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The American Physician

JANUARY, 1905.

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

OUR PORTRAITS.

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CHICAGO, ILL.

THE LATE LAMENTED CHICAGO HOMEOPATHIC

Is there a lesson in the demolition and disappearance of the former Chicago Homeopathic Medical College?*

There is. And one of such deep and serious import, that it may well be prayerfully studied by the remaining homeopathic colleges.

What is that Lesson?

First. That neither age, standing, former reputation for efficiency, nor a long queue of alumni can save a homeopathic college, if those be the main or only attributes.

Second. That the presence in the teaching corps of a handful of "big" specialists, and possibly one woman, yea, even an unusually prominent and popular homeopath on the topmost round, cannot save that homeopathic college, if these be all there is to that college.

Third. That the presence of unHomeopathy in a homeopathic college, however cloaked and sugar-coated as progressive or scientific, will in time destroy that college and tumble it to inevitable ruin.

Fourth. That the government of a modern business corporation [college] on a basis that was old and moss-incrusted fifty or even a hundred years ago, will not save that business corporation [college] from bankruptcy in this newer day.

And having thus briefly outlined the Lesson, as we conceive it, of the Chicago disaster, have we not also shown how other schools may avoid a similar fate?

Aye, truly. And wise will be those other (un) commercially conducted homeopathic colleges who heed the handwriting on the wall.

Let us review the Lesson as separately epitomized above.

It is self-evident

That a homeopathic college, no more than an individual, can exist or do business, solely on the reputation gained in former years. The mill will never grind with the water that is past. A college cannot stand still. It must progress or regress. There is no middle ground.

That it is not in the power of any one man, however excellent a specialist, nor of any two or more men and, possibly one woman, each and all burdened with fine reputations and technique and skill, to save an alleged homeopathic college from utter ruin. Hence the absurd assumption of some colleges that the employing here and there of a prominent professional professor will save their allopathized college to homeopathy.

That unHomeopathic methods will, as sure as death and taxes, undermine and annihilate any homeopathic college, wherever situate, or however long in existence.

That it goes without much saying that a business corporation [college] of to-day, essaying to do that business [teaching] on a form of procedure the vogue half a century ago, will meet its inevitable Waterloo.

And for all these postulates we have the concrete but lamentable instance of the once great
and powerful Chicago Homeopathic Medical College.

For, if a school of the age and prominence of the late lamented Chicago Homeopathic, with its long list of alumni, its wealth of tradition, its excellent work in the past, its valuable properties (college and hospital) situate in the very heart of modern homeopathic endeavor, and officered by so many good men and true—if this school could not weather and survive the unHomeopathy which had crept into its policy and teaching, what hope is there for those other (un)commercially conducted homeopathic schools (limited) which barely exist from year to year, and apparently only to furnish clinics for their faculties or to advertise their special personal labors.

The American Physician is accused of being inimical to homeopathic colleges. It is not, and never has been! It has been, is, and will continue to be hostile to the shabby, bastard colleges which parade a pretended homeopathy, but which graduate recent graduates who are not homeopathic.

It has warned the colleges for years of the danger inhering in the introduction of allopathic text-books and allopathic specialists. It has directed their attention to the shameful surrender of the teaching possibilities to men who are not and never have been homeopaths, and to those other homeopathic teachers whose own sons are attending nearly allopathic schools.

A medical college divided against itself cannot stand. A homeopathic college that is half homeopathic and half allopathic cannot stand. A teaching corps which elects itself year after year and is responsible to no one except the political majority in that faculty, cannot stand.

The belittlement and ridiculing, direct or implied, of the two or three homeopathic chairs, by that large majority of mechanized and allopathized chairs of a homeopathic college, makes for an early and inevitable undoing of that homeopathic college.

And, yet, note how blind is the responsible power in these self-elected faculties to the palpable destiny of destruction of their colleges by this unholy dabbling in the unfaith and uncertainty of all the other schools, to the exclusion of homeopathy from their curricula.

Why, every business man—nay, every boy issuing from the doors of a business college knows that the shoe merchant should sell shoes and the very best shoes in the shoe market. Yet these one-man ridden faculties, this coterie of medical politicians, who bow at the crack of the whip in the hands of the man with the hat at the upper end of the faculty table, have partaken so plentifully of the allopathic lotus that they no longer view with apprehension their unHomeopathic policy nor the hell-bent pace of their alleged homeopathic college.

Ah, if the deep damnation of such hypocrisy and political machination could be restricted to the special men engaged in that delectable exercise, or confined within the one college in which it flourishes, then some hope of ultimate reform might inhere. But, alas and yet more alas, this form of medical politicks attacks the very vitals of Homeopathy itself!

And then we hear the “belly-aching” of these modern-homeopathic-college-wreckers—some one of whom at least, an allopathic graduate, in one such college dared raise his inconsistent allopathic eyes to the Presidency of that homeopathic college—we hear them bemoan the strictness and stringency of the rules and regulations of the State Board of Registration and Examination as prime cause for the decadence of modern homeopathy and the emptiness of the many benches in their allopathized schools.

These very complainants being guilty of such un-Homeopathic and oftentimes flagrant immoral conduct as to drive out the few honest men who gave good homeopathic service regardless of personal advertisement or aggrandizement. The teaching of these aforesaid complainants being of such lastingly character that even the immature student in the benches gets disgusted, picks up his penates and lares, and moves across the street to an allopathic college pur et simple!

The rapid introduction of the recent graduate into the teaching corps, and as well into full professorship when that recent graduate has broken no lance in the list of life, has never won his golden spur in the journey is a blunder which is worse than a crime. For he brings with him nothing but the after gloss of post-graduate work in an allopathic college, a gloss which is injudiciously denominated “scientific advancement in medicine.” That kind of timber introduced into a homeopathic college tends to but one end—the End.

A favorite son is not entitled to a full professorship in a homeopathic faculty unless he be a homeopath, and agrees to teach homeopathy. Post Graduate polishing in old school colleges does not tend to make better homeopaths of favorite sons or of recently graduated wobbly homeopaths.

In all this jeremiad we intend no unkind word or harsh criticism for the honest men and true of the late Chicago Homeopathic. There were many of them and they did what they could to stem the tide of disaster. But the leaven of politics and unHomeopathy had been introduced and was doing its deadly work. There was no evading the result.

Is the salvation of Homeopathy then possible only in the affiliation of its two or three distinctive chairs with its local State University? Is this the ultimate resting place of the Chicago homeopathic schools all and singular? Is not this the plan that Biggar has been recommending for lo! these many years past, and himself inaugurated in his Cleveland University?
It stands true that a body of men and one woman which has the power of perpetuating itself from year to year, such perpetuation predicated not so much upon merit, as upon political prowess and pernicious personal activity, will, of a certainty, divide itself into parties and vote and act not upon homeopathic or even medical principles, but upon personal motives. And that Professor who does not carefully study the political situation and ally himself with the reigning dynasty will find himself on the outside of the faculty door, while some other man, selected by the Man at the head of the Faculty table, will inherit his bishopric.

Then the end of that college is only a matter of time.

Wake up, you other homeopathic colleges! In the Name of Homeopathy, rouse ye, bestir yourselves! Purge yourselves of these whitened hypocrites who are alienating homeopathic students and are trailing the flag of Hahnemann in the mire! Get together, you valiant host of the alumni, and take from these time-serving professors this power which they are misusing and abusing! Get back to the Homeopathy of the Fathers!

Or else the skeleton of the late, lamented Chicago Homeopathic Medical College, will not long remain the only college bones bleaching in the sun on the plains of Marathon!

**Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M. D., Lecturer of Materia Medica and Practice in N. Y. Homeopathic Medical College and Hospital.

References in this department are made by number, as follows: Critique,1; Chironian,2; Clinique,3; Med. Times,4; Hahn.,5; Envoy,6; Jour. of Obs.,7; Am. Med. Mo.,8; Recorder,9; Med. Student,10; Clin. Reporter,11; Arena,12; M. & S. Reporter,13; Century,14; Counsellor,15; Advance,16; Visitor,17; N. E. Med. Gaz.,18; Times,19; N. Am. Jour.,20; Pacific Coast Jour.,21; Eye, Ear, and Throat Jour.,22; Advance,23; Homeo. Record,24; Progress,25; Revue Homéo.,26; Arch. für Hom.,27; Allgem. Hom. Zeit.,28; Zeitschrift für Hom.,29; El Prog. Homeo.,30; L’Art Méd.,31; L’Homéo.,32; Hom. Med.,33; Hom. World,34; Hom. Review,35; Jour. Br. Hom. Soc.,36; Indian Hom. Rev.,37; Ecl. Med. Jour.,38; Foreign Journals, not Hom.,39; Am. Journals, not Hom.,40.

**Remedies Useful in Treatment of Dilated Stomach.**

W. B. Hinsdale, M. D.12: Hydrastis, believe, has a decidedly beneficial effect aside from mere local action. Its indications are debility, constipation, sour eructations, anorexia, vomitus, mixed with slimy mucus.

Nux vomica tones the exhausted muscular fibers and influences glandular secretion. It has the morning putrid taste, sweet, dyspeptic mentality and is a common and useful prescription. I am in the habit of administering it in the drink of hot water an hour before meals.

Argentum nitricum has volumes of gas with gnawing pain. From experience, I am disposed to believe it has been quite beneficial.

Perhaps there is not a remedy more closely symptomatically indicated than robinia. It has a constant weight and excessive acidity of the stomach, with sour vomiting setting the teeth on edge, thirst, great distention and constipation.

Graphites—Has symptoms of bitter, sour regurgitation of undigested food and unabsorbed drinks. Jousserud remarks that it answers well in cases of gastric dilatation.

**Creosotum.**

Dr. Willard Ide Pierce20 believes that while creosote is by no means one of our newer remedies it is only of recent years that its importance as a therapeutic agent has begun to be appreciated.

He then speaks of the drug as being an irritant poison, disorganizing the blood, irritating the mucous membranes and the skin, causing a general tendency to hemorrhage of dark blood; decomposition of all fluids and secretions so that fetid discharges and secretions are characteristic of the drug. In diseases of the sexual organs of women the discharges are offensive and burning.

The menses are of dark offensive blood or are followed by an offensive acid leukorrhea. After speaking of the use of the drug in diphtheria and in diseases of the chest, Dr. Pierce calls attention to the use of the drug in connection with symptoms in the teeth as follows:

The pathogenetic symptoms speak only of various pains in the teeth, especially in those that have begun to decay; but clinically the drug has been found a most valuable one in the dyscrasia that causes the teeth to grow black, decay and crumble almost as soon as they appear. There are few things that we do, short of saving life, where the results are any happier than in a case of this kind and many a dentist has become a convert to homeopathy on account of the beneficial effect that he has seen creosote have upon teeth in this condition.

**Bryonia in Acute Influenza.**

Case cited by Dr. J. B. Garrison27; Mrs. M.—, age 25; nervous temperament; acute influenza. Had been unable to endure the light of day since the day before; artificial light not quite so painful. Constant watery, excreting discharge from the nose, and there was a tendency for the inflammation to go downward, the larynx and trachea becoming painful. Irritating cough which caused great pain along the trachea as if something were being torn loose. Very thirsty. Felt better when keeping quiet. Gave one dose of bryonia 10,000 (Deschere), and a placebo prepared in water, with orders to take one teaspoonful every two hours. In one hour the photophobia began to be relieved, and in twenty-four hours was entirely gone, and the other symptoms were dispelled in twelve hours more. No other medicine or local application used.
Aconitum Napellus.  

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The toxic and medicinal properties of aconite are mainly, if not wholly, represented by the alkaloid aconitum.

Physiological Action.—The ancients considered aconite to be the most deadly thing in nature. Every portion of the plant is more or less virulent; even the odor thrown out when the plant is in full bloom is said to operate injuriously upon susceptible constitutions. The juice of the stem or leaves, accidentally introduced into wound in the hand affects the whole system; pains are produced in the hand itself, and in the arm; to these succeed cardialgia, a sense of suffocation, with great mental anxiety, and not uncommonly syncope.

If a leaf or a small scraping of the root be chewed, a sensation of numbness is quickly produced upon the lips and tongue, and this effect is still perceived after the lapse of many hours. A quantity sufficient to cause death, if received into the stomach, produces pungent heat in the palate and fauces, accompanied by a sensation of burning in the stomach itself. To these sensations are soon added a condition of painful numbness, which pervades the limbs, to the fingers and toes, and a general tremor of the whole body. Severe vomiting, attended by pain in the abdomen, quickly follows, and along with it an intermittent, weak, and irregular action of the heart. There is then an approach to suffocation, with great anxiety, restlessness, and vertigo; the limbs become cold and clammy, the pulse is more and more irregular, and death soon puts an end to the patient’s sufferings. Neither convulsions, spasms, stupor, nor delirium can be reckoned upon as certain, though it is true that in several recorded cases one or more of these phenomena have been manifested, and it frequently happens that after full and poisonous doses the mind remains unclouded to the last.

Fatal doses of the drug:
1. Produce death from asphyxia by cardiac paralysis.
2. They, in the first place, stimulate the medulla oblongata.
3. This stimulation affects the vagi, and is succeeded by paralysis of these nerves.
4. The cerebro-spinal motor nerves are paralyzed, and voluntary movements are abolished, the muscular substance remaining unaffected.
5. Finally, the reflex action of the spinal cord and the conductivity of the afferent nerves remain unaffected; while the conductivity of the sympathetic ones is stimulated.

These observations, however, are far from explaining the whole action of aconite; and, as bearing on its therapeutic use, the only points that they distinctly suggest are its power to diminish excessive action of the heart, and to relieve pain by partially and temporarily paralyzing the sensory nerves.

The general effects produced by taking aconite are remarkable for the great rapidity with which the symptoms follow each other. This may possibly be referable in part to a direct action of aconite through the medium of the nervous system, independent of the effects of actual absorption of the drug, which, however, itself takes place with great rapidity.

Antidotal Treatment.—Prompt measures must be adopted. In addition to emetics, or the stomach-pump, castor oil, and animal charcoal, benefit may be derived from administering strong coffee. Brandy or ammonia should be given also, while the limbs and back are well rubbed with hot towels. Artificial respiration should not be forgotten.

Therapeutic Action.—In regard to its applicability to inflammatory and febrile affections, the conclusion seems justified that aconite is especially adapted to produce the kind of effects which were formerly aimed at by the practice of bleeding. It has frequently been asserted that aconite is the homeopathic lancet. In all cases where the inflammatory process is going on, no matter in what part it occurs, whenever the local disturbance is accompanied by a full, hard, and bounding pulse, dry and hot skin, coated and dry tongue, restlessness, thirst, and if the patient had experienced a more or less marked chill previous to the supervision of the febrile reaction, aconite is to be carefully studied as a possible curative agent.

In the early stage of simple inflammatory fevers, where as yet little organic change has taken place, aconite is indicated.

In all pure, synochal inflammations, aconite will prove useful, and in most cases a specific remedy. In Metritis, Vaginitis, Vulvitis, aconite will speed-
ily relieve the burning, stinging, and shooting pains, and the discharge of purulent mucus and blood from the vagina.

In the early stage of pneumonia, and in most acute congestions, aconite is nearly a specific. It should be given in all inflammations of serous membranes, before the exudation has passed the plastic stage, especially in pleurisy, pericarditis, etc. Aconite does not necessarily remove the exudations, but it checks and prevents the further development of the evil. In

Inflammation of the Abdominal Organs aconite is of great value. In that form of gastritis, where aconite is indicated, the pulse is hard, jerking, hurried; the patient complains of a burning pain in the stomach, with excessive soreness in the epigastrium; vomiting of the ingesta, mucus, bile, and even blood; excessive thirst, although every drop of liquid is ejected again as soon as it gets into the stomach.

Acute Peritoneal Inflammation, which is characterized by tympanic distention and excessive painfulness of the abdomen, costal breathing, flexion of the thighs upon the abdomen, heat and dryness of the skin, small, hard, jerking, and quick pulse, aconite may be administered during the first stage of the disease. In incipient

Puerperal Peritonitis, when the secretion of milk is arrested, the pulse hard, full, and hurried, and the fever is sometimes so intense that the heat of the skin amounts to a stinging as with nettles, a dose of aconite will sometimes prevent the complete outbreak of this dreadful disease.

There are some forms of inflammation which require special mention; they are: erysipelas, rheumatic, neuralgic or arthritic, scrofulous, and diphtheritic inflammations.

Erysipelas Inflammations may affect the skin and serous membranes generally in any part of the body. This form of inflammation, when developed upon the skin is characterized by redness and shining appearance of this organ, tumefaction, sense of tension, and pain. If affecting the internal serous membranes, lancing stitches as with knives are experienced by the patient, and if the meningeal membranes are invaded, the pain is most agonizing; more particularly if the inflammation spreads along the inner ear or eye. The burning sensation in the brain, and the sensation as if the brain were cut up with knives; the agonizing throbbing in the head, the excessive soreness of the scalp, the sensitiveness to noise, the stupid condition of the patient except when roused by a paroxysm of intense suffering, and the excessive swelling of the whole head, present a distressing picture of suffering. Such forms have often been cured with aconite.

Inflammatory Rheumatism is a well-known form of inflammation, against which aconite is well-nigh a specific. In the provings of aconite we meet with many symptoms which point to inflammatory rheumatism. It is rare to meet with permanent organic disease as a result of rheumatic fever when the disorder is treated with aconite from its commencement.

The aconite plaster applied to the painful joints is very useful in rheumatic affections. We will discuss this more fully further on.

In Rheumatic Inflammation of the Bladder we have stinging soreness, heat, and a sense of swelling in the region of the bladder, or this region may be actually distended and sore to contact. Inability to void the urine, except perhaps a small quantity, which passes off with difficulty.

In Acute Cystitis these symptoms are far more intense; the burning, the shooting pains, the agonizing dysuria, or rather, ischuria (a complete retention of urine), and the inflammatory fever often drive the patient to despair. Aconite will act upon any inflammatory group of symptoms, no matter in what organ or tissue they may present themselves.

Hemorrhage.—Aconite should be consulted in the treatment of hemorrhage, characterized by a full, hard, and bounding pulse, flushed countenance: dry, hot skin and even partial loss of consciousness. These symptoms occur more particularly during pulmonary hemorrhages. The blood sometimes issues from the mouth in copious quantities, fluid blood mixed with coagula.

In Epistaxis, Pneumorrhagia, Hematuria from the urethra, etc., aconite will prove sufficient to arrest the flow of blood, provided the hemorrhage is accompanied by marked symptoms of vascular excitement, or by the opposite condition of vascular depression, small, weak, even filiform pulse; coldness of the extremities, collapse of features, expression of anxiety, etc.

Metrorrhagia.—We may single out a form of hemorrhage where aconite is of paramount importance: it is metrorrhagia, more particularly during pregnancy. In women of a bilious and plethoric habit, many a time miscarriage has been prevented by the timely administration of aconite. If blood begins to show itself in the
vagina; if the patient complains of sickness at
the stomach, dizziness, frontal headache, throbbing
in the head, palpitation of the heart, creeping
chills, followed by flashes of heat; flushed
face, rising of the pulse, coldness of the extremi-
ties, violent dragging and bearing-down pains,
give aconite without losing a moment's time;
keep your patient perfectly quiet, repeat the
medicine every ten or fifteen minutes, and you
may often be able to avert the danger and save
a human life.

Phlebitis.—A most important and dangerous
disease, to which aconite is homeopathic, is phle-
bitis or inflammation of the veins. The patient
experiences a burning pain along the course of
the vein; the part is swollen, dark-red, inflamed
(provided, of course, it is a cutaneous vein); abnor-
mal infiltrations take place in the subcu-
taneous cellular tissue and mucous membrane.
These symptoms of inflammation are always ac-
companied by signs of bilious derangement.
which are the more marked the nearer the in-
flamed vein is to the liver; the right hypocho-
drium is distended and painful; the tongue is
coated, bitter taste; the patient complains of sick-
ness at the stomach and vomiting. If the in-
flamed vein is above the diaphragm and near the
heart, the right ventricle shows signs of inflam-
ination; there is violent palpitation under the
ensiform cartilage, apnea, great restlessness,
disposition to fainting; great prostration. The
accompanying fever is of a typhoid character,
which seems to be owing to the fact that a puru-
ulent secretion from the inner coat of the vein
becomes mixed up with the general circulation,
thus occasioning a poisoning of the blood which
was formerly characterized as putrid fever. In
Periostitis, when occasioned by exposure to a
keen wind, suppression of the perspiration, or by
standing upon damp ground or cold stones, aco-
nite is often sufficient to effect a radical cure.
The pains are of a tearing character, accom-
panied by a sensation of burning.
Aconite is of great value in ophthalmia, otitis,
glossitis, and nasitis.
Mycitis.—This important form of inflam-
ination is classed in the category of nervous or ne-
ralgic inflammations. The following symptoms
of aconite show its usefulness in this affection:
Burning, gnawing pains near the dorsal verte-
bræ; violent, sticking, digging pain all along the
spine, aggravated by an inspiration; boring pain
in the sacral region, left side; crawling sensa-
tion in the spine; feeling of weakness in the nape
of the neck, with sensation as if the flesh were
loose, and stinging in the nape of the neck, when
moving the head; stitches in both sides of the
nape of the neck.

Accompanying these symptoms, we have sore-
ness in the whole or in parts of the spinal col-
um; soreness of the vertebral processes; sore-
ness of the spinal marrow, which may only be
felt when making pressure with the finger.

Carbuncular Inflammation should be treated
with the lower attenuations or with the tincture
of aconite. The inflammation involves the mus-
cular tissue, which is hot, red, and sore, and.
after a while, sloughs off. Aconite will diminish
the constitutional fever, and bring this painful
process to a speedy termination.
Acute Congestions.—What we have said of
inflammation likewise applies to acute conges-
tions. Every acute congestion is ushered in with
a chill, followed by inflammatory fever. The
skillful use of aconite will often conquer these
serious disorders.

Sanguineous Apoplexy.—The symptoms which
point to sanguineous apoplexy are varied. We
have stupefaction of the senses and giddiness as
if intoxicated. Crampy sensation in the fore-
head or above the root of the nose, with a feel-
ings as if one would lose one's reason. Rush of
blood to the head, with heat and redness of the
face. Throbbing of the temporal arteries; swell-
ing of the jugular veins. These are some of the
more prominent head symptoms indicating aco-
nite in sanguineous apoplexy.
Various forms of headache are amenable to
treatment by aconite, as a perusal of the symp-
toms of aconite will readily show; among them
we may mention congestive, bilious, rheumatic,
and catarrhal headaches. Aconite is of especial
service in

Hysteric Headache, with sensation as if a ball
were ascending in the brain, spreading a coolness
through the brain; dizziness, obscurcation of
sight, stinging, aching, and throbbing pain in
one side of the head, in the temples, forehead,
or on top of the head.

Neuralgia.—Aconite is not a panacea for neu-inalgia; but if properly used, sometimes internally,
and at other times both internally and externally,
it may prove a most powerful agent in this dis-
tressing malady. In the provings of aconite we
find those burning, boring, stinging, lancinating,
and other pains, which constitute so many indi-
cations for the use of this drug.
**Paralysis.**—Aconite causes numbness of the small of the back, extending to the lower limbs; formation over the back, upper arms, and thighs; numbness in the shoulders; numbness and lameness of the left arm which scarcely permits one to move the hand; weight and debility of the forearms, which feel as if asleep when taking hold of anything; numbness, icy coldness, and insensibility in one hand; tingling pain in the fingers, even while writing; stinging and prickling in the arms and fingers; hot prickings in the finger-tips.

Similar symptoms are experienced in the lower extremities. All these symptoms are more or less characteristic of an attack of paralysis. These symptoms show that this remarkable agent must be of eminent use in paralysis.

Aconite is one of those drugs which is in therapeutic rapport with every form of ophthalmia. Conjunctivitis, scleritis, iritis, retinitis may yield either partially or completely to aconite.

The fever which accompanies acute ophthalmia in cases where aconite is indicated, is generally very intense, although not necessarily so in the milder forms of conjunctivitis. In acute scleritis the fever runs high; this is particularly the case in acute iritis and retinitis.

If, under the action of aconite, a reaction is established, characterized by profuse perspiration, it is of the utmost importance not to check the perspiration by exposure to a draught of air, or by any cause whatever. If such a suppression should take place, we must resort to every possible means of restoring the cutaneous exhalations as speedily as possible. The aconite should be repeated at shorter intervals, and the patient may be enveloped in hot blankets on the bare skin; this is one of the most efficient means of re-exciting suppressed perspiration.

**Traumatic Ophthalmia** aconite is the chief remedy. The milder forms of inflammation resulting from the irritating presence of a foreign body in the eye, sand, dust, etc., or inflammation caused by wounding the eye with a pin, nail, lime, red-hot cinders, etc., should be treated with aconite.

**Blepharophthalmia** is distinctly delineated by our provings. We have soreness and itching of the eyelids; painfully tense, red, hard swelling of the lids, especially early in the morning; prickling and smarting in the eyelids, as when a cold is setting in.

**Amaurosis.**—Aconite is in homeopathic rapport with amaurosis. Among the symptoms of aconite a number may be found, all pointing to this disease. Obfuscation of sight; complete blindness; she sees as through a gauze; warm and undulating feeling in the eyes, with sensations as if there were not light enough to read by; he sees sparks and mist; flashes and scintillations.

**Earache.**—We may use aconite as a remedy in earache, otalgia, caused by exposure to a keen wind or sudden checking of the perspiration.

**Otorrhcea,** caused by the suppression of a rash behind the ears or from exposure; the discharge looks yellow and has a very offensive smell.

**Otitis.**—The patient complains of a distress as if the ear would be torn out of the head; a violent throbbing, burning, lancinating, dragging pain; excessive soreness, sensitiveness to noise; the ear-passage looks swollen, red, shining, blood. And a thin watery fluid may be discharged out of the ear. Acute inflammation of the ear is always attended with fever, fevered in, with a chill or chilly creeping along the back and extremities.

Among the recorded provings of the face we note these symptoms: Bloating of the face, or sensation, as if the face had grown larger, with redness and heat of both cheeks. Hot face, with cold hands and feet. Redness of one cheek, and simultaneous paleness of the other. Sweat on the forehead and upon the cheek, upon which one is lying. These symptoms occur in simple irritative, catarrhal, or rheumatic fever, or in any form of inflammatory fever where aconite is required as a specific homeopathic agent.

Aconite affects the teeth and jaws with more or less intensity. We have in the provings: Pain in the articulation of the jaws when chewing; sudden shocks of a burning, tingling, and lancinating pain in the lower jaw; penetrating pain in the lower jaw as if it would drop; sticking and drawing pain in the left upper and lower jaw; the lower jaw is involuntarily pressed against the upper; rigidity of the jaws; lockjaw.

**Toothache,** curable by aconite is of the congestive kind, with throbbing, stinging pain, or a hard aching, pressing pain as if the tooth would be shattered to pieces; inflammation of the gums, rush of blood to the head, headache, chilliness, sensitiveness to the open air, nervousness, and restlessness. Aconite is particularly suitable to sensitive women, persons with a plethoric habit of body, high livers, individuals addicted to the
The use of spirits, or leading a sedentary life, taxing their brain, having a good deal of mental anxiety, grief.

The gums look swollen, dark-red, inflamed; they are exceedingly tender to the touch, bleed readily; the patient complains of a burning, creeping pain in the gums.

*Nursing Sore Mouth.*—Aconite is a remedy for nursing sore mouth and cancrum oris. In these affections the following symptoms constitute characteristic indications: The mouth is studded with aphthous ulcerations causing much stinging and burning pain; they are surrounded with inflamed borders, or the whole of the mucous membrane may look inflamed, with patches of whitish disorganizations spread about here and there. Ptyalism is a prominent symptom. This condition of the mouth is frequently met with among nursing women of a scrofulous or scurvy diathesis. In

*Cancrum Oris,* where the disorganizing process emanates from rheumatic inflammation of the gums or lining membrane of the cheeks, with intense stinging and burning pain, hot mouth, secretion of ichorous, bloody pus, ptyalism, dark redness of the parts, aconite will be found eminently useful, if given in doses of from one to two drops of the tincture in twelve tablespoonfuls of water, a teaspoonful every hour or two hours after an improvement once begins to be perceived.

*Glossitis,* or acute inflammation of the tongue, is distinctly indicated by the provings of aconite. The tongue is swollen, excessively sensitive, has a dark-red appearance, inclines to bleed; the patient complains of a burning heat in the tongue, stinging and shooting pains are likewise experienced in it; if the inflammation is badly managed it is apt to assume a dangerous character, and is always attended with a high fever.

In both acute and chronic affections of the throat aconite proves a most efficient remedy. Among the recorded symptoms of aconite, the following are the most noteworthy: Scraping in the throat, with difficulty of swallowing; stinging and choky feeling in the throat, especially when swallowing or talking. Burning and stinging in the fauces. The throat feels swollen and full; sensation, as of a body with sharp edges and points being lodged in the throat; prickling burning in the palate, throat, and along the trunk of the Eustachian tube, with increased secretion of saliva. The saliva which he spits up is mixed with clear blood, accompanied with sweetish taste in the mouth.

These symptoms are of high therapeutic import to the homeopathic physician. The burning and stinging distress and the sense of fullness indicate aconite as a remedy for

*Acute Angina Fauicium,* when the throat (the velum, fauces, noulac, and tonsils) looks dark-red, with almost complete inability to swallow; heat and dryness of the throat, which feels very sore and raw; the tonsils look swollen like lumps of raw flesh; the patient complains of stitches flying through the throat, sometimes along the Eustachian tube to the ear. This form of angina is always attended with fever, creeping chills, followed by heat and dryness of the skin. Throbbing headache, dizziness, and rheumatic pains in the extremities, soreness of the muscles, etc., may likewise be present. In acute angina the patient may hawk up some blood.

*Tonsilitis.*—In tonsilitis, the rational use of aconite may save the patient a good deal of suffering by preventing suppuration.

Few drugs affect the liver as characteristically as aconite; hence few drugs have it in their power to develop such marked changes in the condition of the chyllo-poietic organs as this extraordinary agent.

Aconite alters the taste in various ways; it causes a bitter taste, or else a putrid taste; also a flat taste, or a taste as of fish or rotten eggs. The taste in some instances is nauseous, causing a feeling of loathing; it disappears somewhat while eating, but reappears shortly after. Aconite causes a smarting sensation on the tongue, a taste as of pepper in the mouth.

Aconite causes loss of appetite also, with a sour taste in the mouth. This symptom may be present in certain forms of dyspepsia.

Aconite also causes a form of nervous irritation of the stomach, characterized by canine hunger; "intense feeling of hunger which continues even after a meal." This symptom indicates aconite in bulimia, a constant and insatiable craving for food, in spite of which the patient may grow thin. This bulimia sometimes amounts to a simple hungry gnawing, which troubles one either more or less continually or in paroxysms.

Aconite also causes a burning, unquenchable thirst. This symptom may occur in many acute affections where this agent is indicated.

Note the following symptoms of aconite: Sensation as if the whole mouth became filled with
air and rotten eggs; rising of sweetish water to the mouth, like waterbrash, sometimes accompanied with nausea; scraping sensation from the pit of the stomach to the throat, with nausea, qualmishness, and a sensation as if water would rise; empty eructations, or ineffectual desire to eructate; burning sensation from the stomach to the mouth, through the entire tract of the oesophagus.

(To be concluded.)

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**Adrenalin in Arterio-Sclerosis.**

BY P. JOUSSET, M. D. *

All experimenters agree in classifying adrenalin as an arterial hypertensor. This hypertension is not due to central vaso-constriction, but to vascular spasm of peripheral origin (Josué, Société de Biologie, sitting of Jan. 10, 1903). I would add that the hypertension produced by adrenalin is subject to the general laws of pharmacodynamics, inasmuch as it produces two successive and opposite effects; thus, one sixteen-millionth of a gram injected into a peripheral vein determines almost immediately a considerable elevation of pressure, lasting three to four minutes, and followed by a period of hypotension below the initial one (Carnot and Josseraud, Société de Biologie, sitting of Dec. 20, 1903).

This fact, so important from a therapeutic point of view, is confirmed by the experiments of Lucien Camus on the effect of adrenalin upon the flow of lymph. After its injection into the vein of a limb, the lymph-flow presents a phase of slowing and a phase of acceleration. The first corresponds to the phase of augmentation of blood-pressure, and the latter is produced when the pressure has become normal or is even below what it was before the injection.

From two communications of M. Maurice Lépper (Soc. de Biol., 1903) it appears that adrenalin causes an extreme diminution in the numbers of the red corpuscles, produces arterial hypertension with vaso-constriction, increased energy and slowing of the cardiac contraction.

Intravenous injection of three drops of a solution of 1:10,000, causes in the rabbit the lesions of chronic aortitis, dilatation and hypertrophy of the heart, calcareous plaques of different sizes in the thoracic and abdominal aorta; each plaque is smooth and shining; with a slightly depressed center and sharply defined borders; sometimes they are tinted by blood-pigments. Josué adds that subcutaneous injections do not produce anything analogous to this.

M. Lépper and Crouzon have shown that the intravenous injection of 6 drops of a 1:10,000 solution produced in the rabbit a considerable hyperglycaemia and glycosuria. These authors noted also a considerable diminution of red corpuscles, lowering of the percentage of hemoglobin, and very marked leucocytosis.

Such are the symptoms produced in the healthy animal (human and otherwise) by adrenalin. Let us now see what the symptoms are which are known to arise in patients whose suprarenal gland is altered or destroyed, and who are consequently lacking in adrenalin. The type of these morbid conditions is seen in Addison's disease, and also in some non-classified cachetic conditions, still including the greater part of the symptoms of Addison's disease, and corresponding to inflammation of the suprarenal gland. Physiologists have destroyed the suprarenal capsule in guinea-pigs, and produced symptoms analogous to those observed in sufferers from Addison's disease.

Some facts observed at the bedside, and others in the laboratory, may be quoted as bearing upon the subject of suppression of the suprarenal capsules.

Oppenheim and Lépper having destroyed the suprarenal capsules in guinea-pigs, observed the following symptoms: Rapid, sometimes intense, emaciation; very marked asthenia, immobility of the animals, dislike to food, diarrhea, and death from the fifteenth to the twentieth day. The pigmentation observed in Addison's disease was wanting in the guinea-pigs. Further, in a communication read before the Société des Hôpitaux, M. Bernard reports a case of subacute inflammation of the suprarenal body ending in death, in which the leading symptoms were: muscular fatigue to such a degree that the slightest movement became impossible, obstinate vomiting, and arterial hypotension.

En résumé, adrenalin has in the healthy man a constant effect upon the arterial tension. The hypertension is the phenomenon which has been chiefly noted, but there is no doubt that this hypertension alternates, in certain little-known conditions, with an opposite state of hypotension. We have not as yet heard of any experiments upon the different effects of strong and feeble doses, this is to be regretted.
Adrenalin constantly causes diminution of red globules and increase of leucocytes. It produces therefore anemia. Glycemia and glycosuria are also produced by adrenalin, and it has caused the classic lesions of chronic aortitis. We have seen, moreover, that deprivation of adrenalin in consequence of destruction or disease of the suprarenal capsules produces a pathological complexus of symptoms differing from and in some points opposed to the above. Adrenalin has, therefore, like thyroidin, a double therapeutic action; it either offers to the organism the adrenalin which is lacking, as in the treatment of Addison’s disease—this is opotherapy—or it influences the course of diseases by the therapeutic properties which experiment has taught us, and in this case its indications ought to be determined by the law of Similars. We ought to add that the knowledge of the action of adrenalin upon the healthy organism still presents too many lacunae for us to give as absolute, the rules which we now suggest for its employment as a drug in the treatment of disease.

Adrenalin, according to the law of similars, would be indicated in arterio-sclerosis, and particularly in aortitis, in anemia, and perhaps in diabetes. Guided by this law, I have been employing adrenalin for several years, and the preparation which I prefer is the hydrochloride of adrenalin in the sixth decimal dilution; of this 25 centigrams are mixed in 200 grams of water, and a teaspoonful given morning and evening. The first time I prescribed adrenalin was in a case of extreme chlorosis, where the asthenia was so great that the patient could hardly rise to make her bed. The anemia was profound, and the menses had been absent for several months. Anorexia and dyspepsia were so marked that nothing but liquids were tolerated; there was obstinate constipation, great depression of spirits, and a highly nervous condition. Previous medication had been without result; the most that had been achieved from time to time was the ability to digest a little solid food, or the diminution for a time of the constipation. On May 26, 1902, the treatment by adrenalin was commenced, and the drug was prescribed as follows: Four grams of the 6x trituration were divided into 16 powders, and the patient took one of these every fourth day. This treatment was continued steadily for three months, when the patient testified to a general improvement. The dyspepsia above all was relieved, and the patient began to eat and to put on flesh. The treatment was continued, but the drug was now given every day, the dose remaining the same. Improvement became more marked, and at length, on January 26, 1903, eight months after the commencement of the treatment, the menses, after being absent for several years, reappeared, and have since been regular. The constipation is less, the stomach has resumed its functions, and the patient has begun to walk out, and strength is gradually returning. The improvement is in fact very considerable.

I have also given the drug to a child, the subject of hemophilia. The child belongs to a family where all the boys are hemophiles, but not the girls. He takes adrenalin for a fortnight and then rests for a fortnight. Since using the drug, though he still has ecchymoses, there are no true hemorrhages. It is only within the last few months that I have begun to prescribe adrenalin for arterio-sclerosis, and my observations thereupon are necessarily very incomplete.

I will, however, record the case of a gouty patient of 55, subject to frequent crises of angina pectoris, and for whom iodide of sodium had done nothing. The crises have entirely ceased since the adrenalin was commenced. Lastly, in two patients, the subjects of chronic aortitis, I have obtained very notable amelioration by the exhibition of this drug.

Treatment of Some Diseases Common in Old Age.*

BY A. M. CASH, M. D., TORQUAY.

One of the commonest and most frequently fatal is bronchitis. The physician is called to an old man who, shortly after exposure to a cold wind, begins to feel malaise, and tightness in the chest. Possibly a hoarse voice and rough cough have set in, and he anticipates—what he has probably had before—a severe bronchial attack with all its dangerous possibilities. The temperature is not high, perhaps 90°-100°: pulse not much quickened, febrile action therefore not intense. Shall we give aconite? Now there may be a difference of opinion here. There is the idea derived from old-school views of aconite, that even in the dilutions it may be a dangerous depressant. But I think with care this should not

* Paper read at the West of England Therapeutic Society’s meeting, held at Plymouth, October 19, 1904. Ibid.
be the case, and we need its action even in the old and feeble, to cut quickly at such fever as the case presents.

My usual practice in such an instance as I have described, when first seen, is to put 4 or 5 drops of the first decimal into water, diluted so as to give about the sixth part of a drop of 1x for a dose. I should give this dose every two hours, alternated at the beginning of an attack with spigonia 3x if the larynx were chiefly affected; possibly bryonia 3x if the chest were more implicated. I generally find that by the next visit the temperature is about normal or slightly above. I would then stop aconite 1x, and if aconite seemed indicated still, would give it in the 3x or 6x dilution. Probably we shall now find our patient with a looser cough, and beginning to expectorate mucus. According to the character of this mucus our further treatment may be decided: If it is frothy and easily expectorated, ant. tart. 3x or 2x; if it is stringy and more difficult to raise, kali. bich. 3x is indicated. Under these circumstances we may hope, as a rule, to see the patient tided over the acuteness of an attack in two or three days. This may end the matter, but a patient who has had bronchitis previously is very apt to have some cough and expectoration remaining.

The treatment of the succeeding more chronic stage may require continuation of ant. tart. and kali bich., or possibly nitric acid; troublesome cough—conium, senega, or hyoscyamus (specially nocturnal cough); ipec. if gastric catarrh accompanies; drosera useful if cough is specially spasmodic in character. These remedies I have usually found very beneficial, conium and hyoscyamus being specially soothing in useless, irritating coughs, while ant. tart. and kali bich. clear up mucus and strengthen the respiration.

This treatment, as above sketched, has two or three times in each year recently checked and easily tided over the bronchial attacks of a gentleman of 88 years of age. Aconite as above given has always seemed specially useful in his case; under its action after a few doses the threatening nature of the symptoms gets milder, and the feverish tension relaxes, and little remains but an old man's cough to combat.

Again, in an old lady of 84 another variety of bronchitis is illustrated. She, unlike the old man, would postpone the doctor's visit as long as she dared, and symptoms were pretty well established with her before they could be taken in hand. Her bronchial attacks had in them a considerable amount of the asthmatic nature. She had a weak heart and atheromatous radials, and had had one attack of cardiac angina. As a rule arsenic and ipec. pulled her round well, though treatment was difficult, as she could never understand she needed care, and perpetually tried to underfeed herself. Spongia and causticum met the laryngeal catarrh to which she was liable, and china always helped her in convalescence.

Acute cases of cardiac disease are less frequent in the aged than chronic; a degenerated myocardium and atheromatous arterial system accounting for many deaths amongst them. Cerebral hemorrhage is often the closing scene, and much may be done by careful preventive treatment for those known to be affected in this direction, in order to postpone the final stroke. I have recently lost two old ladies who for many years have been threatened in this way, and who, by treatment from time to time, appear to have had the disease kept in abeyance. One died at 87 after several small recurrent cerebral hemorrhages and softening of the brain. Opium was often of service to her in the condition of torpor and semi-paralysis which developed. The other case was of a more sthenic and congestive character. Nux and bell. were given in her attacks, and controlled the secondary vomiting. She died at last, 90 years of age. Arnica has often served me well in congestive cerebral troubles with threatened paralysis. Possibly it acts specifically on brittle vessels, but I think more probably by calming the circulation and soothing the nerves. It often promotes sleep, and I have seen it act like a sedative draught without any of the objectionable effects.

We have all seen such a case as the following: An elderly person, often one of an active, energetic temperament, hitherto in possession of fair or decidedly good health, has the misfortune to get a fall. This seems entirely to upset the system. Though there has been no fracture or definite injury, the nerve machinery has sustained a severe shock, and under this the individual goes to pieces. Some illness follows, or some weakness develops, which hitherto has lain dormant in the system. Arnica is the chief remedy, and perseveringly used, in low dilutions and high, will benefit as nothing else will.

For the loss of memory and mental power in the aged, I have had good results from baryta carbonica, and have seen this drug in the 6x trit. decidedly benefit a case where no particular effect
had been produced by the 3x. Under its use, persevered in for some weeks, an elderly lady, according to the testimony of her nurse and household, from being in a semi-lost, fatuous state, recovered some of her mental equilibrium, and displayed an animation and interest in life which she had before seemed entirely to lose. In fact her natural temper, which was none of the pleasantest, re-asserted itself so much as to suggest that the mellowing process of natural decay had better not be interfered with! Possibly baryta carb. may act best when mental heb-itude is dependent on atheromatous changes in cerebral vessels, and consequent insufficient nourishment of the gray matter of the brain. Delusions with the aged are very apt to take the for-m of imagining themselves from home. Senile dementia needs rest and persistent feeding. Acute mania is not very common in advanced life. I had a severe case some time ago in an old man of 78. It was preceded by a slight cerebral hemorrhage, which caused a severe shock and a short period of insensibility. Then violent maniacal excitation followed, struggling with attendants to get out of bed, insomnia, flushed face, and furious language. He was given ignatia 1x and hyosc. 1x, and shortly fell asleep. The sleep lasted steadily for sixty hours, and under this partial restoration of the mental faculties took place, and never afterwards was there a recurrence of the mania. He became calm and quiet, and took food well. The key to his state largely lay in the regulation of the bowels. If at any later time he became excited, it was always found to be coincident with some constipation; this, of course, was carefully watched and treated. With care and attention his life was made easy and comfortable. He lived for a year after this, and his mental condition never gave any further trouble.

Insomnia is often a very troublesome affair in advanced life. The ancient writer says of the old man, “And he shall rise up at the voice of the bird.” And certainly it is often in the early morning hours that the aged awake, and there-after find it impossible to get off to sleep again. I have generally found coffea in the 6th decimal dilution the most helpful for this; it usually does something for the sleeplessness—often a good deal. The coffea sleeplessness seems associated with a nervous element, anxiety and worrying thoughts being causative. One old gentleman, of a very restless, imaginative temperament, for whom I prescribed it, who suffered from a weak heart and a dilated stomach, used to say he could not understand how it should do it, but he always got better nights after taking “that tasteless medicine”! Aconite, generally in the 3x dilution, has also served me well when there was restlessness and nervous excitement, and often a dose or two of this shortly before bedtime has markedly promoted sleep, by quieting the restless, nervous irritability which was keeping sleep away.

The subject of constipation comes up prominently for consideration in reviewing ailments specially incident to advanced life. As the torpor of age creeps on, the bowels respond less easily to reflex stimuli than in earlier days. Exercise—perhaps the most important of all aids to regular action—naturally decreases, and the increase of fat which often occurs in the omentum and external abdominal walls still further retards the function. Chronic constipation is so frequently associated with chronic dyspepsia, that its treatment naturally falls in with that of the latter trouble. The remedy I think most frequently indicated is lycopodium, which I prefer to give in the 6x trit. An atomic condition of the bowels is present, with flatulent dilatation of the colon, and lycopod., with or without nux vom., often remedies this condition and tones the feeble muscular fibers. Chronic constipation, while not usually alarming, may culminate in a very serious state of things.

I was sent for recently to see an elderly lady who had been running down in health for some time, especially during the last sixteen months. She had formerly been extremely stout, but had lost weight in this time from 14 to 10 stone. She had lived a sedentary life, taking little or no exercise for years, and feeding largely on soups, to which she was very partial. I found her with great flatulent distention of the abdomen, with borborygium, attacks of vomiting, and long-continued constipation. She had lost all appetite, and when I saw her had a sallow appearance and very much the aspect of one suffering from malignant internal disease. On examination the entire colon was found greatly distended with gas, and on palpation the abdomen felt somewhat doughy and resistant; it was very large—42 in-2 inches in girth at the umbilicus. The large bowel encroached upon the liver, so that it was not at that time possible to map out the organ. The vomiting was only occasional, and consisted of glairy gastric mucus. The urine was only 7 ounces in twenty-three hours, intensely concentrated. S. G.
1034, no sugar or albumin, and precipitated phosphates. She had external piles, and an incomplete ischio-rectal fistula. She could eructate gas with great relief, but none passed downwards. I gave her lycopod, 6x, 2 grs, every two hours, and a warm compress to the abdomen, and ordered a mild, solid diet, such as chicken, sweetbread, and Benger, instead of the fluids she had been taking; a tumbler of hot water to be given an hour before meals, and little fluid else allowed. She remained in bed, not having strength to sit up, unless perhaps for a very short time. This treatment was carried on for five days; she then passed two large stools of the consistency and appearance of putty. Massage was then ordered to the abdomen for half an hour night and morning, and the lycopod continued. Within the next three days she had altogether sixty actions of the same nature, passing what she described as "lbs. of stuff like mortar." She now described herself as having a sense of great relief, and feeling "better than she had done for years." The urine rose in amount—26 ounces in twenty-four hours—and continued to increase till it reached about 40 ounces; S. G. fell to 1022. The abdominal girth was reduced 7 inches, and the abdomen became soft and lost its tympanitic character. The appetite returned, and as she felt herself lighter and more elastic she began to feel the desire to walk, which was quite unlike her usual habit. The gray fecal material, which had been undoubtedly accumulating in the bowels for a long period, continued to pass away several times daily for about a week; after this daily action was established, and in about ten days the appearance and consistence had become pretty much that of healthy evacuations. The sense of well-being and strength was rather remarkably quick to return. This was an extreme case of copro-stasis, and it is not a little curious that with all this evil material inside her, the patient did not develop more acute symptoms of auto-intoxication. Lycopod carried her through the whole affair after she came into my hands, and to its searching dynamic action I attribute the cure of the chronic and, at last, menacing condition which her symptoms presented.

I have referred to the increase of fat in the abdomen as a cause of constipation. This may at times require special treatment. It is best met by careful regulation of the diet and the use of voluntary exercise as far as this is possible. Failing this latter, we may have recourse to massage, which often proves very useful. It acts in two ways—by stimulating the absorption of fatty matter, and by increasing muscular power and intestinal peristalsis. For medicine, calcaria carb. has been advised. I have used it at times, and perhaps got some benefit therefrom.

Vertigo is a symptom very frequently met with in old people. At all periods of life it may be a symptom, and one sometimes not easy to appreciate at its proper significance. Specially is this the case in advanced life; it may stand in one person for a passing gastric upset, in another it may mean a failing myocardium which is becoming unable to send the blood equally and steadily through the brain. Causes, too, are often mixed; something of both may occur together, and it is just this that makes vertigo a symptom of anxiety to both patient and physician. To illustrate this: I had under my care an elderly, shriveled, very sallow lady, upwards of 80. She often complained of distressing vertigo with nausea, and the sensation as of a cloud coming over the brain. Her pulse was slow and intermittent; she was threatened with syncope, and had at times the feeling of dying. She was a very moderate eater, and had a pretty good digestion for her age. She was put to bed and kept lying to enable the heart to feed the brain. She had a course of digitalis and cocculus, and gradually got better, almost lost her attacks of vertigo, and became able to leave her bed and go about the house and garden. The heart's action improved; still, if the bowels delayed even a little, a sense of vertigo was complained of. And it was necessary for her to be maintained in a state of constant regularity, or a relapse was almost certain. Bryonia was of great service to this lady, maintaining the bowels in a condition of comfortable and safe regularity, and she was kept continuously upon it for weeks and months together with the best of results. The effect of the digitalis was very marked upon her pulse. This, after one of her synopal attacks, would be under 40 a minute, and very poor at that. Half-drop doses of the mother tincture raised it to 60 a minute, with corresponding increase in volume and regularity. Where we find the stomach apparently responsible for vertiginous attacks, nux vom. is specially indicated, and many are the cases cured by this valuable remedy. Cocculus, again, is very efficacious where the vertigo is brought on by any particular motion of the body, such as by swinging or driving.

One of the most persistent cases recently met
with was in an elderly gentleman who had previously enjoyed good health, and after an active business life had retired to live in Torquay. His radials were somewhat rigid, but the heart was sound, and he was able to walk a good distance without dyspnoea. A hard-boiled egg for breakfast one morning initiated an illness which lasted six months, and which many times threatened to make an end of him. Vertigo was the most prominent and distressing thing, but there was double vision, a paretic state—rather than any definite paralysis—of the limbs, a high degree of constipation, and the passing of uric acid crystals for many weeks. The vertigo lasted six months before it was got under. His mental condition was weak and wandering, and at one period of his illness there was the fear it might develop into some form of alienation, as insanity was in the family, several of his relatives having been in the asylum. From time to time various remedies were useful, amongst them nux, gel., silic., conium, physostigma, bryon., iris., and mer., but bell. and lycopod. seemed to do most, clearing the liver and brain, and restoring him to a comparatively comfortable state of health. Since the above was written this patient’s heart has given out, and he is now suffering from advanced cardiac asthma and dropsy, having also delusions and excited intervals. The vertigo has, however, never troubled him again.

Bladder troubles in elderly men are frequently met with, and tax all our resources. In addition to important surgical aid, we may assist by our remedies to keep up the patient’s strength, and to soothe the nervous irritability of the urinary passages.

Ferrum picicum has been advised for the condition of hypertrophied prostate of advanced life. Last year I treated such a case in a retired sea captain, of 62, where the left lobe of the gland was enlarged, forming a prominence equal to a medium-sized horse-chestnut, which projected into the bowel. He was obliged to arise frequently at night to empty the bladder. The urine passed feebly in a thin stream. After he had voided all the urine he was able, I passed a catheter and found the “residual urine” to equal 1 1-2 ounces. It did not seem advisable to put him on the constant use of the catheter for this amount, and I prescribed ferr. picic. 2x in 2-gr. doses three times a day. After a month’s use of this he reported himself much better, being able to pass the urine with less obstruction, and not having to rise so frequently at night.

In another case of senile hypertrophy of the prostate, in an elderly gentleman of 78, the whole gland projected backward into the rectum, causing a flattened condition of the faeces. Considerable discomfort was caused, because every time he passed water an attempt was set up at the same moment for the bowels to act likewise, and this was also caused by the passing of flatus per rectum. The distention of parts by the enlarged gland interfered with the full integrity of the sphincters of the bowel. In these cases the straining to pass water weakens for a time their safeguard action, and as this causes great inconvenience and distress to the patient, we shall earn his gratitude if we can give him any help in his trouble. In this case the use of lycop. and of aloe soc. gave considerable relief to the patient. Lycop. probably benefits by decreasing the flatulent accumulation in the lower bowel; aloes, I think, more by diminishing muscular action and quieting tenesmus.

In chronic cystitis, with painful and frequent micturition, bellad. and canth. internally will often afford great relief. These remedies allay the irritation and reduce the inflammation of the bladder, and so it becomes possible for the tortured patient to get some sleep and relief from the everlasting desire to pass off urine when only a few drops have accumulated. I have seen cannab. ind. 1x of service in allaying an acute attack of spasmodic dysuria in a very old gentleman. The attack would come on suddenly in the night, causing great distress, but it was generally quickly relieved by the use of the Indian hemp.

Of skin affections, prurigo senilis is often of a severe type, and may be a formidable and intractable disorder. Any source of external irritation must be carefully looked for and removed; that caused by glycosuria, gout, or jaundice has to be reckoned with. But, further than these, there remains a certain class of cases where the cause is probably a slowing of circulation due to general feebleness and heart debility, causing some stasis in the skin capillaries. Very helpful here is rhus venenata, not lower than 3x, better 6x or even higher. Sulphur in similar dilutions may be given first, or these remedies may be given concurrently—of sulph. a dose once a day, and rhus every three or four hours. In acute forms of prurigo senilis, when the irritation and restlessness are severe, acon. 3x helps rhus action. In more chronic forms, especially where much debility, arsenic may be the remedy, but it must
be persevered in for some time, as its action is slow. The patient’s strength must be well sustained by mild nourishment frequently administered. Morphia has rather disappointed me; given in the 3X I tried it recently in a severe type of pruriginous irritation in a case of malignant jaundice. But such a case is beyond hope of medicinal relief whilst the jaundice persists. In a similar condition the dolichos pruriens has been of service, and should be kept in mind in this ob- stinate and distressing affection.

Finally, as to the eyes. Senile cataract has been treated homeopathically with good effect. Dr. Bayes, in his “Applied Homeopathy,” gives a case where “the patient was taking conium 3 for a fetid ulcer of the leg, and after a course of about a fortnight she, to her surprise, found sight returning to the eye, in which for eighteen years she was totally blind.” I had myself a case of an elderly woman seen at dispensary many years ago, whom I treated for cataract with some success in the direction of attaining improved vision. I cannot lay my hands on the notes at this distant date, but my impression is that the remedy used was cannabis sativa. A condition seen in very old people at times which is unsightly and painful, is eversion of the lower eyelid with watery discharge. An elderly gentleman of 81 applied to me for a rather high grade of this trouble. His disease was chronic conjunctivitis trachomatosa. He had large, fleshy, scarlet granulations which pushed out the lower lid and kept his eyes in a constant state of watery irritation. I prescribed for him thuja 12x, to be taken twice a day, and twice a week for some time painted the granulations lightly over with thuja. The painting was done less frequently by degrees, but the medicine steadily continued internally. In from two to three months the granulations had shrunk up, had become small and flat, and the watery discharge and irritation of the eyes much improved.

In conclusion, I fear this paper is of a somewhat fragmentary and desultory description. Experience in any line must be largely dependent on individual practice. I have endeavored as much as possible to speak from my own personal experience, illustrated by cases taken from my note-book.

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A Fable, on Dr. Charity.*

Once upon a time there dwelt in a certain city in a far country, a disciple of Hippocrates by the name of Dr. Charity, who was so flush with the milk of human kindness that it gave him a pang to brace suffering humanity for a fee.

He regarded the practice of medicine as a noble calling and thought finance beneath his notice. The public took him at his word and at the end of the first year his receipt book was a blank. Humanity pulled his night bell and the other doctors got their share of sleep—in fact he was busy without the prosperous air. The only vacation he ever took was a Sunday excursion at one-fifty the round trip, and humanity said mean things about him for it and changed doctors.

He would stay all night with suffering humanity and miss out on his only cash patient, and at the end of two years S. H. would offer fifty cents on account.

His family suffered for the necessaries. He was a mark for bill collectors, and was rated N. G., four years behind. But he still practiced medicine with the hope of one day making a name for himself. He did. A dead-beat broke a bone which he treated with his customary enthusiasm, and worked up his nerve to the point of presenting a bill. He was instantly sued for mal-practice and seventeen goggle-eyed experts swore that five thousand would about cover the damage.

This deal soured the above mentioned milk. He swore vengeance on humanity and became a “specialist.”

He advertised to cure everything from that tired feeling to a set of bunions, terms one hundred dollars down and the balance when cured and he didn’t care a rap whether there was any cure. He took on the prosperous air, and bought a silk hat and three changes.

Suffering humanity looked like thirty cents to him.

Every wart he called a cancer and they were worth a couple of hundred plunks per to him. This and a dozen other fake gags caught suckers so fast that it most took his wind, but he bore up amazingly and piled up the mazuma for a rainy day, only there were no more rainy days for him.

He buncoed everybody from a hayseed with a hectic flush to a capitalist with sour stomach. He hammered the other M. D.’s right and left and received dollars where they got pennies. In fact, his sure thing system secured him a place on easy street.

Moral: The milk of human kindness is all right as far as it goes, but it takes cold cash to buy coupons.

* With apologies to George Ade, in Clinical Reporter.
Tuberculosis
and Acute General Millary Tuberculosis.

Seeing that it is to Professor Cornet that we owe so much of our knowledge of the possibilities of infection from dried tuberculous sputum and from infected dust, it is encouraging to find the author in his new work stating that the belief in the ubiquity of the tubercle bacillus may be considered absolutely discredited, and that the danger of infection in the open, including the streets of large towns, plays no very alarming part. "The tubercle bacillus is found, as a rule, only in places in which an uncleanly consumptive maintains himself; otherwise it occurs but rarely."

In discussing heredity, Professor Cornet criticises severely the statistics of various writers: of one author he remarks that he "has decorated 112 pages with about 100 gross errors of fact and contradictions." Professor Cornet says that in no statistics hitherto compiled has any attempt been made to demonstrate numerically that in the families of non-tuberculous persons tuberculosis did not occur with approximately the same frequency as in the families of consumptives. Such statistics are, however, to be found, we believe, and they serve to endorse Professor Cornet's opinion as to the small influence of heredity in the causation of tuberculosis, and to enhance the regret that he has not made a wider examination of the literature of his subject.

Speaking of percussion as an aid to diagnosis in pulmonary tuberculosis, Professor Cornet says that the size of a consolidated area on the surface needed to produce an alteration in percussion resonance must be 4 to 6 cm, and 2 cm. deep, and that as weeks or possibly months are required to attain this size, percussion is of little value for diagnostic purposes in the early stages of the disease. Very minute differences in note in comparing the two sides are also not available in diagnosis. In the author's student's days, he tells us, "two very renowned and experienced physicians exhibited the same patient on the same day—the one in the morning for dullness in the right apex, the other in the afternoon for dullness—over the left apex."

Les Frontieres
de la Maladie.

The object of Dr. Héricourt's book on the borderland of disease, seems to be to insist upon the obvious fact that the physician is, as a rule, called in only when disease is present in its grosser forms, and often when the mischief done is irreparable, and to urge the equally obvious argument that it would be much better if medical assistance were obtained at an earlier stage. In fact, the thought underlying the entire volume may be summed up in the old proverb that "prevention is better than cure;" and although the author has shown some literary ability in spreading this over nearly 300 octavo pages, he has not added materially to our stock of ideas.

In the introduction, Dr. Héricourt points out that rational therapeutics are based on sound knowledge of the causes and nature of diseases, and that this hardly existed before Pasteur; that it is by completing the work commenced by the great French scientist that the medicine of the future may become something different from that of the past. He discusses in succeeding chapters the minor ailments which precede grave disorders, and attempts to sketch the elementary stages of such conditions as appendicitis, gout, diabetes, Bright's disease, and insanity. In this we do not think he has been very successful. His descriptions remind us of the advertisements of quack remedies in which common and trifling symptoms are represented as threatening the onset of terrible diseases; for example, he describes a preappendicular dyspepsia which differs in no respect from common atomic dyspepsia, which has no relation to appendicitis, while the "bilious attacks" attended by a rise of temperature which unquestionably precede cases of appendicitis are not noted.

Again he quotes Dieulafoy's list of minor symptoms of Bright's disease, such as dead fingers, cramps in the calves of the legs, jerkings of the limbs, and other small troubles, which Dieulafoy rightly regards as of no value when isolated, but which when grouped together may justify the suspicion that an individual has a tendency
to Bright's disease, even although the urine is free from albumin. This conclusion the author finds much too timid.

Dr. Héricourt appears to exaggerate the progress of recent years, and to claim a knowledge of the initial stages of grave diseases which we do not yet possess. That the future of medicine will be in the direction indicated by him we all hope and believe, but before this can be realized there is much work to be done.

Epilepsy and Its Treatment.

Dr. W. B. Spratling, the author whose experience as Medical Superintendent of the Craig Colony for Epileptics at Sonya, N. Y., during nearly ten years, entitles him to speak with special authority, defines epilepsy as "(1) impaired or lost consciousness, usually sudden and transitory; (2) impaired or lost motor co-ordination, usually sudden and transitory; (3) either condition in any case being attended with or without convulsions."

Classification is treated under two heads—symptomatology and etiology. After reviewing various attempts under the latter head, the author gives his own grouping under three periods, such as (1) infantile inherited, accidental, traumatic, developmental, and idiopathic epilepsy; (2) accidental, traumatic development and idiopathic epilepsy occurring between 4 and 20 years of age; (3) accidental, toxic, traumatic, idiopathic, and senile occurring at a later period of life. A somewhat elaborate schedule of sixty-five questions as to the family, personal, and epileptic history of a patient, and practical directions for observing the mental and physical conditions, with illustrations of a "seizure-record card," designed by Dr. Spratling, close this portion of the book.

In discussing the frequency of epilepsy the author advances the opinion, based upon personal experience, that in the United States the ratio of epileptics to the population is not less than 1 to 500. As regards the age of first manifestation, he states, from a study of 1302 cases, that the greatest number occurred during the first year; that they then regularly declined until the sixth year, when the number rose again during the second dentition, to drop off very slightly during the ninth year, after which a third increase began, reaching a maximum at 14, followed by the final decline to the seventieth year: 21 per cent. of all cases began during the first three years of life and 83 per cent. under the 20th year—as compared with 76 per cent. given by Gowers. Inherited causes would appear to play their most important part in early life. Contrary to the general opinion that epilepsy is more frequent in the female than in the male sex, Spratling believes that it occurs in the proportion of 20 men to 16 women—Gowers' figures being 13 women to 12 men. In discussing the causes of epilepsy, Spratling admits the far-reaching effects of heredity—which he divides into "similar" and "dissimilar"—but points out that epilepsy, etiologically considered, depends in the majority of cases upon two variables: "either a maximum of inherited influence combined with a minimum of exciting cause or a minimum of inherited influence combined with a maximum of exciting cause." In a series of 1070 cases he found in 16 per cent. evidence of "similar heredity"—that is, epilepsy in parentage—and in 56 per cent. evidence of "dissimilar heredity"—that is, diseases of nervous system other than epilepsy in parentage. Amongst the latter he includes alcoholism, insanity, tuberculosis—present in 14 per cent.—and syphilis. In considering immediate causes, great stress is laid upon cerebral hemorrhages, 11 per cent. of the 1070 cases being attributed to this cause, one-third of these being probably congenital in origin. "Dentition, when severe and acting on an organism that bears the impress of transmitted weaknesses of a necessary (sic) kind" plays, in the author's opinion, an important part in the production of epilepsy in early life, so that reflex convulsions may under such conditions degenerate into true epilepsy. In nearly 2 per cent. of 1323 cases studied, scratina and its sequelae seemed to be immediate causes, and only about 0.33 per cent. are attributed to whooping-cough. Spratling appears to differ from Gowers in the preponderance assigned by the latter to psychical over physical proximate causes.

The section on traumatic causes is of special interest in connection with surgical measures proposed for the relief of epilepsy, or as the author prefers to say "epileptic phenomena" traumatically produced. The frequency of such cases he sets down as about 33.5 per cent. in women, and about 8.5 per cent. in men. Gastro-intestinal disorders are justly assigned considerable importance in the production of epilepsies, as tending to disturb the balance of the process of nutrition in the nerve structures. Spratling refers to 6 cases of boys under 16 years of age, in whom cigarette-
smoking was believed to be the exciting cause of the disease, but points out that puberty and bad heredity may have been contributory factors. Irregularities of the menstrual function, the menopause, pregnancy, and maternity are considered in turn in their relation to epilepsy. Contrary to the opinions of Stevens, Gould, and others, Spratling states that out of 1800 cases studied, he is unable to recall a case in which he felt the whole cause to lie in any anomalous condition of the visual apparatus. The chapter devoted to "seizure types" gives cases illustrative of the various modes of attack, such as grand mal, petit mal, psychic and Jacksonian epilepsy. More than 60 per cent. of Spratling's cases suffered from the first named, only about 5 per cent. from petit mal, while only 4 cases of purely psychic, and 9 of Jacksonian epilepsy were met with.

Under diagnosis, the distinguishing features between epilepsy and hysteria, alcoholism, general paresis, syncope, etc., are passed under review; and in the chapter on prognosis prominence is given to the view of Aldren Turner that 10.2 per cent. of epileptics are curable, if treated early. At the Craig Colony, where the proportion of old chronic cases is large, the percentage of cases is given as about 5 per cent. "of the total number of possibly curable cases."

The chapter on the pathology of epilepsy is written by Drs. Thomas P. Prout and L. Pierce Clark. Of brain lesions those connected with infantile cerebral hemiplegias are most frequently found. Sclerosis of the cornu ammonis is one of the most common gross conditions found in epilepsy. As to microscopic pathology, the conclusions arrived at are that profound and diffuse cortical degeneration is found in epilepsy, and that the morbid changes concern chiefly the destruction of the nuclei of the cells of the sensory type. Its terminal pathology is a progressive gliosis more or less marked and diffused. From this the following conclusions are drawn: (1) That epilepsy is essentially a sensory phenomenon with a motor manifestation; (2) that its etiopathology rests with a variety of toxic or autotoxic agents not as yet definitely isolated or determined; and (3) that the disease is engrafted upon a cortical organic cellular anomaly, which is induced largely by a faulty heredity.

Under the head of general treatment the necessity of absolute medical control is strongly insisted on, and the advantages of colony life are pointed out. The medico-pedagogic treatment of young epileptics is dealt with in some detail, the value of manual training being specially insisted on both for economic and therapeutic reasons. Systematic outdoor life is, moreover, considered of the first importance. The question of diet is discussed at length, and a table is given of what to eat, drink, and avoid. The author rightly counsels individual discrimination as to the exclusion of meat or not from the dietary. As regards medical treatment, the long list of drugs which have from time to time been recommended is passed under review. Spratling does not appear an enthusiast in the bromide treatment of epilepsy, which he thinks often abused, but he speaks favorably of a preparation called bromipin, containing sesame oil as well as bromin. Surgical treatment is considered under the heads of cranial trephining and of abdominal section. A list of 34 cases subjected to the former operation at or previous to admission to the colony is given, 20 supposed to be of traumatic origin; in 1 case apparent recovery is noted; in 9, attacks were favorably modified; in 21 no improvement occurred; and in 3 the attacks became worse. In 2 cases only of oophorectomy (9 patients) were attacks reduced in frequency. The difficult subjects of psychic epilepsy and epileptic automatism are dealt with it considerable length, and paroxysmal epileptic insanity is considered in its medico-legal relations, American procedure being cited in several cases.

We have said enough to indicate the comprehensive character of this work, which we heartily commend to all readers interested in the practical treatment of epilepsy.

Die Physikalische Therapie im Lichte der Naturwissenschaft.

Dr. W. Mueller, in his book on physical therapeutics in the light of natural science, has concisely detailed the main facts and explained the general principles on which treatment by the non-pharmaceutical means—that is, by light (including invisible rays), by water (including all kinds of hydrotherapy), by massage and gymnastics, by diet, and by electricity—should be founded.

To adjust rest and exercise to the different organs and different groups of cells, according to the demands of the individual case, is probably the most important part of rational therapeutics. Diet has to be arranged to spare as far as possible those organs whose functional powers have been temporarily or permanently lowered by disease. In defects of the great excretory viscera, the ex-
cretery functions of the skin can be compensatorily stimulated by warmth, etc., whilst in cardiac cases there are means for aiding the peripheral circulation. The nutrition of paralyzed muscles may be maintained by massage and electricity, and by appropriate gymnastic movements muscles which under ordinary circumstances are insufficiently used can be healthily exercised.

Obviously there is danger from physical therapeutics in the hands of empirics who have undergone no medical training, for they are likely often to make grave mistakes in diagnosis. Yet, owing to the empirical knowledge they get from practice, they have often succeeded when medical men, skilled in diagnosis, but ignorant and incredulous in regard to the effects of physical therapeutics, have failed.

Clearly, the main methods of physical therapeutics should be more thoroughly studied by medical practitioners and students, and studied not only through theoretical treatises and medical text-books, but also by actual observation of application in hospitals, in sanitaria, and in private practice.

Health and Disease in Relation to Marriage and the Married State.

This is a large manual by various German authors, edited by Professor Senator and Dr. S. Kammer. If we believe in free will—and we do believe there is real as well as merely apparent free will—we are forced to conclude that the character of the human race of future times depends largely on the free will of the present time; in fact, that every action and every thought of every human being has a bearing on the physical and mental condition of the human portion of the world of a hundred and hundreds of years hence.

Not only does this book deal with questions of fitness for marriages, on which medical practitioners are being consulted with increasing frequency, but it likewise considers every disorder and disease in any way connected with or affecting the married state.

Many important questions associated with the main subjects are dealt with. Thus, Gruber discusses the question of continence, and is of opinion "that the majority of normal men can, no less than women, permanently renounce sexual intercourse, or the gratification of the sexual desire altogether, without suffering any injury." Furbringer (p. 230) has "never dared to recommend sexual intercourse to young men," and Rohleder has characterized such advice as unscrupulous. Moral considerations apart, one wonders if those practitioners who still undertake the responsibility of recommending sexual intercourse to unmarried men on account of the supposed evils of continence have had occasion, as the reviewer has had, to observe the results of such advice in the form of venereal disease. On the other hand, Havelburg (p. 194), after pointing out the characteristics of "old maids," says: "A regulated sexual intercourse, such as our social institutions make possible for women only in the form of marriage, would act like a perfect source of youth."

At present the world is far from following the advice on page 31: "Only such persons should beget children who are perfectly healthy, strong, and well nourished."

In speaking of the "albuminuria of puberty," Richter (p. 448) says that the optimistic view of the situation is often confirmed by the further course of the individual's married life. Washbourn found that, of 39 persons (whose lives were insured) with supposed physiological albuminuria, only about half reached the average duration of life; but Posner (Zeit. f. klin. Med., vol. liii. p. 42) has recently, and we think successfully, maintained that the regular occurrence of small quantities of albumin in the urine of apparently healthy persons is by no means necessarily of serious import, and he agrees with Leube that the presence of a few hyaline casts and even a few granular casts does not necessarily signify an inflammatory disease of the kidneys. Certainly, no one nowadays would regard the ordinary cyclic albuminuria of young persons as any obstacle to marriage.


This very attractive book is by Dr. G. A. Berry. We note that the author is apparently rather in favor of slitting the canaliculus whenever there is any trouble here, though he utters a warning against over-probing, and the use of large instruments. He does not consider syringing, as a rule, any better than probing, except when the sac is much diluted.

Iodoform is largely recommended for corneal ulceration.

In the chapter on cataract extraction with iridectomy is advised. For most iridectomies the blunt hook is preferred to forceps, as less pain is produced. This is even so with regard to iridectomy for glaucoma, and here we think the author will stand rather alone, for he uses a keratome for the incision, and withdraws the iris with a hook; then the operator or the assistant snips it off. In this way the whole iris cannot possibly be removed, and a stump must remain behind, which is the very thing that most operators take every care to avoid.
Topcs of the Hour

Three Live Questions.

Our esteemed contemporary, The Medical Century, in its recent number has an able written editorial leader entitled "Topics for Discussion," which repeats the two questions discussed by the Rock River Institute of Homeopathy at its recent meeting, namely: 1. What reply should we make to the invitation to become members of old school societies? 2. What steps, if any, should be taken to offset the present tendency of our homeopathic students attending allopathic colleges? To which the Century suggests the addition of one more: 3. To what is due the tendency of many of our homeopathic physicians to send their sons and students to old school colleges instead of to the colleges of our own school?

As must be apparent these are all alive problems, bearing most vitally upon the future of homeopathy. We do not know how the Rock River Institute answered its two questions, though we would hazard the statement that they answered No! in large type to the first question; and that they appealed to the patriotism of its members to support our colleges; and, that, further, in both cases the answers were dictated by college professors.

Dr. Dewey handles his suggested question in his usual forceful and masterly way and refutes all the commonly advanced reasons.

But we, too, would like to suggest a question: 4. Why do homeopathic professors send their sons to allopathic colleges?

And when these three questions, Nos. 2, 3, and 4 are thoroughly discussed, much of the present skepticism among recent homeopathic graduates will be explained and means taken for their correction.

Ex rel. an Institute Journal.

The members of the [American Medical] Association are paying into its treasury something like $40,000 a year more than is needed; they are paying enough to enable the trustees to provide them with not alone the best journal in the country, but also with one which does not, in its every issue, make a laughing stock of the principles of ethics to which every member of the association has subscribed. The Publication Committee is advised that one member of the trustees looks upon the article printed in August on this subject as facetious. There is nothing facetious about it. There is not the slightest bit of facetiousness about the grafting that is being worked upon the medical profession through its complacency and with the paid-for assistance of the medical journals, including the "biggest advertising medium for proprietary remedies in this country," the Journal A. M. A. Every issue tends to de-bauch the mind of some of its members; it recommends to them all to make use of or prescribe secret remedies; it uses $15,000 (about) of the dues paid in by the members of the association to help in its work of "promoting the use of secret remedies." The trustees of the A. M. A., who are responsible, may think this is facetious, but some day they will awake to the fact that they had a good, long, complacent, pipe dream. Their contention that it is not possible to determine which ads are ethical and which are not, is simply absurd, puerile, and idiotic. Let them answer these simple questions: Is it a medicine? Is the composition of this stuff known to the doctor who is asked to prescribe or use it? Are the advertising statements made within the truth? Is it advertised to the laity? In answering the second question it is not simply necessary that the composition shall be known to the editor, or the trustees, or the manufacturer, or to some other irresponsible person or persons; does the doctor who prescribes the stuff know exactly what his patient is going to take? Facetious! Heavens save the mark!—Jour. of the N. Y. Med. Asso.

And still it is upon advertisements of this ilk and pattern that some members of the American Institute of Homeopathy believe that they can carry an Institute Journal, instead of printing an annual volume of the Transactions! Is this not true! For what else is there in the homeopathic school to advertise except its colleges, a few pharmacies, a few books, and perhaps the individual cards of members? Is not this being done just as well by the present day journals? An individual journal may advertize many things which an Institute Journal cannot consistently touch. An individual journal, too, may discuss and criticize subjects which could find no place in an Institute Journal.

Would not the carrying of such proprietary medicine advertisements make us, equally with the old school, the laughing stock of all sober-minded medical men, in our own ranks, as well as those in all other schools?

A Joyous Occasion.

The recently adjourned Ninth Annual Convention of the Phi Alpha Gamma which was held on November 17, 18, and 19, last, at the Hotel Euclid, Cleveland, proved an occasion of great interest, instruction, and jollity. There was a fine attendance by delegates from pretty nearly all the
Homeopathic colleges, together with many visitors or guests, so that the meetings were at all times full of interested adherents, and of those who admired and wished well these young men who are devoted to the carrying forward of the cause of Homeopathy. It must be very evident to anyone giving the matter a few moments thought that if Homeopathy is to be saved it must be done by our young men and young women. The elders, even those who are but a half dozen years from their Alma Mater's doors, are no longer to be trusted as good homeopaths. This must not be taken as a sweeping condemnation of the Recent Graduate, but as a statement that will fit pretty closely the average graduate from many of our present day schools, and it is cause for serious apprehension among all true homeopaths. In these young men, these Phi Al-pha Gamma "boys," there lies the hope of the spread of Hahnemann's law and practice. For without an exception they are bright young men, the pick and flower of their classes as well as of young men generally. Their purpose is distinctly a noble one, and we wish them all possible success.

It was our good pleasure and honor to have been made participant in some of their "doings," while in others, being no apparent friend of their host, we failed to be invited. But on the several occasions when we did appear we were satisfied of the bona fides of this society, and were glad to witness their enthusiasm and their sturdy efforts to raise modern Homeopathy from the slime of bastard allopathy, eclecticism and alkaloidalism.

In the matter of social endeavor we question if a better programme could have been devised without keeping the gentlemen up both day and night during their sessions. The first of the series was given by Dr. H. F. Biggar at the Yacht Club, and took the form of a Farmer's Lunch, the tables being loaded with pumpkins, squash, corn, onions, potatoes, and other vegetables and field fruits, while the menu consisted of hearty food washed down by genuine country cider. The courses were enlivened by story-telling, singing, smoking, and a general breaking loose from the usual, stately boiled shirt, rat-tail-coat banquet. Dr. Biggar, Sr., was the host, supported by Dr. Biggar, Jr., Dr. Kent B. Waite and ourself. Everybody was a boy again; all reserve and unnecessary dignity was laid aside and, really, it was a revelation how young some of the elders proved themselves to be. Dr. Waite was in his element with stories and conundrums and quips told in his inimitable dryish way. Dr. Biggar, Jr., dabbled in black art. Dr. Biggar, Sr., told some of his experiences with the older people of Cleveland as patients, drawing many applauses and being asked for more. The hour was late when the assembled guests (something like a hundred all told) voted that it had been an evening not soon to be forgotten. Dr. Krapohl was in charge of the local body and he made a fine success of it.

The following evening the local college gave the society a banquet at the Society's hotel to which something like two hundred sat down. There were many speakers; they had been told off before and hence their speeches were prepared and lacked in much the spontaneity of the Biggar banquet. It was, however, so we are informed, a fine affair and went off fairly smooth. There was some clashing of interests when the spokesman for the Ustions, (a rival college society), stirred a fly into the ointment by his oblique references to the quality of members in the Phi Alpha Gamma from the Cleveland college. But with this exception the banquet went off nicely, with Dr. G. J. Jones, chairman, ably assisted by the various college professors, all good speakers.

On the last night the society gave its own banquet with Dr. Shadman of Boston, presiding officer. This was a famous little affair—many of the members having already gone home—which left a good taste in the mouth. Many of the young men were down for toasts and well did they acquit them for their especial chapters. Others of the honorary members like Dr. Biggar, Dr. Kinyon, Dr. Adams, Dr. Kraft, Dr. Viets, Dr. Bishop, and Dr. Waite furnishing the "heavies." The hour was very late when this last festival of jollity was closed.

A motion was put under way for the building of a Cleveland chapter house for both societies to meet in, to provide for lectures, and the like; in short, to make it a home for the "boys," liberal subscriptions have already been promised.

As to the professional or work part of the meetings they were plentiful. The college authorities suspended their regular order, and on several occasions opened the college to the society. It held special clinics through Drs. Jones, Adams, Quay, Bishop, Viets, Spencer, and Horner, all of which were well presented and attended. On Saturday, Dr. Biggar extended an invitation to the society to visit Lakeside Hospital and there witness one of the finest hospitals in the United States. The society attended in a body and declared itself pleased and surprised at the large and perfect way of doing things at this hospital.

At the concluding session Drs. Kraft and Biggar, Jr., were elected honorary members.

The society meets next year in Boston.

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**Diaries, Block-Calendars, and Pictures.**

Now the doctor's mail will carry many articles from the "generous" medicine-advertising firms besides cod-liver oil and other unorthodox medical articles. Very many whereof afford an ordinary intelligent medical man who makes enough money to buy a calendar, or a four-color picture, or a diary. If these monopolistic medicine firms are so bent upon doing the physician a favor, why not sometimes send him a real for sure picture fit for framing and hanging in his office or reception room, and not spoil the gift by printing the name
of that medicine firm in large glaring red letters across the face of one of the principal figures in that picture?

Or, if it is a daily diary (book) why not leave enough room on each day’s page for at least a half-dozen notations? Does this medicine firm think that the only purpose of such advertising booklet is to advertise the medicine company? Could they not by some stretch of imagination assume that the doctor might want to use the book for a diary? The purpose of all advertising is to attract and hold the attention for at least one time. But to insist upon rubbing it in to the extent of two thirds of 365 pages of a daily calendar with testimonials that the doctor does not read, is a waste of paper, time, and energy and finance, on the part of the medicine company. We have within the week dropped four such pretended diaries in our waste basket. And the several pictures received from one certain and really first-class Eastern chemical firm we have consigned to the same ignoble resting place, because of their insufferable habit of imprinting their firm name in the very center of an otherwise fine picture. This offended our artistic taste, and confronted our intelligence, and charged us with poverty; for what doctor who has the price of a three or four-color picture would permit himself to hang up such “cheap-skate” in his reception room, thereby inviting invidious criticism from such patients as might patronize him. The feeling of resentment against these short-sighted firms does not end with the destruction of the offending book or picture, but it crystallizes about the advertised article itself and causes the doctor many times to select some other article not so blatantly and grossly advertised. All doctors are not of the cross-roads type. Some doctors, strange as it may seem to some of these pharmaceutical advertisers, have intelligence and taste above that implied in the mere reception of Reward-of-Merit pictures with red-lettering in their midst, describing the value of the article advertised. Dump these offending things in your waste basket. Better invest fifty cents or a dollar in an Excelsior, or National Diary and feel and look clean; or get a half-dollar block-calendar for your office; rather than have that constant reminder of the cupidity of a millionaire company hourly before you. If you want a nice picture for your office, go out and buy one. You will feel better and your patrons will think the more of you.

Note the excellent taste of the Antikamnia people in the matter of its pictures. We still find that sweet-faced nun in many of our patients’ homes, and it is a pretty ornament; and note also the gentle and gentlemanly way in which Mellers’ Food does its advertising whether in the person of its representatives or by its advertising matter. And there are many other firms that are as regardful and tactful as these mentioned. It is a very cheap office or reception room where the wall ornaments are made up of advertising stuff, where the center table is littered with a few backless, ten-cent magazines of last year, and a filthy spittoon under the table. Remember that the first impression of you that a stranger has is through your waiting room. A doctor is known by his patients. A doctor’s clothes, however, unfashionable, if clean, or his office, if it presents the untidiness and litter of much hurry and business, can be forgiven and forgotten; but a cheap reception room with the lingering remnants of tobacco smoke, and filled with advertising calendars and advertising pictures will not be forgotten by a sensitive, well-paying patient.

The Extended Tour.

It is amusing to one who has “done” Europe a few times, to find notices in various home (medical) journals of the “Extended Tour” made by Dr. Eisenhart, and of his visits and studies in all the principal hospitals of the old world cities; hence, therefore, and because thereof, the Doctor is now better prepared than ever, to attend his many patients, etc., etc. The facts usually are that Dr. Eisenhart has taken a cheap tour with some of the professional tour agencies like Cooks, or Crudens, paid three or four hundred dollars to be one of two or three dozen pilgrims; that he visits with this “bunch” the various cities, walks into the front door of the hospital and out at the back; is hauled about the city in carriages; has pointed out to him the various buildings; spends a hurried hour in a picture gallery; and, then—off to another city. He may stay three days in Paris, five days in London, five days in Vienna, but the remainder of the time he is on the wing. He usually leaves America end of June and returns to it middle of September. This means at least twenty-five days on the ocean, and ten or fifteen days on railways, leaving therefore for sight-seeing and hospital visiting attendance upon innumerable clinics, and special studies about thirty-five days. And yet he has made an “extended tour of Europe” and returns laden with new medical lore and technique. Let us be truthful about the matter: A ten weeks jaunt in Europe, middle of the summer, is not the time to visit hospitals or clinics. It is vacation time in Europe as it is in America. It is a vacation jaunt and nothing else: a time to drop all business cares and affairs and revel in the novelty of new countries, new peoples, new customs, and new everything. It is a rest cure in the best sense—by changing the occupation—and not by sitting down in a country place and doing nothing. The time to go abroad for study and post-graduate work, is when the doctors and professors are at home and at work—and this is never in the mid-summer—when Americans go abroad.

Contract Quacks.

“As our columns have borne frequent witness, the evils of contract medical practice continue
to grow," says American Medicine. "It is plain that they must be met, and in no half-hearted way. It simply comes to this, that the 'club doctor' must be shut out of the profession. He is at heart a quack and his methods are as injurious to the profession as the most brazen advertiser. It may take some time, and prove expensive, to demonstrate to the public that contract medical practice and auctioneer methods are neither good in a business nor a scientific sense, but we had better at once set about the work. Delay will not help us, but will allow the evil to become more entrenched. This is evidently the opinion of the New York Fulton County Medical Society, which at a regular meeting, on October 13, passed unanimously the following resolution:

"After the first day of January, 1903, no member of this society shall accept the position of club, society, or organization physician, or agree, or continue to do any medical or surgical work for any club, society, or organization at a less rate than the regular or customary charges for like services rendered by other physicians for patients not members of such club, society, or organization.

"Also, that in no case shall any physician agree to attend the families of members of such club, society or organization at half price or a less price than the regular rate.

"Nothing in this section shall be construed as preventing any member from attending the worthy poor at a less rate or to give free service to those who are too poor to pay anything, or acting as city, county, or town physician, health officer, or under any political appointments.

"Any violation of this by-law shall be considered unprofessional conduct, and render the member guilty thereof liable to suspension or expulsion from this society, as the society may determine.'"

Good, very good!

We want to have included, however, two other high-toned quacks, i.e., the genteel contract doctor who doctors a family at so much per year; and the "Red Cross Dispensary," or any old (private) Dispensary doctor at the intersection of two or more streets, holding out the pretense of giving the patrons something of a public or semi-public nature, hence cheaper and more skillful than the ordinary well-educated ethical physician.

Do we hear a second?

Materia Medica in Hahnemann (Chicago).

A very convenient arrangement of the new Hahnemann lecture schedule, says the Medical Century correspondent, is that which places the sub-clinics in the different departments at a uniform hour, from 11.30 to 3.30, thus enabling the senior students to be called to the different sub-classes without interfering with the regular lecture schedule. That the senior students are not expected to forget their Materia Medica is shown by the fact that daily lectures are given in Materia Medica during the senior year in addition to the general medical clinic of Dr. Halbert, Dr. Blackwood, Dr. Cobb, Dr. Kent, and the quizzes conducted by assistants. Who says Materia Medica does not receive attention in homeopathic medical colleges?

We reprint this to second it most heartily, for Hahnemann of Chicago has a splendid corps of homeopathic professors, teachers, lecturers and clinicians. A student going to that prominent school will not be in danger of alienation from homeopathy if there is in him the slightest wish to become a homeopathic physician. We would like to suggest to the correspondent, however, that he has left out one little insignificant word in his hoop-la perforation: Namely, the word "some" between "in" and "homeopathic," in the last line as quoted above.

There are several of these "some" colleges, East and West, but unhappily, there are also "homeopathic" colleges where materia medica consists in the reading of two or three lectures each week from the books of Harrington, Dewey, Allen, and Kent, either directly or from cooked-up manuscripts. And we don't blame unduly any of its professors for sending their sons or students to allopathic colleges. They are like the waiter in a restaurant, who said he had been reduced to the necessity of waiting on the table, but he didn't have to eat there.

An Exhibition of Quackery.

Germany, the holy land of science, is also the happy hunting ground of quacks. This is the result of the German law which, while penalizing usurpation of title, leaves the practice of the healing art free to all. Hence quacks increase and multiply in the Fatherland and, it may be inferred, find the exploitation of the pensive Teutonic public profitable.

In 1902, according to the statistics given in the official publication, there were in Berlin, 937 quacks, a proportion of 4.34 per 10,000 inhabitants. The number of legally qualified practitioners of medicine in the same area was 3260. At Frankfort on the Oder there were nearly as many quacks as physicians: to speak by the card, there were 251 of the former to 294 of the latter. In the same year there were in the whole of Prussia 15,400 doctors and 4104 quacks, and of the quacks even more than of the doctors it may be said "The cry is still, 'They come.'" So serious has the evil become that a society was not long ago formed in Berlin for its abatement. This society, as a part of its campaign, organized an Exhibition of Quackery, which was held at Breslau at the time of the meeting of the German Association of Scientists and Physicians. In that exhibition was displayed the whole of the apparatus of quackery grouped in a number of sections—advertisements of all kinds of panaceas
and specifics; illustrations of various methods of treatment "without poison," and "without operation," quack institutes, "Nature-healing," faith healing, et hoc genus omne. The advertisements are subdivided into classes—those of the type familiar to all readers of newspapers, circulars, prospectuses, pamphlets, testimonies of cure. These are often drawn up very cleverly so as to keep clear of the meshes of the legal net. One marked difference between them and the ordinary American advertisement is the careful avoidance of the titles of "Dr." and "Professor." One of the fraternity, indeed, boldly signs himself Niect approbirter Arzt, which recalls the Babu in Kim, who appended to his name the description "Failed Entrance Examination Allahabad University." There are, however, many instances in which the quack hires a qualified doctor, whose name he uses as a shield.

One of the most interesting sections was that of secret remedies. There was to be seen the specific of a shepherd who diagnosed the disease from a lock of the sufferer's hair, and in this way made a large fortune; there, too, were an oil which was said to restore hearing to the deaf, a universal gastric juice, water impregnated with negative electricity, and countless other panaceas. In another section were an "invisible audiphone," an "anti-epidemic mask," chains said to afford protection against gout, and all kinds of bogus electrical apparatus.

Pups Cured by "Absent Treatment."

Mrs. Ida N. Case, of Flatbush, is a Christian Scientist, and by "long-distance," or "absent," treatment has restored to virile health her sister's seven Collie puppies that were expected to die.

This may sound queer to the average person, but Mrs. Case is in earnest and vouches for its truth as a "spirit affinity." She said that all seven, with the mother, were dying from pneumonia, and her sister, Mrs. Clarke, owner of the Collies, sent her a telegram conveying the sad news. In sympathy Mrs. Case set her "spirit faculties" at work in the hope of saving the eight suffering animals. She said nothing to her sister until Mrs. Clarke wrote to her on the third day detailing the progressive changes in the condition of the pups. It seems the spirits were completely won over, and the progeny of Lassie were railroaded to health and frisking, yelping happiness. The Lassie, however, could not be impressed sufficiently to pin her faith to the spirits, and she gave up the ghost on the fifth day of the "treatment."

Mrs. Case was asked to explain to the unbelieving her wonderful power, but she declined to give details on the ground that the questioner was not a Christian Scientist and therefore his mind could not receive the facts.

"The secret of our cult," she said, "is our ability to dispense with fear. The whole trouble with Lassie and those little puppies was that they were struck with fear. The parent dog could not shake off that fear, and she died. Her little ones cast off fear and submitted themselves to the spirit influences, and they are well. Why, I have cured one of my sister's children of a case of sunstroke that worldly physicians said would be fatal. I have been a Christian Scientist for seven years."

Left-handed Peruna Adv.

Nine merchants of Wyoming County, W. Va., were arrested some months ago for selling Peruna on the ground that it was an intoxicating drink and violating the liquor laws of the State. A test case was tried, says the Wyoming Herald, Oceana, W. Va. A bottle of Peruna was analyzed and found to contain 25 per cent. of alcohol. The defendant admitted selling it, but held that it was a patent medicine, extensively advertised, and he bought it as such, desisting from further sales when he learned that it was also an intoxicant. The court instructed the jury to return a verdict of guilty, and a fine of $100 was imposed, which will apply in the other eight cases.—Prints' Ink.

We would like to get an expression of opinion on this phase of the question from Dr. Talkwell, editor of Medical Talk. We presume it is useless to expect any change of heart or mind in all those congressmen, senators, ex-governors, and W. C. T. U., people who are advocates of the supereminent value of Peruna.

Payment of Medical Bills by Bullets.

The free-born American is sometimes not particularly grateful to his doctor, and he does not always show all the alacrity that might be desired in paying his medical bills. But when he does pay—though he may, in classic Pickwickian phrase, sigh like bricks as he hucks out the money—he pays in the recognized currency of the country. The most extreme bimetallist has not proposed lead as a circulating medium. That metal, however, seems to be looked upon as especially appropriate for the discharge of medical bills in some parts of Spain. Of this financial eccentricity Dr. Antolin Blanco, of Romanes, Guadalajara, recently had unpleasant experience. He was called in to attend a woman, and, after treating her successfully, he ventured to present his account. A few days afterwards he was invited to call on a relative of his patient, who greeted him with two pistol shots and the explanatory exclamation. "That is how I pay doctors!" One of the shots wounded the doctor in the chest, but the representative of the grateful patient, doubtless thinking the payment insufficient, struck him on the head with the pistol. If the gratitude of patients often takes this form in Spain, medical practice in that romantic country must be as exciting as editing a newspaper in the Far West.
The Pasteur Institute at Tunis.

Dr. C. Nicolle, Director of the Pasteur Institute at Tunis, gives statistics of the cases treated there during 1903. From January 1st to December 31st of that year the number of persons treated was 284. From that number should be deducted 5 who for one reason or another discontinued the treatment after a few days, and 5 who belonged to the staff of the institute and underwent preventive inoculations without having been bitten. Among the remaining 274 cases there was no death. In 22 cases the bites were on the head, in 137 on the hands, in 115 on the trunk or limbs. The presence of rabies in the animal which inflicted the bite was proved experimentally in 38 and by veterinary examination in 110 cases; in 126 cases there was reason to suspect its existence. In 242 cases the bites were inflicted by dogs, in 11 by cats, in 8 by bovines, in 5 by asses, in 3 by mules, in 3 by jackals and in 2 by ichneumons. This is believed to be the first appearance of the ichneumon in such a list. The total number of patients treated at the Tunis Institute since its foundation is 1,440, of whom 5 have died of hydrophobia, a mortality of 0.34 per cent.

The Institute Transactions.

As stated in a recent editorial, the completed Transactions of the American Institute of Homeopathy for the Niagara Falls sessions were delivered to us on November 4th, too late to make any especial mention of the work. Since then we have had leisure to peruse these pages in a gross way, fine enough, however, to feel pretty sure that they contain the true and perfect doings of the homeopathic clans at that meeting assembled. And it pleases us also to note that so far, at least, there has been no apparent intention to belittle the work of the Secretary, nor to deride the result of his industry and indefatigability. It takes something of a hustler to get all the copy ready for the printer, read proof, arrange it properly, etc., etc., within sixty days, for a book containing pretty nearly 1,150 pages. It would have been in the profession's hands a month sooner but for the peculiar tactics of at least one personage. If there are many typographical errors we have not found them, though, to be frank, we did not go through the book with any such purpose in view. We cannot now remember that any recently preceding secretary was able to bring the book to life in any such time as that done by the present Secretary, which may argue that he has peculiar facilities for doing the work speedily, or that he has intelligent help, or that he has much leisure in which to get down to the business regardless of private practice or other engagements, or that he has an unusual adaptability for the work. Be the reason what it may the concrete fact remains that he has issued a large volume in a remarkably short space of time, and is deserving of commendation for his skill, industry, and success.

We note one omission, however, in the minutes part of the book which seems inexusable and shall be considered so by those who forget the infinite detail that goes to the making of this book, and also some other circumstances. On pages 84 and 85 occurs the report of the Committee on Homeopathic Pharmacopoeia, which is duly signed, preceded by Dr. Bailey's recommendation from the Committee on Resolutions. But directly after the reading of this resolution it seems to have been dropped from all further consideration, and without action of any kind. No further action seems to have been taken, despite Ben Bailey's introductory recommendation to adopt the report.

On reference to our notes of that episode, for we were the stenographer, we find the following record:

After the reading was completed, Dr. Royal moved the adoption of the report.

Dr. McClelland. I move to amend by striking out "all English-speaking races," for it is very well known that we get a great many of our drugs directly from Germany. Why not have it apply to all countries? There is no advantage in limiting it to the Anglo-Saxon races. I, therefore, move that the Resolution be amended, so as to apply universally.

A Member of the Committee. The object of the resolution was that, since our Pharmacopoeia has been fundamentally adopted by the English-speaking countries, and the Germans, from whom we get so many tinctures, have their own National Pharmacopoeia, it might aid in bringing our American Pharmacopoeia into more prominent use. We had not thought to replace the German Pharmacopoeia with ours, nor did we expect to ignore the German brethren; but it was the opinion of your committee that the work adopted by the American Institute of Homeopathy might be made the basis of universal application among all English-speaking countries.

The original motion of Dr. Royal, as amended by Dr. McClelland, was then put and carried.

Dr. Carmichael called our attention to the evident omission of something at this point, in order to complete the work of the Committee. The fault of this omission was all our own, as, in the hurry of transcription amid a somewhat busy professional life, and while suffering from septic infection, one page of our notes was skipped, which exactly contains the matter above noted.

We will be under many obligations to the other journals if they will call attention to this omission; and will thank the members of the Institute to take due notice and govern themselves accordingly. And we, on our part, promise to be good and never do it again, s'il vous plaît!
The Movement for Clean Money.

The rapidly growing demand for a more wholesome and decent paper currency constitutes one manifestation of the healthful tendencies of the times.

To use the language of science, this is an "antiseptic age," to use the language of everyday life, this is an age of cleanliness. In the realms of pathology it is the era of germ discovery and annihilation; and to checkmate the microbe has been the diligent endeavor of modern medicine and surgery.

It is a self-evident satire on this condition of things that our government permits the people to handle paper currency in small denominations that is disreputable in its dirt and recognized as a menace to the public health as well as a disgrace to the nation whose seal of verification and guaranty it bears.

There might be some shadow of excuse for this state of things if there were no remedy. But there is a remedy. The proposed Post-Check currency would provide adequate means for the return and re-issue of these small bills several times every year, not only without expense to the government but yielding a profit, and extending to the remotest points of the nation its beneficial effects. This Post Check money system provides that every one, two and five dollar bill shall have on its face blank spaces to be written in when the holder desires to send by mail in lieu of stamps, coins, and small money orders now employed for that purpose. A part of the scheme is that a bill once used as a check is immediately retired from circulation, destroyed as mutilated currency, and re-issued. This keeps a constant flow of crisp, new bills from the press to the hands of the people.

Undoubtedly, disease lurks in dirty bills, where tempting nests for microbes are found. A sponge used in a bank was analyzed and found to be swarming with microbes of various deadly diseases. Few of our bundles of banknotes would pass muster at quarantine.  

In the Memory of Dr. Conrad Wesselhoeft.

At the regular meeting of the Homeopathic Medical Society of Western Massachusetts, the following resolutions were unanimously adopted:

Whereas, In the providence of God we have been called to part with that indefatigable student of medical science, Dr. Conrad Wesselhoeft, and whereas, by his death, Homeopathy has lost one of its foremost defenders, therefore be it

Resolved, That this Society give expression to the loss it has sustained in common with every other organization of our school. Dr. Wesselhoeft was a teacher and helper of us all. He made the Organon of Hahnemann an open book, and though he had passed the allotted age of man he was still young—young in his sympathies—young in his ability to investigate and accept new truths—and young in that broad and generous charity which made him seem like an elder brother to us all. He was too large a man to be bound down by any sectarian lines, and though a lover of homeopathy he never hesitated to expose what seemed to him its defects. The truth was what he was after, and with a truly scientific spirit he carried on his investigations to the end. His labors are the common heritage of us all; we loved him for what he was—a profound scholar—an eminent teacher, and a generous counselor and friend.

Resolved, That a copy of these resolutions be sent to his bereaved family and to the medical journals of which he was a frequent contributor; also that they be copied upon the minutes of this society.

John P. Rand,  
Elmer H. Copeland,  
For the Society.


Correspondence.

Editor of The American Physician:  
In a recent edition of The American Physician you have copied an article from the "New York Times," under the head lines "Eddyism Again." As the article you publish refers to a worthy and respectable family in a most unkind manner, and as the report copied from the "Times" is untrue, I trust you will correct the statement in the next issue of the Physician.

The report states that the home of Mr. and Mrs. W. B. Baldwin of New York City was the object of stone-throwing, and that Mrs. Baldwin on this occasion acted in a manner inconsistent with the doctrines of Christian Science in so much as it is stated the police station was called up by telephone and informed of the disturbance. As a matter of fact I learn by careful inquiry that there is not a word of truth in these statements in reference to the conduct of Mrs. Baldwin, who was absent from home at the time; the disturbance was undoubtedly the work of some mischievous boys, and as the French maid who was taking care of the home in the absence of her mistress became frightened, the police station was called. It is quite plain that this affair is entirely a private matter, and is not worthy of the publicity which has been given it, nevertheless false reports should be corrected.

It is my duty to add that the "New York Times" published a denial of this false report, justifying these good Christian people.

Thanking you in advance for the courtesy of space for correction, I remain,

Yours respectfully,  
H. Coulson Fairchild,  
C. S. Publication Committee for New Jersey.
Some Echoes from the Missouri Institute.

(Discussion of a paper by Dr. L. C. McElwee of St. Louis, on "Prostatectomy."

Dr. Harris. It seems that this was an unusual case, for I notice that the bottle in which it is contained is marked White Rose. You never can tell where flowers will grow. I prefer the gum elastic to the hard rubber tubing for draining the bladder immediately after the operation. In that way you can regulate the bladder and lacerated tissue very nicely. I have had two cases of this kind, one of which died after I had tried to accomplish that several days after the operation; death was caused in that case by setting up a profuse hemorrhage which nothing could control; and this was done by trying to carry the catheter into the bladder several days after the operation. It is safer to put it in at the time of or just after the operation, and leave it there for forty-eight hours, or three or four days, until you get that bladder thoroughly irrigated, and keep it in an aseptic condition as far as possible, while, of course, treating the case constitutionally. It seems to me that the doctor was very successful with the first part of the operation; and whether his incision was two-and-a-half or six-and-a-half inches long, he did enucleate the enlarged prostate gland. I believe if he had instituted thorough drainage from the first the secondary operation would not have been necessary. I know that sometimes it is necessary to make a supra-pubic operation. The best success comes where the patient is not so advanced in years. I believe that in many cases that survive the operation the patients are so apt to be left in a condition of chronic invalidism. The parts don't thoroughly heal, and they have to use the catheter, or else they have no control of the urine. They do not make a complete recovery. There is a certain amount of absorption going on; and the surfaces that were left behind at the entrance of the bladder continue to be inflamed and irritable, and remain so.

Dr. Green. I am much pleased to know of the successful way in which Dr. McElwee extricated himself from his accident. In regard to prostatectomy it is very difficult at the present time to say just what the status of the operation is. I have read in late works on surgery that the large majority of the cases are lost, and they speak of it as a dangerous operation; while magazine writers speak of it as an operation where death-rate is almost nil. I think it was Dr. Goodfellow who read an article on that subject, in which he stated that the death-rate was nil, and the operation was universally successful. So you must strike an average to get at the truth. I think at the present time that prostatectomy, under ordinary circumstances, is a very favorable operation, both as to rate of mortality and as to cures. I cannot agree with a former speaker that in his observation all cases were left somewhat mutilated, and did not recover with success. It is useless to say that an operation of this kind is a trivial one. When you consider the anatomical structure you cannot but understand that it is a major operation. The tissues include, of course, all the structures of the perineum. We have the internal pubic artery and nerve supply of the bladder, all of which may be injured, causing serious detriment to recovery. The deep perineal fascia as it passes up sends off and joins and assists in forming the capsule covering the prostate. If, in cutting through that, you cut that deep fascia and pass your finger down back of the prostate you get into soft tissue and get an infection that may be very serious, so that the operation must be done with a great deal of care. The cause of death, and the principal danger, is from uremia. Of course, that depends not so much on the operation as it does upon the disease. Almost all these cases are to be found in old men with some form of kidney disease and consequent disease of the bladder, with enlarged prostate that may have gone on for a long time. It develops a cystitis. That is the first thing to be met. The cure of that cystitis must be attended to. And that is one of the greatest indications for the operation. Sepsis is another feature that carries away our patient. This is present in almost all cases where we are called upon to do a prostatectomy. Hemorrhage is another danger, but really an insignificant one; I have never had much hemorrhage in these cases, and you must treat it as you would the same condition in other parts of the body.

In regard to the routes by which to attack the prostate. There is no preference. Before the perineal operation was devised the mortality was very great. When you attack the prostate from the inside of the bladder you are liable to injure the perineum and get infection from the walls of the bladder. All the dangers you can imagine you will get from the supra-pubic route. It should be condemned. The perineal operation is the safer operation. There are a great many different ways in which this operation has been advised to be done. Senn recommends the horse shoe or Y operation. Before you operate upon a prostate you should know the condition of the kidneys, heart, and bladder of your patient. If they warrant the operation then the next thing is to know the condition of the urethra. Incise your meatus, if it is necessary, in order to examine the urethra. Have instruments to divide the meatus. Then introduce a grooved sound resting just within the prostatic urethra. By making the incision through the perineum until the knife is in the tunnel of the catheter, then you can pass it on until you feel the end of the prostate. My guide to that is the finger in the rectum. I then turn it first to the left and incise the capsule, and then to the right and incise it. I still leave my sound in the prostate, which is firmly held there by an assistant.
Look out for injuries to the rectum. A great amount of pressure upon any one point may produce a slit in the rectum. Treat it as you would the bladder, and sew it up. Another point in regard to this case is the age of the patient. We do not estimate a man's age by years. One man is as old at forty as another at sixty. We estimate his age by his heart and his arteries and kidneys. In surgery, as long as a man has a heart and his arteries are soft and his kidneys are working sufficiently, it doesn't matter about the man's years. He is entitled to the relief; and nothing but a probable death should prevent us from relieving one of these old men from the treacheries of catheterism. In regard to the young man it is a serious question as to whether or not we should do a prostatectomy. A man who has not passed into the age of decrepitude should cause us to pause before recommending a prostatectomy. You have got to have a good deal of reason to justify you to do such an operation, because you know you will render him impotent if you do not incapacitate him for sexual congress altogether. When a young man comes to us we must take this fact into consideration. Some men hold that function very dear, dearer than life itself. But the health and life of man, and the success of prostatectomy, is often preserved by an early operation. That is before catheterization has been instituted and before infection of the bladder exists; if you can catch this man before that you can do a good and successful operation. The essayist should have introduced the soft catheter into the bladder in the beginning; had he done this the inflammatory exudation that had been thrown around that catheter would not only have preserved that tract, but it would have made one if the urethra had all been taken out. I always introduce a large drainage tube, one that would at least reach a French scale 32, and leave that in there for a week. In regard to the treatment of the wound after the operation, it is bad surgery to pack one of these wounds full of gauze; it is painful to the patient; you distend the parts; you prevent union by first intention; and you invite infection. The way to treat that is like a wound in the female perineum; close it up with the deep structures in contact, and close your outside skin over it. Leave only enough opening there for this necessary drainage tube to emerge from. Thus you will get the necessary drainage, and at the expiration of the week you can remove your tube, and you will have no trouble after that in passing the sound.

(Discussion of a paper, entitled, "Some Cases of Ankylosis," by W. B. Morgan, M. D., of St. Louis.)

Dr. McElwee. This paper is of exceeding interest, and calls to mind some very interesting cases that it has been my privilege to observe in the last ten or fifteen years. The first one that I think of, especially, was that of a lady that was brought here from over in Illinois, who had been afflicted with articular rheumatism for over six months; and when she came out of that, and the inflammatory symptoms had subsided, her right ankle was ankylosed to such an extent that there was no apparent motion in that member to her—certainly no practical motion. When I made an examination of it for the purpose of giving a prognosis as to what might be the possible outcome of treatment I found the parts susceptible of motion, and on that ground gave the prognosis of ultimate final recovery and restoration of a practical joint; and on that promise was allowed to carry out the line of treatment that I deemed best. The next day but one after this preliminary examination she was chloroformed to complete anaesthesia; with a great deal of force the adhesions in this joint were broken up by Dr. Burleigh and myself; when we had gotten through breaking up these adhesions the joint moved through an arc the radius of which was twenty-two inches. We had before ascertained that if the heel of a person will move through an arc the radius of six inches, that person can go up and down stairs with perfect comfort and ease. And I therefore promised her that she would be able to go downstairs with all comfort and ease when the inflammatory symptoms would subside. Some two weeks or ten days afterward, after the post-surgical treatment, and massage, and application of oil to the skin that the friction might be more easily accomplished, the patient was able to walk with quite a considerable degree of ease. In about a year from that time I received a letter from the lady, telling that she was entirely and completely recovered. That was a very good result. I had another case of a man who had slipped and broken his clavicle. As a result of the fixation of the shoulder joint, incident to this fracture, he had a very considerable ankylosis. That, too, was broken up under anaesthesia and passive motions. We kept up that passive motion for about two months, every other day, and, finally, the patient got tired of coming to the office and getting his arm pulled, and supposed, incidentally, his leg, too. Anyway, he concluded he wanted to quit coming, and in order to continue him with these passive motions I got him to agree to fix a pulley in a sling and attach a ten pound bag of sand at the other end of the rope, and hold upon the rope, pull it out, and let it go back by its own momentum. In the course of six months he finally recovered a natural or ordinary amount of motion. The patient was a shoemaker in one of the large shoe factories. He was a faster, and as far as I know he is lasting yet. I had another case of a stiff joint from rheumatism, which the patient presented to me for examination and prognosis, and which, in the light of the experience of the first case, I promised her an ultimate recovery and use of the joint; but on consulting one of our distinguished friends, who is here present, she decided that she
wouldn't have that knee-joint broken up and the adhesions removed. As a result she is still walking around with a stiff knee. I think in all cases of stiff joint where there is any motion at all, where there has not been any ossification, or any true ankylosis, it is not only advisable but imperative that the surgeon use all powers of argument and persuasion that he may possess to get these patients to submit to a possibly painful process of recovery that may extend over a period of several weeks or months. The subacute inflammation which is there, that induces a continuous and exquisite tenderness which these patients all have, must subside by aid of internal forces. I note that Dr. Morgan helped his case by the exhibition of hepar sulph. I feel like having gotten a good deal of instruction and benefit from Dr. Morgan's paper, especially in his calling attention to hepar in this connection. I am free to confess that the symptomatic indications have not attracted me in these cases. I have generally thought only of the mechanical measures.

Dr. McCaughan. In cases of fracture and dislocation you are confronted with situations which not only are in danger of ankylosis but frequently do terminate in that condition unless we exercise considerable care. One of the cases that Dr. McElwee recited brings to my mind a case of two years ago of a little boy who had fallen off a shed and dislocated the ulna backwards, and torn the radius loose from its attachments. I set it, reduced the dislocation, and put it in a splint. After ten days, yes, less than that, I think seven or eight days, I began to make gradual passive motion and to my surprise I found there was considerable rigidity to that joint, and that in spite of this passive motion, at the end of two weeks, he lacked about ten or fifteen degrees of being able to straighten that arm; so I had him come to the office every other day, and I put that elbow on the desk, and made steady, firm pressure, in order to extend as much as possible that arm. Failing in this I conceived a plan much like Dr. McElwee's and had the boy's father fix up a turning pole, and got that lad to practice "chinning" that pole; and thus I found that this method had a good deal more effect in straightening that arm and breaking up these adhesions and limbering up that ankylosis than the treatment of passive motion which I had been carrying out. I have done pretty much the same with an ankle-joint which I still have under treatment. This was the case of a trainman who fell off the top of a box-car and ruptured the external lateral ligament of the left foot. There was considerable pressure and extreme pain. I put in a crinoline bandage first; then in a cast, kept it there for about twelve days, and when he got so he could walk he had quite a great deal of ankylosis. But the ankle-joint, from the very fact of this extension and this extended use from walking at once, began to limber up of itself. Those joints which have the greatest range of motion are the ones least liable to ankylosis.

Dr. Andrews. I have a case on my hands now of a young lady of about twenty years of age that had arthritis deformans, and practically all the joints of her body were enlarged when I took charge of her case, and that was some three months ago. I put her on lactic acid; and the ankle-joints and the knee-joints have gone down in size, and there is mobility in most of the others. The elbow joints she can straighten to about this form (indicating). The question with me is, should I use any force in that case to bring that up, or leave it alone.

Dr. Morgan. In cases resulting from rheumatism I have always taught shy about doing anything violent, for I believe the rheumatic condition is still present. I have seen a number of cases where injury was done to a joint which had its real start in rheumatism. I believe that where rheumatism is the active agent of ankylosis that violence would tend to excite an acute inflammatory condition or a subacute one. I would say therefore that for that reason I have always been shy of using any force in cases of stiff joints resulting from rheumatism; and in such case where I have limbered up or broken up the adhesions it has been at a subsequent time when I felt confident that the rheumatic condition had subsided.

Book Reviews.

The Physician's Pocket Account Book, by Dr. J. J. Taylor, is a neat, compact, easily kept and strictly legal book, carried in the pocket, always with you, showing each person's account at a glance. All entries are made but once, on the day when the services are rendered, in plain legible language, and require no posting or further attention. Published by the Author, 4105 Walnut Street, Philadelphia.

Brother Taylor's Pocket Account Book no longer needs any extended notice. Everything that could be said of this handy book has been said many times over by ourself and others. It is exactly what it purports to be—a pocket account book instantly ready for references, and good in court, as evidence of the first grade. By all means buy it.


Professor Arndt, Editor of the Pacific Coast Journal of Homeopathy, always a good bookmaker, appears before the public with this little almost vest-pocket edition for the colleges, as he says: "This little volume . . . is merely a collection of symptoms, pathogenetic and clinical, with which the student should become familiar by recitations in the classroom before he enters seriously upon the study of the homeopathic materia medica." He further recommends the perfect memorizing of these symptoms for the freshman, so that he will enter the sophomore
year better able to assimilate the succeeding studies. A cursory browsing in these pages shows nothing new in matter, though what is given is good and trustworthy. Necessarily it is a collection condensed from our other older and larger books, and presents nothing peculiar to our good friend Arndt. Sure, we recommend the booklet for the purposes set out in its preface.

A Text-Book of Alkaloidal Therapeutics, Being a Condensed résumé of all available literature on the subject of the active principles added to the personal experience of the authors. By W. F. Waugh, M. D., and W. C. Abbott, M. D. With the collaboration of E. M. Epstein, M. D. Chicago: The Clinic Publishing Co., 1604.

The first thought which occurs to us on reading the title-page is that the printers made a mistake in putting Abbott's name after Waugh's. From all our reading of alkaloidal literature, we have uniformly found Abbott to be about the whole thing. But perhaps that is our prejudice in favor of Abbott, whom we admire and like to see put up front. The book is an attractive one in that it handles the subject in the most practical and masterly fashion. It is in the alphabetical order of medicines, and describes succinctly and briefly what the medicine is presumed to bring about, and in what dose to use it. In this latter regard both eclecticism and alkaloidal medicine possess an undoubted advantage over homeopathy. We have no dosage that we publish or teach. We trust that, as we say, to each individual practitioner's own judgment. This book is handsomely gotten up both as to typology and binding, and we have no doubt that it will have a ready sale among the practitioners of that system, and perhaps also among the practitioners of other schools. It is a very attractive and seductive system. Whether the ultimate results are as good as the homeopathically applied remedy, when homeopathically applied, remains to be seen.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Dr. Carl von Noorden, Physician in Chief to the City Hospital, Frankfurt am Main. E. B. Treat & Co., New York, 1903.

This is one of the prettily bound and happily condensed books of this firm, having, in this instance, reference to Membranous Catarrh of the Intestines. Dr. Boardman Reed presents the English translation, by Dr. A. C. Croftan of Chicago, and makes the important topic both interesting and instructive.


"For several years," says the author, in his preface, "a demand has been made upon the author for a condensed work upon the eye, which would exclude all theories, technical terms and phrases, and which would give as concisely as possible the essential features of eye diseases, together with their homeopathic treatment." And, therefore, the present condensed, but still sufficiently elaborate manual has been prepared and put on the market. Coming from so famous an author the "Essentials" will find a conspicuous place in the general practitioner's library as well as with the specialist, and the specialist student. Dr. Norton always hews to the line of homeopathy, and is deservedly worthy of the fullest support of our school.

