and will take cognizance of all factors, from outside the patient as well as from inside him, that may influence the patient's mental and physical comfort. I am mindful of the words of Sir James Mackenzie in speaking of cardiac decompensation: "It may be taken as an axiom that if the patient does not get sufficient sleep he will never get well," and of those of Ray L. Wilbur: 'Reassurance is often as comforting as opium and has fewer after-affects.' Indeed, a sick body is not infrequently only the physical expression of a sick mind. In many instances the removal of an outside influence has an important scientific value as a measure of treatment, and has as pronounced a physiologic action as the most potent of pharmacopeial drugs. Better for our students we could not do than have them see at work those clinicians who appreciate the personal relations of the patient, and who not only inspire by their

erudition and enthusiasm, but also show that humanity that always leaves the patient, whether poor or rich, better in spirit because of the medical interview. Such men always remember that they are *treating a patient that has a disease rather than a disease that has the patient.*"

The italics are ours, and we use them to point out how Bastedo unconsciously, no doubt, repeats the injunction of Hahnemann himself. Most O. S. physicians prescribe for a diagnosis, a label, a name, as though this represented a tangible thing to be gotten rid of at all hazards, regardless of the poor patient. Our author's further advice to take cognizance of all factors from outside the patient as well as from inside him that may influence the patient's mental and physical comfort, is indeed most excellent; unfortunately many physicians have no human side to their characters; they lack all understanding of human nature. To them medicine is a cold blooded scientific vocation in which the patient plays but an incidental part. With such men the disease is the thing, the all important object of their solemn endeavor. Particularly is this often true of the specialist in our large cities who scarcely ever comes into real intimate touch with his patient. To him the alpha and omega of the medical horizon are comprised within the narrow confines of his chosen specialty. Such a man is in reality a victim of arrested development; but not a physician in the true sense.

In his remarks upon deciding on the treatment, Bastedo proceeds to say: "Furthermore, students should be taught to practice as the great consultants practice. These, when outlining a plan of treatment, remove themselves from the patient and the patient's friends, to sit down quietly and review the data at their disposal in a clear cold, logical manner, without sentiment, until the plan is matured. Then, in dealing with the patient, they show kindness and consideration.

"In teaching the student in the dispensary or at the bedside, why expect him to give offhand the treatment of each individual symptom without consideration of the patient as a whole? Let us rather habituate him to getting away from the patient, in small clinic sections, perhaps, for that moment or two of thought which will permit a mental survey of all the probabilities in the

particular case. For in our clinical work *we are not treating tonsillitis, typhoid fever and gastric ulcer*, each with its numerous possibilities in the way of symptoms, but *we are treating a particular patient with tonsillitis, typhoid fever or gastric ulcer* at the particular stage and with only such conditions or symptoms as that particular case manifests. If we teach a student to exact uninterrupted moments for consideration of the treatment, may we not save him later from the many therapeutic failures which result, at least in part, from a habit of permitting submergence of his thought on the patient's symptoms by an irrelevant introduction of the anxieties of friends, and sometimes the neighborhood gossip?"

Truly, we suspect that Bastedo has been burning midnight kilowatts over the Everyman's Library edition of Hahnemann's Organon. Shades of von Bœnninghausen, can it be true that here we have a hand-picked example of the dominant school sliding helplessly down the embankment of similia into the deep pool of homœopathic philosophy! Is the light of Truth dawning at last? Let us hope so, and that Bastedo's able article will profoundly affect the erudite readers of J. A. M. A. For years we homœopaths have been teaching our students to treat the patient not the disease and our O. S. brethren have been laughing us to scorn. But the worm will turn at last.

In the presentation of educational data for 1919 by the Council on Medical Education, we find in table 14, that the proportion of physicians to population is lowest in North Dakota, 1 physician to 1,310 of population; but highest in the District of Columbia, being 1 to 302. We can quite understand the latter, when we reflect upon the national legislative mental calisthenics which have been indulged in by our political Solons for some months past. There must be many sick men in Washington, and Harvey's no longer has a thirst assuaging mahogany bar at which they may be revived.

The number of medical colleges in the country is placed at eighty-five, of which seventy-six are non-sectarian (regular), five are homœopathic, one is eclectic and three are nondescript. The Boston University School of Medicine is now classified as non-sectarian, hence regular. For this reason the homœopathic

school is credited with five instead of six colleges. The State University of Iowa College of Medicine now has an elective chair in homœopathic materia medica and therapeutics; a somewhat similar arrangement exists in the University of California Medical School. In reality, the school still possesses eight institutions in which homœopathy is taught.

The total number of medical students for the year ending June 30, 1919, was 13,052, a decrease of 578 below last year. Of the total number of students 93.9 per cent. were in attendance at the non-sectarian (regular) colleges; 3.0 per cent. at the homœopathic; 0.7 per cent. at the eclectic, and 2.4 per cent. at the nondescript colleges, of which there are three.

For the same period of time there were 2,656 graduates in medicine, a decrease of 14 below 1918. The number of graduates from the homœopathic colleges was 89 or 25 less than last year.

Comment seems superfluous here.

The Campaign in New York in behalf of the New York Homœopathic Medical College and Flower Hospital, conducted among the alumni of this institution, goes with discouraging slowness. It is idle to hide the fact; far better to face the situation and seek the reasons for the tortoise-like progress of this endeavor.

It is undoubtedly true that many alumni are ashamed of their Alma Mater, its sinister record of recent years, and its grade B classification. The general complexion of its student body has not exactly been such as to arouse joyous emotions in the breasts of older graduates. The fact is patent that a large number of alumni have no confidence in the mother that gave them birth and are unwilling, therefore, to contribute to her support in the hour of famine and need.

It is also true that many of the sons of this college have come to feel that the day of sectarianism in medicine is definitely over. With this view or belief we fully agree; but the question still remains to be answered, "How are we best to safeguard and advance the principles of homœopathy if we abandon the college of homœopathic medicine?" Who will teach and exemplify

these fundamental truths? The O. S. colleges have as yet shown no particular desire to incorporate homœopathy in their curricula, and even if they should do so, what guarantee have we that such incorporation would be carried out in good faith? Homœopathy thrived when most opposed; but began to languish when opposition ceased. Damning it by faint praise will be fatal indeed!

To many the sectarian title homœopathic is a stumbling block, and these men would remove it by making our colleges non-sectarian in name, as well as in instruction. Boston has done this very thing and, while it is too soon to attempt to draw conclusions, the Boston experiment, so far as we have been able to learn, seems to be progressing very favorably. After all, as the immortal Shakespeare has said, "What's in a name?" If the knowledge of our principles be more widely extended and accepted, let us not quibble over the mere name. The truths of homœopathy cannot and will not die, even though every homœopathic medical college in the land were extinguished. May it not well be that in the inexorable progress of evolution the homœopathic college will find itself forced to the wall and obliged to undergo a metamorphosis into something more truly valuable to the cause it should and ought to represent!

PERSONALS.

In "The Honorable Peter Sterling" is told the story of the East Side youngster who is asked upon the witness stand, "What is the difference between city milk and country milk?" He answers, "The city milk comes in a pail, but the country milk squirts from a cow."

But the ignorance of country milk is not altogether found in the East Side youngster. Many an oldster, tied down to his daily grind of routine work, wears himself out at length in his incessant round of toil. The brain worker, glued to his desk, has little thought of the milk that squirts from a cow or of the cool green pastures by the winding creek, where glossy Holsteins browse upon the succulent clover and red top. How satisfied they are, how restful and peaceful they look, pictures of relaxation and contentment!

Yes, that's the word, "relaxation:" how necessary for overwrought, tense nerves to be given a breathing spell during which they may quietly and peacefully relax. Happy is the sufferer who can tear himself away from the noisy, grimy city and hie him to the hills and dales of rural simplicity.

Greenport, Long Island, New York, offers just such a place, and LOVE'S RELAXATORIUM bids welcome to the tired denizen of the city's brick and mortar, who seeks a much needed rest and change. Presided over by Dr. William Lathrop Love, whose city office is at 857 Lincoln Place, Brooklyn, N. Y., this haven of refuge bids fair to become a Mecca for those who need good wholesome food, refined, delightful surroundings and relaxation.

Dr. T. Campbell Howard announces that he has been appointed Roentgenologist to Flower Hospital. Private cases may be referred to him at the hospital between 9 and 11 a. m. and by appointment. 64th St. and Eastern Boulevard. Plaza 5506.

PARADISE REGAINED ?

Senator Simmons has assured a distracted farmer, who asked if he could make cider without fear that before him yawned the penitentiary and behind him stalked a revenue agent, that cider, according to the attorney general, "is not prohibited by the prohibition law," not being a distilled, vinous or malt beverage.

It was of Mother Eve that the poet sang :

"Grapes, they say, hung 'round her in plenty ;
 Other fruit a hundred and twenty.
 But she, I've heard,
 An apple preferred.
 A juicy one, Eve ate the first—
 Unless tradition belied her—
 And as it slaked the lady's thirst
 She cried, 'What a good thing is cider !'"

If Senator Simmons has correctly quoted the attorney general and Mr. Palmer is as set in his opinions as a Quaker is said to be, there is a boom coming in apple orchard property such as will delight the unregenerate wets seeking to regain a paradise lost and dismay the drys fearing the loss of a paradise gained.—
The N. Y. Sun.

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KALI CARBONICUM—SOME IMPRESSIONS.*

The *Kalis* with one or two exceptions perhaps, are depressants; *Kali carb.* is certainly so and better known to homœopathic prescribers, because it has received a careful proving. Hahnemann devotes much attention to it in his "Chronic Diseases," and Jahr's "Symptomen-Codex" contains an exhaustive pathogenesis of this great remedy.

We must, if we would use it successfully, understand the spirit of the remedy so to speak; its individuality if you choose, or personality. We must know it as we know our intimate friends who, although they may be at some distance from us, will nevertheless be easily recognized by certain characteristics of gait, outline or manner. This is what is meant, when we speak of the genius of a remedy.

Kali carb. is a remedy of strong, well marked characteristics, hence easily recognized, if these are known. The patient who requires the remedy is likely to be on the road to physical and mental exhaustion. His reaction, therefore, is sluggish; his circulation weak; his mental concentration impaired. He may be neurasthenic; but it is the nervous depression of physical depletion. Overwork, physical or mental, is a causative factor, excesses of any kind are another. The body machinery is breaking down from wornout parts, prematurely consigned to the human scrap-heap. It is in this sense, therefore, that we must understand this great polychrest.

The *Kali carb.* patient is anæmic, as might be expected from

*Read by the editor before the annual convention of the Southern Homœopathic Medical Association at Cincinnati, Ohio, Nov. 19, 1919.

what has already been said. Hence he is a chilly patient, sensitive to cold, to winter, to exposure. Like *Arsenicum album* he loves heat and is made better by it. Cold aggravates his symptoms, hence is shunned by him, as far as possible.

Vitality is low, and, since the body resistance is admittedly at its lowest ebb in the early morning hours, it might be expected that many of the complaints of this remedy will be worse in the feeble hours of the early morning. So we find it and *Kali carb.* is worse from two to three a. m.

Mucous membranes become inflamed under the action of *Potassium carbonate*, likewise serous membranes, and then we find a low grade of inflammation accompanied by sharp, stitching or cutting pains, which, although they are made worse by motion, occur, nevertheless, independently of it. In pleurisy, therefore, or in pneumonia, *Kali carb.* will be indicated by the sharp stitching pains which are aggravated by motion, deep breathing, etc., but take place suddenly and unexpectedly, regardless of either. Unlike *Bryonia*, which quite naturally comes to mind, *Kali carb.* is made worse by pressure or when lying upon the painful side. *Bryonia* is more apt to affect the right side of the chest, whereas *Kali carb.* is more likely to affect the left. This observation is strongly emphasized by von Bœnninghausen in his *Therapeutic Pocket-Book or Repertory*.

Both sour and sweetish expectoration is found in this remedy, and its sputum is purulent, blood-streaked and tenacious. It is, therefore, of great value in ulcerative inflammations of the lung structure, hence will be indicated and useful in pulmonary tuberculosis, and Hahnemann in his "Chronic Diseases" says, "Persons suffering with ulceration of the lungs, can scarcely get well without this antipsoric."

Stopping to remember the feebleness of reaction of the remedy under consideration, we may expect to find low temperature in its inflammations, and this is true. A low temperature or even a subnormal one will often be indicative of *Kali carb.* The same may be said of *Causticum*, which as is well known, is an impure potassium preparation.

The skin of the *Kali carb.* patient is characteristically dry, *i. e.*, there is an absence of perspiration; but we find axillary sweat

and offensive sweat of the feet to be pronounced. In tuberculosis, however, night sweats are common.

A weak, small and irregular pulse is characteristic of *Kali carb.* Œdema is common and may be found in the face, particularly of the upper eyelids. In commencing cardiac degeneration with symptoms of incipient decompensation, œdema of the lower extremities is likely to be found. All of which indicates, of course, general breakdown and systemic weakness.

The *Kali carb.* patient is easily startled by unexpected noises, such as the slamming of a door. At night, on falling asleep, he is quite likely to start suddenly and convulsively, or to do so during sleep. Numbness of single parts is a symptom of value and reliability, and sensitiveness of parts lain upon is another.

In lumbago, this remedy is indicated when the back feels as though it were broken, particularly at 2 or 3 in the morning, giving the patient no rest, and when the pain extends downwards into the gluteal muscles or along the course of the sciatic nerves. Indeed, in sciatica this remedy is of great value, when the pain is of the characteristic cutting character and is aggravated by motion, and also when the sufferer lies upon the painful part. Warmth relieves, to some extent, at least.

The *Kali carb.* patient suffers from difficult breathing, which may be due to cardiac weakness or pulmonary causes, or, on the other hand, may be the expression of profound anæmia and debility. Often the respiration is distinctly asthmatic in nature, and then we find asthmatic attacks, occurring more especially at 2 a. m. Sitting up, with the elbows resting upon the knees, gives relief and may be the only position in which the patient can find even a small degree of comfort.

The digestion of the *Kali carb.* patient is weak, consequently he suffers from flatulence and bloats easily, especially after eating a comparatively small amount. This symptom is akin to a similar one found in *Lycopodium*; but the latter remedy lacks the profound systemic weakness of *Kali carb.*, and is furthermore, relieved in general in the cold open air. Both remedies have a desire for sweets, especially *Lycopodium*.

Complementary to *Kali carb.* are *Carbo veg.* and *Nux vomica*, and these remedies may be needed, either before or after, to com-

plete the cure of chronic disease in which *Kali carb.* has been useful.

Much more and in greater detail, can be said of this remedy; but a knowledge of what has been briefly presented will be quite sufficient to enable the physician to select this medicine and differentiate it from others in his treatment of the sick. Certain it is, that in *Kali carb.* we have a valuable drug which should receive more study and use than are commonly accorded it.

A SUBJECTIVE PROVING OF GLYCERIN.

By William B. Griggs, M. D.

Glycerin is a liquid obtained by the decomposition of vegetable or animal fats or fixed oils, containing not less than 95 per cent. of absolute glycerol ($C_3H_8O_3$), a triatomic alcohol existing in fats and fixed oils in combination with the fatty acids.

Glycerin represents a deep acting and a long lasting effective drug, in its effect on the animal economy, in contradistinction to the short, rapid, commonly-used compound known as nitroglycerin, which is very short in action, and is summed up as a simple vaso-motor dilator and circulatory depressant.

Pure glycerin, in its dynamized form, goes deeply into the human economy. The chemico-physiological and pathological changes that result from the formation and ingestion in the system are completely verified by its symptomatology and its curative effects. Glycerin, in its dynamized form, proves itself to be a basic element of extreme value. It seems to have a remarkable effect on balancing the general metabolism. I cannot help but repeat that it is a deep and positive acting remedy in the potentized form.

The proving, as presented, represents verifications covering at least four years. The proving has been conducted along modern scientific lines of investigation. The provers were examined thoroughly before and during the proving. The proving represents the work of nine male and three female provers, and controls.

The General Therapeutic Range of Glycerin.—Glycerin has proved itself to be a tissue builder and is of undoubted value

in marasmus. It seems to affect most of the organs and tissues of the body. It has proved of undoubted value in diabetes, influenzal-pneumonia, neurasthenia, many forms of gastro-enteric disease, various types of headache, enlargement of the liver, various types of senile debility, acute catarrhal conditions of the mucous membrane of the pharynx, and nephritis in the aged.

General Symptoms.—The first symptom developed by glycerin is headache with a sense of fullness in the head, and throbbing, aggravated by motion; dullness of the mind; a sense of mental and physical weakness; restless sleep and dreaming; much physical languor, almost to a state of utter prostration. Loss of appetite, constipation, profuse urination, with traces of sugar. Catarrh of the naso-pharynx.

Mental and Head Symptoms.—Headache during the entire day. Heavy feeling in the head, better after every meal. Throbbing in the temple arteries, aggravated on exertion. Frequently confused; inability to analyze work; forgetfulness as to details. It positively produces a severe headache two days before menstruation. This was entirely relieved when the flow was established. Sensation of fullness and pressure in the occiput. Flushing of the face, followed by a sallow, sickly look.

Nose.—Stoppage of the nose, an early symptom of all provers. Nose is stopped up, but there is considerable post-nasal dripping. Discharge from the anterior nose; first thin and watery, later profuse and yellow. Excessive sneezing, usually worse in the evening. The discharge from the anterior nares is irritating. The coryza is aggravated towards evening. A teasing, dry sensation in the nose, causing sniffing, and a sensation of crawling on the mucous membrane.

Mouth.—Excessive dryness of the mucous membrane in the mouth with thirst, and drinking water relieves but for a short time. Sense of heat and feverishness in the nose, throat and mouth; sweetish taste in the mouth. Mouth pasty, insipid; lips become dry and cracked.

Chest and Heart.—Sense of fullness and tightness in the chest. Glycerin produces a hacking cough and a great sense of weakness accompanies a short hacking cough; the cough

seems to follow the coryza. Palpitation with dyspnoea. Chest seems too full, or as if the heart took up too much room. Concussive, jarring cough.

Backache.—Fulgurating pains in the left lumbar region, aggravated on changing position. Dull pain across the lumbosacral region, passing into the left inguinal region. There is a sense of weakness and prostration accompanying the backache.

Stomach and Abdomen.—Loss of appetite in the beginning; later on, excessive hunger, enjoying meals and feeling strong. The provers expressed themselves as never having felt stronger or better in their lives, as after a good, substantial meal. Fermentation, short, incomplete eructations, burning in the pit of the stomach and along the œsophagus; gurgling in the bowels. Primarily a sense of weakness and goneness in the abdomen. After taking glycerin for three weeks this disappeared, with a sense of rejuvenation in the abdomen. Constipation was a constant and very permanent symptom in the early part of the proving. Stools were hard, dry, sometimes large, sometimes ball-like, always with great urging, and in one case with fissuring of the anus. Chronic constipation was cleared up.

Urinary Organs.—The primary effects are to produce profuse and frequent urination, annoying the patient at night, which had never been the case before. There was produced burning sensation in the urethra during micturition, occasionally severe pains during the act, which extended to the shoulders and upper part of the chest. The analysis of the urine in one case showed sugar, and this has been verified as curative in clinical work. The specific gravity increased to 1,030.

Male.—Seminal emissions which had been regular, ceased during the proving; testicles and scrotum became firmer, and a general sense of tonicness took place; the remedy did produce a tonic effect on the urogenital tract.

Female.—After taking glycerin continually for five weeks the provers (two nurses) who had been regular and normal in their menstrual flow from adolescence, developed a very profuse menstrual flow, lasting from ten to twelve days, with bearing-down heaviness in the uterine region. The flow was bright red, with occasionally a small clot. After discontinuing

the glycerin, the next flow was normal as to quantity. Three months afterward, after the persistent use of glycerin for four weeks, the same condition of profuse bright flow ensued, accompanied by weakness. A general sense of exhaustion and aggravation when moving about on the feet. The flow came on about five days ahead of time. The weakness was accompanied by some perspiration, coldness of the feet, similar to *Calcareo carbonica*.

Tissues.—Severe pains of rheumatic type from head to feet. Deep, hard, painful aching in the deltoid muscles, the trapezius and the pectoral muscles, lumbar muscles and hips. The effect on the prover's feet was interesting. They were painful, and hot, with a sensation as though they were enlarged. The muscular pains were of a remittent type; they would come, last a while, and go, only to return again. After the primary effects of the drug were over the majority of the provers gained in weight and had sense of well-being about them.

Nervous System.—Severe nervousness throughout the day, with increased urination. The more excitable and fidgety the patients felt, the more frequently they were called upon to urinate. Tired, weary, lackadaisical sensation, with much mental disturbance about trifles. Gloomy at times, typical neurasthenic state. In the beginning sleep was restless, disturbed by dreams of a nondescript character, and fullness in the head, with a feeling of indifference and general broken-up state in the morning. Later on the prover slept soundly, a quiet dreamless sleep and awoke feeling like a new man.

Skin.—Acne vulgaris cleared up entirely on two students while proving glycerin. After the primary effects of weakness and exhaustion passed and the prover began to feel well, the acne gradually disappeared.

Fever.—Both male and female provers developed rise in temperature and also increase in blood pressure to the extent of from 20 to 30 millimeters.

A critical analysis of the provers shows first, that glycerin is capable of disturbing the nutrition of the vital economy in its primary action, and secondarily, that it seems to improve the general state of nutrition.

COMPARE LACTIC ACID; GELSEMIUM.

I will offer a few clinical cases showing the depth of action of pure glycerin.

CASE 1.—Patient a homœopathic physician in Philadelphia, aged 61 years. Refused insurance on account of albumen casts and sugar in urine; has been under his own care for months; developed a severe infection on neck, six inches in diameter, with all the forms, etc., of carbuncle, was operated by Dr. Herbert S. Leopold very successfully; systolic pressure 170 millimeters; extreme nervousness; profuse urination, with a specific gravity of 1.030. Sugar, etc., in urine examined by Philadelphia chemist; extreme debility, prostration, etc. Glycerin in 30th and 200th eliminated sugar and albumin in three months, and patient gained fifteen pounds.

CASE 2.—Mr. S., baker, age 66 years. Diabetes for years; weakness; dyspnœa; headache; urine saccharose, with acetone; great debility. No albumin or casts. He was placed on strict diet and given *Sulphur, Phosphoric acid, Uranium nitrate, Arsenicum album, Syzygium jambolanum*, and potentized blood. Glycerin was then given with the result that the urine cleared up, a good appetite developed, and after a period of two years sexual vigor returned.

CASE 3.—C. H. H. Baby two years old, Drs. Yeager and McFarland assisting. Influenzal pneumonia. Profuse coryza and dyspnœa. Consolidation in both lungs; weakness and debility after twelve days. Glycerin 200th was given, and a complete recovery ensued, with improvement at once.

The writer wishes to give public acknowledgment to the two ladies and his faithful students, Mr. Carl Visher, Mr. Hobart and Mr. Kropp.

1326 N. Twelfth Street.

(—*The Hahnemannian Monthly.*)

HOW TO TAKE THE CASE.

By Dr. C. M. Boger.

Prof. Tyndall has shown the necessary elements of a science to be the observation of facts, the induction of laws from these facts and the constant verification of the laws by practical experience.

When Hahnemann read that Cinchona Bark, the great empirical remedy for ague, had actually caused symptoms like the ones it had been curing, it was too striking to be passed over, and he began to search medical lore for other cures seemingly based upon the similar action of drugs. He found a number, but the accounts were not conclusive enough to clearly confirm his induction, hence he began those experiments in drug action which were destined to end in what we now call provings, and to finally have a more profound effect upon medical science than any one thing that has happened since the days of Hermetic medicine, more than fifteen hundred years before our era.

As his work went on and drug effects were verified again and again he was troubled by the frequent over-action of the remedy, which he sought to remove by steadily decreasing his dosage, and was thereby insensibly led into potentization, which is after all Hahnemann's real and greatest discovery. Daily experience with potencies gradually evolved the practical details of the law, all of which was incorporated in the Organon as we know it to-day.

We may well believe that our innumerable verifications of the law will, in time, raise medicine more nearly to the planes of a true science, like that of mathematics, which advances from certain fixed and self-evident truths, while all the others draw conclusions from evidence, by deduction, through reason, etc., all from premises which are in themselves of variable import.

Our vision transmits impressions by means of light with considerable fidelity, but as we descend into matter each successive sense using lower rates of vibration reports with less and less accuracy, so that by the time we reach subjective sensation interpretation is needed. In other words, in proportion as things

are not self-evident, they must be and are defined, by comparison, essentially a very flexible method, which uses the striking and unusual as points of departure.

The larger part of sickness is composed of morbid feelings and sensations, which necessarily bear the impress of the sufferer, which also holds true of drug symptoms. A partial or one-sided array of symptoms of either sort is, perhaps, common enough, but unless marked by very striking features, is to be greatly distrusted. Here is the weak point in most of the minor remedies as well as the difficulty in many clinical cases.

In daily clinical work it has always seemed best to first get a pretty full life history of the case in hand, then look over the objective appearance, and lastly, find out what the patient thinks and feels. These factors are then carefully built into a mental picture of what seems to be wrong. For sufficient reasons all of its features can not usually be elicited at the first interview.

Hahnemann repeatedly pointed to the peculiar symptoms as being the real indicators for the curative remedy, and the successful prescriber is he who can pick them out and without losing touch with the essential diagnostic features assign them to their proper place in the symptom picture. He links together and combines the essentials with the singularities present in such a way as to produce an harmonious whole. This is perhaps not easy to learn, but it can be done by avoiding a false start and persistence, even to the point of seeming to be intuitional.

The number of such possible combinations is, of course, unlimited, but we find that certain ones actually occur with relative frequency, giving rise to the idea of specifics, organ remedies, epidemic remedies, etc., etc., all delightfully indefinite terms, full of danger and lacking in the accuracy which makes for correct and radically curative homœopathic work.

In learning this art it is needful to divest oneself of all speculative opinions as to the origin of such odd manifestations. These things belong to the obscurities of diagnosis, nor does this mean that a diagnostic symptom can never be a major indication, as witness the marked aggravation from motion, equally prominent in pleurisy and the provings of *Bryonia* or the 2 a. m. aggravation, frequent in both duodenal ulcer and the effects of *Kali bichromicum*.

It is the striking nature of the systemic effect that determines the value of a given symptom; a manifestation that is prone to occur without any obvious connection with the disease itself. In chronic cases it is very apt to be a concomitant, while in acute ones it often stands out like a freshly painted guide post. The physician must know how to give it the right value. It is an especially dangerous mistake not to ascertain the relative age of such symptoms. A few clinical cases will illustrate some of these points.

CASE 1. Left-sided quinsy with constriction in fauces, *general smarting of the skin* and prostration. The skin symptom held the second, yet deciding position. Smarting of the skin belongs especially to *Apis*, *Cantharides*, *Capsicum*, *Graphites*, *Lachesis*, *Lycopodium*, *Ranunculus scel.*, *Sinapis* and *Sulfur*. Three doses of *Lachesis* 4m. aborted the attack in twenty-four hours.

CASE 2. Marked, diffuse hypogastric peritonitis, of uncertain origin, with thirst, *profuse foamy vomitus*, dusky, almost black tongue, violent abdominal colic and temperature of 102°. *Aethusa*, *Arsenicum*, *Cantharides*, *Kreosotum*, *Lachesis*, *Natrum carb.*, *Podophyllum* and *Veratrum alb.* especially have frothy vomit. Profuseness is a strong feature of *Veratrum*, hence she got the 12th potency; after the second dose, there were three copious stools containing mucus, the temperature dropped to normal and the distension disappeared, leaving only a sore and swelled appendix; all within twenty-four hours.

CASE 3. Man with violent cold. *With every cough the nose discharges copiously*, a combined characteristic that belongs to *Agaricus*, *Lachesis*, *Nitric acid*, *Salicylic acid* and *Sulfur*. One dose of *Lachesis* made a quick cure. I have verified this action of *Lachesis* several times.

CASE 4. A flat-chested young woman with a chronic cough which is always excited by eating candy. Aggravation from sweets belongs to a goodly list of medicines, but the symptom has only a clinical relation to coughs, hence is of low value. *Badiaga* has caused and cured "*Spasmodic cough from tickling in larynx as if sugar were dissolved in throat.*" A single dose removed that cough in ten days, whereupon she added that with each cough formerly the expectoration flew from her mouth, an additional

Badiaga characteristic. Sometimes we discover the real keynote after curing the patient.

CASE 5. A single lady was subject to repeated cold taking; each attack began by running from the right nostril and violent sneezing. *Blowing the nose always caused nausea (Hellebore, Sanguinaria, Sulfur)*. Her cheeks were frequently flushed. *Sanguinaria* repeated at each attack cured.

CASE 6. Child aged 7. Diphtheritic membranes covering both tonsils and pharynx with *cramps in calves of legs and fingers*. Has been sick one day. A dose of *Ignatia* every six hours until four were taken caused the expulsion of large pieces of membrane. Within one day she was fully convalescent.

CASE 7. Infant aged 2. Yellow points in crypts of right tonsil. *Right cervical glands* enormously enlarged. Great prostration. *Takes a little food then quits. Is very cross*. Four doses of *Lycopodium* 43m. reduced the glands to almost normal, and in one day she was about herself again.

CASE 8. Lady aged 47. Years ago chilled stomach with ice water; since then has duodenal ulcer with recurrent gastritis. The X-ray shows a large scar on lesser curvature, stricture of the duodenum and many corrugations (adhesions). Bitter, sour, grumous vomit preceded by chills and accompanied by *cutting pains in stomach*, > urinating or belching. Craves very cold water. *Phosphorus* helped for a while, when a *regularly recurring 2 a. m. aggravation set in*. *Kali bichromicum* gave surprisingly prompt relief, followed by recovery. A radical cure is not to be expected.

CASE 9. A small goitre seemed to press upon the trachea of a young woman out of all proportion to its size; a symptom reminding one of *Baryta carb., Bromium, Causticum, Graphites, Lachesis* and *Phosphorus*. A single dose of *Bromium* 71m. caused violent reaction on the fourteenth day, during which she felt as if her face were drawn to a point in front of her nose, a big crop of herpes came out on the lips and chin and the goitre rapidly disappeared.

CASE 10. A young man was subject to attacks of migraine once or twice a week. He had inherited this from one of his parents. The attacks were preceded by blindness, reminding one

of *Kali bichromicum*, *Psorinum* and a few other remedies. In ten days, after a single dose of *Psorinum* 50m., a carbuncle, which opened and discharges of its own accord, came on the nape. Since this he has had no headaches.

CASE II. Sore aching from the region of the *gall bladder to the left scapula*, better lying on the stomach. As of a lump under the sternum, then the mouth with white foam. Very foul, black stool. Prolapsing, bleeding piles. Nails very thin, split and turn back. Dry skin. Anæmic, emaciated and very weak. Constantly craves ice. Aggravation from pressure of clothes and from fat foods. Four doses of *Leptandra*, in different potencies, have in three months restored her to nearly usual flesh and strength. The nails are absolutely normal again, her color is quite good, and an old, very foul leucorrhœa has returned in spite of which she keeps right on gaining.

A THERAPEUTIC FACT.

By **Eli G. Jones, M. D.**, 1331 Main St., Buffalo, N. Y.

When we prescribe a remedy where the *indication* for the remedy is *clearly* defined, and we get *good* results (this having been done time and again), we nail it down as a *therapeutic fact*. I have always made it my business to learn at least *one* therapeutic fact each day of my life. This means 365 in each year, that adds just so much to my medical capacity, or, what I really know about healing the sick. I would advise all our readers to do the *same*. The *better* you *know* materia medica the *quicker* you will *cure* your patients.

I attended a very interesting session of the fourth annual meeting of the "Medical Society of United States" in Chicago, Ill., Oct. 7th and 8th, 1919.

It is a non-sectarian medical society that brings together physicians of *all* schools of medicine with *one* object in view to find the *best* the most *definite* means of healing the sick. It appeals to *every* doctor who *loves* his profession and wants to do his duty by his patients.

The secretary is Emory Lamphear, M. D., LL. D., Citrus Park, Florida. It costs only \$2.00 to join it.

Every reader of the RECORDER is cordially invited to become a member. The next annual meeting will be held at Hot Springs, Arkansas.

Very much to the *surprise* of the writer he was elected president, and will be the editor of the quarterly journal, the official organ of the society.

In this article I propose to mention some therapeutic facts that have been *tested* and found to be *reliable*.

In the *sore* mouth of the last stages of consumption when the tongue is *raw*, loss of appetite, and patient is near death's door, *Lachesis* 30th x is the remedy indicated, 10 drops every three hours.

For fibroid tumor of the uterus *Iodide of potash* is often prescribed in 5 or 10 grain doses, when, if given in 3d x, three tablets three times a day, you will be more apt to help your patient.

The same remedy in the same dose will cure your stubborn case of *gleet*.

It is well to remember this fact that in your case of rheumatism or neuralgia, if the *pain* is followed by *numbness*, *Chamomilla* will be *the* remedy indicated.

You may meet with patients who will tell you that they *sweat* day or night, as soon as they go to *sleep*. It indicates *Tr. conium* 6th, ten drops every three hours.

The same remedy is indicated in the *tormenting* cough of old people. The irritation is *caused* by a *dry* spot in the larynx.

The cough is *worse* when *lying* down, and the patient must "sit up" and *cough it out*. The expectoration is *scanty*, there is a feeling of *mucus* in the throat, and they must cough until it is loosened, but when loosened it is *easier* to *swallow* it than to raise it.

In that form of leucorrhœa that is *milky* white and comes in *gushes*, leucorrhœa *instead* of the *menses*, or before or after the menses, *Graphites* 6th x is *the* remedy, three tablets three times a day.

In a letter received from Dr. R. C. Ghose, Calcutta, India, one of the most eminent homœopathic physicians of India, he informs me that he will be the editor of the *Homœopathic Director*

that was to be published in October, and sent to every physician of *that* school in India.

That country is the *stronghold* of homœopathy, and they practice *pure* homœopathy as taught by Dr. Hahnemann. It is to be hoped that homœopathy will be *recognized* by the government at an early day.

When the people of India *fully* understand what homœopathy *really* is, and what it will *do* for them, when they are sick, they will have *millions* of people behind them in their demand for recognition by the government.

EDUCATE THE PEOPLE! Let that be the *slogan* wherever homœopathy exists. Don't "hide your light under a bushel," but let it *shine* where all men can *see* it! ..

Very many cases of *dyspepsia* have been *cured* by *Nux vomica* 12th x, one hour before each meal, and *Graphites* 12th x, one hour after meals. The above is a therapeutic fact *worth* remembering.

In reading up on *Formic acid* from the literature I could find about that remedy, principally from the writings of Dr. Harry T. Webster, Oakland, California, and Dr. J. H. Clarke, London, England, men who are eminent in the profession, whose opinions we value *very highly*, I found the remedy indicated in stiffness of the joints, that appealed to me, so I have been taking it as directed by Dr. Webster:

R̄.	Formic acid	ʒi.
	Alcohol	ʒii.
	Aqua	q. s. Oj.

Mix.—Sig.—Half a teaspoonful after breakfast each morning. It has certainly *limbered* up my *joints* if nothing else.

There is a crying *need* of a remedy that will make "an old man young."

I often get letters from old physicians asking for a remedy of that kind.

It seems that they have arrived at that age when they can say in the words of the Poet Dryden:

"Though old, for ladies' love unfit,
The power of beauty I remember yet."

When the patient feels *worse* every other day (outside of intermittent fever), *China* is the remedy. *Natrum mur.* has the same indication.

A doctor said to me, "There is one thing about homœopathy I don't like. They have to ask the patients so many questions."

When a physician *knows* how to read the face, eye, pulse, and tongue, he won't have to ask *many* questions, for he can often tell the patients how they feel without asking them any questions. By this system of *Definite Diagnosis* you can prescribe for three times as many patients in a day as by the old system of diagnosis (which is right only half the time as revealed by post mortem examination). It enables a doctor to get right at the *real* condition of a sick person, and to make no mistake. Remember the rule in *Definite Diagnosis*, "A certain kind of pulse has certain symptoms that always go with it, with certain symptoms we can tell *what* the *pulse* will be."

A young lady has a *small, thin, empty* pulse of *both* wrists. It is a case of general anæmia, the pale tongue, pale *mucus* membranes, face *flushes* at the slightest emotion, are symptoms that go *with* that *kind* of a pulse.

Place your finger on another person's pulse. It is *short, jerky, wiry*, and you have the symptoms of *valvular* disease of the heart that go *with* that *kind* of a pulse.

A *tightness* of the *cords* of the wrist, a *tension* to the pulse, *contraction* of the pupil of the eyes, and a *narrow* pointed tongue, all three symptoms mean *nerve* tension, and it indicates *Phos. magnesica* 3d x, three tablets every two hours in a teaspoonful of hot water to *relieve the nerve tension*.

When my system of DEFINITE DIAGNOSIS is clearly understood by the profession, it will practically *revolutionize* the practice of medicine.

May the New Year bring to all our readers *happiness* and *prosperity*. May He who governs in the affairs of men lead you and guide in all your ways.

**SOUTHERN HOMŒOPATHIC MEDICAL
ASSOCIATION.**

The thirty-fifth annual convention of this association was held at the Hotel Gibson, Cincinnati, Ohio, on November 19th, 20th and 21st. Due to the unceasing work of preparation of President Stevenson and his Executive Committee, a splendidly attended meeting was assured from the very beginning of the first session, which was that of the bureau of materia medica, held on Wednesday morning. Chairman Albert E. Hinsdale presented an able array of valuable papers, one of the most noteworthy being that of Dr. W. Franklin Baker, of Philadelphia. Baker's work is along similar lines as that of Hinsdale and will one day compel the recognition of scientific men everywhere; a recognition be it said, which the members of the homœopathic school are far too tardy in according. Baker has, for example, and among other important things, shown how, in the plasmodially infested blood of a malarial patient, under the correctly chosen and suitably administered remedy, *Eupatorium perfoliatum*, the cell failed to burst and send forth its shower of plasmodial parasites, corresponding to the malarial chill; but held them imprisoned and encapsulated until their total death and destruction. Thus we have scientific proof, microscopically and bacteriologically presented, of the actual curative power of the potentized homœopathic remedy. The significance of this demonstration is of immense importance; as material for homœopathic propaganda it cannot be surpassed.

Men like Hinsdale and Baker are the hope of the homœopathic profession in its endeavor to secure scientific recognition and their work should receive encouragement, both moral and financial, which it so richly deserves.

Dr. W. A. Dewey, of Ann Arbor, read a timely paper upon the evils of the nation-wide abuse of aspirin and of the unwarranted claims made for this drug. In a future number of THE HOMŒOPATHIC RECORDER this interesting essay will be presented.

Dr. L. C. Runnels, head of the department of obstetrics and

gynecology, Homœopathic College of Medicine, University of Michigan, read a valuable paper dealing with the question of aid which our homœopathic remedies can give, in obstetrical and gynecological operative procedures. It is really refreshing in these days of the dominance of mechanical and surgical therapy, to hear a surgeon praise the value and use of our homœopathic remedies in his chosen field of work. The majority of our surgeons too often seem to think, that the homœopathic remedy is beneath their lofty dignity.

The public meeting held in the ball-room of the hotel on Wednesday night was a well-attended and orderly assemblage of the interested cohorts and patrons of homœopathy, including the presence of the irrepressible Walton, of the red necktie, who acted, quite true to form, as the *major domo* of the occasion. The usual speeches were indulged in with a view to impressing the supposedly uninformed laity. An address of welcome by Dr. Lincoln Phillips was most happy and unusual and his inimitable recital of one of Lawrence Dunbar's poems of the colored race would do justice to a professional entertainer. We predict a triumphal career for Phillips, should he ever substitute the stage for medicine.

Thursday was taken up by the bureau of obstetrics, ophthalmology, otology and laryngology and numerous papers of technical interest and value were read. In the evening a formal dinner, to which more than one hundred and twenty-five members and their friends sat down, was enjoyed. A few short speeches followed the banquet and pleasantly rounded out the evening.

At an afternoon special meeting of the members of the College Alliance, Chairman J. P. Cobb, presiding, Dr. Guy M. Cushing, member of the Council on Medical Education of the American Institute of Homœopathy, presented a comprehensive report of the inspection of the six homœopathic medical colleges in the country by the members of the council. Representatives of each of the six colleges were present, so that matters pertaining to the improvement of medical teaching and the advancement of the best interests of homœopathy were thoroughly considered. In this connection it is of interest to note, that for the collegiate year, 1919-1920, the six colleges inspected, Chicago, Ann Arbor,

Boston, New York, Philadelphia and Columbus, have a total of 482 students in all classes. All colleges and universities and more especially all professional schools note a large increase in their enrollments this year, a fact which applies to the great universities of England, as well. The University of Michigan this year has a total student enrollment of 9,800. Effete Easterners will please take notice!

On Friday the bureaux of clinical medicine, sanitary science and of surgery and gynecology presented full and instructive programs. Dr. Ralph Bernstein, of Hahnemann Medical College, Philadelphia, held a projectoscope skin clinic in his accustomed excellent manner. Bernstein at once impresses his audience as a man who knows his subject thoroughly, as indeed he does. All our homœopathic colleges are now manned by just such capable, efficient and educated men. Old Hahnemann is certainly rich in her possession of many of them. Of course, Dean Pearson was, as always, in evidence. To his wonderfully attractive personality and to his tireless energy and loyalty, the present brilliant success of Hahnemann Medical College is mostly due. And Hahnemann men know it and are happy to acknowledge the fact.

The Southern Homœopathic Medical Association ended its brilliant convention with the launching of well prepared plans for propaganda in the South. May these plans result in full and gratifying fruition! Never before has this association held so successful a meeting as this one, or one more replete with papers of scientific value and interest. The spirit which prevailed was that of good fellowship and of mutual interest and helpfulness.

Michigan and, of course, Ohio sent large delegations, while Pennsylvania and New York were also well represented. Dean Sutherland, of Boston, spoke for his Boston University Medical School and in his short address on "Idealism," for which he took as a text the first three paragraphs of Hahnemann's Organon, displayed that fine type of lofty intellect for which Bay State educators are justly noted. Never has it been our pleasure, to hear a more forcible and more beautiful exposition of the wonderful philosophy of Samuel Hahnemann than that of Dr. Sutherland.

MATERIA MEDICA MEETING

A regular meeting of the section on Homœopathic Materia Medica and Therapeutics was held at Hahnemann College in Philadelphia, on October 15, 1919. Two cases were presented by Dr. A. S. Ironsides (a) a child now over six weeks. Small circular red spots were noted varying in size from a split pea to a dime; a condition of rawness around the neck, groin and feet was in evidence, and the nails were coming off. Excoriating nostrils noted. Trouble began two weeks after birth. *Arum triphyllum* 2c. was remedy chosen. Under its influence the nose has entirely healed and the snuffles have gone. The child is picking up from its emaciation. Condensed milk with cream added to it has helped here.

In the discussion which followed Dr. Theodore J. Gramm spoke of a cure in an awful case of typhoid fever. The physician led to it by a boring in the nostrils; the other symptoms of *Arum* fitting in. (b) Case of great soreness in the vagina; a watery vaginal discharge; a fiery, burning and tearing sore feeling in the vagina itself. Singularly the case had the bearing-down of *Sepia*, which did not work in this case. *Kreosotum* 30 effected a cure.

Dr. J. H. Caley then spoke of *Senecio aureus*, which he was now trying out in leucorrhœal cases.

Dr. O. S. Haines then spoke of E. M. Hale and his ideas referable to female complaints.

Dr. J. L. Van Tine gave as a case one suffering with herpes circinata of the face in which *Natrum muriaticum* 2c. cleared up in 24 hours. Case also had neuralgic pains. *Arsenicum album* in herpes was mentioned.

Dr. Carmichael presented a case of a lady in an asthmatic paroxysm, in the midst of which attack 20 drops of the *Tincture of lobelia* acted in a most miraculous manner. Medicine was given by mouth in the case. Dr. Carmichael personally grouped *Lobelia* with *Carbo vegetabilis* and *Ipecacuanha* for mucous rales when it came to pneumonia. The doctor used in this case the tincture of Otis Clapp.

Dr. D. Macfarlan read a method of case-taking sent him

by Dr. Guy B. Stearns, of New York City. Dr. Stearns' paper proved to be very accurate and followed Hahnemann's ideas closely.

In the discussion Dr. Gramm spoke about Hering's dictum of procuring three strong characteristics of a drug fulfilled in any case. A stool needs at least three legs to stand on. He mentioned a fellow practitioner who got good results from a prescribing on purely pathological grounds. (This certainly is a departure from the teaching of Adolph Lippe.) Dr. Carmichael acquiesced in one member's assertion that a drug must meet and hit a diseased state on its susceptible side. One's sensitivity, in other words, should point the way towards a selection. Before adjourning Dr. Theodore J. Gramm was elected chairman for the coming year. Dr. E. M. Howard had formerly held the position.

DONALD MACFARLAN, *Secretary.*

BRYONIA.

**Prosper D. White, M. D., Detroit, Michigan, with Thanks
for Assistance from Dr. Jean Douglas, Wooster, Ohio.**

An extremely valuable, acute and subacute, remedy. Of especial interest as it was the genus of the epidemic of influenza in '18-'19. There were probably about five remedies that covered the epidemic, but *Bryonia* was by far the one most used by many men. They were independent observers, each arriving at his own conclusion by our law of cure. Personally, I gathered from the different journals all the symptoms of the epidemic. All the general and peculiar symptoms were included, and when the mass had been analyzed *Arsenic*, *Bry.*, *Phos.*, *Lach.*, *Rhus.* and two or three other remedies were dominant. When the fight was on it required but few questions and a few minutes at the bedside before the *Bry.* cases were easily discernible. Not a single case was lost where the patient was seen in time. Two cases of pneumonia that had not received treatment for several days were my two deaths throughout the epidemic. Others have even better records. I used the 3rd, 12th, but particularly the

30th. It seemed to act like magic. Thirty-six hours were usually required to see its effects.

Kent in his philosophy gives a good description of this method of procedure of the analysis of an epidemic. He states: "One must proceed from generals to particulars. Study not for purposes of diagnosis, but for therapeutic examination. Say twenty cases have been closely examined. Now all the symptoms common to all are arranged—those of the mind under mind, those of the head under head, etc., etc., thus he will have the disease in schematic form."

According to his instruction I took Kent's Repertory and worked out the picture obtained under his generals or mind and body. A few hours saved days of time.

But epidemics are not always identical. For example, your community is suffering from a severe epidemic of measles. Your work is thorough and your observation close. Three to five remedies cover your epidemic to your entire satisfaction, with the exceptional case having to be worked out separately. One, two, three years roll by and again an epidemic of measles is rampant. Naturally you turn to your old work with every expectation that the three to five remedies will be your remedies now. Something is wrong—it does not work out in practice. You must do your work over. Apparently epidemics of similar things are not identical.

The pace of *Bryonia* is slow for acute conditions. It is continuous, remittent, but rarely intermittent. It increases in violence on the continued fever plan. For example, typhoid or a rheumatism gradually growing worse, one joint after another—gradually he slips into pneumonia, meningitis, peritonitis, etc.

A. Running all through it like a minor chord is the general—*Worse on motion*. Aversion to motion is mental and physical. Aversion so marked that it is resisted with irritability. He hates to talk. Motion is painful. Desires quiet of mind and body. Hence he is better in a dark room, < getting excited; < visitors; < crossed; < mortification; his headaches are < from thinking, winking, < motion of eyes, light, jar. Worse use of arms as in ironing; < all efforts, etc.

Do not get the idea that *Bry.* patients do not sometimes move.

He is so apprehensive, fearful, uneasy at times that he is compelled to move, but is $<$ from it. Not usually as restless as *Ars.*, which always reminds me of a polar bear on a hot day at the Zoo. *Ars.* also has thirst little and often, not like *Bry.* for large quantities at long intervals.

Again the pains of *Bry.* may be so severe as to compel motion, but then he calls out with the pain. In the beginning of the case he was $>$ quiet, but later must move. *Rhus* is $>$ motion, but it makes him weak—quiet brings on the pains. *Rhus* is $>$ warmth and covering, while *Bry.* is $>$ cool except the rheumatism.

B. *Great thirst* for large quantities, not little and often like *Ars.* but *at long intervals*. When the mouth is dry and burnt he does not want water. (*Nux mosch.*) This is a later stage. *Bry.* is thirstless at times as seen in the last epidemic of influenza.

C. *Irritability*, a strong mental. His aversion to talk will often cause him to turn his back to you. His face is puffed, purplish, dazed, and has an imbecile look. Although he seems to ignore all conversation around him, he is quite able to talk. He is sluggish, the antithesis to *Coffee*, *Nux vom.* or *Ignatia*. His desire to lie still makes one think that concrete had set around him, and he is as irritable as *Nux.* or *Cham.* He has acute complaints from anger, *e. g.*, headache. These usually come on from mortification. (Do not forget *Staph.* for the nervous excitable individual suffering from reserved displeasure. The too proud to fight individual who bottles it up.)

D. This sluggish mental state may deepen into a more or less complete unconsciousness. When aroused from his semi-stupor, *he thinks he is away from home and desires to get back*. The delirium is of a mild type, not the raving of *Bell.* or *Stram.* Irrational prattle of business $<$ at 3 p. m. Usually the delirium commences at 9 p. m. and continues through the night with the fever.

In the beginning of an illness, a *Bry.* case wakes early in the morning, stupid with a dull congestive headache. This in 24 to 48 hours gradually increases until a typhoid, pneumonia or meningitis is established.

E. *A 9 p. m. aggravation* seems a favorite of *Bry.*, *e. g.*, dull

at 9 p. m., fever commencing at 9 p. m., mental symptoms < 9 p. m., and continuing through the night. (*Bell.* 3 p. m. until midnight.) Do not forget the 9 a. m. < of *Cham.*

F. Desire for the unattainable or, if attained, not wanted. (*Kreosote, Cham.*, etc.)

G. *Bryonia* is generally > cool air and cool applications, < getting warmed up. It has rheumatic complaints, > heat and < continued motion. Mental states and congestive headaches > cool (*Apis, Puls.*, etc.), with some headaches possibly not congestive > warm.

Kent states that the dry cold winds of the north make *Aconite* the common remedy. Our damp climate makes *Bry.* a commonly used remedy, while the southerner would find *Gels.* more often indicated.

H. Most *Bry.* cases show venous plethora—a congestive fullness.

I. Worse after eating is a general of *Bry.*, i. e., headache, cough, gout, etc., < after meals.

J. *Perspiration.* Sweats easily on the least exertion.

Now let us take up *Bry.* as regards the usual subdivisions.

I. Mind. Several features stand out in the mentals of *Bryonia*.

a. *Confusion*, stupefaction, partial to complete unconsciousness. Thus his memory is weak, ideas disappear, comprehension is difficult, etc. These are worse standing; referred to the head especially; < in the morning on waking. There is mental exhaustion.

b. *Delirium.* May be only a mental excitability, going on to delirium, < closing eyes (sees visions. *Arg. n., Bell., Calc., Chin., Ign., Lach., Puls., Sulph.*) < at night, especially after 3 p. m. and in the morning; dreams of the day's work; desires to go home.

c. *Sadness*, or weeping, or dejection, desperation; but not as strong as in many other remedies. Morose; sense of insecurity.

d. *Anxiety*; of the future, especially in child bed; < in warm room, > in cool open air; with peevishness and hasty disposition—easily angered. Referred to sternum or heart. Has fear of death, with despair of recovery.

e. *Irritability*, with weeping and moroseness, with fright and vexation; with aversion to company; requires mental and bodily quiet; has chill after anger with red face and hot head (*Staph.*). Is > with a quiet mind and body, > in a dark room; < on getting excited.

f. *Restlessness*; desires change, but is < from it, with heat at night. This restlessness is not as high as in many other drugs. (Restless, *Rhus*, and quiet, *Bry.*)

Many distinguishing features may be found upon examination of symptoms connected with the stomach. *Bry.* has appetite increased or anorexia. The appetite is abnormal with a desire for acids, sweets, strong coffee, oysters. He has an aversion to greasy food. There is a great thirst for cold drinks; for large quantities at long intervals. Again *Bry.* desires warm drinks which agree.