Globules.

—The Northwestern Ohio Homeopathic Medical Society held its twelfth annual session in the music rooms of the Starr Piano Co., Toledo, Ohio, December 13, 1904. We have not been able to get much of a report of the meeting, except that it was a success—as it naturally would be, considering the men at the head of it—but the minute has not yet reached us.

—In a discussion of the treatment of cancer by its own toxins, Dr. P. J. McCourt, of 233 West Twenty-third Street, New York, has recorded results worthy of careful consideration. We give the doctor's address, so that those interested may address him for any desired further information and for the toxin itself. This is in no sense a commercial enterprise; on the contrary, a subject for investigation and research worthy of co-operation.

—The Medical Advance has added a sub-title which ought to read "Journal of Homeopathies," but doesn't. A bad oversight on the part of the printer. It has taken to itself the color for cover-page of the North American Journal of Homeopathy. It is to be congratulated upon its return to its former manner of editing, and its dropping of the Sylvannus-Cobb-Jr.-Editor, who was spoiling the articles which he introduced or commented upon.

—The Medical Visitor has an industrious Cleveland correspondent; in fact, so industrious is he, that many times the News Items and Persons are given over almost wholly to Cleveland and Northern Ohio news. However, what is more to the point is the fact that his items are always truthful and to the manor born. For instance, in the December issue, we find in this department the following: "Dr. E. A. Smith has removed from Cleveland to Willoughby, Ohio." Within the past fifteen minutes on this Christmas day, we passed the Doverough block, and in the third story front window we noted the transparent sign of "E. A. Smith." This building is about two blocks from where he formerly resided. Perhaps he has thought better of his Willoughby move and moved back, or it may be that Visitor correspondent moved the wrong Smith; or being late on Christmas Day we have been seeing things.
—We regret to chronicle the death of Dr. W. L. M. Fiske of Brooklyn and Dr. Clarence Willard Butler of Montclair, N. J.

—The October issue of the Medical Advance, with a new cover page, is filled from fifth wheel to tail gate with interesting homeopathic matter, therefore a distinct and satisfactory foil to our alleged unhhomeopathic pages, as asserted by the Medical Forum. We have a severe grievance, however, in that this number was rolled tightly (and in a laundry blank). We can forgive the latter, but a rolled journal is certainly an abomination. The former p. d. q. editor has given place to a less self-conscious editor, one who does not print four lines of fact supplemented by forty lines of personal philosophy, questions, and hypotheses. Dr. Nash’s “The Science of Symptomatology” is in the usual practical, homeopathic, and admirable style of this chief of homeopathic teaching in the New York Homeopathic Medical College, and is worth “a guinea bottle.” Long may he live and retain his vitality* to put the tender foot of the Gothamite medical students in the strait and narrow path of Hahnemannian Homeopathy.

—A homeopathic pharmacy in a prominent western city uses a whole page in a homeopathic journal to advertise eleven combination cures for bronchitis, seven of which contain each four homeopathic drugs in various potencies; the other three, and most of them some additional feature not taken from homeopathy, like phenine pure, morph. sul. 1-32 gr., codeine 1-10 gr., heroin 1-20 gr., dionin 1-25 gr. There is also an outward application of terebon. And all this shameful commercial cupidity in a homeopathic journal, and recommended for use to homeopathic physicians! Is it any wonder that we find so little homeopathy among the younger members of the profession, and so much of this damnable stuff in pretty nearly every office when a prominent homeopathic journal sells space for such “homeopathy”? This was formerly the special labor of the Homeopathic News with its “largest homeopathic circulation in the world.” An out and out allopathic advertisement of cough syrups or cures for bronchial troubles would not prove so offensive nor so dangerous, for the reader would take his “medicine” with his eyes open; but when a homeopathic journal publishes homeopathic remedies in combination and recommends their use to the homeopathic profession, the danger is covered over, but is there still. If this homeopathic pharmacy has need to make these combination things upon request here and there of soi-disant homeopathic physicians let them do so, for it is their great and inalienable American privilege to make every dollar it can out of the profession; but to advertise them in a homeopathic journal as and for homeopathic remedies is an insult and a disgrace. No wonder there is danger of other homeopathic colleges going by the board.

* As indicated in his proving of the H. perpetuus.

—Says one college official: “It is the things you score so heavily that is ruining us here and elsewhere; no head to affairs, no tact, no common courtesy, no regard for anything but personal prestige, and the turning of a few dollars self-ward through fancied influence.”

—Says Dr. De Witt G. Wilcox, Secretary of the Homeopathic Medical Society of the State of New York: “There will be a pleasant departure this year in the place of holding our annual meeting. Instead of climbing Capitol Hill or two long flights of stairs, you simply step into the luxurious ballroom of the Ten Eyck Hotel (which will be our headquarters), where we will hold our sessions.” This has reference to Albany, and points to the annual meeting on February 14th and 15th. This noble society broke away from its moorings in its last semi-annual session by holding its fest in New York in the New York College building, with clinics by famous persons instead of the usual cut-and-dried essays. We wonder what De Witt will do next?

—The trustees of the Detroit Homeopathic College announce their clinical work for the year 1904-1905.

Clinics will be held in Medicine, by Professors C. C. Miller, R. C. Olin, J. M. Griffin, G. G. Caron; Materia Medica, by Professor E. J. Kendall; Surgery, by Professors H. L. Ohefz, Stephen H. Knight, A. E. Guc; Gynecology, by Professors Wm. M. Bailey, C. G. Crucunroid; Diseases of the Skin, by Professor J. M. Griffin; Diseases of Children, by Professor G. G. Caron; Diseases of the Nervous System, by Professor Alfred Graham; Diseases of the Chest, by Dr. Fred. E. Thompson; Diseases of the Eye, Ear, Nose, and Throat, by Professor D. A. MacLachlan; Obstetrical Work will be under the charge of Professors C. C. Miller and R. C. Rudy.

—In another part of this issue we copy the Resolutions of Respect to the memory of Conrad Wesselhoeft. We have not yet learned the immediate cause of his taking off, but sincerely trust that he laid him down to sleep,—to sleep that sleep that knows no waking, on this side. He was one of the few remaining homeopathic giants who lived their homeopathy to the last, despite the almost overwhelming tide of modern homeopathy but which is not homeopathy. In the present view of homeopathy it is a question of but few years when the Organon, which was a sealed book until Wesselhoeft opened it to the profession, shall be discarded and thrown out as worthless. But he was not suffered to outlive his idea of homeopathy, blessed be God for that! Do you remember how he stood up in the Niagara Falls Institute meeting, physically weak but mentally strong, and defended his—the old—practice of homeopathy, against the younger element with its scientific interpretation of Hahnemann’s gift to suffering humanity? Only a few of these old-fashioned homeopaths remaining. After them, what?
We have been given to understand that an irate medical gentleman, whose professional skirts are still redolent of the smoke of a recent fire, has threatened to haul a professional brother before the properly constituted medical tribunal because the latter permitted his portrait to appear in a daily paper on the occasion of his election to the presidency of a medical society! Under that awful charge how many of us could escape with whole skins? But there do be a blamed sight o' difference 'twixt being published as the popular official of a medical society and publishing your own picture with twenty or more lines of nauseating ad matter, extolling yourself as one of the few heaven-born, specially anointed specialists, whose cures border on the miraculous. Do we speak correctly?

An institution, highly creditable to our school, is the Barnard Sanatorium at Baltimore. It is attractively located and completely equipped for the reception and treatment of medical, surgical, and obstetrical cases. Each department is under the charge of an acknowledged specialist in his line, whose skill and efforts are supplemented by the constant attention of a competent corps of trained nurses—the entire management being under the direct personal supervision of J. S. Barnard, M. D.

In addition to specific medical treatment by appropriate therapeutic means and agents—electrical treatment, rest-cure, special treatment for nervous and rectal diseases, and massage are variously employed in accordance with the requirements of the different cases, and by means and appliances of the newest adaptation.

The Ohio Sanatorium Co., C. E. Sawyer, President and General Manager, located at Marion and Columbus, is out with a handsome booklet descriptive of its two sanatoria, beautifully embellished with half-tone engravings and interesting reading matter. Remember Dr. Sawyer when you need a sanatorium for your patients. He brought one of our star patients back to health and usefulness, and we, personally, feel very grateful to the genial gentleman and skillful physician and surgeon, and take pleasure in recommending his excellent establishments.

This is the imprint on reverse of a physician's card—the physician a resident of Iowa:

The Great Specific.—We are sole agent for H. Peet Pennsibscott's Wonderful Specific. The Helyoncumunfiddletop, a Specific Remedy for the Elephantiasis Cranium. This Specific is now formulated and warranted to cure all varieties of the Direful Malady, viz.: The Sangue Electrical, "Or Blood and Thunder": the Politico Aspirate; the Physico Orthodox, the Stupidito Grave, Euirideito Excessive, or "The Omniscient," this specific beats the Motor Kelley Aurum Cure, for enebriety all to H. Hades. Appointments for Lectures made on this all-important subject through correspondence.

Yours Respectfully,
H. Peet Pennsibscott, M. D.

A course of instruction in the leading Western electro-therapeutic school is offered for sale at a considerable discount from the institution price. Address for particulars: D. P. Q., care American Physician.

"An Impossible Possibility" was the title of an editorial written by us and appearing in our September issue. The current number of the Century magazine has a paper with the same title. Who filched the title from the other?

Some mystery attended the sending of programmes of the Southern Homeopathic Medical Association for its recently closed meeting to Cleveland. Several of us received a properly addressed and prepaid envelope, but empty. Did the number of programmes run out, or was this a gentle way of saving that the association didn't care for our presence?

Some days ago a man called on the doctors of Richland, Iowa, gave the name of Spicker, claimed to have been a physician, and now a dealer and importer of electrical and surgical instruments, Chicago; he was showing a bi-polar sinusoidal vibratory electric massage, which he claimed was imported by A. H. Pierce Manufacturing Co., of Chicago, and that A. H. Pierce Manufacturing Co. demanded $8 import; that the electric massage would be sent on sixty days' trial, and if then not satisfactory in every way the money was to be refunded minus express one way. Dr. M. E. Coles gave him a check for $8. In a few days the doctor received word that the firm would send the vibrator when the balance of the money was received. The doctor wrote them, reporting above stated facts. The firm answered that Spicker was no agent of theirs; that he bought the machines of them and sold them, and that they would send the machine to the express office and give agent the authority to allow the doctor to connect the vibrator to the battery. But as that would be no trial of the machine the doctor asked to have the money refunded, and wrote to Spicker, but received no reply. A. H. Pierce & Co. wrote that they had notified Spicker that they could not fill the order. No one has returned the money advanced, so the doctor thinks it behooves physicians, when approached by Spicker, to have a thorough understanding before paying any money.

The truth of the matter is the young men desire the spectacular and the show, and prefer it to work; work in the laboratory is not desirable, and study of a given subject grows wearisome. —A Medical College Professor.
Heat and Humidity.

Dr. Henry Mitchell Smith of Brooklyn, N. Y., has discovered that by the artificial moistening of the air in living rooms much more healthful and comfortable conditions are maintained in winter and a decided saving in fuel is effected.

In an article entitled "Indoor Humidity," he states that the air in houses is usually overheated, with an average humidity of only 30 per cent., and attributes many catarrhal diseases to this cause. The common method of warming houses is to overheat them; the water-box in the furnace is usually neglected, and sometimes never filled; generally the pan is so small as to be inadequate. When steam or hot-water radiators are the source of heat, usually no effort is made to supply the necessary moisture. The air, which should be pure and balmy, is generally dry and charged with gas and cellar air. The person who shivers in a temperature of 70° when the air is unduly dry will find that degree of heat more than sufficient if the air is not merely warmed but moistened.

As a question of economy as well as health, the matter should appeal to householders, for when the air is properly moistened a saving of from 12 to 15 per cent. in fuel is made. It was determined by repeated experiment that a temperature of from 65° to 68° Fahrenheit with a relative humidity of 60 per cent., produces the most comfortable and healthful conditions. As a suggestion, in every living room a large shallow dish should be kept filled with water containing about 10 per cent. of Platt's Chlorides, so that free evaporation goes on constantly. Where a furnace is used the water-box should be regularly filled and a little Platt's Chlorides added to it. Where steam heat, hot-water radiators, oil or gas stoves are used, a pan with some water containing a little Platt's Chlorides should be kept over or under the heating arrangement.

* * *

An Efficient Preparation: Tyree's Compound Antiseptic Powder.

Since the discovery of the influence of the micro-organisms in producing suppurative and infectious disease, the treatment of such disorders has been much more successful and based upon more intelligent principles. If we are able to destroy or even to neutralize the activity of the parasitic germs of disease, Nature will embrace the opportunity of restoring affected parts to a normal condition. The composition of Tyree's antiseptic powder clearly indicates its usefulness. From the published formula we learn that it contains large proportions of borax and alum associated with smaller quantities of carabolic acid, glycerin, the crystalline principles of thyme, eucalyptus, gaultheria, and mint. This is a happy union; indeed, and one which explains the beneficial results which have been found to follow its employment. It has been used with complete satisfaction by careful practitioners. It checks morbid secretion as well as arrests suppuration, and this combination of properties has rendered it singularly efficacious in a class of affections which entail much mental and physical distress. Abundant discharges from the female genitalia are a common consequence of many deviations from health. In both leucorrhrea and vaginitis, whether of simple or gonorrhoeal origin, this preparation has manifested a very desirable efficacy. The manner in which it is used in these disorders is by dissolving a dram in a pint of tepid water and injecting the solution by means of a syringe. Three injections daily are employed, and this quantity soon overcomes the offensive character of the discharge. At the same time by allaying the local inflammation it prevents further flow. Moreover, it removes the secondary consequences of the disease, such as annoying and often intense pruritus of the outlets. Ulceration of the mucous membrane is likewise relieved. Suppurative affections in other regions of the body are no less amenable to the beneficial properties of the compound antiseptic powder. This preparation is made by J. S. Tyree, of Washington, D. C.—Reprinted from the Monthly Cyclopedia of Practical Medicine, Philadelphia, Pa., April, 1902.

* * *

A Plea for Claret.

"It is curious," says the Lancet, "that when Bordeaux wines or clares are never cheaper, more abundant, and purer than they are in the present day, the public demand for them should so decidedly have diminished. The fact is that nowadays claret is not understood by the majority of people, and it must be admitted that unless it is handled properly claret may easily be an unpleasant and uninteresting beverage. On the other hand, there is no finer wine—no wine of a more wholesome character, or possessing more delicacy of flavor—than a light, sound, relatively non-acid claret when proper care is devoted to it. Sound claret contains but little free acid, and, in fact, in this respect it invariably contains the least
proportion of acid of all wines. Again, red Bordeaux wines are certainly less acid than white wines, while they contain practically no sugar compared with white wines. In health the individual would undoubtedly be better for drinking a pleasant light claret rather than a glass of ardent spirits and water. Good, sound claret need not contain more alcohol than does ale or stout, while it is free from the extractive matters of the latter. It is well known that in countries where the staple beverage is vin ordinaire the people who are content with such a simple but vital generous drink have sober inclinations, show a good bill of health, and are free from the demoralizing influences of spirit-drinking. Yet in this country the same advantages may be enjoyed, so good, cheap, and abundant is the supply of light claret imported at the present time. The decline in the consumption of light wines in favor of heavy wines or the drinking of ardent spirits would appear to be evidence that a demand for more vigorous and rapidly acting stimulants has arisen, and the social and moral aspects of such a demand are worth serious reflection.”—London Telegraph.

Serum for Tuberculosis.

Each new development in medical science seems to bring us nearer to the much-desired cure for tuberculosis. Heretofore, however, they all seem to be various modifications of the idea of nourishing and building up the nutrition of the patient. As we know, this succeeds in only a very limited number of cases, for as long as the bacilli retain their vitality the patient is still in constant danger.

Dr. Douglas A. Shiley, formerly of Bellevue Medical College, has, after many years of careful work, perfected a system of combined sera (Antistreptococcic and Synthetic or Antituberculosis) which constitute a specific treatment for the disease, rapidly destroying the bacilli and neutralizing the toxins. Many very desperate cases have been treated with remarkable success.

After eight years of careful proving, these preparations are now placed before the profession by the Merrell-Hall Co., 60 Dearborn Street, Chicago, Ill. They do not sell to the public nor through the drug trade, as they want to keep them always in the hands of the physician, by whom alone they can be properly administered.

These preparations are quite expensive, yet so anxious are the manufacturers to have physicians learn of their merits without delay, that they are willing, for a limited time, to send to any Council reader who has a case now in hand for treatment, a full five-dollar supply, sufficient for about three weeks' treatment, provided the physician will pay express charges on delivery, and agree to use it promptly and according to directions. These sera are perfectly harmless, and formula and full information will accompany the shipment.—Medical Council.

**Notes on Salophen.**

BY A. HEINDL, M.D.

Salophen is a salicylic acid preparation to which I give the preference over all others, because I have convinced myself that it is always well tolerated and free from any untoward effects upon the system, if the kidneys are intact and the digestion has been regulated—that is, the intestines have been cleared out. It produces no erythema, no tinnitus, no feeling of pressure in the stomach, no tachycardia, etc. It does not appear to be dissolved and absorbed in the stomach. I prescribe in adults daily doses of 3.0 gm. to 4.0 gm. in cases of severe supraorbital neuralgia, or suppurative processes in the nose, in muscular rheumatism and angina, as well as in all acute colds, with prompt effect. The usually so troublesome perspiration observed from other salicylates either fails to occur or not in so marked a degree. On the other hand, an agreeable feeling of warmth is noticeable. As regards its action, especially in angina, I would refer to my work on diseases of the mouth, pharynx, and larynx.—Aerztliche Reform-Zeitung, No. 6, 1904.

**An Old Remedy Combined with a Newer One.**

The Massachusetts Medical Journal recently published the following, which will no doubt be interesting to our readers:

"We believe that members of the medical profession should familiarize themselves with the combination tablet of antikamnia and heroin. The first of these, antikamnia, years ago established a prominent place for itself as a most reliable antipyretic, antineuralgic, and general pain reliever, while heroin is, by all odds, the most efficient of recent additions to our list of remedies. The advantages of this combination are fully illustrated by a report of cases submitted to us by Dr. Uriel S. Boone, Professor of Surgery and Pharmacology, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner the synergetic action of these two drugs.

"Case 1. J. P., athlete, suffering from an acute cold. On examination found temperature 101°, with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed antikamnia and heroin tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them, and there has been no return of the cough or pain.

"Case 2. Ed. H., age thirty. Family history, hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on antikamnia and he-
rein tablets, prescribing one tablet three times a day, and one on retiring. He has since thanked me for saving him many sleepless nights, and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

"Case 3. Wm. S., age twenty-eight. Lost twenty pounds in last thirty days. Consulted me July 9th. I thought he most certainly would fall a victim to tuberculosis. Evening temperature 101°, with night-sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats, and one antikamnia and heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

"Neither in these, nor in any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergetic action and one which cannot help being beneficial."

**Calcidin.**

Despite the text-books it is generally allowed that there is a distinct membranous croup and a diphtheritic croup. In the latter there is a profound systemic toxemia; in the former the local symptoms are the main consideration. One is a catarrhal disorder, the other a specific disease due to the presence in the system of the Klebs-Loeffler bacillus. In croup of the catarrhal type, calcium iodized (calcidin) has proven itself to be practically specific. In diphtheritic croup it is, however, only a useful adjunct to other treatment. If membrane forms and there is no profound systemic disturbance; if the temperature does not rise, and the disorder has distinct catarrhal form, then calcidin in doses of gr. 1-3 every one-fourth to one-half or one hour will do prompt work. Give it powdered on the tongue and follow with a few swallows of hot water, or make a fresh solution for each dose, or every few doses. The same directions apply to simple croup, but here the remedy should be pushed at the first sign of "crouping," and it will be found to be promptly abortive. If there be any possibility of diphtheritic infection antitoxin should be used promptly. Calcidin is the remedy par excellence for bronchial disorders, and, moreover, wherever iodine is indicated internally it is the best form of the drug we possess, as it never causes iodism. Literature and samples of calcidin will be sent on request to the Abbott Alkaloidal Co., Ravenswood, Chicago, Ill.

**Items of Interest.**

—The greatest obstacle that lies in the way of producing a sound container for liquids oc-
cluding gases under high pressure, as, for instance, solutions of hydrogen peroxide, is the fact that no process for making unbreakable glass has yet been discovered.

Up to the present, the ordinary amber glass bottles have been found totally inadequate and untrustworthy, though a device patented by Mr. Charles Marchand, goes far towards overcoming this delinquency.

This device practically reduces the danger of bursting of the bottles to a minimum. As long as the bottles, having this device, are kept in stock standing up, the pressure resulting from shaking, high temperature in course of transit, etc., will not rise much above four or five pounds to the square inch; and, therefore, though occasionally a bottle may crack or burst, it is not due to pressure, but to the inherent imperfection of the glass, arising either from the lack of homogeneity, or else imperfect annealing, or both, to which we have already referred.

The worst feature of this unreliability in the bottle is that there is no accurate way of detecting it. A bottle may be submitted to a pressure of a hundred pounds to the square inch, without betraying signs of weakness, yet even with nothing in it, it may burst or crack within an hour.

The only remedy in these conditions as to the bottles, and that is not absolute, is in changing the material from which the containers are made, and substituting for the unreliable amber glass a good article of flint glass. While, as we have intimated, this does not absolutely remove the danger of loss by explosion or cracking, it greatly reduces it, and when the flint glass container is closed by Marchand's Safety Valve Stopper, danger is reduced to a minimum, beyond which, in the present condition of the technics of bottle-making, it is impossible to go.

This is exactly what Mr. Charles Marchand, the manufacturer of hydrozone, glycozone, peroxide of hydrogen, etc., intends to do. He will promptly as possible use exclusively flint glass, every bottle being corked with an automatic safety valve stopper. By adopting these expedients, Mr. Marchand, having done all in his power to prevent breakage, can go only one step further—to make good any losses from that direction—replace the bottles that get broken from this cause.

—Since last spring I have intended reporting the results I have had with Bell & Company's sal-codeia. My wife had a very severe run of pneumonia, two-thirds of all her lung space being involved, without cough or expectoration, and an exceedingly high temperature, reaching 105 degrees nearly every day for three weeks, and at two or three different times reaching 106 degrees. The patient is a frail woman with a very weak heart, who had been practically an invalid for years. I prescribed sal-codeia, two tablets repeated as necessary to keep the temperature below 103 degrees.
Dr. — of Massachusetts Avenue, who took charge of the case, had never used sal-codicea, and changed to — and tepid sponge baths. This did not reduce the temperature, which was persistently above 105°. He then came back to sal-codicea. Later, we had as counsel Dr. —, who is now in charge of the State Hospital for Consumptives at Ray Brook. He, at first, advised the cold pack. On his second visit, we reported to him that the packs did not bring the temperature down more than $1\frac{1}{2}$ to 2 degrees, and that it very soon came back. He then allowed us to go back to sal-codicea, with the result (in the latter stage of the disease) that the temperature was brought down four or five degrees, and remained so from five to eight hours.

Through all this disease, I failed to discover any depressing effect on the heart. The treatment for this irregular case of pneumonia resolved itself into this, viz., sal-codicea to reduce temperature and produce rest, and forced feeding, the patient taking as much nourishment as seven eggs and two quarts of milk in twenty-four hours, and no other medicine. The patient made full recovery.

I have prescribed sal-codicea extensively ever since it came out, and think it is a wonderful remedy.

Cordially yours,  

Dr. —

Buffalo, N. Y.

—A prominent physician in lecturing recently on a case of senile pneumonia at the Philadelphia Hospital, said:

"Hot flaxseed poultices, well made so as to retain their heat for four hours, were kept about the thorax during the day, and at night were replaced by a lamb's-wool jacket, for the better part of a week. It is important when poultices are used that they should be well made and should retain their heat for four hours, in order that the patient shall not be continually disturbed to change them. Fever patients need rest, not only sleep at night, but rest during the day. It is rare wise to wake the patient, either for food, for medicine, for bath, or for any other application. Save in exceptional instances, sleep will do more to favor recovery than the agent for whose sake it is interrupted."

The time was when the above statements would have received the hearty indorsement of all thoughtful medical men. But this is not the oxcart, candle, or horse-cart age. We are living in the twentieth century. The old things must be laid aside. They are valuable only as antiques.

We have the cleanly and convenient electric light instead of the greasy candle. Why not antiphlogistine, made of cleanly and aseptic materials, and capable of maintaining a uniform degree of temperature for twelve to twenty-four hours or more, instead of the bacteria-breeding, soggy, clammy linseed and other poultices?

Most up-to-date doctors say: "Yes, we know all about antiphlogistine and use it regularly as routine treatment in all cases where inflammation is present and a local remedial agent is indicated."

Picture an individual with temperature 104° to 105°, pulse 120-140, respiration 40-70. If anyone craves and absolutely needs rest and sleep it is such a patient. A linseed poultice affords a very poor means for the continuous application of moist heat, nothing more. It cannot be sufficiently well made to retain a temperature of value for more than a half-hour. Antiphlogistine need not be changed oftener than once in twelve to twenty-four hours, during which time a comparatively uniform temperature is maintained. Refreshing sleep is invited, and not hindered. It stimulates the cutaneous reflexes, causing a contraction of the deep-seated and coincidentally a dilatation of the superficial blood-vessels. At the same time it attracts or draws the blood to the surface—flushes the superficial capillaries—bleeds but saves the blood.

The circulation is thus favorably affected. The aggravating symptoms are almost immediately ameliorated. Congestion and pain are relieved, the temperature declines, blood-pressure on the overworked heart is reduced, the muscular and nervous systems are relaxed, and refreshing sleep is invited.

—The International Correspondence School, of Scranton, Pa., issues, as is well known, a number of studies suitable for physicians, and among these its Electro-Therapeutic system, which we have found to be very excellent and directed to the needs of the practical man, who no longer has the time or the patience to begin this specialty with the origin of electricity.

—The psychological depressions and neuralgias so common in the period following a debach, are lessened or disappear altogether by the use of Celerina.

—Case of Eczema.—Miss S — consulted me May 14, 1898, suffering from eruptions in all her joints, especially the hands and fingers with intense itching. This condition had existed for eleven years. I saw her at intervals of ten days and noticed from the first application of "Phe-nadul" in the form of an ointment decided improvement. I discharged her in April perfectly cured and no return to date.

E. Jeannette Goodings, M. D.

—Rare treats are in store for Proctor patrons. The list of bookings for the various Proctor houses extends far into 1906, and guarantees the appearance of the most notable of the European and Australian importations, as well as the best of the American market.
Many a man thinks he is looking at truth when he is only looking at the spectacles he has put on to see it with.—Drummond.

* * *

Nothing is felt more keenly than the malign shafts of calumny, and even the worthiest man is hurt if they reach him.—Thales.

* * *

The freest government cannot long endure where the tendency of the law is to create a rapid accumulation of property in the hands of the few, and to render the masses of the people poor and dependent.—Daniel Webster.

* * *

However unwillingly a person who has a strong opinion may admit the possibility that his opinion may be false, he ought to be moved by the consideration that, however true it may be, if it is not fully, frequently, and fearlessly discussed, it will be held as a dead dogma, not a living truth. —John Stuart Mill.

* * *

If I am to pass through death unscathed, if I go over there the kind of man I have made myself by my words, my actions, my thoughts while here, then it does not make any great difference, even if some one of you does have twice as many thousands of dollars along the road as I have. These incidents of the way become of very slight importance the moment we make life mean the development and culture of character; and the man with poor opportunity and very little money, who makes of himself a grand and noble man, when the curtain opens and he passes through, is unspeakably richer than the richest man here who misuses his opportunity.—Minot Savage.
Materia Medica Miscellany.

Conducted by J. Wilford Allen, M. D., Lecturer of Materia Medica and Practice in N. Y. Homeopathic Medical College and Hospital.

References in this department are made by number. (See issues of January or December each year.)

Stannum.

This is a very important remedy which the busy practitioner is apt to overlook unless he is a very careful prescriber. Dr. Wm. Boericke, in referring to stannum in connection with the respiratory organs, says: Most characteristic is the great weakness in the chest, so weak that talking is painful. Any effort to use the voice in talking, laughing, singing, reading aloud, produces aching and weakness in chest and arms and hoarseness. Stannum is an important remedy for singers and public speakers.

In phthisis where the bronchial tubes are inflamed and dilated with loose cough, green, mucopurulent expectoration, sweetish or salty taste. The cough may be strangling, chest feels weak and sore, respiration short, oppressive, hectic fever, exhausting night sweats, especially towards morning. So in bronchial catarrh with soreness of chest, stitches, oppression, deep-sounding cough, yellow sputa, with retching and vomiting of food and always with much general weakness, weak voice, weak chest, empty sensations, tired and weary, neglected colds which tend to go into consumption. There is an aggravation from moon till midnight.

In phthisical cases stannum jodatum in the lower triturations is often preferable. Whenever the progress of the disease is rapid, especially in patients with a clear complexion and long eyelashes, there is a tickling dry spot in the throat causing constant cough, with shortness of breath, weak feeling in the chest after coughing.

Belladonna in Scarlet Fever.

Dr. B. B. Bailey, in a paper read before Missouri Valley Association, says very truly that belladonna is probably repeatedly abused in scarlet fever, given in a routine way and without proper indications. It should never be given in scarlet fever unless the throat and the eruptions are of a bright diffuse hue. There is no tendency to the punctate eruption in belladonna. It is true that in this typical character of eruption in the throat with the hyperpyrexia and constant stupor we may have belladonna indicated, but this is where, mark, this stupor is due to the acute and excessive congestion of the nerve centers and not to the condition which may obtain later, the septic condition of the blood: but even in this stupor it is a keynote that the patient is always delirious, twitching and jumping and never lies passive. These cases should be well studied, for there is no disease in which homeopathy has done more or in which its possibilities are greater than in scarlet fever if we are fortunate enough to apply the indicated remedy.

In case of failure of belladonna with this symptomatology there are two remedies to be especially thought of, remedies, too, which I think are rarely prescribed by physicians, but which, if properly indicated, work wonderful results, and these are sulphur, where in spite of the apparent indications and the exhibition of belladonna, the patient fails to improve, the fever remains high and eruption probably a trifle incomplete: and calcarea phosphorica, where, perhaps, there is a slight alleviation with the coming out of the full eruption, but with almost immediate exacerbations and hyperpyrexia, accompanied by a tendency to an early fading of the eruption and scantiness in the action of the kidneys.

Agum Castus.

James Tyler Kent, M. D., after referring to the successes common to so many men in their early years, and the results which so surely follow, describes the patient as being in the following condition: He has loss of memory, despondency, suicidal thoughts, anxiety, fear, and peevishness. He suffers from headaches, photophobia and nervous symptoms too numerous to mention. Formation of the skin. Tearing pains of head, face, and teeth. All but the simplest food disorders the stomach, and he complains much of nausea. His muscles are flabby. He is anemic, and his glands are enlarged, especially the spleen. He is growing increasingly listless. The abdominal viscera hang down as a weight. There is a growing weakness of the rectum and constipation, and he presses hard at stool, which often fails and slips back, like silica, sanie, and thuja. The stool is large and hard. Itching, smarting at the anus, noisy flatus of a urinous odor. Excoriated anus. He soon takes on a hacking cough and night sweats. The limbs are tired and cold. He is sensitive to cold, and wants to remain quiet. Exertion and motion intensify his complaints. He has been to many advisers, and they have told him he has neurasthena. He must have agnus castus.

Causticum: A Few Pointers Worth Remembering.

Suitable in old broken down constitutions. Complaints are, as a rule, progressive in character. As a rule symptoms are slow in case. Gradual decrease of muscular power. Shortening of tendon resulting in contraction. The patient is, as a rule, melancholy, hopeless, has anxiety and fear. Discharges from mucous membranes are thick, tough, and gluey.

The patient sits down to table hungry, but on sight of food the appetite vanishes.
Bone Disease.

BY D. M. GIBSON, M. D.,

St. Louis, Mo.

Diseases of the bones though occurring less frequently than those of the soft parts are nevertheless of sufficient importance to make a study of the process interesting and profitable. Fractures, the thing that had come to be looked upon as having well established rules of diagnosis, have in the last few years taken on a new aspect because of the utility of the X-ray and the pathology and treatment of them takes on a new importance.

It is not of these that we would speak but of the more tedious and very destructive processes known and recognized as caries and necrosis, the former corresponding to the suppurative process of the soft parts while the latter partakes of the character of a true necrotic lesion and has its counterpart in the process found in the soft tissues under the general name of gangrene.

Caries is for the most part the result of one of the destructive diseases in other parts of the body and while the onset of the lesion may be occasioned, in fact, it usually is occasioned by trauma. The organism does not react promptly and presto—we have an infection and suppurative process with the accompanying phenomena of inflammation, softening and destruction, and finally the casting off of the debris in the form of pus.

On the other hand, as a rule, the necrotic condition is set up as a direct result of a violent process, or of an affection of the soft parts that quickly and violently destroys the blood supply to the bony structure and so devitalizes the portion involved.

Before proceeding further it will be well to refer to a few well known physiological facts regarding the growth and nutrition of the bone itself; since there is a vast difference in the new and old bone, whether it be in the infant or of the aged; from earliest life we find that the bone develops from a nucleus and sometimes from a number of nuclei or "centers."

The nutrition of the osseous bodies at this time is derived, for the most part, from the smaller blood-vessels that penetrate the structure throughout and the very vitality of the bone seems to be in the deeper part.

In the case of the longer bones there is a well marked separation of the short, soft ends and the longer portion or the shaft; the former getting the nutrition from numerous small vessels, enlarging in all directions and being slow of perfect ossification, and again the longer portion which grows largely from the circumference, develops in less time and in many, if not all cases, has a separate and distinct blood-vessel that penetrates to and nourishes its interior; the epiphyseal cartilages form a distinct and well defined separation of the shaft and its extremities; indeed so well marked is this that in child life it is rare to find a disease in the shaft that left alone will not extend to the epiphyseal line and there stop for a time at least; and the same is true of disease arising in the epiphysis.

Bony growth in the long section of the bone, is then, as we see, from the outer portion of the shell and when the nutrition is supplied from the inner side of the tube is so supplied by a separate and distinct circulation, hence any trauma or disease that affects this nutrient artery affects the nutrition of the bone, retards or arrests its development, and if the exciting cause be strong enough to destroy the nutritive membrane that furnishes life to the outer portion of the shell, we have death and bony gangrene or necrosis.

The symptoms of disease in the bone are, of course, severe owing to the unyielding structures involved and the somewhat slow advance of the process; it may, however, give rise to systematic symptoms of the most severe nature, and at the same time present a local phenomena that is by no means in keeping with the destruction that is going on, hidden and, perhaps, unsuspected. Local pain, fever, loss of appetite, restlessness, sleeplessness, loss of body weight, and at times delirium; together with septic chills or the development of typhoid symptoms, showing that deep systematic involvement are present in all severe cases at least, and it is surprising how the patient will gain flesh and grow better as soon as free drainage is established, either artificially or otherwise.

Bone that has been destroyed may be replaced by nature, and in no part of surgical work do we find more brilliant results than that attained in bone surgery; while, as a rule, the preservation of the periosteum is necessary for the growth of bone this is not an invariable rule as will be observed in the case of extensive deminution of the skull which is not followed by exfoliation of the.
outer table; and the case of the wedge-shaped space that is filled in with good true bone after the operation of osteotomy, yet there will be but little bony reformation, and it will be slight in extent if the adjacent periosteum be destroyed; it is of the utmost importance to save and carefully adjust the covering of the bone after any injury thereto, either accidental or operative.

It is a well known fact that all tissues contract while healing or have a tendency to do so, and for this reason we must see to it that while the bony repair is taking place and the tissues yet soft, the parts do not assume malpositions; these cannot easily be corrected at a later period: the contraction of the overlying muscles must not be forgotten, and the contraction of the periosteum itself must be overcome. This may be accomplished by stitching the membrane in the proper position, and by holding the periosteal tube open with gauze, together with extension of the muscles.

This is well illustrated in the effect shown where there has been subperiosteal resection of the end of one of the long bones, and where the membrane has been kept in shape until the bony formation has filled the space, as it will where the infection of the parts can be overcome. though it is a question if this new formation ever becomes true new bone: as we find to be the case where reformation of a portion of the shaft has occurred. In the latter case we find that the medullary canal disappears and the new bone will be more dense and more pliable than the fellow of the opposite side.

In view of these facts it will be seen how necessary it is to maintain perfect asepsis if we would get the best results in surgery of the bones and joints or where this is impossible to maintain free drainage, and to continue to drain until all of the debris has been removed by nature.

For an illustration we will take a case of extensive osteomyelitis of the tibia or perichance the femur. it matters not: simple drainage by puncture of the bony wall will answer if the lesion is small in area, but if extensive it will be much better to follow the method of nature wherein a large, long sliver of the bony wall is cast off, it will be better. I say, to follow this example and cut a furrow into the side of the bone, clean out the canal as much as may be possible and preserve the contour of the wall, and its covering with gauze drainage until nature has a chance to replace in a measure, at least, a portion of the bony sub-

stance that has been destroyed. So, too, in operations in the mastoid region it is well demonstrated that it is better to turn back the periosteum and scrape away all of the dead and diseased bone, and then replace the membrane, leaving only the smallest denuded spot for packing and drainage after the manner of Stacke, rather than make this drainage by simply boring into the bone, and making a counter opening into the canal. In the former case six weeks will close the wound, in the latter the repair requires months.

The bone-covering may be destroyed in an incredibly short space of time, and in the case of virulent infection of the joints it may in a few days or, perhaps, less time, destroy the joint lining, infect the spongy structure, cut off all of the circulation to the part and so poison the general system that death of the patient is imminent; in such a case it will be necessary and imperative to establish free drainage at once if we would save life, this drainage must be done at all cost, even the cutting away of part or all of the dead and diseased tissue, while in many cases this proceeding will be followed by a long, slow convalescence, or possibly amputation of the limb involved.

Repair of bone as of the soft tissues, particularly the cuticle, is accomplished by the depositing of new cells to replace the old; in the case of the bony shafts it is done mostly from the periosteum inward, in the spongy tissue, repair takes place from all of the bony and periosteal surface and proceeds more uniformly until when healing is complete we have a semi-bony, semi-cartilaginous mass somewhat smaller than the original bone, but which makes a pretty good articulation in some cases, and in others, loses all semblance to, and usefulness as, an articulation. Here is where the greatest usefulness of splints, extension, counter-extension, gentle manipulation and passive motion of the parts are of the most value: in short, the cases that it will pay the best to watch closely, and where the recognition of physiological and pathological processes will aid the surgeon.

As in the case of the soft tissues operations with dull tools are an abomination, and bony structures will resent with a great resentment the use of a dull chisel. a rough, poorly handled saw, or a jar caused by the hard use of a large mallet, the best instruments are small, sharp chisels, a strong, sharp, but not large curette, and a small leaden hammer; while operating on any part of the bony system it is imperative that the bone
covering suffer no trauma, if the chisel slip, there will be exfoliation or a bursa at that point in the bone; if there be tearing of the covering, there will be a spicula and suppuration at that point, moreover, the periosteum should never be stitched with silk: catgut that will in time absorb, or silver wire that will lie dormant and make no trouble should be the materials of choice.

Conservatism should be the watchword for every movement we make in dealing with diseased bone, but it must be of the kind that admits of no delay, no hesitation when radical measures are needed; the surgeon who waits "for the pus to come to the surface," when he has a case of ostitis, or who uses a "pack" in the hope of reducing the swelling when he is dealing with a case of osteomyelitis, does his patient a grievous wrong, a greater than he who refuses to open a "ripe felon." Yet the cases where we must sacrifice the bone entirely are comparatively few: only where the soft parts as well as the bone are infected with the tubercle, malignant disease or extensive suppuration, and the most virulent infection need we sacrifice a limb; the treatment may require weeks, and even many months of careful, patient attention and close watching, ere a cure can be effected and relapses may be frequent but, asepsis, rest, good diet, and proper internal medication will do a world of good and accomplish what at first sight appears impossible. Nowhere else is the homeopathic remedy of so much value, and let me add they are often given with good success by those who make no pretensions to that school of practice, and who make their prescription from a different standpoint.

One thing more and I will limit your indulgence with this bundle of scattered thoughts which contain so much chaff, that one thing is the question of drainage: bony granulations do not bear handling well, and when drainage is instituted it should be the iodoform gauze or wick packing, which once placed in suite should be removed only for cause; it may be allowed to remain in place for as long as two weeks and I rarely remove it in less than one week; in my experience it stimulates and helps new growth of bony tissue nearly as much as the use of "bone chips," and there is much less danger in its employment.

Often the old bone or a sliver therefrom forms an efficient drain, and care must be had that removals are not too radical. In a case that I had the good fortune to see, an incision for abscess had penetrated the sterno-clavicular joint, and that joint was loose, the clavicle being exposed for half of its length; in this case the soft parts were well drained, the periosteum kept open with gauze, and the old dead portion of bone permitted to remain as a stay until it was evident that new bone was forming to take its place, when a portion of the body was removed and the treatment continued; at the end of three months the necrotic portion appeared loose, and was lifted from its bed without difficulty; the clavicle on the affected side is not shorter than its fellow, and the newly formed portion appears to be of as much utility as the other; there is no loss of motion, and save for a little difference in the thickness of the bone and the scar in the soft parts, it were difficult to tell which side had suffered.

A number of other cases might be cited were time at our disposal but this will suffice, and if in the future we can have appliances and rules that will aid us in the earlier discovery of bone lesions we may expect a corresponding advancement in the results obtained by treatment.

Let me add in closing that the remedies of the most value in severe bruises which so often give rise to these serious conditions are, as is, perhaps, already well known to you all, hypericum, the king of them all, ledum, which is so effective in many cases, and last but by no means obsolete our old standby and well-tried remedy, arnica. These may be applied both internally and externally as desired or as judgment dictates.

**Indigestion: Its Symptoms and Their Rational Treatment.**

**BY CHARLES A. BECK, M. D.**

The obstacles placed in our way when dealing with such a complex theme as indigestion are many, for we are brought face to face with an obstinate ailment in the vast arena of nearly all bodily complaints. In this article we shall discuss indigestion as met with in patients that seek the general practitioner's consulting-room for advice and medicine. The complaint is one that merits the attention of the physician, whose patience and skill are often sorely taxed in suggesting remedial agents; especially is this the case with some of our chronic dyspeptics.

We sometimes get patients that are fully aware of their indisposition, knowing only too well that the complaint has been ushered in by a (week-
end?) surfeit—perhaps an overabundant quantity of beer or a large Sunday dinner. It is a sin peculiar to all dyspeptics to overstep the boundary line of medical advice; never has there yet been a chronic sufferer of indigestion found who would religiously adhere to a fixed dietary. Why? It is the vis mediatrix naturae that gives us a hint that our patient should have a varied diet, and it is here that the various digestive adjuvants are of signal service; but too much reliance must not be based on such preparations. We should always bear this dietetic variety in mind when drawing up a special menu for our patients. The task is a difficult one, and even more difficult with the younger members of our craft: they are called upon to frame a dietary, being well aware that they are giving advice on a subject of which they have very little experience, and their patients very much.

Our first duty, of course, is to find (if possible) the cause of the patient's ailment, and this opens up to us a very large and difficult subject; for in no other disease does the old adage, "Notitia morbi primus sanitatis gradus," come more to the fore than in the complaint under discussion.

The stomach, as well known, may be influenced directly through its contents irritating the walls, and so interfering with its proper chemical metamorphoses; or it may be indirectly or reflexly deranged by a morbid condition of the kidney, uterus, ovaries, intestines, peritoneum, and abdominal functions generally; in fact, almost any bodily organ may be involved. As an example of reflex vomiting, one might cite the distressing emesis with some young and neurotic women, often treated with various stomachic mixtures having little or no effect on their exhausting symptom. With a little care we may frequently detect some uterine or ovarian trouble, and a blister placed over the respective regions is often followed with startling results.

When perusing the works of the Continental writers on our subject, we are struck with their pompous nomenclature. One of them (Ewald) goes to extremes; he states that the term "dyspepsia" should be wiped out; in its stead we get the better-sounding terms: Aehylia gastrica, gastrosuccorrhea, hyperchlolydria gastrica, etc. These terms, as far as the general practitioner is concerned, are a mere phraseology—a logomachy of specialists—only adding to an already overladen medical vocabulary.

Readers who wish to acquaint themselves with these "modern gastro-diagnostic methods" will find many novelties in Max Einhorn's book ("Diseases of the Stomach," 2d ed.). In this work we find: Test meals: stomach-buckets; and gastrodiaphony, or transillumination (with the aid of a small electric lamp). Such remedies may be of signal service when employed with the tactics of the specialist, etc. A further description of the above would, to my mind, be out of place in the present article. Every practitioner knows that dyspeptic patients have a will of their own; they would peremptorily refuse to submit to any of the above maneuvers. There is a "little" operation worthy of trial, viz., the use of the stomach syphon for washing-out purposes, etc. The procedure is exceedingly simple, but, nevertheless, some dexterity is required to perform it neatly. A few "tips" may be of service here. The tube should be well lubricated (water or glycerine). Introduce it gently, and when the tube is on the level with the larynx a sudden fit of coughing tends to come on, and an irresistible desire to pull it up. This would naturally defeat the object of the operation. It is always best to take two or three deep breaths (to favor a sort of apnea). Keep on pushing your tube gently, and, as a rule, the tube will glide down quite easily. The tube passed, pour some water through it into the stomach until it is full (or as much as thought advisable). You now pinch the tube with finger and thumb, so as to keep it full of water (an important point), and when you now depress the funnel at the end of the tube it will act on the syphon principle. The stomach can be completely washed out by this method until quite clear water comes away.

Our subject will be discussed in the old order—i.e., acute and chronic indigestion, or dyspepsia—and before dealing with each respective heading we shall have a few points to discuss on the symptoms connected, in a more or less degree, with both forms. In doing so their common etiology and treatment will be briefly given. Our food-stuffs require to be broken up and insalivated by the teeth, and if these are defective it becomes our duty to place our patient under the care of a good and competent dentist, and not one of the unqualified dental tinkers, whose number, unfortunately, is legion. Another common cause is too long or short an interval between meals; then come depressing agencies that have a marked tendency, directly or indirectly, to impoverish or vitiate the gastric secretion, thereby
inducing a dyspeptic state: exhausting illness; overwork (physical and mental); insanitary surroundings; sedentary occupations; vicious indulgences (sometimes more than appear on the surface); indolence and want of exercise—all of which are conducive to imperfect blood-formation and anemia. Witness the ever-active American in his eager and hasty struggle for wealth, the inordinate mental activity dependent thereon coupled with faulty habits of feeding—all this has made the American a dyspeptic type. It is, of course, our duty to study each individual dyspeptic closely, and so "get at" his natural individual digestive peculiarity. A good measure to suggest (in simple cases) is a good draught of water (preferably hot) an hour before eating: this will wash away the residue of a former meal, and so refresh and prepare the stomach for the next. A patient will sometimes complain of pain between the shoulders extending to the left arm. This symptom, though common enough in dyspepsia, may also lend color to true angina. The pain coming on after food plus other dyspeptic symptoms, our diagnosis is "stomach trouble"; but if supervening after physical exercise, our course of treatment will necessarily be on other lines. A fruitful cause of indigestion (a very great one) is constipation. This should never be overlooked. The stomachic disorder is brought about reflexly per vias the distended bowel (Meissner’s plexus), and is best treated with a purgative—the urinary deposits (so alarming to some patients), oxalates, urates, or even phosphates in the neurotic, will then rapidly disappear, and so put our patient in a more tranquil state of mind.

In treating acute indigestion, dyspepsia, or gastric catarrh, in the adult, a speedy cure may be effected in the spontaneous removal of the ingesta from a stomach that has been treated like a gizzard. The best plan here is to encourage vomiting, one of the oldest and most simple of methods (that might be more frequently employed by the practitioner), by tickling the fauces with the finger, or by administering some tepid water. The patient is urged to take one glass after another (85°) until its nauseating effects on the palate and volume of gastric contents provoke free emesis. Another draught of water is then taken with the same effect, bringing away with it the remnants of the offending material and mucus. A third draught of water may now be given to which a little sod. bicarb. (half a tea- spoonful) has been added; this will neutralize the acid products of decomposition, and further dissolve and remove the mucus. A portion of the latter is left behind, and this, acting as a sedative to the gastric walls, will give speedy relief and rest. This method of treatment is simple, and may abort an acute attack of gastric catarrh; its application, however, will require discretion on the part of the practitioner. It must be remembered that old people stand vomiting and emetics badly; in some patients the above procedure might be dangerous, perhaps fatal, through rupture of a cerebral blood-vessel.

Other, less drastic, measures for combating the distress of acute dyspepsia, with its horrible nausea, sense of weight, distention, flatulence with its anxiety and horrible depression, is to treat the most prominent symptom. Alcoholic stimulants (best given in effervescence—champagne or good brandy), or even a subcutaneous injection of ether, may be called for in extreme depression. For the pain, flatulence, etc., the ordinary warm applications to the abdomen will give relief. The nausea may be ameliorated by an indicated remedy combined with an aromatic carminative. The thirst is best alleviated by sucking ice, or, if not at hand, by a few sips of hot water (as hot as can be taken). Sleep should be induced to give the stomach much-needed rest for several consecutive hours. A troublesome after-affection is, sometimes, the "bulimia," which is best treated with small quantities of nourishment in the form of milk and soda, bread and milk, meat jelly, or thin broths, according to age and taste or other circumstances of the patient. Prepared foods given to convalescing patients are good, but too much confidence must not be placed on their nutritive properties: their value, in my experience, has been very much overrated. In some individuals they may favor a recurrence of acute symptoms (ulcer) through their nauseous and mawkish taste.

Our therapeutic course in chronic cases is a different one; here it is the food and feeding that chiefly merit our attention. The most frequent object for blame is the stomach; its functional capacity is below normal, either from a temporary or permanent cause, and so unable to cope with even a moderate amount of wholesome food. Speaking broadly, we can do much to assist our patient by giving instructions with respect to food. It should be moderate in quantity. All articles recognized as indigestible or difficult of
digestion are to be avoided. Never should a patient be made to “stick” to a restricted range of any particular “system” of diet; be it remembered that a strong dislike or a marked prejudice against any food may cause it to disagree. It would constitute a long chapter on dietetics to give directions with respect to the quantity and kind of food and drink. Every well-selected and attractive dish is stomachic in its effects; hence a well-arranged, well-served meal, and taken under pleasing and exhilarating surroundings and conditions, has a decidedly beneficial influence on our patient. Whenever planning treatment for chronic dyspepsia, bear this fact in mind: If the meal is to nourish, it must also agree. Of all kinds of food (in the adult), the most nutritious is meat, and in ordering a dietary for a chronic dyspeptic we should endeavor to retain it, or to return to it as soon as possible. Mutton, for instance, is a most digestible kind of meat; sweet-bread, brains, calf’s head, and tripe, have also their proper places among the easily assimilative food-stuffs. Few are the chronic dyspeptics that cannot enjoy, relish, and digest, properly-chosen, well-hung, and lean mutton (the fat should be eschewed). This regimen will sometimes suffice in very obstinate cases. In chronic catarrh we may for a time have to permit only digestible solids, such as boiled fish and underdone lean mutton, and to forbid many things, such as vegetables. Steady progress should be made in the direction of ordinary food; get the patient to eat in accordance with his appetite. And it is here that the various digestive adjuvants, such as pepsin or peptonized (pancreatized) foods, come to the fore; they enable our dyspeptic to leave his restricted diet, and launch at once into a generous and varied one, and this will sometimes be all that may be required. For a time these stomachic adjuvants may agree very well, but their continuance is not to be encouraged. The best of them are simple, monotonous, and unsoceiable dishes; they are, no doubt, accountable both for the depression and debility of the victims of indigestion. Light wines (a single glass) taken with the solid parts of the menu often whet the appetite and start the flow of saliva and mucus. The wine, being of acid reaction, will stimulate the gastric glands, and so give zest to the meal as a whole. With some patients the sparkling kinds find approval; others, again, are best suited with 2 or 4 drachms of good brandy in some effervescing water.

When stimulants are contra-indicated at meal times, plain water or distilled water (made agreeable by aeration), is to be ordered. The most objectionable of all beverages with meals is milk.

In order to curtail time and space, the following scheme of dietary in an average case of obstinate catarrh may be useful:

Breakfast: Eggs poached or lightly boiled; white fried fish (grilled) or thin crisp bacon; stale bread and toast; towards the end of the meal a small breakfast cup of tea (freshly infused for three minutes only), or coffee with milk, or a light natural cocoa. To be avoided: Buttered and fried eggs; red or flat-fleshed or preserved fish; all preserved meats; sausages; hot rolls, new bread, and buttered toasts; all sweets.

Luncheon: Slice of roast mutton, or mutton chop (grilled, minus fat); old, well-hung mutton (entirely free of fat); slice of underdone roast beef; white fish boiled or fried (no skin): a tablespoonful of potato put through a sieve or squeezer, a tablespoonful of spinach, or a few heads of seakale or asparagus: stale bread or toast; a glass of sparkling water.

Dinner: A few tablespoonfuls only of clear soup; white fish boiled or fried (not the brown portion); one meat course, selected from mutton or beef, as at luncheon, poultry, game, sweet-bread, brains, calf’s head; vegetables as at luncheon; bread stale or toasted; no sweets. In milder cases: Stewed apples and other simple fruits; a few spoonfuls of simple farinaceous pudding or plain custard. Dessert to include a little sound fruit. To be avoided at Dinner: Relishes; thick soups; red-fleshed or curried fish; crustacea; fish sauces; curries; hashes; stews; lamb; veal, pork, tinned meats of every kind; kidney, liver, heart; duck, goose; mashed potato; uncooked vegetables of every kind; cabbage, broccoli, cauliflower, Brussels-sprouts, turnip-tops, carrots, parsnips; pickles and prepared soups; pies; tarts, sweet puddings, or cheese (only ripe and friable and in small quantities); ices; acid fruits; nuts; black coffee. Beverages at Dinner: One or two glasses of sound Bordeaux or Burgundy; a tumbler of pure sparkling water towards or at the end of the meal.

At Bedtime: A glass of cold water only; avoid spirits and food of every kind, however light.

In addition to our medicinal and regimenial advice, we must never forget that moderate exercise and fresh air become essentials with our patients: it removes the evil influences of a seden-
tary and indolent life. But every undue exercise indulged in immediately after meals can never promote gastric digestion.

The adage "Be moderate in all things" appeals to us all, and especially to our dyspeptic patients who stand in need of advice and warning if they wish to possess good health and good stomachic functions. Excessive smoking, along with other conventional excesses, such as the habitual "whisky-boozing," etc., among young men (and old boys!) of to-day, is doing much to limit the number of those hale and hearty old men, those living specimens and testinomies of a life well spent in moderation and abstemiousness; a life blessed with a contented mind, good digestion.—a good stomach, of which the German poet sings:

"Der Magen ist das Centrum aller Dinge,  
Der erster Feind am grossen Weltenringe."

**Aconitum Napellus.**

BY M. E. DOUGLASS, M. D., BALTIMORE.

(Concluded from page 10.)

Heartburn.—These symptoms show how useful aconite may be in heartburn, when characterized by the rising of sweetish water to the mouth, a burning sensation along the esophagus, and a feeling of qualmishness at the stomach. Homeopathic physicians are very much in the habit of associating arsenic with burning pains. Both the provings and the toxicological effects of aconite show that a burning sensation, or the rising of a burning fluid in the esophagus, may constitute a characteristic indication for aconite.

Aconite causes loathing, qualmishness, nausea, and inclination to vomit, especially in the pit of the stomach; nausea, which is relieved by eating.

**Bilious Nausea.** accompanied by fullness in the head, dizziness, coated tongue, bad taste in the mouth, sickness at the stomach, great thirst, feverishness, sallow complexion, and vomiting of bile.

**Hematemesis.**—Vomiting of blood or hematemesis may be arrested by aconite. It may occur in consequence of a strain or blow upon the stomach, in which case arnica may be required. But if the discharge of blood should be attended with much anxiety, palpitation of the heart, soreness of the epigastric region, dizziness, paleness, or violent headache, aconite should be given.

Vomiting of arterial blood, with sweetish taste in the mouth, swelling of the region of the stomach, bubbling sensation and soreness in this region, precordial anxiety, coldness of the extremities, small, hurried pulse, pale face, requires aconite. A drop of the tincture or a few drops of the first attenuation in a tumblerful of water may be given, a teaspoonful every five or ten minutes, until reaction is established, the pulse bounds up, the skin becomes warm, and the face looks red; after which aconite may be continued at longer intervals.

Among the symptoms of aconite there is one which bears upon this condition very characteristically; it is this: "Sensation as of a cold stone lying in the stomach, notwithstanding repeated vomitings and frequent stools." This symptom very often precedes an attack of hematemesis. After the vomiting of blood has once commenced the coldness may give place to a burning sensation in the epigastric region.

Many of the symptoms of gastric derangement to which aconite is homeopathic are relieved for a period by eating or drinking; they return again one or two hours after. This peculiar change may be considered as characteristic to some extent of the homeopathicity of aconite to these gastric affections.

**Bilious Colic.**—In this form of colic the bowels feel as if twisted up in a knot; they feel extremely sore, the patient complains of a burning, tearing distress in the bowels, with nausea, vomiting of bile, dizziness, calmness of the extremities, chilliness, quick and small pulse, succeeded by heat and dryness of the skin, dark flushes on the cheeks, full and abounding pulse, meteorism, constipation, dark, foul, and turbid urine. All these symptoms characterize the action of toxicological or medicinal doses of aconite.

Aconite causes and is therefore in curative rapport with bilious diarrhea and dysentery, even when the discharges consist of black and fetid stools, for aconite causes "black, fetid stools."

This agent is also useful in common Catarhal Diarrhea, when the stools have a watery consistence; the discharges may either be painless or accompanied with more or less pinching or gripping pain.

**Rheumatic Diarrhea,** with frequent, scanty, and loose stools, and a good deal of straining or urging, aconite may prove indispensable. It is likewise adapted to

**Nervous Diarrhea** or cholerine, with nausea and sweat, either before or after the evacuation.
This kind of diarrhea may even occur after an emotion, fright, chagrin.

Aconite causes white stools, with red urine. It also causes diarrhea with emuresis and colic. We should not forget aconite in

Cholera Infantium and in the diarrhea of den-
tention, with straining, excoriation of the anus, heat of the body, much thirst and restlessness.

Hemorrhoids.—Aconite causes the following symptoms, pointing to its use in hemorrhoids: Burning or sensation of heat in the hemorrhoidal vessels; sensation as of a warm liquid being dis-
charged from the anus; flow of white mucus from the anus, with its itching; flowing piles.

Violent hemorrhage from the hemorrhoidal vessels is frequently arrested by aconite.

Aconite will counteract consequences of sud-
den suppression of piles and of diarrhea, which
often show themselves in dangerous congestion about vital organs.

Aconite will also heal soreness and excoria-
tions around the anus, with stinging, smarting, and burning pains; exudation of serum, even when of sanguineous character. The bowels are generally constipated, and the parts around the anus may even be studded with little boils or inflamed tumors.

Among the provings of aconite the following symptoms point to cystitis and urethritis: Re-
tention of urine, with pressure in the bladder, or stitches in the region of the kidneys: burning and tenesmus of the neck of the bladder, between the acts of micturition; single shooting stitches in the urethra, when walking; burning in the urethra from one orifice to the other, during micturition; brown, burning urine, with brick-colored sediment.

Cystitis may occur in consequence of rheu-
matic exposure, or of an injury to the bladder: urethritis may take place from the same causes. In

Dysuria or even ischemia, aconite may prove a sovereign remedy. A cold in the bladder may induce this affection; there is a constant and most painful urging to urinate, with discharge of a drop of urine every now and then, or an utter inability to urinate. Besides these symp-
toms, the following indicates aconite in this af-
fection: "Difficult and scanty emission of urine, with frequent urging, and sometimes accom-
panied with pinching around the umbilicus."

Paralysis of the Bladder.—Aconite causes mo-
memento paralysis of the bladder, with " involu-
tary emission of urine." It acts curatively in paralytic conditions of the bladder in old people, if brought on by rheumatic causes; if paralysis of the bladder develops as the sequela of an op-
eration, aconite becomes a most important rem-
edy.

Acute Gonorrhea.—In acute gonorrhea, with burning pains which cause the patient to faint, inability to urinate, discharge of blood from the urethra, aconite given in one or two drops of the tincture in a tumblerful of water, will afford great relief. It is more particularly indicated if the sudden arrest of the discharge in conse-
sequence of exposure to catarrhal or rheumatic causes should lead to agonizing distress; hemor-
rhage from the urethra.

Aconite affects the sexual instinct as well as the sexual power. It causes amorous paroxysms or else a diminution of the sexual desire, or an increase of the sexual desire, alternating with sudden relaxation of the penis. It also causes a drawing up of the scrotum, and frequent involuntary nocturnal emissions.

Aconite affects the sexual life of women with a peculiar intensity and varied power. It causes a profuse discharge of the menstrual fluid, amounting even to hemorrhage; hence we find aconite specifically adapted to

Menorrhagia, when the blood is bright red, and a certain order of constitutional symptoms is present, such as, dizziness, rush of blood to the head, palpitation of the heart, feeble and nervous pulse, with coldness of the extremities, sickness at the stomach, bearing down pain or weight in the uterine region. Even in simple

Excessive Menstruation, when similar symp-
toms are present, more particularly in the case of nervous, sensitive, plethoric women, aconite will be found useful.

Amenorrhoea or menstrual suppression in con-
sequence of exposure to wet, or similar rheu-
matic causes, may yield to aconite. The patients may feel weary and heavy; the bowels may feel sore and disturbed, and troublesome symptoms of congestion about the head, lungs, heart, liver, or small of the back, may show themselves.

Aconite not only causes profuse menstruation, but the flow may be accompanied with spasmodic pains in the bowels; violent, dragging pains in the uterine region, nausea, headache, paleness of the face.

Leucorrhæa.—Aconite causes a copious, tena-
cious, yellowish leucorrhæa, which may some-
times exist in the place of, or after the termination of, a menstrual discharge, more particularly in the case of plethoric individuals.

Puerperal Mania.—Aconite causes "frenzy on the appearance of the catamenia." If symptoms have occurred during pregnancy to which aconite is homeopathic, then this agent will prove useful in puerperal mania and convulsions. Among these symptoms we distinguish apprehensions of death; frequent congestions about the head; fitful mood, alternate depression of spirits and extreme mirthfulness. An attack of this kind may likewise set in in consequence of a sudden fright, with suppression of the lochial discharge or milky secretion.

The action of aconite upon the Schneiderian membrane is characterized by the following symptoms: Violent sneezing with pain in the abdomen, or in the region of the left ribs; coryza, headache, humming in the ears, and colic; complete dryness of the nose; discharge of a clear liquid from the nose.

Aconite also causes a stupefying pressure over the root of the nose, and bleeding from the nose.

In Catarrhal affections, when a thick purulent mucus is discharged from the nose; the nose may feel painful even up the cribiform plate; the suppurative process and consequent soreness may even extend throughout the whole tract of the frontal sinuses, causing a great deal of distress, stupefying dullness, and heaviness in the forehead; inability to think clearly and coherently, and even constitutional disturbances of a more or less marked character. Again and again have these difficulties yielded to the steady use of aconite.

Chronic Catarrh, where the nose seems stopped up, and where the patient is frequently troubled with discharges of pus and blood, or even thick mucus from the nose, having an offensive smell, and culminating every now and then in acute paroxysms, with tight feeling in the frontal region, aching pains in the forehead, sense of swelling in the nose, sneezing, and other symptoms of acute catarrh, aconite is an indispensable agent both for the purpose of controlling the paroxysm, and as a neutralizer of the chronic taint. Aconite is homeopathic to

Dry Catarrh, an affection which may befall both full-grown persons and children, and is sometimes very annoying, especially to infants at the breast, and to larger children. The nose seems stopped up, a difficulty which is more particularly apparent when children are asleep; they have to breathe with their mouth wide open. The following symptom among the provings points to this condition: "The breathing through the nose is interrupted especially when asleep."

Chronic Bronchitis.—Aconite is of great service in chronic bronchitis, of which disease hoarseness is frequently one of the first symptoms. Aconite covers also other symptoms, such as a sensation as if the trachea had gone to sleep; pressure and burning pains along the trachea, down to the pit of the stomach; sensation of roughness down the trachea, inducing frequent coughing. The "sensitiveness of the larynx to the inspired air, as if the mucous membrane were deprived of its epithelium" is a distinct indication for aconite in deep-seated inflammatory affections of the larynx, which, if of a chronic character, are likely to terminate in disorganization of the lining membrane. In

Croup, aconite is likewise indicated by this symptom. If used in time, it may prevent the formation of a false membrane. The symptoms which characterize the inflammatory stage of croup, inflammatory fever, hoarseness, shrill and cracking sound of the voice, redness of the fauces and velum, extending down the throat as far as we can see, with sounds of incipient exudation on the inflamed parts, correspond with the physiological action of aconite upon the throat and larynx.

Among the symptoms of aconite there is one which deserves particular mention; it is this: "Paralytic weakness of the epiglottis, causing the ready passage of food and drink into the larynx during deglutition, which induces a suffocative sensation, with cough." It may constitute a prominent feature in

Laryngismus Stridulus, or asthma millari, in which affection aconite is specific; the affection is characterized by violent paroxysms of suffocative breathing which often rouse the child from its slumber with a shrill cry; the pulse becomes small and hurried, the face looks congested, purplish; the lips are blue, swollen; the eyes express agonizing distress.

Cough.—Aconite causes a dry and hard cough; violent, dry cough, with spasmodic constriction of the anus; short and dry cough arising from a titillation in the larynx; the cough is particularly excited by smoking, or after drinking, or at night; cough, which is worse at night, when the paroxysms set in every half-hour; cough,
with a fluid, frothy expectoration; when coughing, the chest feels sore, and the larynx raw.

These different forms of cough occur more particularly in consequence of a cold on the chest. Cough to which aconite is homeopathic is more or less spasmodic. It is a fatiguing, wearing cough, as if the chest would be torn to pieces, or as if the brain would be shattered by the concussion. The cough may seem to proceed from a sore spot in the air-passages, or even from the larynx, the bifurcation of the trachea. Pulmonary engorgements are always present in cough which requires aconite for its remedial agent; a certain order of pains correspond with these engorgements, such as aching, sore, shooting, sticking pains.

The congestion which aconite excites in the lungs is marked by a series of peculiar pains and abnormal sensations generally. We have aching, oppressive and constrictive pain in the chest or side of the chest; feeling of weight in the chest as if it were compressed on all sides; sobbing inspirations owing to a retarded circulation of the blood, and a distinctly felt congestion of blood in the lungs; weight and a feeling of fullness in the chest, with sensations as if the lungs would not expand sufficiently, which frequently obliges one to draw a long breath; oppression of the chest, increased by a deep inspiration; aching pain in the upper and left region of the chest; the place is painful when touched; feeling of weight behind the sternum, preventing deep inspiration; weight in the chest, accompanied by a number of fine, but violent, stitches in the left breast, from without inward; violent darting stitches in the chest; soreness behind the sternum as if the parts were bruised; feeling of heat in the lungs; burning sensation in the lungs as if some hot fluid would rise into the mouth.

If losses of the vital fluids are the cause of anaemia, aconite should be given in small doses, lest the subsequent reaction should be too violent. If a chlorotic or tubercular diathesis is the constitutional cause, or rather, the deteriorating condition of anaemia, aconite may very frequently be given in the lower attenuations.

Catarrhal Senilis.—Among the chest symptoms of aconite there is one which deserves particular mention; it is this: "Mucous rattling which can be heard at a distance." You may hear this rattling as if the air-passages were full of loose mucus in the catarrhus senilis, or the bronchial catarrh of old people, which is so apt to terminate in paralysis. We also hear it in the catarrh of children who seem to be choked by this rattling mucus without being able to hawk it up.

Whooping-Cough.—The spasm-exciting properties possessed by aconite render it valuable in whooping-cough, especially during the first stage, when the cough is dry, spasmodic, attended with a good deal of wheezing, fever, burning pain in the larynx and trachea, vomiting after the paroxysm.

Spasmodic Cough.—For the spasmodic cough which sometimes remains after measles, with soreness in the chest, titillation in the larynx, expectation of a frothy or a glairy mucus, aconite is one of the remedies.

Hemoptysis.—Aconite has caused cough, with expectation of blood; hence in hemoptysis, or bloody cough, we shall find aconite not only useful, but in many cases an indispensable specific.

A very common cause of hemoptysis is pulmonary tuberculosis. In consequence of a cold a tuberculous portion of lung may become irritated, the tubercules may become softened, and a cough may ensue attended with discharge of the softened tuberculous mass and a greater or less quantity of blood. This form of hemoptysis is very often the beginning of consumption. The patient complains of a sore aching pain at a certain place in the chest, more particularly in the upper lobes, from which the paroxysms of cough emanate. The cough is of a spasmodic character, exhausting, generally worse at night. For an acute cough of this kind we can safely recommend aconite as one of our most reliable agents.

Asthma.—We find aconite indicated in asthma with a spasmodic contractive sensation across the chest, and a feeling of oppressive anxiety. Also in asthmatic complaints of sensitive plethoric young women who lead a sedentary life, or when the attack is brought on by the least excitement. Asthmatic complaints of full-grown people, especially when the attack is brought on by the spontaneous retrogression or violent suppression of an acute rash upon the neck or chest, or when it is accompanied by violent congestion of blood to the head, vertigo, a full and strong pulse, or even hemoptysis.

Spasms of the Heart come within the curative range of aconite. The provings show that aconite convulses the heart. This spasm may be characterized by a sense of suffocation in the region of the heart, sensation as if the heart had ceased
to beat. Excessive anxiety as if death were impending; coldness of the extremities, collapse of pulse, deathly pallor of the face.

_Syncope._—Sudden congestions of blood about the heart are frequently attended with syncope, or fainting, with collapse of pulse, paleness of the face, staring look. If this attack occurs as a symptom of _hysteria_, it may be sufficient to hold a vial of hartshorn, or the spirits of camphor under the patient's nose. If treatment should be required, a few doses of aconite, first or second attenuation, at a few minutes' interval, may be sufficient to stimulate the heart's action.

In some acute eruptions, a few doses of aconite may be sufficient to control the fever and to remove the eruption at the same time. Acute netter rash, measles, purple-rash, eczema, and other eruptive disorders may come under this head.

It is not only in inflammatory fever, characterized by the full vigor of constitutional reaction, but likewise in _Adynamic Fevers_, with cold and clammy skin, and depressed or even collapsed pulse that aconite may be of essential benefit. Our provings indicate "small and feeble pulse," or likewise "gradual collapse of pulse," and "cold sweats, or night sweats."

Aconite may rekindle the depressed temperature of the body, raise the pulse, and generally restore the condition of things which existed as to the general features during the period of the previous organic reaction. If the adynamic condition was caused by previous loss of blood, the higher attenuations may suit the patient best; if the natural result of neglect or inadequate treatment, the lower preparations and even the tincture may be required.

_Gastric Fever._—Aconite may be employed in gastric fever with whitish, gray, or yellowish coating upon the tongue, foul taste, hawking up of mucus, nausea, soft bowels, constipation, or occasional diarrhea, with stools consisting of foul-smelling mucus, and ill-digested food.

_Hectic Fevers._—Aconite causes a profuse secretion of moisture upon the skin, and it may therefore be eminently adapted to feverish conditions where profuse perspiration is a leading symptom. In certain lentescent or hectic fevers, with profuse and weakening night-sweats, aconite may prove an excellent remedy, provided these fevers are not symptomatic of some incurable disorganization.

_Congestive Fevers._—In the violent bilious congestive fevers, with agonizing distress in the head, vomiting of bile, extreme heat and dryness of the skin, full, bounding, and rapid pulse, paroxysmal exacerbations at certain hours of the day, aconite may be one of the means of cure. In all these violent fevers the lower attenuations are generally required.

The action of aconite upon the skin, and its therapeutic virtues in acute eruptive diseases are very characteristic. In measles, scarlet-rash, rubella, acute eczema, and impetigo, acute zona, and in any other eruptive disease which sets in with synochal fever, aconite may always be resorted to for the purpose of moderating the fever and facilitating the appearance and full development of the eruption. The various kinds of acute rash, netter rash, purple, and scarlet-rash, measles, eczema, and other eruptions very frequently disappear with the fever under the use of aconite. In all the uncomplicated cases of these eruptions give a dose of aconite every now and then until the eruption has fairly run its course. In

_Scarlet Efllorescence_ induced by a cold, aconite will dissipate the whole difficulty in the course of a couple of days. Sometimes this efllorescence has an hemorrhagic appearance without any actual effusion having taken place. In

_Hives_, with which children are so frequently troubled, aconite is an excellent remedy for the purpose of allaying the itching and burning.

Do not forget the importance of aconite in the treatment of injuries, fractures, dislocations, sprains. Aconite will check the traumatic fever, and control the inflammation which may develop itself in the dislocated joint. In

_Sprains_, homeopathic physicians generally use arnica, although aconite is most frequently required in order to scatter the sanguineous congestion consequent upon a sprain. For this purpose, aconite may be used both internally and externally; internally in the attenuated form, and externally from twenty-five to thirty-five drops of the strong tincture in eight tablespoonfuls of water.

Aconite causes a restless sleep which is moreover disturbed by dreams of an anxious or terror-inspiring nature. The prover talks a good deal in his dreams, and is in constant motion during his sleep. Anxious dreams, with oppression of breathing, as if he had the nightmare; he wakes with a start, as if frightened; constant drowsiness, even in the daytime.

_Sleeplessness._—Aconite also causes sleepless-
The Choice and Use of Medical Literature.*

BY HUGH T. PATRICK, M.D.

Our day-dreams of attainment are much the same, but the daily walk of doctors varies greatly. Most of us have met a doctor who may be called the family factotum. He hob-nobs with fussy mothers and puttering fathers. He is greatly interested in grandma’s cough, knows just how to wash the baby, has his special poultice, and can take off warts. Dropping in to ask about Aunt Em’s backache, he stays an hour visiting with the folks. He is a gentle and kindly soul, but his mind is occupied with the trivialities of medicine and domestic chit-chat.

Then there is our old friend who in winter airs his surgical deeds and medical acumen about the drug-store stove, and in summer holds a like symposium on the shady side of the street. He knows a good cigar, is a pleasant gentleman, and harmless in all things save only the practice of his profession.

We have heard of the affable society doctor who dresses well, talks well, knows the best families, attends receptions, and makes social calls. We know and respect the God-fearing church doctor who teaches the Bible class, sings in the choir, gets together the pastor’s salary, and finances the church debt. The lodge doctor, the sporting doctor, and the doctor deep in politics are familiar figures. We know them all. They are of us, members of our honorable guild. With loyalty and affection we take them by the hand. They are good friends and good citizens; but really fine physicians? Not one of them. And not one of them has any real use for good medical literature.

But there is another man: The man we would like to be: the capable man who knows his work and does it; the man up with the van, who can talk face to face with the great in our noble profession. He has enthusiastically striven or doggedly persisted until he is the wise, skillful physician who practices with no uncertain hand, but knows when he is right and knows where he is ignorant. To be what he is and do what he does means familiarity with what others have done and are doing. To this there is no exception. He reads. He selects his literature well and uses it wisely.

The selection of our books is a task as delicate, a duty as significant as is the choice of remedies

*Read at meeting of the Mississippi Valley Medical Association, at Cincinnati, October 11, 1904.
for our patients. Every book is a prescription for our mental self. And yet who can deny that the clever book-agent puts thousands of volumes upon our shelves? In this day and generation it is the doctor's obligation not only to be able to recognize the good in medical literature, but to know the great and the safe among medical writers. A conscientious physician calls in consultation no unknown man, but, strange to relate, he will blindly follow an author of whom he knows nothing except that he has produced a book.

Another somewhat frequent professional indiscretion, to call it by no harsher name, is the good old student plan of sticking to a text-book. Progress means expansion. The more a man progresses the less prominent is the role of the text-book. It is necessary for babes but not meat for strong men. No text-book doctor is an A No. 1 man. The latter needs the treatise, the "system," the cyclopedia, and particularly the monograph.

Of all medical books the monograph is the best—and the worst. As a rule, it is the product of special interest and wise employment of opportunity. In it we often find the rich harvest of many years of loving labor by a great mind. In all probability the author has not only consulted the writings of others, but has acquired a sure judgment in weighing their merits. Unfortunately sometimes he is an enthusiast without balance, a faddist, a man with a theory, a prejudiced observer, a dealer in sophistry. Then, if in addition he be a positive and clever writer, he may do untold harm. I have now in mind an interesting, attractive book which in the last twelve years has led astray thousands of physicians, and I am sure that the next quarter of a century will not see rooted out the fallacies planted by its brilliant author. Why is this? Because thousands of well-meaning doctors bought the book without knowledge, read it without care, absorbed its taints without proving, and promulgated its dicta without prudence.

If he is to really profit by the precious time spent in reading, the physician must be able to read with discrimination. In medicine there is no such thing as an authority. The critical sense must be keen and ever alert. The reader must learn to be a judge, for the plea of every paragraph is to be adjudicated. And if he feels himself at fault assistance is on every side. I think there is no case in which those who know are more happy to lend a hand than in the selection and interpretation of medical writings.

And next, what of the journals? This is a big question and a hard one; one I approach with considerable feeling but no confidence. Nevertheless, I shall not attempt to dodge it. And since to advise is more human than to confess, to find fault more spontaneous than to praise, to say "don't" easier than to say "do," I venture first to advance a few of the "don'ts" in my mind. But be it understood that these are suggestions purely tentative, the expression of only one of a vast company, and that no remark is meant for criticism of editor, censure of publisher, or condemnation of publication per se. All is addressed to the reader. I am not talking of foods but of diet.

Don't admit to your presence a journal that is not perfectly straight and clean. As the first requisites of the good physician are conscientiousness and strictest integrity, so no journal is safe if it be not honest on every page. Humiliating as is the admission, we must confess that there are mercenary medical men writing subsidized articles for the benefit of tradesmen. We may not be able to stop the practice, but for the love of decency let us drop the articles into the waste-basket as soon as received and bar the journals from our table.

Just to illustrate how vigilant we must be, I may state that one medical screed has appeared in different journals as a straight advertisement, an editorial, an "original," a therapeutic hint, a news item, and a clinical note. Again of seven so-called original papers in one journal, four were obviously for ulterior purposes.

A thinly-veiled deception is that of putting amidst scientific matter blatant advertising quoted from Der Deutsche Medizinische Schriftenstreich or La Nation Médicale Trompeuse. It is simply knavery with German or French sugar coating.

Another sort of debasing journal is the one that pretends, perhaps honestly, to help the physician to success by means other than pure professional excellence. A type of this kind of thing I recently found in an address to the graduating class of a medical school. I have no doubt the orator thought he was advising tact and inculcating practical methods for the management of patrons, the confusion of competitors and the increase of income. As a matter of fact he was teaching those young men deception, subterfuge, and meretricious connivance, to take the place of scientific knowledge and manly worth. Concerning the editor who spreads such pestilence,
I have nothing to say. The doctor who admits it to his library and his mind not only injures himself but is recreant to his trust.

Don't indulge in yellow journals—for such there are, of deeper or fainter dye. The more harmless kinds merely present a sort of pseudo-scientific vaudeville of striking oddities, rare curiosities, marvelous happenings, and other side-show monstrosities of the medical world. All of this serves only to excite a passing interest and makes no reader one whit better as scholar or practitioner. The worse kinds, under the cloak of medicine, pander to our appetite for the startling, the scandalous, even the salacious, and appeal to passion and prejudice. They lean strongly to sexual perversion and suggestive gossip. Behind the mask of independent thought they delight in strictures on those high in the profession, and even indulge in dirty innuendo. They start hot discussions on ethics and foment controversies over personal rights, privileges, and immunities. And this, God save the mark, is circulated as medical literature because it is read by medical men.

Don't take a journal which is run as an advertising medium, and don't look at it if it is sent to you. Such publications are of two sorts. One kind is issued by some commercial gentleman to assist in selling his wares. In the guise of a scientific periodical it is to all intents and purposes a sort of medical almanac about as wholesome and edifying as the pamphlet for Bonesetter's bitters or the bulletin of Mother Udder's uterine lifter. The other kind is conducted by a medical man with the dollar mark stamped on his aspirations. The good of the reader is no concern of his. He is after the money of advertisers, all of them. Original communications, editorials, excerpts, correspondence, everything is arranged purely as a bait to induce the gullible to swallow the ads.

Don't read a journal that accepts abortive papers by underdone doctors. There are journals which systematically encourage that sort of thing. Unquestionably, to report cases and write down his opinions is good for any physician. But how about the reader? When the cases are incompletely studied, the writer ignorant or narrow, his conclusions lacking foundation, and his judgment immature, the contribution is not only valueless, it is injurious. Smooth is the descent that leads to Avernum and easy the downward road of this damming third-rate literature. It is light and easy reading, but begets self-satisfaction, blunts the critical sense, nulls ambition, dulls observation, stunts mental growth, and before he knows it the reader is found on a low plane of thought and practice—no higher than the twaddle he reads.

Don't waste time on journals abounding in short cuts. They are an abomination unto the mind, a snare for the unwary, and their name is legion. A hint or two will indicate the sort I mean.

Purporting to be practical and immediately helpful, some journals make a speciality of what may be called recipes for disease. And they are very alluring. Instead of learning all about pneumonia, its nature, course, variations, and complications; what methods of treatment have been tried and abandoned, and what has been the experience of those seeing hundreds of cases, it is so much easier to take some fellow's or some journal's statement that a peculiar poultice or ambitious alkaloid cures the disease. Stamped deep on my feelings is a paper on dyspepsia in a journal of great vogue. With no statement as to what dyspepsia may be, with no word as to diagnosis, with no allusion to pathology, no mention of gastroposis, dilatation, hyperacidity, or motor power, and no hint of test-meal or examination of stomach contents, the author proceeded to advise the administration of seven different drugs. In spite of the multifarious remedies, such advice simplifies practice to a degree. It is no task simply to remember to give this tonic for appetite, that capsule for digestion, this granule for pain, those drops for nausea, one pill for constipation, the other for diarrhea, and the powder for flatulence. It is a short cut, but it leads to disaster.

In this same category belong the medical magazines that make a leader of questions and answers—a department modeled on the Ladies' Fireside Guide where anxious inquirers go off at half-cock and the answers pop back as prompt and empty as echoes. A very little reflection will show not only the utter futility of this kind of reading, but how it prevents development by curtailing wholesale mental effort.

Then there is the petty journal corresponding to the family factotum above mentioned. Its short cut is simply the avoidance of the great and profound in medicine. Ignoring such fundamental things as anatomy, physiology, and pathology, oblivious alike to basic principles and the best of accumulated experience, it propagates a sort of family confab on the various superficialities of practice. How to bring out the eruption of measles; what is good for hiccough; the best liniment for sprains; these are cheerfully aired in numerous columns. What do you say to the parturient woman when she grows impatient? What is your favorite catarrh snuff? In the treatment of "threatened" appendicitis should aconite be given the first day and veratrum the second, or vice versa? Upon questions such as these the editor and his writing readers expend great energy, priceless time, and endless ink. With great zest the contributors, as Charles Lamb says, encourage one another in mediocrity. I carefully went through 115 pages of such a penny-wise pound-foolish publication and found just six pages of good stuff. And yet that journal has an enormous circulation—to the great renown of the publishers and the great discredit of the medical profession.
Don't pay much attention to columns of formula, notes on treatment, therapeutic hints, brief paragraphs on recent discoveries, and items on new drugs. Pass over abstracts in which the process of condensation has squeezed the life out of the matter, and skip society reports so meager as to amount to mere personal mention. Most of such matter is garbled at the best, has no educational value, and even when a bit of it has virtue, is pretty sure to just slip through the otic tunnel—in one ear and out the other.

From the foregoing negatives a few positives may readily be inferred. As we are to buy only the best books, so let us take only high-class medical periodicals. And then let us read them well. If there are many poor journals there is much poor reading done—reading that is casual, unsystematic, careless, superficial, cursory, profitless. We have three sources of information and inspiration—personal experience, personal contact with colleagues, and reading. The first may be limited, the second unsatisfactory, but the last offers to all a most bountiful supply of both inspiration and knowledge. Then let us read up and not down.

There is a certain comfortable case in reading what we already understand. We may gratify our natural craving for approval by reveling in nice little papers which repeat what we have been saying for years. To tickle our vanity by reading papers so poor that they show the author to be more ignorant than ourselves is a pleasing process. Sometimes we feel quite luxuriously virtuous when reading a medical journal purely for entertainment and mental relaxation. None of these things should be. One and all they create a slovenly habit of mind. They are destructive of good method and in the end incapacitate us for good work.

Here I must notice an objection or complaint that we have all heard and most of us have made: "I have no time to read." It isn't true. The apportionment of time is not a matter of necessity, but of choice. What do I consider of the greater importance? What do I like and dislike? What do I choose to do? These are the determining questions. And in the modern physician's life there is precious little paramount to study. It pays to read. Besides the pleasure of knowledge and the power that knowledge gives, besides the gratifying sense of achievement and the satisfaction of progress toward a goal, it pays in dollars. In conversation with the busiest, the greatest, and the most successful of our colleagues I have often been astonished at the amount of reading they do and how they rely upon it. Very, very often good reading makes the difference between $5 and $25 for an examination, between $50 and $500 for an operation.

And now, if I may be allowed four little hints as to the manner of reading, I shall have finished. One excellent way to use medical literature is systematically to get up one subject well; to investigate it thoroughly; to trace its history and follow its development; to scrutinize diverse observations, review conflicting opinions, and weigh different conclusions. Having once mastered the thing, it will be surprisingly easy to follow it through the succeeding years, for the annual increment to any given subject in medicine is astonishingly small. After one topic is exhausted another may be attacked, and so on.

This method easily falls in with a second good one, namely, to read up fully on cases in hand. Note that I say fully. Hastily to look up an ointment for eczema or consult a text-book or two on the diagnosis of iritis may be one of the exigencies of practice; it is not reading. Likewise hunting up a remedy for an obscure case may possibly be a necessary makeshift, but generally it does the patient little good and the doctor less. We should read for a perfect understanding of the case, which means a complete comprehension of the subject. No case can properly be considered alone. It is always in relation to variant cases under diverse circumstances. For no patient can there be a paragraph explanation and recipe treatment.

Now, these two plans of reading naturally lead us to a third—reading to write. Of course, this plan is good only when the writer compels himself to produce really good stuff. This proviso fulfilled, I know of nothing more wholesome than the writing of papers and the reading of them where others may pass judgment. If the first two plans have been well carried out it is reasonably certain that this one will not miscarry. The man who has excellently well worked up any subject or any case of any abnormal condition, is not only well prepared for the next one of kind, but he is in a position to tell others something they don't know.

Pursuance of these three plans of reading will almost invariably produce a most desirable habit in practice, viz., the keeping of case records. The virtues of this practice are many. Two of them are that it stimulates reading and enhances its value. Accurate comparison of our experience with that of others not only serves to impress the facts, but ripens knowledge into wisdom.

The fourth and last suggestion for medical reading is really but a summary of the other three. It is that we acquire the mental attitude, or aptitude, or habit, of reading for reproduction. To be a student is not enough. We must be effective students—student soldiers, if you please, preparing for action. There is a vast difference between the acquisition of knowledge as a mere accomplishment and as a means of accomplishment. It is well for us doctors to regard our store of knowledge not as simply an interesting museum of Nature's wonders marvelous to contemplate, but rather as an armamentarium, an orderly array of goodly weapons ready for instant use.
Insuffisance Thyroidienne et Parathyroidienne.

Dr. Jeandelizé’s monograph deals with the question of the internal secretion of the thyroid and parathyroid glands, and the functional relationship existing between these two structures. It is fortunate that at this period such a complete summary of knowledge of the subject should have been published, for since the remarkable results obtained in the treatment of cretinism and myxedema by means of thyroid preparations there has been a tendency to regard the matter as closed, and to think that the treatment of myxedema is completely established. In a large proportion of cases the success of such treatment is undoubted, but no observer can long remain ignorant of the fact that, for some reason or another, cases of myxedema, after an initial period of improvement, become refractory to further thyroid treatment, gradually develop psychical depression or exaltation, fall into a cachectic condition and die.

The mere difficulties of diagnosis in certain forms of myxedema are well known, and support the author’s efforts to group cases according to the degree of manifestation of symptoms—for example, he speaks of complete forms of myxedema, and of “partial” forms, the latter being characterized by predominance of symptoms and signs referable to the mental condition, or the state of the integumentary, skeletal, or genital systems.

The subject of exophthalmic goiter still remains a pathological riddle.

Among the more remarkable phenomena associated with disorder of the thyroid and parathyroid glands is the occurrence of tetany, of epileptiform convulsions and other manifestations referable to disturbance of nervous function by toxic causes, the nature and mode of action of which are almost quite unknown to us.

In sections dealing with the results of experimental suppression in various animals of the thyroid and parathyroid gland tissues, either singly or together, it is shown that the effects differ very materially when all the thyroid or all the parathyroid tissues have been removed. In the latter case it is contended that the resultant symptoms are much more acute, and that they are mainly convulsant in nature; after thyroidectomy, however, quite a different picture results: the animal becomes lethargic, and evinces marked nutritional depression, which is slowly progressive in type. As the writer maintains, many of the discordant results of various investigators are due either to the inherent difficulties met with in removing only thyroid or only parathyroid tissues, or else that animals of the same species differ at different times in the way they react to the unusual conditions of experimentation.

As to the nature of the functional relationship existing between the two glandular tissues, thanks largely to the labors of investigators, we are able to arrive at a satisfactory hypothesis. The view that the parathyroid tissue acts as a reserve to the thyroid gland, capable of undergoing hypertrophy and performing the functions of this gland when the latter has been removed, is no longer maintained by Gley and others; Moussu, too, has abandoned his theory of “interparathyroidal supplementation.” These two earlier views are now discredited, because it has been shown that the parathyroidal tissue left after extirpation of the thyroid gland has undergone hypertrophy, not to compensate for the loss of thyroidal tissue but of the parathyroidal tissue lying within or near the thyroid gland and removed with it. Moussu first began to suspect that the action of the parathyroid was not merely vicarious, but that it really had a specific action of its own, functionally related to but quite different from that of the thyroid gland. The remarkable work of Lusena, Genefal, and Vassali contributed largely to the success of the renewed efforts of Gley to establish this functional relationship. Especially important is Lusena’s observation that when tetany developed after the removal of the parathyroid, subsequent abolition of the thyroid was followed by disappearance of this symptom. This led to
the modern theory of interaction of these two glands, the thyroid secretion promoting metabolic changes in the body tissues and the parathyroid forming material which renders the products of such metabolism innocuous, absence of the thyroid producing slowly progressive nutritional disturbance, and absence of the parathyroids leading to acute toxic effects largely of a convulsant nature.

The author offers very suggestive ideas on the possible relationship between absence of the parathyroid glands in man and the occurrence of epilepsy, eclampsia, and infantile convulsions. He suggests that some at least of such cases may prove to be amenable to the influence of parathyroidal medication.

Clinical Urinology

The Précis d’Urologie Clinique of MM. Létienne and Masselin deals with the investigation of urine in disease. Besides detailing the ordinary methods of investigation the authors discuss other methods of examination, largely elaborated by the French school, many of which have fallen short of expectation, despite the industry of many workers. This is nowhere more evident than in the effort made to arrive at a more accurate estimate of the metabolic activity of the body by making use of what are styled "urological coefficients," instead of estimating in any one individual the total output for twenty-four hours of the various constituents of the urine, the results are given in so many grams per kilogram weight of the body. It was thought that it would be possible, by reference to tables of normal excretion, to establish the degree of metabolic disturbance. Unfortunately such measures have failed, for an individual of sixty years shows urological coefficients not at all mathematically related to those of an adult of thirty years; even individuals of the same age and body-weight show variations of such extent as to render comparisons in disease quite valueless. In childhood, however, the matter is different: all children up to a certain age appear to show coefficients which are for each period of a few years closely in agreement, so that a comparison of the various coefficients met with in disease is a help in estimating the departure from health.

Another subject to which the French have devoted much attention is the estimation of renal permeability and adequacy. This is done in part by testing the toxicity of the urine in the way advocated by Bouchard. Here, again, many of the results have been called in question on the ground that the lethal effects of the urine when injected into rabbits were not all due to toxic action, but were in part due to a want of isotonic equilibrium between the urine injected and the blood of the animal experimented on; however, as one of the authors has experimentally shown, there is no doubt that toxic effects account for part of the result of Bouchard’s observations, but all his work needs to be revised from the point of view of physical effect, in order to render his work of practical value.

Achard’s use of methylene blue and of Marcel Deschamps’s phloridzin test are discussed. Achard found that, in cases of granular kidney, methylene blue or the chromogen into which it is converted, was excreted more slowly than in health: Deschamps, too, found that in cases of grave unilateral renal disease, the affected kidney had less power under the stimulating influence of phloridzin to form sugar from proteid.

We gather that the experience of the present authors is in agreement with the view generally held that such inquiries are of more service in the elucidation of cases of unilateral disease than when both kidneys are the seat of degenerative processes. As might be expected, the writers give a very full account of the theoretical and practical aspects of cryoscopy; here again the value of the method is greater in surgical than in medical affections of the kidneys, though such advantage is greatly reduced by the inherent difficulties of catheterization of the ureters.

In the section dealing with the proteids of the urine, a point of very considerable interest is the readiness with which albumoses are detected in the urine by means of Jacquemet’s test. Urines containing albumoses when shaken up with sulphuric ether become gelatinous, to such a degree at times that the test tube may be inverted without loss of the contents. We have met with the same phenomenon in the serum of the patient whose urine also gave the same reaction. The bacteriological investigation of cystitis and bacteriuria is discussed. The bacillus coli communis is the chief cause more especially in the chronic cases; acute cystitis may be due to a variety of other organisms, especially cocci. Various organisms, other than the micrococci were discovered by Pasteur, are capable of producing ammoniacal decomposition of the
urine, and amongst them are staphylococci, streptococci, some sarcinæ and the bacillus crassus.

**Science and Immortality.**

"Immortality is a complex problem, difficult to talk about, still more difficult to write upon with any measure of intelligence or consistency." This is Professor Osler's admission in the final paragraph of his Ingersoll Lecture on Science and Immortality, delivered some time ago before the University of Harvard, and now printed in a small volume. The lectureship was founded in 1893 under the will of Miss Ingersoll, who wished to commemorate her father. The lecture must be on the Immortality of Man, and Professor Osler, as we gather, accepted the nomination with some reluctance. This is easy to understand, for in truth the subject is one about which science has little to say. "Science," he said, "is organized knowledge, and knowledge is of things we see. Now the things that are seen are temporal; of things that are unseen science knows nothing, and has at present no means of knowing anything." In these matters "the man of science is," again to quote Professor Osler, "in a sad quandary to-day. He cannot but feel that the emotional side to which faith leans makes for all that is bright and joyous in life. Fed on the dry husks of facts, the human heart has a hidden want which science cannot supply; as a steady diet it is too strong and meaty, and hinders rather than promotes harmonious mental metabolism."

Osler divides mankind in its attitude towards the doctrine of immortality into three categories: the Laodiceans, neither hot nor cold, but lukewarm, who while accepting the prevailing religion and therefore the belief in immortality, "live practically uninfluenced by it, except in so far as it ministers to a wholesale dissonance between the inner and the outer life, and diffuses an atmosphere of general insincerity;" the Gal- lionians who "put the supernatural altogether out of man's life, and regard the hereafter as only one of the many inventions he has sought out for himself;" and the Teresians who "lay hold with the anchor of faith upon eternal life as the controlling influence in this one." Osler believes that this group has always been small and select, that the majority of mankind is included in the first group, and that most men of science will be found in the second. May it not be, however, that he is underestimating the numbers of convinced believers in immortality? We should have supposed that a belief in future rewards and penalties was part of the mental make-up of the vast majority of those who for countless generations have been influenced from cradle to grave by the teachings of the Christian churches. There are multitudes of men, and still greater multitudes of women, to whom the doctrines of the Roman Catholic Church—to take only the Church whose adherents are most numerous—are the controlling influence in conduct. The control is not always effective, but it exists.

With regard to men whose training has been in science, Osler is probably right in saying that the majority belong to the class which he calls Gal-lionians. The epithet is not perhaps very happy. It is not that the scientific man cares for none of these things, but that he regards them as outside his sphere, not to be ascertained by his methods. He accepts the old saying, Credo quia impossibile.

The belief in immortality is an act of faith. If it could be demonstrated by experiment faith would disappear. Perhaps, too, the general attitude of men of science is influenced by the natural impatience with which they regard the methods of those who have sought for demonstration. "The search of science," writes Osler, "for the spirits has been neither long nor earnest; nor is it a matter of surprise that it has not been undertaken earlier by men whose training had fitted them for the work. It is no clear, vasty deep, but a muddy Acheronian pool in which our modern spirits dwell, with Circe as the presiding deity and the Witch of Endor as her high priestess. Commingling with the solemn incantations of the devotees who throng the banks, one can hear the mocking laughter of Puck and of Ariel, as they play among the sedges and sing the monotonous refrain, 'What fools these mortals be.' Sadly besmirched and more fitted for a sojourn in An-cyra than in Athens, has been the condition of those who have returned from the quest, and we cannot wonder that scientific men have hesitated to stir the pool and risk a touch from Circe's wand."

These are strong expressions, but we cannot say they are too strong. To anyone who wishes to understand the present position of the matter we would strongly commend the perusal of Pod-more's book on "Modern Spiritualism: A History and a Criticism." The history is a long series of incidents in which sometimes fraud and sometimes self-deception preponderated, while the criticism may be summed up in his own words:—"Unless we are prepared to admit that these dubious phenomena do indeed testify to the working of physical energies unknown to science, we are forced to recognize that, however trivial and inno-cent may seem the first steps in physical medium-ship, where the good sense of the medium or his friends does not intervene to stop the further development of the manifestations, they must end either in a dishonesty which carries less disgrace than the dishonesty of the market-place only because the victim may be supposed not wholly responsible, or in a permanent defect of rational control, less dangerous, no doubt, than recognized forms of mental infirmity, as being partly feigned."
The presence of pain is often a very conclusive point in diagnosis, especially in reference to any special lesion. It is, however, only by means of diagnosis with the microscope, by a thorough examination of the urine, and its sediment, that we may ascertain as to lesions of the kidney that might be of assistance, and even then it is sometimes very doubtful as to which kidney is involved. You must catheterize your kidneys to ascertain which kidney is affected. In some cases when we believe only one kidney is involved from the fact that the pain is there, a thorough catheterization of both kidneys will clear up the lesion and tell which kidney is in trouble. I have had a good deal of trouble in lesions of the kidneys. I believe that this condition which Dr. Young has reported in his case was the result of a form of nephritis. Anyone hearing Dr. Young speak of such cases might get the impression that the diagnosis of such lesions are very simple. But they are not. They are very difficult.

Dr. Grundeman. The technique described by Dr. Young is a very good one. The question, however, is did the opening of the capsule or the division of the nerve give the relief. It may have been only a neuralgia of the nerves.

Dr. Fletcher. Is there any difficulty in taking off the capsule or in decapulating the capsule?

Dr. Young. There was no difficulty. I have, wisely or unwisely, on several occasions decapulated the kidney, and under those circumstances the capsule has been more or less ad-
heded. This was not adhered. It didn't tear out in little bits as those adhered kidneys and capsules usually or frequently do. Not only in this case but in two others in which I have been bold enough to cut into the substance of the kidney I have never seen any blood in the urine following the procedure. The question is, as Dr. Morgan has suggested, whether this patient might not have been relieved by other means. She had been for two years continually in the care of homeopathic physicians, and of other physicians for eight years preceding that, but no relief was obtained, for the kidney, if it had been simply in a congested condition, had been congested for ten years without relief. The next step that follows congestion is inflammation. If there were any evidences there of that fact I failed to determine it by inspection of the urine or the kidney substance. The length of the kidney was nearly five inches. I don't believe it was a congested kidney. That kidney was so long that we thought it had a horse-shoe form. When the operation was made and the stone had been removed the length of the kidney suggested the horse-shoe variety of that organ.

(Discussion of a paper entitled: "Diagnosis of Skin Lesions," By W. L. Galloway, M. D., of St. Louis.)

Dr. McCaughan. The general practitioner knows less about skin diseases than of any other subject with which he is supposed to be familiar. When I was in charge of the clinic I made it a point to find out the name at least if not the successful remedy of every case that came in. In his comprehensive paper Dr. Galloway gave a description of the usual run of these diseases, and those are the only ones that a general practitioner can hope to know. There is a certain class of skin diseases or skin eruptions that are prevalent, especially among the classes that are received at charity institutions. Eczema is ninety-five per cent. of these cases. There is one class of cases which I happened to run across quite frequently and in this connection I want to ask Dr. Galloway if he has ever noticed that there is any connection between the herpes zoster and tubercular subjects. The application of these diseases to the occupations is also a very noticeable one. I have only seen four cases of herpes zoster and in each case it was in a tuberculous subject. I had a washwoman who was every spring attacked with erythema. Also another patient who has purpura hemorrhagica occasion-

ally. Those two diseases, I think, are very rare ones.

Dr. Morgan. I made some observations this winter that were new to me. Was called to see a little girl in a family that I had always attended. She had slight fever. Didn't feel bad at all. The mother was worried because she had an eruption breaking out on her body in parts, no headache, no fever, no coated tongue, no complaint in the brain, nothing to be seen in throat. The mother didn't ask me what I thought was the matter, and that especially was very peculiar. I certainly thought there ought to have been a sore throat with it. I didn't see the child but once. The next week three more children of that family came down with diphtheria and pretty nearly died.

Dr. Galloway says that after the use of antitoxin you may get these peculiar eruptions. He had also discovered that psoriasis ran hereditarily in some families; it is one of the most annoying things to read up a case to find that three or four affections that you read about really mean the same thing. For instance herpes should be confined to the vesicular eruption. The men who are making the books and the terminology should adopt a classification that we could all use. The question is, does zoster occur often in cases of a tuberculosis? This has not been my observation; nor have I run across any connection between the two. The kind that more often occurs with me is in asthma and in zincum poisoning. And still more often is an exposure to the cold and wet or an injury to the nerves. The eruptive patients are sometimes mistaken for true skin diseases and the differentiation is sometimes close work; but if we will take into consideration that in the case of the former we usually have some skin disease like erythema, and in others there is herpes zoster. There is a family of erythema that resembles true scarlet fever very closely. It will show in the beginning a rash exactly like scarlet fever and desquamation; but the points of differentiation are that the fever does not run as high and the erythema seldom exceeds 101°. There are little or no throat symptoms; the strawberry tongue is lacking, and the eruption, instead of lasting five or six days, usually lasts but three or four. The desquamation instead of leaving, as in scarlet fever, four or five days after, will begin early and last but a short time. I think that a great many cases that we consider as sec-
ondary attacks of scarlet fever are really erythemmas or vice versa. And it is not at all contagious. In regard to Dr. Morgan's case I have had the same experience in an instance of tuberculosis where the erythema showed in the primary stage diphtheria; and not only in diphtheria but it will appear in other affections of the throat in children with a sensitive skin. There are two skin diseases that are like each other, namely, eczema and syphilis. Syphilis should not be called a skin disease; it is more properly classed as a constitutional disease. It has been said that these two diseases will simulate almost every other skin disease that we know of. We can have syphilitic psoriasis, which is a scaly palm, and syphilitic acne, which sometimes comes on in the secondary stage. I think, though, as I said in the first part of my paper, if we will take the pains to look over the more characteristic symptoms of the different affections of the skin, and get at least a surface knowledge of them, we will not have so much trouble after all.

(Discussion of a paper entitled: "Diagnosis of Puerperal Fever." By I. W. Scherman, M. D., of St. Louis.)

Dr. Young. I have never seen a case of obstetrics no matter how normal in character, nor how abnormal, when I was in charge, that was not followed by some fever; and my heart has been in my throat several times when I have seen the woman going on into this feverish condition. I don't know any way to make a diagnosis except to wait a little. If I may briefly relate a case I will do so, for it was suggested to me by the essayist's statement that a constipation will sometimes cause a rise of fever. A cathartic or an enema will relieve the constipation and dissipate the fever. I once attended a young woman in her first confinement, delivering her with the forceps and effecting a considerable laceration of the perineum, which was repaired promptly. She was normal in every respect up to and including the twelfth day, on which day I discharged myself. This woman had been constipated all her life, using cathartics and enemas at frequent intervals, except during the pregnancy. I thought I had cured her of her constipation. On the thirteenth day after the delivery, the nurse summoned me hastily, saying the woman had had a chill. I thought it was very strange. I didn't feel very happy about it. When I got there I found she had had a chill and was then having a fever which continued until it rose to 104 or about there, with a distended abdomen and very tender. Well, I thought, here is a case of puerperal fever; it certainly appeared like that to me. Her bowels were moved by enema. She had repeated chills. She was not very sick. The abdomen was distended and tender. About the third or fourth day the nurse asked me if she could give the patient a good dose of castor oil, which was done. The amount of fecal matter which followed was truly astounding, and with it down tumbled the fever and remained normal to the present day, now some five or six years. I have never been able to account for that rise in temperature except that this woman had in her colon a large collection of fecal matter which had dried up with a hole through the middle of it. That sometime in her life she must have had an injury to her intestines and that occasionally it would not thoroughly discharge its fecal accumulation.

Dr. McElwee. It is very comfortable to the accoucheur when he finds this elevation of temperature that he doesn't find a supra pubic or abdominal tenderness. If he doesn't find these or either of these he may feel very happy and be reasonably assured that he has no sepsis to contend with that is going to be dangerous. In Dr. Young's case there must have been some infection of the intestines; there was a possible wounding of the mucous membrane which made a general tenderness. Of course that was relieved by the mechanical clearing out of the rubbish. Now in regard to the point of the discussion as to the universal presence or prevalence of some heightened temperature after parturition. I have talked with Dr. Young myself and have reassured him that I never had seen a case, not one case, that had not had at least one degree of rising temperature in some period of the confinement. I expect to discharge my patient, say next Tuesday, and between now and then we will have to continue our operations to reduce this temperature and keep it down.

Dr. Grundemann. I have found on two occasions that after the bowels were evacuated that the temperature went down. About eight or ten years ago I had a very difficult case of delivery and the bowels were most regular but the patient went into a decline. She didn't think that she had sufficient movement. A few days after the confinement she had a rise of temperature, and as a result the case looked very bad. But after a bucket of feces had been passed, so they told us,
the temperature went down and the patient got better. And so I had a few cases of this kind especially when I started to practice, and when I never thought of giving a cathartic but trusting wholly to the homeopathic remedy. I had more often a day of rise in temperature, say on the third day and due, as I believe, to the enforced rest of the patient, especially where they have been used to exercise, and I attributed the rise to the fact that the bowels were not moving. I believe it is best to give a cathartic to move the bowels and that will lessen the probability of a rise of the temperature, and that when it does come about that third day with the incoming of the milk it is due to that sluggish condition of the bowel.

Dr. Morgan. Some time ago a neighbor Doctor of mine consulted me on account of high temperature of a woman some eight or nine days after confinement, where there had been no special trouble during the parturition, everything had gone along all right until this time when the temperature bounded up to 105. I inquired about the bowels, the milk, and especially the lochia. There was not much lochia; bowels had been moved. Well, he was worried and I thought he had reason for it before she had me come over. The woman didn't mind it much. The Doctor went over again in the evening and the temperature was 106. The woman's mother said, "I want to give her some whisky, that will fix her all right," But the Doctor prescribed for her and kept on doing so. The old woman gave her a good dram of whisky, and next morning the lochia was free. That is what she said it would do—it set up the flow and thus proved her diagnosis. The next morning there was a free flow of lochia, and the temperature was down near normal and no other trouble was experienced.

Dr. McCaughan. I take exception to one point in the excellent paper, and that is in the outlining puerperal fever or the septic condition. The essayist mentions two different cases with very foul lochia. There are a great many cases of thoroughly septic infection in which there is no odor. And, conversely, there are cases where there is an intense putrid odor, a vile stink in which there is no rise of temperature at all. Now as regards a febrile puerperium. I believe, as Dr. Young has mentioned, that in nearly every case there will come a point when the temperature will rise, so that there will be some febrile disturbance. I make it a point to note carefully every symptom connected not only with the pregnant state of my patients, but also the puerperal; and it is truly seldom that there is not some slight rise of temperature during the first week following the confinement; it cannot always be attributed to a full bowel because in some cases where I have exercised the utmost care previous to the confinement, and afterwards, I know that there is no loaded bowel, and yet I have had the febrile disturbance.

Dr. Scherman. I think I am pretty sure that I have had one or two cases where I have had no fever at all. The temperature has never run up over 99; they will reach 99 sometimes; but that is normal almost for a healthy person in the afternoon. But I repeat that it seems to me that in my cases I have had no fever at all. Now in regard to constipation poisoning and producing fever: there can be no doubt in the mind of any practitioner that that does occur. I had a case of a woman who had been confined, and the bowels not having moved on the third day with tenderness of the abdomen and there not having been any fever up to that time I told them to give her a good dose of castor oil, and if that didn't suffice to give another, say a tablespoonful each time, and that she would feel better. But there seems to be a sort of horror about the taking of castor oil, which I do not understand, or whether the dislike is justified or not. At any rate she didn't take it. When I came around the next morning she told me she had taken it all right but without effect. I told her to take another dose to-day. She said she would that evening. About one o'clock in the morning the woman was in an awful fix; had all kinds of pain, and quite a temperature, and had me up a tree for a while; didn't know what was going to happen. I asked if she had taken the castor oil. She said she didn't have any in the house, consequently she couldn't take it. Of course I delivered a little sermon then and there about fooling the Doctor. I had an enema prepared for her and we evacuated those bowels. Within an hour afterwards she had no more trouble. Now in regard to the odor of the lochia being characteristic. I didn't intend to say that, but in most cases I think you will find some difference in the smell of the discharge. Of course it is not in all cases, but most of them will be found to have a decided increase in the odor of the lochia.
TOPICS OF THE HOUR

The Homeopathic College Question.

Our western contemporary, Progress, of all our homeopathic exchanges, has at last undertaken to learn why our homeopathic colleges fail of attracting and holding the modern young man and woman; why, in brief, the homeopathic profession, as a whole, is becoming so lukewarm and developing such an unhappy penchant to follow after other medical gods and goddesses, thereby admitting, what very nearly every man outside of the college faculty has been seeing and understanding for some years, that there is serious trouble ahead, which needs an early correction or else other colleges will bite the dust of defeat.

In its December issue Progress prints a number of leading articles by famous men in the profession, all but one college men, that one, saved and excepted, being Ben Bailey of Green Gables. Each of the college professors promptly places himself on the witness stand and takes the defensive; again all but one, and that one the Epigrammatic Walton, who accepts the challenge and boldly meets his adversary.

Each college representative, including even that thoroughly loyal, royal, Royal, President of the American Institute of Homeopathy, makes the admission that something unpleasant has happened to the homeopathic college and endeavors to explain it away.

Royal thinks the lack of enthusiasm in the colleges is because of that same lack in the profession of Homeopathy at large; and this larger lack he attributes to the fact that Homeopathy is no longer a novelty. He makes the further statement that another cause was the long lack of surgeons and specialists in our faculties, which drew our students into the other schools—and took some of our professional men as well. If that be a good point, then it ought long ere this time have ceased to trouble our schools, for the opposite fact is now the fact, i.e., the overabundance of surgeons and specialists in our faculties, has overwhelmed and practically smothered the old enthusiasm for just plain cures of diseases without the knife. He makes a final point in suggesting an exchange of pulpits occasionally; here, however, Dr. Royal forgets that he is a state appointee with a stipulated stipend, while all the others have naught in compensation save the iridescent halo of professorship, unless they chance to be surgeons or specialists drawing a snug little income from their college connection in the way of advertisement, and the frequent switching of a pay-operative case to their own individual usurer.

Dr. Royal, we will say in all kindness, is not in position to fully grasp nor solve the situation. No one doubts for a moment that the state universities are the finest if not best places for medical studies of either or all schools. The trouble complained of, however, is lodged in the (un)commercially conducted homeopathic colleges—the self-elected faculties and their mediaeval form of business government.

Sutherland, Willard and Horner, each after his own kind of logic, seeks to prove that whereas in the early aforetime there was but a small handful of homeopathic professors in and out of the colleges, that now, in this year of anno domini there are sixty, seventy and even more professors in each of our (un)commercially conducted colleges, and, hence, argal and of course the modern homeopathic school is by far and away the superior of the one in the early fifties of last century.

This little argument smacks of the delicate form of logic embodied in reports often heard in our parish religious work, where at the annual meeting, some sweet-faced, sincerely devoted sister reports that she made thus and so many visits to the sick, each visit of the average duration of ten minutes; that she knelt in fervent prayer thus and so many other times with these straying lambs and older muttons; that she left two thousand four hundred and twelve tracts at the front doors and pretty nearly the same number at the rear entrance; that she sang songs of praise in the hearing of four thousand two hundred and forty-seven unwashed and unconverted slummers, the wintry wynds therewith blowing through her scanty garb, but bellying out the banner of the Lord over their heads; and so and so on to the end of this chapter of infinite detail and tediousness, all proving to the assembled sisters and minister, that Christianity is flourishing like a green bay tree; and that beyond a peradventure the kingdom of the Living God is at hand and will surely come soon—it might, perhaps, have been on hand this last past fiscal year ended June 30th, if this faithful church worker and a few others had been a little more zealous in their endeavors; if they had prayed a little oftener, or sung more tunefully, or corrected a few more gutter urchins, inveighing to them the terrible dangers of cigarette smoking and the using of profane cuss-words.

What has the number of chairs in our modern homeopathic colleges to do with the honestly of the homeopathy taught in that college; or how do these prove that enthusiasm for the Law of Similar has not departed from those halls? Have we already forgotten Ludlam's dictum: "A Limited Faculty with Better Teaching"? Indeed someone with a peculiar knack for figures
might prove that it was because of the increased number of chairs that the old and original homoeopathy has been so refined and re-refined and still more refined that the original gold has been lost in the educational and scientific shuffle.

In further refutation of the value of increased number of chairs and other human furniture in a modern homoeopathic college as proof of success, we need but recall The Chicago Homoeopathic Medical College which has gone to the eternal bow-wows, notwithstanding Delamater's article in Progress proving its greater strength and value according to Horner and Sutherland's standard of argument.

It may be true as Horner and Willard say that there was a time when only Adam inhabited the earth—that is to say, that in early times it was difficult to find seven men who could take professorships in homoeopathic colleges, and that, consequently, their teaching was rudimentary and fragmentary as compared with the teaching of to-day; but we leave it to these gentlemen to say whether the output of the modern school is as good in homoeopathy as it was in that seven-chaired college of the sixties? Or, in other words, if the seven-chaired faculty had been as scientific and generally-well-educated as the seventy-chaired faculty of this day, would their few students have continued the ardent and enthusiastic homoeopaths which they have approved themselves—as note the instance of Willard himself. What is there in the seventy-chaired modern homoeopathic college which spoils the honest homoeopathy with which the student was caprisoned round about when he left his preceptor's office to become merely an "all-around-well-educated physician"—only this, and nothing more?

What boot is it that Horner found that one mae's nest of a student's table littered with a choice assemblage of homoeopathic books, many whereof long since out of date, when he could more easily find dozens of student tables where surgical and specialty text-books form the bulk of the enticing literature: when he could easily find in the offices of many of his brother professors not one new homoeopathic book purchased for years; but will find them subscribers to old school books, journals, and measures and medicines.

Boericke repeats his suggestion made in the Pacific Coast Journal of Homoeopathy some months since, to boil down the many colleges and bring out of the alembic one good homoeopathic post-graduate college, where nothing shall be taught but homoeopathy and homeopathic therapeutics. That's right, absolutely right! But is it practicable? Certainly not. Didn't Kent have just that kind of a school in Philadelphia? Is it believable that these many seventy-chaired homoeopathic schools of to-day will loosen their tentacles on their income-increasing metiers, their handsome advertising possibilies, and many pav-cases cribbed from the dispensaries and in other ways? Go to! What care these seventy professors for the success of Homoeopathy! Thiers not devotion and self-sacrifice of the original seven, who, the latter, if they had not been giants and enthusiastic, nay, almost fanatical, could not have saved a single vestige of Homoeopathy to us their unworthy heirs and successors.

If it be true that our last resting place is the state university—which, it is in the wind, is to be the ultimate abiding spot for the amalgamated Hahnemann of Chicago—then, pray, what will become of the other far less powerful and well-facultied colleges which still cumber God's green earth as and for homoeopathic schools, when avowedly their purpose now consists in turning out "all-around well-educated physicians"? Only this and nothing more. Homoeopathic physicians per se—paugh! an ounce of civet, good apothecary!

Despite Richey Horner's happy-go-lucky, optimistic utterances, neither he nor his brother professors in his especial college or out of it, are at all sanguine of the immediate future. They are as troubled about homoeopathy's standing as are all the others who are not professors. When Horner is not writing or speaking for public print, deep down in his heart he is sad and worried and looks with gloomy eye to the future. If it lay in his power, we venture the assertion that something sharp and radical, looking to the renovation and rehabilitation of the homoeopathic school, would be forthcoming. Changes would be instituted which would severely jog the dry bones and dead methods of to-day.

Is the homoeopathic college doomed! No, not by any means! A Master will arise to smite the hypocrites and turn them out of the chief places in the synagogue, and little by little homoeopathy will be again the chief corner-stone of the Temple, though for many years that stone had been rejected by the builders.

We wait with anxious curiosity for the other papers promised in Progress. And we hope that among the newer number some means of early and complete relief will be found.

* * *

That Benevolent Assimilation.

That benevolent assimilation at Chicago, according to the majority of the homoeopathic press, was one of the sweetest, nicest, grandest, most excellent, most beautifullest, and most noble affairs of the past or present century. Indeed, after reading the letter-press put out by interested parties and dutifully copied by some of the journals, one must conclude that it was the making of the Chicago Homoeopathic to be thus lamb-and-lionized by Hahnemann. It is the one great event for which the homoeopathic world has been waiting so many, many years; indeed, if this good could have worked backwards there had never been the original scission from the parent tree.

And it please you, note what a grand and
imposing structure now tenants the field formerly occupied by one large and one small college. Note the number of students now filling the benches, and how many world-famed Professors speak to these many students—all of which, the latter, is true and reliable, and at which we do not cavil. But what we do demonstrate with is the apparent conspiracy of silence touching the cause for the demolition and disappearance of the Chicago Homeopathic.

That's the real thing!

Why, in short, did the Chicago Homeopathic go under?—was it merely to augment the already top-heavy but just greatness of Hahnemann—yes? Well, now, each and every Professor in both colleges, and in all other colleges, who have their eyes open to the progress or standstill of homeopathy in our colleges, knows this is not true. Each Professor knows that there were other reasons, other causes for the canker which ate the life out of the former college of Kippax, Mitchell, Streator, Tooker, and a half dozen other great men, than this paltry, diaphanous one of combining with the parent school, and thus presenting an unbroken and unblushing Chicago front to the homeopathic world. That is to say, until it, too, the amalgamated and assimilated Hahnemann shall, in its turn, disappear and become a wing or branch of the State University. Then farewell, a long farewell, to Homeopathy!

And our noble fleet of journalists—or many of them—when they are not using boiler-plate matter extolling their especial college, or pharmacy, or hospital; when they do not soil clean, white paper with fulsome, addle-some, nauseous testimonials concerning the latest operations by our especial surgeon, or our gin-ecologist, or the wonderful number of students who attend our college, and as well other wholesome, toothsome, homeopathic news, for which an eager profession is willing to pay a dollar a year and get a homeopathic hypodermic syringe thrown in as a premium—why, then, they tell of this god-given benevolent assimilation at Chicago as something to be imitated and exploited.

Oh, the blindness of these time-serving editors (!). Instead of striking at the root of the evil, instead of trying to pluck out the mote from their own eyes, instead, in short, of trying to draw the proper lesson from the Chicago disaster, and so give other colleges the danger signal to profit by or be destroyed by, they, these alleged public monitors (bless their righteous, peace-loving hides and souls), see only the hand of a benevolent Providence ruling the matter—and what is to be will be, Selah!

What's the use hiding the truth! Does not every editor (who is not engulfed in his own sweetness and light and therefore no editor any more than a cat is a Patagonian, because he fears to touch the live matters in his profession lest he hurt fifty cents' worth or a whole hardware dollar's worth of subscription, or some of the two-by-four colleges withdraw their ads)—does not every wide-awake editor, and by that same sign, also every wide-a-awake professional man—know what caused the unrest and disruption of the Chicago Homeopathic? Of course they do.

These namby-pamby editors are following the same tactics of the late lamented Chicago Homeopathic. The latter, for years, could not fail of knowing the wrong element invading its sacred places; it knew but was powerless to avert the allopathizing of its teachings; it knew that men were pouring into its professor chairs who, in the usual and ordinary course of human affairs, would undo all the homeopathy that was formerly this college's special reputation and worth, and would introduce the element of personal politics and disharmony, until in the fullness of time, one indignant student of a homeopathic preceptor, utterly disgusted, took up his shoes and suit-case, and, with banners flying, and drums rolling, and cymbals crashing hiked him over to the allopaths, where he now abides, satisfied that he is getting genuine allopathy and not a good-lord-good-devil bastard homeopathy.

After that the crumbling of a once famous homeopathic edifice took the more serious form of a threatened fall—and it fell—and great was the fall thereof!

Not thus view it the homeopathic press—some or many of them; they have seen a great light; they have seen what a splendid thing it has proved, this benevolent assimilation; they have been able to reconstruct a modern institution than the which there had never theretofore been its equal.

And dear, old Hahnemann of Chicago with its vim, its enterprise, its famous homeopathic teachers, its always large and appreciative class, is laughing in its sleeve, why, bless yer ole h'art; dey haint doin' no talkin' about no 'veleunt 'similation. Dey is ist hickin' de fat off'n. dev chops fum de fine, fat fried lamb-chops—so dey is.

Will the other schools kindly take notice that if a school of this reputation, scholarliness, and aforesetime Homeopathy could not weather the storm of infidelity, what will the other schools do—some or many thereof—who are not ballasted one-third so well as was the late Chicago Homeopathic?

Advance of the Advance.

"The Medical Advance extends its sincere thanks to both readers and contributors for the assistance they have rendered during the year just closing; and if each reader will promptly renew his or her subscription for 1905 and send in with it the subscription of some friend or colleague we will double our number of readers and increase the size of the magazine."

On first reading we thought this paragraph would take the form of "The undersigned widow, sister and niece send their sincere thanks—"
to their neighbors and friends for their assistance and attention during the long illness and death of our beloved husband, brother and uncle, and for their many lovely floral contributions to his memory, and also for their generous and enthusiastic aid in planting the old man.” etc.

It proved, however, a little different; it said that if they caught this rabbit and two more they would have three. Well, well, we can’t blame Brer. Allen for elevating his horn and tooting it for a little trade. But is it a fact, H. C., that you have bought the Chicago Homeopathic Medical College Buildings and now propose using them for Hering? Dear, dear, you are growing venturesome. Remember epigrammatic Walton’s—Be bold, be yet more bold, but be not too bold! It takes a courageous man to wear a dead man’s shoes. Could you use an allopathic graduate, but the son of a homeopathic professor, for president? If so, address our box office, enclosing self-addressed and prepaid envelope.

The Problem of the Homeopathic College.

Boericke of Frisco in a fine paper in The Pacific Coast Journal of Homeopathy, entitled as above, reviews the present status of our colleges with a master hand and prophetic vision. He sees ultimate disaster perching upon the banners of Homeopathy if the present methods of teaching in our colleges are not abandoned and more modern ideas introduced, but along distinctly homeopathic lines. He has two possible solutions. First, to make the present (at least the smaller) colleges simply Post-graduate Schools of Homeopathy, eliminating everything but the studies relating directly to Homeopathy; “Retain, enlarge, develop our own distinctive field alone. No longer try to compete with other medical schools in making doctors, but offer post-graduate instruction in the principles and practice of homeopathy to graduates in medicine. Released from competition, we could center on this, our own specialty, marshal our best men, pay them, if you please, and thereby demand and command the best service in developing the art and philosophy of homeopathy. Small number to attend your course? Of course the number will be comparatively few. But few or many, what a satisfaction to teach real seekers after truth, and what strength to the school of such trained men. See what this method has done for Europe, especially England. Her homeopathists are of the most virile type, scientific men thoroughly imbued with the loyal faith based on rational understanding of our principles. What I mean is excellently set forth in this year’s summer post-graduate course, consisting of lectures and clinical demonstrations at the London Homeopathic Hospital. It is just such a school as some of our colleges could be turned into and save thereby from dissipation the past excellent work and do the best thing to keep alive the knowledge of the principles and practice of our art”; second, to have Homeopathy taught in each State University “and make the study of Homeopathy obligatory on every medical student of the university.”

The whole thought is masterful as well as novel; and it is comforting to us individually in that it upholds our frequently obijurgated position that something must be done quickly and radically if we would save our homeopathic colleges from utterly disappearing, and with them extinguish the sacred fires on the altar of Homeopathy itself.

Initiative.

Elbert Hubbard, the sage of East Aurora, N. Y., says that there are four classes of men: those who can do the right thing without being told, those who can do a thing when they are told once, those who can only do it when necessity kicks them from behind, and then the fourth class, who cannot do it even when they are told twice and someone goes along to show them how. Of the first class he says: “The world reserves its big prizes for but one thing, and that thing is initiative. Initiative is doing the right thing without being told. Next to doing the thing without being told is to do it when you are told once. It is but fair to presume that all physicians should belong to the first class. Physicians belong to a class every member of which is supposed to be a leader, a director of human affairs. It is for them to tell others; not to be told.” And if you observe closely, even fairly closely, you will see that what he says is true, the successful physician is one who does not require to be told even once.

Not long ago it happened that a physician had the care of a man who had had a long confinement to his bed; his back became sore and lame. He complained of it for two or three days to his doctor, but no remedy was suggested. Finally, one day the patient said: “Doctor, don’t you think some kind of a liniment would be good for my lame back?” After a moment the doctor said: “Well, yes; you can have a liniment if you think it will do you any good.” The patient stared at the doctor with open mouth and finally fairly shouted: “If I think it will do any good? Where is my check book? How much is your bill, doctor? If I think it will do any good! Next time I want to tell a doctor what I think will do me any good I’ll send for you. Good-bye!”

—These bright, sharp, and breezy days of January remind us to say that this is the time for thinking of the holiday next July and August. Why not now, in your busy haytime, arrange for your next summer’s outing abroad with Dr. Kraft and his jolly Lazy Club?
Book Reviews.


This is an interesting book, and consists, in one part of the various articles on this subject contributed by Dr. Edelholz to the journals of the school; the remaining part is a record of the author's work and successes. The subject of the decapsulation of the kidneys as a cause of Bright's disease is a very modern and interesting one. Dr. Edelholz makes out a reasonable fair case of its practical value.


There is the usual influx of electrical books that there is following the specialization of any other medical, surgical, or generally scientific branch. The title of this book clearly depicts its contents and purposes. It will doubtless prove of interest to those more intimately concerned in this popular specialty; though a casual reading of some pages bears conviction that it contains much information for the general practitioner. The study of therapeutic electricity is truly a fascinating one; and these authors have given their best efforts to the work.

Worth Reviewing.

A lady was very fond of riding on horseback. All at once she could not ride, and lost all desire and pleasure from the act. Borax was given which cured her at once, and with the cure the desire to ride returned.

Veratrum alb., has cold sweat on forehead, worse when coughing. This remedy generally requires a second dose to effect a cure, for if not repeated the symptoms will return after first clearing up.

Patient was afraid to reach out with her hand, because there is such a tightness in left ovarian region and other parts she is afraid something will break. After giving the proper remedy for these pains if they shift over to the other side, we should not repeat the dose, for this changing of position is a sign the remedy has acted, and if let alone the cure will soon be completed.

This patient will sit up in bed fearing that every breath will be his last; there seems to be such tightness in his chest that he is afraid to draw a long breath for fear of breaking something.

Globules.

—It pleases us amazingly to note the many nice words said for Kent and his forthcoming Materia Medica, for he deserves them all. And it adds another feather to our cap to recall that we, individually, had a little to do with the business. It was through our shorthand efforts that Kent's first lectures appeared in the Homoeopathic Physician in orderly and completed form, though preceding this, Tomhagen, who graduated the year before us, had sent a few isolated reports of lectures for Kent to the same journal. We do not now regret our labors in this direction, for it was a repetition of that old saw that he who for another's fire faggots bears himself gets warm. The "faking" of these early lectures and polishing up the extemporaneously spoken remedies put our own little feet in the right way. Boërcke & Tafel are getting the Kent book out as rapidly as printer and binder can furnish it to the profession. Be sure and get your copy early.

—The last issue of The Critique publishes a number of fine half-tone pictures, some whereof are familiar and some not. There, for instance, is S. S. Smythe again clad on not alone with chastity but as well with his aforesaid beard which, the latter, the last time we saw him at Washington was a minus quantity, and made him look like a Campbellite preacher, only, however, until you heard him tell one of his inimitable stories and listened to his infectious laugh. There is J. Wiley Anderson, my Jo John, a little more reverend and hairless than when we met him in Omaha, but still young and vigorous as upon that joyous occasion. Hart looks as always, like a hard worker, a hustler, and a pusher "for fair." And now comes James William Mastin, editor of Critique, and after looking at this under-study of our handsome C. Aldrich of Minneapolis, and judging him only by his face as pictured in this half-tone, we wonder that said Mastin can sling so savage but withal so interesting a pen as he does. His is a forceful face with masterful mien, and we do not wonder that he has made Critique a success—he and Jo John Anderson. Clark and Brown we have heard of a good deal, and, hence, know them by reputation. Armbruster—who seems-alarmed about something—and jolly-faced Vineland we do not know, but that doesn't say that they are not equally as good and as handsome as their fellow-conspirators in this pictorial foot-and-scramble. These aforementioned gentlemen are appointees of the Denver City and County Hospital, which is the reason for the publication of their august photos in the Critique. Glad to see and know you, brethren!

—We learn with regret that A. B. Norton and his associates have given up the Homoeopathic Eye, Ear and Throat Journal after several years,
of successful management. The profession will miss this able editor and his helpful assistants. We hope that Norton and Garrison will not long rest out of editorial harness, for the profession needs such earnest men to stand up for the homeopathic specialists. On the other hand, Moffat, who now takes the reins in hand, is an old "offender" in the editorial chair, and will keep his readers pleased and instructed. Dr. Worrall Palmer is also well known, and we doubt not that this twain will keep the former Norton-journal close up to the head of the journalistic procession and profession.

—We are informed that the date of the American Institute sessions at Chicago this year has been changed to begin June 26 and close July 1. We regret this change exceedingly, for if a change had need to be made why not go the whole hog and put it ahead far enough to meet the wishes of the great majority of non-attending members, say in September? Chicago always gets a big attendance; but it would have been larger could the real vacation date have been set for the meeting.

—A reading of the Medical Arena of a recent date shows that while S. C. Delap's name was continued upon the cover page as editor he was not, in fact, editor, but permitted the use of his name for commercial reasons which must appeal to all who read the statement. This will answer the charge so frequently bandied about in several of our homeopathic journals that Delap, a homeopath, was swinging his journal deliberately and with malice prepense into eclecticism pure and notorious. Those who are familiar with the Kansas City homeopathic (?) situation are not surprised that Delap found it more congenial to dwell in unity and amity in the camp of his professional enemies than to be in constant boi and turmoil in the house of his alleged friends. The condition of homeopathy in Kansas City educational circles is not an enviable one, and we do not blame Delap for his change of base. We have learned of a number of questionable procedures among the alleged brethren such as the referring to one professional brother as a thief, and the accused thereupon going a-gunning for the allegator; and other little things too numerous to mention. But we believe that Delap is all right, and if proper order were restored in K. C., he would be among the first to return to our banner.

—It is truly delightful and refreshing to find our strenuous President really in earnest concerning the doing of public business on the same plan as private business. That is to say, a public job should be done as cheaply and pushed along with as much celerity and honesty as a private undertaking. His admirable interference in the Panama Commission is appreciated by every American citizen who isn't a "practical" politician. If now our President could get after the dry and withering bones which pretend to construct post-offices in various cities, and cause them to let go the public test for a short space and really try to build the building, some of us of middle age might let live to see the Cleveland post-office building built. But our two pence-ha'penny politicians are more interested in dividing their little political pap than they are in getting a move on themselves with the building. The American people are truly a long-suffering people, but when they do wake up there is a whirlwind of indignation to settle with.

—Dr. Biggar, having been variously and viciously charged by interested parties with insincerity in his last summer's effort to bring about peace and harmony in the Cleveland homeopathic situation, now appears in a pamphlet addressed to the Alumni and Friends of the Cleveland Homeopathic Hospital College explanatory of the situation. It presents some biting truths.

—Have you sent in your subscription for the International Homeopathic Medical Directory issued by the Homeopathic Publishing Company, of London? It is a good place for putting your card. Foreign travelers have many occasions for learning who are homeopathic physicians in the places they propose visiting. The expense of printing your name, specialty, office hours, and address is but one dollar, which includes a copy of the directory.

—It is rumored that H. C. Allen and the Her- ing College forces have purchased the buildings and property of the late Chicago Homeopathic Medical College, and that they propose to carry on the homeopathic college business from that point. If this be true, and we hope it is, we feel that good homeopathy will be taught and thus redeem the name of the former college. Allen and his'n are good homeopathic teachers. But they must omit astrological and astronomical symptoms from ordinary homeopathic materia medica lectures. Yes?

—The happy suggestion of William of Germany to exchange professors comes with peculiar fitness at this juncture, when so many of our Professors have been thrown on the market by our recent college bankruptcy (merger). But, of course, that would only mean the sending of our surplus to Germany, and would not provide for some of William's overplussage. All joking aside, however, it would be a fine and proper thing if some of our English homeopathic brethren could be sent to America to give several of our homeopathic colleges a taste of real old-fashioned homeopathy. We will warrant you there wouldn't be any such homeopathy taught, by any of these gentlemen, as Searson heard in Chicago. But we fear that no one in England would especially care for our Professors—not if Searson had anything to say about it. Sir?

—Drs. Salisbury and Campbell have removed their offices to the Bradbury Building, Los Angeles, California. We wish our faithful brethren
their customary and abundant success. And we wish yet more earnestly, perhaps, that it lay in our finances to spend a winter in their Land of Pure Delight. For Los Angeles, as we remember it from our trip there and visit in the winter of 1876, is truly an earthly paradise to a from-the-States man.

—Dr. William A. Glasgow, of Missoula, Mont., would like to put himself in communication with some homeopathic surgeon associated with railroad practice. All this with a view to learning something in the railroad line for supplying homeopathic surgeons to the Northern Pacific railway. Write him at once.

—is it a fact that the managers of King’s proposed History of Homeopathy, in three or four volumes, at thirty dollars per, insist upon a subscription to the volumes before a sketch is inserted of the prominent personage? In other words that no one, however old, or prominent in Homeopathy, gets any sketch in this History who does not come down with the dust? Thus we have been informed by several people, especially one homeopathic editor who has been approached by these peculiar-dealing agents. “If you ain’t got no money you needn’t come around.” That kind of policy and tactics partakes more of the Directory style of business than a supposed History of Homeopathy.

—Dr. Major is still advertising his Vitaline in the Indian Homeopathic Review (Calcutta). As we had occasion to say on a former occasion, this is queer stuff for a true homeopathic journal to publish; and we wonder that the editor permits it. It is of the order of the Big G and I-Cure-Men style that we find in our progressive, clean, and uplifting American press each morning and evening. Here is one paragraph: “The Vitaline like charm acts on the human system. A few minutes after using a dose the patient becomes cheerful, vigorous, and refreshed. A trial only will convince of the fact that a single dose is worth a guinea.”

If it is really such a remarkable medicine we would like to have a “trail,” for we frequently need something to make us “cheerful, vigorous, and refreshed.” In default of this invigorating Vitaline we must needs employ Pe-ru-na, or Lydia Pinkham’s Comp. However, when Dewey or some other of the occult brethren surprise us in our parish fastnesses, we make amends with lemons and hot water and things. We suspect that the Majumdar editors of this Indian Homeopathic Journal are under the thrill and thumb of bad, secular, lay printers, some of our homeopathic (?) journals in America with “the largest subscription in the world,” and need to sneeze when the printerman takes sniff. But yet the pity of it, that Majumdar should need to do this disgraceful thing!

—The Clinique for January gives the statements of the Presidents of the two homeopathic colleges of Chicago, explanatory and excusatory, all of which go to show that Royal is mistaken about there not being enough homeopathic colleges in the land; that it is indeed to the interest of all concerned to lessen the number of existent colleges by merger, if we can, by bankruptcy if we must. We appreciate the clear and explicit statement of Shears, president of Hahnemann, and equally also the explanation of Cowperthwaite of the departed college. But we mark with pained surprise no reason given for the merger: both colleges were doing a land-office business only so late ago as last December—certainly this was true of the Chicago Homeopathic, if one studies Delamater’s statement in Progress: why, then, go into liquidation on January 1, ’95? It is said to be the crowning feat of glory for a defeated general to be able to turn a disorderly rout into an orderly retreat, and that’s how these various explanations and official statements strike an ordinary physician. No good reason has yet been assigned for this wholesale surrender of the Chicago Homeopathic to Hahnemann. And, hence, other of our colleges are continuing to do that same reprehensible which undid the Chicago, with every probability of sometime, and possibly soon “enjoying the same blessing.”

—To The American Physician: It is often admitted to me by so-called homeopaths that it is not necessary for one who claims to be a homeopath to practice homoeopathy; that a man may give what he pleases, calomel, jalap, mor- phine, quinine, antitoxine, or any other thing, in large or small doses and still be a homoeopath. But if this same man drops the title homoeopath, he becomes a traitor. A traitor to which, the substance or the shadow? Inquirer.

—The Chicago Homeopathic College has amalgamated with the Chicago Hahnemann, and the combined institution will be the medical department of Illinois University. This is a long step in advance in medical education, and taken in connection with the endeavor to move the medical department (allopathic) of the University of Michigan to Detroit, points to the tendency of the times to connect medical schools with universities and locate them where the clinical material is, in large cities.—The Medical Counselor.

—Walton spent most of the day with me Friday [in Chicago, says a correspondent], and we had a jolly time, at least I certainly enjoyed every moment of it. Walton is such a delightful guest. He is easy to feed, is full of the good things of life, and leaves me always years younger than when he came. One said to the other: “I hear that Kraft feels rather sore these days on account of Mrs. Chadwick; heretofore he had been the most conspicuous citizen of Cleveland, now she comes along and at once becomes to the whole State of Ohio what Jesse James was to Missouri, the State’s most famous citizen.” Now, this is the place to laugh!”
—And that five-hundred-thousand-dollar hospital to commemorate the awful Iroquois theater disaster and holocaust, has it "petered out" too, with the Chicago Homeopathic Medical College?

—The Physicians' Causality Association of America, Omaha, will bear thorough scrutiny by any intending applicant for accident insurance among physicians, surgeons, and dentists. The writer of these lines is glad to give his testimony to the worth and promptness of this association.

—A nice, big, round, red pill—several of them—have been left at our office by a drug drummer to try "on a dog," which pretty pill is yeCit "Cascara Purgative." On examining the formula appended, we find it contains Ext. Belladonna, Aloë, Strychnia, Podophy., and Ginger, in large quantities, while the Cascara is the least in size of the ingredients. Therefore, doubtless, the pill is called "Cascara Purg."

—It was hardly to be expected after the skilled surgical assistance rendered to the Amer of Afghanistan for his recent accident that he would be content to rely on his own Afghan medical men in the future, and it is now reported that he has intimated his desire for expert English medical men to be stationed at Kabul. The staff suggested is one medical officer, one lady doctor, and three hospital assistants, with a small compounding staff.

—Professor Himalaya recently gave the first demonstration of the pyrheliophor, an apparatus for concentration of the sun's rays. Iron melted in less than a minute: fire-clay fused in about three minutes: and magnesia, one of the most insubstantial substances, requiring about 6,400° F. to melt it, was reduced to a molten state in about twenty minutes. In this apparatus the rays of the sun are reflected from more than 6,000 small mirrors arranged in concave form, covering an area of 30 x 42 feet, into a retort 18 inches in diameter and 2 feet deep. The focus of the rays is about 7 inches in diameter, and the heat generated is about 7,000° F.

—In presenting in one of our recent issues a report of the Missouri Institute of Homeopathy, in order to be truthful, we necessarily included the strictures of one debater on X-ray and kindred electrical treatments. Very naturally, therefore, some of our electrical supplies advertisers, The Nelson Scientific Instrument Co. of Chicago, among the number, objected thereto. We assured them at once that these expressed views are not the views of this editor, nor of our journal, but only the individual views of the particular debater in that society whose name was given. This editor is a believer in and a user of electricity in all of its varied forms, and takes every convenient opportunity to exploit its value.

—Samuel Worcester, M. D., of Portland, Maine, has given up private practice and joined the medical staff of Dr. Givens' Sanitarium, at Stamford, Conn. Dr. Worcester was at one time Professor of Mental and Nervous Diseases at the Boston University School of Medicine, and is one of our leading authorities in this specialty. In 1881 Boericke & Tafel published his "Insanity and Mental Diseases," the first work written on the subject by a homeopathic physician, and still in use as a text-book in our colleges. Dr. Worcester is a senior member of the A. I. H., president of the Vermont Society, ex-vice-president of the Maine Society, and an honorary member of several other organizations. A man of scientific attainments and of marked literary ability, it is to be expected that his work at Dr. Givens' Sanitarium will not only be for the benefit of the patients in the institution and still further enhance its reputation, but prove of lasting value to the medical profession.

—In a recent case of obstetrics, primipara, this writer found the parturient arrayed in a nightgown, promenading the floor on all fours, and barking and snapping like a dog. When the pains came very severe she would place her teeth into the rug, or table leg, or the leg of the "old man," if she could get it. It required the aid of four women to place her in bed and keep her from biting the doctor, or the others. When the child came—the moment it passed through—she became perfectly rational and gentle: and to-day—some weeks after—she still remembers nothing of the barking and snapping. Query: If she had bitten one of the assistants would hydrophobia have ensued?

—The Kansas City Homeopathic Pharmacy Co. is sending out heart-to-heart letters to the homeopathic physicians asking for name, address, and office hours of the addressed physician, to be inserted in a trade circular issued by the pharmacy company; this booklet is to be sent to every family in K. C. "having a phone in the house." Some who have been good patrons of this company are to be given gratis space. So one might conclude that there still remain several ways of killing a yeller cat besides filling her ears with hot butter; or, in other words, that a reputable physician may still advertise himself in all the families of Kansas City "having a phone in the house," without fracturing any of the ethical rules of the medical profession. Less see, want it in this same town that a printer-man on a morning daily inserted in his paper a medical editor's half-tone portrait, with some twenty or thirty lines of "I-Am-It," advertising matter, and that he did this grievous wrong all without the knowledge of the said aforesaid medical editor man, and without the price?

The American Physician.

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Medical Progress

Thiocol as a Prophylactic for Malaria.

L. Polidoro, in a communication to the thirteenth Congress of Internal Medicine of Padua, discusses the question of a possible substitute for quinine in cases where the drug is not well tolerated, or where it has failed for any reason to cure malaria. He states that quinine has been commonly pushed much too far in cases of malaria, as is shown by the numerous cases of quinine hematuria, and that it has also been freely used in non-malarial cases, its failure to cure being made a reason for increasing the dose instead of revising the diagnosis.

Dr. Polidoro particularly criticises the hypodermic use of the drug, which is frequently administered with a septic syringe and causes abscesses, which again are treated with quinine. He compares quinine to mercury—a most useful drug, but one which easily lends itself to abuse. More briefly condemning phenocol, methyl blue, and preparations of arsenic, he passes on to thiocol. As the result of his own experiments he states that it is useful in phthisis, in tuberculosis of glands, bones, and joints, in lupus, leukemia, pneumonia, and other febrile diseases, in syphilis, and finally in malaria. In ordinary, it is easily tolerated, giving rise to no unpleasant gastrointestinal symptoms. It has no unpleasant taste, is very soluble, and is irritating when given hypodermically. Polidoro administered it to adults usually in two doses each of 1 gm. (15 gr.) four hours and three hours before the expected return of a malarial attack. In 176 cases the result was immediately satisfactory; in 7 cases only the dose had to be doubled. Fever and acute enlargement of the spleen, and a small hepatic engorgement disappeared, the urine became limpid, and any existing gastro-intestinal disorder was usually alleviated. Chronic enlargement of the spleen usually showed some reduction. In 13 cases microscopical examination of the blood was made, and showed immobility or diminished mobility of the parasites with loss of segmentation. The author deprecated attempts at prophylaxis by means of quinine alone, or quinine, iron, and arsenic, and recommends a daily dose of 1 gm. (15 gr.) of thiocol, and washing exposed parts of the body with an aromatic solution to drive away mosquitos.—Med. Thés., February, 1904.

Tuberculosis of the Female Urinary Organs. Removal of Kidneys and Ureter.

Dr. Ernest W. Cushing, of Tufts College, Boston, read this paper before the Maritime Medical society of Halifax, N. S. He reviewed the steps by which the diagnosis of tubercular lesions of the kidneys and bladder had advanced from uncertainty to positive knowledge. Clinical experience and the results of surgical operations confirmed the findings of pathologists, that tuberculosis of the bladder was rare except when the kidneys are first affected, and the fact that after removal of the diseased kidneys the tuberculous bladder was usually curable. He reported a case which was interesting from the fact that there never had been any symptoms referable to the kidneys. The case was that of a woman aged thirty, coming under observation in 1892. In 1900 she underwent an operation for dilatation and currettage of the uterus. During the next two years she gradually failed in health, suffering from pains in the back, low down, and frequent desire to micturate. Examination of urine showed cystitis, which was supposed to be referable to pressure from the retroverted uterus. In February, 1902, the uterus and appendages were removed. On March 2d the bladder was somewhat better, urine clear and alkaline, S. P. 1010, contained albumin, pus and cocci. Bladder was washed with a dilute permanganate solution, and cystogen was given internally. The patient went home in good condition on April 1st. On April 11th she returned, and examination showed the bladder had become nearly as bad as at first, patient having neglected treatment. Irrigations were again instituted and cystogen given t. i. d., following which there was much improvement.

Sal-Codeia Bell.

Salacetin is a combination, with heat, of salicylic and glacial acetie acids with purified phenylamine. It is strongly antilithic and analgesic
and slightly antipyretic. It is gradually supersed-
ing salicylate of soda in the treatment of rheu-
matism and other uric-acid conditions. It causes
neither stomachic nor renal irritation. Combined
with pure codeine, it relieves painful lithemic
conditions more thoroughly than morphine and
without the objectionable results of opiates gen-
erally. Pure codeine neither checks secretions
nor induces a drug habit. Salacetin and chem-
ically pure codeine sulphate are combined in the
proportions mentioned in a tablet called Sal-
Codeia Bell, by Bell & Company, manufacturing
chemists of New York and Chicago. They re-
port best results from its use when taken dis-
solved in hot water, for rheumatism, neuralgia,
and other uric-acid conditions.

La Grippe and Its Sequelae Again Prevalent

The following suggestions for the treatment of
La Grippe will not be amiss at this time when
there seems to be a prevalence of it and its allied
complaints. The patient is usually seen when
the fever is present, as the chill, which occasion-
ally ushers in the disease, has generally passed
away. First of all, the bowels should be opened
freely by some saline draught. For the severe
headache, pain and general soreness give an anti-
kamnia tablet, with a little whiskey or wine, or
if the pain is very severe, two tablets should be
given. Repeat every two or three hours as re-
quired. Often a single dose is followed with al-
most complete relief. If, after the fever has sub-
sided, the pain, muscular soreness and nervous-
ness continue, the most desirable medicine to re-
lieve these and to meet the indication for a tonic,
are antikamnia and quinine tablets. One tablet
three or four times a day will usually answer
every purpose until health is restored. Dr. C. A.
Bryce, Editor of The Southern Clinic has found
much benefit to result from antikamnia and salol
tablets in the stages of pyrexia and mus-
cular painfulness, and antikamnia and codeine
tablets are suggested for the relief of all neuroses
of the larynx, bronchial as well as the deep-seated
coughs, which are so often among the most promi-
inent symptoms. In fact, for the troublesome
coughs which so frequently follow or hang on
after an attack of influenza, and as a winter rem-
edy in the troublesome conditions of the respira-
tory tract, there is no better relief than one or
two antikamnia and codeine tablets slowly dis-
solved upon the tongue, swallowing the saliva.

Hedonal

Taeffer has made a clinical study of this drug
in the treatment of twenty-five cases of insomnia.
It is a derivative of the urethane group, appears
in a crystalline white powder, almost insoluble in
cold water, but dissolves in hot water and alcohol,
of a disagreeable taste, and is well tolerated by
the stomach. It sometimes has a diuretic effect,
and the ingestion of fluids or administering with
alcohol is condemned. It acts better on a par-
tially empty stomach and in an acid rather than
an alkaline medium. On account of the unpleas-
ant taste it should be administered in coated tab-
lets or capsules.

It does not act so well in cases of marked psy-
chical excitement or where the mind is con-
centrated upon a concrete subject, as in cases
of mental strain or mental depression. As a
hypnotic or in pain, aspirin is advised in combina-
tion with hedonal. The sleep produced cannot
be distinguished from natural slumber and lasted
from two to five hours, the patient falling asleep
again. It leaves the physical and mental powers
unimpaired and does not interfere with the pulse.
Injurious effects were never noted, and unpleas-
ant after-effects were slight and transient, and
cumulative effects seemed to be absent.

The drug was used for insomnia unattended
with pain, and largely in old, hysterical, neuras-
thenic, gouty, diabetic, melancholic, and alcoholic
persons. The observations were not made on
anyone under thirty-five years of age. The usual
dose given was 15 grains on retiring, and was
not increased beyond 30 grains. From his studies
he draws these conclusions:

"I would formulate my conclusions based upon
my observations (twenty-five cases) as follows:
In all uncomplicated cases of sleeplessness hedo-
nal is a quite reliable and absolutely harmless
hypnotic, this being due to the fact that it is oxi-
dized in the organism into carbonic acid, urea,
and water, and is free from any poisonous decom-
position products. Even when employed for a
long time its effect is not impaired, and it promises
to become a real blessing to the many sufferers
from insomnia."—Carolina Medical Journal.

A Pharmacological and Clinical Study of Agurin.

Dr. A. Nucci, of Naples, as the result of a
pharmacological and clinical study of agurin,
formulates the following conclusions: 1. Agurin
represents one of the best diuretics known in
therapeutics. 2. It is well tolerated even in high doses and during long continued use. 3. Agurin produces by-effects much more rarely than diuretin. 4. If employed in therapeutics doses it has no injurious action upon the kidneys, even during prolonged use. 5. It is devoid of any cumulative effect. 6. Its action, while analogous to that of diuretin, is much more intense. 7. That it is a true diuretic is shown by the fact that it not only increases the daily quantity of urine, but also causes an augmented elimination of the mineral salts and of urea. 8. Its effect usually begins on the day of its administration and subsides twenty-four to forty-eight hours after the last dose. 9. The diuretic effect of agurin is manifested most distinctly in cardiac cases, and also in dropsy of renal origin, provided that the renal epithelium is still functioning. 10. In interstitial nephritis it has given good results, but it is probably useless in parenchymatous nephritis. 11. Its influence in cardiac cases is more satisfactory if it is preceded by, or simultaneously administered with, digitalis. 12. The minimum daily dose for children is 0.5 gm.; for adults, 1.0 gm., but in the latter it may be increased to 5.0 gm. pro die.—Giornale Internazionale della Scienze Mediche. Dec. 31, 1903.

Therapeutic Hints.

"The chief advantage of a bread and fruit diet is seen in the collicm or high blood pressure group of acid-uric food poisonings. Such used to be called diseases and were reckoned under the names of headache, epilepsy, depression, neuralgia, asthma. Bright's disease, cerebral hemorrhage, cardiac failure, angina, dropsy, and obesity. The great point in the relief of these troubles is the lowering of the blood pressure, which it is obviously impossible to bring about on a diet of milk, which contains much fluid. By cutting down the fluids to the smallest amount compatible with comfort, and feeding on breadstuffs, dried fruit, and fresh fruit, or, as a modification in certain cases, on dried fruits, nuts, and fresh fruit, a blood pressure of 150-160 mm. of mercury can be reduced in a week or two to 120 mm. of mercury, with a correspondingly great improvement in all forms of food poisoning above mentioned."—Dr. Alexander Haig (Medical Record).

"Rheumatic children should wear flannel undergarments throughout the year round, its weight being varied according to the season. Its value in diminishing the danger of chill is fully established. While exposure to cold itself is to be avoided when possible, it should be remembered that damp weather, with cold east winds, with the ground covered with slush, is especially favorable for the development of rheumatism."—Dr. Alfred Friedlander (Cleveland Medical Journal).

"The 'Weir Mitchell rest cure' is absolutely impracticable for the general practitioner, and it is doubtful if the real benefit from the treat-ment is not more from the mental impression than from the rest and manner of feeding. However, there is a small per cent. that can be raised to a higher average of nutrition by thoroughly resting in bed for a few days at given times."—Dr. William C. Sebring (Medical Record).

Salithia.

Magnesium sulphate has long been recognized as the most effective of the saline cathartics. Modern methods of treatment demand the establishment of a clean and empty alimentary canal prime via, and this obtained it is easy to affect the system as may be desired. Salithia is a combination of magnesium sulphate, lithium, and colchicine in effervescent form. It is the "twin" of saline laxative (Abbott) which has become a standard remedy with the profession. The formula was particularly designed to relieve the system of uric acid and at the same time to exert a decided chologogue action. In all diseases of the uric-acid type salithia should be given in dram doses once or twice daily (preferably largely diluted with hot water), and if it is given on an empty stomach early in the morning its effect is apparent in two hours. Hepatic activity is secured and a normal condition of the urine follows in a few days. In using salithia in gout, rheumatism, or lithemia it is well to exhibit conjointly calcilith (calcium carbonate comp.) in ten-grain doses three times daily. If you have not yet used these two remarkable remedies you should do so. They are "reputation-makers" and that means money-makers, of course. Literature and samples will be sent free; as well as a free copy of Abbott's Alkaloidal Digest, a 300-page book of brief therapeutics and practice, by addressing The Abbott Alkaloidal Co., Ravenswood, Chicago, Illinois.

Advanced Method of Removing Germs and Dust from Railway Cars.

The management of the Central Railroad of New Jersey has made another step of advancement through the recent installation of a system of car cleaning which has the universal approval of the health authorities along its line, and as it is practically the first transportation company to adopt it, the method may be of interest to our readers.

The old method of car cleaning with a whisk here and a dash there with a broom or duster, was not only unsanitary, but unsatisfactory, for the reason that it had the effect largely of removing dust and dirt from one section and depositing it elsewhere; but under the new method, which is termed the "Vacuum Sweeping System," the dirt and dust is drawn from the car by suction through a pipe, and is gone forever. The New Jersey Central has erected an immense vacuum plant in its Jersey City yards, and for a distance of 3,000 feet has had pipe
varying from two to five inches in diameter, covering in all about three miles. At short intervals this pipe is tapped and from these cocks is run the flexible hose, which may be taken in the car either by door or window. At the foot of the hose is a metal pipe with a flat triangular end, along the base of which is an opening, and through which the dust and dirt is drawn by the vacuum or "drawing-in machine" located a distance away. The operator runs the slot opening over the cushions, carpets, curtains, woodwork, etc., and without any commotion or dust raising, every loose particle or germ is whisked away, everything being left clean and wholesome. The dust thus removed, before reaching the great "drawing-in machine," must pass through two dust separators, the first of which clears the air of 66 per cent. of the grit, dust, and germs; the second separator or cylinder draws the air through water in which corrosive sublimate is used, and completes perfectly the purification. The New Jersey Central management has for a long time felt the necessity for a more sanitary method of car cleaning, and the vacuum system, while reducing disease liabilities to a minimum, at the same time reduces the cost of cleaning and time consumed. Two cars can be thoroughly cleaned under the new system at the same expense of time and money as was formerly consumed in cleaning one, and this in connection with the increased sanitary value, is sure to cause its general introduction within a short time, not only by other transportation companies, but by theaters, hotels, places of public resort and even the home.

**A New Champagne Record.**

The name of G. H. Mummm & Co. and that of their representatives, Messrs. Fredk. de Bary & Co., have for years been known among the lovers of the superior qualities of champagnes from one end of the country to the other. That the quality of wine imported by this firm is appreciated is attested by the numberless occasions on which it is used by the most discriminating lovers of the sparkling wines of the Province of Champagne. Messrs. Fredk. de Bary & Co. brought over last year to this side of the water a greater number of cases of champagne than has ever hitherto ever been known, and these importations speak in the strongest terms of the greatest popular esteem in which G. H. Mummm & Co.'s champagne is held on this continent.—Bonfort's Wine and Liquor Circular, January 10th.

**Items of Interest.**

—An established and successful institution with more than ordinarily brilliant prospects, engaged in the treatment by physical methods, with surgical facilities, and accommodations for twenty patients, centrally and desirably located in New York City desires to form an association with a physician with capital, who will devote his time and energies to extending the scope of the work. References exchanged. For particulars inquire of Mr. Chatterton, 259 William Street, New York, N. Y.

—Here are some special bargains for physicians: An electrical apparatus, a Willyoung 10-inch coil, costing $300 less than six months ago; will sell for $175; in perfect condition and will be sold on easy terms to prompt buyer. Also an up-to-date vibrator, cost $125, will sell for $85; guaranteed in every way, new and just from the maker, and a well-conditioned surgeon's chair, cost $75, will sell for $25. Address X L, care American Physician.

—The Nelson Scientific Instrument Co. of Chicago are showing themselves the most progressive manufacturers of electro-therapeutical apparatus in the West. They have probably invented more variety of improvements in static machines than any other single manufacturer in recent years. Their latest idea is the Toepfer-Holtz static machine with divided stationary plates. The plates are divided perpendicularly, allowing the operator to remove each half independently of the other half and of the rest of the plates. The ease with which such a static machine may be cleaned and repaired is obvious. They also have a very efficient arrangement for holding the plates in place. They have also discovered after long tests that the plates of a static machine are no wise improved by having them lacquered or shellacked. Any small advantage a painted plate may have is offset in the great disadvantage such a plate has when it requires cleaning; and it ought to be cleaned every two months if it is to be depended upon to work. Altogether, the 1905 Nelson static machine can truthfully be called the "acme of perfection."

—As a gurgle in sore throat or elongation of the uvula, Kennedy's dark pinus canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

—Following is an extract from a London newspaper regarding "Zutka," who will appear at Proctor's shortly: "Mr. George H. Webster is still at the Hippodrome with his latest and most mysterious creation, "Zutka." The act has had a truly record success. It causes immense speculation, tremendous interest; there is something weird and uncanny about the black-faced wooden-looking Pierrot figure. That it should be possible to pack even a mechanical figure into so small a box is in itself a marvel. 'Is it a man or is it a machine?' The audience discusses the question during the rest of the evening—and one may even hear heated arguments in the streets outside the Hippodrome after the performance. 'Zutka' has provided a veritable 'boom' even among skeptical London. And Mr. Webster's inventive mind is already busy with more mysteries. Some day he promises to tell us exactly what 'Zutka' is."
THE AMERICAN PHYSICIAN

MARCH, 1905.

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

OUR PORTRAITS.

AMOS J. GIVEN, M. D.,
STAMFORD, CONN.

THE MNEMONIC SIMILIAD.

This little book, from the pen of Dr. Stacy Jones and the press of Boericke & Tafel, while it presents no new medical matter, does possess the distinguishing merit of presenting an old and hoary series of facts in a new and taking dress. Dr. Jones, who has been "guilty" of other little novel ways of breaking into the monotony of materia medica writings, gives us the leading remedies of Homeopathy each with a little now-lay-me-down-to-sleep doggerel, carrying the chief symptoms of the remedy; then follows it up with a mystic series of words and letters designed to compress a lot of materia medica information within a very small compass. His poetry, while at times startlingly original, is well couched, and carries the main symptoms in a catchy rhyme, most like to stick somewhere along the lining membrane of the calvarium. His other hieroglyphics and their meanings we have attempted to follow, but not always successfully.

It reminded us very much of the Loisette and other artificial systems of improving memory, in that, if the same care and pains were given to the memorizing of the word or thought as is inculcated and advised in the construction of a verbal scaffolding, there would be no need for the scaffolding. If, in other words, the same care and fixed attention were bestowed upon the acquisition of the key-notes of our materia medica, as is recommended to be given to the acquisition of these hieroglyphical characters and occult meanings, there would be no need for a Similiad. But since this required fixity of attention is not given to the study of materia medica, and the modern way of teaching materia medica, in most of our college, is a mere effort to corral and possess a half-hundred unrelated symptoms of each remedy, this Stacy Jones song system will fill a long-felt want.

In what we have said thus far, or may yet say, we do not wish to be understood as ridiculing the Similiad. Far from it. We welcome it and most heartily recommend the book to our readers. We note, imprimit, that Jones gives each of the remedies a fanciful name in order to combine them in phrases for memorizing, by reason whereof he produces some ludicrous combinations which ought to "stick." For instance, the other name for Bismuth is Bishop, so he constructs this moral epigram: "The Bishop Chi Car is in a snarl with the Nun." Again, "This Bishop being lonesome, is on a stray walk with Lily and Con." Chi and Car being themselves words for remedies, and so are snarl and stray walk Lily and Con. Many other original and startling phrases are to be found. He gives kali phos, the side name of Kipling, and has "Kipling" do a whole lot of odd and unusual things.

This suggests to us the feasibility of adopting for our remedies the immortal fashion of the electricians when they call their apparatus and tools and technical parts and doings, after the men who were instrumental in giving power and name to electricity; thus we hear of so many Watts, so much Voltage, and Amperes, and Coulombs. Why not call our remedies after our principal men, workers, practitioners, writers and students? Call Belladonna after Biggar, Dulcamara after Dewey, Pulsatilla after Pratt, Gelsemium after
Gatchell, Hellebore after Horner. Nux vomica after Norton, Podophyllum after Porter, Sulphur after Shears, Kalmia after Kent, Wahoo after Wood, Anacardium after Allen, and so on to the end of our roster of names and list of remedies. Note what nice phrases might then be made, as follows:

Biggar, who has apple cheeks and a bald pate, went pouting with Porter. Or

Gatchell, who has pretty eyes and ears, fought two ensanguined rounds with Shears.

Or how would the following do:—

The Abbott, Pemberton-Dudley, is a coward in the dark; he owns up to it.

Achsa B. Norton, the Creole Baptist maid, and her brother Jo Garrison, the drover, sang for Royal and his Arabs.

Alonzo Delamater seeks a row with the Sour Negro Young Hyson Roberts, the Carver.

This Jo Anderson, who is subject to foul odor of the feet, is at Black Clay Bar with Silas S. Smythe and Pete Strickler.

Silvester Richey Horner and his brother, Clen- dennin, the rich old sports, are on the road to Mandelay.

Army Cowperthwaite, the baptist, roasted pole root for old squaw Sabin.

Allen Clay, the black bishop, of Hering, is buying aloe from the Caucasian lady in the Café.

This barber, Anshutz, who is subject to a pot-belly, is to go to China with Calvin Bartlett for a mess of cels.

This Ham Biggar, who is subject to loss of voice, is up in Dewey's car on the coast sporting with the Ammonite bums.

This Captain Pratt, who is always chilly, void of vital heat, and minus the last inch, is the fussy jawing chap at Man's end.

This dam Gibson, who is subject to a tender coccyx, is at Pete Walton's with Ruth Carba and sister.

Antinous Copeland is the ideal Golden Calí of Rhodes.

Stephen Knight, with the drooping eye-lids, the gay old plumber, is called to Gatchell from a vessel on the coast of Russia.

This innocent maid Mastin, the cyclist, who is subject to vicarious menstruation, is good for one sample kiss from Cim-Boeriele.

This Moffatt, who is subject to warts and has tangled matted hair, is at Schenk's, with a load of sabina roots from the coast of Long Island.

This MacLachlan, who is subject to sciatica, is with his child Zip, in a black buggy at Apo Hillsdale's, with Col. Gregg Curtis, of bushy hair and tender feet.

The Saint, Hoffman Porter, who is as blue as a Cim-hyson plum, is with the old nun, Jessie Taren, in the vale of Zu-zu Moss.

The pastor, Gaius Jones the Grecian giant saint, and his son are in a jam with the Spanish twins, fattening on ale from Cypress.

And many, many others, some most relevant and others vilely slanderous.

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., Lecturer of Materia Medica and Practice in N. Y. Homeopathic Medical College and Hospital.

References in this department are made by number. (See issues of January or December each year.)

Eupatorium Perfoliatum.

The symptomatology of eupatorium perfoliatum is presented in three groups by Dr. G. W. Hoyt:

1. Intermittent fever group.—No chemical compound, nor torrent of water ever more effectually quenched the flame than does eupatorium, the raging fever of the intermittent tertian type, which begins at 7-9 A. M. with chilliness in the back; thirst before and during the chill, and which spreads over the body, leaving in its trail an aching of bones, muscles and sinews begotten of hell. No sweat follows this hot stage, contrary to the popular ideas of hellish treatment.

2. Influenza or La Grippe.—This group shows features of similarity to bryonia, gelsemium and rhus tox, but let us differentiate as we proceed. Intense frontal and occipital headache, heaviness and soreness in head and eyeballs, here being similar to bryonia, but eupatorium is restless and not made worse by motion.

Face dark red, similar to bryonia and gelsemium, but characteristically yellowish tint of skin and sclerotic.

Soreness and lameness of chest, with rawness behind sternum in bronchi, which causes cough. Patient must hold sides of chest when he coughs—he is so lame and sore. Again, similar to bryonia, and also rhus, there being with bryonia aggravation from motion, and with rhus relief from motion and aggravation from repose, while eupatorium does not grow worse during repose, but is restless, the motion, however, affording no relief. The grand characteristic, the red strand, intense aching deep in the tissues, as of the bones, must be present to color this picture for eupatorium.

3. Gastro-hepatic.—This group combines the main symptoms of the fever and grippe groups with gastric and hepatic symptoms added.

Intense headache, soreness and yellowness of eyes, yellowish red hue of face, great bone pains, soreness of liver region, nausea, vomiting of bile, constipation, no perspiration following the fever. These features show eupatorium to be distinctly the similia in certain liver disorders. We must here differentiate from bryonia, which has free sweating, eupatorium having scant or none.

Belladonna Poisoning in Ophthalmic Practice.

J. Fejér reports a case which may serve as a warning to the general practitioner. The first case was that of a medical man, who complained that he had not seen distinctly for some time, that he could not read. The pupils were moderately
dilated, did not react well to light; the vision was 5-7, and only improved with 2-5 D convex glasses. Ophthalmoscopically, there were no changes in the fundus. The diagnosis of paralysis of accommodation was made. On closely questioning the patient, he at last elicited that he was taking a powder to improve the appetite, containing extract of belladonna as well as rhubarb, sodium bicarbonate, etc. The prescription gave the total quantities of each ingredient, and directed that "a knife point" full was to be taken before meals. The quantity of belladonna extract was 0.10 in 20 grams of the other ingredients. On the presumption that the belladonna had not been properly mixed up, and that a too large dose had been taken, Fejér ordered the patient to leave the powder off, and, with the assistance of a purgative succeeded in removing the eye symptoms.

Psorinum.

The Cleveland M. and S. Reporter says: It may at some time be your lot to be baffled in knowing what to do for febrile foot-sweats. If after or before trying mercurius of silica, you will look up and give psorium high, you will be rewarded for your efforts. The keynote for psorinum is foul smell or odor.

[Don't forget that the psorinum patient dreads being washed; that the skin has a dirty look, and all odors from the body, breath, feces, etc., have a carrion, rotten, offensive odor.]

Antimonium Crudum.

Dr. W. E. Wright\(^2\) believes that this is one of our old drugs which, while well known to good homeopathists, should receive more general use in practice. Like bryonia, it is a "hot weather" remedy, and, in fact, aggravation from any kind of heat, but especially of the sun. Second, note aggravation from water, and hence bathers who have been indifferent and whose complaints date from time of bathing. Also, remember children who do not wish to be bathed. Third, remember of all the remedies this one has "the whitest tongue," as a keynote in materia medica. If you are called to see baby, and find it will not allow you to come near without crying, is peevish, fretful, irritable, and white tongue, and white curds in stool, try this drug. Though you may be skeptical about high potencies, try this drug high for corns and callosities. Note in conclusion that this drug should be borne in mind for the extremities of life, with children and old persons.

Chorea Treated by Zizia Aurea.

Dr. C. A. Shantz\(^2\).—Patient, girl aged sixteen, tall, thin, pale, anaemic, poorly nourished. Chorea movement of arms, and at times of legs, with drawing of muscles of the face. The latter played sometimes about the eyes and the forehead, sometimes it would attack muscles of the face and mouth, the condition approaching to risus sardonicus. These movements continued sometimes during sleep. Zizia aurea has, according to Allen and others; chorea, especially during sleep, fidgety legs, twitching of muscles of face and upper limbs, etc. Zizia aurea was given. Improvement was perceptible in forty-eight hours, and recovery took place in a few weeks.

Acetozone in Typhoid Fever.

Dr. W. W. Ross\(^a\) gives an account of acetozone (benzoyl-acetyl-peroxide), a compound of peroxide of hydrogen, but possessed of greater germicidal power. It is soluble in water, in the proportion of 1 to 1000, and in its presence, which is necessary for the development of its power, it undergoes hydrolysis, splitting up various peroxides. one of which, acetyl hydrogen peroxide, is an active germicidal agent, and it is to this that acetozone owes its antiseptic property. It has no constitutional effect, and is not poisonous, even when taken in large quantities, and is also entirely harmless to mucous membrane in a saturated solution. Professor Novy reports that water containing one million typhoid bacilli per c.c. was rendered sterile in fifteen minutes by adding crystals of acetozone, and that acetozone is germicidal in the strength of 1 to 33,000. Professor Novy and Friel report having fed students on milk and acetozone for several days, and during the whole time the feces were entirely sterile and the men quite healthy.

On account of these qualities, acetozone has been used in the treatment of typhoid fever as an intestinal germicide and antiseptic, and, Dr. Ross states, with excellent results. He quotes the experience of himself and of many other physicians, and claims for it that the feaces are made totally sterile within seventy-two hours, and in the same time diarrhea, when present, ceases, and the tongue becomes moister and cleaner, the heart's action stronger, the temperature lower, the disease is shortened by as much as a week, relapses are prevented, and the mortality is reduced. To administer it, a saturated solution should be made by dissolving 15 grains in a quart of water at 90°. It should be stirred vigorously for a few minutes, and then the hazy solution should be allowed to stand two hours for hydrolysis to begin. Of this solution 30 to 40 oz. should be taken in divided doses in 24 hours; and since it is composed by organic matter it should be given on an empty stomach. It may be flavored with lemon, orange, or saccharin. Its use is not confined to typhoid fever, but it may be used to destroy germs wherever they exist, e. g., in abscesses, bacterial diseases of nose, throat and mouth, and in gastro-intestinal affections with great fermentation, as dilated stomach.
Esculus Hippocastanum.  

BY MALCOLM DOUGLASS, M. D., 
Baltimore, Md.

A chemical analysis of the horse-chestnut shows a number of glucosides, an oil, and two acids. Among these the glucose esculin, most nearly represents the properties of the nut.

Physiological Action.—We have no accessible accounts of poisonings by this drug; still, the provings, being made with goodly-sized doses of the tincture, are sufficient to give us an insight into the physiological action. Esculus hippocastanum causes inflammation of the mucous membranes of the respiratory and digestive tracts, and especially of the rectum. This is shown in the following list of symptoms: Dryness, heat, burning and swelling of the mucous membranes of the nose, larynx, and trachea, with a subsequent copious catarrhal discharge; the same symptoms prevail in the mouth and esophagus, followed by profuse ptismal and mucous discharge; the tongue becomes coated with a thick white or yellow fur, and feels as if scalded; the throat becomes congested, raw and burning, followed by a sense of constriction, and renders deglutition painful and difficult. Constant burning in the stomach and epigastrium, followed by nausea, retching, and violent vomiting, with great tenderness and colic throughout the abdomen, are markedly present. Severe dryness, burning, and soreness of the rectum, with prolaphe, and sufficient inflammation of the hemorrhoidal veins to result in purple tumors, indicate the severity of the action of the drug in this locality. Ineffectual efforts at stool, with great urging, and constant severe pain in the lumbar region, extending to the hips and sacrum, are constant symptoms of the drug. Its action upon the liver and portal system is marked by severe congestion and attendant burning, constrictive pains and deep soreness.

Therapeutic Action.—Esculus is analogous in its effects to aloe, collinsia, nux vomica, sulphur and podophyllum.

Tradition among the laity attributes to the horse chestnut great curative powers in a number of maladies, especially in chronic rheumatism and gout; the seed is, for that purpose, carried in the pocket, or worn next to the skin, like an amulet.

Esculus hippocastanum affects the cerebral spinal system, somewhat like nux vomica. But its greatest power is shown in its effects upon the portal system, both in the pathogenesis of the drug and in its promptness to cure disease based upon, or accompanied by, disturbance in that part of the organism.

It has been successfully used in the following disorders:

Congestion of the liver, when accompanied by piles. It is indicated by the symptoms: Aching, pinching pains in the right hypochondrium, aggravated by walking. The pain extends up between the shoulders.

Constipation, where there is present a hard, knotty, dry condition of the stools, which are white. (If the stools are black, or dark, or brown, knotty and hard, nux vomica is to be preferred). There may be present prolaphe ani; feeling as if the rectum were full of dry sticks; heavy ache in the lower back; colicky or heavy throbbing pains in the bowels, especially around the umbilicus; flatulence; shivering while at stool.

Hemorrhoids, if the following symptoms are present, are promptly removed by esculus. The tumors are protruding, or internal, are usually purple, hard, and very sore (not raw, as in aloe, but a bruised feeling), with aching, burning, rarely bleeding. The rectal symptoms are characteristic, and consist of very disagreeable sensations of dryness, soreness, constrictive, fullness, and a feeling as if sticks, splinters, gravel, or other foreign, irritating substances had become lodged in the rectum. We find, also, a feeling of fullness, with protrusion, and a desire to strain (tenesmus). A characteristic condition is usually present, which differentiates between this medicine and other pile remedies, namely, the absence of actual constipation. In nearly every case the stools are too frequent, and soft, sometimes quite loose, pale, or dark, and rarely, if ever, large, dry, or scybalkous. In this respect it resembles aloe. When there is much pain but little bleeding, esculus seems pretty likely to cure.

The pains in the back which attend its rectal symptoms are quite notable. They are sometimes shooting or cutting, but usually consist of a lameness as if strained, extending to the hips or legs, or aching and weakness aggravated by walking, stooping, or any movement. Like rhus, its pain and stiffness often goes off with continued motion. In

Uterine displacements, with pain across the sacro-iliac symphysis, more or less constant, with a feeling as if the back would give way at that
point; this causes a sense of great fatigue when walking, so that exercise of that nature is almost impossible. This symptom is frequently found very troublesome during pregnancy, and may be relieved by the drug.

In Prolapsus ani it compares favorably with nitric acid, podophyllum, and mercury, which it resembles in its pathological action. Nux and ignatia cause prolapsus in a different way, namely, by a secondary paralysis of the circular fibers of the intestinal and sphincter muscles.

Dyspepsia.—Hemorrhoidal patients. Vivid pains in the stomach after eating, lasting from one meal to another. Fullness, burning in the stomach; nausea, vomiting, and violent vomiting. Empty eruptions, or bringing up of thick phlegm. Heaviness, pricking in the hypotalic region, existing at the same time with pains between the shoulders, the whole length of the spinal column. The pain in the liver is increased by a deep inspiration and by walking. The spleen is also sensitive. Bloating of the abdomen, colic around the navel, and incisive pains around the anus. Incessant desire to go to stool, provoked by a pressure behind, and accompanied by pruritus and by a sensation of ulceration in the anus. Hemorrhoidal tumors, hard, round, very prominent, of a violet color and very painful. Billious temperament: melancholy; he feels himself very sick, ill-humored; lassitude; no desire to work; distress in the head, with throbbing; confusion of ideas.

A keynote to the employment of this remedy is:

"Throbbing in the abdominal and pelvic cavities."

One Hundred and Ten Cases of Intussusception in Infants.

BY F. HOBILL COLE, M. D.

My records include thirty-four cases under my own care, while the remainder were under treatment by others. For the purposes of this paper I have been granted permission to incorporate the latter along with my own.

The whole of these cases have occurred during the past 18 years, 78 of them, however, within the last six years, the proportion of intussusceptions to the total number of new cases treated at the hospital during this latter period being 1 in 820. This increased frequency is almost certainly due to more accurate diagnosis by medical practitioners, and the forwarding on of the sufferers for hospital treatment. The proportion of boys to girls was 21:3 to 1. Of the 110 children, 99 were under the age of one year. Seventeen were said to have suffered from constipation; 11 had had diarrhea; 66 were said to have been in good health, and were breast-fed. Two were taken ill after falls. Of the remainder, no mention of previous health was made.

This series presents not one case of chronic intussusception, which usually is due to some definite pathological condition of the intestinal walls, e.g., polypus, malignancy, etc., and is often found in adults. No case showing evidence of polypi or diverticula as the cause of invagination figures in this record; nor is there any instance in which gangrenous separation by sloughing, either lying loose or being evacuated through the anus, took place, nor was there in any case fecal extravasation, showing that the adhesions held firmly. One instance of retragrade intussusception was found on opening the abdomen for the relief of acute obstruction; it was in the immediate neighborhood of a descending invagination, and was probably secondary to it, for it was certainly not obstructive as was the other. There was one instance of double intussusception, and it was reduced without great difficulty.

The symptoms of acute intussusception are so characteristic that I propose to refer only briefly to their special features as manifested in this series.

Vomiting was usually early: it is recorded as having been present in eighty-four cases, no mention having been made in the remaining twenty-six cases. In only one was it stated that it had not occurred. It was projectile in a few instances, and was aggravated when the children were offered nourishment. It appeared late in one case—at the end of the second day. I note that it was the more marked where the obstruction was greatest. No help was afforded by the vomiting as an indication of the position or variety of the intussusception, although some authorities state that the more violent it is the higher up is the obstruction.

Stereceaceous vomiting, which is named as a common symptom, is certainly rare in babyhood. It was present in only two cases, and appeared between the fourth and sixth days.

The passage of blood and slime by the bowels was found in every case but two. The amount varied, and was usually not large; but in two in-
stances the amount stated was half a pint in a single stool. The shortest interval before its first appearance was a quarter of an hour, and the longest forty-eight hours. In ten cases it appeared under two hours; in eighteen cases between the second and fourth hours; and in thirty-six cases between the fourth and twelfth hours. The passage of blood soon after the onset would appear to indicate great traction on the mesentery, and resulting compression of the blood-vessels. The prognosis in these cases is always considered bad, yet a number of the babies, in whom the bloody stools appeared early, did well under treatment, probably for the reason that the sight of blood frightened the mothers, causing them to seek early relief. The passage of mucus is due to irritation of the columnar cells lining the crypts of Lieberkuhn, transforming them into goblet cells, which discharge their mucinous contents into the bowels.

The passage of feces is not usual after the inception of attack, but one or two fecal motions are sometimes passed shortly afterwards. These are simply the contents of the bowel below the obstruction.

Tenesmus was noted chiefly in those cases where the tumor could be felt in the rectum.

Tumor was present in all the cases except three. This percentage is much higher than in any other recorded large series of cases, which, as a rule, include adults as well as children. In infants, tympanites is rarely seen till very late, thus favoring the tumor being felt on palpation carefully carried out by the combined method of abdominal and rectal examination. I have twice observed it within one hour after inception of the attack.

The position occupied by the tumor was in the left half of the abdomen thirty-eight times, in the right half of the abdomen twenty times, transversely across the abdomen, above the umbilicus, twenty-two times, and across the abdomen, below the umbilicus, five times. In the remaining cases the position was not stated. It was rarely felt in the ileo-cecal region, for the reason that intussusception remaining in this region is small, is of the ileo-colic variety, and is that of a small gut inside a large one.

In twelve cases the tumor was felt within one and a half inches from the anus; in three cases it had protruded beyond the anus. Of these fifteen cases eleven died, so I have formed the opinion that the prognosis is very serious in anal cases. Koplik states that in one-third of cases the rec-
tum shows the presence of the intussusception, while Holt claims that it appears in one-half of all cases. My experience is very different to theirs, as my series shows only one-seventh rectal cases. Either the colic and sigmoid varieties must have figured very largely in their statistics, or their cases were not seen till very late.

The time taken by the tumor to reach the anus varied considerably. In one instance it appeared in four and a half hours, in another six hours, in a third seven hours. These are the shortest periods I have seen recorded.

In my recent cases, note has been made of the presence of the "Signe de Dance," the depression or feeling of emptiness over the right iliac fossa. Treves and others have discounted the value of this sign, but it was found so usually present in the ileo-cecal variety that I consider it a useful aid to diagnosis, where the history of enterocolitis, and the possible, though improbable, absence of tumor tend to make the diagnosis of intussusception doubtful.

The abdomen is usually lax. The skin remains cool, the temperature being, as a rule, slightly subnormal, except in cases complicated by ileocolitis. The pulse is usually rapid and weak. The whole condition is one of shock.

The diagnosis may, and should, be made early in all infants. From inspection alone those accustomed to see intussusception in babies can often make a tolerably accurate diagnosis. The patient is generally plump and breast-fed. Immediately after the onset the face becomes pale, the eyes are widely open and somewhat staring. During observation the features may become distorted, the child emitting a piercing scream, simultaneously drawing up the legs on the abdomen, as if in great pain. After a variable time, averaging from a few seconds to as many minutes, the attack passes off, only to be repeated with increased vigor and frequency. These symptoms occur before the passage of blood and mucus, and nothing gives the physician more satisfaction than in such a case to then feel, under chloroform, a small tumor, perhaps under the lower edge of the liver, his diagnosis having thus anticipated the further manifestation of one of the most important features of the illness.

The diagnosis is usually perfectly simple if the possibility of intussusception be always borne in mind. The sudden onset of paroxysmal pain, vomiting, shock, and bloody discharge, even in the absence of tumor, may be regarded as pa-
invaginations were formed in dogs, favor the view of disordered innervation as an exciting cause, but, unhappily, his experiments have not been corroborated. On the other hand, Doctors Hare and Martin, who worked on the lines laid down by Nothnagel, and under similar conditions, were never able to produce invaginations, as described by him. Still, there can be little doubt that irregular action in the muscular wall is brought about, and in the cases recorded in this paper, it was found that in about twenty-nine per cent, there was intestinal disorder immediately preceding the attack. In the majority of cases, however, there was no ascertainable cause. The statements of many authors, that the subjects of intussusception are usually in delicate health, are certainly not borne out in this record of 110 cases occurring in very young children. The presence of a fecal mass, or of irritant substances in the intestines, commonly sets up an unusually active, and often disordered, peristalsis, the irritating mass being pushed on, might easily be followed by the actively contracted portion of gut above into the distended adjoining portion below.

The relative frequency of intussusception in infants is overwhelming, and is supposed to be in part due to the greater sensitiveness of the intestines of infants, and to the unusual anatomical conditions prevailing in the very early period of life. As to the former, I admit that the intestines of the majority of infants are more sensitive than those of adults, but that this has any important influence on the production of intussusception I am not inclined to believe, for the reason that most of the cases I have seen have been quite well immediately preceding the onset of the intussusception, have never been subject to intestinal troubles, and have been breast-fed babies. Moreover, those children who are prone to diarrhea, and in whom one would naturally expect intussusception to occur, are most frequently just those in whom its incidence is the exception; in fact, my experience shows that constipation precedes the onset of intussusception more often than diarrhea.

With regard to the anatomical conditions prevailing in infancy, it has been proved that the cecum and ascending colon are normally more freely movable at that period of life than in older children and adults, and that this is, in the main, due to two factors—(1) Greater relative length and caliber of the large intestine compared with the small; and (2) a more complete covering of

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**ETIOLOGICAL AND PATHOLOGICAL FACTORS**

Irregular action of the muscular wall of the intestine, due to disordered innervation, is, presumably, one of the chief causative factors in the production of intussusception. The oft-quoted, elaborate, and convincing experiments of Nothnagel, with the Faradic current, whereby artificial...
peritoneum, almost constituting a mesentery. Treves has conclusively proved that the large intestine is relatively larger in the child than in the adult, and D'Arcy Power found that the diameter of the large intestine increased during the early months of life out of proportion to that of the small gut. Both of these conditions would, undoubtedly, exert a powerful predisposing influence in the production of intussusception. It is, however, to the second factor that I attach most importance.

In operating for intussusception of the ileo-cecal type, I have been often surprised at the facility with which the tumor could be delivered outside the abdomen—a facility incompatible with a normal anatomical arrangement of the parts. Careful observation of all cases during the past few years has convinced me that this mobility is almost entirely due to the presence of a complete meso-colon; and I have not seen an intussusception occur where this abnormal arrangement did not exist.

The post-mortem specimens, which I have in my possession, of those intussusceptions reduced during life, and in which death was due to subsequent shock, show, when split up, a well-marked pouting of the lips of the ileo-cecal valve. This appearance of telescoping of the ileum into the cecum is considered by Cunningham to be normal, especially in the cecum of the child; but this exaggeration of the normal was so marked in my cases that a striking analogy to prolapsus ani was suggested. It is interesting to note that in both conditions tenesmus is often a prominent feature.

The only methods of treatment adopted to secure reduction of the invaginations were those of rectal irrigation and of abdominal section. But it was usual to find that already many of the patients had received doses of purgative medicines, administered as often by direction of the medical attendant as on the mother's own initiative. These aggravated the vomiting, and must often have tended to the increase of the invagination by exciting peristaltic action.

Treatment by massage alone was never used. In conjunction with rectal irrigation it was practiced, very gently, in a few instances, the operator endeavoring to grasp the tumor in its lower part and carefully squeeze it out. Massage may be condemned as a blind and unsafe proceeding.

**Irrigation**

This method of treatment was well-known to the ancients, and adopted by them for the relief of obstruction of the bowels. But, unfortunately, there clings to it the old tradition that if enemata do no good, they do no harm. The fallacy of this is painfully evident to any student of the large number of reported cases in late years, for there remain after such treatment, shock, suffering, loss of valuable time, all producing profound deterioration in the strength and vitality of the patient—to say nothing of the ever-present danger of rupture of the colon, many instances of which have now been recorded.

Of the one hundred and ten cases here reported, twenty-eight were submitted to irrigation (inflation having been previously tried in two instances without success.) Water was the liquid of choice in all but one, in which olive oil was used. This baby had been ill only four hours, and the invagination (rectal) was easily reduced.

Of these twenty-eight cases, twelve were successfully treated, and sixteen unsuccessfully, death resulting in twelve of the infants. Of the twelve who died, two had been admitted in a state of collapse. Of the remaining ten, eight were subjected to laparotomy, after several efforts had been made by irrigation, and had failed, owing either to irreducibility (five cases) and repeated recurrence (two cases). Irrigation was tried in thirteen cases, where the patients had been ill under twelve hours. Of these, only six were successful. Recovery took place in six other children, five having been ill between twenty-four and forty-eight hours, and one as long as three days. Of the sixteen unsuccessful cases, seven were irrigated within twelve hours of the onset of symptoms, seven within forty-eight hours, and two within seventy-two hours. The results in the early cases were most disappointing, for it was expected that within twelve hours reduction would be accomplished with comparatively little force, the colon being then readily distended. But it was found that in half these very early cases reduction was impracticable, owing to the great and rapid engorgement of the invaginated bowel and included mesentery.

The want of a successful result, in some of the very early cases, was due to the impaction being made tighter by the pressure of water.

In those cases where hemorrhage from the bowels is abundant, and occurs early, irrigation is not likely to prove successful, because of the great constriction of the veins in the mesentery, without total occlusion of the arteries. Such a condition is attended by extreme swelling and
engorgement of the various coats of the intussusception, with free extravasation of blood from the mucous surface into the lumen.

Again, cases, seen early, where collapse is marked and hemorrhage absent, are unsuitable for treatment by irrigation. The explanation is that the arteries, as well as the veins, are occluded by tight impaction, producing profound shock to the nervous system, and anemia of the intussusception, leading to early gangrene. Even if the reduction be accomplished, it would be impossible to be sure of the fact, owing to the inflamed and swollen parts resembling the tumor of an intussusception. In such cases the question of complete reduction must be decided, either by watching carefully the general symptoms, and so losing precious time, or by doing an immediate laparotomy.

Two such instances have come under my own notice. In one I waited, and then had to perform a late laparotomy. I found an inch and a half intussusception, which, probably, had never been completely reduced. The child died—a sacrifice to delay. In the other case also, a marked swelling remained after irrigation, so abdominal section was performed by a colleague. No invagination was discovered. The wound was closed, and the babe recovered perfectly.

In those cases, termed, by some writers, hyperacute or ultra-acute, shock appears so rapidly and profoundly that the infant is almost moribund, even as early as eighteen or twenty-four hours. The invagination here is characterized by great edema and constriction. Such cases are eminently unsuitable for irrigation. The course would be to first stimulate the infant by the usual methods, and, provided the baby responded and rallied, to at once perform laparotomy. If the baby were incapable of reacting to such stimulation, surgical measures would be obviously out of the question.

Even many less acute cases are not likely to be benefited by irrigation, as adhesions take place, especially along the concave side of the intussusception. The rate at which lymph is effused differs greatly in different cases—in many of the cases, under twenty-four hours. In one, treated by abdominal section, firm adhesions were discovered at the end of twelve hours. Here in addition to the amount of tissue invaginated, were numerous lymphatic glands, which made reduction almost impossible. Considerable longitudinal cracking of the serous coat of the receiving layer resulted from the manipulations necessary to effect reduction. The peritoneal coat was repaired, and recovery took place.

Much curving and hardness of the tumor are also contra-indications to the use of irrigations, for, in these cases, we may find that the traction of the mesentery into the narrow tube of the intussusception results in the axes of the intussusception and intussusceptions not lying parallel, and the orifice then is opposed to the wall of the mesenteric side of the receiving layer. I have in my possession a typical specimen of this. The case was treated by irrigation, but the water could not press against the apex; it played on to the convexity of the intussusception, and probably increased the constriction by pushing the different layers closer together. Rotch says the condition is common, and is a frequent reason of the failure of irrigation to reduce the tumor. These twistings are commonest in the ileo-cecal and ileo-colic varietites, but are never seen in the rectal.

In late cases, irrigation should never be practiced, for the mechanical distention produced may be the means of perforating a commencing area of gangrene around the neck of the intussusception.

Intussusceptions occurring in the small intestine, and ileo-colic invaginations, cannot be benefited by irrigation.

The method of irrigation of the colon adopted was to use normal salt solution, at a temperature just above blood heat, and the ordinary syphon tube. One and a half to two pints will fill the average infant colon. The liquid must be used slowly, the operation lasting twenty minutes, the patient being always anesthetized.

**Recurrence**

Recurrence of the invagination is an established fact. It is said to occur oftener in intussusceptions of the ileum. Some surgeons have asserted that recurrences are merely instances of incomplete reduction, and that they are impossible after complete reduction, owing to the edema and thickening of the tube which take place, especially at the apex of the intussusception. But I have seen three early cases where this edema and thickening were practically absent—it is always present at later stages, and it is, no doubt, in such early cases that undoubted recurrences occur.

Power suggests, as the most likely cause of recurrence, the fact that, after reduction, in some instances, the gut immediately above the obstruc-
tion remains for a time small, collapsed and paralyzed, and, therefore, ready to be swallowed again by the adjoining portion. I believe this condition, in the absence of edema and swelling, would favor a return of the intussusception. Then, again, if irrigation have been performed, the colon must have been greatly distended, so that a third element in the causation of recurrence may come into force. As a fact, it is perfectly well known that recurrence is much more frequently found after irrigation than after laparotomy. Many of the so-called recurrences, no doubt, have been cases of incomplete reduction.

Notwithstanding the tendency to recurrence, I advocate one, and only one, irrigation as suitable treatment, if not more than six hours have elapsed since the onset, and if the case be not very acute. If there were then evidences of recurrence or of incomplete reduction, I should at once perform laparotomy. Abdominal section following one irrigation affords infinitely better chances for the infant than if two or more irrigations have been done, for repeated distention of the colon is attended by very considerable shock.

Recurrence after laparotomy is very rare. It happened in one of my series, being under the care of a colleague. A baby, aged seven months, was brought to hospital three and a half hours after onset. Pain, vomiting, bloody stools, tumor were all present. Laparotomy was performed half an hour later, and a four-inch ileo-cecal invagination very easily reduced. Recurrence of symptoms took place seventeen hours later. The abdomen was again opened, and a two-inch intussusception, in the same situation and similar to the other, was found, and reduced. This time there was marked congestion and edema present. The baby was greatly shocked, and gradually sank, dying forty-four hours after the first operation, and twenty-three hours after the second. At the necropsy nothing was discoverable except the congestion and swelling. Evidently the cause producing the first invagination was still in action, and as there was little or no edema and thickening of the coats of the intussusception, the tendency to recurrence was not checked.

Before quitting the subject of recurrences, I would say it is important to remember that there it apt to be a deceptive hull of some hours after irrigation has been done, due to shock, anesthesia, and want of food. The patient, therefore, must be very closely watched for any evidences of recurrence or incomplete reduction.

LAPAROTOMY

If a case of intussusception be submitted early for treatment by abdominal section, reduction, in most instances, is easily effected. But if operation be delayed, reduction may be so difficult or impossible as to necessitate operations for resection, which, in nearly all cases, are attended in babies with fatal results.

A very few words will suffice to describe the operative procedure. I always use the median incision. Keeping to the left of the umbilicus, my incision extends one and a half inches above and below it. In only one case have I seen a ventral hernia follow, and that was very slight. Stout silk ligatures, serve as excellent retractors, and are useful for lifting the abdominal walls during the return of the intestines. After bringing the invagination to the wound, reduction must be attempted by gentle, steady pressure backwards upon the apex of the intussusception, through the ensheathing bowel. Towards the end of this manipulation, a very slight traction may be applied in combination with the pressure movements.

Gentleness in the treatment of the intestines has rightly been emphasized as of the greatest importance in limiting the amount of post operative shock. And to this end it has been urged that where the invagination cannot easily be brought to the surface, as in cases where the tumor is curved and twisted, it is wise to introduce two fingers of each hand, attempts being made to reduce the invagination with one hand, while the point of entrance is held steadily by the other. This groping in the dark is unsatisfactory, for it will be as difficult to make sure that the last inch is reduced as in the cases where irrigation is used. In quite a number of instances I found that it involved but slight disturbance and little shock to draw out the intestines freely, in order to get at the invaginated bowel. After such evisceration and bringing up of the invagination, I return the unimplicated bowel before further manipulation. At the close of the operation the intussuscepted portion should lie handy and close to the parietal wall. To shorten the time of operation, the wound is closed by through and through sutures of silkworm gut, passing through all the tissues, and supplementary horschair for the skin.

While it has been conclusively shown that infants bear this operation well, rapidity must be combined with gentleness. For this reason I never wait to shorten or fix the mesentry.
**Drug Treatment in the Later Stages of Phthisis.**

**By Theophilus Ord, M. D.,**

Fellow of the British Homeopathic Society.

This subject conveniently divides itself under two heads, firstly, drug treatment for modifying, or, if possible, arresting the tuberculous processes at work in the lungs, and, secondly, drug treatment for relieving the various distressing symptoms peculiar to advanced phthisis. My paper is to consider the first of these two heads. So, to open the subject, I advance the proposition: Do drugs ever arrest the disease in the later stages of phthisis?

I wish to produce evidence of apparent drug action in some severe cases, and to bring to notice one drug in particular which I have used with marked effect in such conditions.

I am not aware that our friends of the old school have any drug which cures tubercle in the lung, when once its formation has become sufficiently advanced for positive diagnosis. On the other hand, Nature cures innumerable cases which are never suspected of phthisis during life, as shown by post-mortem examinations. Beyond tonics and cod-liver oil, the only drugs generally of value in common use are arsenic and creasote, with its congeners guiacol. It is doubtful if the former really cures by itself, although, when in the form of iodide, and prescribed homeopathically, it certainly does in very early cases. Guiacol, for which so much is claimed, seems to retard the breaking down of tubercle, to relieve bronchial symptoms, and to cause the bacilli to disappear from the sputum, but it cannot, I think, be said to cure tubercle, or to prevent its formation. But since, like all oleo-resins it is eliminated by the bronchial mucous membranes, it is a drug of undoubted value in many cases, especially those of a catarrhal nature. These drugs, arsenic and creasote, with perhaps the hypophosphites, are the only ones for which any claim of curative power can be advanced.

I am informed, to my sorrow, that certain adherents of our own school decline to admit that tubercle of the lung can be cured by drugs. This is contrary to my experience. A certain proportion of cases of undoubted phthisis in the early stages, in which bacilli are present in the sputum, without any change of hygiene or diet, will commence to improve directly the suitable homeopathic remedy is administered. Doubtless, there are many cases which do not so respond, their environment being too unfavorable. Perhaps in some we may confess failure in selecting the proper remedy, often a very difficult problem to solve. Occasionally such a case will fall into other hands and receive benefit from old-school tonics, to the detriment of our reputation. It is certainly better to do good by tonics than to fail homeopathically, and therefore I do not hesitate to use certain so-called tonics when homeopathic indications fail. Nothing, however, does such marked and permanent good as the homeopathic specific remedy appropriate to each patient, when carefully selected. In most curable cases its administration will turn the scale, and improvement commence at once. Even when open-air treatment and extra nourishment are impossible, many cases of early phthisis are cured by such drugs as iodide of arsenic, phosphorus, calcarea carb., iodine, and others.

When in spite of a good climate, with open-air treatment, perfect hygienic conditions, and suitable feeding, the disease continuously progresses, do drugs ever arrest the mischief? If lung tissue is increasingly destroyed, and, under these favorable conditions cavities form and enlarge, with fresh areas of softening and breaking down, can our remedies do permanent good? Have we any specific homeopathic medicine for this stage? Provided the lungs only are affected, and there are no symptoms of intestinal tuberculosis, we need not, in my opinion, despair of cure, for I have seen the disease undoubtedly checked and, in not a few cases, cured by homeopathic remedies. These are not usually those drugs which act best in the first stages. Though even here, any remedy strongly indicated by special symptoms may possibly prove curative. But, as a rule, beyond relieving cough and palliating pain or gastric catarrh, one seldom gets permanent benefit from arsenic, phosphorus, calcarea and other drugs, which help so markedly earlier in the disease.

Soon after commencing practice, I was confronted with so many cases of advanced and seemingly hopeless phthisis, that after trying with little results remedies usually recommended in this condition, I began a search through our Materia Medica, to see if any drug provings contained symptoms in any degree suggestive of this condition. The first drugs that arrested my attention were iodine and gold. The poisoning cases in the "Cyclopedia of Drug Pathogenesis," cer-
tarily suggest that, if pushed to extremes, conditions somewhat resembling advanced phthisis might result from their use. These drugs are of value in all stages of phthisis, and I find iodine in 5-drop doses of the 1x tincture, given in milk, of distinct value in advanced cases. But I do not think it has ever cured a case in my hands. Much the same may be said of aurum, which seems to act best as the iodide, in 1- or 2-grain doses of the 2x trituration. This drug has a more decided action on lung tissue than iodine, and will sometimes start remedial processes in apparently hopeless cases. But its action is very uncertain. However, with the exception of the drug I am about to mention, iodine and aurum, and their combined salt, seem to me to have more effect upon the lung in late phthisis than any other drugs that are usually recommended.

Continuing a search in the Materia Medica, I soon perceived that stannum stood prominently forward, having a number of definite chest symptoms, bearing a close resemblance to those of advanced phthisis. These have been long recognized by homeopaths, and have led to its use in bronchitis and in so-called catarrhal phthisis, also in the early stages of pulmonary phthisis, but it is not usually recommended in late phthisis. The provings of stannum in the Cyclopaedia are not very helpful, but in the Materia Medica Pura Hahnemann has recorded a number of most suggestive symptoms. He mentions also that powdered tin was the basis of a quack remedy for consumption, largely used in his day, and he credits it, apparently, with cures of advanced cases. There can be no doubt that stannum produces a more perfect picture of the later stages of phthisis than any other drug in our pharmacopoeia; and it is probably only by the stethoscope and microscope that the difference between a condition of severe and prolonged tin poisoning and one of advanced tuberculosis could be distinguished. Although this condition is probably only catarrhal, one might reasonably expect it to run into true phthisis in a person of tuberculous tendency. For bacilli would soon find a nidus under such favorable conditions. It seems to me that this is the nearest approach to the production of tuberculosis by a drug poison that we are likely to attain. However this may be, the same apparent similarity obtains between the symptoms of stannum poisoning and phthisis that has led to the successful use of all our homeopathic remedies. With reference to symptoms so marked in advanced phthisis, I may mention that stannum produces profuse muco-purulent expectoration, progressive weakness, and emaciation, with evening fever and severe night-sweats, a combination of symptoms not found in the pathogenesis of any other drug with which I am acquainted.

Having decided that, by the law of similars, stannum promised good results in late phthisis, the best mode of using it had to be ascertained. From the analogy of other drugs useful in this disease, it seemed probable that one of the salts of tin would act better than a trituration of the metal. Of its various salts the iodide first suggested itself, for with the exception of phosphorus, none of the non-metals produce symptoms resembling phthisis so closely as iodine. But the phosphides are unstable, and the phosphates do not retain the power of the metallic radicle. Therefore iodides, having neither of these objections, are generally more useful. This is confirmed also by our experiences with the iodides of arsenic, and also of gold, as well as by the pronounced action of iodine itself. Stannum iodatum was therefore selected for experiment on these theoretical grounds, and six years ago I first commenced using it in the later stages of phthisis.

The results in a large number of cases have been distinctly satisfactory, and when other remedies failed I have again and again seen reaction occur under stannum iod., and improvement set in, even in some apparently hopeless cases, so much so, that since that time it has taken the same place with me in the treatment of advanced phthisis that iodide of arsenic takes in early phthisis; whilst iodide of gold occupies an intermediate position. These three drugs are often my sheet anchors in the treatment of this disease. And although I have used stannum in early phthisis it has usually disappointed me, except where the peculiar bronchial symptoms were present; but in later phthisis it has given me many gratifying successes, no other drug seeming to have so marked an action on breaking-down lung tissue. When there is no tubercular enteritis, and the evening temperature under open-air conditions does not exceed 102°, I nearly always obtain some effect from its use, which soon becomes evident to the stethoscope by improvement of lung sounds, decrease of expectoration and lowering of temperature. Of course, this improvement is often only temporary, although sufficiently
marked to show the power of the drug. Nevertheless, a certain proportion of apparently hopeless cases not only begin to improve directly stannum iodide is given, but continue to do so, and make more or less real recoveries. I can recall several such patients who are alive at the present time after some years, and whose lives, in my opinion, were saved by the use of this remedy.

The higher potencies, often of great value in chronic diseases, have failed to assist me in advanced phthisis, and the best results generally come from such doses as can be taken without producing any physiological effects. This applies to all three iodides—of arsenic, gold and tin. Stannum iodatum in the 2x trituration, 1 to 3 grains three times a day after meals, is my favorite prescription. In one or two cases I have found this produce gastric irritation, when the 3x can be substituted with benefit. If after a week of this no effect is noticed I give 5 drops of iodine 1x tincture in milk three times a day. This seems to start and supplement the action of stannum in a very marked degree, and will start healing processes in a lung which iodine could certainly not do by itself. I look upon this effect much in the same light as that of sulphur in chronic diseases in waking up dormant drug reaction. The iodine perhaps assists by its action on intestinal glands, which it may stimulate and strengthen, increasing their power of assimilating stannum. My observations indicate that tubercular enteritis, which seals the doom of so many victims, rarely attacks those who have taken a good course of iodine, and that the use in the later stages, even of fatal cases, usually prevents the occurrence of tuberculous diarrhoea.

Until the publication of Dr. Clarke's "Dictionary of Materia Medica," I was not aware that the iodide of tin had been previously recommended in advanced phthisis, but I am interested to find my ideas independently corroborated by two physicians, Dr. Haines and Dr. Youngman, both of whom have used the drug with marked success in certain cases.

In conclusion, I may briefly suggest the ideal treatment for advanced phthisis, according to the present state of our knowledge, as follows: (1) Absolute open-air treatment in the best climate obtainable. High altitudes, and especially bleak hill-tops, being strongly counter-indicated. (2) Full feeding—or super-alimentation—according to the digestive powers of each patient. (3) The administration of the homeopathic specific remedy most suitable for each case, but which, in the absence of other indications, will frequently, I think, be found in stannum iod., with or without the addition of iodine. More cases of this often hopeless, and always terrible, disease appear to me to recover under these conditions than under any other methods of treatment that have come under my observation.

* The Action and Therapeutics of Strychnine.*

BY THOMAS D. NICHOLSON, M. D.

The earlier materia medicas did not include strychnine separately from mix vomica, and the latter ones devote to it less attention than it deserves. There are six pages of provings in the "Cyclopedia of Drug Pathogenesis," and of course numerous cases of poisoning.

The provings were made with the liquor strychniae of the British Pharmacopoeia (4 grs. to the ounce), and seem to be of a rather heroic character, the first prover taking nearly an ounce and a half in fifteen days.

The symptoms produced were distinct, and may be summarized thus: First prover had for several days stiffness and trembling; then developed, on twenty-third day, dizziness, hummimg in ears, "general coldness, especially in sacral region, which feels as if it were iced." Second prover on third day had severe, sharp pains in shoulder-joints and muscles of chest, a cold chill down entire length of spine, and afterwards felt deathly cold, giddiness and nausea, great weariness, and other dull pains and spasms when falling asleep. Same prover on another occasion, two days after taking thirty drops, had "violent bursting headache, burning heat in eyes, contracted feeling in muscles of neck, icy coldness down head and spine, feverish thirst, nausea, intense aching of feet when walking." A week later the same dose produced marked tremor and giddiness, sudden cold, perspiration, and icy coldness over body, and, later, intense burning of ears, nose and eyes, depression, stupor, and at night restlessness, with profuse perspiration.

Other symptoms are common to mix vomica and strychnine. Of the poisoning cases I need only refer to those where the doses were moderate and not fatal, e. g., "Mr. B., afflicted with chronic tic douleuroux in paroxysms of excessive violence, and accustomed to take morphia, took by mistake 3 1-2 grs. of strychnine powder. When

* Section of Materia Medica and Therapeutics (1955)
walking along the street he complained of numbness in back and legs, followed by dragging of muscles of the legs, so that he suddenly overbalanced and fell heavily backwards, but there was no spasm. After a second dose of the powder he was seized with a violent tetanic spasm affecting the legs and muscles of respiration. At the conclusion of the spasms, which occurred for some hours, the patient was left in an excessively exhausted state, and was unable to turn himself in bed." He quickly recovered, and the attacks of tic douloureux never returned.

In another case turgescence of the capillaries of the face and a decided increase of surface temperature was observed, so that the man looked drunk. The most distressing symptoms are generally the extreme dyspnea from spasm of respiratory muscles.

The chief pathological appearances after fatal cases are: (1) Sanguineous effusion in spinal canal. Membranes strongly injected. Substance normal. (2) Heart flaccid and friable. (3) Flesh of muscle soft and doughy.

Its physiological action is stated to be increase of reflex excitability of spinal cord and nerve centers, both vasomotor and respiratory. Small doses do not seem to affect the motor nerves in experiments on animals, whilst large doses paralyze them, and Brunton says the paralysis is not entirely due to the exhaustion from the convulsions.

The special actions of strychnine, according to Brunton, in small doses are the following: The brain is excited, its action stimulated like from alcohol or caffein. Respiration is quicker and deeper, and expectoration is promoted. The heart's action is increased and blood pressure also. Hearing and smelling are more acute, and there is an increase of saliva and appetite. Increase of movements of stomach, and peristaltic action of bowels.

There is no medicine of more general action than strychnine, and none with better defined symptoms. If any medicine may be called a general stimulant of vitality it is this one, and well merits the distinction of polychrest bestowed by Hahnemann on nux vomica as "one whose symptoms correspond in similarity with those of the commonest and most frequent of human diseases."

Hahnemann adds: "In this, as in some other medicines, we meet with symptoms which seem to be completely or partially antagonistic to one another, alternating actions which at the same time are primary actions."

Hale controverts this latter statement in reference to strychnine, and calls the increased reflex excitability of the spinal cord and the spasms as primary, and the subsequent exhaustion and paralysis as secondary, adding that massive doses cause death in the first spasm, and in the case of the frog without spasm at all.

I think, myself, that strychnine may well be brought into line with other drugs which stimulate functional activity in that over-stimulation is followed by depression, but it is singular in its action as stimulating all the nerve centers.

It may be compared, however, with other drugs as regards its action on a single organ. For instance, strychnine and digitalis both stimulate the cardiac muscle, and render its contractions slower and stronger, but in poisonous doses strychnine causes extreme rapidity and weakness of the pulse, and with digitalis the pulse becomes weak, rapid, and irregular.

Again, strychnine in small doses causes increase of appetite, and more complete evacuation of bowels. In larger doses it produces (prover A. F., Encyclopedia) griping pains in bowels and constipation, like nux vomica.

In small doses strychnine causes deeper and more complete respiration, and in larger doses spasm of the muscles of respiration with suffocation, which finds its analogue in arsenic.

Moderate doses of strychnine stimulate brain activity, while the provers complained of (1) considerable confusion of ideas, general drowsiness and headache; (2) a dull pain in head and eyes, with feeling of stupor and great weariness and loss of memory after 25 drops; (3) and extreme lowness and gloom (after 30 drops). Here it resembles alcohol.

In a similar manner the icy coldness complained of by all the provers was followed in the first prover by a fever of an adynamic intermittent type; in the second and third provers by burning heat in eyes with feverish thirst, and in others by intense burning all over and perspiration, forcibly reminding us of aconite.

Again, the spasms and convulsions in cases of strychnine poisoning are followed by intervals of exhaustion without any uneasy sensation, and some touch or movement is generally necessary to excite the spasms afresh. Moreover, they are of a clonic character, beginning with rigidity, proceeding to spasm and cramp, and followed by
entire relaxation. Atropine has a similar action and reaction.

In some cases there seems to be an alternation of symptoms, but there is to be noted, as a rule, a decided action, followed by a reaction in the opposite sense, or stimulation and depression.

If this be acknowledged, there will be no difficulty in admitting strychnine into the list of drugs which may be prescribed under the Hahnemannic formula not in substitution of nux vomica, but for somewhat different and distinct morbid conditions. The range of its action is not so great as nux vomica in gastric disorder, and in my experience its therapeutic effects are manifest in doses just short of the production of its physiological action, at all times observing the sound rule of the latter being entirely absorbed by the former.

THERAPEUTICS.

The action of strychnine is so associated in one's mind with spasm that one is apt to forget the symptoms both preceding and following the spasmodic state. I propose to divide them into three stages: (1) Excitability, (2) spasm, and (3) exhaustion, and to consider some of the diseases corresponding to each stage.

(1) Stage of excitability.—I put in this category three diseases which strike me as analogous. Headache, hysteria, and insomnia. The kind of headache I find benefited by strychnine is of a spinal character spreading from the nucha over the head and not associated with gastric disorder, but accompanied by some exhaustion, dulness and stupor, alternating with excitability.

The insomnia often arises from similar cause. When a patient is too tired to sleep and the brain is oppressed, probably indicating vasomotor dilatation, strychnine often acts like a charm.

In hysteria, strychnine competes with ignatia in its action. Where the symptoms are more chronic and associated with asthenia or anemia, strychnine has a more powerful and lasting effect than the latter medicine.

(2) Stage of spasm.—Much has been made of the want of success of strychnine in tetanus as an argument against the doctrine of Hahnemann. There is some evidence in its favor, however, but I would point out two facts which must be taken into account, viz., the spasms of strychnine is of a clonic character, with complete relaxation, and needing some slight excitant to renew it, whereas tetanus spasm is tonic, with incomplete relaxation; and, secondly, the toxins in this disease become fixed in the central nerve cells, and are not likely to be reached through the blood (Whitla). On the other hand, considerable success has been recorded of the administration of strychnine in other spasmodic diseases. Trouseau lauds it in chorea, and gave largish doses. Eastac Smith recommends it in chorea, as well as for the reflex convulsions in growing boys and girls (1 or 2 mins. of liquid strychnine with ergot), and it has been given with curative results in idiopathic epilepsy and in writer's cramp. Laura says, in his "Pharmacotherapie: Dosimetrique," that its effects are marvelous in the latter disease, and I think the resemblance of the symptom to those produced by strychnine is very close.

(3) Stage of exhaustion.—It is for diseases, and they are numerous, resembling this stage of strychnine poisoning that the drug is most frequently exhibited.

In paralysis of various forms and pariesis, strychnine rivals electricity in its effects. In diphtheritic paralysis it is perhaps the only remedy to be depended on. In atony of the bladder and of the bowels, and in prolapsus of rectum or anus, it is indicated and reliable. In convalescence from acute disease it is, in my experience, the principal remedy to keep in mind. It stimulates appetite, and like no other drug in the Pharmacopoeia, helps to restore tone to the muscles and promote a feeling of health. Its good effects are also well seen in exhaustion from incurable disease.

In the weakness of old age I am accustomed to rely greatly on strychnine administered from time to time for long periods. I cannot say that it prolongs life, but it seems to stimulate both the mental and the physical functions on which so much of the cheerfulness of life depends. Where it agrees, therefore, it is a valuable medicine.

In the exhaustion so characteristic of many cases of anemia and chlorosis, strychnine is almost as indispensable as rest; and I could relate many cases which did not respond to iron or arsenic, but quickly mended when strychnine was added to the iron.

Nerve centers.—Strychnine in the course of poisoning the nerve centers simulates many diseases, and is accordingly curative of these conditions.

In the cardiac sphere it is a powerful remedy in cardiac weakness, muscular atony, dilatation and feeble pulsation, as well as exhaustion from acute disease.
In the respiratory sphere I have found it most useful in dyspnea, chronic asthma, emphysema, congestion of bases of lungs. In brain disorder I have found it relieve sleeplessness from exhaustion and depression from over-work. In stomach complaints it gives place to nux vomica, but in sea-sickness it is sometimes valuable as a preventive, and it is recommended in neuralgia of gastric plexus with spasm.

The action of strychnine on the vasomotor centers is worthy of further study. It greatly increases the normal tone of the blood-vessels, as well as the reflex excitability of the nerves, and the blood pressure is raised in experiments on animals, so much so as to keep this up even when the cord is separated from the medulla. When this goes into spasm we get the icy coldness complained of by the provers, but which is followed by relaxation with fever or sweating, and finally profound exhaustion. The diseases I would mention as corresponding to these conditions are cholera, collapse, and influenza, and the acute stage of some inflammations.

Some cases of influenza strongly resemble the symptoms and course of strychnine, and I cite here two cases where I gave strychnine with very satisfactory effect.

Case 1.—C. J., aged 72 years, a feeble old man of the nervous type who was very susceptible to chills and suffered from rheumatic pains on change of weather. He had been in fair health for the past few months. His wife had an attack of influenza of the abdominal type a fortnight previously without fever, and had entirely recovered by September 26. Without any exposure he experienced a sudden chill on October 3. I saw him on the 5th, and he complained of extreme rigors and icy coldness, with pains in head and down spine. His face was flushed and perspiring. His bed was piled with blankets and yet he was shivery and restless. His pulse was small and irregular, and his temperature sub-normal. He had sickness, bilious vomiting and loose dark stools. He had a great deal of nervous apprehension, and spasm of throat of a nervous character. I gave him aconite, followed by veratrum. On October 6 the diarrhea and sickness were relieved, but the pain, low temperature, and sensation of coldness remained. It struck me that this was just a strychnine case, so I ordered a half milligram dose of the arseniate every two hours for eight doses, equal altogether to about 1-16 grain. The next day there was considerable reaction. The temperature went up to 99.8°, the pain disappeared, and the pulse became fuller. A few doses of aconite were given, and then the strychnine was resumed, and recovery was very rapid, the patient getting up and walk-

ing three days afterwards with a vigor which surprised me. There were no apparent symptoms produced by the strychnine, the whole physiological action being absorbed by the therapeutical, and the spasm of throat disappeared during the continuance of the drug. The sequence of symptoms in this case seemed to correspond very closely to the first and second stages of strychnine, viz., excitability and spasm, hence the stage of exhaustion was much less marked than usual, and recovery correspondingly rapid. This is not an unusual case of influenza, but I do not collect ever seeing strychnine pointed out as the homoeopathic remedy for it. If you agree with me that it is so I feel confident you will use it, and with success.

Case 2.—Mrs. S., aged 50 years, sent for me on February 8, with acute symptoms, week and rapid pulse and severe pains, rigors, and temperature of 101° F. One dose of 8 grains of antipyrin was given first to relieve the pain, and was followed by gelsemium during the night. The next day the pains were subdued, except some headache, and the temperature reduced to 99°, and there was perspiration. Strychnine was then given on account of the great exhaustion in doses of 1 milligram, or 1-65 of a grain, three times a day, and belladonna by night for the headache which persisted. On the 12th there was a recrudescence of fever. Temperature 102.5°, and strychnine was resumed with gelsemium at night. On the 13th the temperature fell to 99°, and did not rise over 100° afterwards, strychnine being continued for several days in same doses. There followed a very distressing cough, with congestion of larynx and bronchi, needing several remedies, kali. bich., drosera, hyoscyamus and rumex in turn; also great heart weakness, for which caffeine was prescribed. Strychnine was continued for the great exhaustion, but the patient was practically well by March 1, or three weeks after the beginning of the attack, which period contrasts very favorably with similar cases which I have treated without strychnine where the symptoms were of equal severity.

Strychnine should not be forgotten in cholera, and in collapse from other causes it is too well known to need special remark, except that to get the effect rapidly it needs to be injected hypodermically or per rectum in doses of from 1-20 to 1-10 grain.

Hahnemann recommends nux vomica in chills, saying: "Serious ailments from catching cold are often removed by it." This is more true of strychnine, and I think it is indicated in the cold stage of fevers and acute inflammations, more especially pneumonia.

I would add one word more respecting the action of strychnine on the muscular system. Brunton says: "Small doses do not affect the motor
nerves, large doses paralyse them. This paralysis is partly due to exhaustion from the convulsions, but not entirely, since if one sciatic nerve of a frog be divided before poisoning, so as to prevent any convulsions in that limb, it still loses its irritability, though not so soon as the undivided nerve. This paralyzing effect on the motor nerves was well seen in the case of poisoning before mentioned, where the first prominent symptom produced in a man, who had by a mistake swallowed three and a half grains of strychnine, was a sense of numbness in the back of the legs, the numbness being accompanied soon by a want of power and dragging of the muscles of the legs, which became so great that, as he described it, he had to put his hands at the back of his thighs in order to push his legs along. This occurred before there was any spasm.

I argue, therefore, that when prescribing strychnine in small doses for this muscular inertia, which is such a common symptom, not only in general debility, but at the beginning of acute disease, I am giving a drug which directly causes this symptom in a large dose, and is therefore in homoeopathic relation to it.

There are several other diseases in which the exhibition of strychnine has been attended with striking results, and which are more or less in the relation of a simile, such as facial neuralgia, alcoholism, sexual weakness, and enteric fever, but I have on experience in those diseases worth recording. In reference to the last-named disease, it is worth while to notice a statement of Professor Hare, of Philadelphia, who says (Medical Annual, 1903) : “With continued administration of strychnine in the course of prolonged exhausting disease,” such as typhoid fever, the drug “fails after a certain length of time to produce a true stimulant effect, and simply produces nervousness and tachycardia.” He has also noticed a form of delirium taking the place of the usual twitching spasm resulting from too large doses of strychnine.

THE DOSE.

Finally, what is the best dose for the administration of strychnine?

My own practice has been mostly with substantial doses, either drops of the liquor or granules of the arseniate, or the hypophosphite, but I have occasionally met with headache in consequence, though never in an acute case. I think the patients needing smaller doses are probably those corresponding to the first stage of strychnine action—

the stage of excitability. At the other end of the scale the condition of profound exhaustion or collapse is to be met by the injection of much larger doses, whilst diseases corresponding to the spasm may need doses at one time small and at another moderate. I have rarely noticed aggravation of symptoms follow a moderate dose of strychnine; indeed, not so often as with nux vomica, which occasionally produces unpleasant symptoms in pilules of 1x dilution.

* * *

Some Experiences with the Homoeopathic Remedy.

BY MALCOLM E. DOUGLASS, M. D.

1. Mrs. A.—For fifteen years had suffered with frequent attacks of abdominal neuralgia, and been under the skilled care of a prominent allopathic physician, who had resorted to the scientific use of morphia, until she decided that the remedy was worse than the disease, and would have no more of it.

During one of her most violent attacks she decided to try homoeopathy.

On examining the case I decided that belladonna was the indicated remedy, principally on account of the sudden coming and going of the pains, and their great severity.

A few doses of the 200th relieved the attack in less than one hour, and although I treated her for eighteen years after this, she never had a recurrence of the neuralgia.

2. Miss L. H.—Called at the office to consult me in regard to a suppression of her menses and a bad cough. Examination revealed a small cavity in the upper lobe of left lung.

Her history showed that a few months previous to her coming to me, she had an eruption of some kind upon the upper part of right arm and shoulder, which was finally cured (?) by the local application of some sort of ointment.

Since that time her health had been steadily declining in spite of various tonics and doctors' bills.

She received sulphur 200th. At the end of about five weeks she returned with a finely developed eczema on the site of her old eruption, which she desired cured at once on account of the excessive itching and disfigurement.

I carefully explained the case to her, and the importance of letting the eruption alone, for the present. Being a lady of exceptional intelligence, she appreciated the situation. In another month she returned with cough much improved, the
menses re-established, and the eczema nearly well. The case steadily improved. The lung completely healed.

3. A. M., age 6.—Sick two weeks with typhoid fever. At his morning call the attending physician informed the sorrowing parents that everything possible to medical skill had been done for the little girl, and they must prepare to give her up and submit to the Lord's will. It would not be possible for her to live through the coming night.

A Christmas tree had been decorated and left standing in the parlor that the little one might enjoy it upon her recovery. This was removed and the room prepared for the reception of the remains. Notices were sent to relatives living at a distance, stating the decree of the doctor.

At the solicitation of a mutual friend, I saw the child about three o'clock that afternoon. I never saw the word "arsenicum" more plainly written than in this case, and she received the 30th. Next morning there was less restlessness. The remedy was continued and the child made a perfect recovery.

Voices Out of the Homeopathic Past.

We purpose, under this title, to furnish occasionally some of the therapeutic suggestions and clinical reports made in those early years before many of us of this day were born. It must prove instructive to read anew the words of those early masters of the true Homeopathic profession before that profession was so badly obscured by scientific (?) medicine, means and measures. This series of extracts and publications will show, further, how absolutely unchangeable is the practice of true homeopathic medicine, in that it will prove that the symptoms for bryonia or pulsatilla of that early day are equally as potent, perfect and valid in this day, and will continue so to the end of time. Where is there another school of medicine that dares overhaul its therapeutic and clinical reports of half a century ago, and publish its suggestions and recommendations as valuable for to-day?—Ed.]

Four Cases of Puerperal Fever.

Case I.—Mrs. C., the wife of a shoemaker, was confined on the 9th of February, 1857. It was a case of ordinary natural labor, being a woman of naturally strong constitution and excellent general health; she suffered but very little, though it was her first child, and convalescence took place steadily until the sixth day, when I was summoned by her husband in great alarm. He stated that his wife blamed the medicine I had left her for her sickness. This was some ten or twelve globules of bryonia, 3 dill, in half a tumbler of water, to regulate the lactic flow and prevent in-
formed, were strictly adhered to, and they "were sure that if the medicine had not done it, they could not tell what else should." I had prescribed two drops of arnica, 2d dil., in half a tumbler of water, a tablespoonful to be given whenever "after pains" were found troublesome. But again good fortune came to my aid to disperse the clouds and darkness which enveloped the truth, for the good nurse being off her guard, and in one of her best talking moods, several hours after my first visit, assured me in a most confidential manner, but out of the patient's hearing, "that if she had not got out of bed, used the chamber, sat in a cold chair in her night-clothes for a good long while in the morning, to show how brave she could be, there would be nothing the matter with her." I administered acon., 2d dil., in a tumbler of water, to be taken in tablespoon doses every ten to fifteen minutes, and mercurius-cor., 3d trit., every three hours, with an alternation of a dose of bell., and one of nux-vom., and the hot water application to the abdomen and pudendum, the patient had fully recovered by the end of the third day, after what seemed to me considerable obstinacy and resistance on the part of the disease.

Case III.—Mrs. T., a finely-developed and healthy mulatto woman, a liberated slave, lately arrived from the south, was delivered after a natural labor of about three hours, on the 14th of February, 1857. Being in attendance on another case, I did not arrive till a few minutes after her child was born. She was so little affected by her sufferings that she insisted on putting the roller on and fastening it herself, having, as she said, been quite accustomed to help herself. This was her seventh child, all then living with her, and as fine specimens of the "amalgamation of races" as a physiologist could desire to study; it is not easy to distinguish them from the children of white parents. Her recovery was all that could be expected under the circumstances, until the evening of the fourth day, when I was called in great haste, and not without reason; her condition was truly alarming. Her sickness, I was told, commenced with profuse vomiting; she was then troubled with constant and foul eructations, the tongue was much coated, bad taste in the mouth, intense headache, violent action of the temporal arteries, flushed face, hot, dry skin, pulse about 120; the abdomen was enlarged, hard, and on percussion indicated the presence of flatus; the lochia had disappeared, the breasts were soft and flabby, and there was intense and constant thirst. All these symptoms had made their appearance within a few hours, and for a portion of that time she had become very delirious. I had never before nor since felt so painfully and suddenly alarmed at what seemed to me the utter hopelessness of the patient; indeed, so much so, that for a few minutes I hesitated whether I should leave the house at once, or administer remedies only to prove their impotency. Having, however, yielded to the impression that it was my duty to act while life lasted, I prescribed bell., and nux-vom., 2d dil., in the same quantity of water as in the former cases, giving alternate doses every ten minutes. I ordered the application of hot cloths to the abdomen, and laid strict injunctions on those about her to follow closely the directions during the night. On the following morning I found a decided, and I must say, an unexpected change for the better; the delirium had steadily abated after the second dose of bell., and had all disappeared before the morning. I found much less fever, and the gastric symptoms less, though still formidable. Having been unable to get any clue as to the cause from the nurse, I now demanded of the patient what she had been eating or drinking, for I felt satisfied that she had in some way gratified her appetite at the risk of her life. She unhesitatingly informed me that she had conceived a strong desire to have some sausages, which the nurse refused to furnish, but for which she could see no reason, since "she was as well as she had been in her life, and had been accustomed to anything she desired in the South." She therefore took advantage of her nurse's absence, and sent one of her children for half a pound, which she ate, "all but about the length of half her fore-finger," which she gave the child as a reward for her catering abilities. Nor could she even then understand how anything that "tasted so elegant" could have done her so much harm. There being still hot, dry skin, and quick pulse, I gave acon. and puls. as above, but every half hour only, and with very excellent results. I had, however, several reactions in this case, with aggravations recurring with the least change in her diet; nor was it till the end of the second week that I felt satisfied she was out of danger, and she required afterwards from five to six weeks careful treatment and constant watching. The flow of breast milk was not restored, and her powerful and robust system received a shock the effects of which she felt for many months.

I have seen but few cases, if indeed any, so instructive as the above, as clearly demonstrating the importance of immediate and vigorous treatment, even in some cases apparently beyond medical aid, affording a clear and incontrovertible illustration of the powerful efficacy and the vast superiority of our therapeutic law of cure, and, finally, another example to prove the danger of too hastily adopting a contagion theory without due regard to the many causes that may operate in individual instances, occurring at the same period of time, which may be as independent of each other as if they had taken place at the same season of two years separated by a decade.

Case IV.—Mrs. E., an interesting and intelligent lady, of a healthy, though not robust constitution, aged about thirty-two years, was delivered of her fourth child on the 21st of February, 1857, after a favorable labor of about four hours. She seemed as well as ladies generally are during the first and second day; on the third day, however, her spirits were depressed; she complained of weakness, there were no indications of
her milk coming, nor any of the symptoms that usually attend its approach. Her manner showed considerable indifference, not only to all about her, but even to her infant. There were no puerperal symptoms yet present—neither abdominal, headache, or fever—and the pulse was small and low. The next day the above symptoms were even more marked and much increased, with the addition of slight mental derangement. In this case the utmost care had been taken of the patient’s diet, and appropriate remedies administered, but all seemed useless; there was no reaction, but the gradual and steady progress of her symptoms apparently under the action of the mind rather than by appreciable bodily derangement.

The abdomen now enlarged by degrees, the bowels became seriously affected, the discharges being involuntary. A consultation was now deemed necessary, and an experienced and skillful physician was called in, but only to prove that nothing could be done by combined effort more than by a single one. Her abdomen swelled to more than its size before her confinement, the bowels became more and more deranged, and the delirium heightened till the 28th day, when she breathed her last. One of the most painfully marked illustrations of the total inefficiency of our medical treatment it has been my lot to witness, and the more so, since complete mystery had thus far enshrined all the avenues to a rational solution of the cause that led to the fatal termination. Accident, however, came to my aid here also, and put me in possession of the following facts which are, to my own mind, a rational explanation of the case.

1. It appeared from information received from her relatives after her death, that some years ago she had consulted a fortune-teller, who assured her, among many other things, which had doubtless less of prophetic verity in them, “that she would become the mother of four children, and then die;” and that dwelling upon this singular piece of sibylline wisdom during her pregnancy, she had frequently stated to her friends that she had “never feared the consequences until now.”

2. She had occasion to consult a former physician about a year previous to her pregnancy for some slight uterine trouble, who took an opportunity to advise her as to the propriety of “not having any more children, as she was not a very strong woman.” She was, of course, careful to lay up this very questionable item of medical wisdom by the side of the revelation of the gypsy—where it must be owned it was not unworthy to hold its place—and was in the habit of quoting them in the same connection, as corroborative testimonies in favor of the morbid misgivings which they seemed to have no small share in creating.

3. Her husband had been in daily expectation of being called to New York on important business for some time before her confinement, and she had busied herself “in making him ready,” affecting to be quite satisfied that he should be away, while she was secretly mourning over the possibility of his absence, when she naturally desired that he should be near her. The summons did not arrive, however, till the morning of the day of her delivery, when her husband read it at her side, when to use the words of those who had noticed the circumstance, “she never raised her head afterwards,” but from that hour gradually sunk into the hopeless and melancholy condition already described.

The above are the simple developments by which only any satisfactory clue can be gained leading to the cause of disease in Mrs. E.’s case, a case which the contagion or epidemic theory fails to unravel—and I must state that, to my own mind, they afford a cogent and reasonable solution. It seems clear that the painful forebodings produced by the fortune-teller’s bold assertion and the doctor’s uncalled for suggestions, so preyed on the mind of an over-sensitive person deeply imbued with superstition, as to produce complete prostration of the vital forces, which prevented the necessary reaction. After the anxieties and sufferings of child-birth, and to this must be added the painful sensations called into play by the expected departure of her husband when his presence was so much desired, and a case seems established where a person dies simply because she was impressed with the idea that she must.—John Fitzgibbon Geary.

Worth Reviewing.

Tabacum in Sick Headache.

In the violent forms of sick headache, if the symptoms are such as to be covered by tabacum, it is very sure to cure. Almost every man can recollect, in his boyhood, some of the effects of tobacco, and especially the deathlike nausea, faintness, vertigo, and headache.