Aggravation after eating; weight as of a stone in stomach; constriction pain; tasteless eructations; especially < after oysters, salads, potatoes, milk; distension; bitter vomiting when drinking after meals; diarrhœa. Cold water, although it may cause cough and headache often relieves the nausea. *Bry.* with *Nux vom.* and *Puls.* are three of our leading remedies for digestive disturbances. Letting 3 stand for the highest, 2 for second, and 1 for least value, an analysis of the three remedies would be roughly as follows:

	<i>Bry.</i>	<i>Nux.</i>	<i>Puls.</i>
Rheumatic diathesis	3	1	3
Sensation of stone in stomach	3	2	2
Thirst	3	2	1 or 0
Bad taste	3	3	3
Bitter taste	3	2	3
Sour taste	0	3	2
Nausea and vomiting	3	3	3
Nausea rising up	3	0	0
Nausea in a. m.	1	3	2
Nausea after eating	2	3	3
Nausea in evening	1	1	2
Constipation	3	3	1
Irritability	3	3	1

Bry. indigestion is noted especially in cold weather suddenly setting in after warm.

Nux vom. in the inactive glutton, plus wine—that is in one accustomed to stimulating food and drink.

Puls. after too rich food, especially fats and pastry.

The *Bry.* patient desires things impossible to have, and when offered, refuses them. Changeable, knows not what he wants. Craves in mind things he has aversion to in stomach. Desires sour, cold things which make his cough and pains worse.

In diseases with a gradually increasing cerebral trouble as meningitis, etc., there is a besotted look, dilated pupils and a continued *lateral motion* of the jaw. The teeth do not come in contact. It is continuous. (This is not the irresistible desire to bite the gums together of *Phytolacca*.) The intoxicated look of *Bry.* is not as marked as *Bapt.*, nor is the stupor as advanced. If he is offered a drink, he is hasty and eager.

Bryonia has a choleric temperament, bilious, dark hair and complexion, over-sensitive to external impressions; while *Puls.* has sandy hair, blue eyes, pale face, inclined to silent grief with submissiveness.

2. Vertigo; in a. m.; on raising head; stooping; rising from a seat or after lying; rising after stooping; with a sense of looseness of brain on stooping or raising head; as of head were whirling; a sinking sensation in bed; as though objects were reeling or whirling backwards; especially if he sits in bed—has a feeling of nausea in the middle of his chest; with this he has an occipital headache < on motion.

3. Head; headache of a congestive type, with naturally an epistaxis which has a 3 or 4 a. m. modality. There is headache in nearly every acute case; in connection with inflammatory and congestive troubles; with vertigo and confusion; congestive bursting; hence > pressing > tying up; < warm room and heat generally but neuralgia > heat; splitting headache < motion, < use of eyes, < talking, < winking, < light, hence > lying quiet in the dark. The headache is usually a forerunner of other troubles, as respiratory inflammations or congestions elsewhere; he wakes with it in the morning, then follow other symptoms; congestion over eyes, back of head or both; stabbing

on motion; wakes with it and is < moving eyes, with soreness on motion and a bruised feeling all over; < on stooping; as though everything would come out through forehead; < ironing, *i. e.*, < from the motion of arms and heat; a bursting out headache, pressive, fullness, heaviness with sluggish mind and besotted imbecile look; with mottled purple face, eyes red and listless < all effort; "sticking," jerking, throbbing, from forehead to occiput not usually felt until he moves. This sounds like *Bell.*, but *Bry.* is slow, sluggish, passive, insidious in its approach and progress. Stitches from forehead to occiput; headache from suppressed head sweat; hemicrania; headache gastric, rheumatic and congestive. Naturally *Bry.* headaches are < from coughing.

The *Bry.* headache has a fondness for the occiput, either beginning there or extending back to there. They are < all motion, on waking, from anger, from coughing, and moving eyes, which is really motion.

Gels. has this last aggravation, and has, too, the occipital pain. The pain appears suddenly with disturbance of vision; great heaviness of eyelids; < anything around head; usually 10 a. m.; < on lying, in the evening, with the sun; > profuse urination, shaking head, and with head held high or forward.

Natrum mur. has headache < motion of the eyes. It has this characteristic—"the pounding of little hammers" sensation. It is a much deeper drug than *Bry.* It is > gentle exercise, and < reading.

Petroleum, *Carbo v.*, *Nux* and many other drugs have occipital headaches. Nor is *Bry.* headache only in this locality. It is rare that a prescription is made upon a headache alone. The whole case must enter into the diagnosis.

4. Face. When about to have a *Bry.* illness the face is characteristic—besotted, bloated, purple as of drunk, doltish, imbecile look. He wakes this way—such an effort to do anything—headache < on motion—or face red and burning—or red spots on face and neck with a bloated look.

Lips parched, dry, bleeding; he picks his lips. Typhoid states with dry, brown tongue, cracked lips, sordes. (*Arum triph.* picks and bores into nose.) Tongue is thickly coated white in nearly all diseases or dry, bleeding and with brown crusts on it.

Mouth dry, with great thirst; wants water in large quantities at long intervals. (*Nux mosch.* and *Puls.* have dry mouth with thirstlessness.) With dry brown tongue *Bry.*, too, may be thirstless. (The thirst of *Ars.* is little and often.)

Aphæ of mouth or throat; bad odor from mouth. Little white spots are seen on throat.

The mucous membrane of *Bry.*, as Nash states, is dry from mouth to anus. (Dry mouth and dry stool.)

Taste is lost, *e. g.*, in coryza. Taste insipid, sour, bitter.

Toothache < warmth, eating, motion. Better cold or lying on painful side or with hand pressed on tooth.

With the general aggravation after eating it is but natural that there may be an aversion to food. Desires things impossible to have, and when offered refused. He is changeable, knows not what he wants. Again craves in mind things he has aversion to in stomach.

Desires sour, cold, but stomach is better with warm drinks. Thus in fever and head troubles he desires cold drinks which aggravate cough and pains. With warm drinks which he does not crave, he has relief of stomach and bowel symptoms.

With the chill he desires cold drinks which chill him and hot relieves.

Aversion to rich or fatty foods (*Puls.*, *Nux.*, etc.).

The external eye inflammations of *Bry.* occur rarely by themselves, but are associated with headache, coryza, etc. A rheumatic metastasis settles in the deeper structures of the eye, *i. e.*, iritis. Pain shoots upwards or backwards. Sensation of tension. Pain as usual is < on motion of head or eyes, with heat at night; > on pressure. The halo of colors sensation of *Bry.* suggests glaucoma, which it has checked. Metastatic gout produces a red, raw conjunctiva, bleeding, with crushing pain in eyes. There is a ciliary neuralgia, which is < motion, at night, warmth; and > cold with a scalding in the canthi.

Frequent sneezing, sneezing between coughs, loss of smell, epistaxis from congestive condition, epistaxis during sleep, vicarious menstruation; dryness in nose with pain over root of nose < on motion. In the first stage of coryza there is dryness of the nose with no discharge, obstruction with pain at root

of nose, etc. There may be profuse coryza with chilliness. (Coryza first stage, *Acon.*, *Camph.*, *Nux.*) Discharge is watery or greenish. There is a roughened swollen feeling in throat with stitches in throat or on swallowing. The coryza is < ; in room, at night, stooping, talking, or from coming from cold to warm room; it is > open, cold air, or drinking cold water.

In acute coryza think of *Bry.* if nose is obstructed, dry with headache over root of nose, < motion, with dry lips plus thirst. A sudden suppression of a thick yellow discharge, with frontal sinus pain is also suggestive. (*Lach.* has suppressed coryza, but is not so aggravated by motion, and has not the yellow discharge.)

Although the tongue is *thickly coated white* in nearly all *Bry.* diseases or dry, bleeding with brown crusts on it, later in fever when bilious symptoms appear, the tongue is yellow with a bitter taste.

The throat is dry, raw, with tightness, burning and tickling in larynx. Hoarseness and loss of voice. Tough expectoration, which is difficult to expel.

(To be continued.)

HOMŒOPATHY WINS.

Harvey Farrington, M. D., Chicago, Ill.

CASE I.—Mrs. J. C. F., a lady of 64 years of age, had been given up by her physicians. They were five in number, three of the ordinary sort and two learned specialists in renal affections. All of them agreed that her death was but a matter of time, one stating that she could live only a few hours, another two days, a third three or four days. Her health had been failing for two years or more. Chronic Bright's disease was first diagnosed. To this was added bronchial asthma, then cystitis, and finally neuritis of the right arm and shoulder. Now she was sinking into uræmic coma. The Ladies' Auxiliary met at the parish house and agreed to wear white at the funeral. Down in her old home town in Illinois preparations were being made to receive the body, which was to be laid at rest in the little cemetery by the church.

Then homœopathy interfered.

The patient lay as one quietly sleeping, breathing deep and regular; skin moist but not sweaty; cool perspiration over the forehead; face a natural pink; temperature normal. She could be aroused when called in a loud voice, would answer correctly, but would lapse into unconsciousness again. Her tongue was clean and red, mouth dry and sore; was evidently somewhat thirsty, though too stupid to ask for water; she would drink it automatically when it was offered. The urine was all but suppressed. There were a few mucous rales in the lower right chest—remaining from the bronchitis—and the pupils of her eyes were contracted almost to a pin point.

The picture naturally suggested such remedies as *Baptisia*, *Arnica*, *Hyoscyamus* and *Opium*. On account of the marked pupillary contraction, preference was given to the latter. She received eight doses of Swan's dmm. in water about an hour apart, starting at midday February the 26, 1919. Improvement began at once. By evening the pupils were normal and she was perfectly conscious, the kidneys had begun to functionate, and about two ounces of urine were obtained for analysis. The next morning found the patient considerably stronger, but suffering from dysuria. Evidently the bladder trouble was returning. It increased in severity, and by March 1st was so acute that it required special attention. Tenesmus was almost continuous, and the scanty hot urine caused severe cutting and burning during its passage. This was relieved very promptly by *Merc. corr.*, and she had nearly a week of comparative comfort, except that the cough, which had accompanied the so-called bronchial asthma, started up and she noticed some burning and lameness in the right arm and shoulder. The remedies thus far were working from within outward, gradually unravelling the symptoms, mixed and suppressed by her previous allopathic drugging. The cough, though annoying, was not severe, and no medicine was given for it, but in a day or two the neuritis increased to such an extent that a new prescription had to be considered. She now presented the following: Burning, throbbing and stiffness in right shoulder, extending even into the hand, with tingling and numbness of the fingers, worse at night, from cold, lying on the af-

fect side, better by warm wraps and accompanied by great restlessness. A few doses of *Rhus tox.* 30th (B. & T.) gave prompt relief. A renewed attack, three days later, was only palliated by the same remedy in a higher potency, and *Arsenicum* dmm., one dose, was given. The relief following this remedy gave promise of a quick recovery. She was able to rest more comfortably at night and the arm was much better. However, on March 22d a change was noted. She began to complain of the heat of the room; whereas before there was steady improvement in strength in spite of pain and loss of sleep, she now felt weak and weary, and there was much burning of the feet, especially at night. Thus, not only the symptoms but the succession of remedies—*Rhus* and *Arsenic*—called for *Sulphur*. The 10m (F. C.) was given followed by amelioration of all her complaints. Six weeks after Mrs. F. had been consigned to the undertaker she met me at the door of her home. The first analysis of the urine showed sp. gr. 1020, acidity 66, urea 1 per cent. (by volume of the two ounces voided), albumen 1 per cent., and numerous hyaline casts. A second specimen was obtained but never examined. On March 30th I received a message over the telephone that the patient was suffering so much with her neuritis that the family had decided to call another physician. Naturally I was dumbfounded. I swallowed my disappointment and determined to watch the future progress of the case through the eyes of the neighbors, who had seen this woman raised almost from the dead. Homœopathy won and then lost—and yet not in reality—for it had done all that it had been given a chance to do. And now, three months after my last visit, Mrs. F. is suffering agony with that arm, which is swollen even to the finger tips, and this in spite of frequent change of medical advisers, osteopathy, electrical treatments, mud baths, etc.

CASE 2.—On the 26th of January of this year, I was called to see Miss Mildred E., aged 23, a trained nurse. She had been vomiting for eight days. Her old school physician, after trying bismuth and other remedies, had ordered hypodermic injections of apomorphine, which, however, was not given.

The vomited matter, at first undigested food, was now sour water and mucus. She could not retain even a swallow of

water. Retching was violent, and each paroxysm was followed by cramps in the abdomen, but no diarrhœa. She related the following symptoms:

Head heavy; confused sensation; vertigo as if floating off the bed, or at times as if the walls of the room leaned forward and were about to fall on her, worse from any motion.

Chills; cold hands and feet.

Painful drawing sensation in the right parietal region, temple and above the right eye, sometimes extending to the teeth and tongue. Pressure over the right eye, involving, when severe, the whole vertex. Shooting, stitching pains extending into the teeth and tongue, with exquisite sensitiveness along the nerves and the areas supplied by them, aggravated by cold air, dampness, emotional excitement, fright, and especially at night. Most symptoms are worse at night; has spells of unconsciousness when the pains are at their height; lies as if dead for two or three hours. Dreams of being pursued, of flying, or of a confusion of people. Sensation of falling on dropping off to sleep.

Faintness in the morning or from missing a meal. On waking in the morning, objects disappear as though a veil hung before the eyes.

Face cold and pale or mottled, bluish and hot; at times head is hot.

The majority of the peculiar symptoms in this record point to *Arnica*. She received three doses two hours apart. The vomiting ceased after the first dose, and gradually the pains were relieved.

The history of the case is interesting. Miss E. had been treated by at least sixty doctors. She could recall the names of a few—but perhaps it would be unethical to mention them. They were for the most part well known specialists in nervous diseases. She had been in hospitals and sanatoria all over the middle west.

When a child of eleven she fell, striking the right side of the head, and during the years that followed she had a great deal of headache and neuralgia in and about the right eye and parietal region.

For some time she was under the care of two Jewish specialists

in Fort Wayne, Indiana, who gave her several months' relief by the injection of alcohol into the supra-orbital nerve. They referred her to a neurologist of national repute in Chicago. He concurred in their diagnosis of neuritis and in the treatment—which he had himself perfected.

In 1911 she was operated on for appendicitis and double inguinal hernia. The spells of unconsciousness and severe attacks of pressure on the vertex and over the right eye date from the time of this operation.

Ten months later she consulted another eminent specialist. After half a year of experimentation with crude drugs, he opened up and drained the frontal sinus. This apparently touched the seat of the trouble, for Miss E. was almost entirely free of pain for three months, and was able to resume her nursing. But the superficial soreness persisted and eventually the terrible pain returned in full force.

The next in line was a nerve specialist of lesser caliber but equal self-confidence. He had the patient removed to Wesley Hospital, Chicago, and had an X-ray taken. The plate showed a spot in the brain somewhere in the right frontal region, and a diagnosis of tumor was made. Palliation, therefore, was the only recourse, as operation would be too hazardous in a patient weakened by so many years of illness.

But the patient was not at all satisfied with this very scientific diagnosis and decided to try some local talent in her immediate neighborhood—the south side of Chicago. There is no harm in mentioning the name of this physician, as it was Jones. Well, Jones made a discovery—hers was a simple case of hysteria, reflex from adhesions in the abdomen. He injected sterile water subcutaneously—doubtless for the mental effect, and later performed a laparotomy, making a six inch incision in the median line, with a diverticulum running off at a tangent, which he explained was the fault of a dull scalpel. The cosmetic effect was wonderful—the curative results nil.

Disgusted with doctors in general and herself in particular, the poor sufferer all but gave up hope. But her friends encouraged her to make one more trial, and Dr. Brown was called in. You see, the supply of real specialists has been exhausted and we are now getting down to the mediocre class.

Brown ordered another X-ray, and strange to relate, the tumor had disappeared. His diagnosis was incurable *tic*, but he failed to account for the violent attacks of vomiting which had now started. This brings us back to the beginning of our story and the apomorphia, which was never given—for again homœopathy interfered.

A careful review of the case, January 28th, developed the following:

Jerking and spasmodic drawing of muscles in right side of face, at times including those of the back of the neck, left arm and left leg (formerly the same in right arm and leg). Movement of lower jaw forward and backward when unconscious.

Knee jerk accentuated.

Neuralgic pains increasing.

Feels as if the mind were a perfect blank.

Flashes of light before the eyes on closing them for sleep; rainbow colors in the field of vision. Pupillary reaction normal.

Small, puffy swelling in the scalp, sore to touch.

Frequent, dry cough.

Tingling and drawing in the nerves of face and right side of head; heat and pressure as of a weight.

Feels very weak in the morning, better during the day.

The second prescription was clear. The above symptoms, coupled with heaviness of head, vertigo as if floating, aggravation from cold, etc., noted previously, pointed unmistakably to *Hypericum*. The remedy was given in the dmm. of Swan, and was followed by a marvelous change for the better. A repetition on February 10th in the 10m. (F. C.) carried the patient for over six weeks with only an occasional temporary return of some of the complaints until March 18th, when the 10m. was again given. Improvement was less marked and a powder of Fincke's cm. was administered on the 27th.

Then a remarkable thing occurred. On April 6th Miss E. said that a few hours previous to my visit she noticed that objects at a distance appeared to be very near; the wall ten feet away seemed close enough to be reached by the hand. This was again an old symptom but one of rare occurrence.

Kent gives four remedies for this peculiar symptom—*Bovista*,

Physostigma, *Rhus tox.* and *Stramonium*. Under *Physostigma venenosum*, in the *Guiding Symptoms*, we find: Injury to nerves, tetanus; dull pressive headache, especially in the vertex; flashes of light before the eyes. The shooting, throbbing pains, the jerking of muscles, the partial blindness or blurred vision—all greatly ameliorated by *Hypericum*, are also characteristic of *Physostigma*. A powder of the 200th was given with gradual improvement; another was required April 22d.

This young lady called at my office, June 10th, on her way to Wisconsin for the summer. She had nothing to complain of but a slight weakness. In spite of years of dosing with *Bromides*, *Potassium iodide*, *Glonoin* and other powerful drugs, in spite of the alcohol injections and meddlesome surgery, homœopathy scored again, this time one against sixty! It is too early to report a perfect cure, yet the prognosis is extremely favorable.

CASE 3.—More than fourteen years ago a young married woman consulted me for prolapsus uteri. She had been under the care of a homœopath of wide experience, but claimed that he had not benefited her. She improved somewhat under the action of *Sepia*, but soon became discouraged and stopped treatment.

On December 3d, 1915, this same lady, now 42 years of age, appeared at my office and asked me to again take up her case. Shortly after leaving me she had fallen into the hands of a surgeon, who operated—performing ventral fixation and appendectomy and removing some ovarian cysts. She made a good recovery, but in a few weeks was worse off than ever. The dragging in the pelvic region gradually increased and the uterus finally could be felt at the vaginal exit. All sorts of reflex symptoms made her life thoroughly miserable. I shall give the record in detail as it contains many new clinical symptoms.

Goitre the size of a hickory nut removed two years ago, relieving an anxious feeling she had had for some time, a feeling as though something would happen, and panicky feeling in a crowd or at the theatre.

Bearing down in uterus region with backache between the scapulæ.

> lying on back and especially lying on stomach.

Dragging downward at times even from the chest.

No menses for five years; had hot flashes for awhile; they have now disappeared.

Spells of bearing down pains every three months as if the menses would come on, > heat. Usually accompanied by dyspepsia and constipation.

Pains in the arms, sharp shooting and heavy throbbing in the wrists, tingling and numbness in fingers; heart feels heavy as a stone, with fluttering; pain in right ovary extending to a point under scapula, same side. All these symptoms are worse if she goes without tampons that support the uterus, or gets over tired.

Burning in the pit of stomach; craves sweets, salt, meat, sour things.

Inveterate constipation with bloating and sore spots in abdomen; has to take cathartics; mucus covered stools.

Swelling of ankles; soreness of feet if on them much.

Morbid, inclined to be melancholy; indifferent as to her recovery.

> by company; cloudy weather.

Generally worse from exertion; while on feet, in hot weather: at dusk (great weariness). Better in cool weather; after sleep.

Aurum muriaticum natronatum 30th (B. & T.), 7 doses to be taken, one every evening.

Dec. 15. Much stronger; less bearing down, less pain in arms, etc., mentally better.

Sac. lac.

1916.

Jan. 5. More like herself; bowels some better; "heart" much better.

S. L.

Jan. 19. Strength still improving; some dragging in pelvis, and pain over the crest of the ileum, extending down into hypogastrium.

S. L.

Jan. 29. All symptoms worse.

Aur. mur, natr. 30.

Feb. 23. *Aur. mur. natr.* 1m.

March 16. No backache; bowels move normally three times a

day; soreness in region of uterus; a slight rash has appeared here and there.

S. L.

April 3. *Aur. mur. natr.* 1m.

April 17. Improving; notices a creamy leucorrhœa.

S. L.

May 6, 19, July 10. Reports steady improvement.

July 25. Headaches, old pains in arms, pain left ovary.

Aur. mur. natr. 1m.

Sept. 25. *Aur. mur. natr.* 10m. (F. C.)

Oct. 20. *Aur. mur. natr.* 10m

Dec. 4. Leucorrhœa less profuse; no tampons since July.

1917. Jan. 31. *Aur. mur. natr.* 10m.

Feb. 20. *Aur. mur. natr.* 50m.

April 9. Improving in a general way, but has had to resume use of tampons.

S. L.

July 9. *Aur. mur. natr.* 50m.

Oct. 4. *Aur. mur. natr.* 50m.

On April 15th of this year (1919) Mrs. D. reports that she has been wonderfully well. Shortly after her last visit she dispensed with all uterine support. She has been on her feet a great deal, having gone back to her old vocation as school teacher, and has suffered not the slightest inconvenience.

Few, if any, of the symptoms in this case can be found in the provings of this remedy, the double chloride of gold and sodium. Some of them, however, belong to the parent drug.

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THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

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Migraine.—Dr. Joseph Howard Buffum, of San Francisco, California, has an interesting paper on Ophthalmic Migraine in the *Pacific Coast Journal of Homœopathy* for July, 1919. Dr. Buffum was formerly professor of ophthalmology and otology in the Chicago Homœopathic Medical College to which he was summoned after the death of Dr. Woodyatt. Dr. Buffum defines ophthalmic migraine as a migraine in which a typical attack is ushered in by what may be termed an aura. That is to say, a bright point of light suddenly appears in the center or on one side of the field of vision; this enlarges, becomes darker in the center, changing from round to angular, and zigzag shapes, often fringed with colors, are seen. This disturbance of vision to scintillating scotoma, as it is called, may last from a few seconds to thirty minutes, more frequently from five to ten minutes. These symptoms cause the patient much alarm, and, as the daylight seems to aggravate and cause pain in the eye, he is inclined to seek a dark room and to lie down. As the sight becomes normal, pallor of the face is noticeable and pain in one temple appears and spreads until the whole side of the head is involved. As in migraine, nausea and vomiting usually occur and the patient merges off into a deep sleep and awakes to find himself much relieved and refreshed.

In the treatment Buffum recommends a well balanced diet suitable to each individual case. Excess of protein must be avoided. Constipation must be prevented. Defects of vision and eye strain are to be remedied by appropriate treatment. When attacks occur, the patient should have quiet and composure with a prone position of the body. As remedies Buffum recommends anhalonium made from the Mescal Button, belladonna, gelsemium, nux vomica, ignatia, natrum muriaticum, magnesia phos., kali bich., iris vers., phosphorus, cina, crocus sativus, cyclamen, the calcareas; also cannabis, camphor, china, digitalis, graphites, pulsatilla, melilotus, sepia, and stramonium.

Blood Pressure.—Some things to remember about blood pressure are the following: In health the diastolic blood pressure tends to approximate two-thirds that of the systolic, hence a normal person with a systolic blood pressure of 120 m. m. should have a diastolic pressure of about 80. In such a case the pulse pressure is 120 minus 80, or 40; in other words, the pulse pressure is in health about one-third that of the systolic. If now the pulse pressure, obtained by subtracting the diastolic from the systolic, when multiplied by three exceeds the systolic the finding points to cardiac overwork, but when it is less than the systolic, weakness either physical or circulatory is suggested. Thus, if the systolic pressure is 180, and the diastolic 110, the difference, which is 70, represents the pulse pressure, and this multiplied by 3 gives 210, which exceeds the systolic pressure considerably, hence cardiac overwork is suggested. On the other hand, if the systolic pressure is 140 and the diastolic 100, the pulse pressure 40 multiplied by 3 gives 120, which is less than the systolic, and, therefore, circulatory weakness or other great physical weakness is shown.

The time of day affects the systolic pressure, the highest figures being usually obtained in the late afternoon, and the lowest on awakening from sleep in the morning. A rapid pulse may raise the pressure somewhat. Some patients unfamiliar with the instrument are afraid of it; in one case seen by the writer the fear was absurdly great and appeared to raise the pressure, for readings five to ten millimeters less were obtained a few days later when the fear wore off after repeated takings. Exercise raises it somewhat. It appears in the writer's experience that it is higher for the age in the case of those who have large fleshy arms or muscular arms. But it must be borne in mind that these variations from so-called normal ranges do not account, except in part, for the marked changes brought about by disease.

The blood pressure during pregnancy affords useful diagnostic hints. In women it is normally 10 millimeters lower than in men of the same age, but a low blood pressure during the early months of pregnancy suggests toxemia and should be "checked up" by examination of the urine with reference to the urea-am-

monia ratio and indican. A rising high pressure during the last half of pregnancy also suggests toxemia and calls for the urine examination.

The high systolic blood pressure in heart and kidney cases is well known. On the other hand, in tuberculosis the low systolic is a diagnostic sign. The writer has found low systolics in certain cases of so-called essential albuminuria which have come under his observation. High systolic pressure is not as a rule observed in diabetes mellitus, but rather a lowered pressure, in the early stages of the disease at any rate. Neurasthenics and hysterical patients usually run a low pressure.

In the treatment of high pressure rest in bed helps greatly as also diet in which salt and proteins are limited; the food should be taken often in small amounts; hearty eating at any one meal being avoided. Tea, coffee and alcohol are also to be avoided. It is customary to prohibit tobacco also in cases of high tension though chronic smokers usually show low pressure.

Good Result From Allen Treatment.—The writer has appeared to succeed well with the Allen treatment of diabetes mellitus, but owing to the fact that many patients disappear from view after the "spell of treatment" is over, I have not thought it worth while to report results, especially as patients with diabetes mellitus may "spill the beans" almost any time. Recently, however, in one case, after the treatment was over a young man under observation travelled on business and had to eat "what he could get," but in spite of that the last examination made, just after return from a fatiguing business trip to New York, showed him sugar free and acetone free, with normal specific gravity.

Diabetes in Husband and Wife.—In two cases seen in November, namely, husband and wife where no suspicion of diabetes had existed, the writer found sugar in the urine of both. The wife had several per cent., and the husband a fraction of one per cent. Both patients were about sixty years old, and had lived together nearly forty years. In another instance of husband and wife of about the same age the writer found over six per cent. of sugar in the case of the wife but has not yet had opportunity to examine the husband's urine, though they both aver he has diabetes also. I notice that some of the French writers think it

possible for one person to contract diabetes from another. It is certainly a fact that brothers and sisters in the same family often have it.

Focal Infection and Diabetes.—In one case seen by the writer this summer a slight diabetes occurred in a female patient who had a mouth infection. In this case throat specialists disagreed as to the condition of the tonsils, one recommending that they be removed and the other opposing removal of them. The teeth, however, were in bad condition and attention was given them. The editor of this department would be glad to hear from throat specialists who have removed tonsils in diabetic patients.

Puerperal Eclampsia.—In the *Therapeutic Digest* of recent date we notice an article on puerperal eclampsia which is of interest, and as follows:

“Discussing the treatment of puerperal eclampsia, Tindall (*Ecl. Med. Jour.*, Dec., 1918) recommends that when albuminuria is discovered to be present, which is generally from two to three months before time for confinement, the patient should be put on a strict diet and careful treatment. The diet should consist largely of milk and the lighter vegetables, such as asparagus, spinach, lettuce, young onions, with fruits like oranges, apples and peaches. If there is extreme hunger, a small amount of meat and bread may be allowed.

“The patient should take frequent baths so that the skin is kept open, with the maximum amount of perspiration through the pores. The bowels should be kept free with salines. I prefer epsom salts and have them given until there are from two to three evacuations daily. I also try to increase the flow of urine by giving fl. ext. of cornsilk, eryngium, gelsemium and other indicated diuretics. The one remedy in which I have most faith is the tincture muriate of iron, which I give well diluted in 10 to 15 drop doses four times a day. I also advise drinking as much water as possible, and I deem this of no little importance.

“Producing an abortion has been advised, but I have never resorted to this, although it has sometimes occurred spontaneously and thereby cut short the albuminuria and cured the dis-

ease. This should not be resorted to without consultation, and only in extreme cases.

"I administer chloroform during the attack, and give a hypodermic injection of $\frac{1}{4}$ grain of morphine or an H. M. C. tablet containing $\frac{1}{4}$ gr. morphine, 1-100 gr. hyoscine and 1-64 gr. cactine. Some writers advise giving larger doses of morphine, but I prefer the smaller doses and repeat, if necessary. I have not used veratrum in many cases, but where used I have not been especially favorably impressed. I sometimes give chloral hydrate, and usually give bromides, particularly like the bromide of sodium, if the patient is strong, with a bounding pulse, and the bromide of ammonium if the patient is weak and exhausted.

"A thorough sweat bath will sometimes be very beneficial. This can be accomplished in a number of ways. A very efficient method is to boil a dozen or twenty ears of corn about fifteen minutes, then wrap each ear in a flannel cloth and lay the ears around the patient, who should be placed between two blankets. Care should be taken that the body is not burned. In from five to thirty minutes the patient will commence perspiring freely. This should be permitted to continue for a few minutes, carefully watching the pulse that there may not be too much depletion. The process can be repeated a few hours later if necessary. The idea to be kept in mind is thorough elimination from the skin, bowels and kidneys."

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We Are Discovered.—A small boy of our acquaintance wrote an essay on Columbus, which ended somewhat in this fashion: As Columbus landed on the island, the Indians who had gathered to meet him said, "Who are you?" "I am Columbus," said he. "Then," said they, "we are discovered!"

So is the land of homœopathy undergoing discovery or rather rediscovery at the hands of the O. S. Columbus. The latest revelation, contained in the *Journal of the A. M. A.* for October 18th, by Jay Frank Schamberg, of the City of Brotherly Love, makes interesting reading, and is herewith quoted in full. It will be noted that Dr. Schamberg uses the term "desensitization" in explaining his cures of ivy poison susceptibility. Homœopaths have in a similar manner, *desensitized* many a patient suffering from ivy poisoning with high potencies of *Rhus toxicodendron* itself, yet having a fixed law to guide them, have relied upon other antidotal or immunizing desensitizers, such as *Grindelia*, *Sepia*, *Sulphur*, etc., when these have been symptomatically indicated. Not every patient afflicted with ivy poisoning will be relieved by *Rhus tox.*, though many of them are. After all, no matter by which name we designate the process or how we explain it, it remains everlastingly true that the law of similars is at the bottom of the cure. In this connection we remind our readers that in cases of primrose (*Primula obconica*) poisoning, the common buckwheat, *Fagopyrum esculentum*, in potency, has been found to be antidotal. There's a reason, as the devotees of buckwheat cakes will no doubt understand. *Fag-*

opyrum has the symptom "itching eruption, relieved by washing in cold water." This modality of *Fagopyrum* will be found on p. 674 of ALLEN'S SYMPTOM REGISTER OF PURE MATERIA MEDICA.

DESENSITIZATION OF PERSONS AGAINST IVY POISON.

Jay Frank Schamberg, M. D., Philadelphia.

In an informal discussion of a paper at the Detroit session in 1916, I announced that I had been able to protect persons susceptible to attacks of ivy poison by the internal administration of minute but increasing doses of the tincture of *Rhus toxicodendron*. Later my assistant, Dr. Strickler, made an alcoholic extract of the plant, which after aqueous dilution was injected subcutaneously and was found to be effective in preventing attacks.

During the past few years I have been employing this method in my private practice, with uniform success. I have treated almost a score of susceptible persons, and all have remained free of dermatitis during the ivy season, whereas prior to undergoing this treatment they rarely escaped.

I may briefly mention the case of a 12-year-old girl who for several years had spent a couple of months in bed each year from severe and repeated attacks of dermatitis venenata. She was so susceptible that she could not traverse a lane where ivy grew without being attacked. After taking the treatment she was rendered immune except for an extremely slight attack which developed as a result of her purposely handling the ivy plant to test her resistance.

The method of treatment which I have been carrying out is as follows: I prescribe:

	c.c.
R. Tincture of rhus toxicodendron.....	1
Rectified spirit	5
Syrup of orange, sufficient to make	100

The patient is instructed to take the mixture in half a glass of water after meals as follows:

Breakfast, Drops	Lunch, Drops	Dinner, Drops
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21

When this dosage has been reached, for purposes of convenience and simplicity, the patient takes a *teaspoonful* in half a glass of water merely *once a day*. This should be continued throughout the ivy season.

It has been my experience that the immunity (if one call it such) established after one month's administration will persist for about a month afterward. After this, susceptibility is prone to return.

TREATMENT OF AN ATTACK OF IVY POISON.

The same mixture appears to exert a favorable influence on attacks of ivy poisoning in preventing an extension of the process, and in abbreviating the duration of the attack. In order to bring the patient more quickly under the influence of the drug, I administer it as follows:

Breakfast, Drops	Lunch, Drops	Dinner, Drops
2	4	6
8	10	12
14	16	18

Teaspoonful once a day, well diluted.

It is, of course, necessary to establish the fact that the ivy has been the cause of the dermatitis. *Rhus toxicodendron* tincture would probably be of no value in treating poison oak, primrose or other forms of plant poisoning. I think it is more than likely, however, that desensitization against these poisonous plants could be accomplished by using extracts of *Rhus diversiloba*, *Primula obconica*, etc., in the same manner as detailed above.

The result obtained by this method in fortifying the resistance of persons against ivy poison suggests the possibility of achiev-

ing similar results against various pollen catarrhs—hay fever, rose cold, etc. If one can incriminate the particular pollen at fault, an extract taken by mouth might conceivably bring about a desensitization. This method is so much simpler than administration by hypodermic injection that it would appear to me to be worthy of trial.

Sepia.—*Sepia* is in many ways an interesting remedy and chiefly perhaps from the fact that Hahnemann, with his marvelous powers of observation, was the means of bringing this drug into therapeutic use. He noticed that among his artist friends, those who were in the habit of moistening their brushes previously dipped in the pigment *Sepia* with their lips, symptoms at length followed, which could be explained in no other way than that this agent must be the causative factor. Investigation proved this to be so, and provings of this drug then followed, confirming the truth of Hahnemann's observations.

Since that time homœopathic physicians everywhere have time and again verified the characteristic symptoms of *Sepia*, more particularly those which concern the generative system of the female, so that in large degree *Sepia* has come to be looked upon as primarily a woman's remedy. It has, however, a wider range of action and of applicability to many conditions in both the male and female, and in order to be able to use it to the best advantage, a thorough acquaintance with its broad general characteristics should be had. This means to know the remedy in its individuality, quite apart from a mere mechanical memorization of certain keynotes.

Thus the *Sepia* patient is inclined to be of melancholy disposition, easily provoked to tears and then irritable and morose. With this sadness is coupled a feeling of indifference, particularly in women, to the usual routine duties or to people ordinarily best loved. Hence the *Sepia* woman often feels totally indifferent to her unsuspecting husband. We should be careful, however, not to mistake the modern spirit of independence and emancipation of women for a mere feminine whimsical and temporary emotional display of feeling.

Sepia in its pathogenesis undoubtedly produces a relaxation of

muscles and ligaments, therefore, prolapse or relaxation of organs, becomes an individualizing symptom. This accounts for the sensation of epigastric sinking or goneness which is so marked in this remedy, and also for the sensation of pelvic bearing down, as though the uterus would emerge into an already sufficiently troubled world. Quite naturally the horizontal position relieves the sensation, but not all of us are able to loll in the downy lap of luxuriant ease.

Menstruation in *Sepia* is frequently scanty, late and of very short duration, but may occasionally be early and scanty. *Sepia* is tired, disinclined to effort, sleepy and dull, but finds that a sluggish circulation can be whipped into action by vigorous exercise, hence the latter relieves many *Sepia* symptoms.

To many, odors of various kinds are disagreeable and excite various reactions, both mental and physical. Indeed, a chapter could be written upon the psychology of odors, and Roi Cooper Megrue hints at this in his charming play, "Tea for Three," when he makes his debonnair medical Lothario say, "Have you ever thought about the psychology of smells?" in answer to a question as to why he had carefully placed bouquets of flowers in strategic locations about his consulting rooms.

In *Sepia*, however, odors, particularly of food or of cooking, excite marked nausea. This is somewhat reminiscent of the child of the ghetto, who enters the eternally odoriferous delicatessen store with the exclamation: "Meester, gif me for five cents milk, and it should n't stink of hering!" Eating relieves the nausea of *Sepia*, especially that which occurs in the morning before breakfast. In the nausea of pregnancy the remedy is of great value.

Sepia is distinctly a left-sided remedy, and its headaches and neuralgias usually affect this side. At the same time many of its manifestations are due to a sluggish portal circulation or to a congestion of the liver. Various degrees of jaundice are found, from a mere localized pigmentation embodied in the term chloasma, to an actual general yellow or sallow color of the skin. Yellowness about the mouth, or across the nose and cheeks is characteristic and often present.

Catarrhal inflammations are common in *Sepia*, the mucous

membranes pouring out a milky, acrid, yellowish or greenish secretion. The leucorrhœas of this remedy are especially characteristic, are apt to be worse before menstruation and are frequently Neisserian in character. In fact, gonorrhœa in both female and male is often cured by *Sepia*. This seems to have been known to the ancients, who used the cuttlefish in the treatment of leucorrhœal discharges. Needless to relate, *Argyrol* and the multitudinous synthetic preparations of Teutonic origin were not known then, and no doubt our forebears of the early pre-Christian era were better off for their ignorance. At least, disease suppression was not a factor.

Chronic nasal catarrh, especially post-nasal in type, may require *Sepia*, which will then be indicated by the dropping of heavy, lumpy, or even greenish leathery discharges, which cannot be blown from the anterior nares; but must be hawked out through the mouth.

Sepia has a peculiar time aggravation, mornings and evenings, a fact which should always make us think of this remedy. Herpetic eruptions often disappear under its action, especially herpes circinatus or ringworm. When ringworm occurs in coalescing concentric rings, *Tellurium* will be the remedy and *Bacillinum* the nosode, will be required for chronic cases.

Sepia and *Natrum muriaticum* are complementary in action: one is frequently useful before the other, or after, and will then complete the cure.

The International Hahnemannian Association.—This association, ever jealous of the best interests of pure homœopathy, is making preparations for an instructive and interesting program next year. President George E. Dienst is constantly in touch with his bureaux' chairmen, and relies upon these to secure essayists and a goodly number of able papers. Chairmen should realize that the best time to get to work is early, and it behooves them, therefore, to make their appeals for papers now. On the other hand, members must appreciate their own importance in the work of the association and must in every way co-operate by giving the best that is in them. In this way only, can the work of the association be of value and mutual help.

Many are groping in the darkness of therapeutic uncertainty with nothing to guide them, and will eagerly grasp the hand of friendly helpfulness if it is held out to them. Here lies the golden opportunity of the I. H. A. to be of real service to medicine, by advancing in every legitimate way, its propaganda of Hahnemannian principles and practise.

A splendid array of papers for the 1920 meeting will, therefore, attract a large and respectful audience of interested seekers of knowledge and truth.

Radium as a homœopathic remedy fills an important place in the treatment of chronic rheumatic diseases. In a sense it is a sort of composite of *Pulsatilla* and *Rhus tox.*, hence it is well to bear in mind this great guiding symptom of *Radium*, viz., *aggravation from cold damp weather; from rest and on commencing to move; amelioration from heat locally applied; from continued motion and in the cool open air. Desire for and relief in the open air. Stiffness and soreness of affected joints.*

Numerous cures have been made upon these general indications. The potencies used have been the 30x trit., 60x trit., 10m. Skinner, and cm. Skinner. In a case of arthritis of the knee, with the symptoms and modalities present as above mentioned, *Radium brom.* 10m. Sk., cured completely.

Homœopathic Pharmacy a la Mode—A. D. 1919.—Some time ago in one of the several homœopathic hospitals of New York we were called upon to prescribe for a case of influenzal pneumonia. The symptoms were clearly those of *Iodine*, and for this remedy a prescription was written upon the usual time-honored prescription blank. Thus the legend ran:

Iodine 30thgtt. x.

Aqua $\bar{3}$ iv.

Sig.—Give $\bar{3}$ i q. 3 hrs.

The hog Latin may not be exactly according to Hoyle, but still is clear enough to the ordinary pharmacist who has even a nodding acquaintance with the homœopathic pharmacopœia and its symbols. Judge of the rude shock, then, to sensitive editorial nerves when we found that 30 drops of the *Tincture of*

iodine had been used instead of the 30th potency. The obtuse pharmacist, we regret to state, is of the female species, and is still asleep at the pharmaceutical switch. The patient, *mon Dieu!* recovered.

More recently in another homœopathic hospital not too far from Central Park, *Nux vomica* 30th was regularly and with almost childish innocence, prescribed in powder form. The dear patient, whose delight it was to toy with these dainty morsels of Æsculapian therapeutic nothingness, complained, however, of their distinctly bitter taste, and reared in the stern lap of Hahnemannian purity, was proportionately surprised. Inquiry of the portly bit of femininity called pharmacist, revealed the fact that, no 30th potency being available, this resourceful daughter of Eve added *Saccharum lactis* to the third decimal trituration, believing that by so doing she was arriving at the 30th potency *tout-de-suite*, as our Gallic friends would say. Unfortunately for her, the clever end-product of imaginative mathematical ratiocination was *tout bitter*, and so the *faux-pas* was discovered.

Shades of the porcelain painter's immortal and illustrious son, what must thou say to this illustration of homœopathic pharmacy as she is pharmacized in the year of our Lord 1919?

Tout-de-suite forsooth! It is to laugh!

BOOK REVIEWS.

POCKET MANUAL OF HOMŒOPATHIC MATERIA MEDICA, Comprising the Characteristic and Guiding Symptoms of All Remedies, Clinical and Pathogenetic. By William Boericke, M. D., Prof. of Hom. Mat. Med. and Therapeutics at the Univ. of California. Seventh revised and enlarged edition, with the addition of a Repertory by Oscar E. Boericke, M. D. Published by Boericke & Runyon, 200 Sixth Ave., New York. 1920. Pp. 1115. Price, \$4.75. Bound in black, flexible morocco.

One quite naturally associates the name of Boericke with *materia medica*, and good *materia* at that. Small wonder, then, that Boericke's *Materia Medica* is now in its seventh edition—a fact which testifies eloquently to the great and increasing demand for this work. The book is exactly what its author claims; it does

not seek to displace or supercede our larger works; but it does aim to furnish to the prescriber all that is known of each and every drug within the wide ken of the homœopathic materia medica. In this it succeeds notably, serving as an ever present, ready reference pocket-book to the busy physician. An extremely useful and simply arranged repertory by Oscar Boericke completes the work, together with a handy therapeutic repertory or index. We have no hesitation in commending and recommending this *multum in parvo* to every physician who seeks to know the materia medica and to cure his patients. The price, \$4.75, is really nominal for so complete a lexicon of therapeutic information.

PERSONALS.

Dr. J. A. W. Hetrick announces the opening of his office, 717 Eastern Parkway, Brooklyn, N. Y. Hours: 8-10 a. m., and by appointment. (Sundays and holidays excepted.) Phone, Decatur 6321. Diseases of the ear, nose and throat exclusively.

Dr. H. Leslie Fry desires to announce that he has removed his residence and offices to N. E. Cor. 35th and Baring Streets, Philadelphia, where he will continue in the general practice of medicine. Hours: 8 to 10 a. m., 2 to 3 p. m., 6 to 8 p. m. Sunday no hours. Wednesday, 8 to 10 a. m. only. Telephone.

The estate of Dr. Arthur B. Norton desires to announce that his practice with the complete records of patients have been turned over to his nephew and associate, Dr. G. E. G. Norton, who will continue the care of diseases of the eye, at the office formerly occupied by the late Dr. Norton, 30 E. 55th St., New York. Hours by appointment, eight until one. Telephone, Plaza 6967.

Dr. J. W. Hassler will resume his practice in St. Petersburg, Florida, November until May. Belmar, New Jersey, May until November. The sanitarium will be open for patients from May to November. Residence, Hotel Huntington; locating office in Telephone Directory.

Dr. Ralph Alexander Stewart announces his return to practice at the Sydenham, 616 Madison Avenue, corner 58th Street, New York City. Hours, 11 to 1; other hours by appointment. Telephone, Plaza 1470.

A NEW GERM FOE OF MAN.

Bacterium tularensis, name given to germ causing plague-like disease. An important discovery by investigators of the U. S. Public Health Service.

An investigation just completed by Surgeon Edward Francis of the U. S. Public Health Service adds another to the list of disease germs afflicting mankind. The germ, which bears the name of *bacterium tularensis*, was first isolated by Drs. McCoy and Chapin, of the U. S. Public Health Service, as the causative agent in a plague-like disease of rodents. It was not then known that the same germ also infects man.

Dr. Francis now finds that *bacterium tularensis* is the cause of "deer-fly fever," a disease occurring among the rural population of Utah, and initiated (according to popular belief) by a fly bite on some exposed surface of the body. The site of the bite and the neighboring lymph glands become tender and inflamed, and they commonly suppurate. A fever, like that in ordinary blood poisoning, develops and lasts for 3 to 6 weeks. The patient becomes very sick and is confined to bed. The first case known to have ended fatally was reported in 1919.

Thus far something like two dozen cases of this disease have occurred in Millard County, Utah, in each of the years 1917, 1918 and 1919. Whether the disease prevails elsewhere is not yet known, but the announcement of the Public Health Service is expected to direct the attention of physicians to cases of this kind.

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FRENCH HEROES LAFAYETTE MEMORIAL FUND,
INCORPORATED.

FOR THE CHILDREN.

So successful has been the experiment of the French Heroes Fund in conducting an orphanage school on the estate of the Marquise de Lafayette in the province of Auvergne in France, that it has been decided to extend the work and establish two similar orphanage schools in England and America.

One of the great advantages to the Western world and one of the few results which will cause future generations to believe that this war was worth fighting, will be the added spirit of friendship between England, France, and America. These three great civilized and democratic nations will form a solid basis of friendship and understanding upon which the future league of nations, of which the President has spoken recently, can be founded. As early as 1915 the French Heroes Fund had grasped the idea that the most painstaking and careful education of French boys in the language and point of view of America would be a useful and patriotic work, far-reaching in its effect and permanent in the good that might come to both countries. This idea was kept in mind when the orphanage at Chavaniac in Auvergne was founded. It is hardly necessary to describe the work in detail as you are undoubtedly already familiar with its plan of operation. However, to refresh your memory we shall briefly outline the work.

The Chateau Chavaniac was purchased as a memorial to be a companion monument to Mount Vernon and to commemorate in France the long-standing friendship between France and America, but so much immediate relief was needed that it was decided to convert the Chateau and its surrounding estate into an orphanage for French boys. Modern buildings were erected at a minimum cost and with the aid of the French Government, and a large number of boys are already quartered at the school. These children are the sons of men who have displayed special gallantry upon the western front and they are boys who are highly recommended by their teachers, as being particularly intelligent and of good character. The plan is to train them, not only in the fundamentals of a good French education, but to have them taught English and drilled in athletic sports by an English or American instructor so that when they become of suitable age they may form a link of understanding and sympathy between America and France. When they have completed their preparatory education the plan is to send as many of them as possible to America to study modern industrial methods. Some of them will be sent to American Universities and some will be placed with large commercial houses and manufacturing

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firms so that they may learn at first hand the principles of American commerce and industry. There is also in connection with the school, a sanitarium for French boys threatened with tuberculosis. It is not a sanitarium for those who are ill, but for children who come from tubercular homes or who, because of the weakened condition brought about by hardship, are especially susceptible to the disease.

So successful has the work proved that it seems the proper time to begin the erection of a similar school in America and in England. At first we thought of sending American boys to the Chateau Chavaniac, but upon mature consideration it was decided that since the boys entered at the age of six it would be unwise to take them out of their own country at such an early age, and that a far better plan would be to found a similar school in America for preparatory education and to send the boys to France for their later training, either to French Universities or to work with some of the great commercial houses of France. We will thus have a reciprocal arrangement whereby both French and American boys will be educated in their own country under the influence of their own traditions during their childhood and their early youth, and will be given their later education in the sister republic in which they can learn much that will be of value to their own country.

As the plan has developed it has become obvious that not only should we do what we can to help America and France to understand one another, but that Britain also should be included in the scheme of education. There should be a similar school in Great Britain for British boys, some of whom will be sent to France after the completion of their preparatory training, and some to America. This will also broaden the opportunity before French and American boys as there will be a choice between sending the French boys to Great Britain or to America, and a choice before the American boys between France and Great Britain. Experiments of this kind have been made before, notably in case of the Rhodes Scholarships at Oxford. But the plan of the French Heroes Fund differs materially from either of these experiments in three ways. First, the children will be taken at the age of six and carefully prepared

Glandular Therapy

Biological Triturations

List

CORPUS LUTEUM
DUODENUM
PANCREAS
PITUITARY
SUPRARENALS
THYMUS
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BRAIN
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MAMMARY
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The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. These triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours triturating, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

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in advance for the special opportunity to which they will be entitled. Second, they will be chiefly orphans who must be cared for in any event, and third, we do not intend to limit the opportunity offered to University training. A certain number of boys will be sent to work with great commercial houses of the three countries included in the plan, so that they may take back to their own country the best of foreign experience in the field in which they expect to make their life career.

The plan for the British and American schools has the hearty endorsement of Lord Reading who agrees to be honorary president of the British school and who is strongly in favor of developing the plan along the same lines as those already laid down at the school in Chavaniac. It has been suggested that the British school be built somewhere in the neighborhood of Sulgrave Manor, and that the American branch be built somewhere near New York. Of course, all definite plans of this kind are tentative, as we are at present in the preliminary stages of organization. Money will be necessary for the development of the plan. At the present all the resources of the French Heroes Fund are being thrown into the relief of emergencies in France caused by the increased number of refugees. But with the advance of the allied armies these difficulties will be somewhat minimized, and the time has come when we can lay the foundation of permanent work which will be of inestimable value in the decades of reconstruction before the world. Money sent to the French Heroes Fund designated for the foundation of the British and American schools will be placed in a fund for the purpose. Not only do we need money, but we should be grateful to contributors if they would write to us in detail concerning suggestions for the school.

It must be borne in mind that the boys who are selected for the education outlined, are to be the orphan sons of men who have been killed in the present war on the western front and who, in addition to their need for assistance, have been specially recommended by their teachers or by responsible local officials as of unusual intelligence and character. The world owes the men who have fallen in the present war an eternal debt of gratitude. No better way can be imagined for repaying

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that debt than by educating their orphan sons, not only in the conventional sense, but in such a way that friendship will be stimulated between three of the great countries for which their fathers have laid down their lives.

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The money invested in Liberty Bonds if kept so invested until peace is established will be worth much more than now.

Every provident man and woman in the United States who holds his or her Liberty Bonds may find the money so invested worth twice as much in purchasing power after the war as now. How sure and safe an investment it is, and how profitable an investment, to keep your money invested in Liberty Bonds until its purchasing power becomes greater than at present. It is a better investment than wildcat stock. It is a better use and a wiser use of your money than speculating with it.