I have lately cured the most severe case I have ever known, by three doses of the second dilution. The patient was a lady, aged thirty; of a lymphatic temperament, always subject to periodical sick headaches, lasting one or two days, and generally brought on by fatigue or excitement. The present paroxysm was more severe than any she had ever had. The pain was intense and agonizing—at times seeming as if the head would burst, and again as though the brain was being bored out. The patient sought continually to hide her head in the pillow, or to change it to a position that might relieve. Faintness, nausea, and vomiting of all that had been eaten, and painful retching to vomit small quantities of mucus and bile; skin pale and cool, with clammy perspiration, breathing oppressed and labored, countenance sunken and anxious. The doses were given at half-hour intervals, and, after the third one, complete relief was obtained. No paroxysm has since occurred (two months).
Under the Care of the Japanese War Office.

Miss McCaul's diary of her visit to Japan is discursive, but interesting. It is interesting perhaps partly because discursive. She went to Japan with the sanction of the British, and with the approval of the Japanese Government. She had exceptional privileges; she arrived in Japan on April 28th, and after spending a month in visiting military hospitals and Red Cross depots in Japan, she was on her way to the front on May 20th under the personal guidance of Madame Kuroda, a War Office official specially appointed to show her everything worth seeing.

Miss McCaul visited the storehouse of the Red Cross Society, of which she writes:

It was a revelation, containing everything that thought and care could suggest for the sick and wounded. Panniers and surgical appliances were almost identical with those I had seen at the military hospital; the same practical method being observed, that of making everything as light and portable as possible. The society holds itself in readiness to provide doctors and nurses with all the equipment necessary to meet the greatest emergencies, but at the present moment they are doubly prepared for any demand the War Office may make, and could, if necessary, take the place of the Army Medical Corps throughout the country, thus leaving the service free to answer the most urgent call from the seat of war. The wisdom and forethought in placing the Red Cross Society under the complete control of the Government is shown by the above. By these means a vast body of men are "under studies" to the Army medical service; so, when called upon to work in the ordinary military hospitals, they are fully acquainted with the rules and regulations of the service.

After no unreasonable delay, Miss McCaul found herself on the road to the front, and presently reached the Yalu River, and at Antong visited the temporary military hospital, concerning which she writes:

I now saw in use the practical working of the carefully planned outfit seen at Tokio, and most adequate the appliances were, faithfully fulfilling the purpose for which they had been designed. There were also many ingenious temporary contrivances made from wood and paper, which could only have occurred to the minds of these inventive people, and which greatly diminished the difficulties of the rough surroundings. The orderlies in their white overalls looked very clean and suitable for their work, and moved about with an alertness and gentleness which seemed to guarantee that they would make good nurses. But the wards in which we saw the patients were disappointing, the surroundings were gloomy, and the ventilation indifferent, though strenuous efforts had been made to render the place habitable. The patients, many of whom were very ill, in spite of the disadvantages looked comfortable on their clean bedding, and well cared for.

On her way up to the battlefield of the Yalu the authoress had opportunities of studying the rations of the Japanese soldier and the pains taken to preserve him from water-borne disease. She writes:

To-day we made our first acquaintance with the Japanese army biscuit, which I think extremely nice. It contains a certain amount of wheat and rice flour and a few grains of millet seed, which latter is most agreeable, and saves it from becoming unduly hard. Indeed, there is no hardship about eating these biscuits. They are served out to the men twice a day in packets. The reason of the mention of "packets" is to call attention to the fact that they are so sensibly protected in this way from dust and flies, as are enclosed in very tough, but thin, paper bags, which are scaled, and contain four in each. Eight biscuits and a measured portion of rice, varied with pickled vegetable, salt fish, or tinned meat, form the soldier's daily ration.

The simple but adequate way in which the Japanese Sanitary Corps have devised a plan of supplying the troops in the field with boiled water. A Chinese portable iron boiler (or cauldron) is used, under it is hollow out a place for the fire, where is burnt either charcoal, wood, or coal. To each regiment there are so many allotted, so at various points along the route boiled water is easily provided. The rapidity with which the water is boiled is extraordinary.

There is a stringent discipline about troops being found drinking or filling a water-bottle at a river. If a man is caught disobeying the order a mark is put against him, and at a convenient time punishment is meted out; also it is noted as a serious crime at head quarters.

The Development and Anatomy of the Prostate Gland.

This work by Dr. W. G. Richardson, deals with the anatomy, comparative anatomy, and diseases of the organ. The term "middle lobe" is retained and approved. The recto-
vesical fascia and prostatic sheaths are spoken of as structures anatomically and developmentally distinct, the former belonging to the pelvic wall and the latter to the urogenital tract. The rectal fascia is considered to represent the division of the endodermal cloaca and the line of union and insertion of the levator ani muscles the division between the endodermal and ectodermal cloaca.

The next section is occupied with the comparative anatomy and the development of the prostate, the growth of which is traced from a series of radially disposed cecal tubes to the complex human organ. The author holds that the vesicula seminales are not reservoirs, but that, like the prostate and Cowper's glands, they are secondary sexual glands engaged in secreting a fluid for the preservation of the male element. In support of this view it is pointed out that they are absent in some animals and in others open into the urethra independently of the vasa. The prostate is described as arising from an infolding of the urethral epithelium into the internal longitudinal muscular layer of that canal, and is held to be a collection of specialized mucous glands. The inclosure of the uterus masculinus in the prostate is an accident of development, the prostate in the male having nothing in common with the uterus in the female.

The cause of the enlargement of the prostate is said to be of old age; "it is not a disease process, it is a normal process." The first change takes place in the gland tissue; the cells become heaped up and then discharged into the lumen, which itself becomes dilated. Later the stroma becomes increased in quantity. This change may affect the whole or only part of the organ, and in numerous instances takes the form of enculeable tumors. The author is uncertain whether the change is to be regarded as a neoplasm.

One of the most interesting parts of the work is the writer's opinion as to the nature of "total prostatectomy." He states that after such enucleation, there is always to be found a complete bed of prostatic tissue, and external to this the undamaged sheath of the prostate. This view is supported by the records of three cases. In the first the parts removed had the appearance of the complete prostate. They were removed in one mass, and contained the urethra. Death occurred the same night. Microscopical examination of the parts left in the body showed the presence of thinned-out prostatic tissue. In the second case two lateral lobes were removed. The left separated with great difficulty. Death supervened the same night. The post-mortem examination showed that the enucleating finger had passed through the "surgical capsule," and had entered the sheath and torn the veins. The third was a case of attempted enucleation. Great hemorrhage ensued, and the opening in the bladder was enlarged and the veins caught. The operation was completed with scissors. The parts removed consisted of the prostate, urethra, part of the vesicule seminales, and fragments of the levator ani muscles. The patient recovered, but with an incurable stricture necessitating a permanent drain.

Surgical Emergencies.

The Surgery of the Head, by Dr. Bayard Holmes, of Chicago, is the first of a series of volumes on "the every-day surgery of the human body," which the author proposes to issue under the general title "Surgical Emergencies." The author would have been wise to avoid a title which leads his readers to expect a complete handbook of head surgery, and the general designation of the promised series is quite inapposite in regard to this, the first, volume.

The style in which the book is written is for the most part successful in impressing some important clinical facts upon the mind of the reader, but it is at times irritating. It is so, for example, when, after many pages spent on brain affections, a kind of summary is served up in the form of what are termed "adages," such as "brain surgery is a fruitless and melancholy subject." It is, however, not such minor matters only that call for criticism; there are serious sins of both omission and commission in the volume, and we may give examples of both classes. In regard to the first—why, in a volume which professes to cover the head and face, is no consideration given to injuries and diseases of the jaw. In regard to the second—we quote the following description of anthrax of the face:

"The pustule is surrounded by an area of excessive inflammation (malignant pustule), and the blood quickly becomes filled with the growing bacillus. Within twenty-four to forty-eight hours after infection the pustule is covered by a blister, in which large numbers of anthrax bacilli may be recognized. The lymph glands are quickly enlarged and form large chords (sic) of inflamed tissue. The temperature is high, and delirium and somnolence come on, and in the worst cases death follows in a few days. The diagnosis is easy and the treatment is unsatisfactory. Any disturbance of the primary focus seems to encourage general infection."

This is absolutely all the author has to say on anthrax of the face! The terms "inadequate" and "inaccurate" but mildly describe it. The paragraph on the diagnosis of simple skull fracture is entirely inadequate, and the treatment recommended to "protect the head and thoroughly immobilize the skull by means of a skullcap made of starch or plaster-of-Paris bandage" is likely to add to the discomfort of the patient without any corresponding advantage. Dr. Holmes would be well advised to depart widely from the method of this volume in those which he proposes to issue later.
THE AMERICAN PHYSICIAN.

Topics of the Hour

That Institute Journal.

The current issue of The Hahnemannian Monthly speaks eloquently of a proposed Institute journal instead of the annual bound volume of Transactions heretofore issued. It dissect and analyzes the matter with a master hand; and if the people in the Institute who are so anxious for this Institute journal, can find comfort in what has been said by this able editor; if they can supply all and several the needs which the Hahnemannian shows clearly are necessary in order to make the journal a success, then we can only say, God be with you! But we doubt if any committee of that Institute will undertake so gigantic a task as that mapped out for its contemplation and application.

We really see no good reason for now changing the form of printing our transactions and doings. With a handy secretary, one who understands how to bring the transactions to life within a few months of the adjournment (thus neutralizing most of the arguments of delay in printing and publishing the papers), there seems no longer any excuse for attempting to burden the already overburdened American Institute of Homeopathy with dead horse; it is a venture which no clear-seeing business man would undertake.

Look at it calmly a moment more. Note the lukewarmness permeating our colleges and our profession; note the continual changes going on in the form of homeopathic practice; note the vast quantities of old-school and eclectic and alka-loidal literature finding a loving lodging place in so many alleged homeopathic offices; note the indifference in every part of the land to pure homeopathy (witnessed in the absence of clear homeopathic clinical papers in our journals); and then dare to broach the adventuring upon a scheme that will cost the Institute thousands of dollars before it can be got under way to say nothing of making money enough to pay at least one man as editor.

It is useless, it is childish, to talk about advertisements “paying the freight.” The Homeopathic American Institute of Homeopathy cannot, must not, dare not, print advertisements which the Hahnemannian or The American Physician may solicit and use with fair propriety. Think this matter over a wee bit before you shoulder a burden that may take you years to unload.

Then, again, where can you find a man willing to be editor of such a journal, when he knows that his head will drop in the basket if he dares to have and to hold an opinion that is not sugar-coated and not specially made for such a journal.

Why he would be worse tied down than Richelieu Horner is as editor of his college journal with an assistant editor who is not needed. Would Gatchell take such place? We doubt it very much. He is too independent a thinker to permit anyone to saddle his ideas. Oh, yes, the woods is full of the other kind, just as the colleges are full of homeopathic professors who are not homeopathic.

Such a journal will hurt the homeopathic press, notwithstanding the statement of our esteemed contemporary. It will not affect The American Physician—for reasons pretty well understood—but it will hurt that large majority of homeopathic journals who are depending upon little soft-soap editorials, hog-wash personals and sweet-sand papers from country subscribers for their existence. For as we understand it the proposed Institute journal will be one of these self-same, namby-pamby jelly-fish monthly issues with which our school and profession is over-filled. It will not dare, any more than the majority of homeopathic journals dare, to touch upon the things that are hurting us as a school and as a profession. The prime purpose of this journal as with the others—most of them—is to prove all our geese swans—and triple plated swans at that.

If some promoter on the outside, member or not of the American Institute, would benevolently assimilate all the homeopathic journals (all but one) into one Institute journal, without expense to the Institute, then there might be some measure of sanity in the proposition (for the Institute), and in time, too, some money might fall into the till of the editor and publisher. The Institute, however, cannot, in these lukewarm times, with money and members hard to get, with colleges amalgamating, with others quarreling among themselves and yet others on the very verge of grim dissolution, afford to go into any such wildcat scheme.

No use pointing to the profits of the other school. We have no such numbers in our school as they have. Of the accredited 13,000 we have only a pitiful percentage, say 2000 in membership with the Institute. What will there be so startlingly new in the proposed Institute journal as to bring in the other 11,000? What can that Institute journal give better than is found to-day in The Hahnemannian, The North American, The Medical Century or The American Physician?

Some Postal Experiences.

We note with much satisfaction how our most excellent President is using his alleged big stick on some of the political appointees of a former régime regardless of the feelings of the machine.
politicians who have become so emboldened as to claim that no appointments can be made in their district without their permission and consent. The New York Post Office is one instance of the President's independence—if reports reaching us are true. And, by the way, some of the expedition and safety of the Post Office is a trifle laughable when compared with the ordinary safety and celerity of some of our plain everyday non-political business corporations. Take, for instance, the forwarding of money. Some improvements have been made in the manner of sending and receiving money through the post office, but it still lacks a good deal of being as speedy and safe as an express company. In the latter the sender is practically sure of receiving his money back if by any means it is lost in transit. If the money or parcel is lost in the Post Office Department, what security has the sender for the loss? Latterly he may receive as much as—some few dollars—and for the rest the Government promises to find where the money or parcel was last seen. And if it can catch the thief it will send him up the line. But does the sender get any restitution for his loss?

We have had two instances, latterly, of loose business policy in the Post Office Department. Some months since we wrote and sent to the New York Homeopathic Medical College a paper of some value to both of us. We addressed it ourselves in plain handwriting. On the north-east corner of this large envelope was our name and residence. It was mailed by us in person. That large, well-addressed envelope never reached its destination.

What became of it? If it could not be delivered by reason of imperfect address, or underpayment of postage, or for any other reason, why was it not returned to us?

Again, Progress of Denver ceased to come to our office from April to October. It had always found us before that, and finds us again to-day. The Denver Post Office made complaint that the Cleveland Post Office was derelict in its delivery. So, upon one day, a telephone message from our Post Office demanded to know of us since when The American Physician had received mail in Cleveland; how old was the journal; how long had we lived in Cleveland and on Bell Avenue; had we ever notified the postal authorities that we were editor of The American Physician; when had we notified the Cleveland Post Office of these facts. In short, the Post Office at Cleveland, according to this telephone voice, had never heard of us before. When we answered that we received mail each blessed day of the year, Sundays and saint's days not excepted, to this same address, and had for about fifteen years, the voice wanted to know if we had notified the post office of our editorship within the last twelve months? Being answered in the negative, the voice opined that that was probably the cause of our missing the journal. When we asked if it was necessary to notify the post office each year of our continuance in the city like a convict on parole, we failed to get any answer.

Why did we not start an enquiry at our end of the line when we no longer received Progress, or when we learned that the letter to the New York College had not reached? Well, what would have been the use? It would have ended in the usual endless chain. In our earlier years we had tried this on several occasions. The result would be that a large and imposing printed blank would be sent us for filling out with information which no business man could from memory supply after two or three weeks of forgetfulness. Such as, at what hour of the day was the letter mailed; where was it mailed; how was it superscribed; what kind of postage did it bear; was it deposited in a letter box or in the general office, etc., etc. When one writes twenty or more letters a day, and has them deposited by various clerks, etc., how is it possible to remember all the minutiae attending such writing and mailing. Well, thus filled out, the blank then went on its red-tape way. After a long journey, consuming weeks or months, it would be returned to us with a stack of reference slips, carefully attached and superposed with a final announcement that the letter could not be found. So, in later years, we do not resort to this intelligent way of finding a lost letter. We let the letter go to pot, and write another one.

A short time since we had occasion to send a money-order to Italy. We took our place in line and chanced to be the last in that line. When our turn came, the gentlemanly, diamond-studded, curly-haired clerk turned his back on us, walked over to a brother clerk in the back office, sat on his desk and engaged in pleasant neighborly conversation. We waited a few minutes, then went to a branch office and secured our foreign money order.

Oh, no, we didn't look for the postmaster and register a "kick"; we have some knowledge of politics and political appointments. For if we had we would have received blanks to fill out, requiring witnesses, exact time of day, our residence, paternity, occupation and other important detail. Meanwhile, the be-diamonded clerk would continue in his occupation sure of his place. Truly, our President has many places in the Public Service where business changes can be made.

Medical Celibacy.

At the present day the medical practitioner is often made to feel that, as a matter of professional expediency, it is not good for a man to be alone. At any rate, if he chooses what he calls family practice as his sphere of activity, he must almost of necessity take unto himself a wife, in order to gain the full confidence of matrons and maids and their lawful protectors. So natural and inevitable does the marriage of a doctor seem to us, that it is strange to think that there once was a time, not so far distant as historical epochs go, when regu-
lar practitioners of the healing art were doomed to celibacy. In the early Middle Ages medicine was largely in the hands of churchmen, who were mostly monks. Monarchs and even Popes had indeed a preference for the ministration of Jewish physicians; but meaner folk were, as a rule, physically either by monks or by quacks. In course of time the ecclesiastical authorities awoke to the fact that monks who undertook the care of the bodies of the sick were apt to imperil their own souls. First, they were forbidden to practice surgery on the ground that the shedding of blood was abhorrent to the Church, and later the interdict was extended to the whole field of medicine. The prohibition was repeated by council after council, but it was not till the twelfth or thirteenth century that these edicts were generally obeyed. A curious vestige of the priestly usurpation of the healing art persisted in France long after the monks had ceased to practice it in the shape of a vow of celibacy, which all graduates in medicine had to take. Not unnaturally, this deprivation of a natural right was fiercely resented. For two or three centuries the doctors protested, but all in vain. Appeals to the king and to the rector of the University of Paris having proved useless, the matter was finally laid before the Pope as supreme head of the University. He lent a more favorable ear to the humble petition of the doctors, and towards the end of the fifteenth century appointed Cardinal d'Esstouteville legate, with power to reform and reorganize the University. One of the legate's reforms was the abolition of the vow of celibacy imposed on the doctors.

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**Gonorrhea and Childbed.**

Until abdominal surgery revealed the frequency of disease of the upper part of the female genital tract, little stress was placed on gonorrhea in women. When, however, exploratory operations demonstrated the frequency of salpingitis and pyosalpinx, and when bacteriologists showed how the gonococcus may ascend and do damage in regions high above the os internum, it became clear that chronic gonorrhea was almost as grave in the female as in the male. Experts have discovered that the organism is easily destroyed, and tends to disappear speedily from the pus in the canal of an inflamed Fallopian tube. Still, the pus remains, a grave evil, liable to infection from the intestine. Quite recently some excellent clinical reports have been published concerning a kindred topic—chronic gonorrhea associated with the puerperium. The reporter is Professor Martin, of Greifswald, who has carefully observed 13 cases of chronic gonorrhea in his wards at the Maternity of his University during the past three years.

These records, at least, prove that impregnation and pregnancy are quite possible when chronic gonorrhea exists, and in one case double gonorrheal salpingitis was shown to be not incompati-ble with conception. The whole series likewise proves that abortion is not inevitable when chronic gonorrhea complicates pregnancy. Martin declares that fragments of tissue expelled from the uterus in hundreds of cases of abortion have been examined under his supervision, without any trustworthy evidence of the existence of the gonococcus being detected. This fact should be contrasted with the very active nature of the germ when the disease is acute, especially as regards the eyes of the fetus. In four at least out of the thirteen cases there was no fever in the puerperium; in eight there was distinct rise of temperature, noted just after delivery in two, early in childbed in one, and quite late in no less than five. Thus the prevalence of high temperature was clearly more than a coincidence. In every instance the rise was of short duration. Professor Martin does not consider these rises in temperatures in childbed as pathognomonic of chronic gonorrhea, as he has repeatedly observed them in other cases where the uterine secretions were sterile or contained germs which were not the gonococcus. Very important is the fact that in none of the thirteen cases did symptoms of perimetritis or parametritis develop; no ill-defined deposit, no circumscribed tumor could in any instance be defined on palpation. Thus the prognosis of childbed, complicated by chronic gonorrhea, is much less unfavorable than might be expected. We must note, in conclusion, however, that the cases all occurred in a public institution under the observation of a competent authority, and, what is of equal importance to Lear in mind, under systematic skillful nursing.

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**Quacks and Credulity.**

Who drives fat oxen should himself be fat is doubtless an excellent proverb; nevertheless, and without condoning the misdeeds of the puffers of quack remedies, a charitable hope may be expressed that those who fail to obtain a clientele do not all take themselves and their concoctions, pharmaceutical and verbal, quite so seriously as did the old lady who put in an appearance as a plaintiff before Mr. Justice Lawrence recently.

The gist of her complaint seemed to be that the defendant, a medical man, who was awarded a verdict with costs, had failed to prove to the waiting world that, even if the millennium had not exactly arrived, at any rate the real true remedy for consumption was at length at its disposition. The plaintiff's prolonged researches—in the pages of Plato and elsewhere—had resulted in no common remedy, but in one free from those minerals which are the root of all evil, but the delight, it would appear, of the misguided medical profession; its secret lay, in short, in the skillful "blending of a herb" of which medical men were stated to know nothing. Conducting her case in person, the plaintiff nearly exhausted the patience of the court; on the other hand, amended were
made by the amusement which she caused, and especially, perhaps, by the revelation that some of the cures effected by her remedy were so perfect that the patients were dead and buried: a ridiculous figure, perhaps, but at the same time a pathetic one, for her own faith in her remedy was evident.

**Milk Diet and Moral Responsibility.**

Bryon asked his brother poet, Moore, whether he did not find that beefsteaks made him irascible, and our vegetarian friends attribute all kinds of moral evil to a carnivorous diet. Milk, however, has hitherto borne an unblemished character, and is praised by all schools of dietetic philosophy, except the sect which feeds on fruits and nuts. Of course, bacteriology—which may be said to be a version, in terms of modern science, of the work of a seventeenth-century divine entitled Satan’s Invisible World Displayed—has revealed the horrors that may lurk under the guileless appearance of milk. Nevertheless, to most people milk has nothing but associations suggestive of what Falstaff calls the days of innocence, and those who live on it are easily credited with the possession of pastoral virtues. It is a shock, therefore, to learn that this idyllic beverage may, like alcohol, be a cause of crime and that it has even been held accountable for murder. The Assize Court of the Seine department had before it not long ago a case in which a young man was charged with having attempted to murder his master and the son of that gentleman. It was stated in evidence that the accused suffered severely from indigestion, for which he had been restricted by his doctor to milk diet. This fact was put forward as an excuse for his homicidal frenzy. A medico-psychological expert gave it as his opinion that the man was of unbalanced mind. His dyspeptic trouble weighed heavily upon his mind. He felt it as a humiliation that his fellow workmen should know that his sole nourishment was milk. This, according to the expert, was sufficient to produce “an attenuation of responsibility.” The inference would seem to be that, in responsibility he should first attenuate his diet.

**Book Reviews.**


As the author very frankly says, this is not an encyclopedia, but simply an up-to-date dictionary, concise, lucid and correct. There is much in that statement that will appeal to the Dictionary users. It is one thing to look for a word and receive a good, sharp, clear-cut definition, or, on the other hand, to get a half-page of descriptive matter which, when thoroughly read, leaves the seeker in doubt. It reminds one of Josh Billings’ statement about knowing so durned much that ain’t so. The Dorland Dictionary is handsomely printed and illustrated, to say nothing of its handsome binding—which combines flexibility with safety of opening—no danger of breaking the back or injuring the binding. From such use as this office has made of the Dictionary, we have no hesitation in recommending it most highly as a practical word-book, and one to be always relied upon.

*American Pocket Medical Dictionary.* Edited by W. A. Newman Dorland, M. D. Containing the pronunciation and definition of the principal words used in medicine and kindred sciences, with 566 pages and 64 extensive tables. W. B. Saunders & Co. Flexible leather, with gold edges. $1.00 net; with thumb index, $1.25 net.

In this little work, now in its fourth edition, we have a pocket dictionary equalled by none on the market. It is a wonder to us how the editor has gotten so much information in such a small space. In this edition several thousand of the newest terms that have appeared in recent medical literature have been added, and the entire work subjected to a careful revision. Since the work has come to us for review, we have had many occasions to refer to it for definitions of new words, and in no instance have we been disappointed. We believe that the work in its new form will meet more fully than ever a real demand on the part of physicians and students.

*A Thesaurus of Medical Words and Phrases.* By Wilfred M. Barton, M. D., Assistant to Professor of Materia Medica and Therapeutics, and Lecturer on Pharmacy, Georgetown University, Washington, D. C.; and Walter A. Wells, M. D., Demonstrator of Laryngology and Rhinology, Georgetown University, Washington, D. C. Handsome octavo of 534 pages. W. B. Saunders & Co. Flexible leather, $2.50 net; with thumb index, $3.00 net.

Who of us that used Roget’s Thesaurus in his early life and found its infinite value in composition, does not turn with gladness to this medical Thesaurus of Barton and Wells? It was an inspiration which made for the compilation writing and printing of this book. There is not a day in which the writer or student, or even ordinary practitioner, does not find need for looking at his Thesaurus, and when that referred-to book is as perfect and applicable as this latest book now before us, the task of study or writing is made very light and pleasant. We are informed that this is the only medical Thesaurus. We had never before seen one nor had reference thereto been made in our hearing or found in our reading; so that its appearance was hailed with delight, and has been much used and fully appreciated. We quote from the announcement of the book:—“As a dictionary is of service to those who need assistance in interpreting the expressed thought of others, the Thesaurus is intended to assist those who have to
Globules.

—The death of Dr. W. H. Bigler was deservedly noticed in his former journal, the Hahnemann Monthly, by deep mourning bands enclosing the editorial pages. Dr. Bigler was a wonderfully bright and clever editorial writer; his articles were always full of information as well as being specimens of the brightest and purest of English. It was not our good fortune to have met this distinguished gentleman at any time, but by reason of his excellent literary work we felt as if we had always known him. The profession at large, as well as his immediate circle of friends and intimates, will miss him and his clever pen.

—That was a pretty little guessing contest inaugurated by Mellin’s Food Co., requiring to know the sex of twenty babies whose portraits were shown in their exhibit at the St. Louis Exposition. $250 in gold was offered the person who could correctly guess which were boys and which were not in the assortment of pretty, hearty, hardy babies. No one, however, guessed the twenty correctly. A gentleman in North Carolina guessed eighteen and was, therefore, awarded the prize. But wasn’t that a clever conceit? The Mellin’s Company also gathered in the Grand Prize (which is higher than a gold medal; the highest award of the St. Louis Exposition.

—We first met Dr. Clarence Willard Butler (who has also been called to his eternal rest), at Saratoga, in 1886, while he and ourself were in attendance upon the Sessions of the I. H. A. From that time on to the end of his auspicious life we continued in the closest friendship, and many letters passed between us. We found him to be a well-educated gentleman of the “old” school, not alone in his specialty of homeopathic medicine, but also in all current knowledge. There was no branch of learning that did not interest and invite him to give it much attention and study. He was a good physician, very successful in his work, greatly liked and admired, a good speaker and debater, and altogether a fine man. He was another of the old guard, who kept his faith to the very last hour of life and laid him down to sleep in the consciousness of having well done his part.

—We notice latterly a number of advertisements in current (alleged) medical journals where

write or to speak to give proper expression to their own thoughts. In order to enhance the practical application of the book cross references from one caption to another have been introduced, and terms inserted under more than one caption when the nature of the term permitted. In the matter of synonyms of technical words the authors have performed for medical science a service never before attempted. Writers and speakers desiring to avoid unpleasant repetition of words will find this feature of the work of invaluable service. Indeed, this Thesaurus of medical terms and phrases will be found of inestimable value to all persons who are called upon to state or explain any subject in the technical language of medicine.


A book of unusual interest for many reasons: It is the first complete treatise on Epilepsy since the appearance of Echeverria’s work published over 33 years ago, and represents the practical experience of Dr. Spratling as Superintendent of the Craig Colony for Epileptics at So'yena, N. Y., during a period of ten years. The great progress made in the knowledge of epilepsy and its treatment during the past fifteen years certainly demanded an accurate and careful work which would include these latest advancements. Dr. Spratling has given us all that could be desired. Of particular interest are the chapters on the Psychologic and Medicolegal Aspects. An entire section is devoted to the all-important seizure type—Status Epilepticus; and Treatment, general, educational, medical, and surgical, is discussed with wisdom, thought, and conservatism.

A Text-Book upon the Pathogenic Bacteria. For Students of Medicine and Physicians. By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Philadelphia Hospital and the Medico-Chirurgical Hospital. Handsome octavo volume of 429 pages, fully illustrated, a number in colors. W. B. Saunders & Co. Cloth, $3.50 net.

This work gives a concise description of the technical procedures requisite in the study of bacteriology, a brief account of the life histories of the important pathogenic bacteria, and sufficient description of the pathologic lesions accompanying micro-organismal invasions to give an idea of the origin of symptoms and the causes of death. Although but a short time has elapsed since the appearance of the previous edition, such rapid strides have been made in the subject of bacteriology, especially in its relation to pathology, that the author deemed it necessary to rewrite the work entirely. All the old matter has been eliminated, much new matter is in evidence, and, in fact, the subjects treated have been brought precisely down to date. The chapters upon Infection and Immunity are especially fine. All the new facts recently added to our knowledge of these subjects can here be found. The value of the work as a book of reference has been materially increased by the introduction of a large number of references to bacteriologic literature. These have been thoroughly chosen, and, in nearly all cases, give the sources of the original descriptions of the micro-organisms treated, and the important methods described. Another valuable addition is a bibliographic index containing the names of over 600 authors. Altogether the work in its new edition is very commendable.
benevolent people are willing and anxious to send free samples of dope to return gray hair to its original and pristine beauty and color. This profession of ours, medicine in short, is one and, perhaps, the only one in which the possession of gray hair does not destroy the virility or vitality of the possessor; for it is not a world-wide axiom that there is no doctor like an old doctor; and do not gray hair, or a bald pate, with a long seven-Sutherland-sisters patriarchal beard presage a most marvelous ability in matters of medicine and surgery? How silly and unbusinesslike, then, to advertise to medical men the easy way of returning their present, cherished trade mark, i. e., gray hair, into the aboriginal red or brown or black! We heard of a firm in Paris, once upon a time, some years ago, who had taken the other horn of the dilemma, and offered, for a mere pittance, to make dark hair white—thence removing all evidences of undue youth and gos-linghood from young doctors. Now that would seem to be more after the true ideal for a medical journal. And we also once knew of a medical man now residing in Los Angeles, who had a bald spot shaved on his head each morning by his brother, a barber.

We have noticed recently the advertisements of former medical men now engaged in hawking some true specific for this or the other disease or physical blemish. Is it not true that the last resort of a broken-down doctor is to engage in patent medicine making or hawking?

—There has just been placed on our table The History of the Cleveland Homeopathic College from 1850 to 1880 by D. H. Beckwith, M. D., Emeritus Professor of Cleveland Homeopathic Medical College. This brochure of some 72 pages contains in succinct form but most legibly and logically the turbulent history of this school from the time when it was known as The Western College of Homeopathic Medicine up to 1880. Just why it stopped at that interesting point is not stated. Indeed, The History proceeds without preface or L'Envoi from '50 to '80. Everybody now knows that while those first thirty years were years of struggle and persecution and martyrdom, they tended the rather to more closely knit together the little band of homeopath's; while the succeeding twenty years contain history as powerful and as all-embracing as did the first thirty, but altogether different, namely the destruction of inward harmony, the rise and reign of petty jealousies, and the ultimate dethronement of what promised for so long to be an eternal bond of Homeopathy.

Probably it was well for Historian Beckwith to cut off the thread of his discourse at the point where he drops his pen; for to have gone much further must have necessitated the disclosing of a series of scenes which stand not to the credit of the old college, and which no lease of life to come can ever again wipe out. It is like the boy who had acquired the bad habit of lying. His father, to shame and correct him, upon each time of being detected in a lie, drove a nail into a post, until the lad himself grew ashamed of it. Thereupon he amended his course so that his father withdrew a nail for each good work done, until all the nails were withdrawn. As he was congratulating the son, the latter burst into tears and said, "true, father, but the scars will remain forever." Certainly, the Cleveland Homeopathic College first and last, has had a stormy life, and deserves to spend its age in peace and comfort. But will it?

Dr. Beckwith was chosen, as we were informed, to prepare the history of Cleveland and the College for Harvey King's History of Homeopathy. Latterly, however, we have it from the pen of J. Richey Horner that he, said Horner, had been delegated to do this work. If he can do it any better than Beckwith, who lived the history himself, we would like to see it. Beckwith, is by all votes, the homeopathic Herodotus of Northern Ohio.

—The overdoing of the horrible is plainly enough evidenced in an advertising sheet, The Old Homestead Messenger, devoted to the exploitation of some morphine addiction institution. This paper is enriched or, at any rate embellished with a number of half-tone pictures depicting partly nude men to show how their bodies looked before they took this home treatment—all punctured and scared from use of the hypodermic needle and then the after-taking ditto. One of these characters is shown in Igorotto costume, his entire body, not excepting his face, filled with black marks, to indicate hypodermic punctures yet large enough to admit the introduction of a lead pencil; by some contrestemps of the retouching artist these black spots were not confined to the surface of the man's body, but are carried to the pedestal on which his hand rests, to the Kummer-bund encircling his loins, to the wall behind him, and even to the floor. There is reason to believe that the man was a morphine addict and that he has been thoroughly cured; but this advertiser has sadly overdone his job, and instead of convincing people of the ghastliness of the punctured skin, has produced a burlesque picture.

—We often hear of the decadence of gratitude in general, but more particularly of that form of it met with by the medical practitioner. But the medical practitioner himself is most frequently guilty of this negative attribute. By reason of our (personal) intercourse with homeopathic celebrities in the United States and in Europe—through our editorial opportunities and our frequent visits abroad—we are sufficiently well acquainted to give advice, and letters of introduction. We have yet to receive the first show down of gratitude from our American brethren for such courtesies extended to them. Upon one occasion a homeopathic medical man (dermatologist) appealed to us for some letters to brethren abroad. We gave these to him and also gave him
over an hour's time filled with practical points. So far as he is concerned we do not know that he ever left home; we did hear, however, from Dr. Leon Simon of Paris, and some others elsewhere, that the letters had been presented and the presenter had been cordially met and welcomed. This o'er-grateful dermatologist though a Clevelander and presumably of fair memory, after profiting by our kindness has never since been in our office. Well, well, the next medical man from Cleveland who comes to us for letters or other information touching foreign travel will find our usual hospitable latchstring firmly nailed down on the inside of the door.

—The Cleveland Medical and Surgical Reporter for January, 1905, notifies the profession that Dr. J. D. Buck has retired from the Deanship of Pulte College, and that Dr. C. E. Walton has been advanced to that greater eminence. We publish this interesting item, because it is so very new, and because we wonder why the printerman kept this item in cold storage for so long a period.

—In a statement of the doings of a medical society, told in the third person, the editor says that a certain medical man made a "verbal report." Well, we supposed that was the usual word in which reports are made, verbally—in words. But why was it necessary to emphasize this procedure? How else could he have made it? With his fingers, or toes, or the back of his neck? This sapient Sir Penpusher possibly meant an oral report.

—We learn that Dr. W. H. Phillips has been added to the editorial staff of the Cleveland Medical and Surgical Reporter and that henceforward "the Reporter shall be better" and so forth. Why Richey Horner should, in this unhappy manner depreciate his own labors for this journal, since he has revamped and rehabilitated it, is matter for conjecture. Is the persistent rumor a fact after all, that some trouble has lately been encountered in the box-office of this journal, and that this is a gradual and merciful way of cutting the dog's tail off—by inches? The College people will travel a far distance before they will find another man as capable as giving their journal so polished a style of English, so well-selected a grist of medical news, and so loyal an adherence to the best interests of that College, as Horner has done. Dr. Horner and ourself have not always hitched on editorial and college matters; but no one has been more cognizant of the talent and ability in that editorial chair than this present writer. We do appreciate an honest and ambitious pen even though we may not agree on the matters discussed. We know nothing of Dr. Phillips as an editor. He may and he may not be the superior of Dr. Horner. We will wait to see. But meantime we stand up for Richey Horner and his hard work to carry along a journal that has received more kicks than kisses from the faculty of the college itself.

—Anyone who thinks that Frank A. Ruf is asleep had better change his mind. Since his return from Europe he has been at his desk and so distant treadmill night and day picking up the threads of the business quite naturally tumbled down during his absence. He has just about caught up with his flour barrel full of mail. And Antikainnia, despite some opposition, is holding its own, and making new friends every day. And considering how many years it has been before the medical public, and how almost infinite has been the number of headache and pain powders "just as good" it is really remarkable the success that has come to Ruf and his product. It proves that he has something the profession wants, and that nothing else can displace.

—The American Review of Reviews, an always welcome friend, which comes to clarify the air of the vague rumors and reports of the past month and gives us facts, is before us for February. It handles the Russian question with rare good judgment and ability—as it does all things else that it touches; and it has an able paper on street car fare—a subject of particular interest to us in Cleveland just now, as we are lending our countenance and good will to a fare perpetrated by the local electric railway under the title of "Three-Cent Fare." Other articles too numerous to mention in a brief notice like this fill up the measure of its usual monthly excellence. The Review is one of the most welcome magazines that reaches our editorial and family table.

—Our learned brother of the Medical Visitor comes to the rescue of the "wicked college professors," whom he, our friend and brother, affects to believe, we have severely maligned. If he will use that one little and sometimes insignificant word "some" we will fain grant him some measure of right. We have gone after "some" alleged homeopathic professors for their bad example and bad teaching, and may be tempted to go after "some" others. Bro. Dale makes a special plea for those "some" professors in our homeopathic colleges who are sending their sons and students to old school colleges. It would seem as if there could be no reasonable excuse for such unreasonable performance, but the Visitor editor finds a large excuse for these oblique doings in that the said sons and students are better taught in the old school than in the homeopathic colleges. That ought to be answer enough, don't you think? But he makes it with every semblance of soberness and seriousness. For the rest,—when his excellently written article is stripped of its Macaulaysis—its profusion of rose-leaves—and in this our brother is an adept—the argument veers to our side of the fence clear and "purely." If he has read the symposium which Bro. Strickler has furnished in his December and January "Progress" prepared by some of our modern homeopathic college professors he has noted that each such college professor admits the
homeopathic apathy and discontent, and each gives a new definition for the said aforesaid disinterest,—except the right one. We fear Bro. Dale's view of the college question is not from an unbiased standpoint; and that even if he dared to see clearly his wicked partners, who print the magazine and pay the freight generally, would not permit him to talk out in meetin'. However, we shall await with interest his next article, which we are informed, will tap us on a new point.

—The regular semi-annual meeting of the Homeopathic Medical Society of South Eastern Ohio was held at The Hotel Warden, Newark, Ohio, Thursday, January 26, 1905. The officers of this society are: J. B. McBride, M. D., Zanesville, President; Harry E. Hunt, M. D., Newark, Secretary. Papers were read as follows: "Medical Inconsistencies" by E. P. Cook, M. D., Granville; "The Sym pathetic System," G. D. Arndt, M. D., Mt. Vernon; "Adjuvants," W. M. Baldwin, M. D., Newark; "The Treatment of Chronic Nephritis," Dr. McGee, Chandlersville; "Chronic Suppurative Inflammation of the Middle Ear," B. I. Barbee, M. D., Columbus; "Carbuncles," J. A. Mitchell, M. D., Newark; "Acid and Alkaline Babies," L. A. Jackson, M. D., Columbus; "Materia Medica Melange," C. A. Schulze, M. D., Columbus. Those present were: Drs. S. F. Edgar, W. G. McGee, J. B. McBride, Martha A. McBride, of Zanesville; W. B. Carpenter, M. P. Hunt, C. A. Schulze, L. A. Jackson, B. J. Barbee, of Columbus; G. D. Arndt, Mt. Vernon; R. B. Woodward, Somerset; E. P. Cook, Granville; J. A. Mitchell, H. E. Hunt, I. N. Palmer, I. H. Robb, S. D. McMure, W. M. Baldwin, Newark.

—The Harvey King History of Homeopathy seems like to have some hard and knotty sledding out in the West. In Kansas City, for instance,—we learn that a number of homeopaths refused to participate in the History to the extent of either subscribing or furnishing salient historical points, unless a certain other homeopath was also included—which the agent had not intended to do, basing his decision upon information received elsewhere. Harvey King will find, what every historian has found from Herodotus on down, that a history of the living is one of the most delicate operations that man can engage in. The Kansas City muddle is a pretty thick sort of a muddle by the way. We would like to suggest that K. C. Homeopathic college do the Chicago Homeopathic college act and permit itself to be amalgamated by the St. Louis college for "the good of the service." If there was no pressing need for two such homeopathic colleges in Chicago as the Hahnemann and the Chicago in a field notoriously homeopathic, then there surely is no excuse for the continued existence of the K. C. and the St. Louis schools. Get together, boys, and wipe out the K. C. affair, in amity and goodwill.

—St. Nicholas gives the first of a series of "Pinky Perkins" stories the author of which is Captain Hammond, a West Point graduate, who served in the Philippines and was also a member of the expedition for the relief of Peking from the Boxer rebellion. The story reads very cleverly and is a treasure for the young.

—Here is an extract from the letter of a prominent homeopath—one who did not contribute to Stricker's symposium,—and which seems to be a pretty general opinion touching the teaching in some homeopathic colleges:—"It seems to me that faith in the homeopathic remedy needs shaking up a little, and if you could get a dozen or so good homeopathic doctors to publish an occasional experience with the indicated remedy it might serve to brush up us fellows. It would be especially good for the recent graduates who hear so little of homeopathy during their college careers, that I have seen several who could not tell what homeopathy meant, much less define the law and principles represented on their parchments; who never even heard of the Organon."
We are notified that Dr. Augustus Korn-derfer, of Philadelphia, has married Mary Miller Jones of the same city and will be at home at 1728 Green. Our sincerest congratulations to both high contracting parties.

It gives us great pleasure to say that Martha Allen Goings, M. D., is Secretary of the Board of Health of Red Kev, Ind. There is but one other woman health officer in the State. Good for old Indiana! And congratulation to Dr. Goings.

Eugene H. Porter, A. M., M. D., the learned editor of the North American Journal of Homeopathy, is candidate for the office of State Commissioner of Health of New York. We hope he may be successful in his aspirations for we know of no man in or out of the profession more genuinely competent and capable of filling this exalted place than Dr. Porter.

The Cleveland Homeopathic Medical College has met with another severe loss in the death of Judge Henry White, President of its Board of Trustees, who died suddenly of heart troubles. Judge White was an exemplary man, citizen, lawyer, and judge. He was as nearly a true Christian as men are built in this strenuous age. He was beloved by all and his untimely taking off deeply mourned.

A Doctor's Race was an amusing feature of the closing day of the Georgia Fair last October. The twelve physicians who took part in the contest had their horses stabled nearby and were themselves undressed and in bed. At the stroke of the gong they had to dress, hitch the horses to their vehicles, and drive one mile to a supposed patient. The race was won by Dr. M. D. Rudesell. Dr. T. H. Elder was second and Dr. A. P. Hunter third.—Medical Times.

The Ohio State Reformatory at Mansfield is under the care of a first-class homeopathic physician, Dr. S. P. Eckl. He reports that for nine years ending November 15, 1904, the mortality rate with average population as a basis was 3.4 of one per cent. That is certainly a wonderful report and Dr. Eckl deserves the best encomiums of the homeopathic profession for his successful work. During the year ending November 15, 1904, there was an average population of 663, 92 were admitted to the hospital, with three deaths.

The Medical Counselor has taken to itself a new cover, a new publisher, and a board of editors. The publisher from his own full-page ad. with half-tone portrait seems to be an expert in hospital building, and is editor of another journal, The National Hospital Record. There can be no question of the personal conductness of his journal, if he also wrote the ad. in the Counselor. The former physician-editors bow themselves out, alleging their increased professional labors in extenuation of such step. So that there is some merit in being merely a parish practitioner, where the work is not overtaxing, thus leaving us a great deal of spare time in which to work at editing our little journal. We hope The Counselor will continue in the medical fold, for under Steve Knight it was a power for good. Which reminds to wonder what has become of the American Medical Monthly?

There was a young medic named Tate, Who dined with his girl at 8.08; Will Kraft please relate— For Fate doesn't state— What Tate with his tete-a-tete ate at 8.08?

The French old-school profession has now discovered that insoluble metals may be made so fine by trituration that they will become most powerful medical agents, notably gold, silver, iron, and the like. It is pretty nearly time for some other medical savant of that same classical old school to discover the value of hepia sulphur and of ipecac in minute doses.

A contemporary copies an article descriptive of the court proceedings in the matter of a patient waking from her iridescent chloroform dream with a sponge sewed up in her inards. We call attention to this merely to say that the sewing of a sponge into an open abdomen must be a proceeding of some years past since sponges are no longer used in America, or else it would be the technique of one of the ancients in the backwoods. But the article is saved by noting that it refers to an English surgeon, and to an English court, and is of some time ago.

Dr. H. C. Allen writes that Hering College has purchased the property of the late lamented Chicago Homeopathic Medical College because of its good building, its proximity to the Frances Willard Hospital, and because of its hospital and clinical advantages. Strict homeopathy à la Hahnemann will now be taught in this building. The principles and practice of Hering will continue the same, only the location of the plant will be changed. Now, see here, you benevolent assimilationists—you who amalgamated because there was not room for two homeopathic colleges in Chicago, what answer will you give Hering C. Allen and his Hahnemannian crew, when they enter your recent abode, fill its halls with Hahnemannian homeopathy and make it a success? Would this tend to prove that the reasons you published to the world were not the only reasons you had up your sleeve for engaging in this diverting lion-and-lamb exercise? Out with the murder! What was the real for sure cause of your selling out to Hahnemann? Of course, if your confession might tend to incriminate you, you will continue silent. And who was the old-school graduate who wanted to be President, and when Cowp. wouldn't hear to that, picked up his rag-dolls and things and went home, saying you were all mean things, and he would never again play in your alley?
—Dr. C. Zbinden, of Toledo, says in Medical World that he has been using aesculus hippoc., for years for removing pain from irritated hemorrhoids, and uses it internally alone. He puts ten drops of the tincture to three ounces of water and gives a teaspoonful every hour or half-hour. He has also used rectal suppositories containing aesculus either alone or in combination with hamamelis and collinsonia.

—The new Eclectic Medical Gleaner is a "beaut." for fair. We have not so far had the time, nor could we always find our paper-cutter to cut the leaves in order to see what they contained. And that same deplorable habit of uncute leaves, (which is a habit contracted and sustained by our great English homeopathic contemporary, the Homeopathic Review of London) is an abominable one. True, if a man take but the one journal, and lays it aside lovingly and tenderly for after-tea reading until he puts on his hand-worked cloth slippers and smoking jacket and presents his tired pedal extremities to the sizzling flames, it is all right. But for a busy medical man and editor, whose paper-knife is usually at the other end of his office, or not anywhere in sight, the appearance of an uncute-leaved magazine mars because it delays his anticipated pleasure and more often he throws the journal aside until he can find his paper-knife, unless in a moment of petulance he introduces his index-finger and rips the pages full of unseemly gaps. But, for a moment, why uncute leaves? What's the special virtue? The popular (literary) magazines contend that it is done so as to provide uniform margins when binding the journal at the end of the year. But where there may be a dozen libraries who do this desirable thing, binding the journals at the end of the year,—there are several hundred, or possibly a thousand individual subscribers, who do not bind their journals, and who do want them with cut leaves, so they may eat their buckwheat cakes and sausage gravy with one hand, while reading with the other. However, from what we have gleaned in such few open pages of the Gleaner thus far, we say gladly that the journal is a fine one, a great credit to that school of medicine and to general medicine itself. Especially interesting is that reprint of a visit to the quinine forests. N. B. We will take ours uncute. Thank you!

—Medical Times contains an article headed "A Lesson In Courtesy," from which we take the following:—Dr. X, a man of some prominence was called in consultation to see a telephone girl who was suffering from typhoid and who had been in a condition of stupor, not even recognizing members of the family for some hours. Neither the patient nor her family knew Dr. X by sight. Before Dr. X even saw the patient, she was aroused from her stupor by hearing him speak in the next room. "That voice! Oh! that dreadful voice!" shrieked the patient. "I know that voice, that is Dr. X. Take him away!" Not to attempt an exact reproduction of the melodramatic scene that ensued, the patient became so violent that it was impossible to hold the intended consultation. On inquiry, it was found that Dr. X was well known, by reputation, to practically all of the telephone girls, and that those who worked on his part of the switchboard were well acquainted with his voice and his vocabulary. The patient, who had been especially exposed to his abuse, had for some time been on the verge of hysteria on account of it.

Most of us know the sins of commission and of omission of a telephone switchboard, and many of us feel that the Telephone Co., rather than ourselves, will have to answer for the profanity that it has caused. We are inclined to condone an impersonal Damm, with no definite subject nor object, but not even poor instruments and inattention justify a man in personally and objectively swearing at a woman, much less in using language that a decent woman would not repeat to save herself from further insult.

—The Metropolitan Hospital of the city of New York has twenty-two resident physicians. Its competitive examination, open to all graduates in medicine, for the fifteen services of eighteen months each, commencing in June and December, 1905, will be held on April 28, 1905.

Applications should be addressed to Edward P. Swift, Chairman Committee of Examination, No. 170 West 88th Street, New York City.

This hospital has over 1000 beds, and gives unusual opportunity for experience in surgery, gynecology, genito-urinary diseases, neurology, dermatology, physical diagnosis and general medicine, and homeopathic therapeutics.

—The Century Magazine with all its wealth of story and picture comes to our desk and reception room table with agreeable regularity. We have a number of other magazines for our waiting patrons, but we notice that the Century is most frequently off the table, lying on a chair or in the window seat where someone was last reading it. Truly what could be done without this excellent periodical? There are many with more pictures, and with more two-by-four stories; but for real, genuine satisfaction, for stories that leave a good taste in the mouth, commend us to the Century. Andrew White’s reminiscences give us a first-class portrait of the present Emperor of Germany, who, like the rest of us commoner clay, and despite his exalted rank, is growing old.

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. CHATTERTON & CO., Publishers.
Why I Give Preference to Buffalo Lithia Over All Other Mineral Waters.

BY VALEMAR SELLO, M. D., N. Y.

While a student in Bellevue Hospital Medical College some fifteen years ago, such frequent reference was made to Buffalo Lithia Water by the teachers and lecturers in the various departments of that institution; that when I began the practice of medicine, I regarded that water as one of our most valuable therapeutic agents.

Many years of practice have but served to confirm this high opinion of its virtues.

In the earlier years of my practice many old "chronics" fell to my lot as in the experience of every beginner. Many of these cases were the victims of chronic articular and muscular rheumatism, and gout, who "had been the rounds of the doctors" who had put them through the usual course of salicylates, iodides, etc., with indifferent results.

From the very beginning I put these cases on Buffalo Lithia Water, instructing them to drink it freely day and night—" as much as they could hold." Some of them drank a full half gallon in every twenty-four hours. The only other treatment was an occasional laxative with specific directions as to diet and exercise.

As the specific action of this water is a little slow at the beginning of its use, I had considerable difficulty in keeping some of my cases "up to their drink."

The results in this class of ailments were all that could be desired and I soon found my waiting room filled with a most desirable class of patients.

The excellent effects of Buffalo Lithia in rheumatism and gouty conditions seem to be due to its diluting and eliminating properties. It seems not only to eliminate from the system all traces of uric and lactic acids, but it also prevents the formation of these substances by "beginning at the beginning," and correcting all errors of digestion and assimilation. In fact its action evidently extends throughout the alimentary tract as well as to the liver, kidneys, and skin.

Its decided action on the stomach and its secretions, as is evidenced by its excellent effects in gastro-intestinal dyspepsia, should secure for this water a high place in the estimation of the intelligent practitioner. It neutralizes excess of acid secretions before and during the taking of food, and in the various stages of digestion, thereby rendering the latter physiological process easy of accomplishment.

It also undoubtedly stimulates the secretions in the alimentary tract immediately below the stomach thereby augmenting intestinal digestion and assimilation.

By the employment of no other therapeutic agent have I been able to secure such permanent and lasting benefits in renal, hepatic and urinary calculi, as by the liberal use of Buffalo Lithia Water. These calculi seem to become porous, break down or disintegrate and pass out through their normal exits under the action and influence of this water.

Indeed I have had many cases of urinary calculi, where it seemed nothing short of the knife promised relief, yield promptly to this water and pass via the urethra in the form of fine sand which could be detected only by a most careful examination.

In these cases the irritation and inflammation due to the presence of calculi in the bladder rapidly subside and leave the patient wholly comfortable and able to enjoy a much-needed and most refreshing sleep.

Equally satisfactory results are also secured by the free use of this water in the most violent attacks of kidney colic. I always urge my patient to drink freely of the water, as hot as he can take it, in the earliest stage of attack; the kidneys are quickly flushed, the parts are gently relaxed and the calculus is soon forced from its lodgment in the ureter and carried into the bladder when it is rapidly disintegrated and soon voided.

In catarrhal conditions of the bladder, whether due to calculi, gonorrhoeal or catheter infection, or other causes, I have found Buffalo Lithia an indispensable remedy; in fact I give it the preference over all other therapeutic agents and it never fails me.

It quickly relieves the distressing symptoms,
such as irritability and tenesmus, and enables the organ to throw off and expel any pus, calculi or other detritus which may be present and responsible for the painful disturbance.

In Bright's disease it seems to give relief by its gentle but positive action on the kidneys, promoting a flow of urine and carrying off drop-sical effusions. It diminishes the quantity of albumin and the number of granular and hyaline casts and gives tone and energy to the kidneys, thus affording positive relief to the patient. And while I am not prepared to state positively that it will cure this disease, I am satisfied that it would in many cases, if administered in its early stages, arrest it entirely and prolong the life of the patient for many years.

In the albuminuria of pregnancy I have used Buffalo Lithia with remarkably good effect. It is my habit to give the water freely during the last half of the gestation period and thus ward off albuminuria, but if I am asked to take charge of a case in, say the seventh or eighth month and find albuminuria present, I proceed to administer the water in liberal quantities and keep it up until every trace of albumen has disappeared. In this way I always avoid puerperal eclampsia and bring my patient through a safe and easy delivery. Under no other conditions in the practice of medicine is it more important to resort to preventive measures and agencies than during the period of gestation and confinement, hence I would urge my professional brethren to see to it that Buffalo Lithia water is kept in the home of every pregnant woman and freely used by her during this important period. Not only will it insure her against puerperal eclampsia, but it will also prevent the nausea and vomiting of pregnancy and many of the smaller ills peculiar to that interesting period.

The extraordinary therapeutic and eliminative value of Buffalo Lithia in typhoid fever has long been appreciated by the medical profession in this country. I am not prepared to say whether the water exerts a germicidal influence in this disease, but we do know that it soothes the inflamed glands and holds the temperature in check while the process of repair is facilitated throughout the length of the small intestine. It also allays thirst and stimulates the kidneys, skin, and other excretory thereby ridding the system of the many waste elements peculiar to this disease. I always allow my typhoid patients to drink this water ad libitum.

In the earlier years of my practice I learned the value of Buffalo Lithia water in pneumonia, having been taught to administer it, with fresh milk, for the purpose of nourishing and sustaining the strength of my patients throughout the entire course of this distressing and trying malady. It seems to assuage thirst and control the temperature, as in typhoid. I find that the good effects obtained by a liberal use of this water, in the various conditions which I have attempted to describe, are permanent and lasting.

**Advantages of the Active Principles.**

Hare in Practical Therapeutics says: “If a census could be made of those who die annually from the use of drugs, which are impure or useless from weakness, the writer believes that a most alarming array of figures would be presented. For many years this was unavoidable, because our knowledge of the active principles of drugs was deficient. At present these difficulties have been largely overcome.” Speaking of variability in preparations, one sample of tincture of nux vomica contained twice as much strychnine and brucine as it should, and had twice as much solid residue. On the other hand, a tincture of nux vomica contained only a trace of alkaloid but had much inert solid residue. “All these disadvantages may be avoided by using assayed goods, or the physician should employ the alkaloids in pill form. A poor drug to the physician is worse than a rusty knife to the surgeon.”

Is it not a logical deduction from this arraign-ment of the usual crude galenics that the active principles should be adopted in the case of every drug where the active principle has been isolated, and if these active principles represent definite and pure preparations, should there not result from their use, accurate, definite, constant results?—Allbright’s Office Practitioner.

If you are interested write for a complimentary copy of Abbott’s Alkaloidal Digest, a 300-page review of Alkaloidal Therapeutics, giving much good and thoroughly reliable information on a great number of the active principles with clinical applications. Address, The Abbott Alkaloidal Co., Ravenswood, Chicago, Ill. Mention this journal.

**A Case for Fine Discrimination.**

The selection of suitable apparatus for treating affections of the ear, nose, throat, and lungs
is a matter that demands the careful consideration of every practicing physician, because of the great prevalence and seriousness of this class of cases. Nebulization has come to play a very important part in this branch of therapeutics, and rightly so, as it is based on the correct principle of applying suitable medicaments directly to the parts involved.

There are various styles and makes of Nebulizers on the market. They all have certain features in common, but some of them have distinctive features of their own which require a nice discrimination when selecting an outfit of this kind.

We will not presume to mention any particular make of Nebulizer, but will refer our readers to a little pamphlet entitled "Nebulization and Allied Methods," from which valuable suggestions can be obtained. This pamphlet can be had from the Globe Manufacturing Co., of Battle Creek, Mich.

*The Treatment of Tuberculosis.*

The beneficial results obtained in the treatment of this dreaded disease by the use of Dr. Shiley's Combined Serums, manufactured by The Merrill-Hall Co., of Chicago, is the best indicated by the many unsolicited clinical reports received. The product above referred to is not a secret remedy and the formula is plainly set forth on every package. The manufacturer will gladly send sufficient samples for clinical experiments. A typical case as reported by Dr. Evatt is interesting and worthy of note.

R. E., age 28, American, born of Irish parentage, a man of good family and personal history, developed tuberculosis after an attack of typhoid fever in August, 1903. In the beginning of September his sputum became loaded with tubercular bacilli. I sent him to a nearby sanitarium, where he remained a month and returned to me, as he was not benefited by the treatment. He grew gradually worse until November; became terribly emaciated and seemed about to die. On November 18th I first heard of Dr. Shiley's Combined Serums and at once commenced treatment, exactly following directions. The expectoration in four weeks' time was reduced to about one ounce or less in twenty-four hours, the previous amount being six ounces from morning to noon. On December 30th the tubercular bacilli had diminished very considerably, and on January 7th there were very few in the fields. At the present writing he feels comfortable, sputum and cough diminished, color in face very good, lips, cheeks, and ears red. He has no complaint whatever to make and eats heartily. I am thoroughly convinced as to the efficiency of the treatment.

William Evatt, M. D.,
Chicago, February 11, 1904

This report is only one of many received setting forth the beneficial results obtained by the use of Dr. Shiley's Combined Serums.

*Cleanliness in Catarrh.*

Dr. Edwin Pynchon, in an article in the *Annals of Ophthalmology and Otology,* calls attention to the widely varying formula of Dobell's Solution given by different authors, and incidentally mentions what is a really practical question in the treatment of naso-pharyngeal catarrh.

Numerous preparations are widely advertised as adapted for cleansing purposes in the nasal cavity, and are possibly of real merit, but the price asked for the product is so exorbitant, that to people of moderate means the expense is a serious factor, while to the poor, it is beyond their purse, and in each case, after the prescription has, perhaps, been filled once, they cease its use, and go back to the home remedy of salt and water of varying strength, and usually with disastrous results.

The Seiler's tablets, made by different manufacturers, also vary in strength and composition, and our experience has taught us that several of those on the market cannot be used without causing great smarting, and even pain.

The fluid used in cleansing the nasal cavities in both atrophic and hypertrophic rhinitis, should be of about the specific gravity of the serum of the blood, and that is acquired in the solution advised by Dr. Pynchon, which is as follows:

- R: Sode Bicarb. .......... 2 ounces
- Sode Bichor. ........... 2 ounces
- Listerine (Lambert's) ... 8 ounces
- Glycerine ................ 12/4 ounces

One ounce of this formula added to a pint of water, yields a bland and pleasant alkaline solution with a specific gravity of 1.015.

The addition of the Listerine takes the place of the carbolic acid in the original formula, and is a decided advantage, as it imparts a pleasant taste, and is quite as efficacious as the acid.

The common use of Listerine and water should be superseded by the addition of the alkaline solution given, and in the preparation thus made, we
have all the advantages of any cleansing agent, and it can be furnished at a price commensurate with all pockets.

A Case of Pneumonia Following Severe Typhoid: Recovery.

J. B. W., white, male, age 30 years, was recovering from a severe case of typhoid. On the 36th day his temperature was normal, on the 39th day it again began to rise and in a few days had reached 104.5°; the pulse 140. A severe cough and consolidation of the right lung told the story of a complicating pneumonia. After the long and severe drain upon his resources incident to the typhoid his condition presented a very alarming, not say, desperate situation.

Counsel was called and it was decided that his only hope lay in the generous use of Antiphlogistine. A "large" package was secured and heated by placing the sealed can in hot water. The temperature of the room was brought up to about 80°, a cotton lined cheese-cloth jacket open upon the shoulders and in front was prepared and warmed. Uncovering the patient's thorax, Antiphlogistine as hot as could be borne was spread upon the skin about one-eighth inch thick over as much of the thoracic walls as could be reached (back, front, side and over the shoulder.) This was covered with the jacket. Turning the patient over, the other side was dressed in the same way. The jacket was then drawn together over the shoulders and down the front with stout thread. It is proper to say the entire contents of the 34 1-2 oz. package (Large) was used for one dressing.

The effect was surprisingly prompt. In a few hours, the temperature had declined to a point of safety and the pulse to 120. A similar dressing was applied fresh every 24 hours. The improvement was steady and marked and in six days the patient was again convalescent, thanks to Antiphlogistine.

The brilliant outcome in this case taught me the importance of careful attention to detail in the use of Antiphlogistine. Like everything else worth while it must be properly used if the best results are to be obtained.

From a correspondent in Florida.

Ichthyl in the Rebellious Vomiting of Pregnancy.

It is nearly ten years now since Dr. La Torre reported the excellent results he obtained in ob-
stinate vomiting of pregnancy by the application of ichthylol-glycerin tampons to the cervix. This same method has recently given Dr. A. Bettazzi most remarkable results in a severe case of pregnancy, where the patient had an ulcerous cervical metritis with rigidity of cervix. Tampons saturated with a 10 to 20 per cent. ichthylol-glycerin solution were applied to the cervix, with the result that the vomiting disappeared immediately and did not return during the entire course of the pregnancy.—La Sem. med., 1904, No. 43.

Items of Interest.

—After the removal of alcohol, Celerina, given in doses of from one-half to one ounce every four hours, is speedily followed by the most characteristic symptoms of improvement.

—"You write your first name very well indeed, Miss Piukio," criticised the writing teacher, "but you make a sad botch of the 'Johnson' part of it."

"What is the difference, Mr. Spencer?" asked the pretty girl. "I expect to change the Johnson part of it some day."

—Messrs. I. O. Woodruff & Co., of New York, advertise just three remedies. These remedies are prepared from formulas of old Dr. Fredligh, and they have stood the test of years. They are only three in number, but what an important field they cover! They are a heart tonic, a liver tonic, and a nerve tonic. The ingredients of each are given in the advertisement of this issue. See the advertisement and send for samples; for such is Messrs. Woodruff & Co.'s confidence in them that they offer samples sufficient for ten days' trial, free upon request.

—Tommy (on a visit)—Do your specs magnify, grandma?

Grandma—Yes, Tommy.

Tommy—Do you mind taking them off while you cut my cake?

—One of the most notable features on the Proctor programmes will be the first appearances in New York City this season of the phenomenal pianist, Blind Tom, who years ago astonished the world with his marvelous playing and his accurate copying of the greatest artists. It would be well, perhaps, to give here a brief history of this wonderful man. As most people know, Blind Tom is a negro, born of slave parents in one of the Southern States about forty years ago. He is also, as is well known, an idiot, but for music he has a memory and a feeling which few other men possess, and after once having heard the most difficult composition, even if played by a Paderewski, he will repeat it immediately and accurately, and be able to remember and repeat the same selection years afterwards. He has puzzled the musical as well as the medical world, and his performance is well worth while hearing.
THE American Physician

APRIL, 1905

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

OUR PORTRAITS.

E. L. WYMAN, M. D.,
MANCHESTER CENTRE, VT.

THERE January, '05, Medical Advance comes to
us a trifle tardily, in a chamomilla-like cov-
ered binding, with its imperfect sub-title still
holding sway. It is printed and published so far
from home that we must make allowance for
many typographical errors.

* * *

OUR attention, especially, was attracted to a
paper on "Typhoid Fever: Hemorrhage," by a prominent eastern homeopath, one of the
truly pure kind, and a successful highpotentist.
This case came to the hands and attention of this
narrator on February 4, and was not discharged
until after April 3. The description of the case
occupies nine pages of the Advance, and nine-
teen remedies were used.

We are moved to wonder if it is necessary to
take eight weeks, nine pages of printed matter
and nineteen homeopathic remedies—very high—
to cure what reads like an ordinary case of ty-
phoid fever; and if it does then wherein do the
pure and high differ from the low and heavy,
nay, even the old school itself?

* * *

THERE daily record, if made by the attending
doctor, reminds us of the circuit judge and the
young attorney who played several games of
billiards after tea, in which the young attorney
was so successful and displayed so much skill
that the judge said: "Evidently you are not an
amateur; you must have had lots of time to
play." No very busy doctor, in February or
March of any year, unless comparatively idle,
has the time to keep this minute record of each
case as shown in the printed report.

* * *

THERE rapid changing of the remedies is an-
other moot point. How did he dare do this?
For instance, note the order of succession of rem-
edies used in his case: Nat. m., bellad., sulph., nat.
mur., bryonia, opium, psorinum, china, hyos.,
opium, crotalus, lachesis, lycopodium, cyna, phos.
acid, bellad., petroleum, bryonia, berberis, and
others.

How could he know that a remedy had ex-
hauusted its powers for good when, on a succeed-
ing day, he changed it apparently on some mere
key-note symptom?

* * *

F it be true, as contended by the purists, that
the high potency is more powerful than the
lower numbers, then we marvel that this patient
recovered at all—for the low potency people
wouldn't dare to mix drinks in such rapid and
inelegant fashion.

Finally, how will a careful reading and study
of this case, with its frequent dicrotic pulse, its
Cheyne-Stokes respiration, and its nineteen rem-
edies in eight weeks, help any other homeopath,
student, or practitioner in curing his next case of
typhoid?
Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., Lecturer of Materia Medica and Practice in N. Y. Homeopathic Medical College and Hospital.

References in this department are made by number. (See issues of January or December each year.)

Stellaria Media.

The Medical Forum says: Its field of action is small, but well defined. It produces a condition of stasis and congestion. This sluggishness manifests itself in constipation, coupled with torpidity of liver, stomach and bowels, shifting intermittent rheumatoid pins.

There is no special region of the body where these pains seem to settle, but they may be found anywhere from the tips of the fingers to the great toes or the top of the head. Often they are sharp and shooting; at other times they are dull. They may increase slowly and then stop suddenly, only to reappear sooner or later. Extremities may be cold or warm.

These conditions are usually acute. Therefore, we may expect to find the symptoms of malaise, lassitude, constant sleepiness, great irritability, chilliness, tired, sore feeling, as though there had been over-exertion. Headache usually goes with such conditions. We find it here. It is as varied as the rheumatoid symptoms. It may be supra-orbital, located in the temples, or spread over the whole head. The pain may be dull, sharp, throbbing, cutting, or as if caused by a tight rubber cap. Dizziness is a symptom in many cases, associated with faintness.

Nausea, loss of appetite, perverted taste, thirst for small quantities of water, frequently repeated, soreness of region of stomach and liver, gripings in the intestines, are symptoms often found. All symptoms are apt to be worse in the mornings. Tobacco fumes, warmth and rest also aggravate. Motion, fresh, cold air, eating and pressure often relieve. Always better in the evenings. Persons inclined to be sluggish are most easily affected by it.

So far this remedy has mostly been used in potencies from tincture to the third. Clinically, it has been used mostly in rheumatism and rheumatoid conditions. This seems to be its sphere.

Adrenalin.

According to Dr. Jousset, adrenalin has, in the healthy man, a constant effect upon the arterial tension. Hypertension is the phenomenon which has been chiefly noted, but there is, no doubt that this hypertension alternates in certain little-known conditions, with an opposite state of hypotension. As yet no experiments have been made upon the different effects of strong and feeble doses, which is to be regretted.

Adrenalin causes diminution of red globules and increase of leucocytes; it produces, therefore, anemia. Glycemia and glycosuria are also produced by it, and it has caused the classic lesions of chronic aortitis. It is known, moreover, that deprivation of adrenalin, in consequence of destruction or disease of the suprarenal capsules, produces a pathological complexus of symptoms differing from, and in some points opposed to, the above. Adrenalin has, like thyroidin, a double therapeutic action; it either offers to the organism the adrenalin which is lacking, as in the treatment of Addison's disease—that is, opotherapy—or it influences the course of diseases by the therapeutic properties which experiment has taught, and in this case its indications ought to be determined by the law of similars. It should be added that the knowledge of the action of adrenalin upon the healthy organism still presents too many lacunae for us to give absolute rules for its employment as a drug in the treatment of disease.

According to the law of similars, adrenalin would be indicated in arterio-sclerosis, and particularly in aortitis, in anemia, and perhaps in diabetes. Guided by this law, Jousset has been employing adrenalin for several years, and the preparation which he prefers is the hydrochloride in the sixth decimal dilution. He relates a case of extreme chlorosis treated by adrenalin, where the asthma was so great that the patient could hardly rise to make her bed. The anemia was profound, and the menses had been absent for several months. Anorexia and dyspepsia were so marked that nothing but liquids were tolerated; there was obstinate constipation, great depression of spirits, and a highly nervous condition. Previous medication had been without result; the most that had been achieved from time to time was the ability to digest a little solid food, or the diminution for a time of the constipation. On May 26, 1902, treatment by adrenalin was commenced, and the drug was prescribed as follows: Four grams of the 6x trituration were divided into sixteen powders, and the patient took one of these every fourth day. This was continued steadily for three months, when the patient testified to a general improvement. The dyspepsia, above all, was relieved, and the patient began to eat and to put on flesh. The treatment was continued, but the drug was now given every day, the dose remaining the same. Improvement became more marked, and at length, on January 26, 1903, eight months after the commencement of the treatment, the menses, after being absent for several years, reappeared, and have since been regular. The constipation is less, the stomach has resumed its functions, and the patient has begun to walk out, and strength is gradually returning.

Jousset has also given the drug to a child, the subject of hemophilia. The child belongs to a family where all the boys are hemophiles, but not the girls. He takes adrenalin for a fortnight, and then rests for a fortnight. Since using the drug, though he still has ecchymoses, there are no true hemorrhages. Within the last few months Jousset has begun to prescribe adrenalin for arteriosclerosis, and records the case of a gouty patient...
of 55, subject to frequent crises of angina pectoris, for whom iodide of sodium had done nothing. Since adrenalin was commenced the crises have entirely ceased. In two patients, the subjects of chronic arthritis, he has obtained very notable amelioration by the exhibition of this drug.

The Care of the Heart in Typhoid.

Dr. Geo. Royal29 does not accent the usually lauded treatment such as strychnia, caffeine, alcohol and digitalis; but finds that remedies like bryonia, phosphorus and arsenicum album are quite capable of taking care of the cardiac weakness. It sounds odd that the author has not found, in a single case, where the heart was previously healthy, any tendency toward cardiac weakness when the patient has been carried along upon bryonia alba. We shall be willing to accord to bryonia a prominent place in the treatment of any of the cardiac inflammations that are likely to arise during typhoid. Experience places it at the head of remedies for endocarditis, pericarditis and such heart ailments, the result of the specific toxemia. When there has existed, previously, some cardiac weakness or disease, or where we are dealing with a more positive character of degeneration, it is likely that phosphorus or arsenicum will prove to be more effective. Dr. Royal sometimes uses the phosphorus compounds, such as kali phos., strychnia phos., or even ferrum phos. It is, of course, noticeable to those who observe, that the physicians who reduce temperature by acetanilid and very cold baths, combating the resulting depression by alcohol and strychnia, are much more frequently brought face to face with serious cardiac weakness than are those physicians who fear to practice this fast and loose therapeutics. Fortunately, the fad for depressants is passing away.

Arsenicum In Typhoid.

Dr. Jousset31: Arsenicum (6-3) tritur. is the chief remedy directed against the high temperature; it corresponds to a severe state, the pulse is small and weak, very frequent, at times irregular, very frequently the face is pale, with an expression of mental alienation; there is great prostration, with trembling of the limbs, tendency to heart failure, very rapid emaciation, anxiety, restlessness. In this condition, instead of the usual delirium, there is typhomania, a mixture of stupor and delirium, with a murmuring of unintelligible words, the mouth is dry and covered with crusts, the tongue is leathery, and the patient has difficulty in putting it out; gnashing of the teeth, unquenchable thirst or absence of thirst; stools dark green, very fetid and copious, frequently discharging spontaneously. The urine is retained, or passes off involuntarily. This is the complete image, dominated by arsenicum.

Lysol. A Case of Poisoning.

Reported by Dr. Schwarz.32 A healthy man of forty-seven drank by mistake a mouthful of commercial lysol. Immediately afterwards he took some milk, but a very few minutes later he began to stumble about, and was at once put to bed. Half an hour later he was seen by the doctor who found the usual appearances of a caustic poison on lower lip and gums. The patient was somnolent, but could still tell what had happened. Fifteen minutes later the stomach pump was used and by this time the man was unconscious, the face pale and the conjunctiva reddened; corneal reflex was present, pupils moderately dilated, pulse somewhat quickened but regular; loud snoring respiration; the whole appearances were those of a severe debauch. The stomach was washed out with 15 liters of water, and after half an hour the patient woke up, and except for the pain in the mouth and stomach, felt quite well. He had no remembrance of anything that had occurred after the first symptoms came on.

Causticum Points.

Unconscious of passage of stream of urine.
Useful in paralysis of bladder from overstrain of organ.
Urine escapes involuntarily when coughing or making misstep.
Cough is relieved by sip of cold water.
Patient is absent-minded, forgetful, anxious, fearful, irritable.
Symptoms are aggravated in dry cold weather, ameliorated in wet weather.

Worth Remembering.

A lady had a feeling that the vertex of her head did not belong to her, and as if she could lift it off. It felt as if separated from the rest of the head. This symptom lasted fourteen days, and was relieved within two days with one dose of theridion.

Sepia has a morbid desire for vinegar. Blood passes from the vagina after coition.

Objects appear oblique; has been cured by stramonium.

Aurum 12 cured a pain in the eye which was relieved by blowing the nose.

Man must have his wife in the room all the time. Afraid of being alone day or night, was cured by calcarea carb.

In persistent diarrhea beat up the whites of eight or ten eggs and make emulsion with a pint of water. Give this in divided doses during the day. If insipid in taste add a little anise, lemon, or sugar.

Nine out of ten cases of children's diarrhea curable with calcarea carb.

Mezereum does not cough except when he takes a warm drink.
The Physical Examination of the Back of the Chest.

By H. W. Syers, M. D.

In the examination of the chest it is almost always the front of this region of the body which attracts the lion’s share of the attention. The form and shape of the thorax as seen from the front, the manner in which it moves, and the results obtained by palpation, percussion, and auscultation, are all carefully investigated.

But there is a curious tendency to overlook the back of the chest, to fail to interrogate it in the same way as the anterior aspect of the thorax, and too often this portion of the body is altogether neglected, its examination being entirely pretermitted. This is more especially the case as regards the connection which exists between the heart and the lungs. Over and over again I have noticed that the greatest care is given to the examination of the heart, generally in the somewhat useless direction of the discovery of refinements of murmurs, and yet the bases of the lungs have not been investigated at all, simply through forgetfulness and from want of appreciation of the fact that when the heart fails in the performance of its functions the lung bases are the first to feel the results of this failure.

In many other chest affections the same oversight occurs; it seems to be thought that with the examination of the front of the chest all further necessity of investigating the lungs, etc., is at an end. How very far this is from the fact, and how much which is of vital importance may be overlooked, I will endeavor to point out.

But, further, when the back of the chest is carefully examined, it is not unusual for conditions to be met with the interpretation of which is difficult or equivocal. To these conditions also I propose to devote attention. First, now, as regards the examination of babies and of young children. In them the examination of the back of the chest is of first-rate importance, and it is not going too far to say that, in a very large majority of cases, if nothing abnormal is found posteriorly as regards the lungs, nothing will be detected in front. When examining children I always direct the back of the chest to be exposed first, and invariably carefully examine this region before going further. In very few cases in which no morbid sign is detectable behind do I find it necessary to make a detailed examination of the lungs in front. Much time and a great deal of worry and disturbance may be saved by bearing in mind this fact.

As regards the diagnosis of phthisis, it is by no means as widely recognized as it should be that the careful percussion and auscultation of the suprascapular regions is of paramount importance. It often happens that the most sedulously careful investigation of the apices in front, both above and below the clavicle, leaves the inquirer in some doubt as to the diagnosis, and yet he goes no further. In such cases, in which the symptoms are often not in accordance with the trifling physical signs met with in front, an examination of the suprascapular regions would throw much light on the diagnosis. For it is quite usual to find in this locality heightened percussion, resonance, harsh breathing, prolonged expiration, and added sound—i.e., crepitation at the end of inspiration when nothing of the kind can be detected at the apex in front.

In very rare cases phthisical consolidation commences in the apex of the lower lobe. When this is so the symptoms of early phthisis may be present, and yet the examination of the supra- and infra-clavicular, as well as of the suprascapular, regions may yield perfectly negative results. Should the bases of the lung be overlooked, and I have known this to be the case, there may be much doubt and hesitation as to the diagnosis of the case.

I have just observed that such cases are rare, but unusual though they are, they are met with from time to time. I have seen several such. In old people whose heart-power is gradually giving out it is of special importance to keep a sharp watch on the condition of the bases of the lungs. Not only is hydrothorax apt to creep on in an insidious manner, but more rarely an infiltration of the vesicular structure of the lung itself is observed. The patient is found one day to be less bright and well than previously; there may be slight mental wandering, and the breath is noticed to be shorter. The temperature, however—and this is an important point—is not at all raised; it may, indeed, be subnormal. An examination of the back of the chest will throw a flood of light as to the cause of the symptoms. One or other base, but not both together, will be found to be dull on percussion, and over the dull area, which often extends to the angle of the scapula, bronchial breathing and crepitation may be audible. Clearly the lung base is more or less solid, but not from pneumonia. Probably the
condition is one of acute stasis or congestion, wholly unconnected with fever. This is a state of things which has a very serious significance, and which indicates that the fatal termination is not far off. The possibility of its occurrence is a sufficient justification for the exercise of that watchfulness over the condition of the lung bases to which I have just referred as so necessary in patients suffering from chronic cardiac weakness.

It is not often that aneurisms point in the back of the chest, yet this does occur in the interscapular region when the lesion affects the upper portion of the descending aortic arch, or the junction of this and the transverse arch. I have seen this when no other overt physical sign of aneurism was present. In some cases the pulsation may be somewhat extensive in area, occupying the half of the interscapular region. Hence in weighing the probability of aneurism being present, due consideration must be given to the possibility of its presenting posteriorly.

Not infrequently some complaint is made of pain in the back, and the case is regarded as perhaps one of pleurisy or of muscular pain. On an examination being made, a well-marked zoster is found to be the cause of the painful symptoms. But the most usual physical signs found at the lung bases consist in dullness and deficiency of breath sounds, together with loss of vocal resonance and fremitus. Such physical signs point, of course, to the presence of pleural effusion, yet in young children it must never be forgotten that the physical signs of lung consolidation and of fluid in the pleural cavity are not nearly so differentiated as in the adult. In many cases the signs of pneumonia in a more or less modified form are really indicative of an effusion into the pleura. This dullness and marked bronchial breathing, with no loss, but possibly an increase, of vocal resonance, are quite consistent with the presence of an empyema. This is a most important point, and one which should never be forgotten. It is impossible to lay too much weight on the use of the exploring syringe in these cases. Without exploration it is often absolutely impossible to differentiate between pulmonary consolidation and pleural effusion in children. As the operation is perfectly harmless when judiciously performed, there can be no possible reason why this most valuable means of diagnosis should not be made use of. Both in children and in adults it is perfectly impossible to distinguish between clear fluid and pus except by the use of the exploring needle, and it is the more necessary to employ the needle in all doubtful cases in children on account of the tendency in them for clear fluid to become purulent, the change, as is well known, taking place with great rapidity. But in adults also the exploring syringe should be freely made use of, for without its aid it is often impossible to obtain adequate information as to the nature of the case.

At the present day a tendency exists to attach great importance to the character of the fluid withdrawn, apart from the distinction between clear fluid and pus. I confess I have but little faith in the results which have been relied on. It may be in the future that valuable information will be derived from a careful study of the constitution and the contents of pleural effusions, but up to the present time it appears to me that any conclusions which may be drawn from the examination of the fluid are most fallacious, and far more likely to mislead than to assist. Much more valuable aid is likely to be derived, from the clinical side, from the history of the case, the previous and family history taken in conjunction with the employment of the exploring syringe.

In this connection it should ever be borne in mind that pleural effusion does not occur in healthy conditions apart from traumatism. When a patient is found to be suffering from pleural effusion, and there is no history of blows or accident, or of any very definite symptoms of ill-health, it should never be forgotten that the physical signs may be the very first evidence of pulmonary tuberculosis. Hence a guarded prognosis should be given. And it is useless at this period to attach importance to the results of physical examination at the corresponding lung apex. The pressure of the fluid upon the lung altogether modifies the auscultatory sounds at the apex on the side of the effusion, and in addition heightens the percussion note, so that it is necessary to wait for the absorption of the fluid before giving a definite opinion as to the pulmonary condition. Only too often, however, it will be found that at the corresponding apex signs of consolidation are present, defective resonance on percussion, harsh breathing, cogwheel inspiration, crepitation at the end of inspiration, etc. If the effusion is large, and dyspnea is present and increasing in intensity, there can be no question as to the advisability of removing, at all events, a portion of it. It must be borne in mind that the fluid is every moment compressing the
lungs, and that the organ tends more and more to become bound down, incapable of again fully expanding. Hence irreparable damage may be done to a lung which is already probably more or less seriously diseased.

When the employment of the exploring needle leads to negative results—i.e., when the physical signs are those of pleural effusion, but no fluid can be obtained—it is often by no means easy to determine what is the exact condition which is present. In such cases it is frequently thought that fluid is present, but that it is either encysted or that thickening of the pleura prevents the needle penetrating far enough to reach it. I believe that neither of these views is correct, and that the reason why no fluid is withdrawn is simply because there is none to remove. In the large majority of such cases malignant disease of the lung or pleura, probably of both, is present, and the needle has penetrated a solid tumor.

Not seldom a certain quantity of blood may be withdrawn, which comes from the growth itself, often distinctly well supplied with vessels. Whenever this is the case, the great possibility of malignant disease being in question should be borne in mind.

Now, it might be thought that in cases such as are now being discussed, the symptoms and accessory physical signs would be of such a nature as to enable a diagnosis to be easily formed. But this is far from being the case. It is true that when pulmonary signs and symptoms develop secondarily to what is known to be malignant disease situated elsewhere, there can be but little difficulty in forming an opinion as to the nature of the lung lesion. For instance, if a limb has been amputated for sarcoma affecting some portion of it, and six months or a year later physical signs and symptoms of pulmonary disease appear, there can be no doubt as to the nature of the case.

As a rule, however, malignant disease of the lung commences insidiously, and at the very earliest stage it is by no means unusual for it to assume the appearance of a pleural effusion, pure and simple.

Further, it is a mistake to suppose that malignant disease of the pulmonary tissue invariably gives rise to marked symptoms. This is certainly not the case, and very often there is neither cough nor hemoptysis, nor even a very marked dyspnea. In such conditions the diagnosis of pleural effusion seems still more probable. It is not until some additional symptoms and physical signs, unconnected with the pulmonary system, develop that the real nature of the case becomes quite clear. These additional signs may display themselves as concerns the heart (pericarditis from malignant deposits), the brain (secondary growths), or the abdomen (involvement of the pancreas, or of the stomach, or liver, etc.), and in other ways.

This being so, it is obvious that great stress should be placed on the fact of the presence of signs of pleural effusion when the exploring needle fails to remove any fluid, blood being excepted. My experience of such cases is that a preponderating number are instances of malignant disease of the lung and pleura.

Another, but decidedly rare, lesion in which the physical signs of pleural effusion are simulated is that in which pressure on the root of the left lung induces a condition of the organ bearing a superficial resemblance to yellowish-gray hepatisation. Collapse is, of course, also present, but the resulting condition differs greatly from collapse, which is rapidly induced. The air vesicles become the seat of epithelial proliferation, filling them with epithelial products, and the lung retains much of its volume, and is dense and hard. After a time a considerable fibrosis of the organ results.

The dullness induced greatly resembles that caused by the presence of fluid, and it progressively increases from below upwards. Needless to say, the introduction of the exploring needle is followed by a negative result. This puzzling state of things is met with on the left side, inasmuch as the mischief in most cases arises from aneurismal pressure of the aortic arch on the left bronchus, the latter being in close proximity to the arch, as it is encircled by it. A very small aneurism in this situation may hence act as a very efficient obstacle to the entrance of air, the obstruction being of a chronic nature; and a new growth affecting the mediastinal glands may equally act as a hindrance to the passage of air through the bronchus, the result being the same in both cases.

It is certainly extremely difficult, and it may be impossible, to distinguish between such a condition as the one just described and malignant disease of the lungs. In many cases a post-mortem examination will alone clear up the diagnosis. When the pressure on the rest of the lung is aneurismal, all other signs of aneurism
may be absent; the left recurrent laryngeal nerve may altogether escape, and the pupils may be perfectly equal. Further, the radial pulses are generally quite unaffected. It is scarcely necessary to remark that treatment in this condition is altogether futile, and that all that can be done is to make the patient as comfortable as possible.

On the right side of the chest the physical signs of pleural effusion may be simulated by enlargement of the liver. It is remarkable how closely this condition may resemble that caused by fluid in the cavity referred to. Such enlargement may be due to abscess of the organ, and it does not at all follow that the exploring syringe would strike the pus-containing cavity, so that the result of exploration may still be negative. It is, of course, well known that hydatid cyst of the liver may closely simulate pleural effusion, but the nature of the fluid withdrawn, and the microscopical examination of the same, would immediately make the diagnosis clear, though still leaving the question of the hepatic or pleural origin of the disease undetermined. Pus from a suppurating hydatid cyst would, of course, contain the characteristic hooklets.

I have already referred to a form of pulmonary stasis which sometimes occurs in heart disease. But there are other conditions which are frequently met with in cases of thrombus cordis, with which it is of the greatest importance to be acquainted, and which are only too often altogether overlooked in consequence of the omission to examine the back of the chest. I hold that in every case of heart disease, no matter what its nature may be, the lung bases should invariably be submitted to a minute and careful examination. When it is remembered that the first brink of the cardiac weakness falls upon the lesser circulation, it will at once be seen how extremely important it is that proper attention be devoted to the state of this system, which is so intimately connected with the condition of the heart.

In failing compensation it is, of course, quite usual to meet with signs of engorgement at one or both bases—lightened pitch of the percussion note with chuckling, which may accompany both inspiration and expiration. This is a state of things which is not of good augury, which is, indeed, the first link in the chain of evil results leading ultimately to edema of the lungs. And I should like to make a remark concerning this term, "edema of the lungs," which is of some importance. It seems to be thought that this expression indicates a definite and precise morbid condition, which is quite special and determinate. This is wholly erroneous. Edema of the lungs should be used to express the severe and final stage of a condition which is invariably found in dead bodies. I have never yet seen a post-mortem examination in which signs of what would certainly be called "edema of the lungs" were not present. Much confusion has thus arisen. In those cases in which the more dependent portions of the lungs are the seat of effusion, rendering them spongy and soft, a certain amount of watery fluid exuding in pressure, it is merely a question of stasis, arising from defective heart-power. In such cases, which are constantly met with, the term "congestion" or "stasis" might well be applied. But the expression "edema" should be reserved for those cases in which the lung is saturated with watery fluid, the upper lobe as well as the lower being in this water-logged condition. It must be borne in mind that the difference is one of degree only, no difference in the nature of the process existing.

To return from this digression, it is of the utmost importance in all cases of failing heart to keep a constant watch, in order to recognize any tendency of the slight congestion of the bases already mentioned to pass into that most serious condition, edema of the lungs. It is a curious fact that the signs of stasis are often much more frequently present at the right base than at the left base, and when both are involved, then as a rule the right is more severely congested than is the left base. May it be that the co-existing enlargement of the liver, due to its "nutmeg" condition, hinders the descent of the diaphragm on the right side, and thus, by limitation of movement, induces a still greater tendency to stasis and stagnation than exists as regards the left base?

In some cases of valve disease the engorgement of one lung may be still more pronounced. Occasionally there is complete dullness on percussion over the whole of the lower lobe, and together with this much crepitation, with or without more or less bronchial breathing, may co-exist. Yet the temperature remains normal, and, with the exception of dyspnea on exertion, it is really astonishing how little the patient suffers when such a pulmonary complication is present. It must not be forgotten that a patient who is the victim of chronic valvular disease is, even more
than a healthy person, exposed to attacks of bronchial catarrh and of pneumonia; hence it may be in some cases that the signs alluded to are the result of such intercurrent maladies rather than of the heart disease itself.

Patients, and more especially females, suffering from mitral stenosis are particularly liable to attacks of hemoptysis. These attacks are most often the result of infarction, and hence in examining the back of the chest it is important to bear in mind that a patch of dullness and crepitation is not infrequently the result of extravasation of blood into the pulmonary tissue.

And the same applies to pulmonary hemorrhage occurring in the course of malignant endocarditis.

In case of bronchitis in old people, and more especially when marked emphysema is present, it is not unusual, after a more than ordinarily severe attack, for the physical signs to remain persistently in a localized region of one or other lung. The bronchitis generally may clear up, the rest of the lungs becoming free both from moist and dry sounds, but in a region which can possibly be covered by the palm of the hand the resolution does not take place.

It is obvious that if seen for the first time much hesitation may arise in giving an decided opinion as to the nature of the case, and more especially as regards the prognosis; and even when the patient has been under observation throughout, it is not always easy to form an opinion as to the possibilities of a patient’s future.

Now, in such cases there is never at any period dullness on percussion: clearly the lesion is not a condensation of the lung tissue, but a moist, watery state of the same. In some cases it may not be easy to exclude the possibility of the physical signs being due to the presence of a dilated bronchus, and in others it is sometimes a question whether the signs are not—partially, at all events—due to pleural friction. But in the majority of cases it is perfectly obvious that we have to do with a bronchitis and local congestion. This must, of course, be determined by conditions peculiar to the locality—the lower lobe. What these conditions are it is not possible to determine with complete accuracy. It may be that a bronchial tube or tubes, leading to the affected region, becomes the seat of a much more than usually marked bronchitis, with thickening and occlusion of the lumen. If this were so, fluid contained in the infundibula and air cells might get blocked up, and in this way physical signs might easily persist until the block in the tubes was removed.

Whatever may be the cause of the physical signs, this persistence of morbid sounds is certainly not of very uncommon occurrence, and is worthy of note. I have myself known of its continuance for many weeks, the intensity of the crepitation, it is true, varying a good deal from time to time. It is possible that the persistence of such a pulmonary condition may give rise to a good deal of anxiety. In my experience such anxiety is not justified. In spite of the obstinate continuance of the physical signs, it is merely a question of time; they finally amend, and, the lesion being clearly not dependent upon a failure of heart-power, there is no reason to look upon it as evidence of heart weakness.

In my experience it is better to get the patient up when such physical signs persist locally. Prolonged rest in bed, and the lung stasis to which it leads, is in my judgment more likely to prolong than to benefit the condition.

Not seldom in acute lobar pneumonia confined to one lung base in the evolution of the malady the physical signs lead to the supposition of the other lung being consecutively involved. There appears to be loud tubular breathing at the hitherto healthy base, exactly resembling that which is heard when extensive consolidation is present. This is really due to the conduction of the physical signs across the chest from the hepatized lung. It is well to be acquainted with the possibility of this conduction, as otherwise the prognosis may be looked upon as unduly grave.

The conduction of a systolic murmur, audible at the heart’s apex in such a way that it is also heard at the angle of the scapula, was once thought to indicate that such a murmur was of organic origin, being due to disease of the mitral valve. This view is no longer tenable, for it is possible for murmurs which are not due to lesion of the valve to be loudly audible in this locality. The very numerous frictional murmurs liable to be developed both at heart apex and base are not limited to the areas to which it was formerly thought they must be restricted. A frictional murmur, loudest at the left interspace close to the sternum, is often also heard at the apex, and in the same way a frictional murmur, loudest at the apex, is quite usually audible at the angle of the scapula.

Such, then, are some of the numerous important points connected with the examination of the back of the chest. There are others, but their interest and practical importance is not so marked as that of those to which I have referred. The many difficult points and equivocal questions which not unusually arise as to the precise significance of physical signs discovered posteriorly certainly justify some attention being devoted to the subject of the examination of this region of the thorax.
**Some Experiences with the Homeopathic Remedies.**

**By Malcolm E. Douglass, M. D.**

**Calcarea Carbonica.**

Harry M., aged 5 years. Had been sick for four weeks and under the care of a prominent allopathic physician for three weeks, and then under a homeopathic physician for one week, and steadily growing worse.

I was requested by Dr. A., the homeopathic physician, to see the case in consultation with him.

As there had been several diagnoses made I kept my own counsel as to the nature of the disease, and will state the condition of the child when I saw him.

His temperature was 100.2; pulse 116; very pale and greatly emaciated; appetite completely gone; every time he fell asleep profuse perspiration about the head; sub-maxillary glands enlarged and tender to the touch; abdomen enlarged and hard; stools frequent and profuse and offensive.

On the above symptoms I advised the use of calcarea carb. Three days afterwards I again saw the child and a decided improvement. Calcarea carb. was continued and the case went steadily on to a complete recovery, and is now the picture of a perfectly healthy, sturdy chap.

**Kali Muriaticum.**

I have seen this winter quite a number of cases of follicular tonsillitis, characterized by a heavily coated white tongue, and in every instance kali muri. has effected a speedy cure.

**Calcarea Fluoricum.**

Florence J., aged 6 years. Case diphtheritic croup. The membrane covered the fauces and both tonsils and extended into the windpipe. The croupy cough was very troublesome, and great difficulty was experienced in getting her breath. Temperature 105; pulse rapid, thready. The condition was extremely grave, and my prognosis was very unfavorable. She had been sick for four or five days, but was taken suddenly worse the evening that I was called. The only treatment employed had been the use of simple home remedies, as onion syrup internally and onion poultices externally to the throat.

I had no hopes whatever of saving the child's life, but placed her on ferrum phos. and calc. fluor., in alternation every five minutes at first.

I began treatment about nine o'clock p. m., and by midnight she was resting more comfortably. From this time on she slowly fought her way back to life and health, although it was ten days before I could dismiss the case. After 48 hours I discontinued the ferrum phos., and gave the calc. flor. steadily until I left the case.

* * *

**Some of My Mistakes in Obstetric Practice.**

**By J. T. Graham, M. D.**

"Nothing succeeds like success" is a bright, catchy phrase, very popular with the casual observer; but those who delve deep into the philosophy of human endeavor and reason from cause to effect, find it is often a perversion of truth. "The man who never makes a mistake rarely makes anything" is absolutely true; and we always find the temple of success built upon a foundation whose chief stones are mistakes and failures.

You will notice in the rather unusual title of this paper that my modesty forbids recording all my mistakes, lest you might conclude that the foundation of my success is out of proportion to the superstructure.

Do we ever forget the first case of labor we attended?

We were so top-heavy with knowledge that it made us weak in the knees to carry it; at least my knees were weak and trembling when I attended my first case. It was the most difficult case, I then thought, that I would ever be called on to manage. The woman was about a 12-para and knew much more about labor than I did. Yet I went prepared for trouble and found it. About two hours after my first examination, in which I couldn't make out anything definite, I yet assured the mother and numerous neighbors that everything was all right, the bag of waters broke with such a rushing sound that I jumped clear out of my chair. By the time I had recovered my senses and regained my equilibrium the pains were coming hard and fast. I was sure that woman was going to die, but just before the end came the child was born, and the sound of many waters followed it. I called for hot water, vinegar, ice, and ergot all in one breath, to check that awful hemorrhage. On closer examination, I found a few blood clots and the beding well soaked with liquor amnii. Then I took a long breath, my heart went back

* Read before the Southwest Medical Society.
to its usual position, I finished the operation, and the patient made a good recovery.

The next three cases I attended had eclampsia. I have sometimes thought what nerve I must have had to keep on practicing after such a record. Puerperal convulsions cannot be described; they must be seen to be appreciated, and once seen are never forgotten. No physician ever wants a second case, yet I had the misfortune to see three cases during the first six months after beginning practice. The first case was attended by an ignorant midwife, who told the family that the convulsions were very hard pains and would stop as soon as the child was born. In this she was mistaken, and I was called in to see the patient after she had a dozen spasms and was in a state of coma. Venesection and chloroform had no influence on the severity or frequency of the convulsions. Hypodermics of morphine masked the symptoms for a while, but the spasms continued every half to two hours until the patient died, just 24 hours after I first saw her. I had consultation in this case, but all our efforts were futile.

In three weeks after this experience, I was called to see another woman, a near neighbor of the first, who had severe headache, very nervous, and some slight jerking of muscles, which I regarded due more to fear or suggestion, on account of having seen the case just described, than to toxemia. Her symptoms improved under diuretics and sedatives. She was in six weeks of full term. I was not with her in her confinement, but I learned afterwards she had convulsions for several hours and died. The mistake I made here was in letting her go on to term. Labor should have been terminated, and the life of the mother and child would have probably been saved, but both perished. It is often easy to see some better course to pursue after it is too late. The third case of eclampsia I saw, and I hope the last, was three months after the second. I was called in to administer chloroform while the attending physicians dilated the uterus and delivered the woman with instruments. She was under the influence of chloroform for nearly two hours, and had four severe convulsions during that time. She died twelve hours after delivery. I was taught that chloroform would control puerperal convulsions. In the two cases in which I have given it the failure was complete. Venesection did no good. Morphine seemed to relieve for a while. The fearful experience I had in these cases caused me to study eclampsia more thoroughly, I compiled a very learned article, as I thought, on the subject, in which I tabulated nearly one hundred cases in such a way as to prove my theories. I worked out on paper the cause, showed how it produced its effect, and evolved a treatment that to my mind was a specific. Strange as it may seem, this article did not set the medical world on fire, and has even been overlooked by the authors of our text-books on obstetrics. My treatment for eclampsia now is preventive rather than curative. Keep the excretory organs of every pregnant woman in good condition, and we will rarely have a case to treat. If we do meet with such a misfortune, elimination of the poison by any and every means possible is the best we can do.

Another case of labor in which a mistake came very near costing the patient’s life will never be forgotten. The woman was a delicate primipara, whose labor progressed normally in every respect up to the end of the second stage. Before the cord was tied and child handed to the nurse, I noticed my patient breathing badly, face and lips colorless, pulse rapid and feeble; in fact, she was in a state of profound shock. I at once thought of hemorrhage, but found no flow from the vagina. Placing my hand over the abdomen I felt a soft uterus almost as large as before labor. The short cord had detached the placenta, which plugged the cervix, and the uterus was rapidly filling with blood. I grasped the uterus firmly with no uncertain grip and delivered that placenta, which was followed by an enormous quantity of blood. I found this concealed hemorrhage not a minute too soon, for it was by the most heroic and persistent treatment that her life was saved. The lack of pulsation in the cord, together with the marked symptoms of shock, ought to have called my attention to the true state of her condition sooner.

I had another case of hemorrhage which was anything but concealed, and that was bad enough, but of all the enemies we have to contend with, we fear the most the one that fights in the dark.

Another case in which I made a mistake was a young primipara 17 years of age, very large and apparently well developed, but whose pelvic capacity was below the normal. The head of the child, which was large, refused to enter the pelvic strait. I insisted on chloroform and delivery with forceps. This was refused at first,
but after 36 hours of tedious, inefficient labor, I sent for assistance, and proceeded to deliver with long forceps. The operation was very difficult, requiring the combined efforts of myself and assistant for three hours in the hardest task of this character I ever tackled. The effect was a badly bruised parturient canal, a lacerated perineum, and a stillborn child; which, although it received no blood from the mother after birth, weighed 17 3-4 pounds. This was clearly a case where craniotomy should have been performed, and the injury to the mother prevented; but the family objected to the operation so strenuously that I yielded with the consequences already described.

Some Echoes from the Missouri Institute.

(Discussion of a paper Entitled "The Douche in its Relation to the Puerperium." By John H. McCaughan, M.D., of St. Louis.)

Dr. McElwee. The use of the douche is dying out in the very country whence it came. Like the essayist, I have been derided several times by progressive midwives in this town that deem themselves to be far in advance of myself because I wouldn’t allow them to use a douche during the puerperal period. When I insist upon their washing their hands before they undertake to perform the toilet of the patient in the morning, and in addition to that to put on a tin bucket on the gasolene stove and sterilize their hands, and see that the patient’s clothes are also sterilized, they take to that idea first-rate, but when I say nothing goes into that vagina in the way of a douche they open their eyes and mouths in holy horror. We usually have a fight about it and the patient and I carry our point. I certainly hope the members here present will be impressed enough to think about this warning given by Dr. McCaughan, even if they don’t see fit to follow it up in all their cases; don’t use the douche unless you find it absolutely necessary. I would like to recommend very strongly lysol in preference to any other antiseptic. Its germicidal action is four times as great as carbolic acid and its poisonous effects is one-eighth greater; so that this lysol has thirty-two times the power and value of carbolic acid.

Dr. Crutcher. I am particularly glad to have heard the Doctor’s paper. I am glad to see this pernicious tendency is being abolished very largely. You know that in most families where you are engaged in obstetrical work you are expected to do something every minute. It is all right to do something, but you want to be very sure and careful to do the patient all right. If it be necessary to deceive the patient in some cases let it be a beneficial deception. That is all right. And while you are deceiving the patient be exceedingly careful that you don’t deceive yourself. The custom that has been the vogue of using douches regardless of indications for fear that conditions might arise, is a bad one, and ought to be discouraged. When some noddle—some midwife insists upon giving a douche under such circumstances I always ask what shall we put into the douche, and if she doesn’t know I ask what she wants to give the patient a douche for seeing that it seems not to be called for. These pertinent questions will do more to quiet an extra officious nurse than almost anything else you could say. If we get the case in time—I mean by that, two or three or even five months ahead of the confinement period—we can prevent all these possible minor accidents. We can avoid all these possible conditions. Find out if there is anything wrong. If there are presenting any symptoms of any abnormal conditions; and if so give the proper remedy. But otherwise insist that the patient is well, as well as she ever was in her life. That having a child is a perfect physiological process with nothing abnormal about it; that there is nothing abnormal or diseased about it, and the patient will readily recognize the logic of your argument. After you have done that if there be any symptoms prescribe the homeopathic remedy. What remedy? I don’t know. Because I don’t know of a case that does not need to be taken individually and separately and carefully studied. We ought to avoid this routine practice. We have no specifics. Prescribe the indicated remedy. Just remember that we are treating a woman and that we have in our armamentarium a remedy, if we will find it, which will correct any abnormality.

Dr. Morgan. If anybody around wants to use a syringe I don’t object, but I don't permit them to put anything in the water. Let them boil the water and the nozzle of the syringe; that satisfies whoever it is, and they get along all right. I object to having anything else in this douche unless it is carbolic acid, for that tends to favor the natural secretions of the vagina, and the natural germicidal power of the vaginal discharges. There are two things that I consider of great importance in this connection. I find amongst the women that I attend the idea very common that
they have got to lie on their backs and not let them get up or turn over. I take pains every time to tell those women not to lie on their backs; that is the very best way for retaining the clots and everything else that we want to have come away. That she must turn over on her side so that the drainage is better. And I have them get up, unless there is pain from laceration or recovering from operation from repair or some other unusual condition. I have them get up and pass water; get up in the erect position and to pass water for that secures drainage of the vagina. These are the things that need looking after with a good deal more attention than some of the other things.

Dr. McElwee. I want to endorse most heartily what has been said about getting up and not lying on their backs. I tell them and, indeed, I insist on it that they shall turn on their sides and get up when it is necessary to empty the bladder unless the parturient has had some repair of the perineum or some other operation. I have made some experiments recently on that very point and I found it to be impossible to spread the knees and the feet wide enough to make tension of the perineum; and I have called attention of assistants and nurses at operations for repair of the perineum after the operation was done to separate the knees as widely as they can.

Dr. Grundemann. I have not for several years allowed douches excepting that when the odor is very strong, then I permit the use of boiled water. I have used nothing antiseptic. As to the syringes that have been mentioned before, I do not allow them to use an old syringe unless it has been boiled. I think it is our duty to teach these midwives when not to use these douches or these syringes. They carry, as stated before, their own syringe and they do not often sterilize them. I have never had a case that I have attended through from the beginning to the end that I had any puerperal fever. I have had a good many cases that have had trouble from midwives, but not often from physicians. We should teach the midwives not to keep the patients on their backs, but let them turn over, but keep them quiet in the beginning. I believe that sitting up in bed will cause a more acute pressure on the uterus than sitting up in a chair. I think they can urinate in a bed-pan but I do not believe in having them sitting up until after the sixth day, but not in a complete angle to compress the womb.

Dr. Gilbert. There is one other point I want to mention. If the douche is absolutely necessary as Dr. McCaughan says in order to quiet some member of the faculty, the manner in which it is used is of great importance; there should be used too force. The syringe should not be held higher than six inches above the body so that the hot water can play up against the cervix and gently flow in, and as gently flow out. Another point is the use of antiseptics. I don’t believe it is wise to use anything unless it is salt. Use salt with hot sterilized water.

Dr. McCaughan. It is the manner of using the douche that has perhaps produced the most harm. If you are going to perform a trachelorrhaphy in which there is no septic condition you go through an elaborate process of scrubbing and cleaning; and yet, perhaps, in giving a douche a little water will be allowed to run out of the nozzle which is inserted up against the cervix allowing it no chance to carry off the organized matter from the vagina but rather into the cervix. If there is anything in the uterus go after it; if there is not let it alone. The puerperal infection begins and runs in little channels; in the flooding, all the ergot and douches in the world will not do any good whatever.

**Wire Nail in the Appendix Removed Post-Mortem.**

BY JAMES TYSON, M. D.

W. B., colored, aged fifty-three years, by occupation a porter in a sleeping-car, was admitted to my ward at the University Hospital, January 23, 1904. He acknowledged a partiality for alcohol, but nothing in his history explained the interesting condition found at the autopsy. He began to ail first in 1902 with dyspnea and palpitation. In May, 1903, he was in the Pennsylvania Hospital with these symptoms, in addition to a feeling of weight in the epigastrium, puffiness about the eyes, and swelling of the feet. While at the Pennsylvania he was operated upon for abscess of the liver, as the records of this hospital show. When admitted to the University Hospital he had general anasarca, double hydrothorax, ascites, and orthopnea. His heart was dilated, his liver was still much enlarged, and there was a scar of operation below the edge of the thorax on the right side. He improved slightly at first, but soon grew worse, and died on March 22, 1904.

At the autopsy, in addition to the cardiac lesions described, the appendix was found behind the cecum, bound down by dense fibrous adhesions, and pointing toward the pelvis. On section it was found to contain a round pointed nail, of the kind known as a wire nail, much corroded. It was about 35 mm. or one and two-fifth inches in length.

The appendix wall was thickened and indurated, but it contained no pus. At no time while under observation did the patient complain of any symptoms pointing to the appendix.
The Medical Library

By O B Server

Railway and Other Accidents with Relation to Injury and Diseases of the Nervous System.

In the preface to his interesting book, founded evidently on large experience, Dr. Allen McLane Hamilton avows that the "work is intended for doctors of medicine as well as for lawyers, and especially for use in court." He has aimed "to be always just," and has assuredly not failed. We think no higher praise can be given to him than this; but it is to our mind very questionable whether the book is likely to be of as much use as he has hoped and contemplated.

The difficulty of the task was enormous, and from his own experience the author must have felt it so. To convey to the layman an adequate appreciation of the results, let us say, of some simple fracture of a long bone is sufficiently difficult by reason of his lack of surgical training, but the difficulty becomes well-nigh insuperable when teaching is directed towards problems of disease affecting both mind and body in the inextricable relationship which is commonly seen after railway collisions. Nevertheless, an intelligent layman could hardly read the book without gaining a good general idea of the special features which characterize railway injuries. He will learn how largely the elements of mental shock, of fright, of litigation and the long suspense incidental to it, of expected pecuniary profit, of the misplaced sympathy of friends and designing lawyers, are concerned in the development of the peculiar condition which is prone to arise, as time goes on, in the case of persons injured by railway accident. He will learn also how difficult it often is to separate the real from the imaginary and the false, and to impart to others the conviction that symptoms of the greatest gravity may own a psychical rather than a physical basis. His introductory chapter, and the succeeding chapters on Accident Aboula serve to bring before the reader the importance of "litigation psychosis," litigation symptoms as they have been termed; but it is to be regretted, we think, that the author should have invented so barbarous a term as Aboula, thus giving the lawyers another opportunity for raillay at the doctors, not altogether conducive to justice, and likely to deter the medical witness from a clearer exposition of his views. The term "accident aboula" has been chosen by the author.

"Because it seems to be that most applicable to the conditions manifested by a collection of symptoms of a hystero-neuasthenic nature, the chief of which is a loss of will-power. This is undoubtedly the result of auto-suggestion, and the creation of one or more fixed ideas in connection with a deception of the sensory centers. To understand its origin and significance we must consider the relation to conscious and subconscious cerebration, the suspension of higher control, and the development of certain automatism following the repetition of an idea in the intellectual sphere until it fully dominates the conduct of the subject. In natural conjunction with such a disturbance are certain physical indices of ill-health, but the objective expressions are greatly out of proportion to the subjective."

This is admirable as far as it goes, but counsel, for whom in part the work is written, may make sad havoc of aboula, a new uncouth disease, "for use in court," where plain terms are above all things necessary, and where skillful per version is often resorted to in order to influence a jury. "Neuromimetic" is another word and case in point. The author tells of Paget, who more than thirty years ago described these psychoses as imitative diseases, or neuromimeses, as he called them. "Neuromimases do you call them; what do you mean?" asks counsel; and the witness endeavors to explain that palsy of functional disorder are very prone to simulate those due to organic disease, and the chances are that he is thought to reflect on the bona fides of the claimant. So also of the reflexes and of the use of electricity in diagnosis, of which the author gives, in our judgment, an account wholly out of proportion—too little for the doctor and too much, verging on inaccuracy, for the lawyer. How vast indeed is the difficulty of writing on such abstruse subjects in terms which the lay mind can comprehend, so that we hear of the lawyers making merry over Babinski: of the medical witnesses, forsooth, being divided into two parties—those for and those against Babinski, while the whole conflict is dissolved in laughter, to the detriment of justice, the discredit of the doctors, and the discredit of their profession.

Speaking of the spinal cord, the author tells us that "conclusion is not the common thing it is supposed to be, and if it does occur, it is as a rule evanescent and expressed by short-lived symptoms, such as fleeting disturbances of sensation and a certain degree of motor weakness." We should like to know more of the after-history of cases where such symptoms have been found. It is gratifying to find that the misleading term "conclusion of the spine" nowhere finds a place in the book. He says:

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The litigation cases are often fictitious, and might be at once dismissed from consideration were it not for the tendency which so often exists to thrash out medical symptoms in court by laymen who naturally know nothing about their significance.

The book, however, is written for lawyers, these very laymen, and for use in court; all the more essential, therefore, are simplicity and accuracy in description, and an entire freedom from ambiguity. This being so, it seems to us that sentences like the following are, to say the least, unfortunate: "The supinator longus which is supplied by the musculo-cutaneous nerve" (sic). "Paralysis of the median nerve is uncommon because of its deep and protected position, and unless it be wounded or punctured, or some fracture occurs, it usually escapes, and is far more likely to undergo a loss of function as the result of musculo-spiral injury higher up." What can this mean? "Musculo-spiral paralysis is one of the commonest of traumatic forms. . . . We are sometimes called upon to differentiate between traumatic paralysis and that due to lead poisoning. In the plumbic form, the development of the paralysis is slow, peripheral at first, usually double, and accompanied by the colic and other symptoms of lead toxemia, including often the lead line about the gums." But what as to electrical reaction and the supinator longus? "When the cerebral membranes are inflamed, the pain is accompanied by a sense of pressure and constriction, and is at times paroxysmal." So also may be the headache of neurasthenia. It is sentences like these which lead us to believe that, after all, the book may not be of much use in the courts, and may even help to defeat the ends of justice; while teaching of this kind could hardly save a medical witness from making such an exhibition of hopeless ignorance as is to be found in the record of a case which went to trial. (Case XLVIII, p. 205.) Notwithstanding these apparent blemishes, due largely, we do not doubt, to the difficulty of the task, the book is well worthy of study, especially by those who already are well equipped—and what medical expert ought to be otherwise than well-equipped?—with medical knowledge, who are prepared to read between the lines. The concluding chapters on Examination and the Possibility of Error, on Prognosis in Relation to the Verdict, and on Fraud, contain many valuable hints.

The courts confine the medical witness to the expression of an opinion which shall imply "a reasonable certainty," and in the present state of our knowledge this sometimes is a matter of exceeding difficulty. A fair, broad survey of the particular case is absolutely necessary, and the judgment must be freely exercised, so that it is imperative that technical entanglements and theoretical conceptions should be given a wide berth. To do this, the medical witness should not only have a sound idea of the pathology of organic disease, but a sufficiently broad experience to take into account all the curious variations of functional disorder which are so closely allied to mental departures. He should also be a student of human nature.

Wore medical witnesses thus armed more often, how good would it not be for the profession at large!

**Disease of the Pancreas. Its Cause and Nature.**

The causation of hemorrhage into the pancreas, whether occurring alone or in association with inflammatory signs, has been the subject of much controversy. Some of the most recent contributions to our knowledge of this subject are due to the inquiries carried out by Dr. Opie. On those comparatively rare occasions in which a small calculus can lodge in the ampulla of Vater, completely closing its outlet and at the same time allowing the biliary passages to form a channel continuous with the pancreatic duct several results are possible. If the biliary secretion is taking place at a pressure higher than that of the pancreatic juice, bile will enter the ducts of the latter organ. Supposing the duct of Santorini or other accessory ducts are equal to the task of conveying the combined secretion of the pancreas and liver into the duodenum, then physiological conditions are undisturbed. If, on the other hand, the accessory pancreatic ducts are incapable of performing satisfactorily this increased duty, then the pancreatic secretion would be retarded and then eventually driven back into the substance of the gland, when this condition is experimentally repeated by ligature of the pancreatic outflow into the duodenum followed by the injection of bile into the duct of Wirsung; changes occur in the pancreas and adjacent tissues identical with those met with in the disorder we know as acute hemorrhage into the pancreas as seen in man. We may infer with Dr. Opie that it is bile as such which, driven into the pancreas, causes the hemorrhage, or we may consider the explanation of the hemorrhage to be the same as that offered for the explanation of fat necrosis, namely, that it is a result either of digestion by the pancreatic juice, or is due to the necrotic effect of the secretion on the blood-vessel walls similar to that which produces necrosis of the parenchyma and of the fat cells. That this latter view is probably correct is shown by the fact that other liquids besides bile can on injection into the pancreatic duct produce similar results.

Further, we should expect that if it were merely the bile acting as a chemical agent which was responsible for the pancreatic hemorrhage, then in the case, described at p. 113, the hemorrhages into the pancreas should not have been more marked in the distal part of the gland, where bile was not observed, but near the duodenum where this secretion filled the pancreatic ducts.