It is a duty to your country and to yourselves and to your children to hold your Liberty Bonds.

SECRETARY McADOO'S THANKS.

"The great success of the Fourth Loan is new and convincing evidence of the determined spirit of America to carry on the war until freedom is assured throughout the world. But even with the highest purpose and patriotism on the part of the people this great result could not have been achieved without intelligent direction and organization. I wish to thank the Liberty Loan committees, both men and women, the bankers and business men, farmers, wage earners, railroad officers, and employees, and every group of citizens who have so ably and enthusiastically co-operated with the Treasury in conducting the campaign. To the press of the country especial credit is due for emphasizing through their news columns and editorial pages the necessity for making this great loan successful.

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By WM. G. McADOO, SECRETARY OF THE TREASURY.

One year ago to-day President Wilson approved the War Risk Insurance Act.

October 6, 1917, is a historic date in the annals of this Nation and of the great world war, for it marks the beginning of altogether the wisest and most beneficent provision for the dependents of soldiers and sailors in time of war ever made by a nation in the history of the world.

BACKING UP OUR FIGHTING FORCES.

It is fitting to commemorate this significant anniversary to-day, in the midst of the Fourth Liberty Loan campaign. A large share of the six billion fighting dollars we must mobilize to back up Pershing and his gallant men is going to pay family allowances, Government compensation benefits, and Government insurance benefits to our heroic soldiers and sailors and those dependent upon them. Sustained by the assurances of the humane and generous provisions of the War Risk Insurance Act, America's manhood is enabled to go forth to battle stout of heart and with unwavering confidence.

The administration of the act by the Treasury Department through the Bureau of War Risk Insurance during the past year constitutes one of the big war tasks of the Government.

ALLOTMENTS AND ALLOWANCES.

In the twelve months just ending the bureau has mailed more than six and one-half million checks in payment of allowances and allotments, representing a total disbursement of almost \$200,000,000 for the care and maintenance of the families and dependents of our fighting men.

These wise and just provisions reach to every corner of the land. Approximately one million checks a month are now being mailed regularly to maintain this protection.

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COMPENSATION FOR DEATH OR DISABILITY.

The act also provides that liberal compensation benefits without cost to the soldier, shall be paid for death or disability incurred in the line of duty, and in addition that every man wearing the uniform, who desires to provide additional protection for his loved ones, may take out not less than \$1,000 nor more than \$10,000 of Uncle Sam's insurance against death and total permanent disability.

UNCLE SAM'S INSURANCE.

In the year past the Bureau has written nearly thirty-five billion dollars of this insurance, or approximately as much ordinary life insurance as there was outstanding with all the life insurance companies in the world at the beginning of the year. Our Army and Navy are more than 90 per cent. insured and new applications are now being received for more than a billion dollars of this insurance per week.

The Bureau has made awards and is paying monthly compensation on more than 5,000 death and disability claims, and it is paying monthly installments of insurance on more than 9,000 insurance death claims.

THE ACHIEVEMENT OF ONE YEAR.

In the performance of this threefold task the Bureau has within the year handled nearly three million nine hundred thousand insurance applications and more than three million eight hundred thousand allotment and allowance forms, and it has been necessary to prepare and maintain under constant control more than 26 million separate individual card records. The Bureau has received and answered more than three million letters.

From a small organization of twenty persons working in the basement of the Treasury Department one year ago, the Bureau has grown until it now has a working force of 13,000 employees occupying thirteen buildings in Washington.

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The battle front in Europe is not the only American front. There is a home front, and our people at home should be as patriotic as our men in uniform in foreign lands.

Every American soldier who has fallen in France, every American sailor who has died for his country's cause has *given* his life for his people. Surely we, their people, can *lend* our money to our Nation, their country.

The Fourth Liberty Loan is the fighting loan. Its great success will bring comfort and encouragement and a deep sense of pride to our Army and our Navy, and to our allies; it will bring discouragement to our enemies. Its success means American victory, Prussian defeat.

The fourth loan is the fighting loan, the soldiers' loan.

THE NAVY AND THE FOURTH LOAN.

The United States Navy subscribed to \$45,218,450 of the Fourth Loan. Of this sum nearly \$9,000,000 was subscribed by the officers and sailors on duty on our ships in the war zones. Mrs. George Dewey, the widow of the great Admiral, had her subscription to the Loan credited to the Navy.

The Navy's subscription to the Fourth Loan is \$10,000,000 more than its subscription to the First, Second, and Third Loans combined, and between \$15,000,000 and \$20,000,000 more than its assigned quota. The Navy did its duty in the Fourth Loan with the same superb spirit that it does its duty in the fighting zones. The Navy is doing its part in the fighting and in the financing of the Nation, and going "over the top" in both.

It may be relied on, too, that the Navy is going to keep its bonds. Our Navy never does its duty only halfway. No feature of the Fourth Loan is more inspiring than the heavy oversubscription of the officers and men of the American Navy.

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PUTTING THE WAR STAMPS ON A PERMANENT
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By JAMES H. COLLINS.

Uncle Sam spent sundry billions of dollars to win the war—more money than any nation ever spent before in nineteen months. Result—an enormous saving in human life and time.

On looking over his war plant, Uncle Sam found various items of salvage—ships for the merchant marine, airplanes for the postal service, motor-truck equipment for sale, along with other physical assets like buildings, clothing and supplies, and psychological assets like army morale and the new spirit of the nation.

Among these assets was the habit of buying Thrift and War Savings Stamps.

A habit that runs up to one billion dollars in a year, ten dollars per capita, is surely worth maintenance. So Uncle Sam has been studying this War Savings Stamp actively with a view to putting it on a permanent peace basis.

His plans for 1919 are under way.

For one thing, there will be no chief dependence on "drivers" or "stunts"—instead we shall have systematic saving, and organization.

Appeals to buy these stamps for patriotic reasons will go hand-in-hand with emphasis on the solid basis of benefit to whoever buys them.

When the armistice was signed November eleventh, Treasury officials got a breathing spell, and were able to take stock of the Thrift Stamp enterprise. Or, rather, they got a shock. It seemed as though everybody in the United States who had been saving money to win the war felt that the crisis was over. Everybody promptly quit work to celebrate, and money was spent right and left. This was quickly reflected in stamp sales and Liberty Loan payments. Then followed weeks of demobilizing in war industries, and until workers switched over to new employment stamp sales and bond payments showed decrease.

It was found that some of the War Stamp machinery had been created largely on an emergency basis, and operated by excitement. Having won the war, it was assumed both by those who sold and purchased the stamps that the crisis was over. Hadn't Germany disarmed and wasn't the Kaiser in Holland? It was also found that some splendid permanent machinery had been created. Most notable in this line were the 150,000 War Savings societies, organized for systematic thrift on the group plan. These societies are scattered all over the country—in factories, stores, shops, banks, schools, churches, lodges, clubs, and even families. Some of them have half a dozen members, while others run to hundreds and thousands, and require division into units, with group leaders. Practically all of them are alike, however, in that members pledge themselves to invest a stated sum weekly in Thrift Stamps, and there is the element of ex-

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ample and fellowship to help them save regularly. Also, the group has its secretary who sells stamps, and thus both the thrift idea and the best investment in the world (United States Government securities) are brought right up to the cashier's window on pay day.

Some remarkable reports have been received from War Savings societies. In certain factories and stores employees were purchasing what seemed to be a satisfactory weekly quota of Thrift Stamps on the haphazard plan. That quota has been increased 500 to 1,000 per cent. within a week after group saving was begun, with pledges as to amount, and personal supervision by leaders, and the adoption of definite savings plans, such as elimination of luxuries and sane conservation of necessities.

There have been instances where employers viewed the organization of these societies with some distrust, fearing that they might lead to labor troubles. Yet in many such cases employers have testified that group saving, far from causing unrest, has made employees more industrious, and loyal, and definitely decreased that evil of war-time industry—labor turnover.

Treasury officials will now work to make Thrift and Savings Stamps permanent—at least they will be continued as long as the Government must borrow on a large scale. It is believed that group saving can be extended, not only to the great permanent benefit of the nation and its industries, but that by means of Government Savings Stamps much of the ordinary borrowing requirements of the Government can be met in normal times, releasing more highly organized capital for investment in this country and world trade.

There will be great new issues of War Savings Stamps this year and probably in years to come. Redeemable in five years, they form a splendid short-term security, available to small investors, involving no risk and no interest coupons for collections, as is the case with bonds.

Besides safety and convenience for small investors, these stamps have become the most accessible mediums for saving in this country—if not the world. They are sold at all post-offices, and most banks, and are purchasable from mail carriers in cities and on rural routes. They are also sold in thousands of stores, factories and other places.

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Biological Triturations

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The greatest distributing system for merchandise in this country is that through the 350,000 retail grocery men who handle food. But Uncle Sam's Thrift Stamp distributing organization during the last year of war was considerably larger, comprising nearly 400,000 agencies, including 20,000 banks, 215,000 authorized selling agents and 150,000 war savings societies.

The Government will follow sound distributing methods in making these stamps available. By means of new savings societies and the group thrift plan they will be placed even closer to the pay envelope wherever people draw wages and salaries. To meet the needs of people who cannot conveniently join a savings society, the stamps will be placed on sale at well-chosen banks, stores and other points.

Experience has shown that the sale of these stamps by a great many merchants in the same town, each maintaining a booth in charge of an attendant, calls for a considerable investment and expense. But where only a half dozen merchants maintain stamp booths at central points the public can be served just as well, if not better, and the stamp booth may be made to pay its own way by attracting customers for merchandise. Because new supplies of stamps may be obtained daily at banks, the merchant maintaining a stamp agency is called upon for only a moderate investment. Wages for an attendant constitute but a moderate charge in a large business, and where this is a serious item volunteer attendants may be enlisted through local organizations.

It is anticipated that the best results will be secured through group saving, and that even with the widely scattered farm population of the United States, the stamps can be sold regularly through schools, churches, co-operative farmers' organizations and post offices.

The Thrift and Savings Stamp has come to stay. It was originated during a world crisis to supplement Liberty Bonds and give people of moderate saving power an opportunity to help finance the war. But its development during the war was so great, and it has accomplished so much good, both for the Government and the nation, that it will undoubtedly be continued long after Liberty Bond issues cease. Even should Government borrowing cease, and make Thrift Stamps unnecessary, the habits

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of saving and conservation formed by Americans will constitute a great national asset.

DID YOU EVER GET A "P. M.?"

BY JAMES H. COLLINS.

Sales people in retail stores know the "P. M."

In their work it stands for "premium"—extra money paid them for extra effort in selling certain kinds of merchandise. You see, a store buyer will sometimes purchase more of a certain kind of merchandise than his community requires, or again, there will be goods which are seasonable, and hang fire by reason of bad weather or dull times. Such merchandise must be cleared off, and will stand a little additional selling expense. Usually the "P. M." amounts to five per cent., a few pennies on the dollar, and sales people are glad to earn this.

In a New York retail store the sales people formed a Thrift Stamp society. Each member pledged himself or herself to save so much out of the pay envelope weekly—on the average about ten per cent.

This was an exceptionally enthusiastic club. It felt its mettle. It wanted to do something more, first to help win the war, and later, because it liked the results of thrift—that snug nest egg set aside for the rainy day and safely invested in United States Government security.

"Let us all put our 'P. M.' money into extra stamps," was suggested. Somebody proposed to the manager that all these commissions be slipped into the pay envelope separately, and in small change—for the most part in bright new pennies. The idea caught on immediately, so that not only were employees benefited by this extra saving, but the management was benefited by extra sales.

This is the sort of thing that thousands of War Savings societies all over the United States are doing nowadays, in these new times of peace, turning to personal and permanent profit the thrift habits acquired in war days. Is there a Government savings society in the organization to which you belong? Is it a real live one, with ideas as good as these? If you would like to take the lead in organizing a Thrift Stamp society, or want some

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fresh ideas and ginger to make one go, write for information to the War Savings Division, U. S. Treasury Dept., Washington, D. C.

Treasury Department Washington, Dec. 4, 1918.

To the Soldiers and Sailors of America:

Approximately four million officers and men of the Army and Navy are now insured with the United States Government for a grand total of almost thirty-seven billion dollars.

You owe it to yourself and to your family to hold on to Uncle Sam's insurance. It is the strongest, safest, and cheapest life insurance ever written.

For your protection Uncle Sam has established the greatest life insurance company in the world—a company as mighty, as generous, and as democratic as the United States Government itself. Just as Uncle Sam protected you and your loved ones during the war, so he stands ready to continue this protection through the days of readjustment and peace.

The privilege of continuing your Government insurance is a valuable right given to you as part of the compensation for your heroic and triumphant services. If you permit the insurance to lapse, you lose that right, and you will never be able to regain it. But if you keep up your present insurance—by the regular payment of premiums—you will be able to change it into a standard Government policy *without medical examination*. Meantime you can keep up your present insurance at substantially the same low rate. The Government will write ordinary life insurance, twenty-payment life, endowment maturing at age 62, and other usual forms of insurance. This will be Government insurance—at Government rates.

The United States Government—through the Bureau of War Risk Insurance of the Treasury Department—will safeguard you and your loved ones with the spirit and purpose of a Republic grateful to its gallant defenders. To avail yourself of this protection you must keep up your present insurance. Carry back with you to civil life, as an aid and an asset, the continued insurance protection of the United States Government.

HOLD ON TO UNCLE SAM'S INSURANCE.

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ARE YOU MINUS, PLUS OR TIMES?

BY JAMES H. COLLINS.

Three different persons undertook to organize and manage War Savings societies in three different business concerns. The first man was a *minus* sign. He got eight fellow employees interested, and sold them a few stamps half-heartedly. Then one of his members quit work. Two more pleaded poverty. He didn't find time to go around to the others after the third week. Finally, when a handy excuse came along, he quit himself.

The next fellow was a *plus* sign, and did better. He got a group of twenty shop-mates together, secured signed pledges to save ten per cent. of their pay envelopes each week and put it into Thrift Stamps. And there he stopped. A right little, tight little Government savings society saving a nest egg for itself. But not growing, and not infused with the spirit of saving and investment.

The third man was a real *times* sign—a multiplier. And she was a woman. She took hold of a savings society after both a minus sign and a plus sign quit the job. She was thrifty and enthusiastic herself. She knew that anybody can save ten per cent. of salary weekly, as she had done for several years. And she proceeded to multiply her own thrift and enthusiasm to the utmost possible value.

First she pledged everybody to attend a meeting of the Thrift society, members and non-members. At this meeting she had a rattling good speaker. His talk was followed by a discussion about ways to save money. It was very practical stuff. Some of the girls proposed limiting themselves on silk stockings, and some of the men on cigars, putting their savings into Thrift Stamps. Others found it possible to walk to work. Still others agreed to cut twenty-five per cent. off their daily lunch expenditure—and quite a discussion followed here about lowering the lunch ration, yet getting the same nourishment. Everybody pledged something weekly, from five dollars down to at least one twenty-five cent Thrift Stamp, taken on by Johnny, the messenger boy. They agreed to hold meetings each week and listen to speakers, and also tell the idea to fellow-workers.

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This young woman took hold of an indifferent organization, buying fifteen dollars or twenty dollars worth of Thrift Stamps weekly. Applying her energy as a multiplier, she brought it to a point where members bought upwards of \$100 weekly, and made the organization grow like a snow-ball.

Uncle Sam is looking for multipliers. They are needed to help Americans everywhere substitute systematic thrift for the wasteful scheme of living which we miscall "American."

Are you a multiplier?

Is multiplication of this kind needed in the organization where you earn your livelihood? If you have the enthusiasm and spirit to help others in this way, for goodness sake get busy! Practice in leading your fellow workers is the finest training for an executive job. If you are a times sign, write for information about forming a Thrift Stamp society to the War Savings Division, U. S. Treasury Dept., Washington, D. C.

THE FOURTH LIBERTY LOAN THE GREATEST SINGLE EVENT IN FINANCIAL HISTORY.

The United States Government asked a loan from the people of the country of \$6,000,000,000, an amount unprecedented in all the history of the world. In three weeks' time, in spite of an epidemic of influenza which prevented public meetings and cost the people many millions of dollars in medical bills and lost time, and in spite, too, of the peace rumors that in some instances had a tendency to make the success of the loan seem less vital, some 21,000,000 of the American people offered to the Government \$6,866,416,300. Each Federal Reserve district oversubscribed its quota. Thousands of cities, towns, and communities over-subscribed their quotas. Secretary McAdoo says that the Fourth Liberty Loan is the greatest single event in financial history.

The Fourth Loan was called the fighting loan; it is a record of Americanism comparable with the record that our soldiers on the battle fronts and our sailors on the seas are making. The people at home have given loyal support to our fighting men.

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WAR ON VENEREAL DISEASE TO CONTINUE.

COUNTRY MUST BE KEPT CLEAN.

*Extract from letter to Civil Authorities from W. G. McAdoo, in
behalf of the United States Public Health Service.*

November 20, 1918.

“Under the protection of the military authorities four million soldiers and sailors received greater protection against venereal diseases than they received before the war in civil life. The cities and towns through which they go and to which they will return upon demobilization must be made safe. The fight . . . must be vigorously continued.”

*Extract from telegram to Governors from Newton D. Baker,
Secretary of War.*

November 13, 1918.

"Signing of armistice in no way lessens responsibility of civil communities for protection of soldiers from prostitution and sale of liquor. Our States and cities ought never to lose the control which has been established or stop so vital a work. . . . War Department is determined to return soldiers to their families and to civil life uncontaminated by disease.

*Extract from statement by Josephus Daniels, Secretary of the
Navy.*

November 20, 1918.

"One of the compensations for the tragedy of war is the fact that an enlightened opinion is behind the organized campaign to protect the youth against venereal disease. The campaign begun in war to insure the military fitness of men for fighting is quite as necessary to save men for civil efficiency."

Your whole community will be at the station "when the boys come marching home." You are planning to *honor* these men with parades and celebrations of all kinds. Are you making sure that the profiteers of vice are not planning to take advantage of the days of festivity to *dishonor* them before they get settled again in the normal ways of life? Are you sure that *demobilization* will not mean *demoralization*?

When men and girls are changing their occupations and breaking with old ways of life, when war disciplines are being removed and when spirits are buoyant, the greatest temptations to self-indulgence occur. Cities and towns throughout the country face now the most important crisis—the biggest emergency yet encountered in the fight against venereal diseases.

WHAT THE WAR TAUGHT.

Before the war most physicians and public health officers knew that gonorrhœa was every year causing thousands of cases of blindness among infants, countless surgical operations on women, and sterility in both men and women; that syphilis was being transmitted to offspring causing physical and mental defectives, that it was a prolific cause of locomotor ataxia, paralysis, paresis

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or softening of the brain, insanity, miscarriages, diseases of the heart, blood vessels and vital organs. But people generally did not know these things and few remedial measures were taken. The war opened our eyes. The reports of draft boards and camp surgeons revealed, for the first time, clearly, the menacing seriousness of the venereal problem and the failure of our pre-war attitude toward the whole question.

THE AMERICAN WAR PROGRAM.

Europe, for the first years of the war, evaded the problem and suffered terribly in incapacities at the front and sickness behind the lines. Our military authorities threw aside evasion and prudery and attacked venereal diseases directly. The old shams and fakes about the "sex necessity" and the need of licentious pleasure were thrown into the discard. From first to last the Government maintained the position accepted by the best medical authority, viz.: that continence is entirely compatible with health, and that irregular sex intercourse with prostitutes is the most prolific cause of venereal disease. The denizens of the underworld were driven out of the zones around each army camp and naval station; all the men in camps were given extensive instruction; those exposed and infected were given prompt treatment; and various co-operating agencies furnished interesting, wholesome recreation.

This program brought results. The venereal rate was lowered below that of any army of any nation in the history of the world. The war showed America not only the prevalence and seriousness of venereal diseases; it showed how and where to attack and conquer them.

VENEREAL DISEASES A PEACE PROBLEM.

The examinations of draftees showed that five men came into the army with venereal disease to every one who contracted it after he was in the army. And the one who contracted it in the army, probably, was infected in a civil community near camp over which civil authorities had control.

Venereal disease, then, is not to be attacked as a war epidemic, but as a civilian problem and a peace problem. The *protection*

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of the returning soldiers and sailors is *your immediate responsibility*.

Is your city accepting its reconstruction task?

What can you do?

I.

You can keep your red-light district closed and suppress commercialized prostitution of all kinds. If your city or town still tolerates a so-called segregated district your first job is to close it. As a method of controlling vice the "red-light" district never had a sound leg to stand on: now the war has removed its last crutch. The military authorities, who sought only clean men for fighting, condemned it unqualifiedly; vice commissions in over fifty cities have condemned it after complete investigation; and experience in Europe shows plainly that the regulation and medical examination furnished are a farce.

The hasty examination given most prostitutes often does not reveal existing disease or prevent infection the next hour after examination. A segregated district does not segregate all prostitutes—only those unfortunate women with the least personal attractiveness and the most diseased bodies. It creates a public, official market for the selling of diseases to customers from everywhere, aided often by the false medical guarantee that no disease exists. It does not segregate vice; a large part of it goes on clandestinely out of bounds. It surely does not segregate disease.

When the military zones are removed from federal control there will be pressure brought to bear to reopen the segregated district, or to wink at clandestine vice which has been rigidly suppressed under military order. But if prostitutes carried disease last week, they carry it next week. In war or peace the segregated district is a synonym for crime, venereal disease and needless waste of human life.

Abolishing the red-light district is not the end of the clean-up of the community. Boarding houses, assignation houses, cafes, dance halls, massage parlors, amusement parks, and for-hire automobiles are the refuges of clandestine prostitution. They must all be watched and watched continuously. Legislation is needed in some cases to control these places. What is effective is not a spectacular raid now and then but constant vigilance on the

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part of public officers and citizen associations. Each attack on prostitution, by driving it more and more to cover, reduces the number of individual exposures to venereal diseases.

Such a program of suppression often causes some sentimental or ignorant persons to rise up and say: "You are fanatical," "you are hounding the poor, unfortunate prostitute," or "the lid ought to be tipped up a little so that everybody can have a good time and so that business will be better." These are absurdities. Prostitutes themselves, after they have had a glimpse of decent life in a detention home, say, that "there is no greater wrong you can do a girl than to allow her to remain a prostitute." Only in trashy novels and "movies" is the prostitute's life a rosy one. In reality, to quote her own words, "it is hell." What kind of good time do you create for recreation-loving men and women by "tipping up the lid?" It may be a gay time for a night, perhaps, and then mornings-after and months-after of disaster and disease. An open town will mean more business for some doctors, hospitals, and undertakers. It means prosperity for the pimps and landlords who live on the earnings of these women. But for legitimate business, it means higher taxes, lowered efficiency, less buying power—an infinitely poorer community.

II.

You can provide facilities for easily accessible and prompt treatment of venereal diseases. Diseased prostitutes are the most dangerous carriers. They must be quarantined and the community safeguarded against their return as prostitutes, first, by means of permanent segregation of the feeble-minded, and second, by medical treatment and industrial education for the others.

Hospitals should be persuaded to admit venereal cases so that the number of carriers at large will be minimized.

Clinics handling venereal cases should be established in population centers. This is now rapidly being done by the State boards of health and United States Public Health Service co-operating.

Quacks should be put out of business by advertising agencies and others. The best druggists are joining in the movement inaugurated by the United States Public Health Service, to refuse

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to sell venereal disease nostrums and to refer enquirers to reliable physicians or clinics.

All cases of venereal disease should be made reportable by name or number to boards of health. Patients who refuse to follow prescribed regulations to prevent exposing others to the disease should be put in quarantine. A majority of States already have laws or health regulations with such provisions. They are as necessary in fighting venereal disease as in combating any other contagious disease.

III.

You can educate people with regard to venereal diseases and sex matters. In army camps this proved to be a very important part of the venereal disease prevention program. Thousands of personal instances testify to the large part that ignorance has to play in the downfall of girls and infection of men. Get in touch with your State board of health and co-operate in their educational campaign.

You can provide wholesome recreation for all. In the army camp the soldier's life was filled with hard work and interesting healthy diversion. This proved an important factor in preventing patronage of vicious amusements. All young men and girls need companionship, excitement and recreation. The contemptible profiteers of vice exploit this natural desire. Outdoor play and sports, attractive lounging places, open houses and clubs, organized athletics, gymnasiums, reading rooms, fraternal activities, community singing, good theatres at reasonable prices, well supervised dancing; these are the successful and effective substitutes for the saloon and brothel.

HOW ABOUT IT, MR. CITIZEN?

How do you stand on this program? It is no easy task. But venereal diseases have been controlled in other towns and they can be in your town. Mayors and chiefs of police, who have done their duty in war time, are not likely to relax their efforts now. If they do, they may be quickly aroused by citizens like you.

Clinics, hospital wards, reformatories, homes for the feeble-minded, education and recreation cost cold, hard cash, but it can be proved that they are much cheaper in dollars and cents than

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the enormous industrial and human wastes caused by the spread of venereal diseases.

This is not a job for sentimentalists or fly-by-night enthusiasts. *It is a task for hard-headed business and professional men and capable women.* It is a job for citizens who feel responsible for their community and their nation in times of peace as well as war.

RECONSTRUCTION.

With war's final end, many war buildings, war jobs and institutions will go to the scrap heap. But every item in the program of venereal disease control is as necessary to successful peace as to successful war. Don't scrap your patriotism and community spirit in this manner. Make your blows knockouts against vice.

There should be no peace with prostitution, no truce with the red-light district, no armistice with venereal diseases.

Unconditional surrender is the Government's demand from this enemy at home.

INCOME TAX DUE.

RETURNS MUST BE FILED ON OR BEFORE MARCH 15—BILL PROVIDES HEAVY PENALTIES.

Washington, D. C.—Word on the collection of \$6,000,000,000 has been begun by the Bureau of Internal Revenue. This is the estimated yield of the new revenue bill. The income tax provisions of the act reach the pocket-book of every single person in the United States whose net income for 1918 was \$1,000, or more, and of every married person whose net income was \$2,000 or more. Persons whose net income equalled or exceeded these amounts, according to their marital status, must file a return of income with the collector of internal revenue for the district in which they live on or before March 15.