Another subject, with the study of which Dr. Opie's name is closely and deservedly associated,
is the relationship of degeneration of the islands of Langerhans to the occurrence of diabetes melilitis. Schäfer, Laguesse, and Diamare were the first to suggest that these structures give rise to a secretion which passed into the circulation directly through the blood-vessels and exerted a profound influence upon the carbohydrate metabolism. Dr. Opie suggests that destruction of the islands of Langerhans is responsible for a certain number of cases of diabetes mellitus. This view has already inspired much inquiry on the part of other workers: some do not find the change to occur as frequently as Dr. Opie; others are inclined to regard the degenerative changes as the result rather than the cause of hyperglycemia; others again find that diabetes mellitus can occur without these changes taking place in the pancreas. This last objection does not, of course, negative the opinion held by Dr. Opie and other observers, for we are not in the position to say that diabetes mellitus is due to disturbance of any one particular organ; it is a result which may ensue from the disturbance of several organs or systems which, when acting normally, maintain physiological glycermia. The important subject of chronic pancreatitis and the interesting deductions made by Dr. Opie on the pathogenesis of hemochromatosis deserve careful consideration because of the relationship of the former to cholelithiasis and of the latter to hepatic cirrhosis and glycosuria.

Dr. Opie's summary of the diagnostic features of the different maladies discussed reveals the meagerness and equivocal character of our information; but we are obliged to admit that success in diagnosis can only be eventually rendered possible by careful clinical and pathological research on lines so ably carried forward by the writer.

Enlargement of the Prostate:
Its Treatment and Radical Cure.

The first part of Mansell Moulin's work is devoted to the development, anatomy, histology, and functions of the organ. It is held that this gland is developed from the Wolffian ducts and not from the urethra; that the primary change in the enlargement of the organ lies in the gland tissue, and that it is of the nature of a neoplasm; later the stroma partakes in the increase. The thickened cortical layer seen in many enlarged prostates is partly due to the process of encapsulation caused by an increase in the adenomatous masses, and partly to an actual increase in the amount of the outer non-glandular portion of the organ. The increase in size is said to affect all parts of the gland in the greater number of cases. The "pathological middle lobe" is described as usually developed from isolated gland tissue lying beneath the mucous membrane, from which it follows that this "middle lobe" is from the first within the muscular tissue of the bladder. A distinction is therefore drawn between a "middle lobe" and an increase in the "median portion" of the gland.

The author holds that the enlargement of the gland is connected in some way with the vas and the master organ, the testis. The other current theories are passed in review but not adopted.

Chapters follow on the effects of the enlarged prostate on the bladder and other organs, on the symptoms produced, on the diagnosis, and on the clinical examination of the organ in disease. It is pointed out that simple enlargement of the organ is usually a painless affection, and in the generality of cases calls for no special treatment.

The disastrous effects of cystitis are shown both as regards their effect on the comfort of the individual and on the urinary apparatus. The palliative treatment, both local and general, is considered, and the last part of the work deals with the question of operative interference. No definite statement is made as to the time at which the operative interference should commence, but the author expresses his opinion that the popular dread of habitual catheterization is well founded. The suprapubic route is favored in prostatotomy because of the facilities it gives for a thorough examination of the interior of the bladder. The success of the operation depends on the encapsulation of the adenomatous masses; if no adventitious capsule has been formed, the prostate will be found hard and fibrous and the enucleation will not succeed. The last chapter deals with orchidectomy, vasectomy, and the allied procedures. The immediate relief that follows castration is said to be due to the abatement of the congestion; true atrophy does not follow for some time. The post-mortem evidence quoted here, as to atrophy following castration is not conclusive, while the evidence on the other side is somewhat striking. The author explains the non-occurrence of atrophy in such cases by saying that the enlargement is due to a neoplasm which could not be expected to atrophy. In this connection it may be pointed out that the author apparently holds out that most enlargements of the prostate are of the nature of a new growth. Vasectomy, it is considered, is less certain than castration, and should therefore be reserved for special cases. Unilateral operations may in certain cases be useful. The last chapter serves to show how much has yet to be learnt concerning the relations of the several parts of the sexual apparatus towards one another.

A doctor of the olden times in Homeopathy writes us (and we beg to say that we don't often publish bouquets thrown at ourselves), that he had read our contribution to the Denver Progress concerning the needed improvement of our homeopathic colleges; that it pleased him greatly. "I say bully for you. I have had many years' experience and I know you are right. God grant the change may come soon and give us again Homeopathy as it was before politics and pull filled the chairs."
A Notable Book.

It gives us pleasure to say something concerning Kent's "Materia Medica," just from the press of those staunch homeopathic publishers, Boericke & Tafel, of Philadelphia.

It was our peculiar good fortune to have spent our medical college life as Dr. Kent's private student, and to have been permitted to assist him in many ways—especially along the line of materia medica. It is true that for years preceding our college life we had a good old-fashioned homeopath, Dr. B. H. Wilcox, for our private preceptor, a man who was grounded almost fanaticaly in the high potency and the single remedy; still it required the experienced hand and watchful eye of Dr. Kent to keep us in the proper road, when, like all college students, we were prone to follow after strange gods—evidenced in the exchange among ourselves of favorite remedies and absolute specifics for this, and all the other ailments. The reading, therefore, of these remedies now presented in book-form, carries us back to our dear old alma mater—the St. Louis Homeopathic College—then situated on the disreputable corner of Carr and Tenth in an abandoned dance hall and saloon.

In those earlier days we followed Prof. Kent with the lightning pen as he spoke extemporaneously, and later transcribed the "stuff" on our primitive Caligraph, for his correction and preparation for the Homeopathic Physician. Those earlier earmarks still appear in the present lectures, though, to be sure, long usage in teaching in all these intervening years, has suggested many new images to Dr. Kent with which to clothe his remedy-characters.

This book is a notable one, and a distinct acquisition to the profession; it comes to us now most opportunely in this seemingly critical time, when homeopathic books find but indifferent sale among the more "progressive" scientific and alleged recent homeopathic graduates, and the five or ten year old graduates. It took courage of the first order of magnitude to issue so large a volume from the pen and from the press; and more especially at this time when the Institute and scientific profession is full to overflowing with Revision, Revision, REVISION! We sincerely hope that the confidence reposed in the homeopathic profession by this distinguished author and these enterprising publishers shall not come to financial grief. And it will not if YOU do your duty, your whole duty, and nothing but your duty, not only in purchasing this excellent volume, but in studying it carefully with a view to making use of it in ALL your cases, as by first intention.

The book is cast in the first personal, singular; a direct vocative style that must appeal to every reader. He can almost hear Kent's voice, as he peruses the letter-press, and follows the new idea which the lecture puts into his mind—in a very few lines of reading. Pretty nearly every known, and, certainly, every well-proven remedy appears in these pages, and in such plain, everyday language, yet withal so well put, that even the self-important Freshy in the benches can follow with interest and pleasure as he should.

We look for big things in the way of a rehabilitation of Homeopathy in the United States because of this work. It must arouse new interest in Homeopathy such as we have not had since the passing of Farrington. Reading in its pages here and there, it takes us back again to the halycon days of our youth, and wakes us up once more the old enthusiasm for Hahnemann and his works. After all these years of struggle with allopathy in and out of the homeopathic ranks and colleges, it does one good to feel again the old fire tingling and creeping along the rapidly hardening arteries. Try it, brother homeopath, even you who have fallen away for a few years and gone after the combination tablets and prepared prescriptions, which you copied off the blackboard when your homeopathic professor had stepped down and gone to the faculty room. Try it, you other old-time homeopaths who have been anhungered and athirst for the old gospel—as we used to hear it in dem good ole times when, like Buttercup, we was young and handsome. Try a lecture occasionally, selected at random, read it through, and see if you don't rise from your reading, feeling yourself a better homeopath, more than ever determined to stand by the law, and ready to let the pretended short-cuts, pills, potions, tablets and powders, prepared and recommended by mistaken professors and pharmacies go to—New York, or any other old seaport town. You will resolve, an we mistake you not, to steer clear of the fleshspots of the bastard homeopaths, and of the straightout seductions of the other schools.

One suggestion which Kent embodies in his Preface is worthy of a place here. He says: "The Materia Medica can be learned by careful study and by using it. It can be understood, but NOT memorized. All who would memorize the Materia Medica must ignominiously fail." This will bring cheer to many a poor student, in and out of the college, who has viewed the materia medica as the one insuperable obstacle to a successful practice, because of its apparent stupendousness; and so he the rather turns to the
mechanical arts, where another form of memory is called into requisition. Father Lippe used to say that he studied a new remedy by reading it through carefully and watching what effect it produced upon himself, noting the peculiarities which appealed to him; next he compared it thus mentally with other remedies more familiar to him, containing somewhat the same symptoms; then finally he proceeded to differentiate them each from the other. And so in time he had trained his mind to become a Materia Medica mind, and was able to carry the entire Materia Medica about with him. But he did not memorize it. This is where so many modern teachers of the homoeopathic Materia Medica "fall down," in that they require the classes to take notes of everything said, and afterwards repeat it literatim et verbatim on the quiz. If they would teach it as Kent used to teach it us and our class in St. Louis, and as he teaches it now in the Hahnemann of Chicago, there would be no "soldiering" in the class, not even if at the same hour some last year's graduate-professor is billed to take out a handful of over-ripe ovaries, or a few appendixes. But it takes Kent, or some man like Kent, to teach Materia Medica in order that the class will welcome his coming and sit quietly and interestedly under his teachings, as now they do when surgical clinics are holding the boards. But, alas, for poor Homeopathy! There are few, very few Kents! You can easily count the real teachers of homoeopathic Materia Medica on the fingers of one hand, and, perchance, have a finger or a thumb left over.

We hope most sincerely that all these present-day Materia Medica professors will buy this book of Kent's, read and ponder its truths, imbibe his virile, fascinating manner of explaining and making plain what a remedy in Homeopathy is capable of doing, so that the patient, requiring that remedy, may be distinguished, as by intuition, from all the other remedies of the books.

It really pays to understand the homoeopathic Materia Medica.

The Professorizing of the Profession.

Strickler, in his Progress, especially for December last, gives a number of papers concerning homoeopathic colleges, their alleged deficiencies, etc., with the query of what to do to rejuvenate and rehabilitate them; with one notable and honorable exception all these papers are by college Professors. This may have been simply a coincidence, and other non-professional papers may appear later. Until they do, however, it is safe to assume that Dr. Strickler believed he was doing the proper thing to put the red-hot question to the colleges themselves, in the belief that they would give the needed answer. But what was the result? Each and every thereof, these Professors, touches upon the question with a dainty and delicate hand at times, at others hammers away most lustily at some imaginary opponent, and just as daintily and scrupulously omits all mention of the real trouble as visible to the unprofessorial contingent.

What did Strickler expect to receive from the colleges and their Professors, when the main complaint for years past has been that it was and is the colleges themselves—many of them—who have thrown down the old-fashioned Homeopathy and substituted the modern, bastard imitation as and for Hahnemann's teaching? Note Cobb's scolding letter in the January issue of this same journal, in which he finds fault with nearly everything and everybody except himself and his especial college. Yet even he admits impliedly, and sometimes overtly, that there is lukewarmness and apathy in the homeopathic ranks, but ascribes his own reasons therefore.

No one of these writers seems to grasp the idea that the trouble originates in the college itself. That seems to be the one thought which has escaped their attention. They all found the trouble, barring a few unescapable things in the college itself, to be in the profession at large; so that it is pertinent to ask why the profession at large is so filled with indifference, lukewarmness, and apathy? And which portion of the profession is it? Is it not an easy task to find these culprits in the profession to be, in the overwhelming majority, the classes graduated since ten years ago? Why did these ten year old graduates become lukewarm and apathetic?

Why, they learned it under these very Professors who now charge them with indifference and unhomeopathy. It was these very Professors who gave them a hip-pocket book full of formulas for every known disease under the created heavens. It was these same Professors who derided and ridiculed the homoeopathic teachings of the three or four homoeopathic teachers still continued in the roster to give form and substance to the claim of homoeopathy in the college corporation. It was these same Professors, or others like them, who recommended cutting and gouging, and unsexing, instead of a careful study and chase after a possible homoeopathic remedy. It was these same or similar Professors who used homoeopathic, and unhomoeopathic, combination tablets in their private practice, and recommended them to their classes. Professors of this same kind scrupled not to pronounce and sound the incalculable value of Penner's Cure for Epilepsy, or Hamlin's Wizard Oil, and other like "homeopathic" remedies. And because the recent graduate, unskilled and unlettered in the true Homeopathy, does so make use of Penner, or Hamlin, or Pinkham, or a half hundred other "homoeopathically" recommended things, he is blamed by his "homeopathic" alma mater for having grown cool in his erstwhile love for the homoeopathic college!

But we have written away from our title. What we wish to impress upon Dr. Strickler and a few others is, that the Professors in our colleges, many, if not most of them, have long
since ceased to stand to the profession as notable examples of the best homeopathy, or even of the best skill to be found in their special chairs; and that it is a mistake to suppose that the mere naming of a distinguished Professor will, as by first intention, bring the Profession to his feet to listen to the profundity of his wisdom. The feeling is rife that these Professors, these favored brethren of the higher Equestrian Order are very much superfatted, and more given to theory than to practical, everyday knowledge; that when they write for the journals, or appear before the local or national society, their lucubrations partake of the swan order—that is to say, they commonly take up the discussion of remedies to which some bare reference is made in the books, or their operations are of such wonderful, aye, miraculous brilliancy and success, that the ordinary two-dollar-and-a-half-day general practitioner can by no means grasp them; that he must needs use a glossary or a dictionary to climb to the exalted heights attained by these specially caparisoned Professors. Yet follow that sainted, and especially set apart being into his home bailiwick, and then note his frequent fallibility with the ordinary remedies; call him in counsel and marvel at his untrustworthiness; take him away from his thumb-stained manuscript, away from his library, and you will find in fifty per cent. of cases, a very ordinary man, who can barely earn his salt.

He possesses in unwonted luxuriance and abundance the ability to write and talk himself into notoriety. He finds his way into the Professorial chairs, into the State and local society chairs, and into the presidency of the Institute. Sometimes, as at present, and for some time past, he proves to be a worthy president. But why do these offices so persistently fall into laps of Professors? Is there no sufficient medical virtue, talent, and ability outside of the Professorial ring? Hath virtue and ability left the medical masses and found permanent lodgment in the guide-post Professors, who prepare and read learned papers from encyclopedias, with never a touch of red life-blood about them?

Had there been general practitioners and not Professors in the American Institute Presidential chair for two or three years, may one not safely assume that the American Institute would not have been cut in two to become a body of professorial specialists per se, with only a few chairs to represent the general practitioner? But you see the lawyers and preachers in medicine, as in other of life’s relations, talk themselves into the top places; then the people get disgusted and lukewarm because of the wordy learnedness and the frequent lack of worthiness in these places.

Would it not be a grateful change to let the people have a whack at the prominent offices? Must it always be the aristocracy of Professorism? Have the common people—the hewers of wood and drawers of water—no rights which the Professors need observe or respect?

And that is another reason why the profession is so lukewarm. The practitioners know in their heart of hearts that many of the Professors in uncommercially conducted homeopathic colleges are there because of money, or blood relationship, or favoritism, and not because of any special adaptability to the work assigned; that still others hold on to the chairs because of the advertisement, and the truffles and cake which it pours into their laps. And so the profession, like some of our homeopathic Professors, send their sons and students to old-school colleges to get, what Harvey Dale says they can there get better than in the homeopathic colleges.

Boericke hit the nail on the head in his usual logical and straightforward fashion, when he said that there are too many homeopathic colleges, and, therefore, advised their benevolent assimilation into one or two post-graduate schools, where nothing shall be taught except Homeopathy, and that Homeopathy exalted and ennobled! This will never, however, take place, so long as this Equestrian Order of Professors elects itself and has practical unlimited dominion in the college domain. The good of Homeopathy is not the leading line with so many of this array of Higher Criticism Professors. Theirs the chief aim to keep themselves in place and draw the perquisites of notoriety and advertisement.

And so the profession will keep on growing more and more indifferent and lukewarm, until by force of the sheriff’s mandate, the smaller colleges, one after the other, will be compelled to disband, or else follow the praised-to-the-Heavens example of the Chicago Homeopathic College and be amalgamated by some other more virile institution, or be lost in some State University.

Away with this nonsense of extreme superior wisdom in the unpaid Professor corps! They are no better—in many instances far, far inferior to the man who puts his hand to the plow and tills the acreage of daily practice; who learns by hard knocks what these gilt-edged Professors never can get in seven weeks of years!

Two Beautiful Instances.

We receive in a year’s time a good many letters and other communications. They carry all manner of information. Some praise us for our work, while others condemn us without stint because of our obstinate way of viewing the homeopathic problem. But the two communications received latterly, and from which we shall make some quotations, touch us most nearly and deeply.

The first of these reads: “GENTLEMEN:—Every dog has his day, and I’ve had mine. It’s now evening and I do not want medical journals any more, and your splendid journal must be laid aside with the rest. Wishing you all success while I remain, I am sincerely,” etc.
"Editor of American Physician—

"I write to you to ask if you know of any young man that is an up-to-date homeopath and a genuine Christian, who would like to get a good situation with an older man, who will be compelled soon to lay aside all practice. I need such a man very much at present. For the last year I have been gradually going blind with double lenticular cataract. Now I am so I can scarcely go out any more with any degree of safety. I've been obliged to have someone do all my reading and writing for me for months. That was why I dropped your journal, for I could not read it. If you know of such a young man you will do me a great favor by putting me in communication with him. Yours fraternally," etc.

In the former case, from Massachusetts, old age has caused that doctor to lay aside his pocket-case and his scalpel, waiting now only for the Grim Reaper whom he was instrumental in so many cases in thwarting of his victims. He, at least can see the oncoming of the Great Destroyer; but in the latter case, imagine to yourself the desolation of darkness falling over him, robbing him of all his friends, and books, and lifelong pursuits!

It must be a lively satisfaction, when reaching the one or the other condition so pathetically depicted in these two letters, to be able to spend the remainder of life in contemplation of the good one has done to his fellowman. At this time in life all else fades away and becomes as nothing. Only the good we have done, or have been instrumental in doing, remains to lighten the way over the Styx. "The paths of glory lead but to the grave."

May a merciful Father deal most kindly with our stricken brother in the west, and lengthen to him the days in which his sight shall continue to him. And in the other instance, may he find the evening of life filled with happy reflections, surrounded by his family and friends.

Both these noble brethren are worthy of the best thoughts and prayers of the remaining profession, those of us still in the thick of the fight, and many in the fighting line. And when time with them shall be no more, and the mystery of life and death be made manifest to them, may there be placed in each case, over the last six feet due east and west and six feet perpendicular, a new stone with this inscription deeply written therein:

"Warm summer sun,
Shine kindly here,
Warm southern wind,
Blow softly here,
Green sod above,
Lie light, lie light,
Good-night, dear heart,
Good-night, good-night."

A Call to the Faithful.

This year is the one hundred and fiftieth anniversary of the birth of Hahnemann. It should be celebrated by all who believe in similia. This may properly be done in various ways, but how better than by formally enrolling ourselves and enlisting our neighbors as working members in the organizations that represent homeopathy.

In the United States and Canada there are more than 13,000 homeopathic physicians. Only 4500 the members of the various State societies and of the American Institute of Homeopathy, the largest and most representative body of homoeopathic physicians in the world, only 2000 are members. Our homeopathic colleges, from which reports could be obtained, have graduated in the last ten years 3930 students. To this list a considerable number graduating from colleges not reporting and from allopathic schools, who practice homeopathy, should be added. A fair estimate would be 4500, equal to the entire membership of our State societies and more than twice the number of the members of the Institute. Probably not more than a third of these are members of our State societies, and less than one-fourth are members of the Institute.

As a tribute to the memory of Hahnemann, we propose that the Institute membership shall be doubled at its next meeting in June. A heavy proposition? Not at all! There are 2500 State society members, every one of whom should at once join the Institute. There are 8500 who should be brought into the State societies. Cutting out the undesirable, there should be no difficulty in at once doubling the membership of the State societies. All that many want is a polite invitation to become applicants for membership. According to a new rule of the Institute, only members of their State societies, if there are such, are eligible for membership in the Institute. Being a member of the State society relieves applicants from paying membership dues to the Institute. This fact in a way restricts us to present members of the State societies for recruits for the Institute, but an earnest effort ought to largely increase the membership of the State societies at the spring meeting. It is proposed that these new members of the State societies apply at the same time for membership in the Institute, and that these State societies suspend, by unanimous consent, any interfering rules governing membership, or have another and special meeting called that any who could not be elected at the regular meeting may be made members before the Institute meets in June. If neither of these things can be done, file applications for membership in the State Societies and at the same time in the Institute, membership in the latter being held subject to election to State society membership. Thus we may this year at least present names enough to double the Institute membership.

How can all this be done? By every one doing
his duty. Let every member of the Institute pledge himself to secure one new member, and the work is done. After one is secured, get another. and another for some who, for one reason or another, may fail to each bring his man.

A few years ago a New England physician voluntarily, and without other authority from the Institute than that vested in his membership, undertook to secure new members. The next June he presented the names of more than thirty applicants for membership. Who, then, cannot send in the names of one, of two, of five, of ten?

The Institute’s Special Committee on New Members is: H. E. Spalding, Boston; J. W. Ward, San Francisco; Chas. E. Kolke, Chicago; J. H. Ball, Bay City, Mich.; W. E. Reiley, Fulton, Mo.

In working for the Institute, work at the same time for the State societies. Let everyone who is worthy come to the front and be mustered in.

H. E. Spalding: M. D., Chairman.

* * *

**Are Eddyites Making Proselytes of Physicians?**

"The query is almost an insult to the profession at large," says the editor of the Canadian Journal of Medicine and Surgery, and the question is the result of a chain of circumstances upon which he comments. "Again, those benighted persons calling themselves Christian Scientists have sacrificed a young life to their ignorant fanaticism. We refer to the Goodfellow case of recent date in this city (Toronto), where, at the first signs of illness, the young wife, who was not a Christian Scientist, reported her husband’s condition to the physician of the G. T. Ry. After two days the Goodfellow family (Eddyites) dismissed him, though he faithfully told them how ill the young man was with typhoid fever, and warned them that death might ensue if they withdrew medical attendance, medicine, etc. They turned a deaf ear and persisted in the ‘think’ cure, until a comparatively few hours before death, when, in haste, they sent for the physician who was called in at the ‘passing on’ in both the Lewis case and in the Frazee case, and he, unfortunately, through soft-heartedness, hurry, or want of proper investigation, or for some reason he is unable to transfer from the realm of thought into plain blank verse, issued a death certificate, signing it ‘pneumonia.’"

Pity 'tis these misguided people seem to look upon this particular medical man who signed the Goodfellow death certificate in the light of a sympathetic brother “almost persuaded.” If someone had not reported this case to the coroner-in-chief for investigation, would not the physician have been (though maybe unintentionally) aiding in covering up a crime? For it is a dastardly crime to let a young promising life burn out with fever and provide neither proper medical attendance, medicine, nor nursing. If there be a repetition of the laxity in the granting of a death certificate, such as has been reported in this case, the circumstances are indeed a fit subject for investigation by the Discipline Committee of the Ontario College of Physicians and Surgeons.

**Dangerous Exhibitions.**

A recent deplorable accident whereby a public performer sustained a fatal fracture of her skull, once again directs attention to the tragical possibilities of exhibitions which depend for their appeal to the public on skill or daring carried to or beyond the furthest limit of safety. It is true that in all such “shows” the training of the performer has been so perfectly carried out that the risk is reduced to its minimum, and that, so long as no hitch occurs, the performance is accomplished with brilliancy and comparative safety. But in all feats of skill where human endurance is strained to its utmost capacity, or where nicety of judgment or steadiness of nerve is the essential element upon which success depends, there must obviously be many loopholes for the occurrence of unforeseen something which makes the whole difference between successful accomplishment and disastrous failure. As human nature is constituted, the entertainer will always be popular who, by extraordinary dexterity or cool intrepidity, accomplishes a task which seems almost superhuman. But few find pleasure in witnessing exhibitions which are of necessity accompanied by suffering either to man or beast, and we doubt whether such entertainments as bull-fights, with all the horrors which attend them, would, in these enlightened days, prove a remunerative speculation in this country if they were legalized tomorrow. Public feeling would rebel not only against the cruelty which they involve, but also against the unfairness of the odds with which such contests are waged. But the hazardous exhibitions with which we are familiar, and to which many people strenuously object, possess none of these savage characteristics, and are not likely to fail in the attractions they possess for a large proportion of our population so long as courage and dexterity appeal to the imagination. However, every misadventure is an appeal for tightening the precautionary restrictions under which such exhibitions are permitted, but under proper safeguards against accident, there can be no reason why such displays should not be provided for those to whom they appeal.

—And now come ones Garfield and informs us that there haint nary beef trust, that it is all imagination. That these Big Six people are more sinned against than sinning! Still it doesn’t explain why we have to pay 24 cents a pound for steak which only a little while ago—notably before the supposed beef trust took things in their own hands—was but 12 cents.
A Supplement of Quackery.

George Eliot describes one of her characters as being "not only unexceptionable in point of breeding, but also interesting on the ground of her complaint, which puzzled the doctors, and seemed clearly a case wherein the fullness of professional knowledge might need the supplement of quackery." Nowadays, if one may believe the accounts of the patent medicine vendors, cases in which doctors fail and quack nostrums succeed are so exceedingly common that the condition of the lady in question would need to have presented other features than those recorded before exciting interest among her acquaintances in Middlemarch. The fancy for a "supplement of quackery" is, unfortunately, as prevalent nowadays as in the times described in the novel, and it is in pandering to this morbid eccentricity that the proprietors of the patent medicines find their opportunity and their market. The ingenuity displayed by these gentlemen in pushing their wares is so marked and so varied that it must compel our wonder, even if it entirely fail to command our approval.

Lately a pamphlet was thrust into our letter-box, and we had an opportunity of glancing at it on its passage to the dust-bin. On the outside it was described as an Egyptian Dream Book, but a brief inspection showed that its real object was to publish the miraculous virtues of "Backache Kidney Pills." It was arranged so that each page dealing with the interpretation of dreams was faced by another dealing with cases of urinary trouble where the pills had worked miraculous cures—a choice mingling of the spiritual and the mundane. To add to its attractions, the pamphlet was profusely illustrated on almost every page. Although the illustrations were in black and white, nevertheless they called up memories of those described by Dickens in the "Holly Tree Inn" as being "colored with a hand so free and economical, that the bloom of Jonathan's countenance passed without any pause into the breeches of the ostler, and, smearing itself off into the next division, became ruin in a bottle."

The writer of the pamphlet invites his readers not only to communicate with him if they are ill, but also to get their friends to do so, and he will send word if his medicine will do them good. He is so kindly and universal a philanthropist that his "ear and heart are open at all times to suffering humanity." Judging by what we read, however, we have a shrewd suspicion that in every case, if his advice is going to be followed, it would be well to save postage and buy the pills straight away.

The general public are evidently becoming skeptical on the subject of panaceas, and the change in opinion has been met by providing remedies purporting to act only on certain organs. Of these pills, for instance, we are told: "Their whole action is on the kidneys and bladder—not on the bowels—and by doing one thing only they do that thing well." But this magnanimous confession of a limitation of function is hardly likely to be associated with any decrease of trade.

According to the Dream Book, chilly feelings—being easily worried and annoyed over trifles, cold hands and feet, rheumatism, poor eyesight, headaches, and numerous other symptoms are indications of kidney trouble. "Any of the above symptoms" show that the kidneys are weak or diseased, "and these symptoms are warnings of more serious trouble to follow—Bright's disease and diabetes." Moreover, in the absence of any of these symptoms, we are advised to prevent their onset by a timely resort to the pills. So the narrowing of the mesh is really accompanied by an enlarging of the net.

As usual, the ordinary cases are added in which the nostrum succeeds after doctors have repeatedly failed. There are two cases, however, of stricture, presumably of the urethra, one in a female, where the pills worked a cure after surgical interference was unavailing—a sufficiently marvelous results one might fancy. But the gems in the casket are the two following: In the first "the kidney secretions were irregular, there being sometimes a stoppage for forty-eight hours. The most remarkable feature of the case is the action of Backache Pills on the cause of this stoppage—a gall stone. The pills broke this up and passed it from the body in grit." The second is of a like nature, and heralded, as well it might be, in large type: "Backache Pills Relieved the Aching Back, Enabled Patient to Pass the Urine naturally, and finally removed a Gall Stone as large as a Bean." The writer of the pamphlet is evidently so accustomed to miracles that he only comments on these cases as being "remarkable." We should have imagined that there was hardly anybody unaware that it is as impossible for gall stones to form in the kidney, as for hens to lay torpedoes.

The pamphlet is diverting in some places, but it is pernicious in others. At the end of a section entitled "What to Drink" is the paragraph: "Beer, spirits, and tea affect the kidneys and nerves chiefly, but they may all be safely used if you keep the kidneys well." The way, and the only way, to keep the kidneys well, we are repeatedly told, is to take the backache pills. In one passage, too, we note that "even the dreaded Bright's disease can be permanently cured by Backache Pills"; and, in another, that the same remedy cures "every form of kidney disease (even in advanced stages)."

That it should be permissible to scatter pamphlets broadcast containing statements so pernicious as these last is far from a credit to our legislative methods. It is often charged against the medical profession by certain sections of the lay public that they will not examine into the
claims put forward in favor of these so-called remedies. Some have even gone so far as to assert that the profession shirks such inquiries from a dread that the claims would be found so well established that a sense of mora Iduty would compel the conscientious inquirer to relinquish the greater part of the field of medical practice to the proprietors of the nostrums in question. But the examples given above of the evidence forthcoming in favor of such drugs—and they are fair samples of the usual ones—makes it evident that any serious inquiry is totally uncalled-for and unnecessary. The quack medicine-monger finds his dupes chiefly among the ignorant. He deludes them with false hopes—too often at times of poverty, sickness, and distress.

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**Medicine in the Newspapers.**

To the medical reader there is often more excellent fooling in the daily newspapers than in the professedly comic journals. The fun is unintentional, of course, but that makes it all the better, for, as Mr. Barrie’s humorist says, two persons are required for the prosperity of a jest—one to make it and the other to see it. On the death of Professor Finsen, a Reuter’s message from Copenhagen, informed the world that the initiator of the light treatment had died of “calcination of the pericardium.”

Not long ago the *St. James’ Gazette* gave Lord Lister the credit of having devised the method of “healing by first intention,” a soft impeachment which, we are sure, the great surgeon would be unwilling to own.

But a little time before the same paper had solved to its own satisfaction the riddle of insanity by the terse pronouncement that it is tuberculosis of the brain.

Another evening paper is responsible for the statement that “hemophilia, or lust of blood, is a well-known sign of degeneration.”

Taking a few specimens at random from papers of our own country, we find in one periodical an account of “an unusual operation . . . known as decapulation of the kidneys.” The surgeon is said to have removed both kidneys, but the child underwent the operation successfully; it is cautiously added, however, that there is not much hope of her ultimate recovery.

“Antivaccins” will no doubt take note of the opinion attributed to a doctor appointed to investigate two cases of death attributed to vaccination. According to a newspaper report, he said that “the deaths did not result from vaccination or the virus . . . but from spontaneous bioplasm in the wounds on the arms of the little ones.” We have no idea what “spontaneous bioplasm” may be, but General Phelps may perhaps add it to his catalogue of the pathological effects of vaccination; it is as authentic as most of them.

A millionaire is said to be suffering from “an attack of diabetes in the right foot.” An operation accurately described as “having no parallel in the surgical world” has, we are told, been performed in Sioux City, Iowa. “A part of the third cervical vertebra was removed, the false growth of tissue removed was cleaned out, and the bone replaced.” The patient, one is glad to know, is doing well. But the removal of a vertebra for cleaning and repair is nothing to the removal of a heart almost cut in two in order that it might be stitched; this is said to have been done recently in Chicago. Perhaps the most wonderful case of all is reported from Boston. “J. J., who became paralyzed and insane from the effects of a blood clot on his brain, attempted to commit suicide by shooting. The ball fired by him penetrated the affected part, dissipated the blood clot, restored his sanity, and it is believed he will entirely recover from his paralysis.” We are inclined to share that belief, for a man who cures himself of madness by shooting himself through the head is surely reserved for a great destiny. Boston is, we know, “the hub of the universe,” and we look to it for light and leading. But we venture to hope that this new method will not be adopted as a routine treatment of insanity, at least until provision has been made for carrying it out under specially skilled supervision, and for the continuous modification of the details of the procedure in the light of information gained by research.

* * *

**Apples of Gold in Pictures of Silver.**

The average doctor must perfect himself in little things. It is these he will meet twenty times a day and the big ones, if they come his way, will be turned over to someone else. We cannot all do everything; but we can all do the things we set out to do well. Learn to give an enema properly, to pass a plug into the posterior nares, and to intubate a croup-strangled child. Perfect yourself in the handling of a hypodermic needle and don’t stab your unhappy patient in a vein or nerve. Take opportunity by the horns and when you get a case of “piles,” study them, and with care and thought inject one; but don’t do it until you are sure you have studied out the technique thoroughly. The first thing you know you will have two to ten cases of hemorrhoids a month to treat. Make a blunder at first and you will never get another victim and will write to the journals that the injection method is a fraud—which it isn’t.

The same thing applies to hernia. You can cure early every case of inguinal hernia (and some femoral) by the injection method. It is as easy as eating—when you once know how. But the little details want attention. Before you operate, invaginate your own scrotum and put your finger into the inguinal canal. Feel the tissues and get acquainted with the direction of
the internal ring. See that your needle is sharp, and when it is through the tissues prick your own finger to make sure it is in the right place. Don't hurry, run the needle up to the internal ring and then eject the solution. Afterwards see that the truss fits (put it on yourself) and keep the man in bed two days. Examine and inject again lower down the canal.—The Alkaloidal Clinic.

Japanese Students.

M. Revon, a Frenchman who was for seven years a professor in the University at Tokio, says that the most characteristic feature of the Japanese student is that he studies. So keen is he about his work that he will read by the light of a cage full of glow-worms if he can get no better source of illumination. He hangs on his master's lips, taking notes with feverish eagerness, and asking innumerable questions after the lecture. So, far from having to be urged to work, he rather needs, as Johnson might have said, to be "sublaminated." One of M. Revon's pupils went mad, and several died as the result of excessive study. Abundant provision is made by the University authorities for gymnastics and other physical exercises; nevertheless overwork is making the Japanese students a race of bespectacled prematurely aged men, foredoomed to consumption.

Overpressure begins early and lasts throughout the whole period of studentship. Before entering the University a young man has to go through the secondary and afterwards the higher schools, where, in the space of three or four years, he learns three or four European languages, besides the general principles of the science to which he may wish later to devote himself. Owing to the length of the curriculum, Japanese are for the most part older than European students; many of them, indeed, are married, and fathers of families. Academic discipline is easily maintained, as the students have the greatest veneration for their teachers, who on their part are always courteous and accessible. Exchanges of hospitalities between masters and pupils are frequent, and social intercourse is constant and intimate. The Japanese student has from childhood been familiar with the ancient maxim: "Thy father and mother are as the sky and earth; thy lord as the moon; thy teacher as the sun." These sentiments have been crystallized into a proverb of three words—Ojudi yori sodachi—which means education is more than birth.

"The Greatest Oculist in the World."

It is recorded that Homer was occasionally known to nod, and surely the genial editor, who last week admitted to his columns an unblushing and inexcusable puff of an already much-advertised foreign oculist must have been in a somnolent mood. The paragraph begins with the modest assertion that "Probably the greatest oculist in the world is Dr. Pagenstecher, of Wiesbaden." Shakespeare has told us "there is much virtue in an if," and those bold and skeptical individuals who might venture to dispute Dr. Pagenstecher's claim to the supreme position assigned to him must endeavor to draw consolation from the word probably. In the present instance it is unnecessary to recall the well-known injunction, "Cherchez la femme," for in the following description of the oculist's hands the feminine enthusiast stands revealed. "But when his hands touch one it is a revelation of the genius of the man. Beautiful hands they are; white and firm, with slim fingers and pink filbert-nails. And in each of those finger tips seems to live a separate brain, an independent visioning power." One is constrained to ask, Why are we flooded with this gush of nauseous twaddle? Can it be that the aristocracy and plutocracy alluded to in the paragraphs have had time to discover that the highly-boomed oculist is not omniscient, but must accept his percentage of failure with the rest of his medical brethren, and therefore the time has arrived when an injudicious admirer deems it advisable to bang the advertising drum? Advertisement is contrary alike to the spirit and the practice of our profession, and we earnestly hope that the lay press will aid us in our endeavor to discourage it.

Coca.

The natives of South America and laborers in that country use coca [says Dr. Malcolm E. Douglass in Med. Counselor], chewing the leaves, much as tobacco is used in other parts of the world. It abolishes the sensation of hunger for a time. This may in part be accounted for by its producing anesthesia of the nerves of the stomach. It does not take the place of food. It increases the powers of endurance and confers a singular immunity from the suffering incident to privation and excessive physical exertion. These effects are accounted for, in part at least, by the anesthetic effect of cocaine. In large doses coca increases the animal heat and quickens the pulse and respiration. By increasing the dose the nervous system is excited, with increase of desire for muscular exertion; while in poisonous doses it causes delirium, hallucinations and congestion of the brain. The general effect of coca is to stimulate the nervous system and retard retrograde metamorphosis. The prolonged use of the drug causes a degeneration of the nervous system characteristic of narcotics, though when used in moderation this effect is not observed.

The coca leaf is a great source of enjoyment and comfort to the Peruvian Indian; it is to him what the hotel is to the Hindu, kava to the South Se Islander, and tobacco to the rest of mankind, but it produces invigorating and permanently restorative effects not possessed by other stimulants.
The influence of coca on the native habitué of the tropics, and its influences upon the civilized inhabitants of the temperate zones are very different influences. Its continued use among the latter is most serious, inducing habits as degrading and pernicious as the use of opium and alcohol, and as fatal to mental and physical integrity.

The effects attributed to the drug are only what might be expected from the action of so powerful an alkaloid as is contained in the coca leaves.

There are a few cases of neurasthenia in which this agent will not be found useful. Taken after dinner it serves often to facilitate digestion, and even confirmed dyspeptics find their distressing symptoms relieved by it. It is of especial value in cases where exhausting mental labor has led to morbid depression of spirits. It is valuable in all cases of despondency. It relieves the nervous irritability that follows over-indulgence of any kind, restoring the capacity for work and renewing the energy.

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The Uric-Acid Fetish.

One of the chief objects in living is to have our idols shattered. Most of us have practiced long enough to have seen the “liver theory” totter and fall. Formerly when the condition of the patient was obscure, it was the fashion to say, “Your liver is out of order,” and prescribe calomel or other intestinal antiseptic, under the impression they were acting as cholagogues. When physiology proved this to be entirely mythical, we straightway hugged another delusion. Men like Haig had iridescent visions of needle-shaped crystals of uric acid circulating in the blood stream, thrusting their tiny javelins into kidney cell or gastric gland, and producing a train of symptoms which they profoundly designated “uric-acid diathesis.” And now for some years these sonorous words have played the part of the adverb when we were learning to parse, or as Woods Hutchinson said at the American Medical Association last year, “Uric acid has been the same sort of convenient savor-of-thought to us as therapeutists that the devil was to the older theologians.”

But scientific thinkers have never felt satisfied with this explanation which did not explain, and the last few years have brought forward evidence which will send the uric-acid theory down the stream of time.

First and foremost, it was found that even in gout, the disease par excellence to demonstrate the soundness of this theory, uric acid was not found in excess in the blood stream, nor was there any change in the alkalinity of the blood. These two facts are attested by the leading chemists of the world to-day, and so the great corner-stone of this delusion must crumble to dust. A great deal of evidence of like kind has also accumulated. For instance, a large portion of cases of gout (30 per cent.) arise from lead poisoning; still others from fermented liquor which contain no nitrogen in the molecule, and cannot therefore be a forerunner of uric acid; while some of the severest cases are the so-called “poor man’s gout,” in which the patient has taken neither alcohol nor meat in excess.

Furthermore, uric acid is often present in large quantities without causing the slightest symptoms, as in the uric-acid infares in the kidney of the new-born. In leukemia, phosphorous-poisoning and acute yellow atrophy, we find large quantities of uric acid in both the urine and the tissues, while the urine of any febrile condition in the early stage is almost identical with that of gout.

It would appear, then, that we have been mistaking results for causes, and that uric acid was no more the exciting factor of gout than were Heberden’s nodes the cause of rheumatoid arthritis. We must now look upon gout as a form of chronic intoxication attended by a disturbance in the normal production of bone, and closely related, in this respect, to rickets and arthritis deformans. Only in this way can we give a rational explanation to the many empirical remedies which have, for generations, exerted a deterring influence upon the disease.

* * *

The Treatment of Inebriety.

Our laws in no way touch that large class of persons using intoxicants abusively, who rarely, if ever, figure in police court records or in public documents at all. This is not because they are not drunkards, but because of the endless sacrifices made for them by their friends in the hopes of keeping them out of trouble and of avoiding open scandal. These are the drunkards—men and women—who wreck their own prosperity and put a curse upon the lives of countless men, women, and children. Many of them are more or less secret drinkers, and their vice is often only known to a limited circle. Probably, indeed, few, if any but medical men in large town practice have any idea of the extent of the evil and of the number of silent tragedies due to this cause.

A considerable percentage of these cases might prove to be curable if early and proper treatment could be enforced, but at present this is impossible. They must themselves apply for seclusion in a retreat, and this they can rarely be persuaded to do until matters have gone very far. This is quite natural, because many of these inebriates are as incapable of appreciating the gravity of their disease as any legally insane person; in any case, the net result is that the number of those who annually submit themselves to detention is ridiculously small. Apart, moreover, from the best interests of these patients themselves, it seems wrong that so many other people should suffer through them and through the weakness of the law.
Society Meetings.

New York Homeopathic Medical Society.

The fifty-third annual meeting was held in the ball-room of the Hotel Ten Eyck, Albany, on Tuesday and Wednesday, February 14 and 15, 1905.

The president, Dr. Bukk G. Carleton, presided. The Rev. Lorenzo D. Case opened the proceedings with prayer. The sessions were well attended by physicians from all parts of the State, not to mention visitors and contributors to the proceedings from other sections of the country.

The report of the treasurer, Dr. Charles T. Haines, showed a comfortable balance in the treasury.

The urologist, Dr. H. Worthington Paige, presented an obituary sketch of the late Dr. William L. Fiske of Brooklyn, one of the State Medical examiners and an esteemed member of the Society.


The following papers were reported under the various bureaux. They were unusually practical and interesting in character and elicited good discussion: Infant Feeding, by O. D. Kingsley; The Physician's Unpaid Debt to Youth, by George Parker Holden; A Talk on Materia Medica, by George S. Royal of Des Moines, Ia.; The Rosacea, by E. Wilton Brown; Comparisons of Chamomilla, Colocynthis and Dioscorea as Abdominal Remedies, by E. E. Snyder; Bryonia, by Walter Sands Mills; Why are the Secondary Attacks of Appendicitis More Liable to be Diagnosed than the Primary, by W. L. Hartman; Irreducible Hernia, of the Aged; of the Obese, by A. R. Grant. When to Operate for Hernia, by B. W. Sherwood; Ulcer of the Stomach and Duodenum, by George T. Morely. The After Effects of Abdominal Operations, by DeWitt G. Wilcox; The Relation of the Kidneys to Gynecology, by Homer J. Ostrom; Some Notes on the Use of High Frequency Currents in Nasal Disease, by J. B. Garrison; Laryngeal Tuberculosis, by F. D. Lewis; The Significance of Oral and Facial Deformity, by G. B. Rice, Boston; The Polyneuritic Psychosis, by Roy E. Mitchell; The Rest Treatment, by A. J. Givens; Vicarious Medication for the Insane, by J. T. Greenleaf; A Plant that Causes Non-Ruminant Animals to Lose their Hair, and The Gagus Plant, by W. U. Reynolds.

Election of officers resulted as follows: President, DeWitt G. Wilcox; First Vice President, Wm. Tod Helmuth; Second Vice President, B. W. Sherwood; Third Vice President, Geo. R. Critchlow; Secretary, H. Worthington Paige; Treasurer, Chas. T. Haines; Necrologist, John Hutchinson; Counsel, F. E. Wadams, Esq.; Censors, H. D. Schenck, G. W. Roberts, T. D. Buchanan, A. B. Van Loon, Geo. E. Gorham, Louis Faust, S. W. Hurd, B. J. Maycock, F. D. Lewis.

The banquet of the Society was held in the Ten Eyck on Tuesday evening and was largely attended. This occasion was seized upon by the Society as a suitable time to present their esteemed fellow member, Dr. Wm. Henry Watson of Utica, with a beautiful loving cup. The presentation was made by Dr. M. O. Terry, Ex-Surgeon General of the State. Dr. E. H. Porter presided as toastmaster and speeches were made by the following guests: Dr. B. G. Carleton, President of the State Society; Dr. Geo. Royal, President of the American Institute; Joseph A. Lawson, Esq., Dr. Wm. Henry Watson, Andrew S. Draper, L. L. D., T. Guilford Smith, L. L. D., and Pliny T. Sexton, L. L. D.

Cleveland Medical Society.

On Wednesday evening, February 15, 1905, the reorganized Homeopathic Medical Society of Cleveland was called to order by its new president, Dr. W. H. Phillips in the lecture room of the College Building. Dr. Wilson, President of the State Homeopathic Society, gave an informal talk on organization, his remarks were terse, pithy and to the point; he suggested the forming of medical societies in different parts of the State, something on the order of the North-Eastern Homeopathic Society, and the inauguration of an aggressive campaign in behalf of homeopathy.

The lukewarmness of recent graduates in affiliating with the State Society was much to be deplored. He closed with a ringing appeal to all present to “put their shoulders to the wheel” and aid in every way possible their schools and organizations.

Dr. Baxter thought absence from the field of one’s labors sometimes aided them not only in gaining knowledge, but in securing them clients on their return home, especially when it was known they were attending the meeting of a medical society.

Dr. H. D. Chamberlin presented a short outline, and demonstrated on the living subject, Pelvimetry, which was really the important feature of the evening. It was discussed by Drs. Biggar, Jewett, Siemon and Palmer.

Drs. H. F. Biggar and E. H. Jewett gave interesting and instructive talks on obstetrical remedies, their uses, abuses and many times utter uselessness during the puerperium.

Dr. G. W. Roberts of the Homeopathic College of New York, is to be present at the next meeting and give some ideas and practical hints regarding gynecology, and if possible he will hold a surgical clinic the day of his arrival.

The Society now boasts of a membership of 100-25 new members having been added to the roster at this meeting.
Book Reviews.


Of the three former editions nearly 40,000 copies have been disposed of. In this edition every chapter has been extensively modified, and many of them have been partially, and some entirely, rewritten. Notably among such chapters are those on Surgical Bacteriology, Tumors, the Osseous System, Orthopedic Surgery, the Surgery of the Nerves, the Joints, the Abdomen, etc. The most recent researches of Monks on the Intestines, Cric and Cushing on Shock and Blood Pressure, Matas on Neural Infiltration and Aneurism, Edebohls on Renal Decortication, etc., have been included. The use of paraffin in nasal deformities, the methods of spinal and local anesthesia, and the newer anesthetics have also been described. And this is but an illustration of the completeness and thoroughness of the entire work.

Besides the extensive revision and amplification of the old matter, there have been added six new chapters of the utmost importance, written by men whose positions and experience especially fit them to speak with authority. These chapters are Military Surgery, Naval Surgery, Tropical Surgery, Examination of the Blood, Immunity, and Surgery of the Pancreas. Though there was a brief chapter on the Pancreas in the third edition, in the present edition it has been expanded so greatly that it really is wholly new, the modern surgery of the Pancreas having been created since the last edition. In fact, we know of no single-volume work that is even its equal in the expounding of the advanced and practical principles of modern surgery.

A Text-Book of Clinical Anatomy. For Students and Practitioners. By Daniel N., Eisenbraut, A. B., M. D., Clinical Professor of Anatomy in the Medical Department of the University of Illinois (College of Physicians and Surgeons); Attending Surgeon to the Cook County Hospital, Chicago, etc. 515 pages, 155 illustrations, a number in colors. W. B. Saunders & Co. Cloth, $5.00 net; sheep or half morocco, $6.00 net.

The subject of anatomy, especially clinical anatomy, is so closely allied to practical medicine and surgery that it is absolutely impossible for a physician or surgeon to practice his profession successfully unless he have an intimate knowledge of the human structure. In his preface the author states that the primary object of his work is to serve as a bridge for both the practitioner and student from descriptive anatomy, as it is usually taught in the first two years of a medical course, to its daily application at the bedside, in the clinic, or in the operating room. The method of illustrating the subject is novel, special attention having been given to surface anatomy. The illustrations themselves are the result of a great deal of painstaking study, outlines having been marked upon a normal artist model, and then photographed. They are reproduced in the highest style of art, and show far better than any we have seen, the relation of anatomic structures from a clinical standpoint, presenting to the practitioner a picture as met at the bedside, with the skin covering the tissue. The work is indeed magnificent; text, illustrations, paper, typog- raphy, and binding being of unusual excellence.

A Text-Book of the Practice of Medicine. By James M., Anderson, M. D., Ph. D., LL. D., Professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Sixth edition, thoroughly revised and illustrated. 1390 pages, fully illustrated. W. B. Saunders & Co. Cloth, $5.50 net; sheep or half morocco, $6.50 net.

This is the sixth edition of this unexcelled work in as many years. The general plan and principles of classification adopted in the previous editions have been retained. Differential diagnosis is a most important branch of diagnostics, and than this tabular method we know of no superior way of familiarizing the practitioner and the student with the outstanding features of simulating diseases. Malaria, yellow fever, bacillary dysentery, cholecystitis, certain animal parasitic diseases, and the use of the X-rays in diagnosis and treatment have been fully discussed, incorporating the results of the most recent investigations. Among the new subjects introduced are Paratyphoid Fever, the Fourth Disease, Trypanosomiasis, Orthostatic, Albuminuria, Transcortical Aphasia, Adiposis Dolorosa, and Amaurotic Family Idiocy. Every affection has been treated separately, particular attention being paid to its clinical character, diagnosis, and treatment.

Nervous and Mental Diseases. By Archibald Church, M. D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and Frederick Peterson, M. D., President New York State Commissioners in Lunacy. Fourth edition, thoroughly revised and enlarged. Handsome octavo volume of 922 pages, with 335 illustrations. W. B. Saunders & Co. Cloth, $6.00 net; sheep or half morocco, $6.60 net.

The fourth edition of this excellent work in as many years. The revision has been thorough, all the latest knowledge on the subjects having been incorporated, including the recent work regarding the healing of nerves. The subject of Intermittent Limping, now definitely known to depend upon a lesion of the posterior root ganglia, and Herpes Zoster have been given a section each. Another addition is the discussion of that form of epilepsy marked by myoclonus, furnishing the so-called Combination Disease. Further importance has been given to symptomatology and symptomatic disturbances, and the diagnostic value of
astereagnosis and of Kernig's Sign has been elaborated.

A useful addition to the portion of the book devoted to insanity is a new section consisting of a critical review of the German Schools which have recently made such important advances in psychiatry.

In many ways this work will be found of unusual assistance not only to the specialist, but also to the student and general practitioner.


Completely covers the surgical anatomy and operative technic involved in the operations of general surgery. It is constructed on thoroughly new lines, the discussion of the subject being remarkably systematized and arranged in a manner entirely original. A feature of the work to which we would call especial attention, and for which alone it is well worth the price, is the wealth of magnificent illustrations. There are 559 of them, all entirely original. They depict the progressive steps in the various operations detailed with unusual clearness, and at the same time represent the highest artistic excellence.

The text is fully abreast of the latest advances in surgery, all the recent improvements along the line of technic being adequately discussed. Another feature distinguishing it from other works on operative surgery is the treatment of the anatomic side of the subject in connection with the operative technic. The illustrations will be found of particular assistance in this connection, the muscles, bones, etc., being clearly indicated, together with the lines of incision. It is a magnificent work, and we have yet to see its equal.


The usefulness of this book to the nursing profession is manifest by the fact that a second edition has been called for. It is necessary for an obstetric nurse to possess some knowledge of natural pregnancy and of its consequent diseases; and as gynecologic nursing is really a branch of surgical nursing, special training and instruction are required to meet the conditions arising. This book just fills the need, everything that the obstetric and gynecologic nurse should know being included. The second edition shows evidence of having been carefully revised throughout, and considerable new matter has been added. It would be well if every trained nurse possessed a copy of this book, for it certainly is of inestimable value.

Globules.

—Members of Institute and State Society bureaus should not forget the rapid oncoming of their meetings and be prepared.

—Dr. J. H. Wilson, of Bellefontaine, O., president of the Ohio Homeopathic Medical Society attended the February meeting of the Cleveland Homeopathic Medical Society, and gave an address on organization.

—That wonderful cure-all of the Twentieth Century entitled "Liquozone" has been repeatedly analyzed by competent chemists and by them reported to be nearly all water containing neither free oxygen or ozone. This is another tribute to the value of suggestion in self-treatment—if one may believe the testimonials found in print touching the cures effected by this bottled water.

—The printed volumes of Transactions for the year 1904 of the Ohio, the Pennsylvania, and the New York State Societies lie before us, all nicely printed. A cursory examination of their pages shows careful arrangement of the matter. The matter itself makes good reading and bears testimony to the interest taken by the several memberships in the spread and practice of homeopathic medicine.

—Johnson's First Aid Manual is a splendid little manual devoted to first aiding the wounded. It is practical, which cannot be said of many First Aid instructions, which, usually, require so many things that are not to be had except at the instrument makers or the pharmacy that the First Aid part of it is really a farce. Johnson's book, however, is arranged to be of instant service, and with such few every-day articles, commonly to be found in any household, that it is what its title calls it—A First Aid Manual.

—in three distinct lines the remedy [Bryonia] acts with positiveness, and the exact indications within these lines should always be carefully noticed First, the remedy acts specifically upon serous inflammations; second, upon inflammations of the synovial membranes; and third, upon acute inflammatory conditions characterized by tenderness upon deep pressure, and quick, sharp, shooting pains. It is certainly a remedy for acute pain in inflammatory disease, when the pain is aggravated by movement, or relieved by pressure; when there is an elevated temperature; with pain, frequent vibratile pulse, the muscular structures sore and tender, as if bruised; when the cheeks are flushed, or when from the fever there is frontal headache, which extends backward to the basilar region.

Bryonia is of especial value in acute inflammation of the bronchi or pulmonary structure, when there is persistent temperature with acute cutting pains, and a persistent aggravating cough, which is usually described as of a hacking character—a short, sharp, irritating cough.—This per-
sistent irritating cough, is accompanied with extreme soreness in the region of the larger bronchi, and usually during the progress of the fever there is a bright red flush upon the right cheek.—Ellin-
wood.

—Our good friend and brother editor, Dr. E. H. Porter, was toastmaster at the banquet of the New York State Society. Dr. Porter makes a charming presiding officer, his introductions of the toasts being unusually clever and "apropos." From reports received of his work at the New York State banquet he was in his element and kept the occasion from falling into dry and monotonous ruts.

—We have to report that the State printed under the picture of Dr. H. R. Stout found in our February issue should have been Florida and not Illinois. This may seem almost unnecessary—this statement, for no one of his many friends would for a moment notice this except as a printer's mistake, for everybody and his wife knows the Bishop of Florida. It is a little troublesome, this being so far away from the print shop, and besides being reasonably busy taking care of the homeopathic colleges, and such little parish practice as we have occasionally. Our sincere apologies, however, to our good brother of Florida, and may he come to Chicago next June and have a really good time with the "boys."

—It seems to us that the New York State Homeopathic Society, which leads in matters of Homeopathic Medicine, also prepares the way for a solution of the vexed problem in the American Institute of Homeopathy. It sends out a printed ballot containing the names of candidates for the several offices, and requests that the member receiving the ballot shall indicate his preference by prefixing an X to his choice, place the ballot unsigned in the envelope which accompanies it, marked "Ballot." seal it, address and mail it to the secretary. On the corner of the envelope addressed to the secretary the member writes his name and address. How the nominations are made we do not recall; but certainly the method of election takes all the politics out of the Society proceedings; it makes as subsidiary that which has been for so many years the prime object in the American Institute, and which has caused so much unhappiness and trouble in that Institute. The State Society method also has this further recommendation, that it gives each member in good standing an opportunity to vote whether he will be present at the oncoming meeting or not. We have no doubt that the practical politicians of the American Institute will vote down such a proposition in short order. It seems to be their tenet and belief that an absent member has no rights in the Institute save and except the payment of his dues in order that the small and select circle of favored ones may continue to elect officers and conduct the affairs of the Institute. But will the absent member always permit himself to be defrauded of his rights? We shall see.

—A homeopathic correspondent from a South Australian port writes us that he graduated from a German university but failed to buy his diploma which, over there, as he alleges, is a matter of considerable expense; and that now in his new place in South Australia, he is not allowed to practice without such diploma. He thereupon requests that we procure such diploma for him from some of our American Homeopathic colleges, he promising to keep secret our endeavors and our success in his behalf. Have any of our colleges a medical diploma to spare this far-distant brother?

—The New York Homeopathic Medical College and Hospital (of which we can never find any but to say save good and proper things, and things that do not rile its alumni and officers as it seems we do those of some other colleges), will have its Practitioners' Course beginning May 1 and ending May 29th. If you have time to attend these lectures and operations apply at once for the program; and if you know of any brother of the profession who would be extra benefited by such post-graduate course advise him of this splendid opportunity to add to his knowledge of medicine although all that pertains to the great field of medical learning is his by tradition, by inheritance, by right.

—In addition to the secretary's report of the recent meeting of the New York State Homeopathic Medical Society recently held at Albany, which speaks for itself, we learn from a correspondent "that we had a bully good meeting; the attendance was large, enthusiasm great and the indications that our State Society is in a more healthful condition than it has been in a good many years. We had a number of first-class papers which were thoroughly discussed. Some changes in the by-laws were suggested, one of which is that we have but one meeting a year instead of two, and that that one shall be in September and not necessarily in Albany." In the election of Dr. DeWitt G. Wilcox, of Buffalo, to the presidency the Society has elevated a most worthy gentleman, practitioner and specialist. His conduct of the office of Secretary was a marvel of intelligence, compactness of detail, and progressiveness in every Society feature. Dr. Wilcox is an advanced thinker and worker, and the profession of Homeopathy will not be disappointed in his work as chief officer of this great and banner Society.

—There seem to be some more "doings" at Kansas City in the homeopathic college line. There are now charges floating around of the getting away with money formerly voted to defray the expenses of a faculty banquet at the Midland hotel; and the party so charged is being terrorized with a penitentiary sentence in order to cause him to disgorge. The registrarship of the college has been handed over to an excellent gentleman, a
lawyer, who was graduated as an M. D. last year, who practices law, with a law office as his headquarters. He is a fine bacteriologist, but no one accuses him of being a medical man. It might be pertinent to ask why the Kansas City College conferred the medical degree upon this gentleman? Another story from that same city on the hills is that the homeopathic hospital is likely to go under from lack of business. Hahnemann college has been asked to take it in at a low figure, but, alas, they have nothing on hand for such purpose. If the Chicago Homeopathic couldn't keep its doors open with its alleged harmonious faculty, its big bunch of students, and still bigger bunch of professors, how does this Kansas City affair hope to perpetuate itself many years?

—On his way back from the New York State Homeopathic Medical Society meeting held at Albany recently, Dr. George Royal, president of the American Institute of Homeopathy, lectured at the Ann Arbor University upon an important materia medica topic and in the evening of the same day held a materia medica clinic. We had a cordial invitation to be present, and only our necessities, not our will, prevented our attendance. Dr. Royal always talks straight from the homeopathic shoulder and says something when he talks. Those who attended were pleased as well as instructed.

—The Ohio State Board of Registration of Health is now engaged in preventing the spread of syphilis by resolution and circulars. This is another of those official documents which give evidence of the good intent of this board and as well of its impractical touching of things that can avail as nothing. The circular is in the form of kindergarten advice to graduated and practicing physicians telling them what not to do and so forth with such patients. As if physicians have not already known these things and exercised due diligence in keeping their patients informed of the absolute necessity for scrupulous cleanliness.

—We had the pleasure of a visit from Dr. M. W. Kapp of Akron, Ohio, who is "knocking" around trying to find some easy place in which to get rested. He says he is badly worsted with his many years of hard work; and having done well financially, wants to go away for six months or a year, take some post-graduate work, and eventually turn up for business in California. Dr. Kapp was one of the bright Homeopathic students in one of the classes of the Cleveland Homeopathic College before we had been dropped from the professorship for cause. He is still as enthusiastic as when later he sat in our dining room with a class of thirty others and took private instruction in practical materia medica and homeopathy.

—The working of a homeopathic prescription is like that of a simple equation in algebra: $a+b-c$ is canceled by $a-b+c$, and that only $x+y+c$ will not touch the case in any but a bad way. If your $a-b+c$ prescription has failed, and you are sure of your simillimum, try $a^3-b^3+c^3$.—Jno. A. Rendall, in Med. Advance.

—Wasn't that a bit of poetical irony that we should have published Prof. Gilbert Fitz-Patrick's handsome portrait in our January issue at the very head of our philosophizing on the late lamented Chicago Homeopathic Medical College, which article and philosophy we have been informed he most heartily resents and dislikes. But his is a handsome picture, and we believe it has done much to lighten the gloom which o'er-spread the long queue of alumni of the aforesaid Late Lamented upon reading our I-told-you-so philosophy.

—Long before these words written "in haste" and with a squeaky pen are seen by our many readers there will have been the usual spring crop of Homeopathic Recent Graduates, and the faculties will cease for a time from their strenuous labors. What the next six months will bring forth is not in the ken of human mind. It always seems a bit singular to us, that with such manifold and manifest advantages for our graduates, as blazoned on the street corners and house-tops by the several colleges, we are able to get together so few students while the other school is doing its usual work. We have tried to explain this peculiar discrepancy because of the stringent rules of the Examining Boards but that won't do; for they apply with equal force to the other schools. How many of these forthcoming graduates will be, in truth, homeopaths?

—The February number of the New England Medical Gazette comes to us with a reorganized editorial staff with Dr. Walter Wesselhoeft chief. The names given of associate editors and departmental editors are all well known, and a symposium of good medical matter may now be expected. Homeopathy does not belong to any special district, section or State of the United States. The plea and appeal that the Gazette should be supported by every New England homeopath are based on sentimentality and not upon good business foundations. Unless the down east homeopathic physician is vastly different from what his brother is hereabouts, he will pay for that journal which gives him best what he wants and needs in his professional life, whether it be the Gazette, the North American, The Medical Century, The Hahemannian or the The American Physician. In the matter of homeopathic medicine especially as to its publications there should be no north, no south, no east, no west, simply one grand field for those who can best work and best agree. The Presidential Address by Dr. Frederick W. Halsey of Boston to the Massachusetts Surgical and Gynecological Society is a fine product and should be read a second time; we congratulate the Gazette on this truly excellent paper.
THE AMERICAN PHYSICIAN.

—P. Blakiston Son & Co. announce that during the year 1904 15,000 copies of Gould's Medical Dictionaries were sold, making all told to date 181,173.

—Dr. Benj. F. Bailey's sanatorium at Lincoln, Neb., The Green Gables, is fitted up to meet any form of medical or surgical emergency. Every patron remains a personal friend.

—The Buffalo Express (Illustrated) for Sunday, February 26, carries a very handsome picture of Dr. DeWitt G. Wilcox of Buffalo, elected President of the Homeopathic Medical Society of the State of New York. There is also a brief account of the meeting at which the distinguished doctor was elected.

—Our esteemed contemporary, The Hahnemannian Monthly for March, gives place to an obituary notice of Dr. D. H. Beckwith. This will surprise Dr. D. H., who, so far as last heard from, was still with us, active, energetic and robust. His brother S. R. was doubtlessly meant, who departed this life at a ripe old age.

—The twenty-ninth annual session of the Missouri Institute of Homeopathy will be held at Kansas City, Mo., on April 24, 25 and 26.

The various bureau chairmen have been actively at work for several months with gratifying results, and an interesting meeting is assured. George A. Mellies, M. D., Secretary, 2839 Cass Ave., St. Louis, Mo.

—Answering an oblique reference in one of our recent issues touching the arrest and conviction of a West Virginian merchant for selling Peruna, which the court adjudged to be selling liquor without a license, Dr. Carr, editor of Medical Talk, writes us a long and plausible letter, in effect defending the use of Peruna. Remembering that Dr. Carr is a medical graduate and presumably familiar with the professional feeling touching secret remedies and patents, and also recalling that this clever editor was formerly a minister of the gospel, we much wonder at his special pleading for a liquor-soaked patent medicine. From another source we learn that a New York physician has three chronic "Peruna drunks" under treatment in his asylum.

—In a recent instance of suspicious skin lesions where mercury, though indicated, could not be tolerated in any form, not even in the highly attenuated homeopathic form, we substituted Cypridinl and accomplished our results, a little slowly perhaps, but without danger to the patient, and with extreme satisfaction to ourself. The gluteal injections of this remedy we did not resort to, not being willing to subject this patient to that form of treatment except as a durn-you (last) resort. From a returned medical traveler in Europe we learn that this is the only form of treatment employed in many of the German hospitals—these gluteal injections of Cypridin, and that the results are prompt and satisfactory.

—Comparative Effects of Small-Caliber High Velocity Bullets with Bullets of Large Caliber and Low Velocity, by Dr. Howard Crutcher, is a reprint from the Illinois Medical Journal. It handles a novel topic in a refreshing and interesting way. It is, of course, of more direct interest to the surgeon than to the high-potency homeopath. Still the latter may read it with profit.

—We were riding in a street-car the other day, when a letter-carrier said to us, as we passed the house of a lady-doctor: "Say, Doc., that woman's got quite a reputation as a Relieving Doctor." "As a—what?" queried we, not quite grasping the sarcasm. We had heard of eye-doctors and throat-doctors, and corn-doctors, and a half-hundred of other kind of doctors, but never of Relieving Doctors. "Why," said he, "when girls in the country get into trouble and come to the city, she relieves them!"

Why the difference? In speaking with a lady-patient a few days since concerning the sweetness of disposition, gentleness of manner, as well as social and financial success of a neighboring lady, we were disagreeably astonished at the sharply delivered retort discourteous: "Oh, yes, but I remember quite well, when she went out washing!" In speaking of men here and there in public life, or of those who occupy creditable positions, how often it runs along in this wise: "Yes, George, has done remarkably well. I can remember as if it was yesterday, when he was blacking shoes down here on the square and jumping cars selling papers. Now look at him. I tell you there was git up and git in him," every word that of praise, because of his humble beginnings and his present standing among men. "Wasn't that one of the things that a handful of snobs in Wisconsin tried to throw against its afterward successful Governor—i. e. that he was the son of a poor man, a man kept by the town and generally worthless; that he helped his mother on washdays and did all manner of chores and hard jobs as a boy? And you know what the result proved to be? But why the difference in feeling between the sexes. Why should it be a disgrace for a woman to have done washing at an earlier time to support herself and her little children, when later in life she has attained a sufficiency of the world's means through other honest channels? Funny, isn't it, or is it?

—The Angier Petroleum Emulsion Company, is sending out at a nominal price a box of office cards for keeping accounts on, that are very desirable in doctors' offices. One of the series is arranged for urinalysis record; another for temperature; and the third for ledger account.

The American Physician.

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Something on the Treatment of Abscesses and Sores.

By E. H. Pratt, M. D.

Chicago, Ill.

Abscesses and sores are of such common occurrence as to appeal to all of us for relief, and as sometimes they are so exceedingly annoying by their obstinacy, the more resourceful we are in our curative measures, the less will be the care and trouble which these annoying complications visit upon us.

Two years ago I was summoned to amputate a paralyzed and sloughing right arm. The patient was a lady past the middle age of life, and very feeble. The paralysis of the arm was complete and the sloughing was extensive over the forearm and the hand, at least one-third of the integument between the elbow and the tip of the fingers being sloughed away, exposing the underlying muscles, and the margins of the remaining skin being shelved and fringed with gangrenous margins. The discharge from the sloughing surface was abundant and offensive. I immediately saw that the woman was in no condition to sustain the shock of an amputation of the arm and that such a heroic proceeding would be very speedily fatal, and that the only way of saving the patient's life was to make an effort, at least, to save the arm. She was, therefore, placed under an anesthetic and her pelvic organs put in repairs, which means, in detail, that the hood of the clitoris was loosened and shortened, the cervix, which had been lacerated in childbirth, repaired, and the last inch of the rectum trimmed of all abnormal conditions and dilated. Attention was then given to the arm. The gangrene was trimmed away from the margins of the skin, care being taken not to draw blood. The lacerated surface of the forearm was thoroughly doused with normal salt solution, after which strips of nosophen gauze, saturated with Bovinine, were fluffed and applied, so as to cover the entire ulcerated area, which necessitated a thorough packing beneath the shelving margins of the remaining integument.

The patient stood the anesthetic but poorly, and stimulating measures were needed to secure reaction. Instructions were given to soak the packing in the wound with Bovinine three times a day, changing the dressings daily. The first part of the instructions was followed, but the instructions to change the dressings daily were misunderstood, and the dressings were left unmolested for six days, at which time they became offensive and were changed, after which they were left unmolested for another six days, except for the exposure necessary to keep them saturated with Bovinine. This treatment was continued to complete recovery, which took place within a few weeks, without skin grafting. The arm recovered from its paralysis and the patient has been in good health since.

The lesson in this case was the marvelous effect of leaving the dressing upon the wound, unmolested for a number of days. Upon reflection, we can at once see that this is merely an imitation of Nature's way of healing a wound, which is by scabbing, and that the practice of removing dressings from the surface of a wound, be it a superficial sore, properly called an ulcer, or one projecting deeply into the tissues and constituting a sinus, disturbs the formation of granulations and retards the healing process.

Permit me to detail another case, for, while it illustrates the same point, it shows, in addition, that the principle works in abscess cavities as well as in ulceration of the surface. This patient was a day laborer who, in the use of the shovel, was in the habit of making use of his knee as a lever. Being of a tubercular family, perhaps the trouble which came upon him was the easier induced. At any rate, he presented himself at the clinic of the Chicago Homeopathic Medical College, with extensive, although sub-acute, synovitis of the left knee. The joint was terribly distended with effusion, the patella floating; the tissues above the patella, for some inches, on the anterior surface of the leg, were also puffy.

Under an anesthetic, an incision was made a little above the joint, near the patella and large enough to permit the introduction of the index
finger into the joint. An examination disclosed incipient caries of the inner border of the patella. This was curetted. An opening was then made near the margin of the patella and below the joint, on the inside of the leg, through which an inserted index finger was able to detect a carious surface on the upper extremity of the tibia, lying between the articular surfaces, in front of the spine of the tibia to which is attached the crucial ligaments of the joint. This carious surface was also thoroughly curetted, after which a tube was carried from one opening to the other, thus draining the joint cavity.

At the end of two weeks the patella no longer floated, the joint was no longer sore, but the patient sustained a steady rise of temperature and the puffy condition above the patella on the anterior surface of the thigh increased. The tube was removed, and after another week's delay, as there was no remission in the fever or the puffiness of the lower thigh, he was again placed under an anesthetic, and the projecting bursa above the knee were freely opened. An incision was made from the upper margin of the patella along the inner margin of the tendon of the rectus femoris, six inches in length. Through this wound considerable pus and a large amount of granulations were removed. As the sero-purulent cavity extended well down the popliteus on either side, counter openings were made both on the inner and outer side of the knee, about an inch above the joint itself. These openings were made large enough to afford digital exploration. Large bunches of granulated tissue were curetted away from this extensive cavity, which encased the full circumference of the femur for about its lower third. After the cavity had been thoroughly freed from all exuberant granulations and cleansed of its bathing of pus, its whole surface was swabbed, first with 95 per cent. carbolic acid, and afterwards with alcohol. Through the six-inch opening on the front of the thigh, this whole cavity was packed with iodoform gauze soaked in Bovinine by frequent application, but the dressings became exceedingly offensive and were taken out, three successive days, after which time the repetition became so difficult that it was abandoned, and the cavity permitted to collapse so that its surface could come into approximation and unite.

The singular part of this case is that in ten days' time from the opening of this extensive abscess—which was evidently tubercular although no microscopical examination was made of the granulated tissue—the whole cavity was entirely healed, and without the slightest trace of purulent discharge, and in five weeks from the time of the first operation the man was able to walk without cane or crutch and with very little limping. A few subsequent treatments with Rogers' lamp, and a little manipulation sufficed to re-establish circulation throughout the disturbed tissues, and the man made a complete and uneventful recovery.

The great lesson in this case is, once more, the principle of leaving the dressings of the abscess cavity undisturbed for a number of days in succession. Of course the basis of the success was a thorough surgical procedure, but if this had been followed merely by the use of ordinary drainage tubes, or if the wound had been dressed daily from the start, in all probability the case would have been a prolonged one and recovery not only less speedy, but less certain.

The fever which the patient sustained at the time of the second operation immediately subsided and he sustained scarcely any suffering throughout the case. Morphine was used for twenty-four hours after each operation.

There may be other foods besides Bovinine that will be found serviceable for local feeding and for keeping dressings sufficiently aseptic to permit prolonged retaining of the dressings in abscess cavities and upon ulcerated surfaces, but this preparation has given such great satisfaction that it has not seemed necessary to search out a rival for it. While Bovinine contains germs, they are not pyogenic, and so its use never results in any type of sepsis.

In the same manner it is possible to treat pelvic abscesses and fistulous tracts with the final result of rapid and satisfactory recovery and with a deep sense of security from infection. The swabbing out of pus cavities with carbolic acid, followed by the immediate and abundant application of alcohol, has a rival in iodine, especially if the case be tubercular, and in the compound tincture of benzo inhibit, and especially a mixture of carbolic acid and menthol crystals in proportions of forty and sixty per cent. respectively. This combination was furnished me by Dr. Hartman of Syracuse, New York, and has proven itself one of the most valuable adjuvants in the treatment of ulcers, fistures, abscesses and sores generally, that has ever been at my disposal.

The action of the new lights in the world would
be reported upon, but it is, perhaps, as well to
await their longer trial before comment upon their
action is undertaken.

If the suggestions which this paper presents are
put in practice where cases of skin grafting seems
to be demanded, it will furnish a good many sur-
prises at the wonderful repairs which Nature will
make under cover, as suggested which she ab-
solutely refuses to institute when her processes
are molested by frequent dressings. Skin graft-
ing will not be so frequently a necessity as a
means of securing surface healing.

Treatment of Genito-Urinary Troubles.

Cystitis being the most frequent of the chronic
inflammations of the urinary tract, we may take
it as an example for consideration. My ex-
perience with hundreds of these cases taught me to
always examine the urine closely. From a ther-
apeutic standpoint, we are not interested so much
as to just where the irritation is located as we are
in what will cure the patient. In these cases I
have prescribed cystogen, which has a direct ac-
tion upon the mucus membrane of the genito-
urinary tract. Formaldehyde is liberated in the
urine, and the whole tract, from the glomerulus of
the kidney to the meatus, is bathed with a solu-
tion of formaldehyde, thus preventing the forma-
tion of pus, allaying irritation and overcoming
decomposition. Cystogen aperient was pre-
scribed in many cases. This is an effervescent
salt of cystogen, containing phosphate of soda,
and its administration was followed by marked
improvement in all cases. Cystogen aperient
should be prescribed when a laxative is desired in
connection with the therapeutic effect of the
drug.—Brose S. Horn, M. D.

Painful Menstruation in Virgins.

Dr. Wm. Sellman of Baltimore read this paper
and pointed out the necessity of giving relief to
young unmarried women who suffered from pain-
ful menstruation. He considered the forms of
dysmenorrhea that could be relieved by operation.
These means should not be of a character to un-
sex the patient. Lastly he spoke of that class of
cases in which dysmenorrhea was due to a gen-
eral systemic neuralgia. In these cases, electric-
ity in its different forms afforded great relief. It
was doubtful in many of these cases whether the
removal of the appendages would accomplish any-
ting more than bring about a premature meno-
pause.

Dr. H. W. Longyear of Detroit stated that in
operating, if one ovary or a part of an ovary could
be saved he did so. He would enter a protest
against operating on cases of dysmenorrhea that
were of short duration in young girls.

Dr. William Humiston of Cleveland, Ohio, had
seen cases with a narrow, conical os, menstruating
without the least sign of distress, but the moment
an inflammatory condition of the mucosa was

added, that moment the patient began to have
painful menstruation.

Dr. D. Tod Gillian, Columbus, Ohio, spoke of
the undeveloped condition of the uterus as a cause
of dysmenorrhea. It was not the result of sten-
osis of the internal os, but to an immature condition
of the uterine tissues.—Med. Review of Reviews.

The thing that surprises us most in the above
article is that not a single voice was raised to pro-
claim the almost magical effects of antikamnia
tablets in such cases. We can readily recall quite
a number of cases in which extreme suffering
(dysmenorrhea) was promptly relieved, not by
operation, but by antikamnia tablets. Evidently
these men were surgeons only.—Ed. Massachu-

The Treatment of Nasal Catarrh.

Mannon (Cincinnati Lancet-Clinic) finds no
danger whatever from the use of the nasal douche
provided ordinary care is taken and a proper sol-
lution is employed. The charge that post-nasal
douching is prone to excite inflammation of the
middle ear he does not find sustained. All the
leading specialists employ this method of treat-
ment in the posterior as well as the anterior nares
with equally good results. The doctor has had
chronic nasal catarrh of many months' duration
yield to douching when heroically employed.
Listerine to which a small quantity of bicarbonate
of soda has been added is his main stand by. If
hemorrhage is a controlling feature he uses in-
stead a saturated solution of tannin acid to each
ounce of which ten grains of carbolic acid has
been added. When the tendency to bleed ceases
he returns to the listerine solution. Treated in
this way the most pronounced cases yield in three
or four weeks and are not prolonged by complica-
tions or sequelae.

No More Poulticing in the U. S. Army.

In a recent notification by the Surgeon General
of the U. S. Army, it is asserted that all the good
results from the poultices can be obtained in a
more cleanly way by the use of wet hot com-
presses. Hence the order to the army surgeons
to drop linseed and linseed meal from army med-
cal requisitions.—Virginia Medical Semi-
Monthly.

We highly approve of this order as far as dis-
carding poultices made of putrescible and bac-
teria-breeding materials is concerned, for that is
what has been done by all up-to-date physicians
in private practice, but we can hardly recommend
the substitute offered. We supposed that every-
one in this enlightened age was using antiphlo-
gistine in all such cases because of its advantages
over everything else in permanency, efficiency and
cleanliness. Compare antiphlogistine, renewed
but once a day, with hot compresses renewed
every twenty minutes, and we cannot imagine
anyone using compresses when antiphlogistine is
available.
**Hemorrhagic Choroiditis Treated with Stypticin.**

Professor Max Peschel of Frankfurt states that during the last few years he obtained undoubted curative results from the internal employment of stypticin in chronic choroiditis, with hemorrhages from the vitreous. The stypticin prevented further hemorrhages, and the vitreous thus cleared up, the resorption of the cloudiness progressing uninterruptedly. The author noticed these effects not only in the vitreous, but also in the choroid itself, and in the retina. The stypticin prevented further hemorrhages, and the hemorrhage that was present became absorbed.—Deut. med. Woch., 1904, No. 44.

*Tyree’s Antiseptic Powder.*

This is a preparation containing sod. bor., alumen, ac. carbon., glycerin, the cryst. principles of thyme, eucalyptus, gaultheria, and mentha.

For Leucorrhea, Gonorrhea, Vaginitis, Pruritis and ulcerated conditions of the mucous membrane, one to two teaspoonfuls to a pint of water is used three or four times a day. For Scrofulous, Syphilitic and Varicose Ulcers, the powder is applied full strength or dilute with Boracic Acid. For spraying the nose and throat, from twenty-five to one hundred grains to one pint of water (it dissolves immediately). For immediate deodorizing and disinfecting, sprinkle the Powder direct upon the object affected; the results will be instantaneous. For Prickly Heat, Poison Oak, Squamous Eczema and other conditions of a similar nature, from one to eight teaspoonfuls to a pint of water is used. For profuse and offensive perspiration, swelling, soreness and burning of the body and feet, use full strength or diluted with water. As a delightful toilet preparation after the bath and shaving, from one to two teaspoonfuls to a pint of water. The price is practically nothing. Ten cents’ worth will make one gallon of standard solution.

*Items of Interest.*

—Codeine, from *Papaver somniferum,* or opium, discovered by Robiquet in 1832. It occurs in white crystals which are soluble in water, alcohol and ether. It is sedative and analgesic, but when given alone is in no way comparable in efficiency with morphia. The chemically pure product which, according to the United States Dispensatory, is rarely found, has the advantage of not inducing a drug habit or of checking secretions. The ordinary codeine of commerce often produces these results, when not inert, because of the morphia which it contains and to which it usually owes whatever virtue it possesses. The largest refiners and users of codeine in this country state that of the many samples which they have tested, but few were free from coherent alkaloids of opium and that these were of feeble and variable strength. They find that the analgesic and sedative properties of pure codeine are so greatly, and unaccountably, increased by its combination with certain remedies with similar properties, that one firm has ceased marketing codeine uncombined with such other ingredients as would ensure satisfactory results. For example—one-quarter grain of codeine combined with 5 grains of salacetin will relieve rheumatic and neuralgic pain more effectually than ½ grain of morphia alone. That amount of codeine would produce scarcely any perceptible effect, and the 5 grains of salacetin taken alone would be nothing like so efficient as the morphia. An attractive feature of this combination of codeine and salacetin in the treatment of rheumatism and other painful lachemic conditions, is that while codeine greatly increases the pain-relieving efficiency of salacetin, it in no way interferes with its eliminative action—a matter of importance where the elimination of uric acid is necessary to successful results. We note that Bell & Company of New York and Chicago, the firm to which we refer, make a tablet of this combination which they call Sal-ceodia Bell. There is an advantage in employing this preparation because their codeine is absolutely pure and under no conditions either checks secretions or induces a drug habit; while if the combination is extemporaneously prescribed, commercial codeine would probably be used and the eliminative properties of salacetin counteracted.—From Journal of Nervous and Mental Diseases.

—Nervous exhaustion and melancholic mania are relieved by celerina in teaspoonful doses three times a day.

—The University of Halle, Germany, has conferred upon Dr. Willy Merck, member of the old house of E. Merck, Darmstadt, established in 1668, a very high distinction, namely, the honorary degree of Doctor of Medicine “in recognition of numerous meritorious contributions looking to the advancement of the therapeutic side of medicine.”

—Announcement. The tenth post-graduate course of instruction in orificial surgery, by E. H. Pratt, M. D., will be held in the amphitheater of the Hering Medical College (formerly Chicago Homeopathic Medical College), corner Wood and York streets, Chicago, Illinois, during the week beginning with April 3, 1905, having a four hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic disease.

For particulars address,

E. H. PRATT, M. D.,
100 State St., Suite 1202, Chicago, Ill.

—Many European novelties have been booked to make their American début at the Proctor houses; among the most important of them is Dida, which is described as the creation of a woman out of nothing, and which is really one of the most wonderful illusions of the present day.
The American Physician

MAY, 1905

FRANK KRAFT, M.D., EDITOR, CLEVELAND, OHIO.

OUR PORTRAITS.

ALBERT E. CONRAD.
MAYNARD, IOWA.

THAT CONSPIRACY OF SILENCE.

We retract and withdraw, all and singular, our former statements concerning a conspiracy of silence among the homeopathic journals regarding that benevolent assimilation at Chicago, since we have at last waked up our talented brother of the Medical Visitor. Twice, hand-running, he has "sailed" into us and our editorial leaders, so there is hope that it may now have become a habit with him to say something, not necessarily about ourself, but about those countless vital other things which concern his subscribers most nearly; to wit, the conduct of professional affairs and what the colleges are doing to build up Homeopathy. We hope that he may not soon again relapse into that sweet, harmless, albeit, learned and attractive way of discussing the sun, moon, and kindred topics, the discussion of which hurts no one, which conveys no special news to the medical reader,—proving nothing,—denying nothing—and seemingly evolved out of the depths of his typewriter merely to fill out his one editorial essay for each issue.

It is a noteworthy fact that, barring a few, a very few, notable exceptions, our (alleged) homeopathic press is given over to a most reverent contemplation of its omphalos—seeing nothing, hearing nothing, believing nothing, save and except the things heard and seen in the immediate vicinity of that concentric omphalic dimple. Therefore, the professional reader, who pays various prices for professional information, is regaled from month to month with made-to-order reports of the colleges, hospitals, and the American Institute; with tables of statistics proving how good and how grand we are as a school and profession; or the sapient Sir Pen-Pusher dishes up a few Fifth Reader essays on the exceeding good-necessity of being good and the horrible badness of being bad. But of those vital questions which most concern him and every enthusiastic homeopath—the conduct of the teaching in our schools, the introduction of allopathic professors with allopathic text-books, the sending of homeopathic professors' students to allopathic colleges—these and other equally essential matters are left severely alone. There is a constant monotony and sameness of pabulum—of restaurant-made dishes, so that after a while the poor, stomach-sick subscriber longs and lusts for a washday boiled dinner; some Hanna hash; a pan of yellow, smoking hot, indigestible, saleratus biscuits; or a sauceful of old-fashioned sugarhouse molasses, with permission to sop it up with some of mother's salt-rising bread—something, anything, good Lawd! that isn't all trash and hash and canned and pre-digested.

It is well known that homeopathic journalism is not a field of the cloth of gold for the average printer or publisher. The true homeopath cannot fill his ad pages with patent medicines, or combination tablets, without incurring hostile but just criticism; yet he knows full well that, in the main, or in the beginning, at any rate, he must depend upon his ad receipts, rather than upon his subscription list. Thus it comes about that most of our homeopathic journals are apron-strung to some college, pharmacy, dispensary, hospital, or other collateral interest, which, quite naturally, prohibits all freedom of editorial criticism. "His praise I sing whose bread I eat."

Was not this the chief reason for the New
England Medical Gazette, with its long line of years of active existence, departing from the Otis Clapp Company, and starting out as a privately-owned journal? That is to say, because the profession was beginning to view with suspicion the things talked about and recommended in its pages, fearing that they were based upon palpable self-interest?

However, our trolley's off. Our learned brother of the Visitor, being rudely awakened from his lotus dream of the perfection of the colleges and profession, singles us out for some severe cajolery. 

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That benevolent Little Wilford

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milk diet and theobromin have given no relief, digitalin in minute doses may be thought of. Fiessinger gives the two following illustrative cases:

A Little Point in Comparing Cimicifuga and Arsenic.

Knerr. 26 The restlessness of cimicifuga is very great; desires to move about continually: does not know what to do or where to go. Cannot fix his mind on anything. This latter is a symptom similar to arsenic and, taking this as a keynote, we might fail to cure our patient. Under cimicifuga the patient is very restless at night, but not particularly after midnight, as under arsenic. The sleeplessness of cimicifuga closely resembles aconite, but aconite sleeplessness, like arsenicum, is worse after midnight, while the cimicifuga sleeplessness runs through the whole night. The patient also complains of numbness under cimicifuga, which prevents his sleeping.

Digitalin Crystallized.

Dr. Fiessinger 31 says:

Huchard's crystallized digitalin in doses of 5 drops of a 1-10,000 solution is particularly adapted to those cases where we have to deal with profound changes in the muscular fibers of the heart, and where gentle and long-continued stimulation of the organ gives no risk of exhaustion. The dose is repeated on ten successive days. In cases of arterio-sclerosis of the heart, with or without renal sclerosis, where milk diet and theobromin have given no relief, digitalin in minute doses may be thought of. Fiessinger gives the two following illustrative cases:

1. A man of fifty-five, previously healthy, had for a year past complained of shortness of breath on going uphill. On examination the signs were those of interstitial nephritis, intoxication, and neurasthenia of venous origin, viz., increased arterial pressure, galloping action of heart, albuminuria, decrease of urea, somnolence, rapid fatigue, and paleness of face. Before long the shortness of breath had increased, so much that he could not walk even the shortest distance. Sleep was practically absent. The usual signs of dilatation of the right heart were present—venous pulsation of the jugulars, liver enlarged and tender, edema of lower extremities. Cupping over the liver, rest in bed and a milk diet were ordered at once. On the following

Materia Medica Miscellany.

Conducted by J. Wilford Allen, M. D., Adjunct Professor of Materia Medica and Practice in N. Y. Homeopathic Medical College and Hospital.

References in this department are made by number. (See issues of January or December each year.)

Calcarea lod.

Dr. Goulon 25 believes this to be one of those remedies which has a most manifest action on a special disease of the tonsils, namely, the hypertrophy of the tonsils or enlarged tonsils. We often find in connection with this chronic catarrh of the fauces. This enlargement is found with adults as well as with children, but much more frequently with the latter. These children—mostly scrofulous—are inclined to angina pectoris (croup and pseudo-croup), to diphtheria and all the various manifestations of scrofulosis, among which we must also number the polypi of the

nose, so much talked of at present. By means of calcarea lodat. we can frequently produce such a diminution of the tonsils, that finally they actually seem to be melting away. We only need patience. Chronic diseases require chronic treatment. It is often quite again to obtain only a certain diminution, so as to remove certain concomitant symptoms, such as nightly snoring, and, with children, another ailment which is thought to be connected therewith, namely, a very stubborn enuresis nocturna.

[Chronic tonsilitis with disposition to laryngeal catarrhs is the way Lillenthal puts it.]

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day digitalin was prescribed in a somewhat strong dose (10 drops of a 1-5000 solution). This quantity was given daily for four days, with the result that all signs of dilatation vanished, and the accelerated heart-beat only appeared on walking. In order to keep up the good effect, the patient was ordered 1-10 of a milligram each day for ten days, with a milky and vegetable diet. At the end of the ten days he was able to resume business, though he still felt some oppression on walking quickly. He slept well, had quite lost his pallor, and was not so easily tired as before. At the end of eleven months the improvement was still maintained.

(2) This was the case of an old lady of eighty-two, suffering from cardiac and renal sclerosis, with albuminuria. In 1902 she suffered much from dyspnea, which was relieved by a milk diet. In April, 1903, had an attack of acute edema of the lungs, with arrhythmia and tachycardia—pulse 140 to 160 in the minute and irregular. Theobromin gave partial relief by causing diuresis; strophanthus was without effect. In May digitalin was begun, 1-10 milligram per day. After a few days there was less dyspnea, the obstructed bronchial tubes became free, and the edema of the lower extremities vanished. After the remedy had been given for three periods of ten days each, with intervals of fourteen days between, the arrhythmia had completely vanished, the pulse-beats being 70 in the minute, regular and distinct. An intercurrent attack of glycosuria (100 grams in twenty-four hours), probably the result of immoderate use of sugar, treated with arseniate of soda, did not act prejudicially upon the commencing improvement of the heart affection. In spite of the advanced age of the patient and the cardio-sclerosis undoubtedly present, the condition improved in an altogether unexpected manner.

These facts, says Dr. Fiessinger, show plainly that small doses, given according to proper indications, act as well as strong doses as anti-sympotolitics. Even in patients whose hearts are enfeebled by the previous use of digitalis, the smallest doses may be given, whilst the medium and, à fortiori, the strong doses may produce very unpleasant effects.

**Arsenic in Typhoid.**

Arsenicum Dr. Jousset 23 believes to be the chief remedy directed against high temperature; it corresponds to a severe state, the pulse is small and weak, very frequent, at times irregular. Very frequently the face is pale with an expression of mental alienation; there is great prostration with trembling of the limbs, tendency to heart failure, very rapid emaciation, anxiety, restlessness. In this condition instead of the usual delirium, there is typhomania, a mixture of stupor and delirium, with a murmuring of unintelligible words, the mouth is dry and covered with crusts, the tongue is leathery, and the patient has difficulty in putting it out; gnashing of the teeth, unquenchable thirst or absence of thirst; stools dark green, very fetid and copious, frequently discharged spontaneously. The urine is retained, or passes off involuntarily. This is the complete image, dominated by arsenicum.

**Some Prophylactics.**

Dr. Deitz 5 It is well known that the scarlet fever prevalent in the time of Hahnemann and during that whole century was the so-called Scarlatina levigata, the smooth scarlet fever, and there is no doubt that in those cases, and in those cases only, belladonna is a true prophylactic, but is not prophylactic in the so-called martial form. Dr. Guernsey mentioned hypericum as a remedy for punctured wounds. Hypericum is the remedy par excellence for all traumatism involving the terminal endings of nerve fibers and especially in traumatism of the spinal cord, for concussions of the spine, or injuries which are unusually painful, where the suffering is out of all proportion to the injury inflicted, indicating clearly that there has been severe injury to the nerve ending. Hypericum is the remedy for more than punctured wounds. I always use ledum in the 30 and have never had a case that I remember where the patient stepped on a nail had any difficulty afterward. It may have been because the nail was made antiseptic before the patient stepped on it! After all, we cannot prove these things. If ledum fails in these cases, do not forget nitric acid, and please do not give it in the mother tincture. It is apt to disagree and you might not get proper results. Talking about styles, I would rather speak of the great prophylactic, pulsatilla, which has been a remedy used from the time of Hahnemann, and is still the routine standby. I want to refer to eye strain. Eyestrain is the cause of styes in nineteen cases out of twenty. I stand here to be challenged on that question. Be sure you are right if you challenge me. Iodide of baryta, of course, has been given in the second decimal trituration for quinsy. I have used baryta carb. as a prophylactic to persons who often have attacks of quinsy. I use it in the 30 potency, and give it on discs two or three times a day continually, and my results have been such that I want nothing else, because when people get quinsy every two or three weeks from the beginning of fall to the Fourth of July, and do that year after year, and you give baryta carb. you then have the law of probability. The law of probability is the only thing you have anyhow in these cases. Dr. Mohr may have given people belladonna and they did not get scarlet fever, and the belladonna had nothing to do with it. The law of probability is that belladonna had an inhibitory influence on the germ, or whatever the infective principle is that causes the disease, and the result was that the people did not get it.
Obstetric Remedies and Methods.*

BY H. F. BIGGAR, M. D.
Cleveland, O.

Medication for nausea during pregnancy has not been satisfactory, is my experience. I was told of one successful case, relieved by phosphorus cc. My failures may be owing to ignorance of the Materia Medica. The following medication to the cervix uteri has proved beneficial for nausea: Extract of belladonna and extract of opium ââ gr. xx., lanolin and cosmoline ââ 2 ss, with this saturated tampons of sterilized wool (each should be six inches in length and two inches in width) and apply to the anterior and posterior surfaces of the cervix. This medication relaxes the circular fibers of the cervix and the nausea, which is reflex, is generally relieved. Before applying, thoroughly cleanse the vagina with the following preparation: R Thymol 2 i. alcohol 2 vi. M. Sig: One dram to one quart of water.

If at the beginning of threatened abortions, try vulnum prunifolium.

I once gave pulsatilla cc. for a breech presentation and the child presented normally. I do not think the pulsatilla had much to do with the turning, for it is impossible to eliminate the natural tendency to restoration. However, the mother gave full credit to my skill, declaring that she felt it turn shortly after taking the remedy, and I did not disabuse her mind by offering any opposition to her conclusion.

During the last four months of pregnancy I give i.nacrocin 2x t. i. d., to make labor easy. I cannot say positively that its use is of any real value, save sometimes it may prove a kind of "mental salve" to the patient. We know that its effects upon muscular tissue are such as to lead us to expect relaxation of the muscular fibers of the uterus, and an easy labor, or perhaps an easier labor, generally follows.

I believe in pre-natal medication in individualized cases. In general, study hereditary conditions; if rachitic tendencies are evident, give calcaria carb. cc., and persist with it; if bone growths are probable, as exostoses, Hecla lava; malformations, phosphorus; if luetic, mercurius.

If the os is rigid it will yield to gel. 2x, or the same local application for nausea, or, if these fail, try atropin 1-120 gr. hypodermatically.

Anticipating any septic conditions, use the formula of thymol as given for cleansing the vagina, using it freely in the room, sprinkling on the floor and about the bed. Saturate cloths over the vulva. If sepsis supervenes, use vaginal irrigation in cavum uteri and external parts. At the Maternity Hospital at Bonn this formula for thymol was used for twenty years without a single case of fever during the puerperium.

The curette in septic cases is dangerous, it aggravates the condition and it is liable to be followed with salpingitis and pyosalpinx.

If there are lacerations of the cervix, wall of the vagina, or slight rupture of the perineum, apply soft sterilized compresses saturated with an infusion of calendula, or give vaginal douches of the same.

Veratrum viride (Norwood’s) is the best remedy for lowering a high temperature. It has saved many lives when given in 1, 2. or 3 fl. doses, hourly, if necessary. To the late Dr. For- dyce Barker the profession is indebted for this valuable suggestion. His book on Puerperal Diseases is very valuable and should be read by every physician.

For metritis, salpingitis, or ovaritis, the ice-bag on the abdomen has been a valuable adjuvant.

When the os is dilated to the size of a silver dollar, give secale carefully and cautiously. If the uterus is slow in returning to its normal size, try viscum album ix.

For mastitis, gently strap the breasts and give belladonna 3x.

For nipples apply Friars’ Balsam or lactate of lead ointment.

For leucorrhea following birth, give infusion of White Pond Lily—a dram to a pint.

For cystitis, benzoic acid 2x.

For eclampsia, veratrum viride, Norwood’s tincture, 5 or even 10 fl. per dose frequently, and chloral hydrate suppository, grs. 5 to 10 every two or three hours. May give, if necessary, 30 to 100 grains in twenty-four hours—or morphine—or, under certain extreme conditions, phlebotomy.

When feet and ankles swell and the vulva is edematous, during pregnancy, examine the urine, and if the volume is lessened or the urea abnormal give apis 2x., arsenieum 3x., or acetate of potash grs. 10 t. i. d., and restrict the diet to skimmed milk.

For placenta previa centralis I would carefully consider Cesarean section. There are also condi-
tions of eclampsia, embryotomy, hydrocephalus, when Cesarean section will be justified, for the safety of both mother and child.

Cesarean section is preferable to symphyseotomy; the latter generally leaves the patient an invalid, the pubic bones falling to unite resulting in injury to the sacro-iliac joints. Eminent and conservative gynecologists have relegated it to the past.

The "Walcher position" has made difficult labors rapid, and in some cases where I have been called to perform Cesarean section or symphyseotomy the "Walcher position" has been all-sufficient. I firmly believe that Cesarean section will be performed in many cases that heretofore have adopted methods that have resulted fatally to both mother and child, or left the mother a permanent invalid with the death of the babe.

260 Euclid Avenue

* * *

Useful Points in Materia Medica.

BY MALCOLM E. DOUGLASS, M.D., BALTIMORE.

Magnesia phosphorica produces pains which are darting, spasmodic in character, boring, lightning-like, accompanied by a constricitive feeling. They are often changing in locality, and are relieved by warmth and pressure. It is purely antispasmodic, and hence is curative in cramps, spasms of the glottis, tetanus, epilepsy, spasmodic retention of the urine, paralysis agitans, etc. It is best adapted to lean, thin, emaciated persons of a highly nervous organization, and prefers light complexion and the right side of the body. Cold in general favors its action exceedingly; whereas heat and pressure interfere with it. Hence, the patient is relieved by these. Attacks are often attended with great prostration, and sometimes with profuse sweat. The magnesia phosphorica patient is languid, tired, exhausted, unable to sit up, whether he is suffering from acute or chronic affections.

Magnesia phosphorica is indicated in the following conditions:

Headache, always relieved by the application of warmth. Very acute pains after mental labor. Headache, with nausea and chilliness.

Neuralgic pains worse behind right ear; made worse by going into cold air and washing face and neck in cold water.

Toothache, better by heat and hot liquids (better by cold, fer. phos., bry., coffea). Severe pains in decayed or filled teeth. Complaints of teething children. Spasms, without febrile symptoms.

Enteralgia. Flatulent colic, forcing patient to bend double, relieved by rubbing, warmth, pressure, accompanied with belching of gas, which gives no relief. Flatulent colic of children and the new-born. Bloated, full sensation in abdomen; must loosen clothing, walk about and constantly pass flatus.

Menstrual colic.

All the pains of this remedy are worse on the right side. from cold. Always relieved by warmth, pressure, bending double, and friction.

Elaps coralliunis evidently acts on the blood, but our knowledge of its effects are very meager. It has afforded relief in violent headache in a man who was blind, first in left, then right eye; headaches extending from forehead to occiput; vision partially restored.

Deafness, with offensive yellowish-green discharge, buzzing in ears, headache in forehead and occiput, dull pain from nose to ears; pain goes to ears on swallowing. Chronic otorrhea. Sudden attacks of deafness at night, with roaring and cracking in ears.

Subject to nose-bleed, eruption about nose, pain in nose and forehead, skin dry and hot, but complains of feeling cold. Stoppage and stuffiness high up in nostrils, and dull aching in forehead, had smell in nose, posterior pharynx scabby, cracked and dry, nose-bleed, pain from root of nose to ears on swallowing, no smell.

Another case there was fetid odor from nose and throat, nose always dry and stuffed up by yellow scales, skin always hot and dry. Sore throat; offensive discharge from nose, occasional nose-bleed, posterior wall of throat covered with dry greenish-yellow membrane, stuffiness at root of nose, no smell.

Old ozena and nasal catarrh: nose always stuffed up with plugs of dry mucus, pain at root of nose (compare lycopodium).

Elaps is an excellent remedy when cold drinks cause a distress in stomach.

It is one of our best remedies for cough with expectoration of black blood and terrible pain through lungs, as if they were torn out, especially in right upper chest.

Coldness in chest after drinking (compare colchicum and lachesis).

Corallium rubrum will be found useful when the head feels very large (gels.). Pressing out pain at forehead, obliging him to move the head
from side to side, but it is not relieved thereby, 
or by sitting, but transiently ameliorated by al-
most complete uncovering of the hot body. Pain 
in parietal bones, as if forced asunder, aggra-
uated by stooping. Sensation as of a wind 
through skull on rapid motion, or on shaking 
head.

Painful ulcer in right nostril; sensation as if 
nose were pressed asunder. Profuse nasal ca-
tarrh; the inspired air feels cold.

Bruised pain in left zygoma, aggravated by 
touch. Sprained pain in left joint of jaw on 
drawing jaw far downward, and on biting and 
gnawing. Left submaxillary glands swollen and 
painful; worse on swallowing or bending head 
forward.

Hawking of profuse mucus; throat very sen-
sitive, especially to air.

Red flat ulcer on glans and inner surface of 
prepuce, with yellowish discharge. Glands and 
inner surface of prepuce secrete a yellowish-
green, offensive matter, with sensitiveness, red-
ness and swelling. Venereal ulcers, very sensi-
tive, bleeding easily.

Feeling as if cold air were streaming through 
air-passages in morning on deep inspiration, with 
provocation to cough; and with difficult hawking 
of bronchial mucus.

Most violent spasmodic cough (whooping 
cough), often preceded by sensation of smother-
ing, followed by exhaustion; the attacks are ex-
tremely violent; the patient becomes purple in 
the face, followed by exhaustion, or vomiting of 
quantities of tough mucus. Indicated in whoop-
ing cough by the extreme violence of the parox-
ysms, even with expectoration of blood.

*Pancreatin* is most active in an alkaline me-
dium; is destroyed in a strongly acid medium, 
and is consequently best given from two to three 
hours after eating, when it assists the intestinal 
digestion. Dose from two to twenty grains.

It will peptonize various articles of food, such 
as milk, oysters, broths and gruel, and will emul-
sify oils and fatty foods intended for rapid nu-
trition.

*Pain in the intestinal canal*, beginning an hour 
or more after eating, and continuing for two or 
three hours; eructations of fatty foods; passage 
of undigested fats with the feces, are all indica-
tions for its use.

It may be given in the slow convalescence of 
waning diseases, where anorexia and malnu-
trition are present, and not corrected by other 
remedies.

It will accomplish desirable results in *licentri
 diarrhea*, and in the diarrheas of infants where 
there is marked emaciation, the stools containing 
fat cells in abundance.

*The Homeopathic Treatment of Peritonitis.*

BY FREDERIC NEILD, M. D.

The medicinal treatment of this disease by the 
two schools of medicine, at the time I began the 
practice of my profession as a follower of Hah-
memann, was definite and distinct; in the domi-

nent school, opium was the sheet-anchor, and how 
many must have been lulled to their last sleep by 
its use! Numerous as are the medicines of the 
homeopath, here in this disease he restricted 
himself to a very limited number. When aconite, 
belladonna, bryonia, colocyath, and merc. corr. 
had been named, you had a tolerably complete list 
of the remedies out of which a typical case of 
peritonitis would be treated by an average homeo-


path in any part of the world. Now the routine 
use of opium is condemned almost as strongly 
by the orthodox as by the heterodox; but, on 
the other hand, the homeopathic practitioner has 
never swerved from his confidence in the reme-
dies indicated by our homeopathic rule, and of 
which the experience of a hundred years has 
amply confirmed the value. Without attaching 
too much importance to an argument founded 
upon what may be called a conservative basis, 
the presumption certainly is that remedies which 
have thus withstood the test of experience for so 
long and in so many hands, are worthy of a fair 
trial. Since the old school has learned how de-


sive and mischievous the treatment by opium 
was, there can be no doubt its success has been 
much greater, and that in consequence, there is 
not the great difference in favor of homeopathic 
treatment that existed in former years. Although 
that is so, I maintain that, so far as the medicinal 
care of cases of inflammation of the bowels is 
concerned, we can still do better than our breth-
ren of the old school.

For the last twenty-five years my practice has 
been a large one, and probably an average num-
ber of cases of general and local peritonitis have 
come under my care; and yet, excluding cases 
where there was obviously perforation of some 
part of the intestinal tract, cases of chronic tuber-

cular peritonitis, and one, or possibly two, puer-


A lecture delivered under the auspices of the British 
Homeopathic Association and printed in the Homeopathic 
Review.

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peral cases, every case has recovered, and not in a single instance has a patient of mine been operated upon for appendicitis. In one instance a delicate, overgrown lad of tubercular tendency was very ill in this disease, and, bad symptoms having shown themselves, I wired for one of my most trusted and honored surgical colleagues, who entirely agreed as to the necessity for an operation. At the last moment the parents withheld their consent, and the boy justified them by making an excellent recovery; he had no recurrence, and is now a fine, well-grown young man, who is yearly getting stronger and more robust.

In another case of recurrent appendicitis, in a young lady, who had had at least five attacks, we agreed with the parents that if she had another a surgeon should be called in; that decision was arrived at ten years ago, and the next time is still to come. In yet another, and recent case, which gave me much anxiety, the patient and his only near relative were opposed to any operative interference, and I must say that this fact was a great additional burden, for it seemed like fighting with one avenue of escape closed; there was, after some days of fairly satisfactory progress, a severe relapse, and when the temperature was falling and the pulse rapidly rising, I was permitted to wire to a very distinguished surgeon; he was unable to come that day, and in a few hours the more dangerous symptoms lessened, and ultimately the patient made a good, though tedious recovery. I confess that, in spite of my experience, the fact that in this case I was practically barred from surgical help, added greatly to my anxiety.

What has been said will show how fully I recognize the fact that there must be cases where nothing but an immediate operation can save the lives of our patients, and, most assuredly, it is better to operate once too often than to lose a patient; but whilst inculcating the most anxious and earnest watching of each case for danger signals which may indicate surgical procedure, I would, as a homeopathic physician, magnify my office, and have cited these cases to show how much may be done without the surgeon’s aid.

This brings me to consider the question whether the eminently successful operation in skillful hands of removing the appendix can do harm. For, obviously, if it cannot, the routine practice of removal, in at least all cases that recur, is more than justified, and the physician must here take a back seat. I believe that the operation is by no means free from harmful after-sequences, and that no case should be subjected to it unnecessarily.

As medicine is capable of conducting to a successful issue a large majority of cases which come under the heading of peritonitis, let us consider what are the remedies which are generally used in the homeopathic school for this disease, and how they are to be chosen. Let me say here that, although one is apt to get into a routine manner of prescribing for any particular disease, especially after a series of successful cases, and I am ready myself humbly to cry pesteai, yet I do believe in a careful search for the simillimum by means of a Repertory and Materia Medica. I have often been rewarded for such care in times past, and I can assure those who may determine to begin the practice of homeopathy that this is the only “royal road” to success; they must be willing, not infrequently, to spend as much or more time upon the diagnosis of the remedy, as upon the diagnosis of the disease.

Let us suppose that one of us has been called in to see a patient who has vomited once and is suffering from severe pain in the abdomen; the anxious face and typical attitude tell almost at a glance what we may expect, and when we find the quick, wiry pulse, moderately-raised temperature, with the abdomen sensitive to the least touch, the pain being increased the deeper your pressure, peritonitis may safely be pronounced to be present. Before commencing treatment any removable cause must be earnestly sought for, otherwise your patient's life may be endangered, and yourself and the cause you represent disgraced, by overlooking signs and symptoms which should have led you to have recourse to the surgeon. We will take for granted that this care has been exercised, and that no reason appears against treating the case medicinally; you will do well to begin with aconite, which is especially indicated by the character of the pulse and the anxiety. Special indications for aconite are: The respiration hurried, patient extremely anxious, abdomen distended and very sensitive to touch, thirst, scanty urine, which is red or dark-colored. One or two drops of the first decimal given every hour for a few hours may change the whole aspect of the case; the pulse becomes fuller, softer, and slower, and much has already been attained.

Bryonia, as in the analogous affection of the
pleura, is next to be thought of, and may be given in alternation with the aconite every one or two hours. Its indications are: Stitching or shooting pain, worse from the slightest movement or pressure; thirst, mouth dry, tongue thickly coated, white or brown; obstinate constipation. It is said to be especially useful when the diaphragm shares in the inflammatory action.

Belladonna is one of our most valuable and reliable medicines in this complaint. The pulse should be full and strong, the larger arteries throbbbing, face flushed, and eyes brilliant; delirium is not often present in peritonitis, but if it should be, it would be a further indication. The abdomen is distended, the pains are cutting, and worse from motion or touch. I have always felt that belladonna was specially indicated in localized peritonitis, particularly when there is much local swelling, as in pelvic cellulitis or perityphlitis.

Mercurius corrosicus is the medicine of all the rest which is apt to be used empirically; belladonna and merc. corr. in alternation being what may be called the routine treatment of our hospitals, just as opium and calomel used to be in the old-school hospitals, followed in later years by saline purgatives, and later still by expectancy, with a watchful eye "on the pouce" for operation; and very successful belladonna and merc. corr. usually are. I am convinced, however, that the greatest success can only be attained by a careful choice of the simillimum. For merc. corr. there should be a profounder affection of the whole system than that which calls for bryonia; the patient should be more ill; creeping chills with cold surface and sweat which does not relieve, offensive breath, tympanitis, and very sensitive abdomen are the main indications. It is especially useful in local peritonitis, but does well also in the diffuse, where such symptoms as I have detailed are apt to be present.

Colocynthis is to be thought of when the pain is specially spasmodic and colicky. I have found it of great value, removing the temptation to give morphia. Its provings show that in poisonous doses it has the power of producing an active inflammation of the peritoneum, accompanied by effusion.

Cantharis may be mentioned in the not infrequent case where, owing to the peritoneal coat of the bladder being involved, there is vesical tenesmus.

The only other medicine that need be men-
tioned as likely to be frequently useful in the acute stage of an attack of acute peritonitis is crotalus, and that remedy is always to be thought of when the symptoms are more malignant, and there are signs of saprennia and septicemia; it is a remedy, which I cannot doubt, has often served me well. When once convalescence has begun, the help of other medicines may be required, c. g., sulphur, to promote absorption; plumbum or opium, for constipation; hep or silica, where there is a tendency to the formation of an abscess, shown either by the local signs or by the temperature.

Let me take this opportunity of saying that, looking back over my cases, I have not found any great tendency to the formation of pus, or rather to the formation of an abscess which has had to be evacuated artificially, or has opened into the intestines. I imagine that in most cases where a larger or smaller swelling occurs at the seat of inflammation, that there is a risk of an abscess, but that under the influence of rest and medicines the swelling subsides, and the risk is over. I suspect, however, that occasionally pus is formed and absorbed again. I have no doubt that this does occur when the patient is under favorable conditions; at any rate, I cannot recall a case where the swelling did not gradually subside without the symptoms or signs which would have led me to suspect an opening into the bowels; unquestionably, I have never had a case which called for an external opening. I can recall a case in a middle-aged lady where the swelling in the right flank was the largest I have ever seen, and where the subsidence was slow and the temperature was reluctant to go down, and yet where a gradual and absolutely satisfactory recovery took place. I would much rather have a case where swelling is present than otherwise, for then, I take it, the focus of mischief is sealed, and the danger of diffuse and septic peritonitis much lessened.

In the treatment of the puerperal form of peritonitis, the same remedies that we have seen will probably constitute the armory from which all the necessary weapons may be drawn; but belladonna is more certain to be required, and crotalus or lachesis will be helpful in the great majority of cases. Puerperal peritonitis varies in its intensity like all other diseases, and some unmistakable cases yield as readily to treatment as the slighter forms of localized peritonitis. But, on the whole, the tendency is to greater severity.
and I have never known more anxious cases than it has fallen to my lot to attend in this form of disease.

I need hardly say here that modern knowledge demands an exploration of the uterus, and curettage, if there is reason to suspect any retained piece of placenta. Frequent douches or constant irrigation cannot fail to be of service. Probably most of my hearers have heard of the student, who, confronted by an examiner eminent for a treatment of certain dangerous cases, and asked by him what he would do if called in for one such case, replied with ready wit, "I would send for you at once!" With a case of puerperal peritonitis in hand, I strongly recommend that counsel should be sought.

Here let me briefly relate a case in point which occurred in my practice, where peritonitis came on in the puerperium, but which was not puerperal peritonitis. My patient's labor was uneventful, and for a few days all went well, when suddenly severe pain set in, which soon showed itself to be the onset of peritonitis, which became general. There was improvement at first, but from time to time, within the next few days, there were fresh accessions of pain, with worse symptoms, and I called in Dr. Burford, who agreed as to the peritonitis, but, in the absence of any definite cause, counselled a continuance of treatment; there was again marked improvement for about three days; then she was less well, and became so ill that one week after Dr. Burford's first visit I sent for him again. Our patient was moved to a nursing home, and laparotomy was immediately performed, and the cause of the peritonitis was found to have been an ovarian cyst which, loose and flabby, had laid like a cap over the pregnant uterus, and so escaped attention; its support being taken away, its pedicle had been twisted and strangulation been produced. Although the patient was so ill that it was a question whether she would live through the operation, she made an almost uneventful recovery, and I had the pleasure of attending her in a subsequent confinement, where all went well. Here was a case where nothing but an operation could possibly have saved the patient, and it may be said, also, that without an exploratory incision a diagnosis was almost impossible.

Let me contrast this case with another, where the cause was definite and obvious. A gentleman called at my house one evening to ask me to attend his wife, who expected her confinement in three months; he mentioned, almost casually, that she was suffering from pain in her side which he thought was "wind." I pressed him to allow me to see her at once, but he would not; at 1 a.m., I was sent for, and had just time to ascertain that she had severe pleuro-pneumonia, with high temperature, when the child was born. Three days of unremitting attention on the part of my partner and myself followed; once for a few hours it seemed as if success might have crowned our efforts; but, apart from this transient improvement, one bad symptom followed another, until the end came. Surely, here operation would have been a mockery.

There is probably no more depressing influence, or one more productive of a fatal inertia, in treating a disease, than that of a hopeless prognosis; and I am convinced that in the days prior to the open-air treatment and to laparotomy, many and many a curable case of tuberculous peritonitis was allowed to drift hopelessly to the grave. I have no doubt, too, that a certain number did recover, though such was the pessimism of those days, that when a case did get better, the diagnosis was supposed to be wrong, especially if the recovery was ascribed to homeopathic medication!

What is more curable, so far as the immediate attack is concerned, than pleurisy in the early stages of tuberculosis? And we may be sure, as our own Hughes in one of his flashes of wisdom suggested, that peritonitis occurs in a precisely similar manner. In looking back I can see now that some of my earliest cases were tubercular peritonitis. A very typical one of the general form, without septic symptoms and without obvious cause, under my care about the year 1880, and which I diagnosed as rheumatic or idiopathic, was no doubt really tubercular. It occurred in a young lady of 18 or 19, thin and delicate, and whose only brother died the year or two after of rather rapid pulmonary phthisis. She made an excellent recovery under aconite, bryonia, and colocynthis, followed (I believe) by arsenic and sulphur on account of copious effusion. I believe that she is still well.