Here is what will happen to them if they don't: For failure to file a return on time, a fine of not more than \$1,000, and an additional assessment of 25 per cent. of the amount of tax due.

For "willfully refusing" to make a return on time, a fine not exceeding \$10,000, or not exceeding one year's imprisonment, or both.

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For making a false or fraudulent return, a fine of not more than \$10,000, or imprisonment for not more than one year, or both, together with an additional assessment of 50 per cent. of the amount of tax evaded.

For failure to pay the tax on time, a fine of not more than \$1,000 and an additional assessment of 5 per cent. of the amount of tax unpaid, plus 1 per cent. interest for each full month during which it remains unpaid.

In addition to the \$1,000 and \$2,000 personal exemptions, taxpayers are allowed an exemption of \$200 for each person dependent upon them for chief support if such person is under eighteen years of age and incapable of self-support. Under the 1917 act, this exemption was allowed only for each dependent "child." The head of a family—one who supports one or more persons closely connected with him by blood relationship, relationship by marriage, or by adoption—is entitled to all exemptions allowed a married person.

The normal rate of tax under the new act is 6 per cent. of the first \$4,000 of net income above the exemption, and 12 per cent. of the net income in excess of \$4,000. Incomes in excess of \$5,000 are subject also to a surtax ranging from 1 per cent. of the amount of the net income between \$5,000 and \$6,000 to 6½ per cent. of the net income above \$1,000,000.

Payment of the tax may be made in full at the time of filing return or in four installments, on or before March 15, on or before June 15, on or before September 15, and on or before December 15.

Revenue officers will visit every county in the United States to aid taxpayers in making out their returns. The date of their arrival and the location of their offices may be ascertained by inquiring at offices of collectors of internal revenue, post offices and banks. Failure to see these officers, however, does not relieve the taxpayer of his obligation to file his return and pay his tax within the time specified by law. In this case taxpayers must seek the Government, not the Government the taxpayer.

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AN APPEAL FOR THE CHILDREN OF FRANCE.

France's children to-day are in great danger. We mean the little children who are too young and too weak to help themselves. Due to German frightfulness, thousands of them are in desperate condition, and unless immediate efforts are made for their rescue and care, the result is bound to be very serious.

The care of her children is one of the most serious problems that France is now facing. The Government and people are doing everything in their power for these little ones, but there are reasons why the situation cannot be met by them as it should. France is now driving for victory and the restoration of peace.

This means the demands upon the Government are more gigantic and imperative than ever before, and we know that equipment and support of the fighting forces must come first. People of France who are eager to help the needy, suffering children are themselves hard pressed even for the scantiest existence.

France's refugee children must be numbered by the thousands. Some of them—little children—have endured the horrors and hardships of war for over four years. Some were taken captives by the Prussians, lived for many months in German concentration camps under the most merciless and revolting conditions, and many died from starvation, disease, exposure and brutal treatment. Others were returned to France suffering from tuberculosis and other diseases while some were hopelessly insane on account of their terrible experiences.

Since the beginning of the German offensive last March conditions have been incredibly pitiful and serious. The battle area covered a large number of square miles and included numerous thickly populated sections. Many thousands of children were caught in this tide of war and they have suffered most because

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they are not as well prepared physically or mentally as those of maturer years, to stand the perils, privations and suffering.

Thousands of children have fled for life itself from the oncoming Germans. Some had lived under German rule, knew only too well what it meant and were willing to risk any other fate rather than have the cruel German hand placed upon them again. Many who fled bore the marks of former German wounds, many were suffering from fresh wounds and gas poisoning, many others were suffering from tuberculosis, typhus and other illness brought on from living in cellars and other damp places that offered them their only protection from bursting German shells.

Since last March, the roads, the fields and forests of battle-ridden France have been overrun with refugees, vast numbers of whom were little children. Many were separated from their parents, some had seen their mothers killed before their very eyes, all were homeless, terror-stricken and hopeless. Destitution and hunger stalked broadcast. Trembling and hiding in their fright, keeping alive only with food given them by strange hands, suffering from wounds, illness and exposure, many of the lives of these children of France were sacrificed as a tribute to German "Kultur."

Much rescue work was done, in which Americans played a glorious part. Many children were saved by soldiers of the Allies until they were able later to place them in protecting hands. Emergency committees for the rescue and care of the children secured temporary shelters and made necessary arrangements for the time being as the ever increasing numbers of pitiful little refugees were gathered in. It took heroic work to rescue and care for them, and the task to-day is staggering in its demands and necessities. The best possible has been done, but, with a few exceptions, the arrangements are only temporary. The lives of these children of France must be saved for they are the precious lives of France's men and women of the future upon whom she must depend for the responsibilities of State, the guidance and up-building of the nation.

Although the Allies are driving the Germans before them and reclaiming much French territory, the refugee children cannot return to their homes for the simple reason that there are

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no homes left to which to go. The recaptured country is just so much desolate waste; the Germans have plundered and wrecked every town and village from which they were driven. It is imperative that the children be cared for in other ways. It is also a pathetic fact that many of these little children are now orphans who must receive protection from strange but kindly hands.

One of the few permanent arrangements in France for the welfare of the children refugees has been perfected by the Paris Committee of the French Heroes La Fayette Memorial Fund, Inc. This Committee includes in its membership such well known people as Judge Walter Berry, President of the American Chamber of Commerce in Paris; Robert Woods Bliss, of the American Embassy; Ridgeley Carter, of the banking house of Morgan, Harjes & Co., and others. Mrs. William Astor Chanler, President of the Fund, is also in France personally engaged in the work for the children.

When this terrible condition that made refugees of the children first developed, our Paris Committee dropped other activities and became an Emergency Committee for the rescue of the little ones. This Committee depends entirely for funds upon the American Committee. It has sent repeated cable messages urging American aid; assuring us that the number of little French children saved depended on the number of American dollars given for the work.

Americans have been generous in responding to this appeal, but the needs are still numerous and urgent, and much work remains to be done for the children.

Our Committee has established a home in Paris where children refugees are taken, given food and clothing and sheltered. Soon thereafter they are sent with safe escort to the Chateau de Chavaniac, in the Southern Province of Auvergne in France. This is the birthplace of La Fayette, great French patriot and friend of America. There the French Heroes La Fayette Memorial Fund, Inc., has built a home and school where orphans of France are to be sheltered and educated. Several miles distant a sanatorium has been built where children who are sick and delicate are to receive the best of treatment and care, and to be restored to health.

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It is the policy of this Committee to give its first and undivided attention to the immediate and urgent needs of France's children; next, to place them permanently in safe, healthful and cheerful surroundings; then, to see that each child is properly trained in mind and developed in body so that each may become a really strong and useful citizen for France. These children are now in the formative stage and each must develop for good or bad, for strength or weakness. Each mind and body is now receptive and we want to provide the care and training that will bring out the best that is in them.

The French Government has strongly endorsed the work and is giving its co-operation even to the extent of providing teachers for the school. Aside from what our Government is doing in France to help win the war, America could not render a greater service to the sister Republic than to work for the present welfare and future strength and efficiency of the children. They are to have wholesome food, proper clothing and the necessities, conveniences and comforts of living; they are to have a boundless quantity of sunshine, fresh air, green fields and trees and flowers; their minds are to be rid of war's horrors and when they have again become "just children," their steps are to be guided upward and onward.

This is what we are working to do, and mean to do for France's children. We want you to join us and help us in the work. It is for France, for her children. Do your part now; it will give you a wonderful thought to cherish in the years to come when the Allies have won honorable peace—the thought that you gave your heart and hand to France in her hours of severest trial and most urgent need. Give now and give generously and know that your reward will be the grateful thanks of the very many helpless, suffering little children of France.

The French Heroes La Fayette Memorial Fund, Inc., is leaving no stone unturned to reach and aid as many as possible of France's little children who are victims of war conditions. With this end in view, it has recently extended its usefulness by establishing close co-operation with eight of the best known relief organizations for children and other helpless refugees in France. This Committee pledges itself to care for a stipulated

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number of children who are rescued by the organizations. These numbers may be increased as rapidly as funds from America are available.

One of these is the Ligue Fraternelle des Enfants de France, among France's best known relief works for children, which was created by the daughter of the late President Faure. It has four branches which give relief to children still in the war zone and works to rescue all possible, rescues children from infected homes, those who have tuberculosis, and cares for them, assists large and needy families, cares for orphans and sends children out of town for holidays.

Others are L'Association des Infirmieres Visiteuses, which cares for children of bombarded sections; L'Assqciation des Villegiatures du Travail Feminine, which helps young girls and women to earn their living and aids them to take needed rest; L'Oeuvre des Colonies de Vacances de la Chaussee du Maine, which arranges outings and recreation for children; Comite des Orphelins, which cares for war orphans and now aids the wives, mothers and daughters of soldiers; Federation des Institutrices de la Seine, which takes care of needy children and sends them to the country; Caisse des Ecoles, which conducts canteens for children and sends them to the country, and the Committee for Children of the Reformes, which cares for children of soldiers and removes them from unhealthy surroundings.

Many of the foremost men and women of France are closely identified with these Committees. Collectively, they represent the opinion of all France: Catholic, Protestant, Government and Labor. Each is thoroughly organized and equipped for the work to which it is pledged. It would seem that all are strengthened by the union with the French Heroes La Fayette Memorial Fund, Inc., and that more work and better work than ever before will be done now for France's little children.

This is our opportunity to render a real service to France. Just as France fought for us more than a century ago, so do we fight to-day for France, to safeguard honor and maintain liberty, to preserve the same faith, ideals and traditions. Our work is behind the battle lines where there is much to do. Gratitude and duty are two of many good reasons why we should enter

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heart and soul into the work and why every loyal American of red blood and grateful nature should regard it as a privilege to be allowed to help the suffering little children of France. Don't speculate as to whether or not you can afford to help, but give now and generously, even if it costs you a sacrifice. Remember, you are doing a real service for those who are suffering.

Make all checks payable to James A. Blair, Jr., Treasurer, National Allied Relief Committee, 2 West Forty-fifth Street, New York City.

LE BIEN-ETRE DU BLESSE.

I must beg the generous patrons of *Le Bien-Etre du Blesse* not to assume that the cessation of hostilities has diminished either our necessities or our responsibilities. According to our statutes we must continue in operation for six months after peace is declared. The last battles were furious and the hospitals, of from four to six, and in some instances twelve thousand beds, are crowded at the present moment with desperately wounded men. These cannot be moved—neither sent home nor to a hospital in one of the large cities, for months to come. They must remain in the war zone, and they are still dependent upon *Le Bien-Etre du Blesse* for the delicacies which will tempt their appetites until they are able to eat solid food. If they do not have it they will die, both Americans and Frenchmen; for many Americans were rushed to the nearest French hospital, and there they must remain until they are either strong enough to be sent to a Red Cross Hospital or back to the United States.

France needs her thousands of wounded men quite as much as when they were patched up to send back to the firing line. She has problems as grave as ours, and these men who have fought so bravely have forgotten the syndicalism, rampant before the war, and still biding its time among the civilians, in their renewed and indestructable loyalty to France. The men who have fought are the men upon whom France builds her hope of stability and speedy renewal of prosperity. They may be wounded and suffering to-day, but if we can make them well—even if not whole—they will do their part in making France a formidably powerful friend of the United States.

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The love of the poilus for the American soldier plays no inconsiderable part, and as all thinking people know that we have trouble ahead, the mightier France can be made the better it will be for us.

It is only six weeks ago that I sent over Miss Landru, an expert dietitian, who is to receive a hundred dollars a month—the money put up by one of our patrons. Although I knew that the German collapse was imminent, I did not hesitate to send her, as her services would be needed for seven months at least from the time she landed. She is to go from one of our diet kitchens to another and instruct the willing amateurs who are giving us their services. Three other helpers are about to sail, one for the office and two for the kitchens. Madame d'Andigne, the President in France, has just cabled for \$6,000 worth of prunes and \$10,000 worth of other food stuffs.

Mrs. Maxwell in her last letter wrote me that she had received a visit from Major Charles Sweeny, who so distinguished himself in the Foreign Legion, and was sent for by our Government when we entered the war. He begged her to do all she could to keep *Le Bien-Etre du Blesse* going, and promised to work with us as soon as he could obtain leave of absence.

She also writes in the same letter, "The Head of the Red Cross (French) Service de Sante said to me the other day: 'We cannot take care of just this particular necessity in the French Military Hospitals. *Le Bien-Etre du Blesse* alone can. Our need has never been greater than now.'"

If you cannot give large sums please give small ones. They mount up. Ten dollars saves the life of a man not mortally wounded, and a few cheques for five thousand dollars will carry us until we are happily able to close. If we receive no further contributions there is no question that thousands of men will die who otherwise would be saved. Above all please remember that Christmas is coming. Surely, the brave poilus deserve more of us at this season of great rejoicing (which they have done so much to give) not less!

GERTRUDE ATHERTON.

American President *Le Bien-Etre du Blesse*.

November 30th, 1918.

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To alleviate human suffering and cure disease through the extension of its great system of hospital centers, now twenty-six in number, in countries where groups of millions of people are without adequate medical attention, the Board of Foreign Missions of the Methodist Episcopal Church will spend \$2,288,624 in building forty-five more hospitals and twenty-four dispensaries in foreign countries as a result of the Methodist Centenary Movement to raise \$105,000,000 for world reconstruction.

This is an entirely separate venture from that of the forty-eight hospitals maintained by the Methodist Episcopal Church in America through which pass annually over 90,000 patients. The property value of these institutions, coupled with their endowments, is \$15,626,343. In capacity they range from the Wesley Memorial Hospital in Chicago, caring yearly for about 7,000 cases, down to the Sunnyside Methodist Sanitarium for Tuberculosis at Silver City, N. M., accommodating seventy-five patients yearly.

The Church has also just established a medical department to guard the health of its missionary workers.

Besides forty-five hospitals and twenty-four dispensaries, the Board will erect other buildings and doctors' residences, the whole costing \$1,513,930. It will draw into the service fifty-nine more missionary physicians and surgeons, thirty-two missionary nurses, and 166 native doctors, nurses and other medical assistants, the budget for staff and maintenance being \$774,694. The total for both buildings and staff is \$2,288,624.

In Mexico, where President Carranza has just given the Centenary plans his hearty approval, the board has at Guanajuato the only hospital in a population of 1,100,000. The nearest hospital is 200 miles away and the next nearest 400 miles distant. This work is to be strengthened.

The board will establish hospitals, nurses' training schools and organizations of visiting nurses in the capital cities of five republics of South America. The state hospitals there are not adequate to care for ten per cent. of the people.

A missionary doctor in Portuguese East Africa is the only medical man for an area containing three and a half million people. Sometimes six o'clock in the morning finds fifty patients

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eagerly awaiting attention outside the little hospital. Another doctor and hospital in Rhodesia are equally popular among the blacks. It is proposed to increase the hospitals from two to six, each with missionary physician and an adequate staff.

In China the board has eleven hospitals and two dispensaries, all overworked. When bandits scourge a district, they always spare the mission hospitals because of their reputation for healing the sick. Care of wounded during the Chinese civil war raised the estimation of the foreign doctors in the eyes of the people still higher. It is proposed to improve the staff and facilities of existing institutions, establish two additional hospitals and eleven dispensaries, and, in association with other missions, man and equip medical schools for the training of Christian Chinese.

The Methodists will build a hospital for Mohammedans in Singapore, and erect nine hospitals on the various islands of Malaysia, the governments bearing part of the cost. They already have a hospital in Java and a doctor in West Borneo.

In the Philippines a medical station will be established at Apparri, Luzon, which will minister to 250,000 people who are within four days' journey by boat from Manila, while another station at Dagupan, the largest commercial center outside of Manila, will have a field of a million people.

There are many other phases of Methodist medical work, such as a leper home and tuberculosis sanitarium in Africa, and three hospitals and a dispensary in India, which will be improved and developed.

EDITOR OF HOSPITAL JOURNAL GOES TO SOUTH AMERICA FOR METHODIST CENTENARY.

Hospitals are to be built in the five republics of South America, which, by interdenominational agreement, have been placed under its supervision, by the Methodist Episcopal Church as a part of its Missionary Centenary program the purpose of which is to raise \$120,000,000 (in connection with the southern branch of the denomination) for world upbuilding and the extension of missionary work.

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can continent under the direction of any American Mission Board. There is one union dispensary in Rio de Janeiro.—that is all.

The Methodist Foreign Mission Board has engaged Miss Charlotte A. Aikens, editor of the *Trained Nurse and Hospital Review* (New York), to tour Argentina, Uruguay, Chile, Bolivia and Peru to study the needs of the field and the conditions which prevail there. After her report has been received the number and location of hospitals and health stations to be built in the five republics as part of the centenary program will be announced.

Miss Aikens, after a post-graduate course in nursing at Poly-clinic Hospital, New York, was in succession, superintendent of the Sibley (Methodist Episcopal) Hospital in Washington, D. C., of the Iowa Methodist Hospital in Des Moines, and of the Columbia Hospital in Pittsburgh. She is known as a writer of textbook on hospitals and nurses' training. She has been given a leave of absence by the *Trained Nurse and Hospital Review* to make the South American trip for the Methodist Missionary Centenary.

CHURCH ORGANIZES MEDICAL BOARD TO SUPERVISE HEALTH OF ITS MISSIONARIES.

A medical department, under the direction of the Board of Foreign Missions, to guard the health efficiency of its missionary workers, has been established by the Methodist Episcopal Church in connection with its missionary centenary to raise \$120,000,000—\$85,000,000 for the Church North and \$35,000,000 for the Church South—for general world upbuilding and the extension of its missionary work at home and abroad. No other church has organized such a department.

Dr. J. G. Vaughan, M. D., formerly of Nanchang, China, is executive secretary of the new department with temporary offices at the headquarters of the Missionary Centenary, 111 Fifth Avenue, New York. Dr. Vaughan was graduated from the Northwestern Medical School, Chicago, in 1907, and for six years was a medical missionary in China. On his return to this country in 1916 he became connected with the office of the chief

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surgeon of the Chicago, Rock Island and Pacific Railroad in Chicago. He left that position to organize the new medical department of the Methodist Foreign Missionary Board.

Missionaries on the field and on furlough will have the benefit of counsel from the new department, while all candidates will undergo their medical examinations from the physician in charge.

To provide for the best service in this respect, suitable offices and equipment will be obtained, with a sufficient staff of trained workers to meet the increasing demands arising from the enlarging force which the Centenary program will require in the field. The Church invests from \$20,000 to \$50,000 in each missionary for life work, and it will be one of the duties of the medical department to see that each person accepted is a "good risk." Supervision of the health of the workers in the field will gradually be taken over by the new department.

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Editor of the HOMŒOPATHIC RECORDER.

Allahabad, the 10th November, 1918,
U. P. (India.)

Dear Sir:

I beg to enclose herewith an "appeal" for favor of your very kindly reviewing it in your much esteemed journal. An annual report for the year 1917 is also enclosed for your kind reference, from which you will find that the yearly number of patients is 11,572, and as the Askram is purely a homœopathic dispensary we treat our patients solely with it.

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The Ramakrishna Mission Sevasram, Muthigunge, Allahabad, was started in 1910, in response to the call for relieving the suffering of the sick poor of the surrounding locality as well as of the large concourse of pilgrims from every part of India, who frequent the holy confluence of the Ganges and the Jumna throughout the year.

The work has been started at present in the form of an outdoor dispensary, where medicines (mainly homœopathic as well as allopathic) and medical advice are given free to poor patients, irrespective of caste and creed, and the same supplied at their houses, in case they are quite incapable to come and have none to help them. This dispensary has proved of immense benefit to the poor and needy. To meet the increasing demands of the people requiring aid, it is necessary to extend it; a separate shelter for the sick, who are either homeless or require treatment in a hospital, is urgently needed. A plot of land and a hospital of

Clinical Gynecology

BY

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six beds with a surgery attached, and a separate room for infectious cases might serve for its present requirements.

Allahabad being the capital of the United Provinces and Oudh, and particularly being the Tirtha-raj or the greatest of all the places of Hindu pilgrimage, such an Asram is seen to be a crying need of the place. The hallowed memory of the place having been rendered brighter by the revived religious consciousness all through India under the British rule, it is sad to think that it is without such an institution for the poor to resort to in times of distress, attracted by its unbounded sympathy and spirit of service to humanity.

Placing our trust in the guidance of the All-powerful and All-merciful to the work, we hope it is not too much to ask the public to come forward to help us to meet this demand of the place. Will the cries of the diseased and the helpless remain unheeded in a country whose Sacred Scriptures have extolled charity as the only way to salvation in this iron age (Kali-yuga).

Contributions, however small, to help the work will be thankfully received and can be sent to the President, Belur Math, Belur (Howrah) or to Swami Vijnanananda, *Hony. Secretary, Ramakrishna Mission Sevasram, Muthiganj, Allahabad.*

SWAMI VIJNANANANDA,
Hony. Secretary.

Ramakrishna Mission Sevasram,
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SIX MILLION DEATHS FROM INFLUENZA IN INDIA.

The government of India reports that deaths from influenza in 1918 totaled more than six million people. This in all probability exceeds all former records of an epidemic of any kind that has ever prevailed in that country.—*Charlotte Medical Journal.*

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In 1914 the number of legitimate births in Prussia was 1,067,408; of illegitimate births, 99,172. The death rate among the former was 2.85 and among the latter 4.47. The causes of death were congenital debility 35 per cent., diseases of the digestive tract 44 per cent., and the rest scattering.—*Nederlandsch Tijdschrift voor Geneeskunde*.—*Charlotte Medical Journal*.

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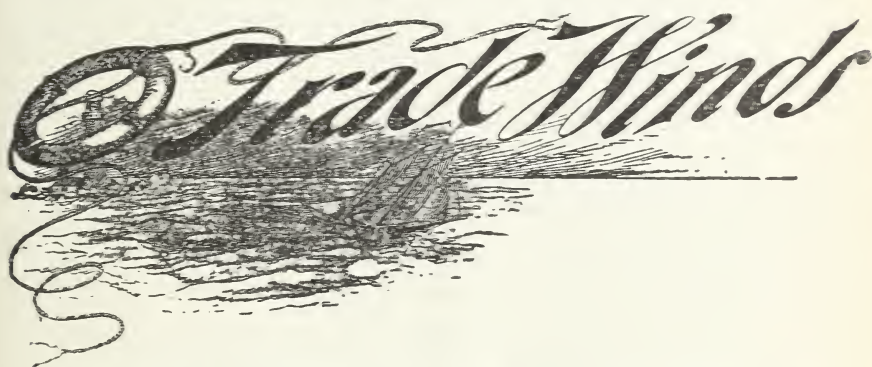
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AN APPEAL TO PHYSICIANS FOR CO-OPERATION IN
THE FIGHT AGAINST VENEREAL DISEASES.

The war turned the spotlight on many things heretofore neglected or avoided. No disclosures were more startling than those showing the destructive inroads of venereal disease on the health and efficiency of the Army and Navy.

From the time the United States entered the war in April, 1917, to September, 1918, the loss to the Army from venereal disease represented 2,295,000 days of service.

Now the war is over!

The nation is on its way to a peace basis.

Interest begins to turn from the fighting efficiency of the Army to the reconstructive power of industry; and, as it turns, this striking fact stands out: *All venereal diseases in the Army were caused by conditions in civilian life. The Army and Navy, as organizations, do not tolerate prostitution.*

TESTIMONY OF THE ARMY.

Immediately following the declaration of war, the Army Medical Department organized to cope with venereal disease, and one of the first points emphasized by its Surgeon General was that each individual case must be treated under competent medical supervision until cured. He laid special emphasis on two points.

1. The ineffectiveness of self-treatment by the use of simple or patent remedies.
2. The danger of quack doctors, who advertise to treat so-called private diseases.

Nineteen months of war have shown conclusively the value of proper methods of treating venereal cases in the Army.

MAINTAIN INDUSTRIAL EFFICIENCY.

For the protection of the fighting men as they return home, and to maintain maximum industrial efficiency, venereal disease among the civilian population must be kept under control. There is the same necessity for proper methods of treatment as existed in the service. *Self-treatment and quackery must go.*

RESPONSIBILITY OF PHYSICIANS.

Physicians have a large share in the responsibility of protecting the Nation in this emergency, by giving their best scientific attention to individual venereal disease cases. Industry does not have a nation-wide medical organization similar to that of the Army. The responsibility rests on the individual physician.

Each member of the medical profession should understand the seriousness of statements frequently made that a majority of physicians refuse to treat venereal disease, and that many of those who do treat them are careless in their methods of treatment.

This is probably one reason for the continued spread and existence of venereal disease, for which the medical profession must

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assume responsibility. As a result of the refusal by a large part of the profession to give the problem proper study and attention, venereal diseases have become a headliner for quackery and self-treatment, neither of which is safe nor effective.

Venereal disease is a scourge which menaces the industrial efficiency of the Nation, and the United States Public Health Service believes that physicians should understand the seriousness of the situation and their responsibilities in meeting it.

CO-OPERATION OF DRUGGISTS.

Thousands of retail druggists are responding to the request of the Government that they discontinue the sale of remedies for the self-treatment of venereal disease. They have agreed to direct customers to competent physicians or venereal clinics. Signed cards from druggists, assuring the Government of their support of this movement, are coming in by hundreds on every mail. Physicians are asked to co-operate by agreeing to have their prescriptions for venereal cases filled at high-class drug stores. This will result in a co-operative interchange whereby druggists will not attempt to treat these cases and physicians will not enter into competition with druggists in selling the medicines.

WEIGH THESE QUESTIONS.

The Government asks each member of the medical profession what he is going to do in this emergency. Will each venereal case be given the care and attention which it demands as a serious menace to the health and efficiency of the community, or will quackery and ineffective self-treatment be permitted to help keep alive the sources of venereal disease infection?

The answer of the medical profession to these questions will determine largely whether venereal diseases among the civilian population are to be brought under control.

RUPERT BLUE,

Surgeon General, United States Public Health Service.

December 15, 1918.

To the Physicians of the Country:

There is danger of an alarming spread of venereal diseases

Glandular Therapy

Biological Triturations

List

CORPUS LUTEUM
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SUPRARENALS
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during the reconstruction period. Prior to demobilization, the tense morale of the fighting forces is bound to relax. When mustered out, the men will return to conditions in civilian life which have been responsible for venereal disease. Prompt measures must be taken to meet the situation.

Among the striking things disclosed by Army statistics is the value of proper methods of control as developed in the treatment of venereal cases in the Service. The same methods of control will prove equally effective when applied to venereal cases among civilians.

The United States Public Health Service, therefore, appeals to every member of the medical profession to co-operate in accordance with the enclosed bulletin. You are asked to give assurance of your support by signing and returning the post card. Subsequently, each physician enlisted in this movement will receive a copy of the revised "Manual of Treatment of Venereal Disease," prepared by the United States Public Health Service in accordance with the latest methods of treating venereal disease in the Army, and distributed in co-operation with the State Boards of Health.

An early reply from you is awaited with interest.

Respectfully,

RUPERT BLUE,
Surgeon General.

A GRAPHITES VERIFICATION.

Mrs. W., age 57, subject to stomach disorders. "Weak stomach;" but no symptoms of ulcer or carcinoma. She complained of the following:

Lump in throat.

Feels bloated.

Bowels constipated; do not move for three and four days at a time.

Pain in stomach, coming on two or three hours after meals and > by eating.

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THERAPEUTIC NOTES UPON CONVALESCENCE.

E. J. L.

Appetite does not return: *Psor.*, *Sulph.*

— delayed, feverish, faint feeling: *Cocc.*

— cannot eat, everything tastes bitter: *Puls.*

— ravenous: *Ars.*, *Puls.*

Chilliness, and sensitiveness to least draught: *Selen.*

Desire for eggs: *Calc.*

Despair of recovery: *Psor.*

Hemicrania: *Ign.*

Lower limbs feel as if paralyzed: *Selen.*

Marasmus: *China.*

Memory, loss of: *Anac.*

Periostitis of sacrum: *Sil.*

Prostration: *Psor.*

Recovery, slow: *Chin.*

— — with diarrhœa: *Chin.*, *Rheum.*

— — protracted cases, with mild delirium, anxiety and restlessness: *Ars.*

Relapse from overexertion: *Rhus.*

— from overexertion of body and mind: *Cupr.*

— from exertion of mind: *Nux vom.*

— from fright: *Ign.*

— from anger: *Nux vom.*

Rheumatic toothache: *Rhod.*

Rheumatism, obstinate: *Colch.*

Sexual desire great: *Aloe*, *Phos.*, *Psor.*

Unpleasant sensations, running downward: *Guajac.*

— — — upward: *Fluor. ac.*, *Selen.*

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Yawning, nervous: *Ant.*

— obstinate: *Coc.*

Weakness, sweats, day and night: *Psor.*—*See Hämorrhoides Piles.*

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By Gen. H. Clark, M. D., Philadelphia.

Rodeolium, or sty, is a small boil on the margin of the eyelid, differs in no essential respects from boils in any other part of the body, and as they are usually indicative of general disturbance, can only be treated successfully by paying attention to the general constitutional symptoms. There are cases, however, when the news will these troublesome little affections in which there are no symptoms of general disturbance, and their treatment by the following will be of service.

Stye is general: Alum., Am., Ant., Ars., Bor., Bry., Calc., Carb., Caus., Cera., Col., Eup., Ferr., Graph., Hygenc., Lycop., Merc., Nat. mur., Pic. ac., Piloc. n., Piloc., Pons., Poner. Sapp., Sp. Sil., Stann., Sulfur., Sul., Tey., Thu., Urtica., Zinc.

— cantans, near internal: *Lycop.*

— — inner, pressure pain: *Stann.*

— corner of eye, in *Nat. mur., Stann., Sul.*

— throbbing pain in, before discharge of pus: *Graph.*

— throbbing, burning pain in eye, evening and in warm room: *Pur.*

— lid, lower or: *Graph., Phos., Rhus. Sausp.*

— — — lid: *Hygenc.*

— — upper or: *Alum., Ann. c., Carb., Ferr., Merc., Piloc. ac., Pils., Sapp., Sul., Urtica.*

— — — right: *Ann. c.*

— terrore exhaustion, at consequence of: *Sassa.*

— redness, hard pain: *Graph., Thu.*

Stye, pain, throbbing, burning eye, evening and warm room: Pur.

— — — *Graph.*

— pressure, near inner canthus: *Stann.*

— — throbbing: *Graph.*

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Contributions, however small, to help the work will be thankfully received and can be sent to the President, Belur Math, Belur (Howrah) or to Swami Vijnanananda, *Hony. Secretary, Ramakrishna Mission Sevasram, Muthiganj, Allahabad.*

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Hony. Secretary.

Ramakrishna Mission Sevasram,
Allahabad.

SIX MILLION DEATHS FROM INFLUENZA IN INDIA.

The government of India reports that deaths from influenza in 1918 totaled more than six million people. This in all probability exceeds all former records of an epidemic of any kind that has ever prevailed in that country.—*Charlotte Medical Journal.*

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 —, redness of lids, with: Sep.
 —, sensation of, on holding lids still: Meny.
 —, sensitive to touch: *Hep.*
 —, sides, left: Elap., Lycop., *Puls.*, Staph., Uran.
 —, —, right: Amm. c., Calc., Canth., Nat. mur., Tep., Ziz.
 — suppurating: Lycop.
 — tension, with, on and, upper lid: Amm. c.—*The Homœo-
 pathic Physician.*
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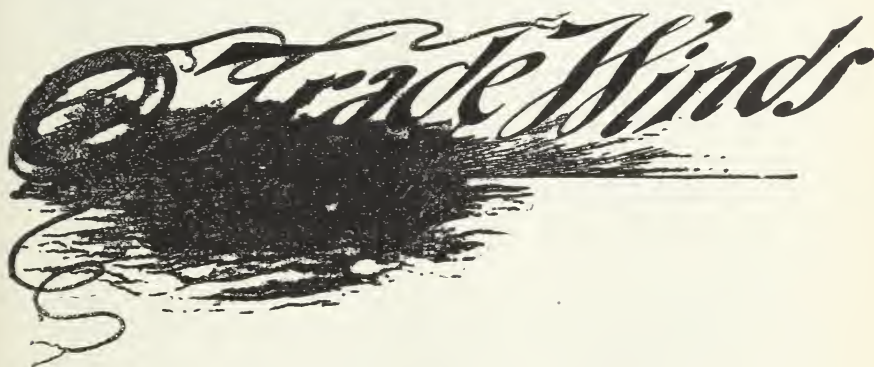
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PRINCIPAL CAUSES OF DEATH.

Census Bureau's Summary of Mortality Statistics for 1917.

Washington, D. C., June 25, 1919.—The Census Bureau's annual compilation of mortality statistics for the death registration area in continental United States shows 1,068,932 deaths as having occurred in that area in 1917, representing a rate of 14.2 per 1,000 of population. Of these deaths, nearly one-third were due to three causes—heart disease, pneumonia, and tuberculosis—and nearly another third resulted from the following nine causes: Bright's disease and nephritis, apoplexy, cancer, diarrhœa and enteritis, arterial diseases, influenza, diabetes, diphtheria, and

bronchitis. The death registration area of the United States in 1917 comprised 27 States, the District of Columbia and 43 cities in non-registration States, with a total estimated population of 75,000,000, or about 73 per cent. of the estimated population of the United States. (The territory of Hawaii has recently been added to the registration area, but the figures given in this summary relate only to continental United States).

The deaths from heart diseases (organic diseases of the heart and endocarditis) numbered 115,337, or 153.2 per 100,000 population. The death rate from this cause shows a noticeable decrease as compared with 1916, when it was 159.4 per 100,000. There have been fluctuations from year to year, but in general there has been a marked increase since 1900, the earliest year for which the annual mortality statistics were published, when the rate for heart diseases was only 123.1 per 100,000.

Pneumonia (including broncho-pneumonia) was responsible for 112,821 deaths, or 149.8 per 100,000. This rate, although much lower than that for 1900 (180.5) or for several succeeding years, is higher than that for any years during the period 1908-1916. The lowest recorded rate for pneumonia was 127 per 100,000 in 1914. The mortality from this disease has fluctuated considerably from year to year since 1900, the general tendency having been downward until 1914 and upward from 1914 to 1917.

Tuberculosis in its various forms caused 110,285 deaths, of which 97,047 were due to tuberculosis of the lungs. The death rate from all forms of tuberculosis was 146.4 per 100,000, and from tuberculosis of the lungs, 128.9. The rate from tuberculosis of all forms declined continuously from 200.7 per 100,000 in 1904 to 141.6 per 100,000 in 1916, the decrease amounting to nearly 30 per cent.; but for 1917 an increase is shown. Until 1912 more deaths were due to tuberculosis than to any other single cause, but in that year and during the period 1914-1917 the mortality from tuberculosis was less than that from heart diseases, and in 1917 it fell below that from pneumonia also.

Bright's disease and acute nephritis caused 80,912 deaths, or 107.4 per 100,000. The mortality rate from these diseases has increased from 89 per 100,000 in 1900, with some fluctuations

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from year to year, and since 1914 the increase has been continuous.

Apoplexy was the cause of 62,431 deaths, or 82.9 per 100,000. The rate from this disease increased gradually, with occasional slight declines, from 1900 to 1912, and since 1913 the increase has been continuous.

Cancer and other malignant tumors caused 61,452 deaths, of which number 23,413, or 38 per cent., resulted from cancer of the stomach and liver. The rate from cancer has risen from 63 per 100,000 in 1900 to 81.6 in 1917. The increase has not been continuous, there having been three years—1906, 1911, and 1917—which showed declines as compared with the years immediately preceding. The decrease in 1917 as compared with 1916, however, was very slight—from 81.8 to 81.6. It should be borne in mind that at least a part of the increase in the death rate from cancer may be apparent rather than real, being due to a greater degree of accuracy in diagnosis and to greater care on the part of physicians making reports to registration officials.

Diarrhoea and enteritis caused 59,504 deaths, or 79 per 100,000. The rate from this cause has fallen somewhat in recent years, having been 90.2 in 1913, and is much lower than the corresponding rate for 1900, which was 133.2. More than four-fifths of the total deaths charged to these causes in 1917 were of infants under two years of age.

Arterial diseases of various kinds—atheroma, aneurism, etc.—resulted in 19,055 deaths, or 25.3 per 100,000. The rate from these causes increased continuously from 6.1 in 1900 to 25.6 in 1912, since which year it has fluctuated somewhat without showing any pronounced change.

Influenza was responsible for 12,974 deaths, or 17.2 per 100,000. This rate is the highest shown for any epidemic disease in 1917, but is much lower than the corresponding one for the preceding year, 26.4 per 100,000. The influenza rate, which fluctuates greatly, was higher in 1901, when it stood at 32.2, than in any subsequent year prior to the occurrence of the recent epidemic.

Deaths from diabetes numbered 12,750, or 16.9 per 100,000. The rate from this disease, although slightly lower than in 1916, has risen almost continuously since 1900, when it was 9.7.

Glandular Therapy

Biological Triturations

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Next to that for influenza, the highest rate appearing for any epidemic disease in 1917 was for diphtheria, 16.5 per 100,000, representing 12,453 deaths. The rate from this disease was somewhat higher in 1917 than in the preceding year, when it stood at 14.5 per 100,000.

Bronchitis caused 12,311 deaths, or 16.3 per 100,000. This rate is lower than that for any preceding years except 1916, when it was 16.2. The proportional decline from 1900, for which year the bronchitis rate was 45.7, to 1917, amounting to 64 per cent., was greater than that shown for any other important cause of death.

TYPHOID FEVER.

Typhoid fever resulted in 10,113 deaths, or 13.4 per 100,000. The mortality rate from this cause also has shown a remarkable reduction since 1900, when it was 35.9, the proportional decrease amounting to 63 per cent. This highly gratifying decline demonstrates in a striking manner the efficacy of improved sanitation and of the modern method of prevention—the use of the anti-typhoid vaccine.

MEASLES, WHOOPING COUGH, AND SCARLET FEVER.

These three children's diseases were together responsible for 21,723 deaths of both adults and children, or 28.8 per 100,000. The rates for the three diseases separately were 14.3, 10.4, and 4.2, respectively, as compared with 11.1, 10.2, and 3.3 in 1916. As in 1913 and 1916, the deaths due to measles outnumbered those resulting from either of the other diseases, but in 1914 and 1915 whooping cough caused the greatest mortality. In every year since and including 1910, as well as in several preceding years, measles has caused a greater number of deaths than scarlet fever.

EXTERNAL CAUSES.

Deaths due to external causes of all kinds—accidental, suicidal, and homicidal—numbered 81,953 in 1917, corresponding to a rate of 108.8 per 100,000 population.

The greatest number of deaths charged to any one accidental cause—11,114, or 14.8 per 100,000—is shown for falls. The rate for this cause varies but slightly from year to year.

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Deaths due to injuries by vehicles other than railroad cars, street cars, and automobiles numbered 2,326, or 3.1 per 100,000. The rate from this cause has declined somewhat during the past ten years, probably because of the decrease in the use of horse-drawn vehicles.

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rate materially greater than that for any preceding year covered by the Bureau's mortality records.

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(C) By the Public Health Service representative appointed to your State to work in co-operation with your State board of health, who will speak on the same activities, especially the establishment, organization, and general policy of the free clinics for the treatment of venereal diseases.

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application to the Surgeon General, indicating list and quantity desired.

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These publications are generally miscellaneous and may be had free on application to the State Board. Some States issue a weekly or monthly bulletin.

The campaign among the medical, dental, pharmaceutical schools, hospitals, and training schools for nurses having been recently launched in Washington, and all the universities, both white and colored, in the District of Columbia having already adopted the program, for your guidance in the plan outlined above there is inclosed herewith the report of the proceedings of the Georgetown University convocation, including the recommendations made by Dean George M. Kober, of the Department of Medicine.

There is also inclosed herewith a list of articles which were published in the various leading dermatological and syphilogical journals of the United States within the last two years, upon the subjects mentioned above, to facilitate the short addresses.

A set of official literature consisting of (1) reprints from the "Public Health Reports" (weekly bulletin of the Public Health Service), and (2) miscellaneous publications issued by the Division of Venereal Diseases is being mailed under separate cover.

In view of the foregoing exposition, what co-operation may the Public Health Service expect from your institution?

Your early reply with any suggestions you wish to make will be awaited with interest.

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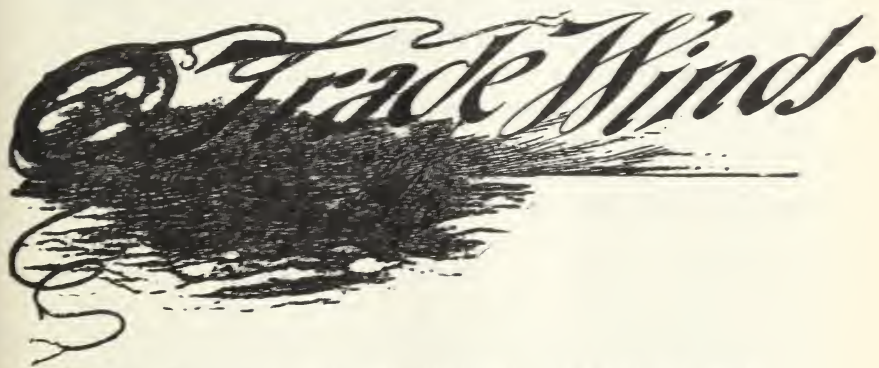
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NUTS AND FRUITS—THEIR VALUE IN THE
DIET OF CHILDREN.

BY GEORGE DOW SCOTT, A. B., B. S., M. D., NEW YORK CITY.

(Read at the annual meeting of the Medical Society of the State
of New York.)

Nuts and fruits form together what is known as a fructarian diet. To within a short time nuts and fruits were given empirically with a rather indefinite idea that fruits were laxative and nuts were constipating. Among the laity it is also firmly established that nuts give rise to indigestion and that fruits cause

hyperacidity. To some of us the knowledge that nuts are highly nutritious is new. They, however, contain water, protein, fat, sugar, starch, crude fibre, and ash in large proportions. Each kind of nut also has its peculiar and particular caloric value. Dry nuts are very high in nutritive value, and bulk for bulk they contain more fat than any vegetable substance I know. Advantage is taken of this fact to make nut butters and substances akin to them. These nut butters are decidedly more economical than ordinary cream butter and are equal in value to them as they contain proteids, fats, carbohydrates, mineral matter and food salts, and are therefore to be compared with cream and top milk. Robert Hutchinson believes nuts are not so easily digested in the stomach because of their excessive fat, and on account of a high proportion of cellulose, which latter forms a dense and compact framework throughout the structure of the nut. By good mastication, however, and better through grinding and cooking the digestibility is greatly increased.

The absorbability of nuts is marked. Many fructarians have lived on a diet of nuts and fruits and have done well. In experiments in California it was found that 82.5 per cent. proteid, 86.9 per cent. fat and 96 per cent. of non-nitrogenous matter was absorbed. The nutritious value of nuts being so high I have given them to children as a substitute for meat in intestinal fermentation, for they are a more concentrated food than even cheese. For instance, thirty large walnuts weighing without shells 100 grammes contain as much fat as $2\frac{3}{4}$ lbs. of moderately lean beef, but on the other hand, 2 3-5 oz. of the beef would be equal to them in proteid.

The commercial demand for nuts is changing with the years, through wider knowledge of their nutritive qualities and through a wider understanding of selection and breeding. We, therefore, nowadays enjoy nuts of larger size, better flavor and thinner shells. The flavor of nuts is dependent upon certain oils, although in some varieties we have also specific flavoring bodies. The nut oils readily become rancid, which must be remembered in making nut butters for children. Certain nuts have certain flavors, and children have their preference as to these in the same manner as they enjoy the flavor of certain fruits. For in-

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stance, the chestnut has a starchy as well as a nutty flavor; the almond, peach and plum pits possess a cyanid acid flavor. Roasted peanuts, which our youngsters so much like, depend for their flavor upon the browned oils, starches and other carbohydrates.

Some nuts are high in protein, the peanut, for instance, 29.8 per cent., and the butternut 27.9 per cent., surpassing in this regard many ordinary vegetables and animal foods. The pecan, on the other hand, is richest in fat 70.7 per cent., while the Brazil nut, the butternut, the filbert, hickory nut, walnut and pine nut contain 60 per cent. The bechnut and peanut contain of fat between 50 and 60 per cent.

The dried chestnut has the highest carbohydrate content, or 73 per cent. The mineral matter ranges in excess of 2 per cent. in most nuts.

The discomfort of eating nuts is due partly, as I have said before, to their faulty mastication, as well as to an erroneous custom of giving children nuts after a hearty meal, between meals or given late at night. They should form an integral part of a meal. Probably nut protein is not so easily digested as meat protein, due, no doubt, to water content of 3 to 5 per cent. in nuts, as against 50 to 70 per cent. in meat. It is, therefore, fair to assume that the finer nuts are divided, chopped and mashed, the more rapid will be their digestibility, presupposing they are not eaten after a hearty meal.

Prof. M. E. Jaffe, speaking enthusiastically, believes that after thorough mastication the nut protein is as easily, if not more so completely digested than the protein of bread and milk.

Carrington says: "Nuts are less liable to cause indigestion when they form the sole element or the great part of a meal or when mixed with fruit than when eaten in combination with any other food." I cannot fully agree with him. Sometimes discomfort comes from overstocking the digestive tract with nut protein. Experiments made at the California station showed that considerable quantities of nuts could be taken without distress. Carrington furthermore believes that a diet of nuts and fruits contain a higher percentage of nutriment than ordinary foods, besides being very cheap. As to the advisability of cooking nuts

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or of eating them in a raw state, Gibbons believes that unfired nuts and vegetables (unfired proteids) neutralize and absorb the acids of the stomach and prevent stomach fermentation. Drew says, speaking of nuts and vegetables: "They do not endanger the system with proteid poisoning since the gastric juices determine the quantity of their protein required and to be absorbed." Unfired protein has a wholesome chemical constitution after it is digested and absorbed. Cooked and baked legumes and nuts (cooked proteids) have lost their alkaline activity and tend to putrid fermentation in the stomach and are sure to decay in the intestines, the absorption of this decomposition causing auto-intoxication and constipation.

The more vigorous the child the more easily does it digest nuts and their butters. A word as to the preparation of nut foods. Salt, by the way, does not make nut food more digestible. Nut butters and nut milk should be prepared from freshly ground or chopped nuts, freed from chaff, and reduced to a paste. They should be sealed in glass or earthenware jars. Nuts are commercial in many forms, in syrups, with powdered sugar, with malt, almond paste, the famous German marzipan, and in many other forms. In Stuttgart, Germany, when a lad I remember the delight of the chestnut dressing for turkey and of boiled strained Italian chestnut for birthday cake filling. Medicinally we give diabetics flour and meals made from nuts except of the chestnut. It is to be remembered also that many peoples depend to a great extent upon nuts as food. Chestnut flour forms a large part of the food of the Italian peasant. In children I find that the addition of nuts to the meal prevents overeating and the bolting of great masses of food.

Mothers should understand the food value of nuts better, giving a variety of nuts to suit the individual child. Vegetables, nuts and fruits contain sufficient nourishment for the body, but physiologists generally agree that a mixed diet containing meats, eggs, milk, fruits, cheese, etc., is generally to be advised, as the protein from such a diet has a higher co-efficiency of digestibility than nut protein. I want it thoroughly understood that I give nuts and their butters not as a food alone in itself, but as an addition to the diet. Cautiously, after weaning, the child

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should be given nut butter. Such butters must be more carefully prepared than those for older children. The nut kernels are pounded in a nut mill or pestle until of thick creamy consistency, strained through two layers of clean, boiled muslin cloth or a fine wired sieve to remove any lumps. Add fruit juice or finely cut fresh fruit to it, or better, mashed fruit. Watch the stools carefully for undigested particles of any chemical disarrangement as diarrhœa, duodenitis or acute enterocolitis. If the butter agrees, increase the quantity gradually, not overstocking the child's stomach or digestive system. If disarrangement should appear, stop the nut food for a while and begin again later. As the child grows and the teeth appear the nuts are then ground and pounded but not strained; they should be chewed well. The third state is to remove the kernels from the shell—not grind them—but let the child chew them well. The last stage is to have the child crack the shells with the teeth; the shells, therefore, must not be hard. This cracking is good for the jaw muscles and for the tooth roots. Again increase the quantity of nut food as it agrees.

In the constipation of children nuts form a valuable aid as lubricants on account of the oils but as irritants from the large amount of refuse they leave.

Fruits are given to infants and children for the following reasons:

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2. They are very refreshing.
3. On account of their nutritive values.
4. On account of their salts.
5. On account of their diuretic action.
6. On account of their laxative action.
7. On account of their tonic action.
8. On account of their anti-scorbutic action.

A child is attracted by the look of raw, ripe fruit and by the appetizing methods of cooking and serving it. A child instinctively smells the raw fruit. The fine aroma is caused by the ethereal oils contained in the cells of the skin. In ripened fruits, which only should be given, the quantity of acid and cellulose is lessened. The sweetness of a fruit can often be determined

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by outward appearances. Truelle after many years' observation found that fruits with yellow skins contain much sugar but little perfume. "As a general thing," he says, "fruits with glossy skins are juicy but possess strong odors. To obtain a sweet fruit without much acid it should be allowed to hang upon the tree until ripe." "As fruit ripens," Thompson says, "it absorbs more and more oxygen and the tannin and vegetable acids which it originally contain are altered so that it becomes less astringent and acid, the starch is more or less turned into levulose or glucose and soluble pectin is formed. The aroma and taste depend upon the relative quantity of these different substances, together with certain volatile ethers and oils in the skins." It is well for the mother to remember that the more luscious the fruit the more soluble are the sugars and the special flavoring substances it contains.

Fruits are refreshing, for I believe that the water contained in the raw fruit juices of certain or of all fruits enjoys a certain vitality or tang, electrical reaction or whatever it may be called. As Parcault so strongly points out, this peculiar vitality simulates that of a mineral water.

Fruits are nutritious. Many savage tribes exist on nuts and fruits almost wholly. Carrington believes that a fructarian diet is more nutritious than is meat. Jaffe mentions three children living upon such a diet, and though undersized, they were healthy and not suffering from colds or the average childhood maladies. Personally, I believe in a general diet. Major McCay, mentioning the hill tribes of lower Bengal, says of them, "that through an excess of vegetables and fruits, they are degraded, lacking ambition and suffering from an increased peristalsis, thereby throwing out the food before it is sufficiently assimilated and digested. Only 55 per cent. of the protein was absorbed." Meat in the amount given to our young is a crime. Intestinal intoxications with all its attendant evils are seen daily. Meat, however, in small quantities is, I believe, absolutely essential to the child's growth because many meats contain a large percentage of albumin and the nuclein of meat is easily absorbed and assimilated in the body. The nucleins, however, form poison bases during the

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disintegration process and from these uric acid is formed, an excess resulting in gout, rheumatism, increased blood pressure and the like. Fructarians, as Sager says, point to the fact that meat putrefies quickly, undergoes a quick chemical dissolution, while nuts and fruits decay slowly; they believe the latter food to be, therefore, purer and more fitted for the ideal diet. The raw and cooked fruits with their juices as a diet addition tends to overcome the faulty preparation of other foods as meat, vegetables, etc., such food also I find being given to children too hot. Warm food excites an increased digestive activity, but this activity is not normal when the food is overheated. Also the sensory nerves of the lips and the nerves of taste are interfered with. The sense of smell is blunted, the enamel of the teeth is destroyed, and the food goes to the stomach unprepared. The mucous membrane of the stomach becomes hyperæmic and its glands enlarged. From prolonged boiling or overcooking the lime and phosphorus may be withdrawn from the food, causing the teeth to suffer.

In general the albuminous products of raw fruits are easily assimilated in the intestines. Hutchinson reports that 80 per cent. of fruit proteins, 90 per cent. of fruit fats and 95 per cent. of fruit carbohydrates are absorbed.