The marvelous and almost inexplicable results of an exploratory incision in cases of morbid chronic tuberculous peritonitis, are causing a feeling to arise in the profession that there is a tendency in these cases to spontaneous cure. That may well be so, and as homeopathists, do not let us fear to face this fact, if it should prove to be
a fact; for, unless there is a tendency to spontaneous cure in any disease, when such disease is put under favorable conditions, I doubt if any cure is ever effected. We recognize freely the "Vis medicatrix nature," and it is for us to act as Nature's skilled assistants and, by the aid of her laws applied as knowledge and experience dictate, to help her to cure disease. As homeopaths we believe that the law of Similia similibus curentur is one of the laws of nature, and, following this guide and leaving nothing else within human knowledge undone, we shall attain results appreciably beyond those attained by those who do not follow this rule.

I have never been one who has been keen to claim any and every new treatment as coming under our law, for surely, it gives us scope enough; but in the absence of any better explanation, I cannot help the suggestion that an exploratory incision in tuberculous peritonitis may exercise a homeopathic effect. We know that a slight traumatic inflammation is set up, and this may well excite a favorable action on the serous membrane and its tubercles. I suppose each of us older men has his own theory of the way our rule works; we all admit the rule, but have different theories of its modus operandi. When I was a student in Edinburgh, I well remember Dr. Sanders, then Professor of Pathology, who succeeded our own Henderson—perhaps some microphia homeopathica had been left in the chair!—pointing out how different diseases had affinity for certain organs and tissues, and how different drugs also attacked certain organs and tissues; and I remember that he said that he believed that in these two facts the future of therapeutics lay. There he left the question, but you may imagine that I did not. Put it this way: a certain disease affects certain organs, and from the symptoms one knows what organs are affected. A certain drug, given in material doses, affects certain organs, and from provings or cases of poisoning one is able to know what organs are affected by this drug. What is more reasonable than that when, from the symptoms present, one knows that the functions of a certain organ are disturbed and perverted, one should choose as a remedy a drug which has been found to act similarly upon that organ, and give it in doses which can only act as a gentle stimulus to the part affected? Whatever may be the explanation, however, this is what, as homeopaths, we do every day, and with excellent results. Surely, the idea is not very far-fetched of suggesting that the traumatic inflammation set up by the surgeon’s knife may act in the same way as would an inflammation produced by a locally-acting drug.

I have no statistics to lay before you as to the comparative treatment of peritonitis, but I will give you round figures with regard to two other diseases, which will illustrate what I mean. The practice of Fleischmann at the Homeopathic Hospital in Vienna attracted great attention about the forties of last century, mainly as regarded pneumonia; in which disease his success was so great, compared with the (then) orthodox practices of blood-letting and large doses of tartar-emetic, that those who allowed themselves to observe were on the horns of a dilemma. If they believed that homeopathy was a system of doing nothing, then doing nothing was tremendously better than the recognized treatments. Some of the many young men of talent then in Vienna had the boldness to abandon the heroic treatment that was then slaying its tens of thousands, and adopted what was called the "expectant treatment," which in comparison soon proved to be a great success. But Fleischmann’s figures were never reached, by a material percentage, and Hughes Bennett, one of the most brilliant of the expectant school, in order to account for the superiority of the homeopathic figures, had to suggest that it was a question whether all cases were received into the Vienna Homeopathic Hospital.

I have not been able to lay my hands upon recent figures in respect of peritonitis, but Fleischmann claimed one death in rather more than twenty-five; this was compared with figures furnished by the Edinburgh Royal Infirmary, where there was one in rather more than four; in both instances, no doubt, excluding puerperal, obviously tubercular, and traumatic cases; and with this proviso, I see no reason why Fleischmann’s figures should not be equaled under modern homeopathic treatment; my own experience, which is naturally limited, is just as favorable, so far as it goes.

I mention these things to inspire us with hope. Obviously, the more severe and protracted a complaint is, the less is the tendency to spontaneous cure, but who shall draw a line and say, on this side there is a tendency to cure, but on that none? The more we realize that a disease may be cured, the more determinedly we shall seek to cure it, and the better our results will be.

Do not let us think that 2 or 3 per cent. is a
neglectable quantity. It is far from that, if it were only the lives that were saved; but it is more than that—it means shorter and more comfortable illnesses for many of those who recover, than would have been the case under other treatment, and this is much, indeed. One case proves nothing; but the one whose outlines I will briefly give was a most unpromising one, and is an illustration of what may be done by modern medicine and surgery. In the spring of 1901 a lady, the wife of a missionary, entered my consulting-room one afternoon, complaining of distention of the abdomen. She was about 29; had three children (the youngest, three months old, she was nursing); her temperature was 103°, although she had walked a mile and a half to my house. The distention was found to arise from ascites; in fact, I had to do with tuberculous peritonitis. I sent her home to bed, and sent my daughter to look after her. Under rest, open-air treatment, and medicine, chiefly arsen. iod. and calcaria, there was, perhaps, a slight improvement for a time; then the power of the disease re-asserted itself, and the temperature rose daily to 103° and 104°, and we got her into our hospital and asked Knox Shaw to see her. He was good enough to operate, in spite of the contra-indication of the pyrexia; the fluid was tilted out of a peritoneal cavity, whose walls were thickly studded with tubercles; and gradually at first, more rapidly afterwards, the patient recovered and was able to resume her duties. What is said not to happen, did happen in this case. The wound was evidently infected, and healing was slow. The lungs, which were affected at the time of the operation, afterwards gave trouble again, and she went to an open-air sanitarium, and again went home well, and, I believe, has remained so—anyway, she came with her husband to show herself at the beginning of last year, and then appeared to be well.

I perhaps ought to have said more as to the potencies used; in acute cases I have always used the low dilutions, but in the chronic, except as regards arsen. iod., where 3x or even 2x has served me well, and hep. where I like 2x, I have usually used the medium or higher.

Indications for operation in peritonitis in general, and appendicitis in particular.—I never treat a case of peritonitis without keeping constantly in mind that, whatever have been my results hitherto, this one may be a case requiring operation; and a few words upon the indications for operation may not be out of place, for it is of little use to save a case by medicine if one loses another for want of surgery. Dr. Burford has pointed out very clearly some of the signs of danger; perhaps the main one is a tendency to the pulse rising, although the temperature remains stationary or even falls. An undue persistence of the disease should be a warning that it is wise to get the opinion of an expert. Often the eye of experience may see danger, which a mere cut-and-dried report might give no token of.

Frederick Treves' rules for immediate operation are: (a) In fulminating cases, i.e., those in which constitutional symptoms are unusually severe; (b) Perforated cases, as soon as there is a reasonable certainty of the presence of pus.

In other cases it is seldom necessary to discuss operation until about the fifth day, if the constitutional symptoms are still persistent.

Seeing that the great majority of cases relapse [I have not found it so], it is advisable to remove the appendix in the quiescent stage after the first attack.

It is perhaps right that I should shortly indicate the general lines, apart from medicine, upon which I have gone in my treatment of peritonitis in its various forms. Absolute rest must hardly be mentioned, as in anything like an acute case nature enforces it; but I am inclined to think that an error may be made in allowing a patient to leave the bed or the couch before tenderness has entirely gone, and even after that care should be taken that return to active exertion should be very gradual.

I have been in the habit of applying thin, light poultice, or hot fomentations to the abdomen, and where the pain has been very severe I have had the abdomen painted with belladonna and glycerine. Where there have been symptoms of obstruction, I have used large enemata of water, and frequently of olive oil, given through a long tube, say, a No. 12 catheter, put over the nozzle of a two-ounce glass syringe. Where flatus was passing I have never been very anxious to get the bowels to act until the inflammation has subsided.

The diet I believe to be of primary importance. I rigidly exclude milk, giving meat broths and farinaceous foods.

The judicious use of water is of much value, not only in cases of persistent sickness or hiccough, where sips of hot water are strongly indicated, although sometimes morsels of ice seem to
do better and are more grateful to the patient, but may always be given, and sometimes freely, in all cases.

Here I must refer to the use of opium or morphia for the relief of pain. It is very hard to stand by a patient suffering from severe pain, and know how possible it is to give prompt relief by these means, and to withhold our hands; and I am not prepared to say that the administration of opium in some form may not be the less evil in some cases; but that it is in peritonitis, as in many other diseases, a very dangerous remedy. I have not the slightest doubt, and, given this knowledge and an intelligent handling of the indicated homeopathic remedies, it is wonderful how seldom the temptation becomes too strong to be overcome. There are cases which appear hopeless, and in such surely one may rightly give such palliation? There are few cases, however, in which it is safe to give a hopeless prognosis, and it is astonishingly easy to fritter away a few years of life without anyone's knowledge.

Let me illustrate this: In my early days of practice I was called in to attend an old man of seventy-eight who was suffering from bronchitis. I left him medicine; the next day he was somewhat better, but after that he began to lose ground, his tongue became dry, he began "to wander," and his chest had more râles than ever. Fortunately, before it was too late, I happened to see on the mantelpiece a bottle of a celebrated local cough medicine, to which I drew sharp attention, and was told that they gave him that "to ease his cough!" Deprived of this cough-curer, the old man never looked behind him; he lived five years, and his wife, who would have been left destitute had he died then, was provided for. And yet, if death had come then, and his wife had been asked by sympathetic neighbors, who attended him, etc., the answer in all good faith would have been, "Oh, Dr. Xeitl attended him, but the only thing that gave him any relief was 'Wood's Cough Liniment'!"

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The Business Side of a Physician's Life.*

By H. B. Mills, M.D.

As to a physician's relations to his patients, the views are so widely different and the relevant subjects so numerous that any concise expression of opinion is out of the question, but after conversing with physicians and the laity on the sub-

* Philadelphia County Medical Society.
cially such as have frequently become public on the question of charge, could be avoided, did the physician, in the first place, possess, and in the second, make more intelligent use of, a sufficient amount of business knowledge to practically as well as scientifically deal with the sick.

As to the second point, that of the physician's relations to the fellow-members of the profession and especially consultants, this again is a broad subject and one which is capable of much abuse. Did we but act and feel at all times toward our fellow-practitioners as we do toward our patients and were we always as anxious to retain the esteem of the former as the good will of the latter, I feel we should frequently be much more considerate in our expressions and more liberal in our views. In the same way as some of our poorest patients have proven to be our best practice builders, some of the apparent unknown members of the profession have proven to be the stepping-stones to at least fortune, if not fame, of some of the leading members of the profession to-day.

It is, therefore, a matter for serious thought as to, 1, the time to ask for consultation; 2, who to ask for, and 3, what shall be done with the fee.

I personally feel entirely incompetent to express any weighty opinion on this subject, but if data obtained by conversation, correspondence and reading, plus a small amount of experience, count for anything, it certainly does enable me to express the opinion that the consultant's fee belongs to him and him alone. Here, again, arises the question as to the fee to be charged, and it does seem to me only justice that the consultants should be willing to consult for whatever fee the attending physician believes to be the maximum of the patient's ability to pay, and this once agreed on, should be looked on as the property of the consultant exclusively. A question not unfrequently asked, where this fee is not paid at time of the consultation, but is made to form part of the total bill for services rendered for that illness, is, should the attending physician pay the consultant in full out of the first moneys received, or divided out pro rata between the consultant and himself? And as much data as I have been able to collect on this subject, when boiled down yields a majority opinion in favor of the first proposition, i.e., the full as well as prompt payment of the consultant. This seems only fair, when one considers that should nothing ever be paid for any of the services rendered, the attending physi-

Some Experiences with the Homeopathic Remedy.

BY MALCOLM E. DOUGLASS, M.D.

Sulphur.

Mrs. J. M., age about 60, for the past twenty-eight years has suffered from excrutiating pains in her face. Both sides are involved, worse left side; lips and tongue affected; worse by spells. The pain is present all the time, but gets worse by spells, so bad she cannot sleep. The slightest motion of the face or moving the lips, as in talking or bringing the lips in contact, causes frightful torture. The pain is shooting, darting, burning, tearing, drawing—in short she experiences every imaginable form of pain.

She has been under the care of the most eminent allopathic physicians of the country, and has taken all the narcotics and antit then known to the profession; has undergone nerve-stretching and excision of the nerve, all to no purpose.

After carefully looking over the case, I decided to give verbasum. This did no good whatever, neither did several other remedies tried in succession.

Finally she admitted that, when a girl of sev
enteen, she had the itch, which was cured (?) by some ointment prescribed by a physician.

I thought that now I saw my way more clearly and gave her sulphur, and told her that if the remedy acted as I expected it would, that she would have an eruption appear, and when it came her neuralgia would disappear. I took pains to explain that the suppression of the eruption was the cause of the neuralgia, and when the eruption reappeared she must let it alone and not put anything on it to drive it in, but leave it to me and I would cure it for her.

The sulphur did all that I expected, bringing out a fine eczema capitis, and the neuralgic pains disappeared as by magic.

I would gladly leave this report right here, but there is more to tell.

The eruption did not heal as rapidly as she wished, and she consulted an allopathic physician, who gave her an ointment, with the effect of again driving the eczema from the surface, and the neuralgia returned.

In spite of my best endeavors I could not coax that eruption back, neither could I relieve the pain, and the patient, after three months of my treatment, called in an allopathic physician, who was no more successful than I, and the poor woman died from slow starvation, a martyr to her pride.

Worth Reviewing.

A Singular Case.

Mrs. S., aged about forty years, mother of three children, of a plethoric habit, sanguine-bilious temperament, and quite healthy, had been afflicted with great deafness for more than fifteen years. During the month of October last, this lady lost a favorite daughter, and her grief was so great that violent delirium resulted. No sooner had this insanity developed itself, than her hearing became so acute that she could hear distinctly, and repeat a whispered conversation from a distance of more than eighteen feet. She was sent to a neighboring hospital, for three weeks, where her mind became restored; but, simultaneously with this mental restoration, her deafness returned to its former condition. Both her bodily health and her deafness are now as they have been for many years past.

Viola-odorata in Helminthiasis. April 22.—Margaret, aged three, has been troubled for several months with symptoms indicating the presence of worms, viz.: short, dry cough; quite frequent, dark-colored stools; itching of the fundament; picking of the nose, and variable appete, but no worms have at any time been expelled. Prescribed viola-odorata, six, four times a day.

April 30.—Is well. The diarrhea, which had been the most unpleasant symptom, ceased in about four days.

Nux Vomica in Leucorrhea. May 3.—Mrs. D., aged twenty-seven, dark eyes, black hair, of rather spare habit, and nervous-bilious temperament. Five months ago had a miscarriage, since which time has had leucorrhea. The discharge is white, thick, and tenacious, and is accompanied with pain in the back and left side. She is also much troubled with heartburn and sour stomach. Bowels confined. Nux-vom., 30, once a day.

May 31.—Has not felt so well in six months. Discharge nearly ceased; pain in the back and side very slight; derangement of the stomach completely relieved; bowels regular. Treatment the same. June 9.—Feels quite well.

Rhus tox. in Bronchitis. May 13.—Mr. S., aged thirty-seven, of bilious temperament and strong constitution, states that during two years past he has had a cough. It is dry and spasmodic, and much worse immediately on lying down, and during active physical exercise. He has sought relief from six allopathic physicians, but without success. Rhus-tox., 1, four times a day. May 27.—Cured.

Nux Vomica in Cephalalgia. May 24.—Mrs. G., aged twenty-five years, of sanguino-lymphatic temperament, states that she has had headache every day for six months. The parts involved are the vertex, forehead, and temples. The pain is sharp and piercing, attended with nausea, dizziness, and dullness of sight, and is worse morning and evening; bowels confined; appetite poor. Nux-vom., 30, three times a day.

May 29.—Has had no headache for two days. Appetite improving; bowels the same. Sacch.-lact.

Sept. 1.—Head continues well.

Iodine in Headache.

From noticing the effects produced upon several persons, who had drank freely and steadily for weeks, of mineral waters containing iodine, I have lately tried it as a remedy in the form of headache, in which it appeared to be the sinmillium. The headache produced was not violent, but persistent and annoying; head feels heavy, as though a foreign substance were inside the brain, aggravated by fatigue; oppressive, dull feeling, inclining the head to seek support. Chronic headache; dizziness on active exertion; carelessly loquacious; languid, uneasy, and of fitful humor. In the case of a young man of lymphatic temperament, full habit, and subject to the symptoms above named, iodine, 2d, a powder every night, gave permanent relief within a week. He had been in the same condition for about two years, with but little help from other remedies. It is better indicated where the symptoms are connected with disorder of the serous membranes.
Beiträge zur Behandlung putrider
Zahnwurzeln unter
spezieller Berücksichtigung
der Anwendung schwacher galvanischer Ströme.

Dr. Zierler's work on the treatment of septic roots of teeth by means of weak galvanic currents appears to be based upon some considerable experience, for he has used it for several years, although he does not give the number of cases upon which it has been employed. The method is of considerable interest, inasmuch as the author claims that by this means the roots of exceedingly septic teeth, even when they are so tortuous or so small as to be inaccessible to ordinary methods of cleansing and medication, may be effectually sterilized at one short sitting. The apparatus employed is a Leclanche battery of 30 elements, with a rheostat and galvanometer, the current therefore being of comparatively high voltage, but the quantity is only small, not more than 1 to 3 milliamperes. A platino-iridium needle is attached to the positive pole, and the negative terminates in an oval plate applied to the neighboring gum or other convenient spot, the needle being passed as far up the root as possible. After the passage of a 3-milliampère current for ten minutes, the needle when withdrawn is found to be absolutely sterile, as is also the wall of the root canal; other portions of the root, and especially its exterior, may remain septic. This would appear to be in some sense a failure, but in practice it is seldom that the septicity of a root extends much beyond its canal and the soft parts immediately about its apex. Some patients cannot tolerate this amount of current, but the same results may be attained by a proportionately longer application of a weaker current. Salt solution is introduced into the root canal as far as it will go, but it may be doubted whether much of it will reach far down a small canal. If all that Dr. Zierler claims for this method—namely, that a very septic root can be sterilized in ten minutes, and filled at the same sitting—be substantiated by further experience, it will be a valuable addition to the resources of the dentist.

But we cannot help remembering all that was claimed for cataphoresis (a method of carrying medicaments where they would not otherwise go by the help of an electric current), and that that much-vaunted method is now extinct.

Lehrbuch
der Geschlechtskrankheiten.

The greater part of Professor Lang's book is devoted to syphilis, and the effects of this disease on the various tissues and organs of the body. As regards treatment, though the various preparations of mercury and iodine and the different ways of administration all receive attention, Lang has most to say about the oleum cinerum, or gray oil, which he has been in the habit of injecting for the last twenty years. This gray oil is now composed of a mixture of two parts of metallic mercury and one part each of lanolin and liquid paraffin, and this is the strength he generally uses, though in certain cases a weaker preparation may be advisable.

Precise directions for preparing and administering the oil are given in detail, and for these the book itself should be consulted. It may be mentioned, however, that the oil is injected subcutaneously—generally under the skin of the back, but occasionally under that of the abdomen; and Lang states that with proper precautions this procedure is never followed by suppuration. Of the 50 per cent. oil he never injects more than one time at 0.05 c.m.³ (containing 0.04 of mercury), and for a thorough mercurial course he finds that from eight to twelve injections—seldom more—are sufficient. In case of relapse from four to six injections generally suffice.

The injections at first are given about twice a week, then, if all goes well, about every fifth or eighth day, and finally at intervals of ten to fourteen days. Thus, it will be seen that Lang does not believe in very long courses of mercury, and he strongly disapproves of the "successive chronic intermittent" method of treatment recommended by Fournier. Deep injections into the muscles of the buttocks are not recommended, and it is pointed out that the cases in which pul-
monary embolism has followed the injection of insoluble preparations of mercury have occurred mostly, if not exclusively, after injections made into the gluteal muscles.

**Syphilis and Gonorrhea.**

In Dr. C. F. Marshall’s book many interesting matters are dealt with, but several of them are open to criticism. The correctness of Dabry’s contribution to the history of syphilis, for instance, has been impugned by a recent Japanese writer, who has gone over the same ground as the French author, not, by the way, a medical man.

The heredity of syphilis, again, is a point about which we know very little. It would be better, therefore, to speak of congenital rather than of hereditary syphilis.

With regard to so-called leucoderma syphiliticum, there is no doubt about its value as a sign of syphilis. Bullous syphilide as a label is better than syphilitic pemphigus, and nodule is more appropriate than tubercle.

What is the evidence for the statement that the Jews were formerly free from syphilis?

As to that unfortunate term, syphilis d’emblée, which has led to so much discussion, it is well known that in some cases the so-called primary sore cannot be found. All our knowledge of the evolution and natural history of the disease points to the necessity of a solution of continuity, however slight, for the virus to penetrate into the blood stream. Here, again, facts support the view that the blood is infected before the formation of the chancre.

There are other debatable points which might be discussed did space allow. A word must be said, however, with regard to Colles’ law. Dr. Marshall accepts the alleged exceptions to this law as being true exceptions. The fact remains that, when these exceptions are carefully gone into, they are found to be not altogether convincing, but distinctly wanting in some respect or other. The truth is that much remains to be done in the way of elucidating many problems in syphilis.

**Clinical and Pathological Observations on Acute Abdominal Diseases due to Conditions of the Alimentary Tract and the Uniformity of their Origin.**

The contention of Erasmus Wilson is that the acute necrotic processes met with in appendicitis, in perforations of gastric duodenal and other ulcers, in acute diseases of the gall bladder, in strangulated hernia and inflammation of Meckel’s diverticulum, and perhaps in acute pancreatitis and liver disease, are due to the action of pyogenic organisms. It is, therefore, remarkable that this argument is not supported by any special bacteriological observations, the process of reasoning being to show that the action of microorganisms is the most probable cause, and that the other alleged causes are either non-existent or less constant. No doubt in one chapter some bacteriological results are quoted from other writers, but the author offers none of his own, on the ground that his “unaided bacteriological efforts were such as could only be managed in moments snatched from an extremely busy life” and “are such that, though they may help to form ideas, I do not consider them worthy of being brought forward.” Under these circumstances one can hardly regard the author’s thesis as being satisfactorily established, although unquestionably it is in the main in accordance with modern ideas, and is very probably true.

The author suggests an explanation of the frequent occurrence of appendicitis. We doubt whether it will be regarded as satisfactory, for, as we understand him, it amounts to this: The cecum is a “rest place” analogous to the stomach, in which the contents of the intestine are prepared for their course in the next region of the alimentary tract—that is, in the colon. “As a consequence the cecum is the breeding-ground of bacteria, par excellence, of all parts of our intestine.” “The appendix is an intestinal tonsil, an index of the fermentive processes which are going on within the cecum, a culture tube for the bacteria therein contained; hence the frequency of appendicitis.” It may be as simple as this; but if so, it seems to have been an exceedingly bad arrangement on the part of Nature. We agree with the author in thinking that infective processes are mostly concerned in the destructive lesions of the intestine, but we demur to the suggestion that the perforation of a gastric ulcer is at all probably due to this; as a rule, the stomach in gastric ulcer is, when empty, sterile.

**Precis d’Exploration externe du Tube Digestif.**

Under the title of the external examination of the digestive tract Drs. Chaillot and MacAuliffe have described a method of examination of the alimentary tract through the abdominal wall, by inspection, palpation, and percussion, not, however, in the sense in which we ordinarily understand such examination, but with a refinement
and ingenuity which are largely due to Sigaud and the authors. The special disorders considered are almost entirely functional, but it is to be hoped that the writers will later on give us the result of similar careful observations in cases of various organic abdominal diseases; possibly they feel that this aspect of the subject has already received sufficient attention in the current textbooks, and that their special duty is to elucidate the physical signs in functional disorders. They recognize the existence of extreme types, some patients being of strong muscular and bodily development, others feeble; while others again are of an intermediate type; further, there is a special group described as subacute, the members of which suffer from chronic mild digestive disturbance with periodical exacerbations.

The development of all these cases is considered in detail, and several stages are recognized: (1) "Resistance" to or reaction against the disorder lasting, it may be, several years; (2) deterioration or "decline"; and (3) complete dissolution. These stages are found in the young as well as in adults. Inspection shows that the strong type of dyspeptic is of full habit and has a prominent abdomen; the degree of prominence may be made the basis of subdivision of this group. The feeble type is recognized in people with flat or even hollow abdomens, of feeble muscular development and poor appetites. Various signs are revealed by palpation of the stomach, cecum, large and small intestine and liver; the cecum, for example, may be ballooned, or offer a putty-like resistance, or the stomach on manipulation may yield various signs familiar to us as splashes, bell sounds, etc.

It is, however, more especially in regard to percussion that the writers make the most original statements. They recognize some five types of abdomens differing from one another in the characters of the percussion note yielded in different ill-defined regions. Thus, in health, the note in the gastric region is loudest and lowest, in the cecal or subhepatic zone the note is less loud but higher in pitch, and in the intestinal region (to the left and below) the note is of the least intensity and the highest pitch. In another common type the note over the gastric and cecal regions is identical; both these types may be met with in disturbed digestion. Other types may be met with in such morbid states, but not in health, for example, in the "inversed" type, a lower note occurs in the area which includes the cecal and intestinal region than in the gastric area, or a higher note in the intestinal region, and a lower in the gastro-cecal area. The reader will be tempted to discredit the possibility of defining such areas, for it is notorious that resonance may change frequently during an abdominal examination; the authors are well aware of this, and advise frequent and prolonged examination.

Such cases as Drs. Chaillou and MacAuliffe regard as instances of functional disorder of the alimentary tract are frequently met with, but we question whether in the early stages at least any grave symptoms would occur; yet if the progress to the stage of deterioration is so certain, it is important to recognize the condition early. We cannot, however, quite free ourselves from the suspicion that the authors in their enthusiasm have defined as morbid characters what are largely merely individual characteristics incapable of alteration by medicinal or hygienic means.

Whilst declining against chemical investigations as opposed to the more purely anatomico-clinical methods of Charcot as a basis for the correct treatment of such cases, the authors do not exclude such observations, but merely desire to secure more recognition of the older methods. A final caution is given against neglecting the examination of the heart and urine in cases of so-called functional digestive disorder—a timely warning, for although it is freely admitted that toxic edema may occur without coarse organic disease, the authors find that edema is a cardinal sign of the stage of "decline" in the disorders they have studied.

Sepia has morbid desire for vinegar.
Phos., hydrastis, and ipecac in hemorrhagic diathesis.
Berberis vulg. is almost a specific in cases of stone and sand passing through the ureters; has great pain in right groin causing convulsions, and vomiting. In the 200th the pain is relieved in five minutes; give one dose on the tongue and dissolve a few globules in water of which give a little every half hour.
Dr. Lippe says when men are broken down from having led too fast a life kohalt will cure.
Mercury will cure when ends of fingers crack with deep fissures and bleed.
Hepar is antidote to iodine poisoning.
Silicea is worse in dry, cold weather.
Dulcamara is worse in wet, cold weather.
Fluoric acid counteracts bad effects of silicea and especially when pains go from below upwards.
TOPICS OF THE HOUR

Making a Medical Journal Pay.

A clever exchange comes to us now in all the iridescent glory of a four-color cover-page, back and front. Formerly this was a real-for-certain medical journal, eking out a precarious existence; now it presents itself as a refined, hygienic, hydropathic, Christian science, no-drug, anti-vaccination, anti-serum-therapy monthly. Its very evident success prompts us to call especial attention to its new features, in order to acquaint those of our exchanges still laboring for the good of the medical cause, but unprofitably, of this not wholly new way of "paying the freight."

Someone has evidently trampled on its pet ingrown corn, for, in a recent issue, we note the following: "We are running a medical journal. We refuse to advertise drugs. Not that we disbelieve in all drugs, but we prefer not to advertise drugs, as we think they generally do harm. This leaves our advertising columns open to those who have other methods of curing disease besides drug-giving. We advertise these people because we believe in a great many of them," etc.

In a recent issue of this medical journal, which refuses to advertise drugs ... but leaves its advertising columns open to those who have our methods of curing disease, we find a large bunch of Free for Nothing ads., because, presumably, doctors are such uniform gillies that they will bite at anything dangled before their eyes, and more especially if it be Free. The following are a few of these Free things:

Free grand talking machine, with amplifying horn [sex not specified].
Free music lessons by mail.
Free, a fine book by a famous catarrh specialist in Chicago [a city noted for its generosity and freeness].
Free, some Hair Food.
Free, a number of booklets on New Thought.
Free, a Treatise on Weak or Failing Sight, describing the wonderfully scientific process of an artificer in eyes.
There are a number of other Free things but too trivial to mention.
The eyes come in for a good deal of ad space, namely:
Actina is so potent that it causes you to throw away your spectacles.
Xora O'Neil, with the cunning little billy-goat adherent to his chin, his classic profile in Rembrandt high-lights and somber shadows—he, this wonderful man, can save your sight when everybody else has failed. Can't you afford one little lonesome postal card to learn what he can do for you? Surely!

Eyelin will cause you to jump up and down and break your glasses for very joy.
The Madison Absorption Method does everything that formerly was and even yet is poorly or imperfectly done by these here high-toned ten and fifteen-dollar-a-clip oculists.

There are several other of these marvelous eye-openers and leg-pullers. [We wonder whether the editor would trust his eyes to either of these advertised methods.]

Still harping on "this leaves our advertising columns open to those who have other methods of curing disease besides drug-giving," we approach a group of bust and figure developers, with characteristic and suggestive half-tone pictures, which would cause one, not thoroughly indoctrinated in the honi soit motto of the Countess of Salisbury, to be tempted, irresistibly, to dream of adjacent anatomical parts.

One of these ads, advertises the Grecian Bust Girdle—and being a medical journal, edited and printed for medical men—for there are not enough medical women to float this or any other medical journal—we would recommend this machine, with its loops, and clove hitches, its figure eight bandages, and buckles to our brethren who have grown stoop-shouldered in looking for lodge and contract practice.

Bias will build up the body in one time and two motions, the secret of which will be sent to anyone for a two-cent stamp. Cheap enough, don't you think?

Perfection in Bust and Figure, by someone else, ought to attract sufficient attention, because of the handsome picture which heads the ad.

Noylene Bust Developer has another chromo of loveliness, depicting the thing before and after it is done, which Dewey would cut out, if he saw it, and paste in his scrap-book of "Beautiful Things I Have Saw."

Then we note that lithe, graceful, swan-like, sylph-like, sinuous, suggestive, full-length profile figure of Susannah Crow-off, who seems, in some miraculous way, to have transferred her usual bonedness to the behind her—all this not to show how obese abdomens may be reduced, but to indicate how ravishingly beautiful a handsome woman can be with a straight-front corset. If you want to be beautiful in form and face, like Susannah, Doctor, she only asks fifteen minutes in your own home to do it without drugs. We looked over her list of questions in the ad., hoping to find something upon which we might write and ask her for a heart-to-heart talk, like unto a pastor with one of his flock, and for advice and
comfort in our parish practice; but, alas! the list seems to have been specially designed for women.

Now we drift into the Hair department. We have gone through this with much assiduity and pains, in the hope of finding something for putting our many brethren "wise" for a good hair restorer. Need we add that we had in mind Charley Gatchell, Fiskus Biggar, Georgey Peck, Aby Norton, Ben Bailey, the two Jimmies, Campbell and Wood, Hugh Arndt, and some others? But we failed to find anything to tie to.

Under the misnoming title of Superfluous Hair, a cheerful damsel is unloosing her J. P. Sutherland-Sisters growth of tangle-hair, to show how wonderfully skilful this advertiser is in growing hair on the north side of a last year's goose egg.

Free Hair Food does its share in making woman beautiful, and the written matter, as well as the picture, suggests the story of the old men's club, who, being assembled, agreed one after the other, to tell which was the prettiest part of woman. After the hair and eyes and ears and lips and bust had been duly introduced and praised, one little, pipe-toned old fellow moved that the meeting adjourn before some brother told the truth.

Another ad. admonishes you to Grow Your Hair and Earn $500. Why, of course, who wouldn't? It seems, however, that the process is so delicate that it cannot be published in a medical journal, so you must send your name and a lock of your remaining locks, to this enterprising vendor and get informed how to do it.

There is also a Golden Rule Hair Restorative, presumably good only for doctors who practice the golden rule, and is not for those doctors who steal cases, misrepresent other doctors, or do underhandied practices generally.

Taxine is yours for Health and Beauty, and the price, though because you have seen this ad, in this journal, if you will cut off the reversed isosceles triangle at the bottom of the page, and forward it with your maiden, as well as married name, you may receive a Free sample. (Perhaps this will not be so transparent a fraud as that Hair Growing Foundry down in Porkopolis, which offers testimonials of people in Manchester, England; Auckland, New Zealand; Sydney, Australia, and Sitka, Alaska, to prove that they, these testimonial "barkers," were cured of hairlessness, and, therefore, recommend this dope to American citizens. This Fraud Firm claims to have such a good thing, that if you will but ask for a sample, it will convince you and make you a life-long patron of theirs. All right, you do so apply, and receive, in return, a slab of hard soap, a little larger than a postage-stamp, and, thereafter, for seventeen weary weeks, you get a small hateful of circulars, and processed-letters, wondering why in Sanhill you have not purchased their inimitable hell-dope, and offering it a little cheaper each time than in the last letter.)

We change the group now, though still within our eminent domain, namely: "this leaves our advertising columns open to those who have other methods of curing disease," and find several ads., which promise, for a small sum in hand paid, to double, nay, sextuple your investment in legitimate speculation!

Then the fat women have an inning, showing how fat has rolled off of them, until now their last year's union suits would make two present suits and a dressing jacket beside. The first box of this stuff is free, but thereafter, after you have bit, or been bitten, it costs five dollars a box.

Almond Balm will make you not only sweet and reasonable, but will grow your hair so that your pompadour (the one you grow yourself, not the one you bought) will hang clean down over your eyebrows. (This might be a good investment for Gregg-Custis, of Washington, or Livermore, of Cleveland).

You can get an inside bath by using the Joll Lot Crest; this may be only another form of the Hall Treatment of skunkified memory, which consisted in pumping four gallons of water up into your in'ards for four dollars, and an iron-bound oath to tell no one else. This caught a whole slew and slather of old women and preachers.

Rheumatism can be cured, in one pictured instance, by the application to the soles of the feet of something that looks as if the owner of the feet had surreptitiously stepped into a gob of tar. In another pictured instance, rheumatism may be universally cured by the application to the body of a lot of discs resembling these little disguises which the dear ladies use for fastening their plaques on their dresses behind, but which, as everybody has observed, never stay fastened.

You can become a graduated, trained nurse, according to two ads., by Lessons by Mail, and so not have to scrub the kitchen, nor blow the operator's nose or wipe his sweaty face, nor act as orderly except in your own roseate imagination; wages, $20 to $25 a week.

Your Name is valuable for a golden gold ring, which is free to all readers of this journal. You can get another gold ring from another advertiser by simply asking for it.

Pahari is a new style of cards for telling fortunes. In another page you can have Your Fortune Told Free. In still another, Your Character, Personality, and Future will be read from your Handwriting, for ten cents.

"From all over the world people are coming to get Augustus Rats' free removal of their wrinkles." Another wrinkle in the wrinkle department is a Wrinkle Remover which represents the half-tone, under-done portrait of an unseemly, sloppy old woman, with one half of her face flat-ironed into the smoothness of a wax figure, while the other half remains in its original scar and senile dirtiness.

You can get Divine Healing for ten cents. Or you can get a Bisque doll for selling bluine.
Vite Ore cures everything from pre-natal influences to post-mortem flatulence.

There is an Ideal Dyeing Comb, which will, by the simple process of dipping it in water, or, in default of water, spitting on it, we believe, and passing it through your grayed-up Titan football locks, restore them to their pristine beauty and ab solomness. [R. S. C., please note.]

There is something advertised under the head of a portable Exhilarator which will interest Porter, as well as ourself. This promises to put exhilaration into the user in short order. We think we will implead our publisher to get this for us in the way of trade, as there are many occasions when we need a little exhilaration, and our usual method of exhilaration is somewhat costly, for hot water and cloves.

Then we go 'way back to the very origin of things and read an advertisement of the United Park Maternity Home, "a private retreat for unfortunate girls . . . where is provided a home for infants by adoption, if desired."

And farther back still we go, and read that we can get a Free Treatise on Diseases of the Prostate Gland and Adnexa—especially the adnexa—have you got yours?—a book which covers the aftermath of gonorrhea and masturbation.

To bring this already overlong collection of medical ads, in a medical journal and for the good of the medical profession to a close, we quote a Lest We Forget, which proves to be a tombstone company, calling attention to their iron and bronze monuments, headstones, and tailboards, warranted to last during the lifetime of the resident-owner, or money back.

Having thus reviewed some of these peculiar advertisements, we must say that we fail to see what bearing they have upon the medical profession; how they fall under the definition given by this doctor-editor. Does not the doctor-editor know that Free for Nothing articles are NEVER Free? What have bust-developers and beauty-salves and fortune-told-Free to do with the medical practitioner?

It must breed a deal of satisfaction for the editor to sit in his editorial sanctum sanctorum and advise his medical subscribers how to beautify their complexion, how to remove a wart in the dark of the moon, how to spoil their most precious earthly gift—eyesight—where to go to get rid of a baby if it comes in the wrong woman, and how to get swindled out of their eye-teeth in a bucket-shop.

Back to our mutton. Some of our other weak-kneed and equally weak-brained exchanges, who are looking wistfully to the future; who see nothing but financial frenzy before them; who dread the morrow because of the paucity of subscriptions and advertisements; might well take a leaf out of this reformed medical journal, and incorporate a lot of this Free, Fake, and Fraud stuff in their pages, for it is well-known that gentry of this class are usually willing to pay well for ad. space.

**Sugar and Salt.**

The action of sugar on the uterus, says Medical Press of December 14 (copied in Homeopathic World), is marvelous:

"Some of the simplest remedies lie ready to one's hand; so close, in fact, that they are persistently overlooked. Many have been the drugs used and various have been the devices employed by the harassed accoucheur to expedite labor, and yet had he known it a lump or two of sugar would have done all he wanted. At least, so one would gather from the researches of Keim, who had been acquainted with the fact for six years, but hesitated to make it fully known till stimulated by Marquis, another worker in the same field. Lactose he believes to be the most efficacious sugar to administer, and this is readily absorbed in late pregnancy owing to the usual hepatic insufficiency. In labor, if the os is a long time in dilating, the glycogen in the blood is used up and the uterine muscle needs more carbohydrate to help it in its work. If this deficiency be supplied by the administration of sugar, the muscle gains fresh vigor and begins to contract with renewed energy. The best time to give sugar is two and a half hours after dilatation has begun in multipare, and three and a half hours in primipare. When, however, the os has dilated considerably, giving more sugar hurries on the process of labor markedly, especially if inertia is threatening. A case is quoted of a multipara, whose labors usually lasted one or two days, being given sugar fifteen hours after her pains began. Within one hour the child was born. Stress is laid by Keim on the fact that, unlike drugs such as ergot and quinine, sugar is not toxic, is always available, and acts not only on the muscles of the uterus but also on those of the abdominal wall. The prescription has the added advantage of being a palatable one."

"Salt as an anesthetic" is an item found in the Daily Telegraph (Homeopathic World):

"Our Berlin correspondent forwards an account of Schleich's method of producing anesthesia, which is much used in Germany. It consists in the injection of water under the skin, containing a solution of cooking salt to the extent of six parts per 1,000. The effect produced is paralysis of the skin only, but the action is anesthetic in so far that the patient can be operated upon without suffering pain. The method is not unknown in this country (England)."

"—"Reminds me of a little case I had a few years ago," says a correspondent. "A boy had mumps, and one day suddenly developed a severe pain and tenderness in the abdomen. I was nonplussed at first, but on examination found the scrotum empty. It was an abdominal orchitis—merely illustrating the danger in high balls. Selah."
Appendicitis from a Homeopathic Physician's Point of View.

BY JOHN H. CLARKE, M.D.

The recent illness of H. R. H. Princess Victoria has again brought the subject of appendicitis prominently before the public notice, and the publishers of the Homeopathic World have often been asked of late if there is not a homeopathic work on the subject. There is none, so far as I am aware, and therefore I propose to say something about appendicitis from a homeopathic point of view.

Appendicitis is a new name for an old complaint. Under the name "typhilitis" and "perityphilitis" it has long been recognized. "Typhilon" is the Greek name for the "cecum," or "blind gut," into which the small intestine enters and which forms the commencement of the large intestine. It is situated at the right side of the lower part of the body. The large intestine passes up the right side of the body, across the upper part of the body and down its left side, ending as the rectum and anus.

The cecum was apparently named the "blind gut" because its lower part forms a kind of cul-de-sac, terminated by a little worm-like body, which has an inlet but no outlet otherwise. This is the "vermiform appendix," and inflammation originating in this structure is termed "appendicitis." The term is a mongrel one, "appendix" being Latin and "itis" Greek, but in these days of decadent classic lore we have to put up with this kind of thing. The developments of modern surgery, and the more accurate classifications of modern pathology, demanded a new term, and "appendicitis" will have to do. I say the developments of modern surgery, because it is the facility and safety with which modern surgeons are able to open the abdominal cavity and see what is taking place, that has added so much to our knowledge of this and all other abdominal diseases.

What are the function or functions of the appendix? No one knows—many have guessed; and the guess to which I incline to attach most importance is that the appendix discharges an eliminative function; this view maintains that as the intestinal canal is the great eliminator of waste products the vermiform appendix takes on the part of eliminating blood poisons of many descriptions. Sometimes these poisons—or the theory runs—are too irritating for the organ to throw off without itself becoming irritated and inflamed. If this inflammation or irritation goes beyond a certain point, suppuration, abscess or ulceration takes place, which involves to a greater or less extent the cecum itself and the surrounding tissues. Here we have a fully developed case of "appendicitis," "typhilitis," and "perityphilitis." "Typhilitis" being inflammation of the cecum, and "perityphilitis" being inflammation of the peritoneal covering of the cecum. In former days inflammation of the cecum included what is now known as appendicitis.

I have mentioned only one of the guesses as to the function of the appendix. One of the other guesses is that the appendix is a useless and dangerous survival which will be absent altogether in a higher state of evolution, its only function at present being to catch cherry-stones, pins, and such-like undesirable objects which only give trouble when they get inside. Against this theory there is the fact that foreign bodies are only found in a small minority of cases operated on; and in many post-mortem examinations foreign bodies have been found in appendices without setting up irritation at all.

**Symptoms and Diagnosis.**

Leaving now all questions of hypothesis I will pass on to consider the symptoms of the affection. The first symptom to draw attention to is the trouble is a pain in the right side of the body, but not only is there pain, but there is tenderness as well. When the patient is lying down, if a line is drawn from the most prominent part of the hip bone on the right side to the lowest point of the abdomen in the center, this line will cross the area where the pain is felt, and the central point of the line will correspond to the most painful and tender part. This pain and tenderness may continue for weeks and even months without causing any great amount of inconvenience or constitutional disturbance. On the other hand, it may get rapidly worse and be attended with fever, sometimes high fever, and great disturbance of the digestive functions. If uncontrolled, the inflammation may spread to other organs and prove fatal by the intensity of the inflammation, by suppuration and bursting of the abscess into the abdominal cavity, or by ulceration and perforation of the gut. On the other hand, the abscess may find a way for itself and discharge outwards through the abdominal wall, or some other way, and perfect recovery may result.

Before we come to consider what homeopathy has to say about the treatment of appendicitis, it may be well, at the outset, to get rid of the notion that a diagnosis of appendicitis necessarily means an operation. Sir Frederick Treves has told us (Cavendish Lecture—British Medical Journal, June 28, 1903), that "the greater proportion of cases of appendicitis recover spontaneously, and it is probable that the general mortality of the disease—if examples of all grades be included—is not above 3 per cent."

From this it follows that appendicitis is not a disease which need occasion panic. The cases in which operation is urgent are a very small minority, and the scope afforded for utilizing the remedial action of drugs is very great. But the curative uses of drugs are only available to those who know how to use them on the homeopathic principle. For homeopathy, appendicitis has no terrors, and only a very small minority of the
cases under homeopathic treatment require surgical interference.

Perhaps the best way of illustrating the power of homeopathy will be to take a few cases from actual practice. The first case I will relate occurred before the word “appendicitis” had been generally applied to these cases. I am not aware of the date on which the word first appeared in print, but it has no place in the Century Dictionary, which was copyrighted in 1889. The case I am going to relate occurred in 1887.

Case I.—Master E. S., aged 10, fair, had been ill for some days when I saw him first on September 7, 1887. The particular illness for which I was summoned began two days before with pains low down in the abdomen, and frequent desire to pass water. The temperature had been up to 103. The boy was liable to “bilious attacks,” of which he had one a year. Previous to the onset of the pains, he had vomiting and diarrhea, which were taken for one of his ordinary bilious attacks.

I found him with a temperature of 102.2, pulse 120, abdomen tender all over, especially tender in right groin. Legs drawn up, the least movement makes him wince. Hot fomentations relieve. Tongue white; rather thirsty. Bowels not moved, though there has been some effort. Passes flatus. Body still tender, tenderness being greatest in right groin. Pain is always present, but is not acute unless he moves. Lies with feet drawn up, but there is no anxiety on his face; his expression is brighter. Repeat.

September 8.—Temperature 100.2, pulse 108. Slept very well. Is drowsy during the day. Tongue whitish; no sickness; likes barley-water best. Bowels not moved, though there has been some effort. Passes flatus. Body still tender, tenderness being greatest in right groin. Pain is always present, but is not acute unless he moves. Lies with feet drawn up, but there is no anxiety on his face; his expression is brighter. Repeat.

September 9.—Better generally. Temperature 99.6, pulse 96. Slept well. Still complains of much pain and tenderness. Still retches if he takes anything except beef tea. Has frequent desire for stool. This gave him much pain, and he passed one or two small, hard lumps. Nux vomica was now given instead of bryonia, merc, cor, 6 being continued in alternation. The symptoms italicized indicated nux.

September 10.—Good night. Had a good stool, without pain or difficulty, the previous night. Temperature 98.8, pulse 96. Tenderness has left the whole abdomen, except the right iliac region, and there it is less than it was. Tongue rather dirty. Still objects to milk, but has a desire for a bit of tongue. Repeat medicines. Omit fomentations.

September 11.—Temperature 98.4, pulse 84. Only a little tenderness left in right iliac region. Can sit up in bed a little. Tongue clean; appetite better; no sickness; bowels not moved. Slept well. Repeat.

September 12.—Temperature 101.6, pulse 90. This rise of temperature was apparently occasioned by a nervous upset; otherwise he was about the same. There was still right iliac tenderness and some dullness to percussion in that region. Recipe: Opium 3, merc. sol. 6 every alternate two hours.

September 13.—Temperature 98.4, pulse 68. Slept well; appetite returning. Tongue rather dirty; breath offensive; bowels not moved. Had profuse perspiration the previous afternoon. Repeat.


September 19.—Apparently quite as well as usual. Has no bleeding from the gums, though the upper gums look tender. Repeat.

This was the last visit I paid to the patient. He was a very delicate boy, his mother having been consumptive for years before his birth and having died a few years after it. The boy’s finger nails were like paper. He was very susceptible to colds. Naturally he was very fond of meat.

Case II.—A more recent case, occurred in a boy of fifteen—H. R. When I saw him on May 2, 1903, he had been ill for a week. The first two days he had a violent headache with aversion to light; he had vomited all night the night before I saw him. Five and a half years before he had had an attack of appendicitis. Tongue dirty; bowels open; tenderness in right iliac region. Lies with knees drawn up. Temperature 100. Recipe: Lachesis 30 every two hours.

May 4.—Pain much less. Slept well. Temperature 99.4, pulse 64, irregular. He felt his heart give two big beats. Has a cough which hurts the abdomen. Lies with knees up. Tongue dirty; breath very offensive last night. Not very thirsty. Cecal region still tender. Repeat.

May 6.—Very much better. Can move well and bear pressure well. Bowels acting regularly without trouble. Tongue clearer. Repeat.

From this time on the recovery was rapid and uneventful.

This patient had in a general way an enormous appetite, and ate his food rapidly. It was apparently from indigestible and undigested food that this attack arose. It was difficult to keep his appetite within bounds during the case. Lachesis was the only remedy required throughout. It was indicated by the pain in the right iliac region, by the excessive tenderness. Some of the actual symptoms caused by lachesis are: “Tearing and cutting pains in right side of abdomen.” “Painful distention; flatulence; can bear no pressure; surface nerves sensitive.” The vomiting, irregular appetite, and feverish condition also indicated this remedy.

These are examples of how homeopathy can cut short acute attacks of appendicitis when inflammation has been actually developed. I need scarcely say that in all cases careful diet is a
manner of the first importance. From the onset of pain with fever all solid diet should be stopped. Milk also should be taken with care, and never undiluted. Beef tea, meat-essences, barley-water, thin gruel, and water if the patient likes it. Hot fomentations are useful in many cases, and lime-water compresses are also sometimes of great help in allaying inflammatory action. But these are only adjuncts to the action of remedies which are the most potent means the homœopath has for rectifying the trouble. In the first case, bryonia, mercurius cor. and mercurius solubilis were the main remedies given; in the second lachesis alone was required. Other remedies which are often in request are the following:

Iris tenax and iris versicolor. Both these remedies are closely related by their symptoms to an attack of appendicitis. The former, which was proved by Dr. George Wigg, set up the following symptoms: "Cutting in abdomen, more severe right than left"; "fearful pain in ileo-cecal region"; "pressure in ileo-cecal region causes deathly sensation at stomach-pit"; "for fourteen days there was a painful spot over ileo-cecal region, as if an ulcer, the size of a shilling, might be inside"; "hot applications relieve the pain in the bowels."

I shall give later on examples of the action of iris tenax in curing cases of appendix troubles. Both irises cause gastric disturbances and diarrhea or constipation like those which accompany the trouble, so that these two remedies may be relied on in a large proportion of cases.

Arsenicum is another remedy often called for. It has a specific action in the ileo-cecal region, and it produces inflammation of a low type. The cases which call for this remedy will generally have some of the characteristic symptoms to guide—anxiety, red tongue and thirst for little and often, restlessness, and debility.

Apis is very like the serpent venom lachesis in its action. It is related to the right groin; it has also excessive tenderness like lachesis. Swelling, burning pains, and stabbing pains. A sensation as if something would break when straining at stool—these symptoms would be sufficient to single out apis in preference to lachesis, if present in a case.

Bryonia will be called for when the symptoms are characterized by aggravation from the least movement.

Rhus, on the other hand, will be needed when the patient cannot endure to be still, but must be constantly shifting his position.

These are a few of the remedies most commonly needed, but homœopathy is by no means limited to these in its choice. In any case some strong characteristic symptom may most point to any remedy in the materia medica.

THREATENED APPENDICITIS.

I will now give two cases to show what homœopathy can do in the way of preventing the development of appendicitis when threatened.

Many cases of appendicitis which call for sudden surgical aid might never have come to that at all if the patients had been properly treated by homœopathy from the outset.

Case III.—Miss E. G., about 30, of very gouty forbears, whom I had treated some time before for chronic headaches, came to me on July 19, 1904, complaining of a pain in the abdomen which she had had for a fortnight. The pain came in spasms. The bowels were upset, and she had diarrhea. The pain was in the ileo-cecal region, which was tender to pressure (but it was not superficial tenderness—i. e., tenderness to slight touch which distinguishes lachesis, apis, and some other remedies). Recipe: Iris tenax 30, twenty-four powders, one four times a day. The patient was instructed to avoid all fatigue or exertion, and to be extremely careful in her diet.

July 27.—Much less tenderness. Bowels rather confined. Repeat.

July 29.—On 27th had a very bad headache, with vomiting, the vomit being bright green at first, then very yellow. "The pain in the side is certainly better." On August 4 she received arsen. 30. On August 25 she reported herself as much better. On September 8, by deep pressure, a very little tenderness was elicited. In October she went to Biarritz. I gradually relaxed restrictions in exercise, and the trouble did not recur. But for the care taken, and the specific homeopathic treatment, this case would have gone on to a fully-developed case of appendicitis. As it was, it was arrested at the stage of irritation.

Case IV.—Miss C., 28, came to me on December 21, 1903, complaining of pain in right iliac region. She had felt it the previous October. About two years before she had been re-vaccinated, and had had a bad arm as a result. She suffered from facial neuralgia, occasional bad headaches, was depressed at times and tearful, and was inclined to be hysterical at the monthly periods. She suffered much from backache, and the back was tender to touch on the right side of the lumbar spine. I found the spleen large and a good deal of tenderness in the ileo-cecal region. This patient was engaged in business, and I allowed her to continue her work during the treatment.

Believing that there was a vaccinal element in this case, I first gave a course of thuja 30, with great improvement, general and local. This was followed by malarnimum 200. The appendix pain became of less consequence than the general symptoms, and some time later I advised her to take a holiday, which she did—having had no holiday for some years previously. After this she returned, much better; but the old neuralgic symptoms did not depart, and pain in the right side came at times. The pain was always worse after the monthly period. There was also constipation, and the pain in the appendix region was
worse before the bowels acted. The superficial
tenderness was great.

On June 13, 1904, I prescribed apis 100, three
doses to go over the month. This was followed
by very great improvement, both in the local
symptoms and in the constipation. On August
5 she writes: "It is delightful to be able to
forget that I have an appendix." Since then
there has been no more real trouble.

I am inclined to think that in this case there
was an ovarian involvement. This not infre-
cently occurs in appendicitis in women; and
apis is a remedy which affects the right ovary,
as well as the neighboring organs.Apis is also
a remedy for the effects of vaccination. In
reference to the suspected vaccinal element in
this case, I have met with a number of cases in
which swelling of the spleen and pain in the ileo-
egastri c region have followed, sometimes immedi-
ately after, and sometimes months after vaccina-
tion. In these cases the remedies which are
antidotal to vaccination are absolutely necessary to
relieve and cure the patients. Influenza is another
fruitful cause of appendicitis.

Case V.—Miss V. came to me on March 24,
1900, complaining of pain in the right side, which
came on a short time before, whilst she was in
Paris. The first symptom was depression and
irritability. This was followed by severe pain,
which began in the epigastrium, passed down
to the hypogastrium, and then to the right iliac
region, which was tender. The pain was severe
for two hours, then gradually diminished, and
was gone by next morning, but has since recurred.
The stool in the morning was natural, in the
evening softer, and the pain was worse after it.
Pulse 84. Liver and spleen both slightly en-
larged. Tenderness in right iliac region, with a
raw, bruised feeling. Pain shoots from right to
left. Recipe: Iris v. 12, half an hour before
meals and at bedtime.

June 19.—Has been free from pain for the
last week or two, when there have been reminders
of the pain. Recipe: Iris v. 30.

July 28.—Only felt the pain twice since. Rec-
ipe: Iris tenax 12, discis 5 ii, one four times a
day.

September 6.—Very much better. No pain in
the side at all. Recipe: Iris tenax 12, 21 powders,
two drops in each, one at bedtime.

After this there was no more trouble in the
side, though many of her friends were urging
the patient to "have an operation and get rid of
it."

From these cases it will be seen that to the
homeopathic patient and the homeopathic phys-
ian "appendicitis" is not a word to occasion
panic.

I may be asked if I never advise operation.
Under certain circumstances, I certainly should.
For instance, I had cured a young lady of a very
sharp attack of appendicitis, when, some twelve
months later, she sat for a long time with wet
boots on, after having been caught in a down-
pour of rain. This brought on another attack,
which was more tedious to get rid of. As she
had to earn her living, and could not command
the necessary conditions for cure, and as she
could not afford to run the risk of further attacks
whenever she caught a severe chill, I advised her
to see Mr. Dudley Wright, and take his advice
about an operation. This she did, the appen-
dix was removed, and the result of the operation
has been eminently satisfactory. Again, if a case
has gone on to suppuration and the formation of
an abscess, I should certainly advise the evacu-
tion of the pus as soon as this could be done.
But, at the same time, I should give the patient
the benefit of homeopathic treatment, both during
the period of convalescence and afterward.

Appendicitis is often caused by chronic blood
disease—gout among the number—and, opera-
tion or no operation, the patient cannot be con-
sidered cured until a constitutional change for
the better has been brought about. Constitutional
homeopathic treatment is the best means of se-
curing this.—Homeopathic World.

A New Society of Eddyites.

Seemingly a tinge of honesty has invaded one
Eddyite camp, for an organization in one of the
Western States has discarded the misnomer
Christian Scientist. It is true that, although
lacking the essentials, they have some of the
attributes of Christianity, but never in a sane
moment can they claim to be scientists. Therefore,
a term better suited was selected, and should be
hailed with acclaim by all the cult. "Pious Frauds." What more epigrammatic? Pious
they certainly are, and consistently appropriate
appears the latter designation.

A Medical Descendant of the Family of Joan
of Arc.

Among the many things to which the icono-
elastic hammer of the higher criticism has been
applied is the life of Joan of Arc. Her "voices"
have been laughed at, denied, or scientifically
explained; her reputation has been besmirched;
hers very existence has been called in question.
Nevertheless, the history of her family can be
clearly traced from 1380 through fifteen genera-
tions, and descendants of her parents still exist.
The family was ennobled by Charles VII. in
1449, and the Maid of Orleans is represented by
collateral descendants at the present day.
Georges Haldat, who married Catherine Dulys,
daughter of Pierre, a brother of Jean of Arc,egat offspring who in time formed a family,
the members of which occupied prominent posi-
tions in Lorraine, in the church, the magistracy,
the army, and also in medicine. One of them.
Dr. Charles Nicolas Alexandre de Haldat de
Lys, of Nancy, who was born at Bourmont in Lorraine in 1770, and died at Nancy in 1852, gained considerable fame as a physician. After graduating in law, he turned to the study of medicine. He began his professional career as a military surgeon in 1793, and took the degree of Doctor of Medicine at Strasbourg in 1803. He was for many years Professor of Physiology and Experimental Physics at Nancy, and when the medical school of that city was founded, he was appointed its director. He was a remarkable man, and the author of numerous works; the bent of his mind was strongly toward physics and chemistry, but medicine was not neglected, and he also found time to write a good deal on archeology, art, and literature. At his death he bequeathed to the city with which he had been so long and so honorably associated, a fine library and a valuable collection of minerals. Nancy expressed its gratitude by putting up a bronze bust to his memory. Another distinguished descendant of the family of Joan of Arc was Boucher de Perthes, one of the pioneers of prehistoric research. He was descended from Jean Seigneur de Vouthon, a brother of the Maid's mother.

Disease in Fiction.

Writers of fiction have, full many a time and oft, been taken to task for having ventured, like little wanton boys that swim on bladders, to weave anatomical complications into their plots without verifying their references. But what of their pathology? Is it true that certain authors portray the symptoms of their hero—for authors are seldom gynecologists—with an accuracy, one might almost say severity, that justifies the suspicion of the collaboration of a medical friend. Even the medical friend, however, sometimes lapses into inconsistencies; he places the eruptive cart before the fertile horse. These, after all, viewed as literary blemishes, are venial offenses. We have less indulgence for authors, apparently too weak to bear the insupportable fatigue of thought, who invent morbid conditions that cannot by any ingenuity be brought into the official list of diseases; in short, they are, from first to last, purely literary affections.

Not to go further afield than Mr. Watts-Dunton's monumental novel, "Aylwin," the hero, falls a prey to a concatenation of symptoms which baffles our diagnostic powers. By way of etiology there is an emotional midnight hour spent with his beloved in a tide-locked cove, followed by a manifold struggle through the buffeting waves, much mental perturbation, and a decided chill. So far everything works harmoniously, but within an hour a throbbing is "at the temples, a rolling fire at the back of the eyeballs and a thirst in a parched throat warn the hapless hero that some kind of fever" is upon him. This was followed by a "red heat at the brain," and shortly after "his knees gave way, his head swam, his stomach heaved with a deadly nausea, and he fell like a log on the floor." These symptoms rather point to acute alcoholic poisoning, but there is nothing in the history of the case to warrant any such inference. Moreover, the subsequent course of the malady renders this hypothesis untenable, though it is equally irreconcilable with any recognized nosological exception. In any event, the hero does not appear to have quite lost consciousness, although he was either cataleptic or paraplegic, for he was acutely apprehensive of being unable to rise. He was put back to bed, the noise he made in falling having awakened the light-sleeping servants at the other end of the castle, and, feeling that his moments of consciousness were brief, he sent for his mother, with whom he had a most argumentatively disagreeable scene; thereupon the delirium of fever came upon him, and he lay tossing as upon a sea of fire. Seven or eight days later he "woke again to consciousness," had another row with his mother, and then a serious relapse. Again a few days pass, and there is another dreadful scene, and another dangerous relapse, followed by two days' delirium. The next we hear of him is his departure on a journey, from which we may assume he was better.

The medical interest of this case, the notes whereof are regretfully lacking in detail and precision, lies in the difficulty which the professional reader finds in guessing at the probable nature of the malady. The only antecedents in the patient's personal history were a broken leg and a love-stricken heart, and neither of these affords a clew to the problem. If the author evolved all these distressing episodes from his imagination, memory not serving, no further explanation is required, but we would respectfully submit that the artistic homogeneity of the work is impaired by creating morbid conditions of a wholly unauthorized type, just in order to elaborate situations.

Radiography in Madagascar.

Drs. Jourdan and Fontoymont, of the School of Medicine in Antananarivo, recently showed to the Anatomical Society of Paris some interesting radiographs obtained in Madagascar. Among them was a skigraph of a 10-centime piece arrested in the esophagus just below the upper end of the sternum; it was obtained from a Hova child. It was one of a considerable number of cases. In none of them did the piece cause any trouble; in fact, it was always passed in from two to four days. In one case the progress of the coin was followed by radiography from the esophagus through the stomach and intestines. The authors hazard the suggestion that the intestine in the Hovas has a larger caliber from their habit of eating large quantities of rice with no fluid. Normally the diameter of the esophagus
at the level of the upper end of the sternum is 14 mm., while that of the 10-centime piece is 15 mm. Another skiagraph showed a large stone in the bladder of a Hova child of 8 years. Such calculi are frequent among the Hovas, especially in males. As a rule, suprapubic cystotomy is required for their removal. The largest noted by Jourdan and Fontoyont weighed 69 grams. Yet another skiagraph showed complete destruction of the head of the right femur in a case of coxalgia in a Hova child of 10 years of age.

Society Meetings.

The Cleveland Homeopathic Medical Society.

This Society held another well-attended monthly meeting on the evening of March 15, Dr. W. H. Phillips presiding. The general subject was Gynecology, and a number of excellent papers were presented and discussed. The leader of the symposium was Dr. L. K. Maxwell, of Toledo, who read a scholarly paper on spleen troubles as associated with gynecological disease. Drs. Wood, Miller, and several others discussed the paper at some length. Dr. C. A. Hall gave the Non-Surgical Treatment of Endometritis, also instructive and well delivered. Dr. Pauline Barton lent the homeopathic aspect to the evening by giving remedies used in gynecology, which the doctor very wisely limited to a dozen of the more prominently indicated, explaining that every remedy in the books could at times be indicated. The indications for those cited were gilt-edged homoeopathy, and at the conclusion she was greeted with applause, and the discussion was fine. Other papers were given and discussed, so that the evening was well filled out.

On the following morning Dr. Maxwell conducted the gynecological clinic in the college, operating upon two cases, one of sub-involution with a badly lacerated cervix and relaxed perineum, together with a retroflexion and extensive disease of the ovaries; the doctor did a division, a curettage, a trachelorrhaphy, a perineorrhaphy; opened the abdomen; removed the appendages, and fastened the uterus in front. The appendix vermiformis was also diseased, and was removed. The operations were done neatly and nicely, and reflected great credit upon the operator. The second operation was a more simple one—a curettage for gonorrhoeal infection. The impression made upon his rather critical audience was that Dr. Maxwell was a careful, conscientious, skilled operator, and his work was much appreciated.

Book Reviews.


We often hear people express themselves as to how practical the world has grown, complaining that there is nothing left but business, and ending up with a desire, “Oh! for the good old times.” We would call the attention of these persons to the new anthology of poetry which has lately been published by John D. Morris and Company, Philadelphia, for here is an answer to such people which cannot be refuted. The world to-day may be practical, it may be all business, but people are apt to forget that even in the most practical matters, there is a certain amount of sentiment, in other words, poetry. Business honor is merely sentiment; our home relationships, our social obligations, both war and peace, are merely matters of sentiment. It is a healthy sign to see an extensive work of poetry published, as there must certainly be a demand for this class of literature, or it would never have been brought out. The World’s Best Poetry has been well edited by a corps of scholars and critics, men of wide experience and judicial instinct. Bliss Carman, the poet editor, is the editor-in-chief, and has been assisted in his work by associate editors and special contributors. A series of essays have been introduced into this work, which form a pleasing addition to the poems themselves. The Purpose of Poetry, Young People and the Poets, The Future of Poetry, Poetry an Interpreter of Life, Religion and Poetry, The Poetry of Nature, Place of Poetry in Life, The Study of Poetry, are a few of the many articles which are masterly in style and both elevating and instructing in tone. The subjects are arranged by themes, each volume containing poetry which pertains to a certain subject or subjects. For example: Volume I., Poems of Home and Friendship; Volume II., of Love; Volume III., of Sorrow and Consolation; Volume IV., of the Higher Life; Volume V., of Nature; Volume VI., of Fancy; Volume VII., Descriptive and Narrative Poems; VIII., of National Spirit; IX., of Tragedy and Humor; while the tenth volume contains nearly three thousand poetical quotations, together with copious reference indexes—a valuable feature of this work.

The mechanical part of these volumes could hardly be improved upon. Numerous illustrations, color-plates, photogravures and half-tone engravings beautify the pages, the type is a clear-cut modern style; the paper is of a handsome natural tint with a smooth unglazed surface, and the bindings are very artistic and substantial.

The editors have been wise and conservative in their choice of the poems, showing favor to none. The standard poet is represented very fully, and the poet who has sung but once or twice also finds a place in these volumes. The poetry of all time, of all countries, such as translations from the classic German, and so on, are to be found here. There is no piece contained in these volumes which is not worthy of the name of true poetry. We feel that this work will become popular with the thinking people of America, as its educational and entertaining
powers are unlimited. The thought of gathering together the wonder flowers of poesy was a noble one in the first instance, and the editors have done their work both well and nobly, while the publisher has crowned their successes with artistic workmanship and esthetic taste.

A Text-Book of Obstetrics. By J. Clarence Webster, M. D. (Edin.), F. R. C. P. E., F. R. S. E., Professor of Obstetrics and Gynecology, Rush Medical College, in Affiliation with the University of Chicago; Obstetrician and Gynecologist to the Presbyterian Hospital, Chicago; Obstetrician to the Chicago Lying-in Hospital and Dispensary, Chicago, etc., etc. Handsome octavo volume of 767 pages, with 353 illustrations, 23 in colors. Philadelphia, New York; London: W. B. Saunders & Co. Cloth, $5.00 net; sheep or half morocco, $6.00 net.

This work has been written for the student of obstetrics, as well as for the active practitioner. The anatomic changes accompanying pregnancy, labor, and the puerperium are described more fully and lucidly than in any other text-book we have seen. The exposition of these sections is based mainly upon studies of frozen specimens, in which department the author has had a larger experience than any other worker. Unusual consideration is given to embryologic and physiologic data of importance in their relation to obstetrics. The practical aspects of the subject are presented in such a manner as to be of direct assistance to the clinician. Diagnosis and treatment are presented with rare exactitude and clearness, particular consideration being given to those methods that have proved most successful by experience. The illustrative feature of the work is far above the average. Evidently great care was taken in the selection of the illustrations, aiming to meet the varied requirements of both the undergraduate and the practicing physician. Many of the illustrations are entirely original, having been made especially for this work, and never having appeared in any other text-book. The work throughout expresses the most advanced thought of the day, and the statements can be relied upon as accurate. We heartily recommend Dr. Webster’s book to student and practitioner.

A Text-Book of Pathology. By Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Octavo volume of 923 pages, with 394 text-illustrations, many in colors, and 7 full-page colored plates. W. B. Saunders & Co. Cloth, $5.00 net; sheep or half morocco, $6.00 net.

In this work the practical application of pathologic facts to clinical medicine is considered more fully than is customary in works on pathology. While the subject of pathology is treated in the broadest way consistent with the size of the book, a successful effort has been made to present the subject from a clinician’s point of view. In the second part of the work, the pathology of individual organs and tissues is treated systematically and quite fully under subheadings that clearly indicate the subject-matter to be found on each page. Among the subjects that have received the greatest revision are: Ehrlich’s Theory of Immunity and allied processes; Inflammation; The Bacterial Diseases, including Typhoid Fever, Tuberculosis, Yellow Fever, and Dysentery; and Diseases of the Blood. In the second part of the book that treating on Special Pathology represents the latest advances in the subject of Pathology. A very useful addition to the book is that of an Appendix, treating of the Technic of Pathologic Methods, and giving briefly the most important methods at present in use for the study of Pathology; including, however, only those methods that are unquestionably practicable. Many new illustrations, including ten excellent plates, have also been added, and some of the old retained.

Modern Materia Medica and Therapeutics. By A. A. Stevens, A. M., M. D., Lecturer on Physical Diagnosis in the University of Pennsylvania; Physician to the Episcopal Hospital and to St. Agnes Hospital; Fellow of the College of Physicians of Philadelphia, etc. Third edition, entirely rewritten. W. B. Saunders & Co.

The author has rewritten this famous work and brought it up to the modern hour in pharmacology. He has not adopted the usual alphabetical arrangement, but has placed his remedies in their assumed pharmacologic values. The author freely admits that this is in many instances an arbitrary order, but still believes it to be better than an alphabetic arrangement. Given a certain condition there is a greater probability of finding the proper or most approximate remedy for that condition if all the remedies for such therapeutic conditions are bunched under one head than if the remedy were to be found under its alphabetic order alone. The book is very clearly written and above all concise and practical.

Tuberculosis and Acute General Infectious Diseases. By Dr. G. Cornett, of Berlin. Edited, with additions, by Walter B. James, M. D., Professor of the Practice of Medicine in the College of Physicians and Surgeons (Columbia University), New York. Handsome octavo volume of 866 pages. W. B. Saunders & Co. Cloth, $5.00 net; sheep or half morocco, $6.00 net.

The seventh volume to be issued in Saunders’ American Edition of Nothnagel’s Practice (the remaining four volumes are in active preparation for early publication).

Professor Cornett’s exhaustive work appears at a time when the subject of tuberculosis has a peculiar claim upon the attention of mankind. Within a few years both professional and general public interest in the disease has taken enormous strides. In almost every civilized community societies for the prevention of tuberculosis are being organized, and these are composed not only of
physicians but of laymen, while governments themselves are taking an active part in the movement. Under these circumstances, and at this time, the work is of interest to practitioners, for there is no other treatise which gives an equally clear and comprehensive view of this subject.

The article on Acute General Miliary Tuberculosis has been admirably written, and gives a thoroughly clear understanding of this disease.

The importance of the Chemistry of the Tubercle Bacillus and its bearing upon Immunity have warranted a thorough treatment of this subject.

The work is complete and logically arranged, and the editor has made additions where necessary to bring it down to date.

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**A Text-Book of Obstetrics.** By Barton Coop Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Handsome octavo, 900 pages, with 746 illustrations, 39 of them in colors. W. B. Saunders & Co. Cloth, $5.00 net; sheep or half morocco, $6.00 net.

The author has spared no pains to make this edition reflect the latest knowledge on the subject. He has even described and illustrated the method of using the "Neumann-Ehrenfest Kilseometer." His perfect familiarity and extensive experience with diseases of women is shown in the careful and minute manner in which he describes the various methods of treatment. As most all the diseases of women are the consequences or complications of childbirth, their preventive treatment at least is in the hands of the obstetrician, and the physician in general practice must be equally well informed in both branches of gynecology. The specialist in obstetrics must be an expert in the surgical treatment of all diseases of women. Even a specialist who confines his work entirely to this treatment, must at least have served a long apprenticeship in practical obstetrics, and have mastered its science to be adequately prepared for his work. In this present work every page has been altered and bettered in some way. More attention has been given than in the previous editions to the diseases of the genital organs associated with or following childbirth, and this, we think, is an excellent improvement. Many of the old illustrations have been replaced by better ones, and there have been added besides a number entirely new. The work treats the subject from a clinical standpoint, the author ever keeping in mind that the aim of all medical literature is to cure.

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**Globules.**

—The New York Department of Health is sending nurses to the homes of consumptives to care for them and teach them means for preventing the spread of the disease to their families and neighbors.

—And, talking about graphic illustrations and short lectures—which every busy medical man appreciates in this hustling time—commend us to the Sharpe & Dohme manner of showing how gall-stones and renal calculi look after being removed—in the one case by their Sodio-Phos. Comp., and in the other by their Lithiated Sorghum Comp.

—The Homeopathic Directory for 1905, being the thirteenth annual product of this excellent book by the Homeopathic Publishing Company of London, comes clad this time in yellow, though in all other ways it continues the same valuable little book with which the profession is familiar. As already stated in former notices, this booklet contains the names and residences of the principal homeopathic physicians of the world; it is most valuable to those in our country who have correspondence relation with the brethren elsewhere; and, especially, for those who send patients abroad, or who go there themselves. If your name is not in this book, you have made a grave mistake, which you cannot rectify too soon.

—How’s this?—The Announcement of the Tenth Post-Graduate Course of Instruction, Clinical and Didactic in Orifical Surgery, by our good friend and talented brother, E. H. Pratt, A. M., M. D., LL.D., declares the course will be held "at the Hering Medical College (formerly Chicago Homeopathic Medical College).

So, then. Hering Medical College is the true heir-at-law of the poor, lamented, Chicago Homeopathy? And that vociferously alleged amalgamation with Hahnemann, or that benevolent assimilation, was shoddy in material and purpose?

Will Editors Dale and Fitzpatrick kindly take due notice, and say whether of these twain is wearing the mantle of Ananias—Hering or Hahnemann?

—It is quite evident that the Antiphlogistine Company has been suffering from imitations, judging from the little booklet which the company has just sent out. The title picture, The Original Substituter, is quite apropos, being none other than his Plutonic majesty, clad on in cloven hoof and red tights. This company has a happy knack of doing its printed matter in small and compact form, and very closely along the line of its intentions. It does not send the profession a hateful of literature, which no one has the time to read; and, hence, finds its way to the wastebasket, unread. A former booklet done in col-
ored pictures shows the many uses to which this excellent product may be put; and, if seemin' be believin', then they made their point quickly, for good and keeps. Antiphlogistine is so well and so favorably known, that it requires no reading notice on our part to bring it before our readers. It has already supplanted the old, oily flax-seed meal pudding, and all those other nasty appliances for so many centuries the vogue.

—May 16 and 17 are the days set apart for the meeting of the Ohio Homoeopathic Medical Society in Cleveland this year. It is guessed that the meetings will be held in the Cleveland Homoeopathic College buildings, since the commencement exercises of this college have been postponed, to take place at the same time. Then, when we go to Cincinnati next year, we feel confident that Walton will give us the freedom of Pulte College and its buildings. There's method in this madness. It costs dollars to have a hall and committee rooms, and, as these ducats must necessarily come from the pockets of the local fraternity, it is pleasant to think that the college people are generous enough to relieve us—not of our ducats, but of the necessity for being so relieved. We do expect a big and enthusiastic meeting in Cleveland.

—Dr. Clarke's Clinical Repertory to his Dictionary of Materia Medica has been on our desk since some time in November, and was missed in the Review simply because it was not on the Review shelf, but was on our working table, being in constant use in our daily work. In the first place, we would like to know where these English publishers get such light paper for their books? We have never met with this form of paper in our own country. It has a good body, is well finished, and takes the ink readily; and yet it is light and easy to handle. The book is not a large one, but its information is so compactly arranged, that it is easily got at, and repays for the search. It is divided into Clinical Repertory, Causation, Temperaments, Clinical Relation, and Natural Relation, of which the Repertory of Temperaments is an unusually interesting one. It will be new to many of our modern-day homoeopaths. If you have the book, look carefully through this division; and if you have not the book, get it! It is worth the money asked for it. It is a monument of patience, skill, and observation. We take great pleasure in recommending it to our friends and readers.

—The office and waiting room of Dr. James A. Campbell, the "old"-time ecologist and artist of St. Louis, is, without question, one of the prettiest and most commodious in St. Louis. It reminded us—for we spent a few days in that city recently—of the handsome quarters of our Transatlantic friend and professional brother, Dr. Leon Simon, of Paris. Both offices are filled with books, pictures and statuary; and a lover of the fine arts will find much to enjoy, if not to instruct, in a visit to these modern "shops." Both offices are in the very heart of their respective cities—Dr. Campbell being located in the fine building of Mermod, Jaccard & Co., corner Fifth and Locust, and Dr. Simon in the Place Ven- done. Yet in neither of these offices is there any evidence of Chadwickism—gross and barbaric display of costly articles. Every picture and statue fills its proper place, and the office would be bare without them. In Dr. Campbell's outer waiting room we found suspended, high up on the wall, a sheaf of assagais from South Africa, which recalled to our mind the tragic death of the French Imperial Napoleon. Dr. Simon is the fortunate possessor of the original bust of Hahnemann, done, we believe, by David, and a copy of which is found on the PERE LA CHASSE monument to Hahnemann.

—Consider for a moment, Bro. Doctor, that when you get ready to attend the next annual session of the American Institute of Homoeopathy at Chicago, end of June, you will have to arrange with a good, safe, and speedy railway for your transportation. Why not select the Nickel Plate? This is a reliable road, well equipped, reasonable rates, and good time.

—While latterly doing the Haroun al Raschid act in St. Louis; i. e., trying to meander the streets of St. Louis INCOG., to see what was going on, we heard a familiar voice calling to us from a bunch of men standing on the sidewalk. But the face from which the salutation apparently issued was not familiar, until it laughed; then we knew the possessor of face and laugh to be W. C. Richardson, formerly of St. Louis and now of Florida. He had removed his flowing beard; but in no other way had he changed from being the same genial, happy Richardson who used to hold the fort up on North Sixteenth Street since long before we became a member of his profession. Like the Ships that Pass in the Night we merely "spoke" in passing, and then passed on. Earlier in the day we boarded a trolley car, when there entered to us a young man with the typical medicine case. There was nothing about us to betray our professional character, yet this young man with the case and the eagle eye addressed us by name, though he had not seen us since the year, or two years before, our graduation. It was Dr. Conzelman. Some say that we are getting old and losing our hold on the profession! Not a bit of it. Now, if we didn't have the regulation of the colleges in our hands, we would soon return to our wonted placidity of countenance and benignancy of manner, and our oldest friend anywhere would recognize us. We tried to find other of the brethren in St. Louis, but failed. Out on calls.

—We have been wondering what has become of that cartilaginous gent, who, about a year ago or more, advertised so lavishly in all the cheap ten-cent magazines, and, also, for a time in the daily press, his process of increasing one's height from two to five inches within a year's time, or
money back. The advertisements seem suddenly to have vanished. Is this, perhaps, because the year of promise having expired, and the guarantees of ten dollars per, being about due, he, this enterprising coal dealer (who learned this wonderful secret somewhere in the wilds of Canada), has found it desirable to discontinue his advertisements, as well as his business of stretching the cartilages of the legs and other members, and tie him to other pastures green and new, a la the Storey Cotton Company et id homens genus? We have no doubt that he did well in a financial way, and that he may safely retire upon the proceeds of his clever scheme. Our next wonderment is as to the number of biters on this cunningly contrived gold-brick.

—That $5000 offered by the Liquozone Company to anyone who can disprove that Liquozone is not derived from gas by a process requiring immense apparatus and from eight to fourteen days' time is a cunningly-worded affair, which, however, proxes nothing save the ability of the apostol to throw snuff into the eyes of the desultory reader. As Medical World says:

"Burn sulphur and you have sulphurous acid gas—the fumes of burning sulphur. Dissolve this gas in water and you have a solution of sulphurous acid, which these people, for trade purposes, call 'liquozone.' By a process requiring immense apparatus! This is according to the scale of manufacture. You can make it in small quantities with small and very simple apparatus. 'Eight to fourteen days' time!' You can consume that much time if you want to, but you can make a reasonable quantity in much less time. 'The gas is made, in large part, from the best oxygen producers.' The air is the best oxygen producer; in all nature it is the chief source of oxygen. The air is composed by volume of 21 parts of oxygen and 79 parts of nitrogen. When you burn sulphur the oxygen of the air combines with the sulphur, forming sulphurous acid gas—the fumes of burning sulphur. Thus the gas is made 'in large part' from the oxygen of the air; and the air is 'the best oxygen producer.' The product is 'the gas and the liquid used to absorb it,' just as we said in these columns months ago. 'The liquid used to absorb it' is water.

"In their above statement the liquozone people have, in a veiled and clouded way, told the truth; but they know that the people cannot interpret their statement, which is intended to mystify. You can easily remove all mystery in the minds of the people by explaining as above. You can readily demonstrate by simply striking a sulphur match and telling the bystanders to smell the fumes. You can explain that when the gas is passed through water by means of tubes the water absorbs the gas, thus making a solution of sulphurous acid gas. This has been known in medicine from time immemorial."

If this firm had assumed a virtue, though it possessed none, and told exactly what they were using or trying to convey to the profession, some measure of leniency might be accorded them. But to assume and boldly persist in the stand, that it is a new product, designed to displace and supplant the honestly prepared and acclaimed hydrozone, with which the legitimate profession is familiar and proud of because of its unvarying success, stamps this "liquozone" producer as a distinctly commercial venture, gotten up in the main, if not in whole, to "sell," and for no other purpose.

—On dit, that somebody somewhere is going to prefer charges before the Intercollegiate Committee of the American Institute of Homeopathy against an alleged homeopathic college, and that the said charges are backed up and solidified by abundant evidence of malfeasances in the doings of that said aforesaid alleged homeopathic college. Now if this alleged school tumblest to its ruin, as it should, by all the gods and little fishes, then some tardy editor, who is afraid of his shadow, and because such preliminary disclosure of corruption and bastard teaching might lose him a few friends, will "hop" onto our collar and call us unpleasant names,—a marplot, a killjoy, traitor, and other esthetic titles too numerous to mention—whereof some will be soured in choicest Billingsgate, and yet other paragraphs will be correctly spelled and punctuated. We will wait with bated breath for the action of that committee. Will they dare see any wrong in a homeopathic (?) college whose two representatives sit in council with the remaining representatives, some of whom, the latter, are likewise trembling, lest the fire reach their own skirts.

—Have you given any further thought to that trip to Europe this summer which you have been planning for a year or more? This, now, is the time to prepare for it. It's a mistake to wait until a week or such matter before the sailing of the ship. Decline any further baby-cases after June 15, or up to the date of the American Institute at Chicago. Let that be the beginning of your summer's vacation, and finish up with the tour to Europe with Kraft and his jolly crowd.

—If you contemplate a trip to the far West, to Portland to see the Lewis and Clark Exposition, and, incidentally, also, the American Medical Association, in full blast, let us call your attention to the value of the Union Pacific Railway and its collateral branches for bringing you to that point with celerity, safety, and in good humor. It is a charming trip through a country which, to many of us European-traveled people, is still a terra incognita. The U. P. takes its patrons through the most picturesque and notable parts of this great West. If not going abroad, why not begin at once to plan your summer vacation along these lines? Our word for it, the Union Pacific will make you feel glad for having gone.

The American Physician.

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The Recruiting Field of the Great White Plague.

BY W. C. ABBOTT, M. D., CHICAGO.

As usual we have had and shall doubtless still have many and unpleasant experiences with epidemic catarrh before the spring weather puts a stop to its ravages for another six months. None too rapidly the serious character of this disease is being recognized, and we no longer speak lightly of a case of true la grippe. None too soon, either, has the fact been realized that the coal-tars are the worst possible remedies to use in this disease, except perhaps for immediate relief in some cases in which the importance of the exigency outweighs the danger and the damage that may be done. It is with the idea of impressing these two points more forcibly that we thus call attention to them and what we believe to be the rational method of treating influenza of the epidemic variety.

It may be accepted as a maxim that where the bacillus of Pfeiffer has gained access, there, subsequently, is a suitable field for the tubercle bacilli. We are aware of the frequency with which pneumonia, pleurisy, neuritis, cardiac neuroses, and pericarditis follow la grippe; indeed it is the aftermath which is the most to be dreaded and proves most fatal. But do we realize just how frequently the la grippe patient becomes a phthisical subject? Those who have had the widest clinical experience and have been able to follow their cases most closely know that the proportion is fearfully great.

We cannot divest ourselves of the feeling that the treatment generally followed has more than a little to do with this state of affairs, and we have reasons for so thinking. La grippe weakens the entire system; it affects particularly the cells and mucus of the respiratory tract. The toxins generated invade the blood-stream (greatly to the detriment of the vital fluids) and it is safe to say that after a severe spell of influenza every organ of the body is more or less damaged. Yet the patient in this condition is too often filled with opiates and antipyretics; the symptoms are smothered and systemic apathy encouraged so that the victim, because he feels less acutely ill, may deem himself first "better" then "well," while the truth of the matter is that he has never been so dangerously sick as at the moment of his discharge.

Anemic, with low vitality, toxin-laden and functionating 50 per cent. below normal the "cured" grippe patient is apt to fall a victim to any or every disease; at any rate is prone to and usually does relapse repeatedly, and when a patient has relapsing grip, look out. Hence, undoubtedly the large number of fatalities which are attributed to post-grippal "complications." The bacillus of Pfeiffer is not so deadly a germ in itself, but it prepares the field for other and more dangerous invaders in mixed infections and it becomes the business of the physician to recognize this fact and counteract the condition.

To start at the beginning, the man or woman who falls a prey to grip is, in nine cases out of ten, generally "out of kilter." The first thing to do with such a patient is to render him as nearly normal as may be. He must be cleaned out; elimination must be stimulated and every function must receive attention. Renal and hepatic torpidity is almost invariably present and a blood-count will reveal a marked decrease of the red cells. An examination will disclose various disorders of the urinary chemistry and the exhibition of proper remedies will make it evident that the intestinal tract is teeming with waste toxin-producing matter. To relieve the fever of such a case with antipyrin or to ease the distress with morphine or codeine, and do nothing else, is to commit a serious error. Even the salicylates are out of place save in small doses and as a minor remedy.

The proper treatment of grip is, roughly speaking, as follows: As early as may be, administer a mild mercurial (blue mass one grain or calomel gr. 1-3) every hour until four doses have been taken. The addition to each dose of leptandrin and podophyllin (gr. 1-6 of each) will give better results. One hour after the last dose give a saline draught and repeat this in three hours. You will be astonished at the amount and character
of the stools. From the first, exhibit hourly or oftener, according to symptoms, small doses of aconitine, digitalin and strychnine, adding quinine salicylate, gr. 1-6, to each dose. As soon as the bowels have moved freely the hyperpyrexia will cease to be a feature and the aconitine may be withdrawn. Nuclein in ten-drop doses should be given every four hours and (after the bowels have acted) at least fifteen grains of the sulphocarbolates at the same intervals. Fever being reduced, bowels empty, and in the process of being rendered aseptic the digitalin may be changed for cactin or the patient receive cactin one, quinine salicylate one, and strychnine arsenate one (gr. 1-67) every three hours.

At this stage the specific catarrhal and toxemic conditions should receive attention. Calcium sulphide gr. 1-6 is given hourly, calcidin gr. 1-3 being added to every other dose. This medication with morning and evening saline draughts is continued till all distinctive symptoms have ceased—usually on the third day. If each night, one hour before retiring, a dram of sweet spirit of niter is exhibited with a glass of cold water, results are better. Nourishment must be of concentrated and fluid form, a little being given often. The patient must remain in a room at 70° F., and should receive a warm sponge bath daily. If an enema is given the first night, so much the better. The mouth and nares should be washed out frequently with a mild alkaline antiseptic solution and the nares swabbed with carbolated vaseline.

The acute stage over, place the patient upon calcidin in tablet, hydrastin one granule and quassin two, these things being taken one hour before meals; after eating, order two triple arsenates with nuclein, and morning and night ten drops of the latter absorbed from the buccal mucosa. Thrice weekly have a saline taken on rising and the night prior some mild cathartic—the aloin, atropine and cascara compound is excellent. If there are signs of cardiac weakness, cactin may be added to the before-meals medication. La grippe patients treated by this method recover promptly and enter the convalescent stage in the very best of condition.

Be sure your grip patients are well, genuinely well, before you discharge them.

The Use of Glycozone in a Few Gynecological Cases.

By C. H. Powell, A. M., M. D., St. Louis, Mo.

It is surprising how physicians fall into habits regarding the use of certain agents in their practice, and how loath they are to resort to something new. No doubt this fact exemplifies the maxim: “Be not the first by whom the new is tried, nor yet the last to lay the old aside.” This saying, were it put into active practice, would interdict the use of any new drug or remedy, as from the very nature of things a leader must be acknowledged, and that leader would himself violate the above maxim. In the treatment of uterine and ovarian diseases the well-known glycerole of tanjin tampon, or the use of glycerine and Goulard’s solution, or glycerine with other astringents, has been for years recognized and appreciated by gynecologists over the entire world. In the clinics of these agents are ever at hand, and habitually are enconced into the vaginal canal with very little regard as to the scientific results that will accrue. It has often occurred to the writer that many of the solutions used by gynecologists favored the development of bacilli, and no doubt contributed in no small degree to the lighting up of attacks of pelvic peritonitis so frequently encountered by gynecologists. Glycerine no doubt is without a peer in successfully treating a long range of diseases that afflict women, as the well-known hygroscopic qualities of the remedy bring about a local blood-letting from the hyperemic structures which, when followed by hot douching, is usually relied upon to reduce many inflammatory complications of the uterus and its adnexa. Not being satisfied, for the reasons above given, with the usual formula of glycerine in gynecology, a sample bottle of glycozone which came to my desk several months ago, although not referred to in the treatment of diseases of women, appealed to me. Accordingly, in view of the highly oxygenated properties of the remedy, which I believed would necessarily possess bactericidal properties, I was induced to try glycozone in my gynecological practice; the results were so pronounced, and the beneficial influence of the remedy so decided and permanent, that I have for several months past consistently resorted to glycozone in preference to anything else in my local work. I will outline the following clinical case as indicating its usefulness in the conditions stated:

Mrs. Ella McL., aged 28, suffered a miscarriage at the end of the fourth month, following a severe fall from her carriage. The bleeding was severe until the placenta was entirely removed, when it ceased. Ergot was used regularly to check a tendency to recurrent and continuous hemorrhage which necessitated the employment of local treatment. Curettage was first employed, the uterus thoroughly washed out with carbolic solution, and then a cotton wool tampon of glycozone pure pushed up to the cervix uteri. The uterus at the time of the first application measured five and a half inches in depth. Subinvolution of the organ being most marked. On the second day, the tampon was removed, and the uterus found to have become reduced in size at least one inch, its depth measuring four and a half inches, very much to my surprise. In the next twenty-four hours following the glycozone tampon there was but little evidence of further reduction,—the depth remaining about the same. Twenty-four hours later, however, the uterus showed a decline in depth of a half inch, and this
beneficial influence of the glycozone continued unremittingly thereafter until at the end of eight days the uterus measured but two and a half inches, and the cure of the patient was complete.

*An Eligible Combination.*

A number of years ago Dr. James J. Sullivan (University Medical College, New York City), applied the remark, "An Eligible Combination," to a new preparation of well-known synergetic remedial agents. It is almost unnecessary to state that the preparation to which he referred is now well and favorably known as Antikamnia and Codeine Tablets, each tablet containing 1/4 gr. codeine and 434 grs. antikamnia. A fact which should not be overlooked is that the codeine used in this tablet is specially prepared and purified, is non-constipating, and does not induce a habit. These are some of the particularly advantageous features of the Antikamnia Chemical Company's codeine, and are well worth bearing in mind.

In the harassing cough of phthisis, in the pain of pleuritis, in the painful sensation accompanying bronchitis when the tubes are dry and irritable—as they usually are—the idling of the two drugs composing Antikamnia and Codeine Tablets will not be found wanting in action, but will give results that are gratifying to both the patient and medical attendant. This tablet is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly decreased, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve, and this tablet does the work. In addition it controls the violent spasms accompanying the cough, which are so distressing.

One of the Oldest Antiseptics, but One of the Best.

There are thousands of physicians, yes, tens of thousands, who doubt not, who can say, "I absolutely depend upon Listerine in most of my throat work, and find it of inestimable value in my typhoid cases (as many a poor soldier boy can testify) and there are a number of purposes I put it to in the sick room, where nothing can take its place, notably, as a douche, mouth-wash, and in sponging my fever patients. Furthermore, I always deem it my duty to see that my patients get exactly what I order for them, therefore, I always order an original package, thus avoiding all substitutes. That is just where my views upon professional attitude and sound business policy consolidate into one joint effort for the patient's benefit, and incidentally, my own."

Like every other good thing, Listerine has been counterfeited, as many a physician has found to his regret, none of the "just as good and cheaper" preparations approaching it for trustworthy antiseptic service. — Mass. Medical Journal.

*Treatment of Tuberculous Bone Affections.*

Based upon the experiments of Aufrecht that ichthammarg penetrates much more deeply into tissues than other silver salts, K. Schuetze has tried this salt in tuberculous bone affections with very good results. Several cases are reported where the cure was very satisfactory and where no recurrence occurred. Owing to its deep action, ichthammarg is also indicated in genuine osteitis and in suppurring lymph nodes.—Dent. Med. Press, 1903, No. 1.

*Codeine.*

Codeine, from Kodeia (poppy head) is an alkaloid of opium, discovered by Robinet in 1832. It occurs in white crystals, which are soluble in water, alcohol, and ether. It is sedative and analgesic, but when given alone is in no way comparable in efficiency with morphia. The chemically pure product, which, according to the U. S. Dispensatory, is rarely found, has the advantage of not inducing a drug habit or of checking secretions. The ordinary codeine of commerce often produces these results, when not inert, because of the morphia which it contains, and to which it usually owes whatever virtue it possesses. The largest refineries and users of codeine in this country state that of the many samples which they have tested, but few were free from coherent alkaloids of opium, and that these were of feeble and variable strength. They find that the analgesic and sedative properties of pure codeine are so greatly, but unaccountably increased by its combination with certain remedies with similar properties that this firm has ceased marketing codeine uncombined with such other ingredients as would insure a satisfactory result. For example: one-quarter grain of codeine combined with five grains of salacetin will relieve rheumatic and neuralgic pain more effectually than one-quarter grain of morphia alone. That amount of codeine would produce scarcely any perceptible effect, and the five grains of salacetin taken alone would be nothing like as efficient as the morphia. An attractive feature of this combination of codeine and salacetin in the treatment of rheumatism and other painful lentic meme conditions is that while codeine greatly increases the pain-relieving efficiency of salacetin, it in no way interferes with its eliminative action—a matter of importance where the elimination of uric acid is necessary to successful results. We note that Bell & Co.,
of New York and Chicago, the firm to which we refer, makes a tablet of this combination which they call Sal-Codeia Bell. There is an advantage in employing this preparation because their codeine is absolutely chemically pure, and under no conditions either checks secretions or induces a drug habit; while if the combination is extemporaneously prescribed, the commercial codeine would probably be used and the eliminative properties of salacetin counteracted.—Journal of Nervous and Mental Diseases.

**Items of Interest.**

—That Acetozone is a valuable germicide is demonstrated by its effects upon typhoid bacilli and cholera vibrios in river water. In their experimental work Freer and Novy (Contributions to Medical Research, p. 107) made the following tests:

a. A cylindrical glass-wool filter was prepared, and on it was placed a layer of Acetozone crystals, about 3 cm. thick. A bouillon suspension of typhoid bacilli passed once through this filter yielded a sterile filtrate, while control tubes gave the usual abundant growth.

b. A liter of tap-water was sterilized by heat, and, when cool, a suspension of cholera or typhoid germs was added, the experiment being repeated several times. Ten to twenty milligrams (1-6 to 1-3 grain) of Acetozone was added, and, after thorough shaking, portions of the liquid were taken out and plated in bouillon and agar which was plated. In each instance the cholera germs were destroyed completely in five minutes and the typhoid germs in fifteen minutes by the extremely small quantity of Acetozone used. It should be observed that the addition of 10 mg. of Acetozone to 1 liter of water represents a solution of 1 part to 100,000. Controls gave abundant growths, the plates yielding 600,000 to 800,000 colonies.

From the above experiments the authors draw the conclusion that pathogenic organisms are destroyed by extremely small amounts of Acetozone. They also suggest the practicability of this agent for the purification of contaminated waters, especially in connection with military operations. From other experiments it was found that even sewage can be rendered almost sterile by the addition of relatively small amounts of Acetozone.

Therapeutically, Acetozone is being very widely used in the treatment of typhoid fever, intestinal diseases, notably summer diarrheas in children, in gonorrhea, suppurating wounds and infectious processes generally. It is prescribed in the saturated aqueous solution, which is prepared by adding 15 grains of Acetozone to a quart of water, shaking thoroughly and setting aside for a couple of hours to hydrolyze. Messrs. Parke, Davis & Co., who prepare Acetozone, are sending out printed matter to physicians containing reports of very gratifying results from the use of this interesting compound. Any physician who has not received a brochure can obtain one on request.

—“Sal Hepatica” is a scientific combination of sodium and lithium phosphates with the laxative salts of the “Bitter Water.” It is very pleasant and most efficient in uric acid troubles and makes an agreeable effervescent drink when dissolved in water. “Sal Hepatica” is being extensively employed as an eliminant of irritating toxins in the alimentary tract. Unlike most saline laxatives, it is not in the least depressing, but on the contrary is a physiological tonic. “Sal Hepatica” is one of the very few laxatives that are permissible in any form and in all stages of kidney diseases, for it is positively non-irritating even when exercising a diuretic and depurating action. Samples from Bristol-Myers Co., 277 Greene Avenue, Brooklyn, N. Y.

—While lecturing recently, a Chicago physician—and member of the school board—declared the prevailing method of dry sweeping a prolific source of disease, due to the spreading of germ-laden dust. Dust, dirt, and germs are best removed from floors by first sweeping with a cloth-covered broom, moistened with water containing just a little Platt’s Chlorides.

—A trial is all that is necessary to prove the merits of aletris cordial rio in every form of uterine trouble.

—“Mirth Cure” for New Yorkers. An excellent prescription, pleasing both to physician and patient, is the Mirth Cure—a visit to one of the Proctor playhouses, of which there are four, and at each something worthy is presented with weekly changes all around so that every taste is satisfied.

—It gives us pleasure to call attention to the advertisement of the Rebekah Chemical Company, as contained on a preceding page.

March 6, 1903, this firm incorporated for $20,000 paid up capital, after having been in business for the past seven years, struggling along like the average physician at the beginning time, experimenting with their products, and satisfying themselves as to its merits. They have founded their business on a profit-sharing basis, where the doctor may have stock that costs him nothing but a two-cent stamp.

This is an idea which interests the physician doubly:

First, he has an article of merit he endorses and prescribes to the patient.

Second, he may do so without fear of his confidence being polluted, and, at the same time, realize the pecuniary profit on his personal endeavors.

Write them for samples of Gray’s Bismuth Talcum Powder, also for literature, which they will take pleasure in sending. We can most consistently recommend the firm as well as their goods.
OUR PORTRAITS.

CHARLES C. BOYLE, M. D.,
NEW YORK

NO APATHY HERE.

There is still a good deal of fire if you stir sharply amid the embers and ashes of indifference in our colleges and the profession. Especially true is this when applied to the homeopathic societies, and of which the two instances herewith will bear witness.

At Akron, Ohio, latterly, during the session of the North Eastern Ohio Homeopathic Society, in the midst of a most amicable and instructive meeting, and the discussing of a learned paper on Eclampsia, some of the disputants claimed that the measures advocated and the treatment advised were of a bastard and, therefore, unhomoeopathic nature; a prominent dermatologist thereupon insisted that the objectors make good and tell what should have been done in the case, which drew no further answer than, “give the indicated remedy;” again appealed to rather insistently through the Chair, to state what that indicated remedy should have been in this case, in order that the author of the paper as well as the remainder of the society might profit by the suggestion, the retort discourteous in the fourth amplitude was given, namely, that to do so there would be like “throwing pearls before swine.” And, say, but—anyway, the prominent dermatologist lost his underholt and said, with a tinge of sarcasm plus some irony, “I suppose all in the room are swine but you two, and you two are the only gentlemen.”

Now, why will these grown-ups never remember that doggerel about letting dogs delight to bark and bite, for ‘tis their nature to, but grown-up folks, should play no jokes, for such they sure will rue.

Remounting our magic carpet we find ourself in Missourah, Kansas City, at the talk-fest of the Missouri Institute of Homeopathy. About fifteen good men and true from St. Louis put in an appearance, some from other outlying districts of this great State, and the rest, residue, and remainder from Kansas City. The President, a St. Louisan, followed the opening prayer, and speech of welcome, with a personal statement to the effect that since the constitution and by-laws provided for no committee on ethics, and no form of procedure in cases of unethical conduct on the part of the membership, he had arrived at the conclusion that the action of the Institute had at St. Louis last year, resulting in the heels-over-stomach-disposal of two members, was irregular, and should be expunged from the minutes.

Well, say, again, and yet, but—of course, this was now the City of Kansas City, the president was away from his home-base, in the camp of the forces of one of the heels-over-appetite fellows, and he bethought him of that refreshing little axiom found in Deuteronomy xii. 10-11: “Speak not of halters in the house of the hanged;” and thus prepared his way along the dalliance path of least resistance. However, instead of lubricating the ways, it tended to grow obstacles, which ended in building up two factions, who fought each other on every motion that came before the house.

Our readers perhaps recall the instance of the
publication of the half-tone portrait in a daily paper of one Kansas City member, accompanied by the usual nauseating matter in all such cases made and provided, and that this matter was brought before the St. Louis meeting. President Crutcher, in his address, recommended the appointment of a committee on ethics each year, and upon his initiative the committee was appointed. The case of this Kansas City member (and that of another member) were placed in their hands who, in due time, returned a verdict of guilty and recommended expulsion. The report was accepted and adopted and the vote to expel was unanimous. [We were present at that meeting.] Later, the Kansas City member appealed to the Senate of Seniors of the American Institute, which had just successfully bungled the Celebrated Case of the Shredded Wheat Company against Porter and Dewey: this sagacious and far-seeing body, chose to accept and believe the affidavit of the printer that he, said printer, had published the engraving and prepared the L-Am-Lt letter-press unjust, unseen by the appellant as against the facts which had been before the Missouri Institute, an organization which was more likely to know the ins and outs of the case, than a haphazard committee drawn from all parts of the United States. So the American Institute pronounced him guilty! Selah.

As may be imagined the inn grew fast and feverish, here in Kansas City, with the Kansas City people owning the whole business, and running things about as they wished. Crutcher made a few warm remarks, clearly outlining what was done at St. Louis during his incumbency, incidentally paying his respects to the Kansas City college contingent. Others took a hand in the game, and when they got through there was no sign anywhere of any apathy in the homeopathic ranks; everybody was wide awake, and ready to vote. The President then begged to explain: he did not wish his action to be construed into an acquittal of the charges alleged: that he did not mean. He simply wished to give the Institute an opportunity to go at this thing legally and properly, that was all. The vote carried, thus expunging all traces of the expulsion; so that now these two members are again upon the books of the Institute, the one to carry on his bally and bold advertising scheme by circulars and other methods, and the other to fall a victim time and again to the bad printer-man who with malice prepense may publish his half-tone portrait and adnexa frequently, without the knowledge of this innocent party of the first part and also without money and without price.

We are just a little ashamed of the Missouri Institute. Such doings read like the record of a boys' club, and boys of a rather immature age at that. Are there not enough members in that Institute to free its counsels and councils from the self-interest of the one or the other college? Shall we next year, when the Institute assembles in St. Louis, have some particularly flagrant evidence of localism because the Kansas City crowd may not be present in sufficient numbers to object successfully?

One other refreshing bit of business ought to be exploited. At the banquet, which all reports agree to have been a fine one, with excellent speakers—especially Mose Runnels' inimitably good recitation of J. Whitcomb Riley's "Ole Swimmin' Hole"—one prominent party could not resist the temptation to go from plate to plate soliciting subscriptions for the Forum—which is not a college journal. The President-elect at last reached a member from St. Joseph, who was being entertained by his immediate neighbors, and him, this solicitor, solicited for a dollar for a year's subscription for this journal. He said he did not want the journal, repeated it several times, but at length to be rid of this importunate killjoy, drew a dollar from his pocket, threw it on the table, and said "if you need the dollar so bad I will contribute this much to your needs, but I don't want your journal!" The dollar was not taken. Shortly after this, this outraged gentleman, declaring he had been never so insulted, withdrew from the hall and did not return.

Thrift, thrift. Horatio! We've got to have subscriptions, 'deed an' we must, honey, even if we have to mar the amity and infract the harmony of a public banquet and hold-up its guests. But let us hear no more about the apathy in the profession. We are alive, very much alive and kicking. There may be here and there a few flocks without leaders, but the Kansas City bunch has some shepherds who ship.

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., Adjunct Professor of Materia Medica and Practice in N. Y. Homeopathic Medical College and Hospital.

References in this department are made by number. (See issues of January or December each year.)

Antimoniunm Crudum.

This is one of our old drugs, says Dr. W. E. Wright, that, while well-known to good homeopaths, should receive more general use in practice, especially this time of year. Like Bryonia, it is a "hot weather" remedy, and in fact, aggravation from any kind of heat, but especially of the sun. Second, note aggravation from water and hence bathers who have been injudicious and whose complaints date from time of bathing. Also, remember children who do not wish to be bathed. Third, remember of all the remedies, this one has "The Whitest Tongue" as key-note in Materia Medica. If you are called to see baby and find it will not allow you to come near without crying, is peculiar, fretful, irritable, and white
tongue, and white curds in stool, try this drug. Though you may be skeptical about high potencies, try this drug high (B. and T.) for corns and callosities. Note, in conclusion, that this drug should be borne in mind for the extremes of life, with children and old persons.

**Epistaxis-Erigeron.**

J. N. Majumdar, M. D., says: I was called to see a case of epistaxis early in the morning of the tenth of October. The patient, a young man aged twenty years, had an injury in the nose, caused by an iron nail accidentally struck into the nose. The patient had been subject to nose bleed before. After the injury he bled slightly, but the next day the hemorrhage stopped and the patient kept well for several days. One night, while fast asleep, he began to bleed profusely, so much so that he did not know anything about it till the pillow and the bedsheet were soaking wet. A local allopathic physician was called, who used all sorts of hemostatics, but in vain. The hemorrhage would stop and then begin again with real force.

I visited the patient on the fourth day of hemorrhage. The patient was thoroughly exsanguinated, and was very pale. His pulse was very weak, and he complained of a ringing in the head in sitting up. Arnica 3x (internally) three times a day. Arnica 6th lotion to be used when the bleeding would become profuse.

In the evening I had the report that the patient was better. Had no more bleeding during the whole day. Stopped the medicine.

The next morning I learned that the hemorrhage had appeared again and large quantities of blood came out. I visited the patient again and found that about ten to twelve ounces of blood had come out the whole night. China 30 three times that day. No improvement, the bleeding the same as before.

Erigeron 3x every three hours the whole of the next day. No more hemorrhage from that up to date.

He has been to me two or three times after that for an occasional dry cold that he suffers from, and which has been cured by bryonia 12x in repeated doses.

**Silicea.**

The Gen. N. Y. Hom. Soc. reporting in The Advance upon this drug cites the following cases:

Dr. Follett had cured a ganglion of the wrist that had been broken several times with one dose of silicea cm. There were no symptoms.

Dr. Stow had found silicea 200 useful in the cure of ingrowing toe-nails. He had also used it successfully in profuse, offensive foot-sweat, parboiling the toes. He said it was one of the most useful remedies in rectal fistula, and had marked influence in sweat of the head in children.

Dr. Leggett described a case of drenching foot-sweat, so foul that other servants of the house could not endure the presence of the patient, and that blistered the heels, cured in two weeks with silicea 30. She had also found that the constipation of young children, with sweat about the head while eating and sleeping, sometimes called for silicea instead of calcarea.

Dr. Grant called attention to the close resemblance of the belladonna and silicea headaches, and said that one would be most likely to give belladonna for such a headache in an off-hand prescription, given without the totality of symptoms.

**Silicea.**

A writer says: I have seen many a meibomian cyst disappear under the action of silicea, and more than one of those little globular cysts that occur in the cheek or lip.

Lastly, I will add a few words on the relationships of silicea. It has many points of resemblance to belladonna, which it follows in acute suppurative conditions. Its headaches, too, resemble those of belladonna, and also the excitability of the nervous system. I regard it as the chronic of this drug; though calcarea is generally given this place. It bears a similar relation also to ignatia in neurotic states, and I have seen it do good to an old neurotic lady after ignatia had apparently done all that it could. It needs at times careful comparison with both sulphur and calcarea and hepar sulphur. Sulphur is generally the reverse of chilly, and has < from warmth and > from cold in general, but, where these modalities are not strongly marked or absent, the difficulty in differentiating the two is not always easy.

It differs from calcarea in that the patient is not fat and torpid, but thin and over-sensitive. The only part of the silicea child that is fat is the abdomen. The calcarea child is over-nourished in some parts and insufficiently in others, the silicea child is more generally imperfectly nourished from malassimilation.

Of all the medicines named, perhaps, hepar resembles it most closely. It has the hypersensitivity to touch, to pain and cold, and > from warmth in general. Points of differentiation must be sought in symptoms peculiar to one or the other. On broad lines we may say that silicea acts more than hepar on bone, and has more influence on nutrition.

Lastly, by way of contrast, I will mention fluorine acid, which has the opposite modalities to silicea in regard to heat and cold.

I have not attempted to speak of all the conditions in which this drug has proved of service, nor even all in which I have in my small experience found it useful, but I trust I have said enough to give an outline, and form the basis of a good discussion.
TUBERCULOSIS.*

BY BENJAMIN F. BAILEY, M. D.,
Lincoln, Neb.

It seems a pity that some well fitted body of men cannot spend a few months in sifting the enormous mass of literature which has, during the last fifty years, been written upon the subject of tuberculosis, and give to us in one well digested volume material which has proven to be true and of value, eliminating the unnecessary, abstruse and untrue matter through which we have to wade in our studies upon the subject. But as long as this is not possible, or at least not imminent, we shall still be attempting to present to each other at our various meetings some of the necessities for the study of tuberculosis, some of the facts and hypotheses which seem at least to those writing a new and good, with a resultant hope of prevention and cure. The tears of the nation's mothers will never be dried while we permit the continuance from tuberculosis of one-tenth of all the death rate in the United States, a large part of which may be avoidable. To the tears of the mothers shall be added those of the wives and children, so long as thirty-three and one-third per cent. of the deaths between the ages of fifteen and forty-five continue to be ascribed to a semi-avoidable disease—this same tuberculosis. In England, one-half of all the deaths between the ages of twenty-five and thirty-five are ascribed to this disease, and in Germany the deaths from tuberculosis exceed the combined mortality of diphtheria, croup, pertussis, scarlet fever, measles, and typhoid fever. And this seems to be nothing new, as tuberculosis has been decimating the human race in this same way, since five hundred years before Christ, and it does not seem to be altogether a respecter of sections or people, for that beautiful city of Washington—the pride of a nation—presents a higher death-rate from tuberculosis than any other city in the country except Denver and Los Angeles.

For the last few years the whole trend of tubercular argument has been against the tubercular individual, making him almost a leper, ostracizing him and in some communities rendering it almost impossible for him to travel, and still the disease has not been so markedly stayed as it would seem that radical measures and vigorous agitation would render possible or probable. It may be that the reason for this lack of eminent success in the efforts of the profession lies in the fact that in many instances we have lopped off the branches and not laid the ax at the root of the tree.

That in some cases the tubercular sputum contains seventy-two hundred millions of bacilli daily and that the lungs have seemed to be the most evident site of tubercular disease has caused the throwing out almost every precaution against the coming in contact with tubercular patients, and has rendered assured the theory that almost all primary tubercular infections are in the pulmonary tissue.

Now the fact seems to be pretty well established that of the large number of tubercular bacilli found in the spuata of consumptives, a great many are dead or very limited in their vitality and virulence. In the second place, it has been definitely established by Buchner, Wernicke, Strauss, and many others, that in the ordinary act of expiration bacilli are never detached from the moist mucous membrane, and are never found in the expired air, and that animals exposed during a long time to the inspiration of air expired from tubercular lungs do not become infected. There are only three or four observers who have questioned the correctness of these deductions, and in their work the technique was imperfect and their results carry little influence.

The resistance of the tubercular bacilli has, too, been much exaggerated. In moist sputum the average life of the bacilli is only about two weeks, while in the dry sputum the average retention of virulence in the apparently desiccated bacilli at an average temperature is one hundred days, whereas at a temperature of 146 degrees F. bacilli lose their virulence in six hours; at 150 degrees F. in one hour and at 183 degrees F. in a few minutes, whereas at 14 degrees F. even after six weeks they have been known to preserve their vitality, and in the earth they preserve their vitality sometimes even for months. In direct sunlight the bacilli lose their virulence entirely in from a few minutes to a few hours. The chemical germicides are in their unsatisfactoriness most surprising to those who depend upon chemical destruction of tubercular infected material. On account of the albuminoids the bichloride solutions are unreliable. A five per cent. solution of carbolic acid destroys in twenty-four hours, only if the solution is repeatedly stirred, whereas abso-

* Read before the Missouri Institute at Kansas City, April 26, 1905.
lute alcohol, which is used comparatively little, is almost certain destruction in twenty-four hours. These facts show that bacilli in houses, the virulence having lasted, according to legendary stories and theories, for many years, are an absurdity, and that these stories have not been proven facts but hypothetical assertions. It is also a recognized fact that bacilli are readily destroyed by decomposition, and further, it has been proven by the microscope, we now know that bacilli in urine, feces, and pus are comparatively uncommon, and that if present are rapidly destroyed after excretion or elimination if exposed to the ordinary causes of decomposition or to sunlight.

These facts all tend to the assumption that the public is very easily protected from the individual sufferer from pulmonary tuberculosis, there being, however, a few things necessary—that sputum be kept moist until it is destroyed by heat, and that in coughing and sneezing the external atmosphere be protected from the forcibly expired air by a screen or handkerchief, which shall be kept in a proper place until exposed to sufficient heat, and that urine, feces, and pus from any tubercular case shall be exposed to heat or sunlight before committing to sewer or ground. This is simply a matter of education. It is quite probable that a large per cent. of the people in this country who are able to read and write are able to do so because there is a truant law which is enforced. It is also quite probable that tuberculosis cases will be amenable to education and rendered absolutely safe if they are free from either persecution or ostracism only so long as they comply with the precautions dictated by an intelligent and not hair-splitting profession. Hence ostracism, and consequent punishment should only be inflicted upon those who can, but won’t.

We having given our attention to the recognition of the precautions necessary, to making them as few, simple and easily accomplished as possible, we may for the instant consider that we have disposed of the direct study of pulmonary tuberculosis and turn for a minute to the question if our attention may not be more especially needed in other directions, and if it may not be a question if pulmonary tuberculosis is usually the primary lesion. We know that the tubercular bacilli of lymphadinitis are of low virulence, but we also know that bacilli do not thrive in pus infected localities, and we might add that pus infected localities are usually found where dead bacilli are in abundance, they having lived, thrown out their toxins, rendered the surrounding area especially subject to pus infection, and died.

It is wise then for us to study anew lymphadinitis, remembering that lymphadinitis in itself rarely proved fatal in the one hundred years that it was allowed to suppurate, be evacuated, and heal under the so-called name of scrofula, except where as we look back upon it with our present experience and knowledge there was great reason to believe that abdominal tuberculosis was the primary lesion, and that lymphadinitis and pulmonary tuberculosis were purely secondary. Another thing which is noteworthy in connection with this subject is that if the bacilli of lymphadinitis upon examination show marked virulence it is almost positive that you will find the lymphadinitis to have been of short duration or be able to trace clearly a too plainly evident infection of other tissues.