As to fruit salts. The carbohydrate content of fruit is glucose, levulose and saccharese, although the latter exists in a very small amount and diminishes in proportion to the ripeness of the fruit. This levulose or fruit sugar represents starch in the stage of complete digestion and ready for instant absorption in the body. It is ideally and wonderfully suited to delicate stomachs, more so than is cane sugar. The fig, the banana, the apple, apricot and pineapple contain levulose, for instance. It is a great aid in the digestion of foods. Also the acid fruits such as the lemon, lime, grapefruit, oranges, cranberries, currants, and pineapples are very valuable for their acids and organic salts, existing mainly in combination with alkalies as the citrates, malates or tartrates of potassium, sodium, magnesium and calcium. The final stage in the digestion of fruit is the conversion of fruit acids and salts into alkaline salts, chiefly carbonates.

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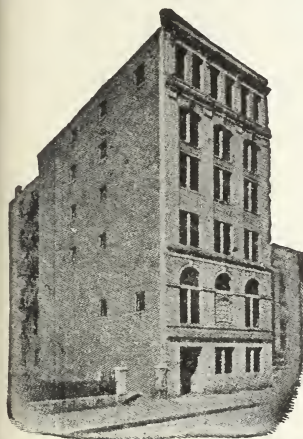
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The excess of acids in the unripe fruit leads to irritation of the stomach and intestines, causing colic and diarrhoea. If, however, the cellulose and the acids are in moderate quantities as in ripe fruit, a gentle stimulation, a laxative action on the intestinal wall is exerted. No drug can compare with these fruits in the cleansing of the intestinal tract. A fruit regime is devoid of toxins and is bad culture media for bacteria.

The tonic action of fruits and their juices is marked. The organic salts rouse the appetite, aid digestion by increasing the flow of saliva and indirectly of the gastric juice. They are stimulants and sialogogues. As the fruit juice reaches the intestines the acids increase the activity of the chyme, stimulate the secretions of the liver, of the pancreas, of the intestinal glands, and of the muscles. Uncooked fruits excite the mind to its highest activity. Lorand writes that some fruits are even richer in iron and lime than ordinary foods. Where the bottle milk is often poorly digested, the addition of fruit juices, particularly pineapple juice, which contains peptogenic and digestive properties, will remedy the condition.

In scurvy, stomatitis and other digestive conditions the fruit juices are almost a panacea on account of their anti-scorbutic qualities.

In a paper of this kind it is impossible to give the qualities of each fruit, of the different berries, of fruit juices, and of the pro and con in the cooking of fruits and nuts.

My summary is a brief one. The nutritive qualities of fruits and nuts are not to be depreciated, not to be given to the child as a pleasurable and luscious appetizer only, but as a food, an addition to the general diet, stimulating, nourishing and exhilarating it to a stronger mental and physical existence.

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WILL THE FLU RETURN?

AUTHORITATIVE STATEMENT ISSUED BY THE UNITED STATES
PUBLIC HEALTH SERVICE.

Probably, but by no means certainly, there will be a recurrence of the influenza epidemic this year.

Indications are, that should it occur, it will not be as severe as the pandemic of the previous winter.

City officials, state and city boards of health, should be prepared in the event of a recurrence.

The fact that a previous attack brings immunity in a certain

percentage of cases should allay fear on the part of those afflicted in the previous epidemic.

Influenza is spread by direct and indirect contact.

It is not yet certain that the germ has been isolated, or discovered, and as a consequence there is yet no positive preventive except the enforcement of rigid rules of sanitation and the avoidance of personal contact.

A close relation between the influenza pandemic and the constantly increasing pneumonia mortality rate prior to the fall of 1918 is recognized.

It is now believed that the disease was pretty widely disseminated throughout the country before it was recognized in its epidemic state. This failure to recognize the early cases appears to have largely been due to the fact that every interest was then centered on the war.

Above are the important facts developed by the United States Public Health Service after a careful survey and investigation of the influenza pandemic of 1918-'19, carried on in every State and important city, and even in foreign countries.

No one of the many experts of the Service would make a more positive forecast of the all-important question, will there be a recurrence? All agreed, however, that a recurrence was not unlikely, and in the face of the known facts, that it would be wise to be prepared, more with a view of being on the safe side than actually anticipating danger.

The following excerpts from the Government report are published for the benefit of the public and health officers in the hope that this will serve to set at rest the daily publication in the newspapers of statements, which, on one hand, are calculated to lull the public into a sense of false security, and on the other to unduly cause alarm.

Contrary to the opinion expressed frequently during the early weeks of last year's pandemic by a number of observers, the studies of the U. S. Public Health Service indicate that the epidemic was not a fresh importation from abroad. Careful study of the mortality statistics of the United States shows that there were a number of extensive though mild forerunners of the pandemic during the previous three or four years. In Chi-

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Chicago and New York in the winter of 1915-'16, for example, these were sufficiently well marked to occasion considerable public comment at the time, leading in the latter city, to a well organized "Don't spit, don't sneeze" campaign on the part of the health authorities. The reports of the U. S. Public Health Service, of January, 1916, show influenza to be epidemic in 22 States, including practically all sections of the United States. The epidemic was generally of a mild type, and has since been almost forgotten. It occasioned, however, a noticeable increase in the recorded death rate from pneumonia.

In the spring of 1918 there was another sharp rise in the mortality rate from pneumonia. In the larger cities of the Atlantic seaboard these increases occurred during January, February and March. In the rest of the country, especially the central and western States, the increases occurred in April, a month during which pneumonia mortality is generally on the decline. This increase was sufficient to indicate a strong departure from the normal. The increased mortality rate extended into May and in some areas even longer.

This occurrence has, it is believed, a definite significance in relation to the influenza epidemic. In the United States in the spring of 1918, a number of definite local outbreaks of influenza were observed; thus in Fort Oglethorpe, near Chattanooga, Tenn., in March; in Chicago during March; in San Quentin prison, California, in April, October, and November. At Camp Funston recurrent outbreaks of pneumonia were observed in March, April and May of 1918, and were definitely associated with coincident epidemics of a mild type of influenza.

The rise in mortality from pneumonia, this very similar type of disease, in the spring of 1918, is so sudden, so marked and so general throughout the United States as to point very clearly to a definite relation. Everything indicates that the increased mortality from pneumonia in March and April of 1918 was the consequence of a beginning and largely unnoticed epidemic of influenza, the beginning in this country of the pandemic which developed in the autumn of that year.

In the British cities the epidemic manifested three distinct waves—the first and slightest in point of mortality occurring in

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June and July, the second and most severe in November, the third in February and March. Data which need not be cited here in detail indicate that the course of the epidemic in western Europe generally was similar. In cities of India the sequence was similar but the mortality far greater. In the United States the epidemic developed more largely in a single wave during September, October, and November. If, however, the epidemic already mentioned as occurring in the spring be considered, the first phase and the explosive outbreak of the autumn the second, a third phase of recrudescence is quite evident in many areas. In general, this winter recrudescence was less marked in those cities which suffered most severely in the autumn epidemic.

The prevalence of serious epidemic of influenza was first recognized in and around Boston in September of 1918. Within about two weeks it was general in the Atlantic seaboard, developing a little later among cities further west. Rural districts were usually attacked somewhat later than large cities in the same sections.

In the cities east of the line of the Appalachians the excess mortality from pneumonia and influenza during the weeks ended September 14, 1918, to March 1, 1919, was approximately 5.6 per 1,000; in cities between the Rocky Mountains and the Appalachians 4.35, and in those of Pacific Coast 5.55 per 1,000.

Notwithstanding this general geographic relation, there are notably wide differences in the mortality rates of individual cities in the same section, even between cities close together, differences which are not as yet explained on the basis of climate, density of population, character of preventive measures exercised, or any other determined environmental factor.

More details can be given only the briefest mention here. In order to secure reliable statistics of morbidity the Public Health Service has made special house-to-house surveys in a number of localities, ascertaining the number of persons affected, the dates of onset, and a few other simple facts accurately enumerated groups representative of the general population. Partial analysis of the results of these surveys in eight localities, giving an aggregate of 112,958 persons canvassed, shows the following as the chief facts of interest:

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The percentage of the population attacked varied from 15 per cent. in Louisville to 53.3 per cent. in San Antonio, Texas, the aggregate for the whole group being about 28 per cent. This agrees with scattered observations in the first phase of the 1889-'90 epidemic, when the attack rate seems to have varied within about these limits.

The case incidence was found to be uniformly highest in children from 5 to 14 years old, and progressively lower in each higher age group. It was slightly higher in females than in males of corresponding age; usually higher in the white than the colored population.

The ratio of pneumonia cases to total population varied from 5.3 cases per 1,000 in Spartanburg, S. C., to 24.6 per 1,000 in the smaller towns of Maryland. The pneumonia rate showed little correlation with the influenza attack rate.

The ratio of deaths to population varied from 1.9 per 1,000 in Spartanburg to 6.8 in Maryland towns. The death rate was by no means parallel to the influenza attack rate, but was closely correlated with the pneumonia rate. In other words, the case fatality rate of pneumonia tended to be fairly constant, around 30 per cent. The death rate was notably high in children under one year old, in adults from 20 to 40, and in persons over 60; higher in males than in females of comparable ages; higher among the whites than the colored.

Concerning the important question of immunity conferred by an attack of influenza, the evidence is not conclusive, but there is reason to believe that an attack during the earlier stages of the epidemic confers a considerable, but not absolute immunity in the later outbreaks.

In general, the pandemic of influenza was largely similar to that of 1889-'90 in its development, first a mild form, later in a severe world-wide epidemic, in the rapidity of its spread and its high case incidence. It has, however, been notably different in a much higher mortality, especially among young adults. Such evidence as has been gathered confirms the conclusion previously reached that it is transmitted directly and indirectly by contact. It appears probable, however, that the infection was already widely disseminated in this country sometime before a serious epidemic was recognized.

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Despite the fact that there is still some uncertainty as to the nature of the micro-organism causing pandemic influenza, one thing is certain, that the disease is communicable from person to person. Moreover, judging from experience in other diseases, it is probable that the germ, whatever its nature, is carried about not only by those who are ill with influenza, but by persons who may be entirely well. Everything which increases personal contact, therefore, should be regarded as a factor in spreading influenza.

Much was heard last winter of the use of face masks. Though the use of suitably constructed masks will reduce the interchange of respiratory germs through inhalation, it must be remembered that there are many other paths by which such germs are transmitted from person to person. Soiled hands, common drinking cups, improperly cleaned eating and drinking utensils in restaurants, soda fountains, etc., roller towels, infected food—these are only a few of the common vehicles of germ transmission. The use of face masks appears to make people neglect these other paths of infection, and so the use of face masks has not been attended with the success predicted for them. If we would be more successful in combating influenza greater attention must be paid to the factors just enumerated.

The question of most practical and immediate interest is the probability of recurrence in the near future. Recurrences are characteristic of influenza epidemics; and the history of the last pandemic and previous ones would seem to point to the conclusion that this one has not yet run its full course. On the other hand, this epidemic has already shown three more or less distinct phases and has been more severe, at least in mortality, than the three-year epidemic of 1889-'92. Facts which justify the hope, though not the conclusion, that it has run its course already.

It seems probable, however, that we may expect at least local recurrences in the near future, with an increase over the normal mortality from pneumonia for perhaps several years; and certainly we should be, as far as possible, prepared to meet them by previous organization of forces and measures for attempted prevention, treatment, and scientific investigation.

There should be no repetition of the extensive suffering and

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distress which accompanied last year's pandemic. Communities should make plans now for dealing with any recurrence of the epidemic. The prompt recognition of the early cases and their effective isolation should be aimed at. In this connection, attention is called to the fact that the cases may appear to be just ordinary colds. A recent extensive outbreak of what were regarded as "summer colds" in Peoria, Illinois, proved on investigation to be an epidemic of a mild type of influenza. Experience indicates that these mild epidemics are often the starting points of more severe visitations. Hence every effort should be made to discover as early as possible any unusual prevalence of "colds."

For municipalities operating on a budget basis, it is important that all delay in providing the necessary financial support to the health authorities in dealing with a recurrence of the epidemic be avoided by setting aside an emergency epidemic fund. This may prove of the greatest value in carrying out important preventive measures in the early days of the epidemic, at a time when their beneficial effect is greatest.

The most promising way to deal with a possible recurrence of the influenza epidemic is, to sum it up in a single word, "Preparedness." And now it is the time to prepare.

TREASURY DEPARTMENT, BUREAU OF THE PUBLIC
HEALTH SERVICE, WASHINGTON.

June 1, 1919.

Sir:

When the Chamberlain-Kahn Act created the Division of Venereal Diseases in the United States Public Health Service and the great work of venereal disease control was inaugurated, the plan of procedure formulated was grouped under three headings, as follows:

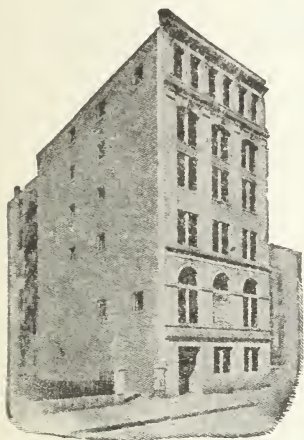
1. Medical measures.
2. Law-enforcement measures.
3. Educational measures.

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stitutions, clubs, libraries, community centers, schools, churches, the home, and every walk of life.

The Law-enforcement measures include encouragement of the closing of restricted districts; stimulating enforcement by State and municipal officials of laws and ordinances directed against prostitution in all its phases, the establishment and management of institutions for the rehabilitation of venereally infected persons, and the commitment to institutions of venereally infected feeble-minded persons; urging the adoption and enforcement of laws and ordinances compelling the reporting of the venereal diseases, the prohibiting of quack advertising, and the sale of venereal disease nostrums; and other measures designed to prevent the spread of the venereal diseases.

The Medical measures include the establishing of clinics; securing hospital facilities for venereally infected persons; making available laboratory facilities for the scientific diagnosis of venereal diseases; securing wide distribution of arsphenamine or similar products; obtaining the support of the entire medical profession by the reporting of their cases to the State Board of Health and the treating of venereally infected persons, in accordance with the best modern methods; securing the co-operation of druggists in refusing to dispense venereal nostrums and directing prospective purchasers of such remedies to venereal disease clinics, or reputable physicians; securing the co-operation of dentists and nurses in their respective fields of practice; and enlisting the interest and services of all medical, dental, and pharmaceutical schools, societies, and journals.

Under Medical measures, the campaign was begun with the advertising media of the country. The 20,000 newspapers and magazines carrying advertising were appealed to for co-operation, with the result that up to the present, according to agreement cards received, and clippings made, approximately 140 only, or less than one per cent., are still carrying obnoxious advertising. In other words, more than 99 per cent. of the newspapers and magazines in the United States carrying advertising are co-operating.

(Continued in the November issue.)

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TREASURY DEPARTMENT, BUREAU OF THE PUBLIC
HEALTH SERVICE, WASHINGTON.

(Continued from October.)

The next step in the campaign was directed to the druggists of the country. Out of the 48,500 appealed to, results up to the present, by return agreement card, show the co-operation of approximately 28,000, or nearly 60 per cent.

After the druggists, the 131,780 legally recognized physicians in the United States were appealed to, with the result that agreement cards of co-operation have been received up to the present time, approximately 60,000, or nearly 50 per cent.

The campaign with the dental profession is just being launched; the campaign with the nursing profession and the training schools for nurses is under way.

The campaign with the professional schools, hospitals, medical, dental, and pharmaceutical societies and associations,—national, interstate, State, county, and municipal,—has just been begun by a letter addressed to the deans of the medical and allied colleges of the country. That letter, with the two attachments which accompany it, is inclosed herewith for your information.

For your co-operation in bringing to the attention of the medical and allied professions of the country this campaign inaugurated in the medical and allied colleges of the country, for the extension of teaching on this subject, and the better qualification of the physician, as a specialist in the treatment of venereal diseases, the United States Public Health Service respectfully requests that you publish the letter in your next issue; also, the "Report of a Conference with Medical Colleges Relative to Venereal Disease Control," and "Articles Relating to the New Status of Venereal Diseases in Medical Schools," etc., which were attached to the letter.

If you cannot publish the "Report" and "Articles" in full, it is asked that you give as comprehensive an abridgment of them as possible. You may feel free—it is even desired—that you give editorial notice to this article, and make such comments as you wish.

The Public Health Service thanks you for this co-operation, and confidently looks forward to your favorable action.

Respectfully,

RUPERT BLUE,
Surgeon General

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The Southern Association has arranged a full program in each bureau for its meeting at Cincinnati, November 19, 20 and 21. Headquarters will be at the Hotel Gibson. The sessions will open with a business meeting at nine o'clock on Wednesday

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morning, November 19, and the regular bureau work will follow, according to the program, which will be published later. The response of members and others from every section to a request for papers and addresses has been exceptionally gratifying, and representative people of our school will be in attendance and will participate in the program.

On Wednesday night, a public meeting will be held in the large audience room at the Gibson Hotel. Special effort is being made to bring out a large number of homœopathic patrons and others to this meeting. This meeting will be devoted largely to homœopathic propaganda, to inform the public concerning the efficient work of the School throughout its existence, and also of the capable manner in which it served the Government and the people of this country during great crises of recent times. Following the public meeting, a reception will be held by officers of the Association and by prominent members of the homœopathic school. This reception will be followed by a dance at the hotel. On Thursday night, a subscription dinner will be given. Many have already signified their intention of being present at this dinner, which will be one of the few social features permitted by the short time of these sessions.

Indications are strong for an exceptionally successful, well-attended meeting at Cincinnati. After an interval of two years, many members express a strong desire to see this Southern Society continue its work more effectively than ever. Meetings in the past were of a high grade character that made them valuable to all in attendance, and the response this year is more enthusiastic than ever. Matters of importance to the School of Homœopathy that will be presented make it desirable for every homœopathic physician interested in the program of his school to be present at the Cincinnati meeting. For hotel reservations, apply directly to the Hotel Gibson or to Dr. Charles E. Walton, 8th and John streets, Cincinnati, Ohio.

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Washington, Pa., Feb. 1st, 1919.

G. M. Bradford, M. D.,

Mt. Morris, Pa.

Dear Doctor Bradford:—Knowing that you are interested in the use of “internal vaccine” as a protective measure against small-pox, I submit to you a report of my experience some years ago.

During the winter of 1902-'03, there was quite an epidemic of small-pox along the river at Monongahela, where I was then located: there were, perhaps, 200 cases in that vicinity and I treated twenty of them myself. But the following is what I want to tell you:—

In January, 1903, a man whose business was “travelling photographer,” came home to his family, sick, very sick, indeed; a physician was called who diagnosed his case as one of poisoning by the chemicals used in his trade of photographer. He grew rapidly worse, and became so violently sick, that friends and neighbors came in to see, and assist the family in caring for the queer disease. The day the man died a dark bluish eruption appeared on his skin and the attending physician pronounced it “black small-pox”—after, at least, twenty-five persons had been exposed to the contagion. Then, Oh, such a wild scramble of these twenty-five to get vaccinated: all were promptly vaccinated except eleven, who came to me for the “internal vaccine,” which I gave. *Not one* of the eleven protected by the internal method developed the disease, while of the fourteen or fifteen vaccinated in the old way, nine came down with small-pox inside of two weeks, and they had it bad, some had a sore arm and small-pox at the same time.

You may draw your own conclusions, but that was enough to satisfy me and hundreds of others in that community that the internal method is safer, surer and more satisfactory than the old method of poisoning the whole system.

You know, Doctor, and so do I, that many a child's health has been permanently injured by the usual method of vaccinating, and *never* by the new way. I prefer it, and most people do when they understand it, and when it becomes generally accepted. as it

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surely will in time, it will be a great advance in preventive medicine.

I would like to hear from you, Doctor.

Fraternally yours,

J. P. BIDDLE, M. D.

EDITOR'S NOTE.—The above correspondence will certainly be of interest to RECORDER readers. The editor can subscribe to the truth of the statements, through personal experience.

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Having in mind this need of a more general dissemination of the knowledge of cancer within the medical profession, the American Society for the Control of Cancer in February, 1917, appointed a special committee to prepare the manuscript of a handbook on cancer for distribution among practitioners. This committee consisted of Dr. Robert B. Greenough, Director of the Harvard Cancer Commission, Boston, Massachusetts; Dr. James Ewing, Professor of Pathology at Cornell University Medical College, and Director of Cancer Research at the Memorial Hospital, New York City, and Dr. J. M. Wainwright, of

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Scranton, Pennsylvania, for many years Chairman of the Cancer Commission of the Pennsylvania State Medical Association. The manuscript prepared by this Committee was submitted to the Council of the Society in April, 1917, and then sent to a number of prominent surgeons and other students of cancer for critical review. The suggestions thus obtained were utilized in a careful revision of the manuscript, which, after a delay naturally ensuing from the war, was again submitted to the Council of the Society at a meeting held October 26th, 1918. At this time the Council thoroughly reviewed the draft and ordered its publication. The handbook therefore represents not merely the views of the authors of the draft, but the consensus of opinion of a considerably larger number of representative American physicians and surgeons who have had special experience in dealing with this disease.

The handbook attempts to provide in a brief compendium the essential facts about cancer in general and its manifestations in the different situations where it most commonly occurs. The drafting committee after careful consideration decided to omit any critical and controversial review of published statistics showing the end results of operative treatment, and has presented only in general terms the expectation of success attending the radical operative treatment of cancer in its different situations. In this, as in other respects, the handbook endeavors to take a conservative view of the subject, and it is believed that the majority of statements made will be accepted by the surgeons of the country generally. So far as the pamphlet represents such a consensus of opinion, it is believed that, as thus published for widespread and inexpensive distribution, it will be welcomed by thousands of physicians and surgeons and students throughout the United States.

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sired. This arrangement will be made without extra charge for any organization ordering 1,000 copies or more. It is further hoped that members of the Society will endeavor to have appropriate state and local agencies, particularly their State Boards of Health, assume the expense of reprinting and distributing this handbook among the physicians of the State. It is suggested also that it be utilized in medical schools in connection with the instruction on the subject of cancer.

The pamphlet may be ordered either from the American Medical Association, 535 North Dearborn Street, Chicago, or from the American Society for the Control of Cancer, 25 West 45th Street, New York City. The price of ten cents a single copy has been set merely to cover the cost of printing and postage. Large orders will be filled at the following rate:

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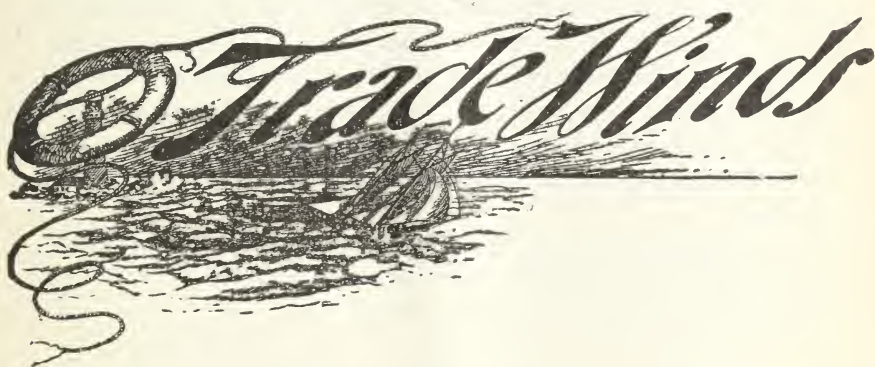
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along with the theoretical, a plan which has been very successful, especially during the reconstruction, after-the-war period.

Since May Dr. Hodgdon has been in direct charge of the Vocational Training School for wounded soldiers, which has been established at the Newark College, and his work with discharged service men has been highly praised by Federal authorities, who state that the work done by this institution has far exceeded that done by any other Federal vocational training center in the United States.

At the present time Dr. Hodgdon is working on a plan to admit women students to the Newark College.

Dr. Hodgdon has had a wide experience in both technical and pedagogical training and in administrative work. He received his A. B. degree at Bates College, and has done graduate work at New York University, Columbia University and Potomac University, receiving the degrees of M. S., and Sc. D. He has served as principal of the Corinna Union Academy, Corinna, Maine, as Vice-Principal of the Maine State Normal School, and has taught in the preparatory department of Rutgers College, at the Newark State Normal School of New Jersey, at the Newark Institute of Arts and Sciences, and at New York University.

Dr. Hodgdon has already assumed his duties in Chicago with an energy and inspiration that speaks for a great future to Hahnemann Medical College and Hospital.

WHERE ARE WE AND WHY?

Just at this moment we do not know whether 641 American citizens resident and voting in Ohio have voted the United States wet or whether 167—or whatever the respective numbers are—have voted the United States dry.

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The imagination of the country is jumping from cider to red

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likker and from red likker to soda pop, as various tedious and inaccurate Ohio officials count votes and make returns and have the returns sent back to them for verification.

One sovereign American citizen with his little ballot eventually may be the majority in either direction. A million votes were cast in the election on the amendment, and one in that million, if he is finally counted, and nailed down as a majority, may cause the wicked to rejoice and the good to grieve all over this land of plenty of everything except the mocking wine.

He may be autocrat of millions, determine their habits, establish their virtues, be custodian of their characters and ruler of their customs. He may. We do not know what the courts will rule. The wets contend that Mr. Polk, assistant secretary of state, was an impulsive promulgator when he declared the ratification of the constitutional amendment. Ohio was returned to him as a ratifier without notice being taken of the fact that Ohio was to have a referendum on the adoption of the amendment by the legislature.

There is another guess as to where we may be or whither we may be drifting—a guess as to whether Ohio is going wet, the courts may say that the year of grace following the ratification has not been entered upon, or whether they will hold that it is about to expire.

The only thing clear and definite is that a question of social customs and personal habits is being determined on a margin of small percentages. This question is one in which a majority has no more moral right to dictate to a majority than a minority has to dictate to a majority.

If a teetotaler were compelled by the decision of the majority to take a drink of whiskey every day it would start a revolution in a liberty loving country. Turn the tables and you have a similar invasion of personal rights.—*Chicago Daily Tribune*, Nov. 12, 1919.



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