We all recognize a horror of acute miliary tuberculosis, the difficulty in diagnosis and the rapid course of the disease rendering diagnosis often difficult and uncertain until fatality obtains and the post-mortem alone tells the truth. In fact, it is altogether probably that a large per cent. of the cases of military tuberculosis have been buried under the name of typhoid fever, broncho-pneumonia, and malarial conditions. And yet for the purpose of future argument we call attention to the fact that in cases of miliary tuberculosis it is rational for us to suppose that the infection must have taken place at some point or points rendering the rapid dissemination of infection through the blood most probable; and also for the purpose of argument, it is most probable that primary infection in cases of lymphadinitis was, too, in some tissue or tissues rendering rapid diffusion through the lymphatic system possible and probable.

In pulmonary tuberculosis, if on examination of the bacilli we find them to be of feeble virulence, even though in large quantities, the progress of the disease will be slow, whereas, if we find them to be of great virulence and vitality, although perhaps not in so large quantities, the progress of the disease will be rapid. Now, inasmuch as we know that patients dying of pulmonary tuberculosis do not die as a rule from destruction of lung tissue, but from toxemia, and inasmuch as we know that the dead bacilli are more fatal than the living, and although tuber-
culosis has been, may be and will be favorably treated so long as these dead products, pus infected have not become ensheathed in localities unreachable by excretory powers, medicinal efforts or the surgeon’s knife, and that after these dead products have become so located the disease never has, cannot, and never will be cured, and furthermore inasmuch as pulmonary tissue does not yield rapidly to pus infected, toxined (if I may use the word) conditions, and hence, does not become a very favorable nidus for the infection of other localities, and inasmuch as where this does not take place, the progress of the disease to fatal results is slow, and as this is also true where the bacilli in pulmonary tuberculous are found to be feeble in virulence, therefore it is reasonable to assume that it is as a rule that only in those cases, that tuberculous is primarily a pulmonary affection. On the other hand, where the disease is rapidly fatal, though the pulmonary symptoms may be most marked, nevertheless, it is not by any means ultra-rational to assume that the primary nidus of infection is where the whole system may be rapidly infected and the vitality overcome by the disastrous results of rapidly living and dying bacilli and their toxins and consequent pyogenic infected tissue, and that this being true, or possibly true, it is proper for us at the present time to make more careful investigation into the possible causes of tubercular infection which may be most common though not heretofore recognized.

In 1882 Koch said “Bovine and human tuberculous are one and the same.” In 1901 he declared them to be two and separate. Since then all of the best authorities have disagreed with him, and at the time of his assertion Lord Lister from the floor begged that this might not be taken as conclusive while there was overwhelming evidence against the truth of the assertion. There is every clinical proof that there is a modification of bovine tuberculosis as peculiar to cattle, and that it is more virulent in the bovine than in man, and that there is a modification in human tuberculosis, and that it is more virulent in the human being than in the bovine. Nevertheless, it is altogether probable, as I glean from the authorities to be found, that the diseases are notwithstanding intercommunicable, and that they may be transferred from the bovine to man, acclimatized, and humanized, and that on the other hand, they may be transferred from man to the bovine, and acclimatized and bovinized, and that they are therefore, again I say, intercommunicable, and hence most dangerous. And still, if the primary seat of tuberculosis is in the pulmonary tissue, it is a little hard to realize how infection takes place from animal sources.

The investigations of Woodhead, Kelynack, Murphy, Williams, Mayo, and some others have thrown some most interesting light upon this matter of primary infection and hence possible protection. Woodhead found in 127 autopsies on children 100 with tuberculous mesenteric glands. In America something like sixty per cent. show some form of tubercular lesion, active or healed, and in Germany more than eighty per cent. You will remember in Adami’s investigation he demonstrated that the leucocytes took the bacteria along with particles of fat to the lymphatic glands, where they were destroyed, that they in this way conserved a sterility of the duodenum and upper part of the jejunum, and this is in some way supposed to explain why operations in that locality have been more successful than in the lower part of the alimentary canal.

It is also a fact that bacteria are carried to the liver and destroyed, and if the liver is in any way below par its power to overcome or eliminate bacteria is affected. Kelynack, in a large series of autopsies in cirrhosis of the liver, found that a large number had tubercular peritonitis. Murphy calls attention to the very greater relative frequency of tubercular peritonitis in the female, he finding about four females to one male. Osler found at least two to one. Murphy found that tubercular peritonitis accompanied with ascites was almost sure to have a thickened condition of the mucous membrane of one or both Fallopian tubes, or as Mayo quotes him, “showing a tubercular lupus of the mucous membrane.” This being brought to his attention, and Mayo, having, as he states, “a small number of patients under him in which a simple laparotomy had failed to cure of tuberculous peritonitis,” found upon examination and experimentation that it is not from the uterine or the ovaries but entirely from the mucous membrane of the tubes that we have the sources of infection in these cases of tuberculosis. He states, “In practically all these cases the peritoneal involvement was greatest in extent near the seat of infection.” He also quotes a number of cases of chronic appendicitis with enlarged glands of the meso-appendix due to tubercular infection.

Fenger claimed that medical cures were as
numerous as operative, and that tubercular peritonitis was not a surgical disease. Ochsner in 1902, before the American Surgical Association, proved beyond question that laparotomy and evacuation had a most beneficial effect upon the disease: if a small abdominal incision and drainage did not cure, re-infection probably took place. Mayo says that "Of twenty-six radical tubal operations made on cases of tubercular peritonitis, twenty-five recovered."

From these facts of more recent date, it would seem altogether probable that if we can find the point of local infection, which is usually in the Fallopian tubes, and remove it at the same time that we perform a laparotomy, curative results will certainly ensue. It also leads us to a very grave consideration of the probability of a much more common primary infection through the abdominal cavity than has been previously supposed, and to the question if for the protection of the public from tuberculosis it is not far more necessary for the Boards of Health of the different States to be given definite powers and laboratories for investigation and for the enforcement of precautions that the people may be protected against the frequent and more probable sources of infection, viz., the meat products of the country, the milk supply in our cities and towns, and the infection in careless freight shipments of goods, improperly protected and carried in filthy cars.

In other words, it would seem to me that the time has come when the superior intellect of the human race ought to be capable of protecting itself by the ostracism of the lower animals and the consequent bacilli which it is altogether probable very largely originate in them, by an enforcement of a law against those of the human kind who through limited intellectualty are vicious or careless and unmindful of the value of human life, either from a natural trend or on account of commercial motives, and that in doing this they will remove the necessity of the sacrifice of many of nature's best, or of enforcing upon them a living death, in a selfish ostracism which partakes more of human cowardice than intelligence.

—Dr. J. Wilford Allen, our enthusiastic and indefatigable Materia Medica Miscellany editor, announces the removal of his office to 117 West Twelfth Street, opposite his former location. While continuing his general practice, Dr. Allen will hereafter devote special attention to the study and treatment of chronic diseases.

Mesenteric Thrombosis.

BY C. A. HALL, M. D., CLEVELAND, OHIO.

The subject which I have chosen is one, the pathological nature of which, has but recently been brought before the attention of the medical profession. Virchow, was the first to describe this rare condition, and wrote a pathological treatise on the subject in 1847, presenting the first three cases, but the subject received very little notice, and was not again brought out until 1875, when Litten took it up again and presented in a paper 20 cases, which he had collected up to that time. This report is mentioned by almost everyone who had ever written upon the subject. Subsequently, Coehlem, Cohn, Welch, and Mall, began to experiment upon animals and arrived at the following conclusions; that wherever a stoppage to the blood supply of the intestines occurs, there result first, necrosis, second, gangrene, third, hemorrhagic infarction, and fourth, abscess formation. Hemmeter collected 40 cases up to 1902, two of which, one at Johns Hopkins and one of his own, have not been published; and recently Jackson, Porter, and Quimby, of the Massachusetts General Hospital, have come out with a series of articles published in the American Medical Journal, entitled Mesenteric Embolism and Thrombosis, a study of 214 cases, bringing the subject up to date. In this series they report four cases from Johns Hopkins through the courtesy of Dr. J. C. Bloodgood, and I presume in this number the one mentioned by Hemmeter is included. Now, these 214 cases and that of my own, which I shall report directly, brings the total number of known cases up to 215. When we consider that these 215 cases comprise the entire list of reported cases of Mesenteric Thrombosis, the relative infrequency of the disease, as compared with other surgical conditions with which we meet in the abdominal cavity, furnishes but little data and explains our gross ignorance on the subject. These facts together with the exceedingly high mortality render the question one of very great interest, both from the standpoint of physical diagnosis and surgical treatment.

While this article will, to a very great extent, assume the character of medical history, and the analysis of clinical cases, being as it is, compiled from the reports of other investigators, I shall hope at the same time to impart a little original thought through my own personal research and experience. About a year ago, before the articles
of Jackson. Porter, and Quimby appeared, I had already written up a report of my case by request of Dr. Frank Kraft, and presented it to him for publication. I mention this fact simply to show, that I had previously given the subject much thought and careful consideration, and have not, as you may be inclined to think, been entirely inspired by the articles of these gentlemen.

In elucidating the pathology of mesenteric thrombosis, it will be necessary to enter somewhat into the anatomy of the parts involved, especially as regards their blood supply. The arterial supply of the intestines is derived from the superior and inferior mesenteric arteries.

The superior mesenteric artery is a large vessel which arises from the front of the aorta 1-4 inch below the celiac axis and passes downward to the right iliac fossa. This vessel with its branches supplies the entire length of the small intestines except the first part of the duodenum. It also supplies the cecum, ascending, and transverse colon. Its branches are the inferior pancreatico-duodenal, vasa intestini tenues, ileocolic, colica dextra, and colica media. The inferior pancreatico-duodenal is a small artery given off from the superior mesenteric behind the pancreas, and supplies the head of that organ, anastomosing with the superior pancreatico-duodenal artery. The vasa intestini tenues consist of a number of vessels (12 to 15 in number) arising from the convex side of the superior mesenteric artery, and are distributed to the main portion of the small intestines, i.e., the ileum and jejunum; the remaining part being supplied by the ileocolic. The ileocolic also furnishes the blood supply to the ascending colon, the cecum, the appendix, and iloecetal valve. It is with these vessels, so far as the arterial side of the question pertains, that we shall have most to deal, as it is in some one of their branches that thrombosis usually occurs. The ileocolic inosculates with the colica dextra. The colica dextra arises from about the middle of the concavity of the superior mesenteric artery, passing out to the middle of the ascending colon beneath the peritoneum, and divides into two branches; a descending inosculating with the ileocolic, and an ascending anastomosing with the colica media. These branches form arches from the convexity of which vessels are distributed to the ascending colon. The colica media arises from the upper part of the convex side of the superior mesenteric artery and, passing between the layers of the transverse mesocolon, divides into two branches: the one to the right inosculating with the colica dextra, the one to the left with the colica sinistra, a branch of the inferior mesenteric. These branches form arches and supply the transverse colon. The inferior mesenteric artery is a much smaller vessel than the superior mesenteric artery. It arises from the left side of the aorta, about two inches above the common iliacs, and passes downward to the left iliac fossa, and then descends between the layers of the mesorectum into the pelvis, under the name of the superior hemorrhoidal artery. Its branches are the colica sinistra, sigmoid, and superior hemorrhoidal. These vessels, for some reason, are very seldom involved, and therefore it will not be necessary to describe them minutely, more than to refer to their collateral circulation.

I will now pass on to the venous system, as this disease assumes two forms, viz.: venous and arterial thrombosis. This system is very similar to the arterial, but differs to some extent. The branches from the left of the superior mesenteric vein (also about 15 in number) return the entire venous blood from the ileum and jejunum, while in the case of the arterial distribution, the lower part of the ileum is supplied by the ileocolic and not by the vasa intestini tenues. The superior mesenteric vein returns the blood from the small intestines, the cecum, and the ascending, and transverse colon. The long trunk, formed by the union of these branches, unites behind the upper border of the pancreas with the splenic vein, inferior mesenteric vein, and the right gastro-epiploic to form the vena portæ. The inferior mesenteric vein returns the blood from the descending colon, sigmoid flexure, and rectum.

Now then, what happens when the circulation to a vascular area is incompetent? I now quote from the article of Jackson, Porter, and Quimby, which was taken from Ribbert's pathological report published in 1901; and right here I wish to make this statement, that all articles pertaining to any medical subject become the property of the general profession by virtue of their educational value and the good they may do for humanity by uplifting the medical science. Ribbert says: "in cases in which an end artery is involved, i.e., in vessels from which the establishment of a collateral circulation is anatomically impossible, the area, under certain conditions, receives so little blood from capillaries and veins, that it becomes much paler than the surrounding area, and besides
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this, the small amount of blood which is present loses its color and the part becomes clear, or yellow white. More frequently a marked filling of the area occurs, which by its presence, stops further accession of blood to the part. In a few hours the area becomes red in color, but rapidly grows lighter by discoloration of the contained blood, which is due to the blood coloring matter, the hemoglobin leaving by diffusion or disintegration, in which condition an anemic infarct is formed. In cases of end artery or insufficient arterial anastomosis, there continues a small afflux of blood to the part. The area then remains red, the vessels become turgid, and incomplete or complete stasis results. The blood corpuscles now leave the vessels by diapedesis and disseminate through the adjacent structures. The area takes on a dark red color and becomes firmer in consistency. We have now formed a hemorrhagic infarct, which preserves its red color and does not grow pale. In connection with hemorrhagic infarction Conheim says: that this condition can only occur in end artery or terminal branches. Ribbert claims, however, that in occlusion of the superior mesenteric artery, hemorrhagic infarction always occurs, and contrasts this phenomenon with similar conditions occurring in the kidney, brain, and spleen, but, Conheim explains this by saying that in clogging or closing of the main trunk, the smaller vessels supplying the muscularis, submucosa, and mucous membrane, simultaneously become closed, thus establishing an end artery. Closure of a vessel may occur in one of two ways.

First. Through the detachment of an embolus.

Second. By anticothlonous thrombosis, i. e., a thrombus found in the place where it was formed.

The embolus usually originates in one of three places. Either in the heart, as a result of endocarditis or valvular disease (this is the most frequent locality), in the aorta (the next most frequent place of origin) as a result of atheromatous degeneration, or in the pulmonary vein. Further on, when I take up the discussion of cases, you will observe that arteriosclerosis appears very prominently and undoubtedly proves a very considerable factor in the causation of this disease.

Apropos to this statement, my attention was recently attracted to an article by Dr. Carl Beck, entitled, Sclerosis and Ossification of Veins, published in the New York and Philadelphia Medical Journals in 1868, and from which a reprint was taken in April, 1904. He says: That the pathologic changes in the veins are similar to those observed in the arteries. Phlebosclerosis (fibrous degeneration of the tunica intima) is nearly as frequent as arteriosclerosis, but is of a lesser extent. Calcareous deposits in veins are sometimes reported as vein stones or phlebolith. Osseous degeneration of the venous walls is now regarded as an actual entity, and he presents a case in which this condition had taken place in the saphenous vein as shown by a skiographic exposure. I speak of this simply because it appealed to me as being also a contributing factor. Litten says: That the superior mesenteric artery is a terminal or end artery, functionally if not anatomically, notwithstanding the fact, that this great vascular territory can be injected and filled through the aorta by way of anastomosing branches, even after the main trunk has been ligated. When the superior mesenteric vessel becomes obturated, the blood pressure becomes nil, and the small amount of blood coming through the collateral circulation of the inferior mesenteric and pancreatico-duodenal is not able to restore normal pressure again, and there now occurs an influx of blood from the portal vein, which, having a higher relative pressure, overcomes the collateral circulation, causing venous hyperemia, infarction, and necrosis. Plugging of the superior mesenteric near its origin produces necrosis of the entire small intestines, the ileum, and jejunum, except the superior horizontal and middle portion of the duodenum. This is the most frequent form of thrombosis, and affects the ileum and jejunum most often. When the smaller branches are involved, venous hyperemia, hemorrhagic infarction, and necrosis may be separated by what appears to be healthy tissue. This condition has been observed by Oppolzer, Faber, and Kaufmann. In one of Hemmeter's cases, five and one-half feet of the lower ileum were found to be in a state of edema, venous congestion, and partial necrosis. Numerous ulcers were found in the lower ileum, some penetrating to the serosa. This proves the statement referred to in another part of his work, where he says: That in plugging of the smaller arterial mesenteric branches, especially those contained in the intestinal wall, the thrombi and emboli undergo ulcerative degeneration and form small ulcers, which correspond to the conditions previously mentioned. The symptoms of this disease are most varied,
and, while they sooner or later assume the nature of an obstipation, or some form of obstruction, you do not always get a uniform clinical picture. I will give the symptoms observed by A. Ernest Mayland, which he reported in the British Medical Journal, of November 16, 1901, in two cases of post-operative thrombosis of the mesenteric vessels—one in a case of gastro-jejunostomy, and the other following excision of one-half of the thyroid gland. The symptoms given by him are as follows:

First. The onset of intra-abdominal pain, gradual or acute, more or less constant, and possibly of a colicky nature.

Second. No tenderness on pressure, no distention or rigidity in the early stages.

Third. Possibly diarrhea with or without blood.

Fourth. Vomiting, but not of the acute obstructive character.

Fifth. Rapidity of pulse with restlessness and excitability.

Sixth. Any pre-existing cardiac or valvular disease.

These symptoms almost identically correspond with those observed in my own case, and to show you the close similarity, I will now report same.

On August 2, 1903, Miss H., aged seven years, was taken sick with an attack of enterocolitis (she had had several attacks before this), followed by vomiting of persistent nature. Diarrhea continued until the 5th, at which time it ceased, but vomiting still continued. There was no distention or tenderness on palpation, no straining at stool or passing of blood, the abdomen was perfectly flat, and no sign to indicate appendicular trouble or a condition of intussusception; but her general appearance showed she was very sick. Her features were pinched, the expression anxious, the eyes bloodshot, and she was vomiting about every half-hour. On account of the obstruction of the bowels, I suggested a high enema of soapsuds, which seemed to give her great relief, although very little movement followed. The same was repeated again in two hours, after which the vomiting grew less, and she seemed so much better that I returned home. On August 8th, I was summoned to operate, as patient had become very much worse, and upon arriving at her bedside, found her condition as follows: Abdomen very flat, slight dullness over appendix, countenance very anxious, color slightly jaundiced, sclera of eyes yellow, and bloodshot, and the breath emitting an odor of decomposition. She was vomiting frequently. She had had the colicky pains previous to this, but they had now ceased. Laparotomy was performed, and nearly the entire length of the small intestine was examined and found completely collapsed and becoming gangrenous. The little patient went into a state of collapse, and died shortly after. No obstruction of the bowels was found.

Diagnosis. Venous thrombosis, possibly due to some mycotic intestinal disease.

Now let us investigate the general conditions observed in the twenty-seven cases thus far reported by Jackson, Porter, and Quinby, and see what facts are to be gleaned from the data at hand. Death occurred in every one of these cases. Mortality 100 per cent.

Over 70 per cent. were under 60 years of age.
Over 50 per cent. were under 50 years of age.
Forty-eight per cent. were between 30 and 60 years of age.
Thirty-seven per cent. over 50 years of age.
Thirty-three and one-third per cent. were under 40 years of age.
Sixteen and one-third per cent. were under 30 years of age.

Over 81 per cent. had some form of abdominal pain. Nearly 56 per cent., or fifteen cases, had pain, vomiting, tenderness, and distention. Two cases, or a little over 7 per cent., had pain, tenderness, and distention without vomiting. One case had vomiting without distention, pain, or tenderness. Seven per cent. had no vomiting or pain. One case, or 3 1/2 per cent., had pain but no tenderness, distention, or vomiting. Four cases, or 15 per cent., the pain was located around the umbilicus—two central, one to the right, and one to the left. In 18 1/2 per cent. the pain was located in the epigastric region. Pain in three cases was located in the hypogastric region, and in two cases in the right hypogastric region. One case had pain in the right hypochondriac, and one in the right inguinal. The pain was general in seven cases, or about 26 per cent. Vomiting and tenderness, without any other symptoms, occurred in one case. There was diarrhea in three cases, constipation in nine, a normal condition in twelve, and three cases were not mentioned. Arteriosclerosis occurred in 33 per cent. Thrombosis involved the superior mesenteric artery in over 44 per cent. of cases. Thrombosis was found once in the aorta. The superior mesenteric artery and vein were found throm-
posed in three cases, or over 11 per cent.; the superior mesenteric vein five times, or 18 1-2 per cent.; the portal vein three times, or over 11 per cent.; and the splenic vein and renal artery about 15 per cent. The ileum was involved in twelve cases: the ileum and jejunum in four; the jejunum alone in one; the ileum, cecum, and ascending colon in six; the ileum, ascending, and transverse colon in two; and the entire bowel in one. In one case the transverse colon was involved alone, from the duodenum to the splenic flexure. Sugar appeared in two cases. Albumin, with granular and hyaline casts, were found eleven times, showing nephritis to be present in over 40 per cent. of cases. On account of the lack of a uniform analysis of the urine, I am unable to determine the relative value of indoxyl as a pathognomonic indication of bowel obstruction. The duration of the attack averaged from one to twenty-nine days. Nine lived one day; two lived two days; one lived three days; one lived four days; one lived five days; two lived seven days; three lived eight days; one lived ten days; one lived fourteen days; one lived fifteen days; one lived sixteen days; two lived eighteen days; one lived twenty-four days; and one lived twenty-nine days. The temperature ranged from sub-normal to 108, the highest reached. The pulse from 110 to 140. There were three cases of sub-normal temperature. Blood stools occurred in two cases, and bloody vomit in four cases. The white blood count was given in sixteen cases, an average from 6,000 the lowest, to 50,200 the highest, making a general average of 12,000, of a little over the normal per cent. There were free fluid found in the abdominal cavity in sixteen cases, or over 50 per cent.; dulness over the appendix in 18 1-2 per cent.; gangrenous appendix with perforation of the cecum in one case; appendicular abscess with perforation in one case; and perforation of the small intestine in one case; hypertrophy of the heart occurred in six cases; hypertrophy and dilatation in four; myocarditis in two; aortic and mural lesion in one; and fatty degeneration in one. Thrombosis occurred in the right auricular apex twice, and in the left once. Mural thrombosis occurred in the left ventricle once, and in the pulmonary artery twice. Dyspnea was a prominent symptom in 20 per cent. of cases. Infarction was reported in the lung twice, in the kidney four times, and in the intestines nine times. There were two cases which probably originated from emboli, due to endocarditis. Suppurative pylonephritis occurred four times accompanied by chill and symptoms of septiciemia in every case. Autopsy was not allowed in five cases. Males affected, 70 per cent.; females affected, 30 per cent. The greatest length of bowel removed was 12-1-2 feet, the shortest 6 inches. The mortality, based upon the full number of cases, according to Jackson, Porter, and Quinby, was about 94 per cent. The International Text Book of Surgery reports 22 feet of bowel removed, and patient recovered. I only know of one case recovering from operation, and that one was reported by Elliott. The patient was a male, 24 years old, who had right inguinal hernia which, ten months before, became caught in the ring, and was reduced with much difficulty. He removed four feet of bowel, but on account of the condition of the patient, he only united the mesentery and stitched the open ends of the intestine to the abdominal wound. Seventeen days later the ends of the bowel were united, and the patient made a slow but good recovery.

A few cases are sufficiently important to command our special attention. Case 13, had chills and showed grave abdominal symptoms. Laparotomy was performed, and the appendix found gangrenous with a perforation of the cecum. There was suppurative phlebitis of the ileocolic and superior mesenteric vein, and thrombo phlebitis of the portal vein, with multiple abscesses of the liver.

In case 17 was found abscess of the appendix with perforation.

In case 20 there was early pregnancy, thrombosis of renal artery, thrombosis and embolism of the superior mesenteric artery, and infarction of the spleen and kidney.

In case 23 no abdominal symptoms were found.

In case 24, autopsy disclosed mural thrombosis of the left ventricle, infarction of the heart, thrombosis of the left branch of the coronary artery, emboli of the mesenteric, renal, and middle mesenteric. There was also infarction of the spleen, passive congestion of the liver, cholelithiasis, and cyst and softening of the brain.

In case 25 there were no abdominal symptoms, and autopsy revealed a thrombus of the pulmonary artery, thrombus of the right anule, extending through the foramen ovale to the left ventricle, emboli of the left renal, superior mesenteric, hepatic, innominate, and carotid, with infarction of the transverse colon from the duodenum to the splenic flexure.
In conclusion, and before taking up the treatment, I shall consider for a moment the prospect of a collateral circulation and its relation to conservative treatment, as a possible means of restoring normal conditions. I find that this did occur in a certain number of cases. Kercher reports one, in which the superior mesenteric was plugged and a collateral circulation was re-established through the colica sinistra. Chiene mentions one in which both mesenteric arteries are occluded and a collateral circulation re-established through the superior hemorrhoidal, colica dextra and sinistra. Cohn cites a case in which there was previous infarction of a portion of the transverse colon, and healing occurred by collateral circulation. An embolus had lodged in the ramus colica. In one of Virchow's cases, circulation was established through the dilated branches of the pancreatico-duodenalis; and in a case of Kaufmann's, the ileocolic artery was occluded and a collateral circulation established.

Neutra says: "That in these cases (which are exceptions) the only possible chance of a collateral circulation taking place through the anastomosis of the superior mesenteric and neighboring branches, is, where the anastomosis is congenitally richer than normal, and that in plugging of the superior mesenteric artery before occlusion takes place, there always becomes an impediment in the circulation by some cause, such as stasis from weak heart, atheroma, or emphysema, thereby making possible, under these conditions, a collateral circulation.

The condition, from its nature, is a purely surgical one, as you can readily see. To determine a condition such as Neutra describes, is beyond our powers of discernment, and as its existence is conceded a mere possibility, and not a probable one, our only recourse lies in an early diagnosis and operative procedure.

There are only two cases reported younger than the one which I have reported: One one month old, and the other five years old.

The Osborne.

Inflammation of the Wrist.

BY EDMUND OWEN, M. D.

Considering how apt the hand is to be hurt in one way or another, how it is at the front of everything and liable to be suddenly called upon to do all manner of rough work, and to bear all manner of strains, it is quite wonderful how rarely the wrist joint gets into trouble. One reason for its so happily escaping from damage is the great freedom of movement which it possesses, to say nothing of the protection given by the readiness with which violence at the hand is received and dealt with at the elbow. But when the wrist of a delicate person is inflamed the result is apt to be very serious, and I do not think that there is a joint in the body which is as badly cared for in time of trouble as is the wrist.

The wrist is so thickly surrounded by tendons that, unless the inflammation is intense, the bulging of the synovial membrane and the flushing or heat of the skin, are apt to pass unnoticed. Having a good deal of pain in the hand the patient thinks that he must have sprained his wrist, and, knowing that sprains are sometimes very troublesome, and are a long while getting well (which, indeed, is quite true), he says little or nothing about the hand, "saving" it as much as he can, and using his fingers with great gentleness. His doctor tells him that he must take care of it, and perhaps tells him also that he had better wear it in a sling. But if, as is more likely than not, it is the right hand, a sling alone will not be enough to keep the hand quiet. The man will be often taking it out to give a greeting, to write a letter, or to button a collar. And three or four times a day he has it out for washing. Half-measures of this sort will not be of much avail, and I am sure that no other joint in the body would be so carelessly treated. If it is said that it is so awkward to lose the use of the right hand, and even of the fingers, that it is wanted for hundreds of little services, many of which can be done without the least effort or force, I shall reply that for this very reason the hand and fingers should be placed beyond the reach of temptation, and this can be done only by fixing the hand in a splint as well as by carrying it in a sling.

A wooden splint is not the best sort to use, as it shifts its place, and the bandages get loose, dirty, and untidy. Nor does plaster of Paris serve well, as it is hard and uncomfortable, and is apt to become cracked, soft, and soiled. Nothing does so well as a molded splint of undressed leather. It can be made to fit as close as a glove, and if it is covered with black kid it may be made to look quite smart. A proper splint for the wrist should be long enough to reach from half way up to the elbow down to the middle of the fingers, for if the fingers and thumb are left free the hand cannot get its full measure of rest, and unless this is secured the trouble may be never-ending.
**Homeopathic Therapeutics of the Ear.**

**Aconite.**


**General Indications:** The leading expression of Aconite is a feverish, nervous restlessness, fear of death. Bad effects from dry, cold air, from suppressed perspiration, from excitement, from anxiety, fright, anger, chagrin. Sensitive to light and noise; fullness and heaviness of head and brain; face bloated, red, and hot. Especially applicable to plethoric persons or those leading sedentary lives; dark hair and eyes; persons with rigid fiber.

**Aggravations:** In the evening and night, when lying on the (left) side or back; after getting in bed; when rising; in warm room; from tobacco smoke.

**Amelioration:** In the open air; from wine; generally better at rest; but during night in bed pains insupportable.

**Aesculus Hip.**

Ringing in right ear. Shooting pain. Burning in ears: pressure; fullness. Shooting pain in left ear, later in right ear.

**General Indications:** Suitable in persons with hemorrhoidal tendency, and who suffer with gastric, bilious or catarrhal troubles.

**Aggravation:** In morning and from motion; walking; breathing deeply; after eating; from swallowing.

**Aethusia.**

Stitches in the ears, especially in the right. Sensation as if something hot was streaming from it. Yellow discharge from the right ear with stitching pain.

**General Indications:** Great weakness; children cannot stand; cannot hold up their heads. Diseases of children during dentition. Indicated in summer.

**Aggravation:** Mornings; at night; after meals; on rising from seat, from nursing.

**Amelioration:** In open air, after sleep, from bending backward, from motion.

**Agaricus.**


**General Indications:** Violent muscular twitching. Burning, itching and redness of various parts, as if frostbitten. Applicable more in persons with light hair, and lax skin and muscles; in old people with indolent circulation; chills; frost bites.

**Aggravations:** In mornings, after eating, in cold air, before thunderstorms.

**Amelioration:** Symptoms generally better from motion; walking.

**Agnus Cast.**

Ringing and roaring in ears. Hardness of hearing.

**General Indications:** In lymphatic constitutions. Especially useful in premature old age, from abuse of sexual powers, marked by melancholy, apathy, general debility. In atonic conditions of the sexual powers. Extreme absence of mind; unable to recollect things.

**Ailanthus.**

Pain in the ear when swallowing. The ear, when touched or scratched, gets red all over. Parotid gland sensitive and enlarged.

**General Indications:** In affections of skin, eruptions similar to eruptive fevers. Especially useful in women and children, in nervous, sensitive persons. Eruptions of miliary rash in patches of dark almost livid color; eruption disappears on pressure returning very slowly.

**Aggravations:** Generally in the morning.

**Aletris.**

Ears feel as if open through from one to the other. Deaf in left ear. Stuffed feeling.

**General Indications:** Chlorotic girls and pregnant women, weak emaciated people.

**Allium Sat.**

Deafness in left ear (catarrhal); hardened crusts in outer canal.

**General Indications:** Fleshy old people. Catarrhal conditions.

**Aggravations:** Complaints from bad weather.
Alumen.

Hears every little noise in sleep. Purulent otorrhea.

Alumina.

Buzzing as if outside of ear. Humming, roaring, whistling; sounds as of large bells. Redness and heat of one ear. Sensation as if something lays before ear on blowing nose, opens on swallowing. Purulent otorrhea. Crepitation in the ears on swallowing or chewing. Chronic suppuration, middle ear filled with granulations. Granulations bleed, and discharge is very offensive.

General Indications: Lack of secretion of the mucous membranes; extreme dryness, with more or less irritation. Suitable to persons of a scrofulous habit who suffer from chronic diseases; chronic catarrh of the head.

Aggravation: In morning on awakening; evening; in winter on alternate days; taking cold food.

Amelioration: In open air; from cold washing; while eating warm food.

Ambra.

Roaring and whistling in ears in afternoon. Deafness, cracking in the left ear. Tearing in right ear. Crawling, itching, and tickling in ears. Music brings on congestion of the head.

General Indications: In nervous and hysterical diseases. In old people, nervous persons, infants or young girls.

Aggravations: From warm drinks; in warm room; from lying down; from music.

Amelioration: After eating, from cold air, from cold food and drinks.

Am. Carb.

Hard hearing. Ear itches and discharges pus.

Am. Mur.

Deafness: tinnitus of a roaring character, thundering noises, feeling as if ear were stuffed full of wax. Accumulation of mucus in ear, with cracking and bubbling in ears.


Aggravations: In the morning, evening, and night; during and after eating; in open air, in bad stormy weather (Dulc. Rhod. Rhns).

Amelioration: Warm, dry weather, indoors, from pressure.

Amyl Nit.

Throbbing in ears, bursting sensation, as if membrane would be forced out with each beat of the heart. Burning of ear.

General Indications: Intense surging of blood to the head and face. Dilatation of arteries and capillaries, with rapid tumultuous action of heart.

Anacardium.


General Indications: In various nervous disorders. Hallucinations, insanity. Pressing penetrating pain, as from a plug in different parts. Sensation of a hoop or band around the the part.

Aggravations: In morning and from evening to midnight, from rising up.

Amelioration: After midnight, during day, from lying down, from rubbing.

Anagallis.

Tickling and itching in left ear. Pain in the right ear, as if the meatus was obstructed. Violent stitches in the right ear.

Ant. Crud.

Moist eruption on external ear, and behind it. Scrofulous otorrhea. Otitis media catarrhals chronic. Heat and tension in the ear, aggravated by heat. Otorrhea. Pain in ears; ringing and roaring; drawing through right ear and eustachian tube; redness, burning and swelling of left ear.

General Indications: A thick milky white coating on the tongue. Affections of the mucous membranes. Catarrhal conditions. Skin diseases, when have pustules or pocks; eczema.

Aggravations: In morning, evening, and night, after eating, wine, bathing, and from touch.

Amelioration: During rest; in open air.

Apis.

Sensitiveness to noises; noise frightens from sleep; hardness of hearing; otitis after scarlet fever; redness and swelling of ears; violent pain in left ear when chewing; shooting and burning in ears; erysipelas of ears.

General Indications: Acute edema of skin and mucous membranes; great drowsiness; burning, stinging pains like bee stings; feeling of lassitude and trembling.

Aggravations: In morning, from warmth.

Amelioration: Cold water.

(To be continued.)
Osmium Metallicum.

BY MALCOLM E. DOUGLASS, M. D.

This drug produces most violent irritation and catarrh of the whole respiratory tract, with a secretion of tough mucus, difficult to expectorate. The kidneys also become inflamed. Its eye symptoms are valuable and interesting, since it has cured glaucoma. The symptoms calling for osmium of the affections are: Candle-light surrounded by a yellow circle; by a rainbow-hued circle; by a green circle with red margin, larger or smaller, according to distance; by a bluish-green circle with ash-gray margin, becoming larger as the light is removed; by bluish-green circle, the outer margin of which is bright red; if the light is ten or fifteen paces from eyes, the flame seems enveloped by dust or smoke. Glaucoma, with iridescent vision and severe pain around the eyes.

Osmium is a valuable remedy in Violent supraorbital and infraorbital neuralgia, with lachrymation.

Osmium is a valuable remedy for the following: Sensitiveness of the nose to inspiration; to cold air, and in larynx. Irritation of Schneiderian membrane as from sniff. Ineffectual efforts to sneeze. Sneezing. Coryza. Constant discharge, with sensation as if nose were full. Violent fluent corza, with tickling in the larynx and dyspnea.

In the respiratory organs we have the following conditions: Mucus; in trachea, with constant inclination to cough. Lumps of mucus in larynx easily loosened; mucus hangs like a thread, irritates to hawking, and coughing, and causes vomiting, after sneezing it is easily loosened; pain, with cough, and corza and pain on talking; sore pain; rawness; scraped, raw sensation; also in epiglottis; tickling; also in trachea; irritation, with hacking cough; irritation in larynx, and in trachea; burning; sensation causing hawking. Hoarseness, with pain in larynx, the hoarseness aggravated by singing, and worse entering house. Cough from scraping in larynx; with pain in larynx; with constriction of trachea; convulsive; from tickling in larynx, after sneezing a lump is loosened, which he must swallow: dry, spasmodic; dry, rattling, difficult to loosen; short, dry, paroxysmal, as if mucous membrane would be torn off, with, and followed by raw, sore pain in larynx and trachea, extending to middle of sternum.

Osmium is a valuable remedy in acute laryngitis, with cough, efforts to vomit, and increased secretion of stringy mucus. Spasmodic cough, with great effort to expectorate, but he has to swallow the mucus.

Sulphonal is not considered a poisonous agent, and yet much discomfort arises from its use with some patients. Symptoms of toxic character will appear: difficulty of speech, temporary muscular inco-ordination, fulness of the head and vertigo; in prolonged cases, physical weakness, mental incapacity, forgetfulness, delusions, mental aberrations. It colors the urine a deep red, as it is eliminated by the kidneys, and sometimes produces a characteristic rash on the skin.

It is a remedy for sleeplessness when the brain is overcharged, and the mind is excited or worried. It is useful in those greatly worried over physical conditions, such as those suffering from gonorrhea and spermatorrhea.

It is decidedly hypnotic, but is not as reliable or as active as chloral, and yet it sometimes succeeds where chloral has failed. It is used in the sleeplessness of alcoholics, and in delirium tremens. It has won its reputation largely in this latter condition. Its tastelessness is a redeeming quality, as it can be given without the knowledge of the patient.

It does not irritate the stomach nor bowels, neither does it suppress secretions. It does not affect the digestion or destroy the appetite.

In mania with extreme nervous excitement, and general nerve irritation, and in pronounced insanity, it has been widely used with excellent results.

It quiets the restlessness of teething children, soothes the gums, wards off spasms, and induces sleep.

The dose is from fifteen to thirty-five grains for the adult. It is suspended in mucilage or syrup, and must be administered several hours before its influence is desired. It is best given in hot solution upon a comparatively empty stomach.

Pepsin is given in the powdered form, or as saccharated pepsin, in doses of from three to ten grains. The essence of pepsin in dram doses is an excellent form for administration.

Pepsin digests the nitrogenous constituents of food, converting them into peptones. Its action is increased by the addition of hydrochloric, lactic, and citric acids.

A deficiency of the digestive ferments in the stomach, evidenced by painful or imperfect di-
gestion, is largely supplied by the administration of pepsin. Whenever severe disease induces inactivity of the glandular organs of the body, there is apt to be insufficient action of the peptic glands, and consequently a deficiency of pepsin. This is the case after severe shock, either from injury or from surgical operation, in neurasthenia, and in brain or spinal disease; also in acute inflammatory disease, in prostrated fevers, in heart disease, in diabetes, and especially in gastric ulcers and cancers.

Infants fed on artificial food are benefited by the use of pepsin. It may be given during or at the end of the meal, and is often productive of excellent results. When malnutrition is marked, and the growth and development of the child retarded from this cause, this agent is sometimes the means of accomplishing a complete cure. In diarrhoea in childhood from indigestion, a most important factor in the treatment, is the perfect digestion of the food. A little skill on the part of the physician can often adjust the administration of pepsin as to satisfactorily accomplish all desired results in such cases.

Pepsin in solution has been used to dissolve the false membrane in croup, and the exudate of diphtheria. It has also been injected into the urinary bladder to dissolve blood clots, and applied to indolent ulcers to destroy unhealthy tissue and stimulate the surface to normal granulation.

Under Selenium we have a peculiar symptom which I have twice verified in my own practice, namely: "Sleep prevented by pulsation in all vessels, worse abdomen."

Selenium is occasionally indicated in the prostration following typhoid fever. A remedy particularly adapted to old age: easy exhaustion, mental and physical. Useful for debility following exhausting diseases.

It relieves headache from tea-drinking. Neuralgic headache over left eye, worse from the sun, strong odors, and especially tea and strong acids.

It is a valuable remedy in enlargement of the liver with stitches aggravated by motion and pressure, soreness over the liver, white tongue, loss of appetite, worse morning.

The stool of selenium is constipated. Hard, with blood at the end (alumina); hard and accumulated in rectum so that it can scarcely be evacuated.

Impotency with lascivious thoughts. Semen thin and odorless; dribbling of semen in sleep.

Desire mentally, not physically, erection slow and incomplete, too speedy emission, but long-continued pleasurable sensation.

Nocturnal emissions, with sexual dreams followed by weakness in small of back; seminal discharge thin, without odor; seminal discharges when walking; neurasthenia from sexual excess.

It is also excellent for the hoarseness of singers and public speakers.

Tarantula. The most prominent symptom of the Spanish spider is: Restlessness, must keep in motion, though walking aggravates the symptoms.

The Spanish tarantula has been used very largely for hysteria, characterized by most violent attenuations of moods, especially with sudden, stealthy, and destructive impulse. Hysterectomy, with wild shrieks. Hysteria, with constant movements of the extremities, especially of the hands. Paralysis agitans. Chorea, especially of the extremities. Nocturnal chorea in children.

I have found this a valuable remedy in dysmenorrhea, with extremely sensitive ovaries.

It is very useful in spinal irritability, the slightest touch causes spasmodic pains in the chest. Multiple sclerosis, with trembling, intense pain at night.

Theridion is valuable in hysteria, with loquacity and feeling as though head did not belong to her, or as if she could lift it off; great sensitiveness to light.

It is successfully used for violent headache, with nausea, cannot bear the least noise; a feeling as if the vertex was separated from the rest of the head, or as if she would like to lift it off. Effects of sunstroke, with most intolerant headache, nausea, and vomiting. Nasal catarrh, with offensive, greenish yellow discharge.

In seasickness, nausea aggravated by closing the eyes.

Dysmenorrhea, intense in left ovary, with intense headache, extreme sensitiveness of the cervix, chilliness, etc. (compare lilium tigr.).

In phthisis, with violent stitches in upper part of left chest, extending to the back. Violent cough, with spasmodic jerking of the head forward, and the knees upward.

Coccus Cocti.—The most marked action of this substance is on the fauces and larynx, great irritability, with profuse secretion of ropy mucus, and on the urinary organs.

Coccus curés: Coryza. inflammation of fauces.
with accumulation of thick viscid mucus, which is
expectorated with the greatest difficulty, even
with retching and vomiting.

Coccus is valuable in hemor rh hag i a; discharge of
large, dark clots, with dysuria. Intermittent men-
struation, flows only in evening or night when
lying down.

Rinsing mouth causes cough and vomiting of
thick masses of mucus.

We find the most important symptoms in the
respiratory organs, and here is where we find
coccus of the greatest service. It is indicated in
laryngitis with most violent cough, difficult ex-
pectoration of very tenacious mucus. Sputum
causing cough worse after waking. Whooping-cough, with vomiting ofropy, albumino-
ous mucus, worse in the morning, the attacks
ending with the vomiting of ropy mucus.

One other symptom especially deserves notice,
namely:

Rapid, irregular beating of the heart after
dinner, causing anxiety.

Nat r um Phos. This remedy is especially
adapted to diseases of infants suffering from ex-
cess of lactic acid, resulting from overfeeding
with milk and sugar. Ailments with excess of acid-
ity. Thin, moist coating on the tongue. The
soft palate also has a yellowish, creamy look.
Sour eructations, sour vomiting, greenish diar-
rh ea, pains, spasms, and fever with acid symp-
toms.

Patient imagines on waking at night that pieces
of furniture are persons; that he hears footsteps
in next room.

The great key-note of this remedy is the
moist, creamy or golden-yellow coating at the back
part of the tongue.

Feet ice-cold during the day, burn at night.
Hives, itching all over body, like insect bites.

Death-bred Observances, Witchcraft, and
Astrology in India.

BY T. H. HENDLEY, M. D.

More than thirty years ago I attended a promi-
nent Indian prince in his last illness. He had
filled the position of Ruler of Marwar for more
than thirty years, and was said to have about
a hundred sons and daughters, although, when
on the point of death, he was only 52 years
of age. He had been a loyal chief, and was
a most pleasant and courteous gentleman. As
his numerous family of wives and children natu-
ally felt anxious to do everything that was pos-
sible for him in his last moments, they tried the
value of prayer and ceremonial to the utmost.
Indians who are followers of the Brahmanical
faith consider that disease is largely due to the
sins of a man in a former birth, or it may be to
those of his parents, or to the direct wrath of the
gods, so that it is not surprising that the first
thought in the treatment of the sick is to pro-
pitiate in every way the deities, and especially
those forms of them which the patient has most
revered. This is done by private devotion, by
worship in the temples, by offerings to the gods,
by feeding Brahmans, and by giving largely to
various charities. All this was done in the
present instance, but something more was
thought necessary.

As the disorder might be a possession, it ought
to be possible to secure its transference to some-
th ing or to somebody else. This could be effected
in several ways, of which the following are illus-
trations: The four legs of the low bed of the
chief were placed in piles of grain, and left
there for a time in order that the disease might
pass into the corn and there be dispersed. A
few hours later he was raised up in his couch in
such a way that his shadow fell upon a white
sheet, and in this manner it was expected also
that a transfer of the disorder would take place.
The crowning effort, though it was a common
practice, was nevertheless a most important one.
It is known as Vrishot-sargar, and consists in
letting loose a bull, which is allowed to wander
at large in the jungle or forest, unmolested and
unappropriated. It is called by Europeans a
Brahmanical bull. It is, in reality, a scape-bull, or
if a goat is used, as it often is, a scape-goat. The
disease is supposed to enter into the animal and
to be thus carried away, and if, as is to be hoped
the beast does not suffer, it will do no harm to
anyone. A calf was therefore brought into the
room and waved with some difficulty over the
head of the dying prince, and, after its ears had
been split in order to mark it, it was set free at
a distance from the town.

Thinking that I was somewhat incredulous, the
Maharaja said that he did not himself believe
in these things, but permitted them for the sake
of the women, who had firm faith in their efficacy
and knew no better; but he added, "it was quite
a different thing on a previous occasion when I
was sick unto death." He went on to say with
an air of perfect conviction, that a stranger had appeared at the palace gates and had demanded that he should be taken inside and waved over the Maharaja's head. This was accordingly done and the man was taken outside: no one ever saw him again. "Who was he?" said I. "Men said it was the god Shiva," was the answer. When asked by one of those who sat near him whether it was possible that such an interposition might occur again, he shook his head and sadly answered that such favors were not granted twice in a lifetime. The ideas which form the motive of the above ceremony find expression in a worse form. A child suffers from smallpox. Its friends put a garland of flowers round its neck, which is allowed to remain for some time, and when it is removed it is thrown into a place at which two or more roads meet, in order that some person may pass over it, or, perhaps, put it round his own neck, in which case the disease is believed to be transferred into the new owner. This idea, however, harmless it may ordinarily be, is highly reprehensible.

When at last, it is evident that, in spite of all efforts, death is at hand, the sick man and his friends are anxious that he should do his best to make his peace with his maker, and, in addition to his own prayers and those of the priests, it is essential that he should give liberally to the poor, and particularly to Brahmanas, and any such offerings that he may make are accompanied by a vow, in token of acceptance of which water is poured out over his hands. At the death of another great chief at which I was present several lakhs of rupees were given in this manner. In both cases the dying man was removed from his couch to the floor at the moment of dissolution, as all good Hindus should be.

It is not my object now to describe the innumerable ceremonies which follow on such an occasion. They differ in detail in different parts of India and are very trying to the living, though, in the eyes of all Hindus they are very important to the dead. By their performance many families are impoverished, it may be for a whole lifetime, and even their descendants after them feel the strain. In the case of a poor carpenter who became prosperous by skill and hard work, he not only performed the funeral ceremonies of his own father with unusual pomp, but celebrated those of his ancestors for several generations, as he considered those formerly done to have been incomplete, thus dissipating all his savings and almost ruining himself.

It is not only in his last illness that the Hindu has to yield to the influences of his early environment, and of his cast or religion, but he must do so throughout his life, in sickness as well as in health. The Hindu must, in health, at least outwardly conform, but if he does this, he may act as though he had little or no belief. When, however, he is weakened by ill-health, he is rarely strong enough to resist the wishes of the less enlightened members of his family, of whom the females are generally the most subservient to custom, if not to religion, and the priests. Amongst the lower orders belief in the most superstitious practices is of course most noticed. A few examples may now be given. An artist had a sick grandchild, who breathed with difficulty, whereupon he spends the whole of a day in running about the city in order to subject it to the treatment of wise men and women who uttered charms, and who either blew upon it or brushed it with grass, or with brooms or the twigs of trees, and next day he circumambulated the town to worship at all the shrines of the gods which were on the road. The result was said to be good, but a compounder, who gave a purge and a cough mixture, might perhaps fairly be admitted to a share of the credit. The circumambulation of towns or shrines, or even a walk round an individual when he sets out on a journey or undertakes some important work, is a most common practice, and the latter is even practiced by Mohammedans. An old man used to sit outside the Jeypore jail, and perform the operation of Jharpunk, or brushing away-disease, on all applicants with much success, until he eloped with someone else's wife.

Fakirs or Mohammedans, and Bairagis or Hindu ascetics earn large sums by preparing and selling charms, which are usually written on paper, and when they are enclosed in a metal case are worn on a child's arm, with tiger's claws and other objects, in order to ward off disease and the attacks of demons, and particularly smallpox. Sometimes the ink inscription is washed off into water, which is given to the child to drink.

I was told by a boy who had lost an eye, that it had been destroyed by a witch, who had cursed him as well as his mother, because someone had praised his beauty when he was an infant, and the witch was jealous. Belief in witchcraft prevails all over India, but especially amongst the aboriginal tribes, who also believe
in the ability of the Bhopa or witch-finder to detect witches. On his decision many a poor old woman who has offended him has been tortured and swung upside down, and not very many years ago, in the Bheel country, such an unfortunate wretch was swung from a tree, after red pepper had been put into her eyes and other sensitive parts of her body, in the presence of British officers, who were powerless to help her because a river in flood lay between them and her persecutors. Happily those days are passed, and the witch-finder is also discredited.

The astrologer is responsible for many errors and for many false beliefs. Even to this day Hindus of all classes regulate their actions, to a considerable extent, by their horoscopes, and rich men have most elaborate ones prepared for their children; they are brought up to date from time to time, so that every day may have its special guide, help, or portent. As an illustration, I may mention that a grateful patient of my own, as a proof of his appreciation of my services, was good enough to draw up my horoscope, in which it was made out that the stars showed that I should be master in my own house, have a fine pair of sons, live a hundred and thirty-seven and a half years (after which date he could not see very clearly), and that I should have alternations of good and bad fortune, the particular years being specified. All this would be implicitly believed in by many Hindus. The Thugs used to give up expeditions if the omens were unfavorable, or if any of the party had an unfavorable indication in his horoscope; but it is, perhaps, not so generally known that many respectable Hindus act on such ideas in everyday life. A man will not begin a course of treatment on an unlucky day; he will not take a purge, which many are still accustomed to do once or twice a year, if the horoscope is not propitious; he will have lucky and unlucky days; he will turn out of the path if he sees any unlucky object; and he will take neither food nor medicine from the hand of an unlucky man—for example, from one who has only one eye. A sepoy came to show me one of his eyes which had been penetrated, during a great-game drive, by a small shot, so that the sight was lost. I urged that it should be removed, in order that the sound eye might be saved. He consulted his seven wives, who said that a one-eyed man was so unlucky that they would not live with him if he had the injured organ removed, but they promised that they would work for and keep him if he became totally blind. The operation was declined, and in due course the poor fellow became completely blind. Nevertheless, his wives all left him.

A powerful noble, who was a patient of mine, was very ill, and as I could not discover any diseased condition sufficient to account for his state, I asked him if he had anything on his mind. He said that an astrologer, who was reputed to be a very learned Brahman, had foretold that he would die during the year, and that he was afraid it was true because, as the Brahman had reminded him, his father had died at the same age. Finding that the learned man was a pensioner on my client’s own property, I suggested that he should either expel the man or say that arrangements had been made to do so as soon as he himself became ill or died. The latter was done, and the fine young noble lived for many years.

The daughter of one of my clerks was brought to me with a projecting tooth in her lower jaw, which was considered to be a very serious misfortune by all her friends, and to demand immediate removal. The learned men decided that unless this was done at once the child and her friends would suffer some grievous malady, and it was certain that no one would marry her. This last objection decided the matter, and my clerk and his father and brother, who conjointly had just anticipated the united income of the family for nearly two years, in order to marry two other girls in their home with becoming state, became quite cheerful once more.

The following incident shows how religious beliefs may influence a man in most unexpected directions. A devotee suffered from irritation of the urethra, and, fearing that if it grew worse his soul might escape from his body, at the point of death, through this impure channel, he took measures to prevent it by cleansing the part with pieces of the amarbel—a cord-like fiber of a vegetable parasite which grows on trees. This procedure had led, he believed, to the trouble which had induced him to apply to me for relief. He was found to be suffering from calculi, and when the stone—a very large one—was removed it was seen that the nucleus was formed by such a twig as he described. According to the Yoga philosophy, which is practiced by these men, it is unculated that if the soul escapes from the body by an impure channel—such, for example, as the bowel or the urethra—the unfortunate person will, in the next birth, have to pass into the body of
some impure creature, there to remain for a long term of years. The sentence is that the soul shall remain in the body of, say, a snake or a worm for so many years—perhaps a thousand—so that it only leads to additional suffering if the animal dies, because it involves a further migration into another animal of the same class. The soul should find its exit through any opening above the neck, for which reason judicial hanging is particularly disliked by the Hindu. The best of all ways is for it to leave through the fontanelles at the top of the head, which open out for the purpose. Drona, one of the great heroes of the Mahabharata, or great war of ancient Indian legend, dismissed his soul in this manner in order to prevent his antagonist from being punished by spending 60,000 years in ordure in hell as a worm for having committed the grievous crime of having slain a Brahman. I possess, too, a picture which shows the soul of Karna, another great hero of the same war, emerging in a glittering stream from a similar opening to enter the sun in the heavens above.

A Rajput noble told me that Hindus took opium and similar drugs before going into battle. Not in order to inflame the passions or to screw up their courage, as even their own bards so often represented, but to prevent the exit of their souls through impure passages with the excretions from the body which might escape at the point of death.

Voices out of the Homeopathic Past, II.

Observations upon the Use of High Potencies with Cases Illustrating their Efficacy.

Among the homeopathic practitioners of the present day, we regret to notice a prevailing tendency to eclecticism, and a want of confidence in our therapeutic resources, which, if not checked or overcome, will, we fear, prove the utter downfall of our system. The leaders in our profession, and those that have had the largest share of practical experience, should consequently deem it a duty, incumbent on them at this time, to publish the results of their experience, and thus, if possible, give confidence to their younger brethren, who are wavering in the faith, and are fast tending to unscientific empiricism. This dangerous tendency seems, in part, to have its origin in the want of care with which most medical practitioners select the remedies they use, and the loose notions they entertain respecting the size of the dose, and the frequency of its repetition.

We know, from experience, that a remedy carelessly chosen often proves useless, and when it does so, if we are not thoroughly convinced of the universal applicability of the homeopathic law, we should be inclined to keep on trying some other, until, when all failed, we might easily be induced to try even an allopathic or antipathic prescription, rather than let the patient go uncured. We presume this is the case with many of our professional brethren, whose experience has led them to the conclusion that there is much good in all systems, and that no one can be depended upon exclusively in all cases. Our conviction of the universal efficacy of the law of similars, has thus far, however, prevented our pursuing such a course, and has rather increased our diligence and care in searching for the proper specific, which, when found, has always proved efficacious. We have scarcely ever seen a case of disease, of a curable nature, that would not readily yield to the proper infinitesimal when chosen homeopathically; but our experience has repeatedly taught us that, although we might have selected the specific drug, we had not found the exact potency which was requisite to reach the case, and only when we had experimentally found it was the cure accomplished.

Without pretending to set up our opinions in opposition to others, we have abundantly satisfied ourselves that very much depends upon the potency of the remedy used, and that, in most chronic affections, and particularly in nervous diseases, the success of the treatment depends quite as much upon selecting the proper attenuation, as upon finding out the specific medicine which is adapted to the case. We propose to quote a case from our medical record, showing something of our experience in the use of high potencies.

Mrs. S. C., aged thirty-eight, married, and having children, had been subject to attacks of rheumatism from childhood, and, on two or three occasions, had suffered from acute inflammatory rheumatism, although of late years it had assumed more of a chronic neuralgic character. Except these attacks, she had always been a healthy woman, very active in her habits, but imprudent in exercise and exposure to bad weather. March 4, 1850, Mrs. C. was attacked with symptoms of neuralgic rheumatism, violent pains of a lancinating character, shifting from head to side, back and limbs; some fever; pulse 100; good appetite; bowels free; urine a little darker than the natural color, but not exhibiting any excess of albumen, urea, or lithic-acid deposit. She took Puls. 3 and Bryonia 3, and, in two days, recovered her usual health. March 25, after exposure during a rainstorm, wetting her feet, etc., she was seized with violent pain in the left eye, and around the orbit, with high fever, thirst, etc.

As she had been using the eye considerably since the former attack, embroiling by gaslight, we did not think it strange that the neuralgic symptoms should center there, and gave aconite 3 and spigelia 3, which relieved the fever and many of the other symptoms, but there remained an intense pain in the eye. One dose of spigelia 2000 was at once followed with entire re-
lied, and during the remainder of her sickness, although she had paroxysms of pain in the eye, it never again assumed that intense neuralgic character.

At this time, March 27, we diagnosed the case as one of arthritic iritis, complicated with seletrotitis and conjunctivitis, and we did not expect to cure the patient under several weeks, but distinctly told her that, if she recovered without permanent loss of sight, she would do well. We noticed redness and ecchymosis of the conjunctiva, photophobia, and a dull pain on moving the eye, but generally very little pain except about midnight, and this was speedily relieved by a dose of belladonna, taken as soon as the pain came on. The vessels of the sclerotic were distended, resembling a zone of fine, straight, converging lines, the red, or rather pink hue terminating just before it reached the edge of the cornea, dropping through the sclerotic and going to the iris. The color of the iris had also begun to change, and the pupil, which was still movable, began to look irregular in shape, as if the iris was fastened at one point; in short, iritis was fully established, and we could not expect a cessation of its progress until, as in all inflammations of serous membranes, effusion of coagulable lymph had taken place.

The disease went rapidly on, the pupil becoming more and more immovable, and filled up with a thin stratum of lymph, with here and there specks like rust near the annulus minor, while the ciliary portion was dull and clouded, until at the end of a week the pupil became contracted, fixed and motionless—the cornea grew hazy, from effusion into the anterior chamber, and so opaque finally, as to prevent further inspection of the iris, when the whole globe of the eye resembled a mass of ecchymosed blood and pus. From March 27, the photophobia increased, until the 30th, when the vision became indistinct, and as soon as coagulable lymph became effused into the anterior chamber, the sight was wholly lost, so that the eye was insensible to the strongest light.

Now the progress of such inflammation, if unchecked by proper remedial measures, is not towards resolution and recovery, but, as all authors acknowledge, it creeps along from the pupillary margin to the ciliary, thence to the ciliary body, the choroid coat, and finally to the retina, the delicate texture of which is spoiled forever, and permanent blindness results. We have had such cases, when in allopathic practice, and felt obliged to adopt from the first, a very active and severe antiphlogistic treatment—bleeding, blisters, and mercury pushed to salvation—and yet our patients did not recover under two or three months, and we considered it an exceedingly lucky thing if they recovered with perfect sight. In this case we administered infinitesimals with just as much confidence, and, we think, with far better results, and we gave but two medicines during the whole sickness, or, at least, until after absorption had taken place and the vision restored, which was in fifteen days from the commencement of pain and inflammation in the eye.

After due investigation of the totality of the symptoms, we deemed arsenic to be the specific, and accordingly gave the 3d trit., three doses a day, with one drop of belladonna 3 for the nightly exacerbation of pain, which arsenic would not control, although we tried it several times, but which bell, did relieve very soon. Arsenic 3 produced considerable nausea, of which the patient complained so much, that next day we gave the 30th dilution, with the corresponding potency of bell, at night. Still she complained of nausea, and thinking it might be imagination, we told her to try the same remedy another day, at the same time giving her nothing but saccharum-lactis. There was no nausea that day, and the next we gave ars. 200, which was followed with the same sensation of sickness, and the patient declared she had been taking some of the old medicine.

Finding her so susceptible to the effects of arsenic, we then used the highest dilution we had, which was the 800th; this she took three times a day, with an intercurrent dose of bell, 800 (the highest we had) for the nightly exacerbation of pain. After absorption had taken place, on the 10th of April, and the sight was nearly restored, although the eye remained weak, we gave calcarcae 2000, one dose, followed in three days by sulphur 2000, and on the 4th of May discharged the patient entirely cured, with eyesight as perfect and as strong as ever, and so she remained, without any trouble with the eyes, for six consecutive years after, or as long as we had opportunity of knowing anything about her.

This is only one of six similar cases, which we have treated in like manner with high potencies, and with the same successful result. If imagination cured the patient, or if the disease got well of itself, it was, to say the least, a singular coincidence that the same thing should occur in six different individuals.

It has been our intention briefly to declare our conviction not only of the efficacy, but of the vast superiority, not to say absolute necessity of the high potencies in many cases, and our firm belief that if our professional brethren, who have so little confidence in our homeopathic therapy, would oftener try these high dilutions, they would not so frequently be disappointed in the effects they wish to obtain from homeopathic medicines, and consequently would not so often be led into crude and unscientific experiments with drug prescriptions. We know of no process of reasoning that will conclusively and satisfactorily explain the modus operandi of drugs, and if not, then why should we be asked to explain the action of infinitesimals? The fact that certain drugs act in certain ways when administered to the sick, is all the ground upon which the therapy of any school but ours is founded, and if we meet them on the same ground, if we present an equal array of facts showing that certain infinitesimals, selected by a definite and universal law, are invariably attended
with certain results, we see no occasion for doubt or incredulity as to their effects.

When we have a great many times administered the thousandth dilution of spigelia in certain cases of facial neuralgia, and have always seen it followed by a prompt and decided cure, why should we not attribute the cure to the specific effect of that remedy, as positively and with as much reason as if we had seen the same result follow the use of a lower potency, or even of a crude drug? Can we satisfactorily explain the action of the latter any better than that of the former? Is the former any less a fact than the latter? These are questions which seem to us unanswerable, and we present them to the serious consideration of all our brethren who stagger at a globule, but readily swallow a bolus.

But, the skeptic may say, where is the limit to your high dilutions? We answer, experiment has not shown us as yet, for our science is only in its infancy, and it must be allowed time to develop ere it reaches the exactness of maturity. The self-styled critic and reviewer, puffing up with a little book-learning, and too lazy to undergo the toilsome drudgery of patient investigation, may laugh at the startling fact stated by industrious, sound and practical men, that they have seen diseases cured by only smelling of high potencies, and tantalizingly he may ask, "if so little caused such surprising effects, why won't none at all do more?" We can only reply, with all modesty, we do not know but it will, but we have never seen it, and no one else has ever seen it, whereas the former has been seen, and is properly authenticated, and we may with equal propriety turn upon him and ask, where is the man so stupid as not to believe the evidence of his own senses? And why is not the evidence of one man's senses as good as another's, provided both are of equal intelligence and capacity, and have equal opportunities for observation and experiment? Surely the evidence of one who has made experiments with a remedy, and has proved it, is better than the mere opinion of one who has not, and consequently knows nothing about it.

It is folly to talk of incredibility in an age when miracles are an every-day occurrence! Not a moment passes without bringing with it events seen and believed by every observer, notwithstanding they are totally inexplicable. Life is a mystery—health a marvel—disease an unaccountable phenomenon—recovery, in any way effected, a miracle—(if so be a miracle mean something supernatural, or inexplicable by ordinary ratiocination.) And did we not see all these facts constantly before us—these unaccountable realities—who would not deem them incredible? Who, fifty years ago, could have been made to believe in the extent and capacity, for practical use, of the magnetic current, and a thousand other things now known as actual realities? The bounds of human credibility are exceedingly narrow at best, and if they are to be contracted down to what can be explained by the present limited faculties of human reason, what an infinitely small compass would most men give them? Surely, it is more philosophical and becoming for scientific men to welcome all the facts that can be brought to light, from whatever source they come, and patiently wait until their number and importance ranks them in their proper sphere, and their own practical development sufficiently explains them. At all events, in an age of progress, and with a progressive race, new facts must be constantly coming to light, and explicable, or not, they will come, teeming with vast importance for the future! Since the creation of man, this has ever been the case, and so will continue, in all probability, until the end of time. The whole history of the human race, shows on progressive advance in intellectual culture and development; and so of all the arts and sciences. The history and progress of medical science, resembles a vast ocean of hypothesis, at flood tide, whose breaking waves dash constantly on the rocky shores of truth, each succeeding wave reaching a higher point, and leaving a fresher and more perceptible imprint upon the before untrodden adamant of fact. Who shall dare to prescribe bounds to this mighty ocean? How shall a world of little men, with all their opposing barriers of argument, wit, satire, prejudice, or power, be borne down and overwhelmed beneath its ever-rising and all-engulfing waters! As well might they attempt to roll back Niagara's torrent of waters, and pen them up within the lake from whence they come—make yonder comets move in a less eccentric track,—blow out the subterranean fires of Vesuvius, and prescribe a path for the mysterious steps of Omnipotence, as to attempt to stop the progress of truth, or stay the onward march of discovery!

It becomes us, then, as members of a scientific and ever-advancing profession, to keep pace with this onward progress—to welcome with delight each new fact, and investigate with zeal and patience each new discovery—to be nothing daunted at inexplicable difficulties, but rather be grateful that science rejoices in an endless, limitless labor, and always presents a new summit to the one already surmounted.

Homeopathy, as a system of therapeutics, tacitly, or confessedly, has been acknowledged by all mankind to have already proved a blessing to the world. Those, even, who revile, and pretend to disbelieve it, are gradually yielding in their colossal doses, and their nauseous mixtures, and in many other ways, are exhibiting the practical effect which the doctrines of Hahnemann have had on all medical systems. Woe be to those, who, through negligence, arrogance, or ignorance, turn this blessing to a curse! Who, instead of encouraging and advancing the onward progress of pure and scientific homeopathy, help to drag her backward and downward to that unfathomable abyss of empiricism and uncertainty, which they dignify with the name of modern eclecticism.

Henry C. Preston.
Baron Oeieke's work on the chemistry of feces contains the results of a great deal of honest and by no means agreeable labor. The neglect of this subject is somewhat unworthy of a scientific profession, and we entirely agree with the author's expression of opinion that no department of science is less honorable than another. The method he has adopted is to give meals containing known quantities of various constituents of food, and to analyze the dejecta carefully. We doubt whether the author appreciates sufficiently the information gained by the usual methods of inspection practiced by the profession. After all, by these simple means we learn the presence or absence of bile, blood, mucus, pus, and undigested particles of food. He lays stress upon the fact—of which, doubtless, we need to be reminded—that feces are formed in great part independently of food; meconium is undoubtedly the most striking example; but if loops of intestine are isolated by ligature fecal masses are formed in them.

According to the author, feces are formed mainly by changes in the secretions of the intestinal microbes. He describes normal feces as being alkaline, decolorizing iodine, containing ammonia and urobilin but not bilirubin or any native bile pigment, no peptone, albumose, albumen, or sugar. As meconium contains bile pigment but no microbes, he suggests that the loss of bile pigment may be caused by the presence of microbes. With regard to the question whether constipation may lead to increased absorption, he states that a test meal in health gave a total of 249 grams of feces, which, on drying, weighed 59 grams, containing 2.08 grams of nitrogen, 13.78 grams fat, 1.80 grams carbohydrates. On the other hand, in constipation the result was 125 grams feces, 34 grams dry, 1.55 grams nitrogen, 8.36 grams fat, and 1.39 grams carbohydrates. He says that constipated feces are poor in bacteria, hence there should be a reduction of intestinal putrefaction and fermentation. This is in variance with what is generally believed, and to the notorious fact that intestinal flatulence is common in constipated persons. It is somewhat amazing to be told that the great majority of constipated persons do not suffer from headaches, languor, irritability and neurasthenic manifestations; in fact, on the whole, Baron Oeieke seems to think constipation to be rather an advantage. The author's conclusions are interesting, but stand in need of confirmation.


In this practical treatise on diseases of the throat, by Dr. E. J. Moure, of Bordeaux, the anatomy of the fauces and pharynx is treated in a minute yet readable fashion. Stress is laid on the fact, sometimes ignored, that the muscles of the soft palate receive their nerve supply from the vago-accessory and not from the facial nerve. Among other forms of pharyngitis is included the acute ulcerative lacunar tonsilitis, first described by Moure himself, from the breaking down of a cyst formed by a blocked lacuna. The ulcero-membranous angina associated with stomatitis, and known as Vincent's angina, is described as often confounded with diphtheroid pharyngitis and Moure's acute ulcerative lacunar tonsilitis. Its extension on to the faucial pillars is specially noted.

The author advocates the use of the galvanocautery for various purposes, such as the opening of peritonsillar abscesses and the section of the anterior pillar of the fauces in cases of encapsulated tonsils, but he utters a caution against using it for enlarging the orifices of crypts containing tonsillar calculi, for fear of creating cicatricial synechiae which would facilitate fresh calculous formations. Among the tuberculous lesions is described an infiltrieamentous condition of the uvula and palate, unaccompanied by pain. The chapter on the pathology of the lingual tonsil includes description of a rare condition—chronic abscess of the base of the tongue.

Moure attaches little importance to the slighter degree of hypertrophy of the lingual tonsil in
relation to the various symptoms frequently attributed to it. He refers to the influence of secondary syphilis in producing hypertrophy, but makes no reference to the smooth atrophy of the part observed by Virchow in old tertiary cases. For the removal of intralingual goitres he recommends transhyoid incision.

We note that but little attention is drawn to those septic forms of sore throat in which death so frequently occurs from blood poisoning rather than from the local disease.

Granular pharyngitis has, according to the author, lost a great deal of its importance; and in this view many will agree with him. He recognizes, however, its disturbing effects when localized in the lateral walls of the pharynx.

The author draws attention to the crepitation produced in the normal larynx when the large cornua of the thyroid cartilage are rubbed against the vertebral column, from which the crepitus of fracture must be carefully distinguished. The indications for tracheotomy in fractures of the larynx are clearly laid down.

The author is strongly impressed with the important part played by the various forms of rhinitis in the production of laryngeal disease. Persistence in smoking tobacco is forcibly denounced as injurious in syphilis of the throat.

In regard to the production of stenosis of the larynx, he considers the operation of inter-crico-thyroid laryngotomy or that of section of the cricoiud cartilage often at fault, at all events if the cannula is retained beyond a short time. Among numerous valuable hints contained in the chapter on tuberculosis of the larynx may be cited the statement that "certain ill-timed methods of treatment are susceptible of precipitating the evolution of the disease," a point always to be kept well in mind. In regard to the diagnosis, he insists that the velvet-like aspect of the interarytenoid mucous membrane which Türek, and after him Breboin and other authors, wished to make out as a pathognomonic sign of tuberculous laryngitis is by no means characteristic of tuberculosis.

Moure gives more weight than we do to the share taken by irritation of the recurrent in the production of the adducted position of the vocal cord in the earlier period of a progressive lesion of the nerve, as also to the action of the crico-thyroid and transverse arytenoid muscles. He endorses Semon's view with regard to the extreme rarity of malignant degeneration of benign growths. For the removal of laryngeal polypi he speaks favorably of the galvano-cautery in certain cases and in the hands of those who are sufficiently habituated into laryngoscopic manipulations. The views expressed with regard to operations for intrinsic carcinoma are in accord with those promulgated by Semon and Butlin.

Diepsychischen Zwangerscheinungen.

Within the purview of psychiatry there are few subjects which have attracted greater interest than that of obsession, which appears to divide with the very vexed question of dementia precox the controversial honors. The literature is already very considerable, but, strange to say, almost entirely foreign. Yet the subject is not only of the greatest scientific interest, but of the utmost practical importance, both in regard to everyday cases and those involving questions at law. On account of the comparative paucity of English writers on this subject, the admirable historical account with which the author prefaces this volume would alone make it valuable.

Few records of cases exist of earlier date than the middle of last century: instances of obsession sui generis and independently of other forms of mental diseases, came only rarely under the notice of expert alienists, the majority having been classed by the general physicians in attendance as cases of hysteria or hypochondria. Esquirol, however, in 1839, describes a case of kleptophobia in which the patient was well aware of the absurdity of her fears, and was of good general intelligence. In 1861 Trélat described several case of délire du toucher, and the same year Baillarger published a report on some cases of similar nature under the title of monomanie avec conscience. In 1866, however, Morel, in addition to giving the best account of neurasthenia previous to the appearance of Beard's work, advanced considerably the knowledge of obsessive states by a paper on délire émolitif, in which he gave as one of the most pathognomonic symptoms of these affections—which he separated from insanity and includes amongst the neuroses—a morbid anxiety or sensitiveness to fears against which the victims fought vainly, whilst all the time recognizing them frankly as absurd. In 1877 Westphal, in a paper on imperative ideas (Zwangsvorstellungen), a term coined by Krafft-Ebing in 1867, defined them as ideas which, with an intact intelligence and independently of emotional disturbances, press into the foreground of the patient's consciousness against his will, cannot be dispelled, and obstruct the normal course
of ideas, but are appreciated by the patient as foreign and absurd. According to Westphal, these states have no affective foundation and never terminate in true delusions, from which, on account of this incongruity with the rest of the conscious field, they are sharply distinguished. The next important contribution was that of Krafft-Ebing in 1878, who traversed many of Westphal's conclusions and affirmed that, in common with "originäre verrücktheit (paranoia), there were in these states almost constantly hereditary factors or an original neuropsychiatric constitution and a distinct affective foundation, though he also admitted their stationary character.

In Germany, Westphal's views have ever since exerted a predominating influence, but in France after Magnan, the phenomena of obsession—that is, obsession, ideal or impulsive, with mental lucidity and fear—have been regarded by most as without exception stigmata of degeneration and of constituting neither an autonomous entity or class nor symptoms of a neurosis.

These views have been widely held, in particular by Charcot, Saury, Legrain, Raymond, and Arnaud, and have, Dr. Lowenfield says, been of service in qualifying the somewhat dogmatic views of Westphal's supporters.

The most recent works, however, of Pitres and Régis, Janet, and the author himself, have shown that heredity is by no means a constant factor, though existing in about four-fifths of the cases.

The forms of hereditary influences in the author's cases were in much the largest number neuropathic, insanity and feeble-mindedness being present in only a small proportion.

In 1895 Freud wrote an interesting paper in the Neurologisches Centralblatt, contending that the phenomena of obsession belonged to two different neuroses, the compulsive-neuroses (Zwangsnerven) and the phobic-neuroses (Angstnerven), separable from the other neuroses by their different etiology; the phenomena of obsession in these classes having, for Freud, a peculiar connection with an inhibition of normal sexual function, an accumulation of sexual energy and, in consequence, persistent impressions upon the subconscious field. Lowenfield has been entirely unable to substantiate this, and allies himself with Kaan, Thomsen, Krafft-Ebing, Mendel, Donath, and many others in regarding these phenomena from the symptomatological point of view, as being of very varied origin, as occurring in the course of many forms of disease, neurasthenia, hysteria, epilepsy, etc., and therefore neither to be generalized under degeneration nor separated as exclusively distinct neuroses.

The author's classification and treatment of this extremely difficult and complicated subject are very thorough, and the subject is illustrated by careful clinical notes of numerous cases. Similar cases to those related by Dr. Lowenfield spring instantly to mind; history is full of instances, even amongst men of genius, and there must be very few who are not aware of temporary minor obsessions in their own consciousness. For, as Goethe says:

Nun ist die Lust von solchen Spuk so voll
Dass niemand weiss, wie er ihn auf den soil — Faust.

Handbook of the
Diseases of the Eye and Ear.

In their handbook Drs. Roosa and Davis consider that they have exhibited the present state of ophthalmology and otology in sufficient proportion, even if abbreviated, to make their book an exact and reliable guide to the principles of treatment of the diseases of the eye and ear, and to the anatomy of these organs. The second part—that pertaining to the ear—extends to only 88 pages, and must be judged as a very condensed piece of writing. It contains many practical hints, which, coming from such an authority as Professor Roosa, must carry weight: at the same time, there are statements which are calculated to excite our astonishment. Amongst these is the assertion (p. 220) that the tuning fork "is of little value in diagnosis," although subsequent paragraphs in the book appear to modify this statement. On page 234 we are told to direct the point of the Eustachian catheter to a spot half way between the external canthus of the eye and the external auditory meatus, which strikes us as rather low down. In paracentesis of the membrana tympani, the authors prefer an incision starting near the posterior periphery of the membrane at its center, and extending downward and forward in a curved direction to the middle of the anterior inferior quadrant. This is in order to avoid injuring the long process of the incus and the stapes. In otitis parasitica, the authors find the warm douche, thoroughly used, as good as any parasiticide. Aspergillus, we learn incidentally, is frequently seen in the Philippines.

Under the head of chronic proliferous inflammation (Roosa) we are told that "electric massage is not useful," and "treatment of the Eustachian tubes by bougies yields very poor results." As indicating the change, which in Professor Roosa's opinion has come over otology in the present day, we notice the following statement (p. 278): "After years of urging the rather reluctant profession to undertake operations upon the tympanum and the mastoid, the senior author of this little book has seen a day arrive when operations are sometimes undertaken when they are not required and are harmful."
Bad Proofreading.

Evidently our esteemed local contemporary, the Cleveland Medical and Surgical Reporter, has had a new hired man blowing the editorial bellows this last issue. We would naturally suppose, with all the experiences this journal has had and as well also of its several predecessors, that it would be chary about introducing new editorial timber, unless such new writer’s incubation was subjected to a calm revision by his equals or superiors.

The May issue of this referred-to journal has its leading editorial signed “K,” which proves to be a pronunciamento to the homeopathic profession, redolent of the midnight rush light, as well as the dim religious light of a parsonage—only one remove perhaps—whooping-up the profession for its indifference and apathy to the college and to homeopathy, censuring and criticizing, covering much debatable ground and much good paper,—as we began to say, after listening to this call of Muezzin from the minarets and towers of a sensuous houri-infested Orient, and doffing our sandals and kummerbunds and things, and having planked us down on our prayer carpet, and, as we said, the—er—er—a— Where were we at? Wait a moment. Oh, yes, after reading this forceful appeal, with which runs along so trippingly, flowerfully, faultlessly, and many times most sweetly poetical, we reached the conclusion that the Cleveland College must be skating on some more thin ice, and thus this goodly Sir Galahad-of-the-Pen is permitted to blow his trumpet in the college journal, in order to divert attention from some other more vulnerable point.

However, that which we especially noted was the bad proofreading of this May editorial. On page 173, line 26 from top of page, the word “profession” should have been “professor” and the last word in that same paragraph which now is printed as “counselled” ought to be “cashiered.”

Those who have to do with printers and type-stickers know what trouble there is in getting the word “professor” printed for “profession”; especially when the copy happens to be in writing, and a Doctor’s “fist” at that. The word “counselled” begins and ends with the same letter, contains the same number of letters as “cashiered,” and the construction of the paragraph shows that “cashiered” was intended and not “counselled.” For what would be the sense in counseling one of their professors who sent his own son or his students to an allopathic college? Doesn’t “cashiered” seem the right word? Or ought it be stronger than that? Sir?

As corrected, therefore, the paragraph will be:

“It is also a deplorable fact that some of our professors are sending sons and students to allopathic colleges. The injustice of their action is increased by the fact that they have not taken the trouble to familiarize themselves with the better conditions prevailing in our own school. They are by this act strengthening the guns trained on the citadel of homeopathy. They are placing in the hands of our opponents the best possible weapon to embarrass and humiliate us. They should be cashiered.”

There is no doubt that the trained guns will be strengthened and not allowed to embarrass and humiliate us; and that the citadel of homeopathy is safe and will continue safe so long as “K” remains on the watch tower to exalt his horn whenever one of his associate-professors sends his son or student to Western Reserve (Allopathic) College; or when the allopathized professors, (usually of the younger and more recent Graduate order) introduce allopathic methods, allopathic text-books, and extol the allopathic system of medication.

“In no department of the College,” says this Puissant Sir Defender of the College, “has improvement been more marked than in this groundwork of all medical education.” Shall we believe this? He refers now to those first two years, which comprise the sum of bacteriological and microscopical attainment, together with chemistry and Latin, physiology and anatomy, and a number of other scientific things which are forgotten promptly, gladly and forever (barring anatomy and physiology), the moment the student dons the toga of the junior; and if he ever thinks of the dreary, droning, drowsy, doze-y two years spent in these highly intellectual and scientific pursuits, after he has become a physician and is struggling into practice, it is to say something under his breath. (which his pulsatilated stenographer thinks sounded like “lamb”) for wasting two of the most precious years of his life at such Thomas-foolery, when he might have been putting them to practical use in surgery and materia medica.

But why does this preacher poet and apologist single out this one department? Why is he so lamefultily silent on the other, the medical, departments, and those several things for which we send our sons and students to a homeopathic medical college? Why not throw a conmption fit or two about the materia medica and the Organon?

Nobody to Blame.

The death of a baby the other day, in Cleveland, under peculiar mournful circumstances calls
attention to the permitted fashion of conning the public-birth record, for names of newly born and their parents, in order to pester the parents with medical suggestions, and the sending to them of sample bottles or packages of medicaments for use of the new born.

We had the honor to be selected to do the stork-act in a very happy family some five or six weeks ago. The boy proved to be a handsome, large, and healthy fellow. Everything went along smoothly and happily, and in due time we and our nurse took our departure; we heard nothing more of the instance until a few days ago when we were hurriedly summoned in counsel to this baby. We found that on the night preceding the baby having been troubled with colic and allied conditions, ordinary household remedies having failed of effect, the mother bethought her of a little vial of medicine mailed to her sometime before by a patent medicine firm somewhere in Pennsylvania,—Mother somebody's sure cure for colic, teething, spasms, and the usual run of baby ailments,—which was guaranteed to be perfectly safe and harmless. Six drops at intervals of six hours constituted the direction. The six given at eight o'clock promptly pacified the child. At midnight, another attack having developed, three drops more were given, as stated by the father at the coroner's inquest. In the morning the parents discovered the child to be almost lifeless, blue, and wilted. The nearest physician was called in, who, later, summoned us in counsel; opium poison was diagnosed and treated for in the usual way. But all to no avail. The little fellow slept himself into his eternal sleep on the second day.

There, truly, seems to have been no need for the loss of this life. The child was unusually well-born and developed; and barring this temporary attack of indigestion or what-not, seemed destined for a long life. The parents, perhaps very tired of the long watching and crying, and with no thought of doing aught doubtful or unsafe, or of being over-economical, bethinking them of this little vial which had reached them some time theretofore, with all its accompanying promises, allurements, and recommendations, made use of the nearest-at-hand remedy, much as they might have resorted to camphor, or castor oil, and that nearest port in this storm was the patent medicine.

The coroner very wisely and as in duty bound secured the vial and promises to make an investigation. But this coroner who is a public officer, paid so much for each body he views, besides receiving a scare-head advertisement in all the daily papers, with his name spelled out in full and at length, will discover, if he does not know it already, that a bottle once opened ceases to be any evidence of what it may have originally contained; also that the father in his excitement, and without a medicine dropper, may not have given just three drops; together with many other possible legal loopholes through which the advertiser tising patent medicine firm may crawl with safety, if the public officer dare antagonize so well-paying an advertiser as these vendors of patent medicines.

There seems to be no possible redress in such case. It was a noticeable feature in all the several publications found in the daily press that the name of the medicine was not given. The counting-room is supreme in such matters. It is of fair more exceeding value that the counting-room receive fifty dollars a day more or less, for advertising these hell-dopes, than to risk the loss of that fifty dollars by printing and publishing the name of the special dope which destroyed this young life. That's business, and les affaires sont les affaires.

One way of overcoming, in part, at least, this danger would be to make the birth-register, a private-register, to be examined only under proper authority and for a proper object. As it is now, in Cleveland, this register seems to be accessible to anyone who has the time or inclination to use it. So that when a birth is reported, within a very few days thereafter the family, in which that birth occurred, will be deluged with advertisements, infant foods, and everything else possible for use in a child's life. It is equally true of other records in the Health Department; as for instance, let a case of diphtheritic reported, within 48 hours the doctor and the diphtheric family will receive advertising matter recommending antitoxin and other forms of treatment. In death reports even, very soon specimens of mortuary cards and advertisements of post-mortem ornaments, head and tail stones will find their way to the bereaved family. So far the marriage-license register has seemed to be sacred and secure from these commercial vandals, though there is no way of being sure that some enterprising midwife or gentlemen's-ack-coo-cher may not have his or her weather-eye open to the possibilities, and, by means peculiar to that fraternity, find opportunity to get in his or her work in due season.

Dr. Osler and Literature as Controverting.

To Professor Osler's statement that the best intellectual work is done by men under forty we may oppose an equally positive statement by an oracle of at least equal authority. In his speech on copyright, in 1841, Macaulay said: "It is the law of our nature that the mind shall attain its full power by slow degrees; and this is especially true of the most vigorous minds. Young men, no doubt, have often produced works of great merit; but it would be impossible to name any writer of the first order whose juvenile performances were his best. That all the most valuable books of history, of philology, of physical and metaphysical science, of divinity, of political economy, have been produced by men of mature years, will hardly be disputed. The case may not be quite so clear as respects works of the
imagination. And yet I know no work of the imagination of the very highest class that was ever, in any age or country, produced by a man under thirty-five. Whatever powers a youth may have received from nature, it is impossible that his taste and judgment can be ripe, that his mind can be richly stored with images, that he can have observed the vicissitudes of life, that he can have studied the nicer shades of character. How, as Marmontel very sensibly said, is a person to paint portraits who has never seen faces? On the whole, I believe that I may, without fear of contradiction, affirm this, that of the good books now extant in the world more than nineteen-twentieths were published after the writers had attained the age of forty."

This is in accord with the fact—which can scarcely be denied except by those who love paradox more than sober truth—that the intellectual powers do not reach the stable equilibrium of full and harmonious development till the age of 40 or even later.

*A Delightful Railway Trip.*

The medical profession and its wife, in going west this summer, notably those who are planning to visit the Clarke and Lewis Exposition and attend the American Medical Association at Portland, Oregon, must not forget the intrinsic value of traveling comfortably, safely, and rapidly. This they will accomplish in the highest degree by engaging their travel tickets via the reliable and staunch old Union Pacific Railway. It is among the very best railway carriers for reaching the Far West and intermediate points. The road from Omaha to Frisco is lined on both sides with interesting historical landmarks—for it was this same Union Pacific Railway which opened the west to the east—and its work along its lines in those pioneer days, are they not history in the public schools? But these scenes, as has been pointed out so many, many times, sung and done in verse, and pictured in graphic tokens, times and times out of number, are still there and as attractive and instructive as when first opened up to the waiting world. It makes one of the finest of summer excursions ever. When you consider also the detours you can make to Denver, (that beautiful Queen City of the Plains), and at Ogden for Salt Lake City, (that Rose of Sharon in the valley of delight), and many other little places of rare beauty and pleasure, you will not fail to understand and appreciate the opportunity of taking your summer's outing over this matchless and famous Union Pacific. Then the chance to visit California, and up and down its coast, enjoying its beautiful flowers, its splendid fruit, its immense trees its almost perfect climate—doesn't that make your teeth water? Or if you head directly for Portland, you will pass through regions that are comparatively new to you and other "tenderfeet."—a district which you have been staking out as ice- and snow-bound, two-thirds of the year, because your son's geography shows it lying farther north than Cleveland and New York. But that will be your surprise. It has a climate of the most charming and equable in the world. You will pass through an agrarian district that will open your eyes because of its great beauty, diversity, and fruitfulness. Truly what this climate can't produce in the way of fruits and cereals is yet to be learned. It looks like the long-anticipated Land of Promise, the True West. In Portland you will find every evidence of a newer civilization, the best that is to be found anywhere. The Union Pacific will carry you right into this center of commercial activity and beauty. But don't wait until the hour before the opening of the Exposition or the calling to order of the Medical Association, or else you may find a badly congested train service and some poor Pullman accommodations. Be wise and arrange for your trip beforehand. Still, if you cannot do this without great inconvenience or at a financial loss the Union Pacific will still do the best that can be done for you. It is an old hand for putting comfort even into crowded trains: and it has a splendid system of making its patrons at home and at ease.

*Conjugal Ideals.*

Indiana is nothing if not up to date, especially and particularly when it comes to divorce suits. It was a trifle over a year ago when an unhappy husband sought legal separation because the wife of his bosom had embezzled his false teeth and sold them to some other man, whose love for a bargain had overcome any natural hesitation he might have had about using second-hand furniture in his mouth. They were people of humble station, but that divorce suit made them famous for a day.

Only last week an Indianapolis wife struck a new note in the din of divorce when she complained to the court that her lord and master had shown a woeful lack of social training when she "threw" a dinner party and he appeared at the table without having changed his everyday clothes for a dress suit. Likewise, and also that when they entertained with a theater party, he seated the men together and the women together, just as the boys used to sit on one side of the room and the girls on the other at the country dance of our youth. Furthermore, that he usually did nothing all day long but sit around and spit.

For answer thereto the husband replied that he couldn't find the "vest" to the blamed dress suit when he went to put it on, that he had always supposed it to be the proper thing to separate the men and women at a party, and that, being worth a very tidy fortune through inheritance, he saw no necessity of working, had done nothing for a good many years, and did not expect to do anything for the rest of his days. He admitted that
he had the spitting habit, but declared that where he came from it was regarded as good form for men to spit their tobacco juice out, instead of swallowing it.

Each appears to have been entirely right from the viewpoint occupied. His notion of the value of money was that it enabled him to sit around and spit; hers, that it would enable them to mingle with the world of society, to entertain and be entertained—in a word, to be like other people with money. The two kinds of happiness would not mix, and the aspirations were at cross purposes. And, doubtless, their troubles seemed as real to them as do real troubles to real people who work and live real lives.—Daily Paper.

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The Treatment of Sea-Sickness.

Having completed many voyages as surgeon on a large emigrant steamer, says Charles W. T. Woods, L. R. C. P., M. R. C. S. Eng., Surgeon Union-Castle Mail Steamship Company, carrying many hundreds of passengers of all classes each trip, I feel that some account of methods I have found valuable in the treatment of sea-sickness may not be entirely devoid of interest. I am tempted to publish these remarks by the idea, which seems to be so prevalent, that little or nothing can be done to relieve this distressing malady. Now, in the majority of cases very great relief can be given, and many cases can be cured. I came to sea with the idea that drugs were useless, but I myself was my first patient, and I completely staved off all illness in exceptionally severe weather, and never missed an ordinary meal. Whenever I felt any nausea I simply took a couple of teaspoonfuls of the chloral and bromide mixture described below.

1. Position of Patient.—At the first onset of uncomfortable sensations, a broad, tight flannel belt should be worn, and every effort should be made to remain on deck in the breeze. However, a time often comes when the patient prefers to go below and lie down. The essential point about the position is that as low a pillow as possible should be used. There seem to be very few exceptions to this rule. Usually, lying on the back is preferable to the side.

2. Diet.—The food which I have found to be most readily retained is either deviled biscuit—that is, dry biscuit, buttered, and lightly sprinkled with cayenne pepper, and then roasted for about ten minutes, until a crisp, dry biscuit results—or egg flip. The latter must be taken with closed eyes, and without knowledge of its nature, as the color is exceedingly repulsive to these patients. Alcohol always appears to be inadvisable until the worst is over, but then champagne is frequently of great service. Except in very severe cases, the less fluid taken the better; but in very obstinate cases, if the above diet fails, beef-tea or some other form of meat extract is often very gratifying.

3. Drugs.—Lastly, we come to the most important item in the treatment. There are two prescriptions which I have found absolutely invaluable. The better one consists of 2 drams of syrup of chloral and 1-2 dram of ammonium bromide made up to 1 1/2 oz. of water. The taste is not objected to as much as one would imagine, as sea-sickness very commonly produces a craving for something with a taste of salt. The mixture should be taken at the rate of a teaspoonful every five minutes until either relief or sleep results. It is rarely necessary to take more than four or five doses. The effect is often marvelous, and, if taken at the beginning of the attack, all nausea usually passes off at once. During the prevalence of bad weather a teaspoonful or so is usually required at intervals during the day. In those few cases where this prescription fails, great success is frequently attended by the administration of 1-minim doses of tincture of iodine in water every half-hour.

When the patient is not seen until he has been ill for a day or two, it is well to commence treatment with 2 gr. of calomel; this seems to be preferable to any other aperient.

[We publish this for its practical directions to the sick one. Personally we have had good results with cocculus 30X and petroleum 2x. A cup of Mellin's Food is excellent to begin the feeding with. If sugar is not tolerated, add a pinch of salt.—Ed.]

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The Serum Business.

Modern science is real marvellous. For instance, this serum business is fine for doctors. I know one. He doctored Cyrus Peck and all his folks. Cy is a mighty good old chap. He comes down with lock-jaw. Doc. he drew some serum from his wife's uncommon busy jaws and pumped it into him. He loosened of him up right quick, but 'fore it did, Doc. tapped his cheek and got enough of lockjaw juice to fix up Mrs. Cy with a slight attack that will last her all her life. That family is happy, now, for the first time since Mrs. Cy first got her breath after the excitement of the weddin' ceremony, forty years ago.

Society Meetings.

Commencement at St. Louis.

The Commencement Exercises of the Homopathic Medical College of Missouri were held April 10, 1903, in connection with the banquet of the Alumni Association, tendered to the graduating class of this year. Dr. John L. Mc Caughan presided as toastmaster, and toasts were responded to as follows:

"Duty and the Doctor," by Dr. J. L. Dryden; "The Reward," by Dr. A. H. Schott; "Realizations," by Dr. W. W. Gilbert; "The Modern Hospital," by Dr. Scott Parsons; "Illusions," by Dr. Willis Young. During his toast, Dr. Schott cou-
ferred the degree of Doctor of Medicine upon the graduating class, and in speaking of the progress and conditions of the college, said: "Our college is in better condition, financially and in point of support tendered by the outside profession, than in many years past. We have a larger number of matriculants entered for the Freshman Class for next year, than ever before at so early a date."

The graduating class, and several of the undergraudates, together with a large majority of the physicians and their families, of St. Louis, were in attendance at the Banquet. Everybody in St. Louis is a unit in the upbuilding of Homeopathy in the Middle West.

The American Institute.

Following is the programme of the Bureau of Materia Medica and Therapeutics of the American Institute of Homeopathy for 1905.

Sectional Address, Dr. A. Geoghegan, Chairman, 918 Hawthorne Avenue, Cincinnati, Ohio.

"Comments on Some Proving of Chronanthus," George Royal, Des Moines.

"A New Scheme for the Classification and Study of Drug Effects," Howard P. Bellows, Boston.

"Notes on Some Drugs Used Exclusively by Homeopathic Physicians," S. R. Geiser, Cincinnati.


"A Study of Ferrum; Including a Consideration of Iron as a Food and as a Therapeutic Agent, Together With an Examination Into its Primary and Secondary Pathogenetic Effects, and Their Relation to Disease," Eldridge C. Price, Baltimore.

"Notes on the Therapeutics of Arthritic Disease," W. B. Hinsdale, Ann Arbor.


Correspondence.

The American Physician:

Thank you in the name of good Homeopathy for your remarks when criticising "Kent's" book. There is much in all the colleges which is "rot" and not homeopathy. What the students want who attend our Homeopathic Colleges is the Homeopathy of Hahnemann and not a mixture which no school would care to own. I feel hot about the way some teachers in Homeopathic Colleges sneer at the indicated remedy and everything Homeopathic. Keep up your hammering. Something is going to break within a few, very few years. A. B. C.

[Here is another Homeopathic teacher whom we have not offended. And there are others. — En.]

Globules.

—There is a dura mater, a pia mater, and a de la mater.—(N. B.)

—Dr. J. E. Snodgrass is now located at 20 William Street, Auburn, N. Y.

—The Missouri Institute of Homeopathy has had its Twenty-ninth Annual Session at Kansas City, Mo., April 21st, 25th, and 26th. More definite particulars not yet to hand. Reports are that it was a good meeting, many excellent papers, and a tip-top banquet.

—There are journals galore, always some that are new with transitory lines, but one in its new form, which is with us to stay, is doubtless the Journal of Surgery, published by Dr. McDonald. It is a most creditable periodical, such as one would expect from its able progenitor.

—The annual charge per year for "Professional cards" in the official journal of the Eddyites is $3 per line, averaging about $6 per card, and there are over 3,000 such cards printed. Are there any Eddyites who are not professional healers? Besides the $6 per, each advertiser must be a subscriber to the journal at $2 per year, and must use and distribute in their work the writings of Mrs. Eddy.

—Hydrocyanic acid in the cure of epileptic seizures occurring after abdominal section, forms the subject of an interesting and instructive paper in the April number of (London) Monthly Homeopathic Review, by Dr. George Burford, with the assistance of Drs. E. M. Madden and Giles E. Goldsborough.

During February last past the suppuring right appendages were removed, together with the appendix vermiformis; while the fundus of the hypertrophied uterum was raised out of the pouch of Douglas and sutured in place. Everything progressed nicely until the evening when, on urinating, she complained of pain, and was immediately seized with an epileptiform convulsion lasting some fifteen minutes, other attacks followed despite of well chosen remedies. The convulsions seized the right side first, then both sides simultaneously, ending finally on the left side. The head was drawn at the first part of the seizure to the right, and at the latter part to the left. Urine passed unconsciously; there was frothing at the mouth. Upon consultation hydrocyanic acid in 2x dilution was given in three drop doses every two hours. From this time no more attacks; and on February 28th patient was beginning to sit up in bed.
—The Physician's Unpaid Debt to Youth, by George Parker Holden, M. D., of Yonkers, is before us in reprint, having been read before the Section on Pediatrics of the Homeopathic Medical Society of the State of New York, at Albany, February, 1905. It is a remarkable paper, and is worthy the attention and interest it commands. Read it carefully, and be prepared to act upon its valuable suggestions.

—A certain well-known and very energetic surgical supplies firm, in order to convince us of the exceeding great value of its clinical thermometer, sent us a bit of broken glass as a specimen. It reminds us of that ancient Greek who appeared in the market-place carrying a brick, as a sample of the house he wanted to sell! Not knowing of any use to which to put the morsel of glass, we carefully dropped it into our waste-basket, and with it also the name of the Cheap-John firm.

—Another firm sent us a "Boiler-plate" letter "Dictated" and marked "Personal," describing their new hell-broth, the final paragraph reading something like this: "We believe it in the highest degree important that you bring this remedy before your many readers, and thus save human life." Well, well, we know we are green and new to the editing business: but we did not suppose that a parish practice reputation would rate us with those who go about saving human life.

—The April issue of the Homeopathic World (London) embellishes its front cover-page with a fine engraving of Hahnemann as he was in 1819, while most of its "insides" is devoted to a series of letters which passed between the Master and Staff, and some others, all of which read quite like "folks." These relics and records were secured, with some others, by Peter Stuart, of Liverpool, upon the death of Madame Hahnemann. Of these, "Homeopathic Reminiscences," by Hahnemann, makes fine reading, and, we hope, will be read by the great mass of our American readers and investigators who are now so possessed with the thought that Homeopathy needs to be revised and refined and brought up to the serum and bacteriological theories. We congratulate our indigatiable brother, Editor Clarke, on his handsome presentation of the Hahnemann documents, their ease-get-ability, and his almost entire giving over of his journal to Hahnemann. The Medical Century has given two pages of fine Hahnemann pictures, and the North American Journal of Homeopathy promises us a special edition in honor of the birthday; but when this is said the tale of journalistic devotion to Hahnemann's memory is told. The New York Homeopathic Materia Medica Society gave a banquet in honor of the birthday, and there is promise of a large affair at Chicago during the sessions of the American Institute to celebrate the auspicious occasion. It is well, however, to recognize and remember that the average American homeopath is not a Hahnemann hero-worshipper. It is even a burden to him to decorate his house on Washington's birthday, to say naught of unusually enthusiasm over a foreigner, whose only merit consisted in giving to the world a system of medicine, which prolongs life, makes it more bearable, and ends with a blessing.

—The twenty-eighth annual meeting of the Northern Indiana and the Southern Michigan Homeopathic Medical Association was held May 2d, in the City Council Chamber at Elkhart, Ind. An interesting meeting was had with excellent papers.

The election of officers for the ensuing year resulted as follows: President, E. G. Freyermuth (re-elected); first vice-president, A. O. Ullrey; second vice-president, Martha V. Thomas; secretary and treasurer, W. B. Kreider. Dr. H. A. Munaw, who had served as secretary and treasurer twenty-eight consecutive sessions, asked to be relieved for a year.

The next meeting will be in South Bend, on the first Tuesday in September, 1905.

—A combination prescription, copied from a homeopathic journal, as used in the practice of a homeopathic surgeon, and consisting of mux moschata, gtt. v., carbo veg. v. x., and lycopodium 12x, 33 grs. v., makes interesting reading for the homeopathic readers of that journal. And this is even a little "more so," because one of the editors of this journal is an ex-professor of the late lamented and deceased Chicago Homeopathic, and which editor and ex-professor in an unpublished letter attacked us for alleging and claiming that unhomoeopathic methods in the aforesaid college had been a prime cause for its unhappy disappearance and death. Another angle of the picture is that this prescription was used and is recommended in an Eastern homeopathic hospital which sets up large pretensions to purity and cleanliness in matters homeopathic. And behold how these several professors and ex-professors in colleges homeopathic by virtue of tradition and the sign over the door, will arise in their several and respective mights and dignities and accuse us of treason and falsehood! But what can you expect when such homeopathic editor, not content with the homeopathic his alma was able to give him, bies him over to the Harvey Medical School, which is xor a homeopathic school, and after due study and attention is graduated from there—a post-graduate fini-shing in an allopathic college! And, thereat, in Polk's Med. and Surg. Directory, he advertises himself as "R. & H."—regular and homeopathic! If he had sons old enough—which thus far he is still too young to have, for which we humbly kow to Fate—where would he send them for a medical education? Sir?

—A very handsome folder of the Cobb Hospital of St. Paul, Minn., has reached us. It is something a good deal better than a folder, though it isn't quite a book. This is the official hospital for ten well-known railways centering or originating in St. Paul under the composite title of the Minnesota Transfer Railway Company.
Among a number of finely done half-tone engravings of the usual outside and inside of the house, bedrooms, surgery, and other things, we find one of Dr. Chester G. Higbee, youthful and handsome as ever, and one of Dr. Sheridan G. Cobb, who seems to have traveled in the east, as well as over the hot sands on the sterile shores of the Red Sea. Dr. John B. Benis, the vice-president, we do not know, but he looks as if it agreed with him. The whole scheme,—book, hospital, surgery, Higbee, Cobb, Benis, Red Sea and all of that impresses us as being a good thing and worthy, each and every thereof, to be patronized.

—Two unusually fine reprints appear upon our table by eminent men. One by B. Frank Betts, of Philadelphia, entitled The Obligation of the Physician in the Care of Obstetric Cases; and the other by Dr. James C. Wood, of Cleveland, on A New Operation for Cystocele. Both reprints are embellished with engravings and the letterpress is graphic and instructive.

—We are in receipt of the Ninth Edition of Cowperthwaite's A Text Book of Materia Medica and Therapeutics, Characteristic, Analytical, and Comparative, printed and published by John B. Delbridge & Son, Chicago, 1905. We congratulate Dr. Cowperthwaite upon his success with this work, for it is, as he says in his new Preface, still a favorite among homeopathic students and practitioners, although twenty-five years old, and we hope he will live to have many other editions called for. We also congratulate him upon having got back again to a homeopathic publishing house, which does not need to advertise its homeopathic books in eclectic journals. The book is a classic and will continue so to the end of homeopathic time. It is easy to get at; its information is well collated and arranged for instant and intelligent consumption, and therefore will remain the student's favorite. It differs from other materia medica books of recent issuance, in that it combines so many practical points, especially in its therapeutic suggestions, which come mighty handy in time of need. Other materia medica books give themselves up wholly to the symptomatology; but Cowperthwaite is broader than that, or, perhaps, it would be better stated, to call it more practical. We have always been fond of the book; we found it easy to teach from; and the students had no complaint of any vastness or voluminosness. We take it to be a happy omen that now in the midst of so much talk about apathy, and revision of the provings, two such excellent books have appeared in the market as Kent's and Cowperthwaite's, and both along the old line of Homeopathy.

—A Worthy Appointment.—We learn that Dr. Eugene H. Porter, editor of the North American Journal of Homeopathy, has been appointed by Governor Higgins, of New York, as Commissioner of Health for that State. The office is for four years. Aside from the fact that this Governor has picked an unusually good man, and a thoroughly competent man, he has knowingly given an important office to a Homeopath. That sort of recognition of the school is worth a great deal more than many cheap advertisements of the school's progress in this, that, and the other districts. Dr. Porter is a man of splendid executive ability, of fine address, and a Master of Arts (Cornell). He was Professor of Physiology and Materia Medica in the New York Homeopathic College. Therefore, we congratulate both Dr. Porter and the people of New York on this appointment.

—The Cleveland Homeopathic Medical Society had its regular monthly meeting in April, Dr. C. E. Sawyer presenting a fine paper on Locomotor Ataxia and allied diseases; this was discussed by Dr. J. Richey Horner, and followed by the recitation of a few remedies by Dr. Kraft. Dr. G. J. Jones had some heart cases that attracted attention. The meeting was a good one, and the Society, under its new President, is rapidly forging to the front.

—Lest you forget!—the Chicago and Alton Railroad, without exception, have the most luxurious train service between Kansas City, St. Louis, and Chicago, and should be considered as the "Only way" to the meeting of the American Institute from the southwestern points.

—The Physicians' Casualty Association of America, of which we have had a number of pleasant and commendatory things to say, has issued a circular offering practical prizes for those sending in the most applications up to June 30 next. The association is thoroughly good, and we consider our insurance there gilt-edged.

—A laughable case of substitution, or attempt at substitution, came to our notice a short time since. A homeopathic physician had given a prescription for Gude's Pepto-Mangan to a girl of 14. It having answered the purpose in her case most admirably, she recommended it to an "older" person,—a lady of 25. When this lady went to a nearby drugstore to get for herself a bottle and innocently asked if it was a good thing, she received for answer that for the young girl it was good enough, but for persons more than 20 years old it tended to dry up the blood, thus rendering the complexion sallow, dirty, and dead-like—which was, of course, a severe deterrent to the young lady, whose sole purpose was to use the medicine to fill out the vacancies in the muscular tissues of her body. Later, however, she was put "wise" by the physician, and is now taking the Pepto-Mangan (Gude) with the usual happy results. What under the created heavens caused that 'pothecary man to make such a consummate ass of himself?
Anodyne and Antispasmodic.

Dr. Manfred Frankel, of Berlin, reports that while much has been written of veronal as a hypnotic, its anodyne and antispasmodic actions have not been sufficiently emphasized. Its anodyne action he has not been able to observe in six cases of carcinoma, chiefly intestinal carcinoma, attended with severe pains. The cases were given 5 to 10 gr. of veronal as a hypnotic, and he found that not only did the patients enjoy good sleep, but on the following day they were free from pain, or, at any rate, the pain was greatly lessened. This observation induced the author to prescribe veronal in 5 to 8 gr. doses, combined with a very small quantity of morphine, 1-20 to 1-12 gr., in inoperable cases of carcinoma. The advantages of this application are apparent. The danger of morphinism is reduced to a minimum, the patients are not drowsy, and two or three such doses suffice to keep the patient comfortable the whole day and night. The author has not observed any habituation to veronal, even when administered for long periods, and only in one case he noticed a transient rubella-like eruption. That was a case of delirium tremens, in which the patient took 75 gr.

The author also administered veronal to nurslings, who had troubles of denition, or suffered with intestinal derangements, etc. He prescribed 8 gr. of veronal to about 3 1-2 oz. water, mixed with a little mucilage of acacia. One-third of this was injected every half to one hour.

Another formula which the author found efficient for little children is as follows:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veronal</td>
<td>24 gr.</td>
</tr>
<tr>
<td>Hot water</td>
<td>21/2 oz.</td>
</tr>
<tr>
<td>Valerian water</td>
<td>2 drams</td>
</tr>
<tr>
<td>Syrup of alum. to make</td>
<td>3 3/4 gr.</td>
</tr>
</tbody>
</table>

A teaspoonful every three hours.

In a case of chorea, where the bromides lost their effect, the author has obtained very good results with veronal. In idiopathic epilepsy, two cases of paralytical dementia, one case of senile dementia, and in one case of delirium tremens, he also reports good results.—Die Heilkunde Monatsf. prakt. Med., viii, No. 10.

Quinine without Fbrigety.

When two such well known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia & Quinine Tablets," each tablet containing 21-12 gr. antikamnia and 21-12 gr. sulph. quinine. The antikamnia in these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemiania), in the meralgiae occurring in anemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—Medical and Surgical News.

Phenalgin Tablets in New Form.

The Etna Chemical Co., New York, announce that they have just placed on the market five grain tablets of phenalgin without any distinctive mark or design, and which they sell only in one ounce bottles. The new size is already popular with physicians who have often demanded a tablet without the initial 'F,' which appears on the two and one-half grain size. Phenalgin is sold at $1.00 per ounce for each tablet or powder and can be obtained from any drug jobber. In the event of your jobber not having the new style five grain tablets, notify the Etna Chemical Co., 313 West Street, New York, and they will see that you a supply.

Antiphlogistine.

Antiphlogistine consists of a yellowish uniform paste, with an agreeable smell; the base is a pure dehydrated silicate. Antiphlogistine is not irritating and very supple.
MEDICAL PROGRESS.

Why It Is Better.

It is better than morphia to relieve rheumatic and neuralgic pain, because it is equally efficient and totally unobjectionable. In no case will it check any secretions, cause a drug habit, or inconvenience of any kind. It is better than acetanilid compounds, because it is more efficient and does not injure the blood or depress the heart. "Trial is Proof."

It is better than lithia to remove uric acid because it is much more efficient and just as unobjectionable: and it is better than salicylates, because smaller doses produce better results and without irritation. "Trial is Proof."

Prescribe two tablets Sal. Codeia Bell dissolved in a glassful of hot water, followed by one or two t. i. d. as necessary.

Items of Interest.

—Children should never be permitted to linger about stationary washstands, kitchen sinks, bath rooms, etc. The best "all round" domestic disinfectant (and every sick room should be disinfected once or twice daily and in cases of scarlet or typhoid fever, diphtheria or other contagious diseases, oftener) is Platt's Chlorides, and a diluted solution, one part to ten of water may be used to sprinkle floor and keep towels and sheets moistened to hang about room, and evacuation or bowel passages may be disinfected by Platt's Chlorides one to four of water.—The late Dr. I. N. Love.

—"So you have decided to get another physician?"

"I have," answered Mrs. Cumox: "the idea of his prescribing flaxseed poultice and mustard plasters for people as rich as we are.—Ex.

Quite right. If he had been up to date, he would have used Antiphlogistine, whether his patients were rich or poor.

—For tamponing, Kennedy's Dark Pinus Canadensis is preferred by many.

—If there really is such an expression as "painting the town red." Mr. F. F. Proctor must have that distinction, so far as New York City is concerned. New York City is a very large place, and it takes a few pails of paint and quite a number of men to make any very large impression on it, so that those who care to figure it out must appreciate that when there is hardly a chance to turn a corner without seeing the Proctor trade mark on walls of buildings and on roofs and sides of houses, a very great deal of paint must have been used and a great deal of labor employed. Nor has Mr. Proctor stopped at this, for in every railroad leading into New York is to be seen the announcement of his enterprises. No other theatrical proposition ever presented in New York City has ever attempted to do what Mr. Proctor has done. It is estimated that there is over one million square feet of walls and sign boards taken up with the Proctor announcements, and the cost of this thing is enormous.
Wonder how Runnels liked the luncheon for the alumni of the Cleveland Homeopathic College? Somewhat capsicum-ish—yes?

And when Dean Gains (not Gains, please) Jones said that he would never, no never, so help him! send a son or student to an old-school college, there were some of his co-professors who sang low, very low, sweet chariot. Sir?

Dale thinks we are the Carrie Nation of the homeopathic press. Well, from one point of view he is right. We do go after things, Professors, Colleges and Journals, that are wrong and we do use an ax, because more merciful than bee-stinging the culprit to death.

Walton, the always cheerful and epigrammatic, had no use for quinine crude in his work. Well, why should an honest, law-loving homeopath use quinine?

When that Marion (O.) philosopher and gynecologist mixes into another family quartet (college scrimmage) he will wait until both the husband and wife are dead, deceased and moribund—considerably so.

The new head of the Cleveland College Intelligence Bureau is strenuous and persistent. If he hadn't injected that requirement that every alumnus should subscribe and pay for the college journal he wouldn't have made his three-color pleas so ridiculous.

The Emma Boice-Hayes (O. & O.) paper was by all odds one of the best of the Ohio session. To this must be added a splendid delivery, clear, resonant and distinct, and at a time when the light of heaven was failing.

There can have been no hungry professional mortals and mortal-esses in and about the Ohio meeting headquarters with Biggar and his hourly banquets on the one hand, and the Cleveland College with its dittoes on the other.

Hethington, of Piqua, is the coming man in the homeopathic profession for unifying the scientific with the purely homeopathic. His papers are always of a high order and make a luminous point—as good almost as Absalom Copeland made last year at the Institute.

Kent, Allen, Mohr, et al., say they do not use quinine in the crude. To this we feel safe in adding Nash were he here and not on the other side of the Atlantic showing the Englishers how to use the Hahnemannian materia medica—not according to the gospel of Richard Hughes.
Materia Medica Miscellany.

Conducted by J. Wilford Allen, M. D., Adjunct Professor of Materia Medica and Practice in N. Y. Homeopathic Medical College and Hospital.

References in this department are made by number. (See issues of January or December each year.)

Cedron for Supraorbital Pain.

Cedron has the two following symptoms, according to Helfrich.24

Pain across the eyes from temple to temple. Severe shooting pain over the left eye.

Clinically, the usefulness of cedron, as experience has taught us, is confined to neuralgic affections of the eye, particularly when involving the supraorbital nerve; and in supraorbital neuralgia, it is among the first remedies to be thought of. The pains are usually severe, sharp and shooting, starting from one point over the eye (more often over the left) and then extending along the branches of the supraorbital nerve up into the head.

The severe supraorbital pains found in iritis, chorioiditis and other deep inflammations of the eye are often speedily controlled by this drug.

Apis Mellifica.

Dr. Pauline H. Barton.37—Apis is indicated especially when the right ovary is affected. There is soreness, with burning and stinging, also tumefaction in the ovarian region and numbness extending down the thigh. If your patient has the characteristic puffy eyelids, pale, waxy, swollen face; is awkward; all pains aggravated in cold weather, the results from apis will be most satisfactory. It has been said that apis is used with excellent results in ovarian cysts in their incipience. Apis mellifica in congestion of the right ovary, with edema.

Bacillinum in Coughs.

A writer 29 says in troublesome coughs which do not yield to your seemingly well-selected remedy; whether they are due to tuberculosis or not, do not forget bacillinum. The keynote is weakness and exhaustion. This remedy works better in the 1c to 2c potency. Anything lower aggravates.

[This remedy, which is one of the most potent in the entire materia medica, should be given guardedly and only when indicated homeopathically. We would not dare to give it lower than the 30th c. and have seen wonderful results when given in the 200th c.]

Diphtheria.

Dr. D. F. Shipley 9 says: Let any doctor who has a bad case of diphtheria sit by the bedside an hour, and see for himself the effects of carbolic acid 3 to 6x. I have not needed antitoxin. The thing that kills the germ in the serum will do it in the patient, without the blood of the horse. I use any other remedy needed, if there are complications, and so far I have not had other cases in a home when one dose a day was given each inmate before the disease began in them. I use mostly the 6x and have not lost a case since I began its use some years ago. Not many heart failures will follow the use of the 6x, while the 1-8 of 1 per cent. in the serum sometimes causes trouble. Neither does lockjaw nor blood-poisoning follow the use of the 6x by the mouth. Merc. jod. rub. 2x is my next standby, and it does not refuse to work with the acid. Try it, and if it don't do I would be glad to learn of it.

[Would it not be better to give the drug that is homeopathically indicated? The clinical use of carbolic acid, according to Allen, is in diphtheria, especially with tendency to involve the nose and inside of mouth, extremely fetid breath, regurgitation in swallowing liquids, urine highly albuminous, face darkly red, white about the nose and mouth, rapid sinking of vital force.

In the provings of this drug the fauces were red and covered with mucous exudation; uvula whitened and shriveled.]

Chionanthus.

In the jaundice of children or in the jaundice occasionally met with in pregnancy, Mundy says this is the only remedy needed. In chronic diseases of the liver, accompanied with hypertrophy of the organ, we find it equally as effective. Dyspeptic conditions, when the patients complain of pains and weight on the right side; when they have a sallow, muddy complexion, the eyes a yellowish tinge and the tongue broad, with a thick yellow fur, we find in chionanthus the remedy that will remove the existing conditions. In a recent and similar case, after a few weeks' treatment the patient vouchsafed the remark, "she did not know any more that she had a liver." In all of the conditions mentioned, we find it a safe, certain, and prompt agent, the most certain we possess for liver affections.

[Don't forget the old standby begonia, also phos., hydrams., nux, china, iris, chel., and many others. Give the indicated remedy.]

Remedies in Pneumonia.

Dr. A. L. Blackwood 3 gives the following as most important.

During the stage of engorgement the remedies that have proven of the most service are aconite, ferrum phosphoricum and veratrum viride. In
order that aconite may be of any service, the case must be seen early. There is pulmonary hyperemia, restlessness, and nervous apprehension.

Ferrum phos. is of service when the subject is cachectic and anemic. The chill is not marked. The fever is not high. There are rales of various character, with dyspnea and bloody expectoration. The patient is listless and drowsy.

Veratrum viride is indicated when the chill is severe and prolonged. There is intense pulmonary congestion, great arterial excitement, dyspnea, a full hard pulse, throbbing headache, vertigo, and livid face.

During hepatization the two great remedies are bryonia and phosphorus. When bryonia is indicated the consolidation is pronounced. The pleura is involved, and, as a result, there are sharp, shooting, stitching pains. The expectoration is scanty and contains blood. The tongue is coated with a thick white fur; the mouth is dry; there is a great thirst. The stomach is inactive, the liver is congested, the bowels are constipated. The urine is high-colored and scanty.

Phosphorus is indicated in weak, delicate cachectic subjects who are greatly prostrated. They complain of oppression about the chest. The consolidation is not pronounced. There are extensive areas of rales. The expectoration is mucous-purulent in character. The case assumes a typhoid type and there are signs of suppuration.

Iodine at times replaces bryonia in scrofulous subjects where the pleura is not extensively involved. The temperature is high, and there is rapid emaciation. The lymphatic glands are enlarged and the urine contains albumin.

Tartar emetic is of service when pulmonary paresis is threatened during the commencement of resolution. The pulse is rapid. There is anxiety, restlessness, with copious cool perspiration. There is great dyspnea with cyanosis and suffocating spells. There are large accumulations of mucus in the bronchi, with little or no expectoration.

Rhus tox. is often a prominent remedy in typhoid pneumonia.

The arseniate-of-antimony is of service in the pneumonia of elderly people that appears secondary to the grippe. There is often disease of the heart or kidneys. There is intense dyspnea, weakened heart's action, with difficult expectoration in spite of apparent large accumulation of mucus in the bronchial tubes.

**Phaseolus.**

The urine is diabetic; there is soreness to touch of eyeballs, right ribs, epigastrium, right humerus, irregularity and weakness of the pulse; failure of the heart; headache, chiefly in forehead and orbits from fullness of brain; headache aggravated by any movement of head or mental exertion; fearful palpitation and feeling that death is approaching; dropsical effusion into pleura or pericardium. If diabetes be associated with the above-mentioned symptoms phaseolus will often cure.

**Uranium.**

F. E. Tylecote summarizes the therapeutics of uranium, the observations being made with the nitrate. A solution of two grains to the ounce is a useful application to ulcers and abraded surfaces. It coagulates the albumin of the discharges, and forms a protective coat, and it also contracts the vessels of the part, and precipitates the albumin of the tissues. It is an astringent and mild hemostatic. In one case of obstinate gonorrhea it cured a urethral discharge in six days, in which a weak permanganate solution had had no effect. It is probable that the uranium salt has no specific action on the gonococcus, but it acts as an astringent. In administering uranium nitrate internally, the dose commonly employed was one grain three times a day, after meals, well diluted. The drug does not cause digestive disturbance. It was employed in three diabetic cases, and in every case was followed by a rise of body-weight, which continued if the dose was not pushed too far, and was accompanied by a feeling of improved spirits. The indications for the diminution or stoppage of the drug in diabetes are, a drop in weight, an increase in the sugar excreted, and a trace of albuminuria where it has not previously occurred. In three cases of chronic and stationary phthisis, a gain in weight followed its administration. One case began to lose weight again as soon as the drug was stopped, and another left the hospital and was lost sight of. The writer believes that these results warrant a further trial of uranium as a general tonic in conditions associated with wasting, such as diabetes and phthisis.

[The writer should look up some homeopathic literature and note the good work done by this drug in diabetes.]

**Ferrum Metallicum.**

Keynotes by Dr. O. W. Shedd.

Excitable; sanguine temperament; flushing blushing weakness.

The heart suddenly bleeds into the blood-vessels, and as suddenly draws a reflux, leaving pallor of surface.

Hemorrhage, menstrual, nasal or elsewhere, with fiery red face. Sanguineous excitement.

Hammering, pulsating, congestive headache, with distinct anemia.

Midnight aggravation.

Symptoms better after rising, by walking slowly about.

Intolerance of eggs.
"Pain and the Homeopathic Remedy."

BY LEWIS P. CRUTCHER, M. D., KANSAS CITY, MO.

I hesitate in the attempt to define pain for the reason that he who has experienced it does not need a definition, and if it were possible to find an individual who had not suffered this sensation, all of the dictionaries extant would not give him a great deal of enlightenment upon the subject. Nevertheless, it is fitting that we define it as best we can, not so much to determine what it is, as to be sure what it is not. I risk the definition that pain is a sensation of varied severity and duration, resulting from the irritation of a sentient nerve. This definition places it in the realm of symptomatology, where it belongs, and characterizes it as an effect, which it is. At the same time, it does not disregard the Boston conception, which is that it is an "intolerable discomfort;" nor yet the definition from somewhere down South, which is expressed in the one word "misery."

Coming down through the ages, pain has passed through a variety of experiences, being known to one race or generation, as a "Devil," and to another as "a visitation from an outraged Divinity," and it has reached our day of compulsory vaccination, and Osielism, to be recognized as a "monster of so frightful a mien," that we cannot approach it without experiencing the shudder of a coward.

To the homoeopath, pain occupies a far different field from that ordinarily accorded it, and yet we have grown careless, and find ourselves coupling it to other symptoms, because it seems to give those other symptoms a greater significance.

We have, for instance, the aching pain, the throbbing pain, the neuralgic pain, and so on throughout our nomenclature of symptomatology; while it must be evident that in each instance, it were more intelligible to refer simply to the ache, or the throb, or the neuralgia.

Pain is of such importance at the present time that the patient, who seeks relief at the hands of the prescriber, entertains the idea that his only duty is to announce that he has a pain, and he then expects the prescriber to be satisfied, and to be able to cure him. Indeed so exaggerated is this idea that the present-day physician is given little credit outside the office of "pain-killer."

The object of this paper is not so much to consider pain, as to bring out the value of the homeopathic remedy in the relief of this symptom. My first premise is that pain is never relieved except through the beneficent influence of the similar remedy, and I am actuated in this apparently radical contention by the fact that relief of pain cannot be realized till the cause is eliminated, and that the elimination of the cause rests solely in the homeopathic remedy. The exception to this infallible rule is to be found in those conditions of mechanical nature where relief follows the correction of the injury, and where therapeutics in no wise enters into the problem.

I am conscious that a contention will arise from this statement bearing upon the effect of anodynes, and the fact that they "stop pain;" but let me intercept it with the assertion that these agencies are futile, save their power to render the sufferer unconscious of the symptom; and, furthermore, to impress upon you the difference between wearing green goggles and blotting out the sun. The innumerable morphinomaniacs, who infest our civilization, bring to bear an all-sufficient evidence of either gross ignorance or criminal slothfulness on the part of the prescriber of anodynes; and if you are guilty, you may take your choice, since there is no alternative.

There is a theory somewhat prevalent, that it is necessary to give "something" to stop pain, while we are finding the homeopathic remedy: in other words, we may add up a column of figures, and put down the wrong answer, till we have time to find the right one. Such subterfuges are not excusable in the hands of intelligent homeopathists, for the reason that it is easier to know what is in a bucket when the lid is off, and he who puts it on is either afraid to look in, or else he is indifferent to the contents of the bucket or what comes of it. More often is the anodyne a cloak for indifference, since the homoeopath, who resorts to it, is usually ready to confess that there is a better way, but that he has not the time, or the inclination, to determine that better way. One of the excuses is that the "similar remedy does not act quickly enough, and that the patient must have instant relief." This contention is false, for there is nothing that acts more promptly and more permanently than the homeopathic remedy, whatever be the symptom; and when you have measured up the time necessary for the homeopathic remedy to effect a result, as against the periods of suffering between
the doses of the anodyne, you will find that the homeopathic remedy has the matter of quick and
definite action in its favor. "But," says some-
body, "what would you do when the homeo-
pathic remedy fails to act?" My answer is to
be found in another question, equally sensible, i.
. e., what would you do if 2 + 2 did not equal 4:
or if the earth were made of the tails of Maltese
cats? When my question has been answered, I
will consider yours. In conclusion I will report
a few cases where pain was the predominant
symptom, and in which I had the pleasure to ob-
serve the quick and definite action of the homeo-
pathic remedy:

Case I. November, 1904. Mr. H. noticed about
10 o'clock, A. M., a sensation of fullness about
the eyes and in the forehead. This sensation
gradually grew worse, till at 10 o'clock, P. M.,
when I was called. The pain had become so
severe that the patient was in wild delirium, and
it required the combined strength of three strong
men to hold him in bed. His wife begged me to
give him morphine, since she believed the pain
was killing him. I learned from her that he was
subject to these attacks, at intervals of about one
month, but that they had never been so severe as
this one. In the length of time ordinarily re-
quired to get a medicine pop-gun to working
nicely, I had found that belladonna was indi-
cated, and gave it in the 200th potency. In
twenty minutes the patient recognized me, re-
laxed, and went to sleep, and he has not suffered
a similar attack since that time, a period of about
six months.

Case II. I was telephoned at midnight to see
Mrs. B., who experienced a pain of such severity
that her husband was fearful lest she become
desperate. When I approached her, she asked
me what I was doing there, said she hadn't sent
for me, and didn't want to see me; that she had
two heads and they were pounding each other.
Briefly stated, I gave her arnica, 200th, and her
relief was as instantaneous as I could have de-
sired. Within an hour's time, she was asleep,
and slept throughout the remainder of the night.
I selected arnica almost solely upon the mental
symptoms.

Case III. Miss R. suffered the most violent
pain at the pit of her stomach. The pain was
preceded by terrific nausea, and the patient as-
sured me that if she vomited again, she could
not survive the agony. Nux vomica immediately
stopped both the nausea and the pain.

I could recite other cases of the kind, but these
should prove sufficient. Had I given arnica in
the first case, or belladonna in the last one, I
would have seen "the homeopathic remedy fails
to act." Suffice it to say, the homeopathic rem-
dy is master of pain, and its only master, else
it is not worth our consideration in any field of
therapeutic endeavor.

1113 Grand Avenue.

Puerperal Convulsions.*

BY D. M. GIBSON, M. D., ST. LOUIS, MO.

It may seem somewhat out of place to discuss
this disease as a subject of "Clinical Medicine"
since it is met in the practice of obstetrics only,
but you will pardon me when I assert in the be-
inning of this paper that it is properly a disease
for the clinician to treat, and that to its classifica-
tion as a puerperal accident is due the manifesta-
tion of its worst form and the frightful mortality
following.

It is true that pregnancy brings an increased
strain on the physical and mental being of the
mother to be; it is also true that pregnancy is
not a pathological condition but a natural one.
Why then these pathological explosions of such
terrific character and such violence as to blot out
in many instances the life of the mother or child
or both?

Many physicians have the good fortune to prac-
tice for a score of years without seeing a case of
eclampsia, while others see, comparatively, a
goodly number. Various authors place its fre-
quency at from one in 250 to one in 350 cases of
pregnancy and labor, and one at only one in 1000
cases, hence its frequency is not well determined,
but when we consider that many cases are not
reported at all, the first-named proportion would
seem to be the proper one.

All authorities agree that it is the result of
toxemia and, as "the bucket in the bottom of
the well is not lost since we know where it is," so
we have disposed of a case of eclampsia by
declaring it due to toxemia.

This disease has thus far not proven amen-
able to surgical treatment; the accoucher can do
no more than empty the uterus—a time-honored
procedure, but one of doubtful value; so if a
cure is obtained at all it must be by therapy alone,
and further, since the specific nature of this
noxious principle has not yet been discovered, ther-

* Missouri Institute of Homeopathy. 1905
any must be applied according to the symptoms and the conditions met as they arise.

One premise is clearly elucidated: the whole disease is due to defective elimination of poisonous substances, be they toxins, chemicals, or septic products; this accumulation may take place in the body with but few symptoms to show it until the final crash comes.

It would be out of place to discuss in this paper the various parts of the body believed to be the seat of this disorder; this properly belongs to the realm of the obstetrician or the pathologist, but as clinicians we are interested in the symptoms presented, whether remote or prominent, and especially are we interested in the therapy that will prevent or cure its dangerous manifestations.

"Eclampsia comes on suddenly and without warning." In a few cases, Yes. In the majority, No. The chasm in the roadbed is none the less present, because it is unseen or unrecognized; and the premonitory symptoms that lead to convulsions are none the less present in the pregnant woman because we fail to see or consider them.

Headache, backache, constipation, dizziness, sleeplessness, vomiting, nose-bleed, scanty urine, edema of the feet and ankles or the face, are but clouds indicating that a storm is likely to occur.

How seldom are these warnings heeded!

In how few cases is our attention called to these disturbances; and in how few cases do we make a careful, thorough examination of the case when our professional aid is invoked for the relief of any of these conditions. In how few cases do we even examine the urine before our case is come to delivery.

How seldom indeed do we have a chance to investigate, because, as a rule, women take it for granted that these things belong to their condition and make no complaint.

The onset of convulsions comes as a bolt from a clear sky, and without warning. It has been my fortune to see four cases where I was called when the case was thus in extremis, two of them being in my own practice and two in the practice of other physicians, and I can assure you that it is with no little interest that I have searched through books and other literature to find some guide and light in the treatment of the condition that, for intensity and gravity, is not excelled by any; the seriousness of the matter is about the same whether we find the onset occurring before, during, or after delivery.

The spasms are clonic, tetanic, and occur at intervals of from five to sixty minutes, last from a few seconds to as many minutes, and vary in number from one to as many as thirty.

Every case that I have seen has been preceded by vomiting and an intense congestive headache, the latter a prominent and dangerous symptom at any time during pregnancy. Two of my cases had no albumen in the urine, and a third had but a slight trace. Nasal hemorrhage preceded the attack in two cases.

Epileptic and uremic convulsions may be confounded with this malady, but a little observation will determine the true condition which, it is readily admitted by all, is a profound poisoning of the entire system, the most prominent symptoms being intense capillary congestion and high temperature: these produce the convulsions, suppression of the urine, and stagnation of the bowels, and these in turn pave the way for sepsis.

The treatment may be discussed under three heads—sedative, depletive, and therapeutic.

Sedatives.—The spasms are of the most violent nature, and must be controlled; for this purpose there is no agent that will act so promptly and with such precision as chloroform inhalations; the use of this should not be spared, and the patient may be kept under a mild or partial anesthesia for hours at a time if need be, and the narcosis induced again and again, as the convulsions threaten to return. We have seen this agent continued in this manner for twenty hours and the patient finally make a good and complete recovery. On the other hand, morphine, chloral, or even the bromides do not answer well because of their depressing influence and tendency to still further lock the secretions of the body; they should rarely, if ever, be used.

Depletion.—The question of venesection is one not well thought of at present, and seldom used for any reason, but theoretically, bleeding a goodly quantity, and the replacement of the blood thus drawn with normal saline solution, should give some relief, and it is, we believe, justifiable to so proceed in a case that will not yield to other measures.

Saline solution, or a solution of magnesium sulphate injected per rectum, often gives prompt relief: this may be repeated several times with good effect. If the stomach can retain drugs, an ounce of magnesium sulphate in aqueous solu-
tion will help to loosen the bowels and relieve the congestion; unfortunately it can be given in but few cases, and these of the milder type.

Pilocarpine in doses of 1-24th of a grain (aqueous solution) may be given hypodermically, to induce diaphoresis and diuresis; in spite of its depressing action on the heart it is one of the best agents we have; the dose is to be repeated every hour until sweating occurs, hot bottles or a hot pack being applied at the same time. Care must be taken to inject this salt deeply, else sloughing of the skin will occur at the site of the puncture.

Remedies.—That these exert a good action cannot be gainsaid, and they should be given from the onset, by mouth or, if needful, through the skin, bearing in mind that the dosage is for an acute condition and must be pushed until effects are secured.

Glonoine stands at the head of the list, its well-known pathogenesis corresponding to the conditions here met; it should be given in the 2x (1-100 grain), a dose every half hour, until three or four doses are taken (if by hypo., one or two doses only), carefully watching the effects of the drug, and repeating the dosage with due caution; its power to cause capillary dilatation stands undisputed.

Belladonna would seem to fit these cases, and in some few it does, but as a rule we are dealing with congestion, not inflammation, and here belladonna is of little use, gelsemium being of immensely more value. The lower potencies act the best.

Veratum viride is a remedy that is used too little, as is its twin brother,aconite; we have here high temperature, rapid, full, hard, or wiry pulse, and a congested or blanched, pale face, hence its indications; it should be used for its physiological effect as well as its pathogenesis; its dual action is wanted. Three to eight drops of Norwood’s tincture or any other good preparation in aqueous solution, injected hypodermically and repeated every hour until the pulse and temperature commence to drop, seldom fails to give relief. If aconite is the drug of choice, it should be given in the same way (1x) and continued until its results are manifested.

Favorable symptoms are cessation of the convulsions, decrease in the temperature and pulse, together with the secretion and excretion of urine; but a case should not be left until the spasms are under control and a fair amount of urine finds its way into the bladder.

When the acute stage is passed the danger is greatly lessened, but the case is not safe until the daily excretion is at least one and a half liters.

Remedies such as will readily suggest themselves are to be continued during the convalescence. Fatal terminations, when they occur, do so as a rule in from four to twenty-four hours; convalescence may extend over a period of several weeks, sometimes as many months.

The mortality is variously estimated at from twenty-five to fifty per cent. of all cases wherein convulsions occur.

I have not in this paper attempted to give the treatment necessary for the premonitory symptoms,—the remedies needed will be an easy choice and appeal readily to any practitioner,—but instead, I contented myself with calling to mind the necessity for noting and treating such symptoms, together with more definite indications for medicines that have proved useful in controlling the violent outbreaks of this terrible, though, fortunately, rather infrequent disease.

Quinine in Eye Diseases.

THOMAS M. STEWART, M.D., CINCINNATI, OHIO.

Every homeopathic practitioner well understands the use of quinine in debilitated cases resulting from exhausting discharges or other loss of fluids. The tonic effect of the drug is beneficial in just such cases; and it is to debility so caused what ferrum is to the debility of anemia or phosphoric acid to nerve exhaustion.

The provings show that quinine lessens the force of the heart’s action; diminishes the arterial pressure; and impoverishes the blood, because it is a protoplasmic poison and kills the white corpuscles.

The periodicity peculiar to quinine has led to its use in many disorders thus characterized; but periodicity will lead to disappointments in its use, unless we complete the picture, with the debility due to loss of fluids or the peculiar impoverishment of the blood already alluded to.

The power of the drug over malarial affections is a matter of record. The deaths from ague before the introduction of quinine were numbered by the thousands; after its introduction, deaths were numbered by the tens.

These points are mentioned because we must take them into account in our prescriptions as specialists. Our cures in our special departments of practice are brilliant in proportion as we select
the remedy according to the general as well as the special symptoms.

Drug provings have shown that there is a greater susceptibility in some provers than in others, to the effects of the same drug. This susceptibility, like disease, cannot be produced at will. The idiopathic disease is more closely approached in these susceptible provers, and the symptoms so obtained are most valuable. In other words, the fact that certain symptoms may be or have been induced by the drug, is enough to outweigh the many instances in which no such symptoms have occurred in others.

The bearing of these remarks is pertinent to the eye symptoms that we shall have occasion to mention in this paper.

Quinine dilates the pupil, and the iris does not respond to light test. It pales the optic disc and produces blindness. The retinal vessels are contracted and bordered by white lines. Blindness from quinine may vary from total loss of sight to moderate dullness thereof. The field of vision is always contracted.

Microscopic examination shows the retinal changes to be that of an endo-vasculitis, with thickening and changes in the vessel walls. The effect of quinine upon the vaso-motor centers lies back of the spasm of the tunica musculosa, and accounts for the changes in the vessels themselves. Thus a thrombosis may occur, and atrophy result.

From the foregoing it is not difficult to see the range of eye cases in which quinine may be indicated. That it has not had a wider use in homeopathic eye practice is due to the lack of precise information regarding the exact alterations in function that take place.

The opportunity offered in poison cases has enabled the oculist to record the state of vision, the appearance of the retina, and to note the extent of the usual fields. Let us hope that at no distant date all provings may be made with the advantage of instruments of precision in diagnosis.

* * *

The Latent-Psora Photo.

By P. W. Shedd, M. D., New York.

During a conversation with an eminent surgeon where an article by a yet more eminent materia medicist in which the term, psora, frequently used, was being cussed, the surgeon after some apparent restraint finally ejaculated, "What in hell is psora anyhow? What business has anyone in this age of scientific enlightenment to use such a term?" He was not told at the time what in hell psora was, for that's a long story, but the writer restrained himself with difficulty from inquiring, what in hell are meases, scarlatina, variola, syphilis.

Disease-syndromes whose etiology is unknown; ditto psora; also syphilis, for it is worth a bacteriologist's reputation to announce that he has "discovered" the luetic microbe.

Measles, scarlatina, variola, acute epidemic miasms (definition of a miasm: an unknown something); psora and syphilis, chronic pandemic miasms.

Hahnemann in the Chronische Krankheiten is sponsor of "psora," apparently having recognized a disease-syndrome worth a name and christening it psora (die innere Krätzkrankheit—the internal itch-disease. Dresden Ed. 1828) whose very name at once eliminates the acarus scabici as an etiologic factor.

Psora is quite as good an appellation for a disease-syndrome as smallpox (little pocks or pustules) is for the epidemic scourge of centuries. How unscientific to call a terrible disease, "little pocks"! Mankind does not die of little pocks; little pocks may be produced by a half-dozen evanescent causes. Why call the scourge "little pocks"? Is that scientific enlightenment?

To continue: what is psora? A disease-syndrome. And what is the disease-syndrome? Here is where the vacant stare is frequently encountered, yet information is readily accessible in several languages including English (thanks to Prof. Tafel).

It is just as well to keep up with the times by an occasional reading of the Organon of Medicine and the Chronic Diseases.

We have brought into schema-form the picture of "latent psora" presented by Hahnemann in the Chronic Diseases (where, however, the symptoms are not ordered into groups). This syndrome, be it understood, is of latent psora, a picture of a slumbering miasm occasionally uncoiling octopoid arms before its full waking,—which may be reserved for another chapter. It is well to get an idea of even latent psora, to prepare for "what in hell" psora is.

Latent Psora.

Mind.—Moderate disturbance of the emotions is followed by one-sided headache or by tooth-ache.
Head.—Frequent falling out of the hair; dryness of the hair; much dandruff.
Often a one-sided headache or a toothache from moderate disturbance of the emotions.
Sweat on the head at night after falling asleep (especially in children).
Eyes.—Frequent inflammations. (Especially in children.)
Nose.—Epistaxis of girls and youths (more rare in adults) often of great violence.
Chronic stoppage of one or both nares.
Troublesome dryness in the nose.
Face.—Pallor; with flabbiness of the muscular system (especially in children).
Frequent flying flushes of heat and redness, not infrequently with some anxiety.
Tongue.—White, or very pale; more frequently a cracked appearance.
Mouth.—Often or constantly an offensive breath, especially in the morning, and during menstruation; insipid taste or sour or as if stomach were disordered, or musty or foul.
Sour taste.
Dryness of the mouth at night or in the morning.
Throat.—Swelling of the cervical glands (scrofulous), especially in children.
Frequent inflammations; frequent hoarseness.
Short slight cough or hack in the morning.
Much mucus (slime) in the pharynx.
Aversions.—Aversion to cooked, warm food, especially meat (notably in children).
Stomach.—Morning nausea.
Empty "gone" feeling in the stomach.
Canine hunger alternating with anorexia. (Especially in children.)
Abdomen.—Frequently distended (especially in children).
Frequent or daily colic (especially in children).
Rectum, Anus, Stool.—Frequent passage of ascarides and oxyures, the latter causing unbearable itching in the rectum (especially in children).
Hard stool, commonly taking a day before it is all ejected; in knots; often coated with slime; or, an almost invariably soft, diarrheic, fermentive stool.
Hemorrhoidal knots at the anus; stool accompanied with blood.
Anal itching.
Urine.—Dark urine.
Female.—Amenorrhea; disordered menstruation, too much or too little; too early or too late; too prolonged; too watery, accompanied with many general disturbances.

Chest.—Frequent attacks of dyspnea; asthma.
Upper Limbs.—Hands commonly cold, or sweat on the palms. (Burning in the palms.)
From slight cause the arms or hands "fall asleep."
Frequent cramp in the muscles of arms or hands.
Lower Limbs.—Swollen, extensive varices.
Chilblains and chilblain pains (summer and winter).
Corns, and pains as from corns, without pressure from the shoe.
Cold, dry, or offensively sweating feet. (Burning in the soles.)
From slight cause legs or feet "fall asleep."
Frequent cramps in the calves.
Muscles, Joints.—Easy dislocation, twisting, sprain of this or that joint.
Cracking of joints on moving.
Painless contraction, knotting (Aufhüpfen) of single muscles in various parts of the body.
Easy spraining or straining even from carrying or lifting of a light weight; often from extension or stretching to reach an elevated object (and a number of affections resultant from such straining.—headache, nausea, prostration, ten- sive pains in the cervical and dorsal muscles, etc.)
Twitching on falling asleep.
Sleep.—Weariness in the morning on waking; unrefreshing sleep.
Restless, frightful, too vivid dreams.
Sweat—Morning sweat in bed.
Sweats too easily during the day, from slight exertion (or, unable to sweat).
Sweat on the head at night after falling asleep (especially in children).
Skin.—Tendency to erysipelas here and there.
Here and there an occasional (but rarely) single pustule, voluptuously but unbearably itching, at first watery but soon pointing with yellow pus, and burning after being scratched,—located on a finger, the wrist, anywhere.
Unhealthy skin, every little wound suppurates; the skin of hands and lips is cracked.
Frequent boils or felon.
Dry skin of limbs, arms, thighs, cheeks.
Here and there a rough scaly place, sometimes itching voluptuously, and burning after being scratched.
Mucosa.—Very frequent, or, tedious dry or fluent catarrhs; or, the impossibility of exciting a catarrh even with the greatest provocation, with
otherwise constant ill-health (epidemics, as influenzae, not included).

Generals.—Easy chilling or catching cold (sometimes of the whole body, sometimes only of the head, neck, chest, abdomen, or feet, e.g., from draughts, commonly with inclination to sweat on these parts) and many troubles sequent to such chilling. (Non-psorics, though draughts or damp cold may not be agreeable to them, are not chilled thereby nor suffer ill-consequences therefrom.) Drawing, tense pains in the nape, back, limbs, especially in the teeth (in damp, stormy weather, northeast winds, after chilling, straining, unpleasant emotions, etc.).

Renewal of pains and troubles when at rest; passing away when moving about.

Most troubles appear or are worse during the night, and are renewed or aggravated by a low barometer, by the north or northeast wind, in winter, and towards spring.

**Acute Epileptic Seizures Occurring after Abdominal Section: Rapid Recovery under Hydrocyanic Acid.**

BY DR. GEORGE BURFORD, E. M. MADDEN, AND GILES F. GOLDSBROUGH.

The various forms of perturbation of the nervous centers that the immediate impact of abdominal section may engender, have frequently been the study of physicians and the anxiety of surgeons. Savill, dealing with neurasthenia, insists with force and point on this as a not uncommon sequel of severe operation in patients of unstable nervous system. Mental disturbances of low or of high grade are within the cognizance of all whose experience of major operations is extensive. Thomas Keith reported a case of successful hysterectomy, where the mental vagaries of the patient grew so pertinacious as to cause him, the kindest of men, to forbid the patient his house. To these must be added, as derived from clinical observation, the occurrence, happily rare, of acute epileptic seizures. Fortunately, it is in the early manifestations that epilepsy is specially amenable to curative measures. The convalescence after severe operation, abdominal or other, may thus include the rise, development, and cure of acute epilepsy as a complication of the post-operative course.

Such was the case in the convalescent stage of the patient whose history we here recount. Aged forty-four, married, with a prolonged experience of that generalized neurasthenia which haunts most women with chronic pelvic disease, this lady had certain definite lesions of the reproductive organs which had proved recalcitrant to prolonged and careful therapeutic and accessory treatment. Finally, the physical finding being quite clear as to chronic inflammatory disease of the right appendages, with persistent retroflexion of a bulky, top-heavy uterus, operative measures were advised with a view to relieve the local pain and distress which now were wrecking all comfort and usefulness.

On February 10 of the current year operation was carried out by Dr. Burford, Dr. Madden anesthetizing, and Dr. Wynne Thomas ably assisting. The suppurating right appendages were removed; the appendix vermiformis, long and tortuous, with fecal concretion, was ablated; and the fundus of the hypertrophied uterus, raised out of the pouch of Douglas, sutured in its normal position. The patient bore the operation very well.

There was nothing noteworthy in the condition during the first three days; the temperature was uniformly below 100°, the pulse ranging from 80 to 120 per minute. The bowels were well moved on the morning of the 15th, some recent tendency to vomiting being thereby entirely checked.

On the evening of the same day she complained of pain during micturition, and immediately had a prolonged convulsive seizure lasting some fifteen minutes. During and after the attack her pulse was very rapid, feeble, and intermittent; and the nurse, thinking she was dying, gave a hypodermic injection of 1-60th grain of strychnine. Dr. Madden promptly saw her, and found she was beginning to regain consciousness, but was very dazed; the pupils were widely dilated, and she was somewhat collapsed. Glonoin 3x was given in 5-drop doses every two hours during the night, alternated with the administration of 1 dram of brandy.

A fair night was obtained. The temperature averaged about 100°, but the pulse ranged between 140-150 per minute. The bowels were again opened, naturally and freely, at 8.15 on the ensuing morning; the patient was very feeble, and complained of pain at the back of her head. At 9.15 A. M. on this date (February 16) she had another fit, and others at 11.15, at 12.10, at 1.00, at 2.5, at 3.22, at 4.20, at 5.40, and again at 7.30. 
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P. M.; this last attack was a long one, covering some forty-five minutes. During this day belladonna 1x and ignatia 1x had been given in 2-drop doses alternately every two hours; small quantities of fluid food were administered from time to time. The seizures were epileptiform in type; the convulsions attacked the right side first, then both sides simultaneously were affected, ending finally on the left side. The head was drawn at the first part of the seizure to the right, and at the latter part to the left. Urine was passed unconsciously; there was frothing at the lips; a cry would come at the end of an attack.

Dr. Burford now met Dr. Madden and Dr. Wynne Thomas in consultation. The patient was unconscious, with dilated pupils and upturned eyes; the pulse was small and its rate 160 per minute; the general state was that of collapse, and the patient was apparently becoming moribund. The therapeutic measures were discussed carefully and at length, and finally it was agreed to give hydrocyanic acid in the 2x dilution, in 3-drop doses every two hours. From the time this was commenced there was no recurrence of fits, nor even a threatening of petit mal; and although for two or three days she remained extremely feeble, as if on the verge of collapse, with a high, thready pulse, the temperature declined, and convalescence proceeded with no further arrest. On February 28 the patient was beginning to sit out of bed.

The clinical record as to the character of the fits was submitted to Dr. Goldsborough for expert consideration and report. He is of opinion that the prima facie evidence warrants the consideration of them as truly epileptic seizures, the effective cause being the shock of operation; and he points out that their rapid subsidence under hydrocyanic acid is quite in keeping with their acute character and recent induction.

By an interesting coincidence the use of hydrocyanic acid in recent epilepsy was first recommended by the late Dr. Henry Madden. In the foregoing case this remedy turned the tide from what had every appearance of an impending fatal result, toward almost uninterrupted convalescence.

Tuberculosis Disease of the Joints: The Principles of Treatment.

By R. Hamilton Russell, M. D.

I propose to discuss the general principles upon which we should place reliance in the management of tuberculous joint disease. As will appear, this is a very different matter from describing in detail the methods which experience has shown to yield the best results in the case of individual joints; for not only do methods differ widely, but even the principles of treatment must be subject to variation in accordance with the diversity in function of different articulations, and the consequent variability of the aims which must be held in view in seeking their restoration. Thus, if we contrast broadly the two groups of joints which contribute to the formation of the upper and the lower extremity respectively, a moment's consideration will make manifest wide differences in function of such predominating importance as to suggest that correspondingly wide variations in the principles of treatment appropriate to each group will probably be imperatively called for.

The first and most obvious difference lies in the fact that whereas the chief function and most indispensable requisite of the joints of the lower extremity is that they should all and severally be efficient in supporting the weight of the body, no demand of like character is made upon those of the upper extremity. It is clear that a lower extremity, in which any one of the three principal joints—the hip, knee, or ankle—is unable to satisfy this requirement, is a ruined limb, and furnishes a case for amputation at or above the affected joint.

Weight-bearing capacity being, then, the first consideration in dealing with disease in the joints of the lower extremity, the next point that claims our attention will be the ultimate result of the disease, and of our treatment of it, upon the length of the limb. It is not necessary to enlarge upon the importance of shortening in the case of the leg; I would merely point out that this consideration, which weighs so heavily upon us when dealing with one of the joints of the lower extremity, possesses but a relatively trivial importance in the case of the arm. We thus see that, in the treatment of tubercular disease of any of the joints of the lower extremity, our course of action is, from the outset hampered by two considerations of fundamental importance affecting the ultimate result of treatment, from both of which considerations we are absolved in dealing with the upper extremity. It is natural to make the inquiry—"Are there, in turn, any restraining considerations in respect to the joints of the upper extremity, from which we are free
in treating those of the lower limb?" I can think of none. Both the factors which we have seen to be of such momentous importance in the case of the lower limb are factors that are super-added to those proper to the treatment of tuberculous joint lesions through the accident of circumstances; in other words, they are due to the fact that upon the lower limbs alone falls the weight of the body, and that they alone are responsible for the accomplishment of locomotion. Hence it arises that, while the treatment of a tuberculous joint lesion in any situation always makes high demands upon surgical care and experience, the difficulties attendant upon the management of a diseased joint in the lower extremity are infinitely more formidable, the course of treatment more anxious, and the final result more uncertain than should confront the surgeon in dealing with one of the joints of the upper limb.

There are two main principles, either of which it is open to the surgeon in his discretion to adopt, in the treatment of tuberculous joint disease, as in the treatment of tuberculosis elsewhere. The first is the long road, in following which we rely for success on the well-known tendency towards recovery usually manifested by tuberculous lesions, under favoring conditions and judicious management: the second, the short road, consists in the complete removal of the diseased structure by operation. We may say, broadly, that the large joints of the upper extremity provide the most favorable examples for the adoption of the second method, and where complete removal is anatomically possible, as it usually is, in the upper limb, excision gives the best result: far better, at any rate, than can usually be obtained by any conservative line of treatment. In the case of the hip and knee, however, the case is different. Here the issues are very grave, and while excision may occasionally be practised with advantage, a large number of such cases will yield more satisfactory results if treated by the protracted conservative method.

The problems presented are well illustrated by contrasting the issues involved, and their relative bearings in the case of the elbow and the knee joint. The disease, we will assume, to consist in the one case of a tuberculous focus in the humerus; while, in the other, the focus is in the femur. We should be justified in expecting recovery in both cases under prolonged conservative treatment; yet it does not follow that such treatment would be equally right for both cases. The elbow should certainly be excised; the knee, if the patient be a child, had better be treated conservatively. The result of excision of the knee in childhood is disastrous to the length of the limb, for the epiphyses of both femur and tibia at the knee are the main contributors to the growth of the limb. It is not surprising, therefore, that, after excision of the knee, the growth of the leg lags progressively further behind that of its fellow, so that, at the attainment of adult life, the limb will be so much shortened relatively to its companion that it will be almost useless. It is true that even under the conservative plan some shortening will occur, but this will be such only as is caused by destruction or impairment of the diseased epiphysis, while the integrity of the tibial epiphysis will be unimpaired. The shortening will, therefore, be insignificant as compared with that produced by excision. The great disadvantage, therefore, of excision of the knee in the young subject is the serious amount of shortening that will result from the operation; in other respects the procedure will prove satisfactory; so that in the case of adults, or those approaching to the adult state, this objection does not hold, and no hesitation need be felt in recommending excision.

With the elbow, the case is very different. Here mobility is the first consideration, and this can only be yielded by excision; whereas the result of conservative treatment will be a stiff joint. Again, the fear of shortening will not oppress us, nor will the shortening produced by excision of the elbow be comparable in amount with that resulting from excision of the knee, for the elbow epiphyses, unlike those of the knee, are not mainly responsible for the growth of the limb. Excision of the elbow should always be complete, with the exception of cases in which the disease is limited to a tuberculous focus in the head of the radius, the humerus and ulna being free from disease, in which case excision of the upper end of the radius alone gives an excellent result without any material impairment of the functional utility of the elbow. It is obvious, however, that, where the end of either the humerus or ulna has to be removed, a better result will be obtained by complete excision than by an excessive and mistaken zeal for conservatism. In disease of the upper extremity of the humerus again, when the joint is involved and rigid, excision of the head of the humerus should at once be performed. Here, again, conservative meth-
ods could only eventuate in a result very inferior to the useful limb procured by excision.

In tuberculous disease of the ankle joint, we are confronted with the difficulty that either the conservative method of treatment or excision of the joint will result in a stiff joint, and loss of the movements of the ankle is productive of the most serious disability. In this case, the most promising method appears to be that of combining with free removal of all the diseased tissue, excision of the astragalus. After removal of the astragalus, the ankle joint has no tendency to become rigid; while, if the disease be thoroughly removed, the utility of the limb is but little, if at all, impaired by the loss of that bone.

I have contrasted hitherto the two chief opposing methods of treatment of disease in joint-structures, viz., that which, for convenience, I have called the conservative method, and that in which we aim at complete removal of the disease. But there are certain other expedients that, under various conditions, we are compelled to adopt. These are—(1) Arthrectomy, (2) Erasion, (3) Gouging and scraping away the disease, (4) Evacuation of pus and sequestra, with or without drainage. It is impossible to enter at any length into a discussion as to the various indications for the adoption of one or other of these methods in special cases. In general terms, however, it may be pointed out that they are all to be regarded as the associates necessarily of the prolonged conservative method of treatment. The only exception to the truth of this statement is, perhaps, arthrectomy, in cases where the disease is strictly limited to the synovial membrane. But where, as is usually the case, arthrectomy is combined with the gouging of tuberculous foci in the adjacent bone, the case remains still to be treated by prolonged rest. All these expedients have for their function the immediate removal of certain products of the disease only, thereby furthering the project of conservation and cure. But it must be clearly understood that the gouge and spoon cannot safely be regarded as agents for the complete removal of the disease, in the sense that the disease is eradicated when the bone that harbors it is removed by knife and saw.

In theory, the function of the gouge and spoon is to effect the immediate removal of a certain quantity of irrecoverably diseased tissue that would otherwise need to be got rid of by the slow process of absorption; in practice, the results of their use are not usually such as excite enthusiasm, for they are often disappointing, and I have but rarely seen reason to think that the course of treatment has been materially, if at all, curtailed by their employment. The articulation, in which, nevertheless, the use of the gouge has proved of signal value in my experience, has been the wrist. Here, when the disease is limited to one or two of the bones of the carpus, and a localized abscess has formed, an excellent result may be obtained by freely gouging out the affected bones, plugging for a few days with iodoform gauze, and keeping the joint at rest for twelve months.

In conclusion, I would add a few words as to the guiding principles for us to follow in the prolonged conservative treatment of tuberculous joints, for there is no branch of surgery in which a sound knowledge of, and a rigid and unswerving adherence to, correct principles is so indispensable and so beneficial, and in which the temptation to falter is so great and so certainly disastrous. Our treatment is to be based upon the clinical fact that tuberculous lesions have the strongest tendency toward spontaneous recovery, under the influence of rest and time, in association with measures having for their object improvement of the general health.

Two great questions at once arise, viz.:

(1) What constitutes rest, and how are we to know that it has been attained?

(2) What length of time, and how are we to know when recovery is complete?

The evidence of a condition of rest having been attained is the absence of pain, which is an unfailing criterion of the efficiency or deficiency of our methods. In the case of the lower limb, the first and main means we adopt is to take the weight of the body from the diseased structure; and with this we associate some means of limiting the movements of the joint. The first of these objects may be achieved either by recumbency, or by the use of an apparatus, so planned as to permit the patient to get about without imposing the weight of the body upon the diseased limb. The latter plan is by far the best, but its employment must be entirely subservient to the elemental considerations of rest, as indicated by the presence or absence of pain. When the diseased joint is acutely painful, absolute confinement to the bed must be enjoined until the joint has become painless, and then alone is any form of ambulatory treatment permissible.

The length of time during which treatment is to be persisted in varies, being largely dependent
on the period in the disease at which the case comes under observation, and the occurrence or avoidance of suppuration. When the case comes under treatment early, and suppuration does not occur, the crutches and splint should be persisted in for two years. At the expiration of that time, we shall probably be safe in permitting a cautious and closely watched return to natural means of locomotion. Where suppuration has occurred, we shall have an efficient index as to the progress of the disease in the presence of a sinus. So long as this persists, we may know that recovery is still in the future. When the sinus closes finally, we conclude that the disease is cured; but even then, a further three months of treatment may be regarded as a necessary precaution. Where the sinus has persisted for upwards of two years, exploration should be undertaken to ascertain whether a sequestrum is present, which is unable to escape from its nidus in the bone. The removal of such a sequestrum, when present, is usually followed by speedy and complete recovery.

It will, perhaps, be noticed that I have alluded but sparingly to the subject of hip disease. My reason has been that the problems opened up by disease in the hip joint are so complex, the treatment so difficult, and the complications so varied and so grave, that it would be quite impossible to treat the subject in a way that could possess any value in the course of an article devoted to general considerations such as this.

Dewey was an onlooker at the Ohio State Society meet. He smiled several times adown his grizzled beard and winked the other eye, while noting the celerity and dispatch with which leading and professed homeopath fell into the quinine-trap spread by the wily materia medica chairman.

"A large class was graduated" from one of our homeopathic colleges, says a contemporary but non-omphalos-worshipping journal. The large class happened to be six. To be sure six is large, being larger than four, or even five. There probably was no need for an eight-hundred-dollar professional subscription to give that class the usual annual graduating banquet. Yes?

The Meissen Club of New York, which has been in existence for some fifteen years, exacts a half-hour address from its guest on some professional topic. After that he is conducted into the refectory and allowed to participate in large beakers of hand-brewed, home-made cider and imported seltzer in tall stone-jugs. But they are a jolly crowd when they do get to goin'.

**Homeopathic Therapeutics of the Ear.**

**BY CHAS. C. BOYLE, M.D.**

*(Concluded from page 178.)*

**Argent. Met.**

Vertigo and buzzing in ears, with heat. Corrosive itching; scratching until it bleeds; itching, warmth and formation of the concha: when chewing cutting sensation into eustachian tube.

**General Indications:** Affections of mucous membrane and cartilages.

**Aggravations:** Symptoms are renewed at noon; on being touched; lying on back; ailments from abuse of mercury.

**Argent. Nit.**

Deafness. Stitches from right into left ear; fullness and ringing in ears; tearing pain in ears; otalgia; chronic catarrh of the ear.

**General Indications:** General debility of limbs and trembling; in affections of mucous membranes; in chronic affections of brain and nervous system.

**Aggravations:** At night, in morning, from warmth, from cold food, walking or riding, after eating.

**Amelioration:** From fresh air, from eructations.

**Arnica.**

Noises in the ear, caused by rush of blood to head; great sensitiveness to sounds; buzzing and humming before ears, with deafness; deafness from concussion; bruised pain in ears; suppurring otitis, with stupor; after suppuration of internal ears; swelling of parotid gland; Menière’s disease, with vertigo (inclined to fall to the left).

**General Indications:** A bruised, sore feeling. Bad effects from injuries; falls; bruises.

**Aggravation:** In morning; at rest; lying down; from wine.

**Amelioration:** In evening and at night; from motion.

**Arsenicum.**

Sensitive to sound; ringing; roaring; humming; aggravated by warm, relieved by open room; deafness; parotitis; stitching pains in left meatus (kal. bi.) at night from within, out; profuse ichorous; cadaverous smelling discharge from ear; rash and heat about ears; skin within the ear becomes raw and burning; eczema of the auricle.

**General Indications:** Inflammation of mucous membranes; cutaneous affections, nervous affec-
tion; anxious; restlessness; rapid emaciation; anxiety; fear of death; exhaustion; fretful; burning pain.

Aggravations: At night, especially after midnight; from cold in general, cold food, cold drinks; from lying head low.

Amelioration: From warmth in general, lying with head high; from motion.

Ars. Iod.

Pain in ears from riding in cold wind; otitis, with fetid corrosive discharge; hypertrophied condition of the opening of the eustachian tube, and increasing deafness.

General Indications: In strumous or psoric diathesis, in conjunction with arsenic symptoms.

Arundo.

Burning and itching in canals of ears. Inflammation commences with shooting pains, and finally discharge of blood; purulent discharge from ears.

General Indications: Affections of mucous membranes, eyes, ears, nose, and throat; acute and chronic catarrhs; sensations as from insects crawling over body.

Asafetida.

Deafness, with offensive discharge; diseased bone; faintness, brought on by noises.

General Indications: In syphilitic patients who have taken much mercury; in nervous, hysterical subjects; scrofulous individuals.

Aggravations: Most symptoms while sitting.

Amelioration: In open air; from motion.

Asarum.

Over-sensitiveness; scratching of linen or silk unbearable; roaring in ears; sensation as if ears were plugged up; deafness; sensation as if skin was stretched over ear; pressure and tension in region of meatus.

General Indications: Nervous, anxious people; excessive sensibility of all the nerves; feeling of lightness of all the limbs; feels as if floating in air.

Aurum Met.

Humming, buzzing and rushing in ears; over sensitive to noises, but music relieves; caries of mastoid; boring pain behind left ear, fetid otorrhea, especially with caries; parotid swollen and painful.

General Indications: Affection of osseous and glandular system, resulting from a syphilitic, mercurial or scrofulous disease; marked despondency, with suicidal tendency; over sensitive to all pains; boring in the bones; caries, especially after mercury; caries of mastoid.

Aggravation: In morning; on getting cold; while reposeing.

Amelioration: From motion; while walking; on getting warm.

Badiago.

Slight shocks in ears like distant artillery in the afternoon and evening.

General Indications: Scrofulous constitution; lesions, and pains after concussion or contusion; adenitis; induration of cellular tissue.

Baptisia.

Delirium, with deafness; deafness in typhus; soreness of right ear, running down the neck; roaring in the ears, with mental confusion.

General Indications: In typhoid conditions; ulceration of mucous membranes; delirious stupor; prostration.

Baryta Carb.

Buzzing and ringing in ears; sounds in ear, echoes, crackings, reports, reverberations; reverberation in ears on blowing nose; roaring like the sea; cracking in the ears when sneezing, swallowing, or walking fast; deafness; drawing and twinging pain in ears; tearing, with boring and drawing in bones in front of right ear; violent throbbing in left ear; itching in ears; eruption in and behind ears; right parotid swollen, and painful to touch; scrofulous ear diseases; glands below right ear swollen and painful to touch; knotty swellings behind ears; parotitis after scarlet fever; deafness due to impairment of auditory nerve, especially in old people; suppuration of ear, especially in connection with suppurating tonsils.

General Condition: Affection of glands, throat; induration of tonsils; premature senility; general paralysis of old people; scrofulous children; left side most affected.

Aggravation: In morning; while sitting; while thinking of symptoms; from moisture or washing the parts.

Amelioration: When walking in open air.

Baryta Mur.

Pains in ears when blowing nose and swallowing; catarrh of ears; discharge like rotten cheese; otorrhea after frequent otitis; post-scarlatinal otorrhea; abscess behind both ears; offensive pus;
parotitis; deafness in children with enlarged tonsils and adenoids; especially useful in children and old people; atrophy and abnormal patency of the eustachian tube.

Belladonna.

Extreme sensitiveness of hearing to loud tones (Ac. China); roaring, ringing or noises in ears; loss of hearing; acute thursts of pain in internal and external ear; soreness extending from throat to ear; tearing in right external ear and side of face; tearing downward in middle and external ear; acute inflammation of the ears, terrific pain, rolling of the head, screaming, acute inflammation of the parotid; shooting pains; otalgia; acute inflammation of the ears; otitis; child screams in sleep; inflammation threatens to extend to meninges.

General Indications: Flushed face, throbbing carotids, the hard, full-bounding pulse, wild delirium; sudden appearance and disappearance of symptoms; over excitability of all the senses; cannot bear to be touched; sensitiveness of skin to touch; starts as in a fright from sleep; sleep with moaning and tossing about. In tonsillitis. Pharyngitis. Otitis.

Aggravation: After 3 P.M., and after midnight; on moving; from touch; from draught of air; from sudden changes from warm to cold weather; hot weather; from heat of sun.

Amelioration: When wrapped up well in a warm room.

Benzoic Acid.

Sensation in ears like a sound of confused voices; worst when swallowing and walking in the open air; throbbing and hissing in ears, synchronous with beats of heart; swelling behind ears.

General Indications: Especially adapted to rheumatic or gouty subjects; in syphilitic or gonorrheal patients; in cases where urine has a very strong odor; deep, red, wine color.

Berberis.

Gouty concretions in the auricle; very painful, with tearing, stinging pain; shooting pain behind right ears aggravated every evening; tearing and stitches in ears, as from a nail or a string; stopped up feeling in ear, with pressure; beating and fluttering noise in ear.

General Indications: In arthritic and rheumatic affections, particularly with urinary complaints; gall stones; vesical calculi; bilious and gastrointestinal derangements.

Borax.

Very sensitive to the slightest noise; left ear particularly affected in ear troubles; discharge from ears; smacking sensation, as if ear opened and closed, while it contained a thick paste; deafness, with tinnitus and discharge; roaring, crackling in ears.

General Indications: In affection of mucous membranes; great fear of downward motion.

Bovista.

Thick oozing scurf on ears; discharge of fetid pus from ears (Am. Hep.s Graph. Psor.); deafness; boil in right ear, with pain when swallowing.

Bromium.

Hard swelling of the left parotid gland, feeling warm to touch; suppuration of left parotid.

Bryonia.

Discharge of blood from ear; vicarious menstruation; feeling as if stoppage in ears; otorhea; roaring, rumbling like water over a dam; intolerance of noise; swelling, redness, painful sensitiveness and heat of external right ear, accompanied by swelling and painfulness of right parotid; boil in front of ear.

General Indications: Stitching, tearing pains; rheumatic affections; complaints from exposure to heat of fire; from warm weather; affections of serous and mucous membranes; patient morose, ill-humored.

Aggravations: Mornings and evenings; from motion, from heat, from warm food. after eating, from coughing.

Amelioration: In cold weather; in cold room, from cold food, while sitting, while lying, especially on painful side.

Bufo.

Beating of heart, reverberates in ears; otorhea; purulent ulceration and bleeding of external ears; pains aggravated by cold water washing; least noise is disagreeable; music unbearable.

General Indications: Tendency of wounds to suppurate, with throbbing, lancinating pains.

Cactus Grand.

Singing or ringing in ears; pulsation and buzzing in ears; otitis from checked perspiration; rheumatic otitis; hardness of hearing from congestion; noise in ears like running water; otitis from checked perspiration.

General Indications: Constrictive sensation in
various parts of the body, especially in region of heart.

**Aggravation:** Worse from sounds, even talking.

**Caladium.**
Extremely sensitive to noises (Ac. Bell. China.), especially if wishing to sleep; sensation of something before ear.

**General Indications:** Hyperesthesia of senses.

**Calc. Carb.**
Sensitive to shrill sounds; noise; deafness: cracking in ears when swallowing; ringing in ears; roaring; deafness after quinine; deafness, and on shaking head, singing and roaring; pain in ear; earache, aggravated by blowing nose; dryness or copious cerumen; inflammation and swelling of outer and inner ear; discharge from ear; ulcerations, offensive discharge, granulations, polypus: tickling in right eustachian tube; stitches extending from throat to ear; singing and cracking in ears; deafness from eustachian catarrh; cracking in ear when chewing or swallowing (Nit. ac. Nat. m). Damp, moist eruption behind ears; parotitis; swelling in front of ear sore to touch; suppuration of parotid; discharge from ear bland-yellow, not very offensive; deafness from working in water; scrofulous inflammation of the ear, with mucous-purulent discharge; enlarged glands, etc.; chronic inflammation of ear, with thickening of the drum.

**General Indications:** In scrofula, tubercular, and rachitic affections in general; fair, plump children; leuco-phlegmatic temperament; diseases of bones, glands, and skin; profuse sweat from slightest exertion; children large heads; affections from working in water.

**Aggravations:** Mornings, evening or after midnight; from cold and cold air.

**Amelioration:** In dry weather.

**Calc. Fluor.**
Calcareous deposits on tympani; mastoid disease when periosteen is affected.

**General Indications:** Osseous growths, nodes and swelling on bones; great depression.

**Aggravation:** Worse in damp weather.

**Amelioration:** By fomentations and rubbing.

**Calc. Phos.**
Deafness; exorciating discharge from ears; cold feeling, or coldness of ears, followed by throbbing heat; all bones around ears ache and hurt; earache, with rheumatic complaints, associated with swollen glands of children.

**General Indications:** In defective nutrition; imperfect cell development; disease of bones and glands in strumous subjects. Forgetfulness, impaired memory; mental anxiety with all troubles; children peevish and fretful; after grief, vexation and disappointment.

**Aggravation:** Mornings, evenings, from motion, cold, after eating, from change of weather, from getting wet in rain.

**Amelioration:** After lying down.

**Calc. Pireate.**
Inflammation in the ear; repeated attacks of boils.

**Calc. Sulph.**
Deafness, with discharge of matter from the middle ear, sometimes mixed with blood; pimples around ear.

**General Indications:** Cuts, wounds, bruises, boils; discharging pus; do not heal readily; in yellow purulent crusts or discharges; purulent sores and suppurations; follows silic. kali. mur. and bell.

**Aggravation:** After working or washing in water.

**Camphor.**
Singing, ringing, roaring in ears; stitches from a draught of air; yellow blisters around ear; congestion of ears; ear lobe hot and red.

**General Indications:** In coryza, influenza; great prostration.

**Aggravation:** At night; in the dark; from motion, from cold or cold air.

**Amelioration:** In open air.

**Cannabis Ind.**
Throbbing and fullness in ear; buzzing and ringing; noise like boiling water. Music intensely agreeable; hearing very acute.

**Cantharis.**
Ringing, humming, or roaring in ears; tearing in right ear and mastoid.

**General Indications:** Weakness, prostration, faintness; over-sensitiveness of all parts; urinary troubles; inflammation of mucous membranes.

**Capsicum.**
Cannot hear noises; dull hearing; catarrhal deafness; a pressive pain in ear after every cough, as if abscess would open; tympanum perforated; yellow pus; ears very hot; acheing deep in ears; swelling over the mastoid, red, shiny, and tender; periostitis of mastoid; tearing pain behind ear, swelling and painful to touch; periostitis and caries of mastoid; pain deep-seated; sup-
purification of middle with mastoiditis; great tenderness of mastoid to touch.

*General Indications:* Intense burning and smarting, as if from cayenne pepper; affections of mucous membrane, especially urinary tract and alimentary canal; vital power exhausted; in mastoid disease.

*Aggravation:* Morning on waking; evening after eating; after drinking; from cold.

*Amelioration:* From warmth and from continued motion.

**Carbo An.**


*General Indications:* Enlargements, indurations and ulcerations of glands. Useful in scrofulous conditions. Weakness and want of energy. Offensive debilitating night sweats.

*Aggravation:* Mostly in morning and evening. From cold. From open air.

**Carbo Veg.**


*General Indications:* Ailments from quinine. Ailments from abuse of mercury. In persons whose vital powers are low, especially old people; children after exhausting diseases.

*Aggravation:* Morning; evening; night. Dehility worse at noon. In warm, damp weather. Changes of weather.

**Carbolic Acid.**

Beating and humming in ears. Meatus auditorius excoriated, and covered with small pustular eruptions.

*General Indications:* Putrid discharge from different orifices of the body. Ulcers with foul odor.

**Causticum.**

Roaring, singing, humming, buzzing, etc. Deafness. Cracking and snapping in ears, on turning head. Reverberation of all sounds, even of patient's own voice and steps; words and steps re-echo in ears; she speaks low because her own words sound loud; paroxysmal stitches in ears; feeling of obstruction in ears; offensive discharge; offensive ear wax; eruption on ear lobe, and behind ears; pain in ears, as if something was trying to force itself out; stopped feeling and uncomfortable pressure in ears; ears sensitive to wind; dragging pain in ears; burning heat in ears after frost bite (Agar); unnatural accumulation of wax in ears.

*General Indications:* In catarrhal affections of mucous membranes; paralytic conditions; aphonia.

*Aggravation:* Generally morning and evening; in cracks; from cold.

*Amelioration:* From open air. From cold.

**Cedron.**

Tinnitus; deafness at night; singing as if of crickets: roaring in ears, produced by cinchona.

*General Conditions:* Periodicity of symptoms; clock-like in regularity; in malarial subjects; neuralgia intermittent in character.

*Aggravation:* Worse before a storm.

**Cepa.**

Tinnitus, roaring, humming, deafness; stitches towards and in ears; jerking pains from throat toward eustachian tubes; earache; discharging pus.

*General Indications:* Inflammation and increased secretion of the mucous membranes; coryza; acute catarrh.

*Aggravation:* In the evening, and warm room. In open air.

*Amelioration:* In open air.

**Chamomilla.**

Great sensitiveness to noise, especially to music; illusions of hearing at night, as though voices of absent persons were heard; roaring in ears as if from rushing water (Cocc. Gels.); ringing; frequent stitches in ears (Merc. Puls.); earache; acute inflammation of ear; ear red and hot; painful; particularly sensitive to open air about ears; swelling of parotid.

*General Indications:* Excessive sensitiveness to pain; peevish and irritable, nervous, excitable temperaments, especially in children; catarrhal affections in general.

*Aggravation:* In morning, at night, from anger, from cold, from lying down, during sweat, when fatigued.

*Amelioration:* After sweating; on rising; from motion.

*(To be continued)*
The New York Pilgrimage.

It was my great pleasure to visit New York during the third week of May, to lecture in the Practitioners' Course of the New York Homeopathic Medical College. I left Cleveland within an hour after the closing of the meetings of the Ohio State Homeopathic Medical Society, which, the latter, because of the request of the Cleveland Homeopathic Medical College, had postponed its annual meeting date one week, in order that the State Society might witness the graduation exercises, etc., of the college. It seemed to me that the recent ex-President had set a dangerous precedent in overriding a distinct Article of the Constitution which provided for the exact time of the annual meeting, in order to favor the Cleveland College. But no complaint was made, except by myself, and this apparently only for a personal end, and so the incident is closed. I had Dr. Biggar and Mr. Rudd (Chandler & Rudd), for travelling companions as far as Poughkeepsie, and right jolly companions they proved. When the one of them was not telling a funny story, the other was giving interesting experiences in commercial life. There was not a dull moment from Cleveland to Poughkeepsie.

On my arrival at the Forty-second Street station in New York, I missed the band and the transparency usually sent out to greet me, but soon found the residence of Dr. William Harvey King on Fifty-first Street, where I was put to rest and quiet for a few hours in order to look over my barrel of sermons and select something fresh and impromptu for the occasion. After I had done my first stunt I said to Dr. King that I marveled how anyone could find his house after nightfall, when all the houses in the row from Fifth Avenue to Sixth Avenue were exactly alike, no space between them, each with a winding brownstone steps up the front, each with the same number of windows, the same number of stories, the same sized and appearing door, the same keyhole, the same doorbell. He assured me that it was quite easy if one had not been to the Unanimous or the Meissen Club or the lodge. And, really, when you are once in one of these houses you don't feel quite so cajunmumixed as you imagined you would. There is lots of room and to spare. And still more surprising is the amount of light, seeing that the only source is from the front and back windows. A second marvel was the number of competing physicians in one block. Here I found Tuttle, and Dieffenbach, and Irving Townsend, and Belle Brown, and a number of others whose names are not familiar to me. Yet they all thrive and continue good-natured. Their wives (barring one) borrow each other's punch bowl, Welsh rabbit outfit, spoons, and napkins when unexpected company arrives. Think what heart-burnings and jealousies there would be in Cleveland if more than one friendly doctor occupied one block. I spent some very pleasant days in this house, meeting good Mrs. King and her two boys and Dr. King's sister. I went there worn out and tired from a hard winter's work and the preparation for and attending upon the Ohio State Society, and came away from New York rested and happy. Of course if I had been to Philadelphia instead of New York the implied sleepiness would be an unjust accomplishment. But in New York, despite that I was introduced to Garrison and Porter and a dozen others as The Man from the West who goes to bed every night at eight and rises in the morning at four to weed his garden and see that the cattle are watered and pigs are duly and truly slopped, there wasn't any too much time left for sleeping.

On one night of the session I was the guest of the Meissen Club, where I had to work my passage by giving them a half-hour speech on some homeopathic or professional topic; this task was kindly unloaded on me by Dr. Garrison—just as in the olden time the guest was put at the head of the table and requested to carve the mallard duck; after that there was an interested discussion of homeopathic problems in which the thirty, more or less, participated. The question was concerning the apathy which seems to have fallen upon the profession in the matter of sending or not sending students to our colleges, and the rather oblique fashion—to call it nothing worse—of many of the homeopathic profession sending their sons and students to old-school colleges. But not one of these present knew of an instance where a homeopathic Professor was sending his son to the old school. It remained for me to act as the ill-fated messenger of evil to the waiting Pharaoh, and to tell them what was being done in the West in that regard. They all declared it inconsistent and almost inconceivable.

A farther reason for the apathy was declared to be because of the enormous expense called for now to teach a student in a homeopathic college. The necessary apparatus required of the colleges by the law made the work of the unten-
...dowed schools very hard; so that they were handi-
capped sometimes with inferior apparatus, or had
but just enough of it to lie within the safety of
the law; and were unable to provide expert
teachers. Here was the great field of the day
and generation for the endowed schools and uni-
versities. It was the opinion of Dr. Harvey
King, pretty freely indorsed by the Meissen
Club, that the homeopathic school of the imme-
diate future must be that one which could put
several experts into each chair of the school.
He did not believe that a school having but one
teacher—however good—in each chair, could pro-
duce as good results as the school which had a
half dozen celebrities; as, for instance, in the
surgical department:—if there were six prominent
men, each with the very latest and best opera-
tions and teachings collated by him in his travels
abroad each summer and his studies and practice
each winter and spring and fall in his large prac-
tice, there could be no gainsaying this superi-
ority. The same was true, and perhaps more so,
in the materia medica chair. One man
might have a fine way of teaching his subject,
yet the class would tire of his sameness and per-
sonal idiosyncrasies: it would turn with relief
and renewed interest to the other four or five,
and thus secure the best in the chair. My own
contribution to this end of the discussion was
that materia medica was not taught with en-
thusiasm and fire in the modern school; that it
mattered but little however good a teacher may
be, if he does not impress his class with the feel-
ing that he himself believes in and uses the
materia medica and is a success with it, he will not
carry his class with him. They will desert him
for the first good operation to which they can
"skip" without hurting their standing in the
materia medica hour.

Another point made, I think, by Dr. King and
supported by Dr. Porter, was that the school is
dealing out medicines and instructions on the
science of a hundred years ago. That since that
time the status of science had been completely rev-
elutionized. That what the present homeopathic
school needed was a re-proving of drugs with
results made with the aid of modern instruments,
chemistry, and microscopy, brought up to the
instant moment. Of course one answer to this
scientific argument might be that a Truth con-
tinues a Truth to the end of time, and if Homeo-
pathy is a Truth, then re-proving will neither
destroy it, nor on the other hand, enhance it.

We have an instance in point in the work of
those Austrian provers who, half a century ago,
not satisfied with the provings of natrum mur., as
given by Hahnemann and his immediate disciples
and co-workers, instituted new provings, with
the well-known results that they found there was
nothing wrong in the Hahnemannian schema,
and, in addition, were obliged to admit the value
of the high potency. There was no doubt, how-
ever, of the catchiness and taking-ness of an In-
stitute for the Proving of Homeopathic and other
drugs. It would appeal to the scientifically-
minded as our present provings could not and did
not do. But who shall make these provings?
Can the American Institute with its paltry thou-
sand or two thousand dollars engage in so vast
an enterprise, with the possible devotees scat-
tered over twenty or thirty cities? What has
been the result thus far of the Institute Proving
Bureau? Evidently it must be done by some
quasi-private corporation with money, time, and
people at its command. Otherwise it will never
be done. If so done, then, I am sure, there
would be fewer alleged remedies in our books,
and these would be better-perfect. Then the stu-
dent and the practitioner would not be asked to
take wholly upon faith something like a hun-
dred remedies, of which to-day we know nothing
save a few—ten to thirty lines of—key-note
symptoms.

Another and perhaps not new thought in rela-
tion to the absence of students from homeopathic
colleges is the deterring word homeopathic
in the diploma. This had been the chief objection
urged by those preceptors of our school who had
sent their sons and students to old-school schools.
That one word militated sadly against the prac-
titioner. If the word could be taken out of the
title and some ordinary name substituted it would
help in much to overcome the apathy and indif-
ference; for, in the matter of teaching, many of
our schools are the equal of any allopathic school
in America. The instances of Pulte and Hering
were quoted as good names, which to the homeo-
path meant homeopathy and yet to the other
school meant nothing but the glorification of some
generous founder or medical expert.

The statement had been made that the Eclec-
tic School colleges seemed in several states to
have made palpable advances, while the Homeo-
pathic School was losing. This was explained by
others after this original fashion: that the Ec-
lectics had a greater percentage of students be-
cause of their peculiarly easy curriculum; but that in a few years after graduating these graduates affiliated themselves with the homeopathists because the homeopathists are a strong school, with strong colleges, strong organizations, and strong societies. Had you ever thought of that before?

And so the first hour of the meeting of the Meisen Club was taken up—and I understand this is the custom of the club—to discuss warm problems in relation to the homeopathic interests—and after that we adjourned to the adjoining banquet room (in the magnificent Astor Hotel where this Club meets fortnightly) and discussed a bounteous repast. Here I found Porter as usual, because of his particular merit, at the head of the table, and round that festive mahogany were Schenck, Garrison, Norton, King, Warner, Vanderberg, Tuttle, Town-end, Rabe, "Alex. McNutt" Roberts, Geo. W. Roberts (plucked clean and smooth), Bukk Carleton, and many others whose names I do not now recall; but they were all jolly good fellows, who were deeply in earnest in the discussion of the homeopathic problems, and then approved themselves just as happy and light-hearted and winsome when it came to story-telling and smoking and drinking imported seltzer in tall stone jugs.

The class at the College was composed of practitioners from many states, one from Dakota, another from Wisconsin, another from Iowa, and so they came, from everywhere, all bent on getting the best they could from these many expert Professors attached to and affiliated with this prominent school. Without a question the facilities for teaching the latest and best medical science are to be found in this New York Homeopathic School. Its endowments are princely; its roster of Professors is filled with men of national reputation, skill, and experience.

I saw some wonderful things done by Dieffenbach in the electrical clinic with the X-ray and the violet ray and the other electrical appliances. Several cases of lupus were exhibited as undoubtedly disappearing under the rays. Dr. Stearns was working the Chattanooga Vibrator in a number of cases with promise of good results. A little girl with tuberculosis of the knee joint was being treated with the violet ray by Dieffenbach with the assistance of Dr. Beal and others. At Dr. King's residence I was permitted to see the action of the Finsen light, (which the Doctor purchased last year in Copenhagen) upon lupus and kindred conditions with results that were both interesting and marvelous.

I was too busy to visit the hospital, which has many interesting cases at all times, and where the students get that one touch of medical study which makes them physicians. I would like to have visited these wards, and was asked by several young men in paraffined-paper pants and jackets to "come on"; but time was too limited.

I cannot close this personally-conducted letter without delving into private matters for a moment or two more, in order to remark what an omnivorous student and reader Dr. King is. He has a room at the top of his house, chock-full of books, on shelves, on the tables, and on the floor which would please the heart of any book-worm anywhere. He is a lover of pictures and curios and his rooms are filled with specimens of foreign and native colorings, some of them secured at great price, as well as many interesting "brick-bats" collected in his various journeys to Europe.

I was awakened the first night by hearing "Big Ben" (Parliament Houses, London) striking the hour. I could not divest myself for a few moments of the impression that I was in my usual room in Southampton Row, London, and listening to "Big Ben" booming the hour. In the morning I found that Dr. King had a grandfather's clock in his Reception Room which strikes with wonderful similarity and fidelity the chimes of the famous London clock. And if the light should ever fail at night he would have only to reach under his pillow and listen to his watch which strikes the hour and the quarters, and gives him the various phases of the dark of the moon for planting early potatoes or getting the left hindleg of a graveyard rabbit.

But, after all, when all is said and done, and the great summation is made, and the balance cast, Dr. King's greatest treasures are the sweet-faced, happy lady, who sits behind and presides over the tea-urn and things, and his two stalwart sons. He has a happy family, and is happy himself. More power to his Deanship and to his First Homeopathic College of the World!

The Editor.

The New York Homeopathic Medical College and Hospital has in it the promise of a most glorious future. It has a most princely endowment and more coming. It has buildings for its college and hospital work second to none in the United States; and it has a long head-roll of Professors who really profess.
Surgical Treatment of Facial Neuralgia.

In the preface to his monograph Jonathan Hutchinson, Jr., says that "considerable difference of opinion still exists as to the best forms of operation for facial neuralgia. The hope of providing a clear account of a complex and difficult subject and of making it more simple is the chief reason of this work."

The author at the outset distinguishes between neuralgia of a symptomatic kind and neuralgia major or epileptiform neuralgia. For the former condition no operation on the nerve trunks is called for. Fortunately for the patient, even the graver form, true epileptiform neuralgia, hardly ever begins in the first division of the fifth nerve, or, if it does so, it involves it comparatively little. The chief features of this terrible affection are described, and Hutchinson distinctly states that medical treatment, except increasing doses of morphine—a remedy almost worse than the disease—has little or no effect; while partial or complete removal of the Gasserian ganglion alone affords a permanent cure. Its exact pathology is unknown, and the Gasserian ganglion and its main branches show no pathological change; moreover, the disease has no relation to arterial sclerosis, as some have averred. Certain cerebral tumors pressing on the ganglion or its branches give rise to symptoms somewhat similar to the affection under review, but when a tumor is present the oculo-motor nerves are sooner or later involved, and there is obstruction of the orbital circulation, causing proptosis, etc.

Formerly it was the practice to treat these cases by repeated operations on the peripheral portions of the nerves, and Trousseau's remark in this connection is quoted: "Even now, after more than thirty-six years of practice, I have never known it to be cured in a single case radically." Happily for the sufferers a radical cure has been found, and when once the neuralgia has spread from one division of the fifth nerve to another it is useless to waste time over extracranial operations. Intracranial operations, by whichever route the ganglion and its main branches are reached, are amongst the most difficult in surgery.

Hutchinson prefers the temporal route or the Hartley-Krause method, and details fully the procedure to be adopted and carried through. He has introduced a most important and, as his cases show, successful modification into the operation. Instead of removing the whole of the ganglion, only that portion corresponding to the superior and inferior maxillary trunks is taken away. The ophthalmic division of its corresponding ganglionic root is left intact, thus obviating the risk of sloughing of the cornea and loss of the eye. Indeed it would be interesting to know in what percentage of cases, where the whole ganglion has been excised, the eye has been lost. In conclusion, we can write with confidence that Mr. Hutchinson has realized in every sense the hope expressed in the preface, and has made a complex and difficult subject exceedingly clear.

About Dreaming, Laughing, and Blushing.

Dreams, laughter, and blushes are not phenomena which suggest, on the face of them, either any sort of inter-relationship or any possible dependence upon a common cause. In their manifestations, existing conditions, and attendant circumstances they seem as widely severed the one from the other as it is possible to imagine mental or physical states to be. To most people it will come as a surprising revelation that they may all three be due to a species of temporary insanity; yet this is apparently the opinion of Sir Arthur Mitchell.

In the preface to his book a clew to the issue of his studies and reveries is to be found in the hope he expresses that his conclusions, even if not fully accepted, may be regarded as worthy of consideration, "because of their having, if only in part correct, a possible useful outcome in the general study of mental disorders."

As the title leads the reader to expect, the volume is divided into three parts. In dealing with dreaming the author prefaces his argument by stating that "there is no such thing as dreamless sleep." This is a bold statement, which it would be impossible to prove, but which is certainly not in accord with the personal experience of a large majority of healthy men and women. So true is this that the occurrence of dreams which disturb the sleep night after night is to many people such an unusual experience that it drives them to the doctor to find out what has happened to account for this unpleasant interruption of the completely unconscious sleep, to which they are accustomed, and which is rightly regarded by both doctor and patient as Nature's normal restorative for wearied tissues.

It is surely a wide assumption to say of mental activity that it is unceasing and comparable to
the automatic mechanism of respiration and circulation, but it is on this analogy that Mitchell bases his theory that "at no time can we choose whether we will think or cease from thinking; and, like other parts of the work of the brain, it is at least possible that it (thinking) may go on without stoppage while life lasts, under control of the will when we are awake; and without that control when we are asleep." The theory may be fascinating, but is it justified by what we know of functional activity in other organs, and is a more simple and probable explanation of dreaming not provided by the generally-accepted hypothesis that it depends upon direct or reflex irritation which, either through the circulatory or nervous mechanism, interferes with the relative anemia in the cerebral cortex associated with profound and dreamless slumber.

In the section on laughter, it is stated as remarkable that "any particular mental state should be expressed by such a widespread muscular commotion and tumult." But why more remarkable than that sorrow should be expressed by a downcast countenance and weeping eyes, or the boisterous health of childhood by shouting and almost ceaseless muscular activity?

It seems fanciful to speak of laughter as an indication of a certain transient condition of mental aberration. But this is the explanation which Mitchell offers. "In my opinion," he says, "dreaming and laughter both appear to be states of passing mental disorder." Similarly in regard to blushing, he asserts that "it is of such a nature as to prevent any hesitation in regarding it as a transient state of mental disorder." The warrant for this opinion is founded on the fact that the act of blushing is accompanied by a sense of confusion. But is it always so? and if it is, need the point be strained to find a solution other than that which is most obvious—namely, a temporary stimulation of the brain by capillary dilatation similar to that which finds its visible expression in the suffused cheeks?

There is much in the book that is suggestive as well as novel, and the author's views are clearly and concisely stated; but we agree with him in the doubts which evidently beset his own mind when he says, "If I think that in blushing, as in dreaming and laughing, the moral faculty is in disorder, I have not much to support the opinion.'

Lateral Curvature of the Spine and Pelvic Deviations.

Richard Barwell, in the sixth edition of his rewritten work, sets forth certain facts which constitute the key to the problem of spinal curvature, and which form the rational basis for effective treatment. In the first chapter he discusses the diagnosis, and enumerates the symptoms. We wish he had alluded to the differential diagnosis, because it is now well-known that cases of Pott's disease with lateral deviation are often mistaken for lateral curvature and treated as such with disastrous results.

The great point in this edition, which Barwell insists upon, is the influence of pelvic obliquity and pelvic version in the production of scoliosis. We think he has done good work in drawing attention to this factor in the deformity, because in a large number of cases, unless it is recognized and corrected at the outset of treatment, no good result can accrue. In discussing treatment, the author condemns retentive appliances, and rightly says that the first essential in treatment is to enable the patient to recognize that his pelvis is "amnesial," and induce him or her to correct such asymmetry by voluntary effort—in fact, to overcome the "mental topsy-turveydom" so often associated with scoliosis. One reason of the want of success in overcoming scoliosis is the difficulty of enlisting the intelligent co-operation of the patient. There are many points to which we should like to refer, but we regard this little work as an original effort to solve the difficult problems of scoliosis, and the writer has not been unsuccessful. We could wish that his style and diction were a little less involved. Some sentences are difficult of comprehension. Thus, speaking of the outlines of the flanks, Barwell says: "The differences between them reveal chiefly—of course, not solely—the presence and amount of lateral deviation, for these margins are deficient in rotation, or in severe cases are actually hollow opposite concavities, too full and rounded opposite convexities of the laterally curved spine."

Deaths in Childbed a Preventable Mortality.

In the first of three lectures Dr. W. Williams demonstrates two broad facts. One is that child-birth in England is attended with a mortality amounting to from 2 to 3 per 1,000 from puerperal septic diseases; and that this mortality is not appreciably less to-day than it was fifty years ago, notwithstanding the introduction of antisepsics. The other is that in certain lying-in hospitals the death-rate from puerperal septic diseases up to 1880 was considerably higher than that in the general population, but that since 1880 the death-rate from septic diseases in the lying-in hospitals has been much less than that outside. He examines with much care the mortality from puerperal fever in certain districts; but we cannot say that he throws much light on this. Lastly, he shows that the death-rate from septic disease is much higher in young mothers (aged from 15 to 25) than in those older. The same law, he shows, applies also to eclampsia. Puerperal mania is a little more frequent in the young, but not much. But the death-rate from placenta previa, flooding, and rupture of the uterus is much higher in the older than in the young. Dr. Williams's explanation is that the uterus wears out. In the second lecture Dr. Williams considers the etiology of puerperal fever. He brings forward instance after instance of the occurrence of series of cases of puerperal fever in the prac-
tice of particular medical men and midwives. He has sought carefully for evidence connecting puerperal fever with defective drainage, scarlet fever, diphtheria, or other zymotic disease, but finds none. The third and last lecture deals with preventive measures. The means of prevention of puerperal fever that seem to him needed are: That "every girl among the poor and artisan classes should be taught the elementary principles of nursing and hygiene," an excellent proposition; but why limit it to the poor and artisan classes? Dr. Williams might have adduced much more evidence in favor of his main conclusions had he used other as well as English experience.

Geburtshilfe
eine Einführung in die Praxis.
Dr. Fritsch's introduction to the practice of midwifery is not too ambitious a book. It contains no bibliography. Conflicting theories and alternative methods of treatment are not discussed. It is a plain, straightforward account of what the accoucheur ought to know, what he ought to do, and how he ought to do it, by a practitioner and teacher of large and long experience. Its object is practical instruction, not controversy. If we think that there are better methods than those recommended by the author, we do so with deference, knowing that he speaks from experience. We shall best illustrate the character of the work by quoting the author's opinions on some points. First we will take an ethical point:

"It is self-evident that the woman in labor has the right of disposing of her own body. If she will accept a risk the doctor should not hesitate to comply with her wish. If she is averse to an operation and prefers to sacrifice the child, she has a right to decide. The doctor may and ought to recommend Cesarean section, but he is without doubt not justified in doing it against the will of the patient. If the patient is willing the question should be put before her whether the operation should be so performed as to exclude further pregnancies or to allow the possibility of another pregnancy. He should bring to the notice of the patient that in the first case, if, as it is always possible, the child dies, self-evidently every hope of offspring is at an end, but that if the operation is done so as to preserve the possibility of pregnancy, the same peril, pain, and trouble may recur. If, after consultation with those who seem to her suitable advisers, she decides upon the one or the other course, the doctor should comply with her wish" (p. 303).

Professor Fritsch is conservative, not to say old-fashioned. We find no mention of the axis traction forceps. The practitioner is advised to ascertain the position of the head by feeling the sutures and fontanelles, and to vary the direction of traction according to the natural mechanism. The only allusion to the cephalotribe is in these caustic sentences:

"It lies in human nature that continually new instruments are invented with the object of diminishing the size of the head. I intentionally do not mention these complicated instruments, and strongly recommend the simplest as the best to keep to."

Most of his readers will thank Professor Fritsch for this; but some of us may think cephalotripsy both simpler and better than delivery by the craniotomy forceps, which is the method recommended by him. Professor Fritsch astonishes us by saying that hebotomy is better than symphyseotomy. Surely this cannot be the outcome of experience. Hardly any operation can be simpler than supratentaneous symphyseotomy (of which Professor Fritsch seems not to have heard); but hebotomy—that is, sawing through the pubic bone with a chain saw—as described here must be a very tedious and troublesome proceeding. The author has a taste for irony; he tells us that

"Incision of the abdomen and washing out the peritoneal cavity with disinfectants in streptococcal peritonitis has an advantage in that the patient's sufferings are shortened by the more rapid approach of death. No patient has been saved by it."

We note with interest one summary of experience by Professor Fritsch. He tells us that for a long time he treated cases of parametritis by opening exudations from the vagina as soon as they could be felt. But although he often found and let out pus, yet this was often difficult, and the attempt sometimes led to injury to the rectum, bladder, ureters, or uterine arteries, the last-named accident leading to great bleeding. As compensation for these risks he found the advantage slight. Recovery was slow; the openings contracted and had often to be dilated or reopened; so that the course of the disease was not shortened. He now recommends expectant treatment, with moist compresses, which, as he dryly says, oblige the patient to keep at rest. If the exudation points above Poupart's ligament, then an incision parallel to that structure should be made.

Traitément des
Hémorragies Puerpérales.

The term "puerperal hemorrhages," as used by Dr. Keim, means bleeding from any cause during or soon after pregnancy, and includes hemorrhage from abortion, traumatic, accidental, placenta praevia, post-partum, hemorrhage, and that from a ruptured uterus. We may note a few particular points in the work. A general account is given of the means we have of stopping uterine hemorrhage. From it we learn that the use of adrenaline in obstetrics has given very uncertain, and in general very feeble, results. It is dangerous to use gelatine in puerperal hemorrhages, for gelatine is too good a culture medium for microbion flora. In case of vesicular mole we cannot but think the author gives haz-
ardous advice when he recommends currettage. He tells the reader that if rupture of the uterus is imminent and, above all, if it has occurred, immediate hysterectomy should be done. Has Dr. Keim ever watched the result of simply putting a tent in the cervix and giving ergot? In placenta previa he mentions Champetier de Ribes's bag, but brings against it objections which we have not yet found to exist. He says it can be used only in hospitals or large towns where many bags, asepticized, and ready for use, can be quickly procured, for the bags are difficult to sterilize, they tear, and the accoucheur must have several at his disposal. If this is Dr. Keim's experience he had better change his instrument maker. He says that in using Champetier de Ribes's bag one should from time to time let out a little water and pump it in again, to make uterine contractions more active. This is superfluous. Dr. Keim mentions the injection of saline fluid, which he calls "artificial serum," in collapse after hemorrhage, but he seems not aware of the amount that can be given. The upper limit he gives is about 2 to 2 pints. Twice as much as this may be used with advantage.

The Practice of Obstetrics.

This book by Dr. J. C. Edgar is a large one, and there are places in which the author has been rather too ambitious of completeness, so that the pruning knife might be used with advantage. Thus, at p. 1025 several methods of "cephalotomy" are mentioned, none of which the author recommends, and none of which have ever come into practical use. Why, then, muddle the student's head and burden his memory by referring to them? At p. 943 a writer is quoted who recommends the Trendelenburg position for prolapse of the funis. This is not a wise recommendation, for in the Trendelenburg position the axis of the uterus is horizontal, just as it is in the lateral position, which is far more comfortable; and Dr. Edgar does not indorse the advice; why, then, need he quote it? Dr. Edgar has read largely, but he seems not to have heard of Oldham's perforator or of Braxton Hicks' cephalotribe, although these are far superior to the instruments Dr. Edgar recommends. Ramsbotham's sharp hook he calls Schultz's, although Ramsbotham had invented this hook long before Schultz was heard of. Page 1027 is occupied by a description of decapitation with Braun's decollator, a comparatively inefficient instrument, which Dr. Edgar does not use. Why, then, waste a page over it? Dr. Edgar might improve his description of decapitation by the sharp hook if he were to read Ramsbotham's directions for using it.

Dr. Edgar describes "the subcutaneous, which is beginning to be styled the Ayers method" of syphysisotomy; but this method is not subcutaneous, for there is a skin wound in which the operator is instructed to place gauze. With a knowledge of subcutaneous symphysisotomy no one would ever think of doing the "Ayers method." Dr. Edgar is not carried away by the wild recommendations of those who would treat retroversion of the gravid uterus by abdominal section. But he seems unaware of the fact that in most cases of retroversion and incarceration, if the patient is kept recumbent and her bladder empty, the uterus will right itself within forty-eight hours. Not everyone will agree with the sweeping advice given as to the treatment of ectopic pregnancy: "Whenever the fetus is alive laparotomy should be employed." This will be admitted to be good practice in the first half of ectopic pregnancy. But is it so during the second half? Dr. Edgar does not help us to judge, for he gives no estimate of the mortality attending abdominal section in the second half of ectopic pregnancy. The lowest estimate that we know of puts the mortality at 30 per cent., and why should the mother run this awful peril? Is it for her own sake? She is in no immediate danger. Is it for the child's sake? Dr. Edgar says the children are often deformed. If the case is left till the placenta has become thrombosed, which will happen before suppuration begins, the risk of operation is then slight. Dr. Edgar says, "If the fetus has died ..., putrefaction is to be feared at any moment." "Putrefaction" in the literal meaning of the word—that is, decomposition with the liberation of offensive gases—is excessively rare, either in uterine or extrauterine pregnancy. We presume that Dr. Edgar means by "putrefaction" decomposition with suppuration, and in connection with a process so chronic the word "moment" is hardly the fittest to use. It would be more correct to say suppuration may begin in any week; and in ectopic pregnancy it is hardly a thing to be "feared," because it is a process which greatly reduces the danger of operation.

Our divergence of opinion on some points here presented does not detract from our high estimate of his work.

Tetanus and Gelatine Injections.

In Progressive Medicine in discussing the occurrence of tetanus in the course of gelatine injections the editorial statement is made that although it is somewhat frequent among patients treated for hemorrhage by this method, yet, as far as the writer knows, it has never occurred in the treatment of aneurism. We can readily recall at least two fatal cases in patients suffering from aneurism treated by this method. The injection to thoroughly sterilize the gelatine to be injected is very properly given, and it is accompanied with the advice that the gelatine should not be heated too much, lest its coagulating power be destroyed. We should like to have seen set forth the evidence of this implied statement; it has been denied, as a matter of fact.
FIFTY YEARS AGO.

Dr. Hiram L. Chase of Cambridge, [may his shadow never grow less!] in speaking of homeopathy fifty years ago, gave a graphic picture of the status of homeopathy during the early years of his practice. He touched upon a feature, which if carried out to-day would make the homeopathic profession a much stronger organization, namely, the harmony and the fraternal attitude which existed between the physicians of the homeopathic faith in his day. Potency, though a disputed topic, was not carried to the extent of establishing a division in our ranks. Close adherence to prescribing according to the totality of symptoms, and the similia, was the ground taken by all those professing homeopathy; whether the tincture or the cm. were prescribed, so long as the single remedy and the similia prevailed, no personal differences were entertained—N. E. Med. Gazette.

The above is an extract from the proceedings of the Sixty-Fifth Annual Session of the Massachusetts Homeopathic Medical Society, recently held in Boston. The statement of this dear old gentleman, whom we all delight to honor, touches most vitally the problems of the homeopathic hour. Truly fifty years ago, there was more of harmony, and unity, and peace, notwithstanding little individual vagaries, than there is to-day. Note the reason assigned: "Close adherence to prescribing according to the totality of symptoms, and the similia, was the ground taken by all those professing homeopathy." Aye, there's the rub, ye modern scientific homeopathic colleges and societies! Fifty years ago, when homeopathy stood fairly and squarely, sans peur et sans reproche, before the public, as homeopathy, there was no bickering, no jealousy, no biting of thumbs at each other. Each member of the guild felt his moral responsibility to uphold homeopathy, the best homeopathy that was to be had; and the public got homeopathy. But, alas! prosperity assailed us and we fell—into science. So that to-day, dear Dr. Chase has not failed of seeing how we are no longer harmonious upon any thing. The homeopathy of our fathers, and that upon which we got our foothold and neckhold and became famous, no longer satisfies the scientific spirit; everything must be dissected down, down into its elemental atoms in order to see "The whee's go wound." The materia medica of Chase and his confrères which was good and efficient from Hahnemann on up to twenty or thirty years ago, curing hundreds of thousands (and in the hands of a few of the Old Guard still curing other hundreds of thousands) is no longer trustworthy: it must be plucked limb from limb and re-constructed so that the eye specialist may have all his long-handled names inextricably woven into our present simple-worded fabric; so that, in short, each specialist now in existence, and other hordes yet to be uncovered and discovered, may find all his or their technicalities, diseases, and diagnosis scientifically embalmed.

Oh, it is going to be a wonderful materia medica, when the American Institute of Homeopathy gets through with its Revision! Hughes and Dake tried this once before, and bound the Institute to the purchase of a few wagon-loads of unmarketable volumes. Didn't the Institute get enough of it that time? Is it quite ready for another gold brick?

Yes, that's why, as Dr. Chase intimated, we lack harmony. Fifty years ago, we had something to stand on and fight for: we were homeopath then; we painted it on our strap-iron door sign: we printed it on our visiting cards and other stationery. We believed in homeopathy: we taught it: we practised it: and we fought like cats and dogs when anyone dared attack the Hahnemannian law. And the people honored us and flocked to our banner.

Now? Well—er—a—we're not so sure. You'll admit, of course, that Hahnemann wasn't as scientific as we now turn them out of the modern medical school. He was an undoubted well-educated man, a double-headed wonder, a fine physician and all that, still, you know, he was visionary. He would dream dreams. He believed in infinitesimals. Then you know he couldn't foresee our wonderful advances in electricity and kindred sciences. He didn't know suggestion. And at the last, in his very old age, he married a ravishing young Frenchwoman, and he got, or rather we got high potencies. There must be reason in all things, you know. So we are scientifically tearing the butterfly to pieces to find how it makes its butter, etc.

And the more we revise our materia medica, in order to make it scientific—one of the most unstable of hitching posts to tie to is science—the more we will either lose it entirely, or, a few of us will return to and stay by the original unrevised Bible, the King James version of the Great Master and Him crucified!

Verily, verily, these are the times to try homeopathic souls! With the clamors of science on the one hand, and the time-serving bastard homepaths on the other, the chances of an early harmony or union in homeopathic ranks is precious slim and getting slimmer each enduring day.
ANOTHER GOOD MAN GONE WRONG.

At the annual meeting of the Connecticut Eclectic Medical Association to-day, at Hartford, says a newspaper clipping, Dr. S. B. Munn, of Waterbury, in a report on contagious and infectious diseases, declared that smallpox and spotted fever were not contagious.

"The greatest disease of to-day," he said, "is fear, which physicians inoculate into the community. There is an epidemic of everything with the old-school physicians except one of common sense."

He said that he had noticed since the State Board of Health had been organized the death rate had increased rather than decreased. "Doctors," he said, "do more to frighten people into diseases than any other one cause." He gave it as his opinion that vaccination was generally advocated because it meant money in the doctor's pocket.

Here is another of the anti-vacks, who, we were led to believe, were all rounded up in our own beloved homeopathic ranks. It makes us feel a bit easier to know that other schools have not escaped this visitation of Providence (?). We had always supposed from knowing so many first-class eclectics, that they were, as a class, specially fortunate in membership since they had nothing to fight about: no potency, no similita, no Law! no combination tabs., no faulty materia medica, antitoxin, bugteriological serums, and the like. Their medicines, we supposed, were in specially prepared Specifics with the directions, dose, etc., on the bottle. So that, given a good diagnosis, the medicine was at hand with no waver of doubt as to which potency, what dose, how often repeated, etc. But Dr. Munn of the famous watch factory town proves himself a fanatic, and, thereby, perhaps, after all, establishes the rule that the eclectics are good fellows. How any man with two eyes in his head, and the usual modicum of gray matter can pass a lifetime among his fellow men and not note the absence of pitmarks to-day where fifty years ago, certainly a hundred years ago, pock-marked people were the rule, is beyond our ken. We, ourself, had the misfortune to have been nearly wiped off the face of the earth with this frightful thing at the age of 6, leaving us for years partly blinded, weak, and useless. Smallpox was prevalent every year then as colds and grippe are to-day. People knew it could be "caught," and being caught might destroy life, and certainly did destroy skin and weaken the eyes and other organs. But when the dangerous nature of the contagion began to be understood and isolation and vaccination (arm to arm) was practised, the disease, certainly in its epidemic form, melted away, until now we have only an occasional case of smallpox where formerly there were hundreds. There are many hundreds of doctors in practice to-day who have never seen a case of smallpox. How many of the elders can say this of their practice in the sixties and seventies? And still smallpox is not contagious and vaccination is simply vexation and is done to augment the doctor's bank account! This deluded doctor is out of the date and out of place. He's been asleep about thirty years. He ought to be a fine candidate for reader in the Christian Scientist Church or, better still (because it pays better), he ought to be made sub-editor No. 2 of Medical Talk.

NOT THE TOMB OF ADAM.

"The Prince of India," as he was wont to be called while attending Herion College at Chicago, we mean the younger Majumdar, shows his Homeopathic training as well as the Americanization of his ideas, in the Indian Homeopathic Review, of which the "Prince" and his father are editors. Doubtless there are many other homeopathic well-wishers besides ourselves who are watching with bated breath this effort to float a homeopathic journal in the Far East—so far east, that it is almost west. It already carries one advertisement that would kill the journal if it was fathered and feathered in an American city. We infer, from the prominence given this disreputable Major Elixir of Life, that Major prints the journal, and, hence, has the right of way. That is one danger. The other is its persistent copying of American materia medica melange, especially if they partake of the one-time-and-two-motion form of cure. Dr. Villers, of Dresden, adventured upon this same tempestuous sea of trouble, i.e., copying long papers written by notorious paper-writers, and miraculous cures by men of the same general ilk who didn't have enough practice to continue in one locality over a year or two. These papers and cures sounded "glorious," but that was about as far as the truth went, that is to say—the sound. In our own beloved country we were not deceived by these medical Micawbers. The result was that in due time Villers' little monthly journal did the Chicago Homeopathic College act and disappeared. Thus far, however, we beg to say, the Prince of India has done well with his copy; while his selections are mainly of the "high" kind, still there are many of the "betwixts," and the American habit of "editing" is quietly but rapidly coming to the front.

In a recent issue we noted "The Tomb of Hahnemann" which seemed familiar for a day or two until we were able to dissociate it from "The Tomb of Adam." This latter tomb was the discovery of a young Ohioan, who had imperiled his life and the contents of his stomach on the briny deep, and as well, endangered his celebrated chastity and continence, by remaining some days in gay Paris, and during this latter period, had found the tomb of—no, not Adam,—but of Hahnemann. In contributing this discovery to our eminent local college contemporary, a little further down the street, he also sent a photo, and so our esteemed contemp. was en-
able to print and publish a “beat” (as it is called in newspaper parlance); differing, however, in this modern instance, from the accepted rulings and decisions in such cases, in that this “beat” is about five years old, and among all—did we say all? no, not all; all but one—homeopathic journals considered the deadest of dead matters. In his descriptive matter the Buckeye boy says: “we cannot but feel that the international subscription that created the beautiful monument,” etc., etc. And as we and ours were present in 1900 in Père Lachaise, when the monument was unveiled, and heard François Cartier read off the list of American donors, we were not overly proud of our American gift. No, we were not. Happily “international” did not mean American; so our new Homeopathic Columbus is still within the fire-limits of his rhetoric, in speaking so effusively of the “international” subscription.

However, enough of the Ohioan. In the vogue of the Far West, “he done well.” But why did this tomb find a resting place by copy in this far eastern homeopathic journal? Was it necessitated to the Prince of India as it was to the Cleveland journal? Or was it again the story of the Bowery tough who assailed and assaulted a peaceful Grand Street Jewish clothing merchant. When eventually taken apart by bystanders the Jew wanted to know what he had done to provoke such an assault. Why, you hung Christ on the cross, responded the Bowery bully. My goodness me, said the mutilated merchant, why, dot happened over eighteen hundred years past! I can't help that, said the tough, I just heard of it.

### Rabelais as a Physician.

It is a matter of common knowledge that the creator of Gargantuaua began life as a monk, and after passing from one order to another, gathering vast erudition on the way, threw off the cowl and replaced it with the doctor's cap. He was about 40 when he entered the University of Montpellier as a student of medicine. His progress was amazingly rapid, for having matriculated on September 17th, 1530, he became a Bachelor of Medicine on December 1st following. He forthwith began to lecture on the Aphorisms of Hippocrates and the Ars Parva of Galen.

Towards the close of 1531 he was appointed physician to the Hôtel-Dieu at Lyons, and though he was only a Bachelor assumed the title of Doctor—an early instance of a practice which has since become common enough. The irregularity of his attendance got him into trouble with the hospital authorities, and in 1535 his services were dispensed with. Returning to Montpellier, he studied for some time and in April, 1537, passed his examination for the degree of Licentiate. Promotion to that of Doctor followed in due course. Rabelais, notwithstanding the somewhat erratic character of his studies, gives in his famous work innumerable proofs of his thorough knowledge of the medical science of his day. He is fond of anatomical details, which are generally remarkably accurate; he is known to have practised dissection at Montpellier, and a claim has seriously been put forward on his behalf that he was a pioneer of scientific anatomy before Vesalius. He modified an apparatus for the treatment of fractured leg described by Galen and gave it the imposing name of “glossocomium.” Although the drawing of this apparatus gives one the impression of an antique engine of war, it seems to have been regarded as a distinct improvement in surgical practice; and so great a man as Ambroise Paré did Rabelais the honor of appropriating the invention without thinking it necessary to mention from whom he had got the idea. Rabelais also devised a syringotome or probe-pointed guarded bistoury, which was used to divide the peritoneum in penetrating wounds of the abdomen.

Of Rabelais's medical practice, whether at Lyons or elsewhere, little is known. He was titular physician to princes of the Church, such as Cardinal du Bellay and Cardinal de Langy, but it may be conjectured that this position was for his own protection rather than theirs. There is, indeed, evidence that in 1540 he was consulted by the Bishop of Narbonne on a matter as to which he may have been supposed to possess special enlightenment. The case propounded to him was as follows: Philippus Sacculus, President of Milan, had taken counsel of the doctors of Bologna and Venice on the question whether a daughter who had just been born unto him could be regarded as got 'twixt the lawful sheets. It was on October 20th, 1639, at the fourth hour of the night before the new moon that the President first had carnal knowledge of his wife; and long before the nine months required by Nature were fulfilled, a fine girl, having all the appearance of being a full-term child, had made her entry on the stage of the world. Unfortunately there is no record of Rabelais’s solution of the problem.

In a thesis presented not long ago to the Medical Faculty of the University of Paris for the degree of Doctor of Medicine, M. Maurice Mollet deals with Rabelais as a clinician. A fairly complete notion of the therapeutics of the sixteenth century may be obtained from his writings. He not only mentions the remedies but indicates their uses, and by the extravagant praise bestowed upon some of them evidently intends to ridicule the folly or superstition of those who believed in their virtues. He invented a condiment made of salted fish—"garus," anchovy or sardine—seasoned with various spices, which he called garum, and recommended to his friend, Etienne Dolet, as the best thing for a man who passed his life bent over books, to restore appetite, purge the humors, and move the bowels. This "green sauce," whose virtues were celebrated by Dolet in Latin, and by Clement Marot in French verses, had a great vogue for some time, and is still used in a much modified form in
some villages of the South of France. Rabelais himself soon scoffed at his own invention.

It may perhaps be considered as in accordance with the eternal fitness of things that Rabelais's fame as a practitioner seems to rest mainly on his treatment of syphilis. The method then in fashion was that of the Italian, Gaspar di Torella. At first a mercurial ointment of the strength of 1 in 40 was applied; the effects were so satisfactory that the strength was increased and the injunction was extended to the whole body. Afterwards the patients were put fasting into a room heated to such a degree that some of them fainted on entering. The treatment was continued from twenty to twenty-five days. Poor people were placed in ovens where they were sometimes forgotten. Most of those who underwent this barbarous treatment died either of exhaustion caused by profuse sweating, or poisoned by the mercury. Only about 1 per cent. survived. In addition to the depressing effects of the disease and the treatment, the unhappy patients suffered much from boredom. Rabelais used mercury, but combined with the medicinal treatment a mental therapy having for its object the distraction of the patients' minds from their sufferings. He evidently believed with Herbert Spencer, a philosopher of a very different type, that happiness is the best of all tonics. Dr. Mollet holds, indeed, that Rabelais's writings, which he himself said should not be read by anyone who did not first take the precaution of supporting his belly with good stout girts lest it should burst, were inspired with the philanthropic idea of relieving pain and curing disease by laughter.

That Rabelais was in advance of his age in the matter of hygiene is shown by the fact that on his appointment as medical officer to the city of Metz in 1547, his first act was to order the removal of all filth from the streets. Here, too, his special knowledge of venereal diseases must have been specially useful, for among his duties was the medical inspection of brothels. On the alcohol question Rabelais's views, and perhaps his practice, were scarcely in accord with the trend of medical opinion at the present day. In regard to food, he thought that one should eat when he feels hungry; this, he says, is "the true diet, prescribed by the art of sound and certain medicine, although a crowd of stupid doctors advise the contrary." As a preservative against gout and gravel he recommended daily exercise. On the other hand, he knew the value of rest in cachectic conditions. To fatten a man suffering from a wasting disease, he says the best way is for him to be a monk for three months; because "if in the monastic state of life he does not become fat, either by art or by nature, he will never become so."

Rabelais held strong views on education, physical as well as intellectual. Gargantua is made to learn and regularly practice riding; the use of axe, sword and gun; hunting all manner of animals; wrestling, running, leaping, lifting weights and climbing trees. He roared in the open air to develop his chest, and, on going home after these varied exercises, had a bath and was rubbed down. The intellectual training was still more severe. Gargantua rose at four, and began the day by having some pages of the Bible read to him; then he forthwith applied himself to study. At dinner he had to listen to commentaries on the meat, fish, vegetables, fruit, bread, and wine from Dioscorides, Pliny, and other ancient writers. Afterwards he was expected to give his mind to "a thousand little dainty devices and new inventions," such as arithmetic, geometry, and astronomy. Music was not forgotten; he learnt to play the lute, the harp, the German flute, the spinet, the viol, and other instruments. When he went for a walk he had to note the flowers, grasses, and trees, and to compare them with the descriptions given by Theophrastus, Galen, and others. At night he had to learn to recognize the stars. Besides all this the scheme of education included Greek, Latin, Hebrew, Chaldaic and Arabic; a mastery of classical style; a complete knowledge of history and law. The pupil was to know the fishes of every sea and river; all the birds of the air; all the trees of the forest; all shrubs and plants, all metals hidden in the bowels of the earth, and all the precious stones of the East. His education was to be completed by a study of medicine, of which "frequent anatomies" formed an important part.

It must be remembered that this gigantic scheme was intended for the education of a young giant. On the other hand, Rabelais himself was what Grandgousier wished his son to be, "an abyss of knowledge." It is not impossible, therefore, that he may have believed that the system which he sketched out was to some extent practicable, though in his customary manner he exaggerated it in every direction. But one can scarcely help suspecting that his scheme was partly meant for a satire on pedagogic methods when one reads that even when Gargantua went in the morning to "the secret places to make excretion of the natural digestions" he was pursued by his tutor, who insisted on explaining the details of the process. Allowing for exaggeration and occasional gibes from which the great scoffer could never refrain himself, it must be admitted that his scheme of education has much that is admirable. The most noteworthy points are the importance attached to physical training, and the inclusion of natural science, taught by direct observation as well as books, among subjects of study.

Society Meetings.

The Ohio State Meeting.

The 1905 meeting of this Society was held in Cleveland a week later than set down by an inflexible Artiele in its Constitution; this was done at the request of the Cleveland college, and after
submitting the overriding of the Constitution to some people here and there in the state. The Cleveland College, which was practically the host, deemed it no more than fair to ask some concessions of the State Society, in view of the expense and trouble and responsibility attending the gathering in Cleveland of the Society. So the meeting was "pushed back," as the Germans say, one week. And in that week the graduation exercises and college banquet took place. If the end ever justified the means then this act was justified, for it brought to Cleveland a lot of the alumni who would not otherwise have come. Now if any other city of the state to which the Society may be billeted in future, feels that it would like to have the date advanced or postponed in order to not interfere with Barnum's Greatest Show on Earth, or with the High School Exercises of the little town, all they have to do is to ask the President in esse for such change of date, and the precedent being now established no difficulty will be encountered. It's a great thing to have a Constitution and By-Laws. This happens to be something that was actually in the Constitution. But there was another clause which a number of members contended was also in the Constitution and By-Laws, namely that no member should be on more than one bureau, but which was not and is not in the Constitution, which made considerable trouble for the various Chairmen. Men who are well informed refused to take part in a second bureau because they knew, etc. In short, they got the Institute's requirements and forbiddings mixed up with the State Society.

There were present at the sessions a goodly number of the Faithful, not less than two hundred counting them hour for hour as they passed in and out, and the large assembly room of the Hollenden, where a fine banquet was later laid, was crowded and the overflow added to other adjacent smaller anterooms.

Of visitors there were also a number, showing the popularity of Cleveland as a meeting point. Dewey was a quiet on-looker taking notes. It looked at times very much like some of the meeting days of the American Institute of Homeopathy. Drs. O. S. Runnels and E. H. Pratt were present on the second day and both took part in the bureaus in which they were most actively interested. It hurt Pratt's feelings, and produced one of his eloquent oratorical flights, when he found that a little girl with an alleged incurable eczema had been brought before the Society in the Dermatological Section, and he found, Pratt did, that the little girl had not been properly examined for unhooded clitoris, etc. He said he felt as if all his work in the interests of the sympathetic nerve had gone for naught; that he seemed to have been buried, and in trying to get out of his premature sepulture had torn his finger-nails against sides of the coffin. Oh, it was one of Pratt's old-time invectives against the ignorance of the medical profession and it drew blood at several points. But others of the brethren poured oil upon that last inch and upon the clitoris in a diplomatic way, and the lion was quieted.

There was some fun on the second day at a luncheon given by the Cleveland College to the alumni. We were not present, not being either an alumnus nor an alumnus of the College, and Biggar having provided a bounteous lunch elsewhere for us and some others; but we learn that the initial feast of the loaves and fishes was turned into an experience meeting and that some ugly truths were bandied about in shuttle-dore and battle-cock fashion and caused to grow hot by friction. Runnels was hauled over the coals for an alleged sending of his son to an old-school college in Indianapolis; Sawyer ditto and ditto. Beebe was acclaimed not ultra-loyal to his alma mater and to his State when he sent his son to Ann Arbor; and so the fun grew fast and furious. It must have set badly on the lunch but just ingested. One member who had been sat and trampled and muddy feet wiped on because of his infidelity to his alma mater, in writing to us afterwards said that he had had a monkey-and-parrot time, and that the next time he took any part in a family quarrel it would be when both the husband and wife were dead and deceased. We entered upon the scene accidentally (as it was in the room for the meeting of the State Society and the hour for meeting had arrived) just as Dean Jones was saying that he would never, no never, send a son or student of his to an old-school college as long as he had the breath of life in his body, which brought a large and thundersome round of applause. It is likely, however, that some of his co-professors did not join in the hurrah to any vociferous extent. There had been some discussion concerning the circulation of an open letter a few days preceding the state meeting, soliciting annual subscriptions for five years from the alumni for the re-upbuilding and betterment of the college. And this, we are given to understand, drew the fire of those who were somewhat disaffected and lukewarm.

The Bureaus with the usual exceptions were all right the first day, and until after the banquet; then the interested audience began to thin out and to run for that train which took them to their down-country treadmill, and which train if they did not take, was the only one until to-morrow. This meant another whole day at the hotel, and another day away from the parish practice with the danger of losing that threatening obstetric case to a brother practitioner.

Materia Medica had a little allopathic circus all by its lonesome. It had selected for its topic Quinine; and every member of the section took up the discussion of quinine in some form allied to his specialty, or on general principles. A number of letters were read from absent great men, all of whom, barring one or two, said they used quinine. The purpose of the Chairman of
the Section was to bring out an animated discussion of whether a homeopath as a homeopath did or could use quinine in the crude. He found, much to his chagrin, that a great many homeopaths did not hesitate to use the crude and on indications which are to be found only in allopathic materia medica. One eminent speaker took very nearly twenty minutes to show how the action of quinine acted as a policeman of the white corpuscles of the blood; and, hence, it should be given, homeopathic indication or no homeopathic indication, when there was danger of blood-poisoning—or from intermittent fever conditions. Several of the members had no use for it, notably Walton, the epigrammatic, and homeopathic. He said he could find no use for it unless added to whiskey, which in his experience did not help the whiskey and certainly did not improve the quinine. Jewett, having taken the animal by the wrong horn, "went for," the Chairman for having given his whole bureau to a consideration of quinine, when this was a homeopathic society, met for the exchange of homeopathic ideas, and not a homeopathic remedy mentioned to be discussed in the whole symposium. He did not use quinine. Quay, the Nose and Throat man, had spent several hours looking through the textbooks of homeopathy and was unable to find any use mentioned for crude quinine, and, hence, he could give no testimony on the subject. Several of the specialists used it, but upon clearly empirical grounds. The Chairman, himself, wound up the section by saying that he had purposely sprung this subject upon the society in order to find whether quinine was used by homeopaths as homeopaths, and the Society had now seen and heard what there was in quinine for homeopathy and could make up its own mind as to the homoeopathy of the users. For himself he said he had never used a grain of it in all his practice, and, chiefly, because he had always found a proper homoeopathic remedy for his cases.

Clinical Medicine under Zbinden of Toledo, had two excellent papers, one by Carpenter of Columbus, and the other by A. B. Schneider of Cleveland, and also a learned and instructive essay by its chairman. As usual Hetherington of Piqua had a scientific paper that must be read in the Transactions in order to appreciate the delicate logic and fair reasoning which he uses to show that homoeopathy is the true science to-day of Therapeutics, the same as Dunham declared it to be, only that Hetherington connects it with the actual scientific symbols of the school. Pediatrics almost went by the board. Had it not been for Overpeck there would have been nothing read, all the other papers being done to death by title. The O. and O. section had a rattling good paper by Emma Boice-Hayes of Toledo, and very well delivered. Nelles talked off his paper to the confusion of the stenographer. Dr. W. A. Phillips of Cleveland gave a finely-arranged and digested paper on the Convergent Squint.

Gynecology had those two war horses of the Institute, namely, Runnels and Pratt, each with a paper worth a Sabbath day's journey to hear. Kimyon of Ann Arbor, and Means of Troy, filled out the quota of good papers. In Surgery, Frost of Cleveland had temporary charge, the bureau topic being "Intestinal Obstruction," and in this Drs. Bishop, Maxwell, Hunt, Frost, and Walton participated. Dr. Wood, the Chairman, arrived in time to listen to the discussions at the close of the papers and also presented his own. The papers were uniformly good and appreciated by the audience. Neurology had a talk from Richel Horner on Detectives among School Children, and a paper by Dr. Harriet Chapman.

But these latter sections, and some preceding ones were badly mutilated, because of the lateness of the hour and that peculiarly indecent haste to get away from the hotel bill and back to the home field. This, to us, seems an inexcusable blunder—this running away from a good bureau. Suppose another day is spent at Cleveland and the hotel thereby enriched; is there not enough of golden value in the personal experience of the fellow-member and practitioner to stay and listen to his recitals and to profit by them? The papers of Clara Cook, of Maxwell, of Harriet Chapman, of Wood, of Buck, and of Sawyer should not have been read by title. These several authors, having wrought in the quarries for many years, had brought to Cleveland the best they were capable of; they should have been listened to and their valuable discoveries and experiences accepted not grudgingly, with one eye on the clock, and one-half the brain on the hotel bill, but with thanks. These members are worthy members and their work should not be stepped over into the official waste-basket, to be seen no more of men and women, unless or until at a later day they be dug out of a printed volume.

The banquet was a fine one, one of the best the Hollenden has served for many days, to our personal knowledge. It was characteristic in one eminent particular, namely, in the dominance of the young man. The deacons in the church were for once permitted to sit in their pews and the younger men did the ushering and passing of the plate. Dr. Siemon was toast-master and, barring some indistinctness of voice, made a capital introducer of the unfortunates who had to work their way. Dr. Beckwith and Dr. Jones were the only ones of the elders who were called on. Drs. Haggard, DeWitt Wilcox, and Thomas Stewart, The Big Three, held the audience with their brightness and witticisms and kept them in good humor.

Dr. G. J. Jones was elected President, a worthy tribute to a worthy representative and hardworking medical man. Columbus was selected for the next annual session, where the Society will meet the second Tuesday in May, unless Jones—but Jones believes in the written and the unwritten law. There will be no shifting of dates, unless a proper way is adopted for doing so.
**Book Reviews.**

**A Treatise on Urological and Venereal Diseases.** By Burk G. Carleton, M. D., Professor of Urinary Surgery in the New York Homeopathic College and Hospital, Consulting Genito-Urinary Surgeon to the Hahnemann Hospital, and Visiting Genito-Urinary Surgeon to the Metropolitan and Flower Hospitals, New York City. 171 illustrations, 795 pages. 2 vols. Cloth, $5.00; half-morocco, $6.00. Philadelphia, Boeriske & Tafel, 1905.

A fine book, by a fine author. Dr. Carleton is not new to the book-making field, and his former works on this same subject have approved and acclaimed him a master in his specialty. This later and larger book embodies pretty much everything, in a more modern way, that was contained in his several little books heretofore published, and which we reviewed at the time of their appearance before the profession. There is no change in our opinion on the value of this his latest book. It goes into the subject minutely, and yet not so minutely as to obscure the point of view. Dr. Carleton never becomes so learned that his reader cannot follow him intelligently and satisfactorily. There is one author, much quoted in our school, who, when he takes up a subject, reduces and refines it to such infinitesimal proportions that it is worthless to a busy professional man. Dr. Carleton has a charming diction and possesses above all things else that rare gift of teaching his specialty from a practical and every-day standpoint. This later book is filled with graphic illustrations and handles each subject so that the reader, be he practitioner or student, will find the best there is in that subject in Carleton’s essays. We like the book and have many occasions for using it in our daily work.

**Globules.**

—The promoters of the Calcutta Homeopathic Hospital are about to organize a committee in which they have secured the co-operation of such eminent men as our illustrious townsman Maharaia Sir Jotindra Mohon Tagore, Raja Peary Mohon Mukherjea, Justice Saroda Charan Mit- ter, Justice Chandra Madhub Ghose, Babu Na- rendra Nath Sen, Mr. Abdur Rahman, Hon’ble Serajul Islam, Khan Bahadur and Shamsul Ulama Ahmed. The very names of such men are enough to insure stability and permanence to the enterprise.

[Indeed, we agree most heartily with our Bro. Editor of the Indian Homeopathic Review in believing that the "the very names of such men" ought to carry weight. To an American they carry the same weight as do the overwhelming majority of Russian official names.—Ed.]

—in the matter of re-proving the homeopathic remedies by the American Institute, is it pertinent to ask what that thousand-dollar committee has accomplished? We have seen one one-page circular thus far. What else has it done? You must get busy, gentlemen.

—Porter, the genial, of the North American, and now also Health Commissioner of the great principaliy of New York, is looking good and enjoying the multitudinous duties of his new office. There will be something doing in that department pretty soon, we warrant you.

—There are several homeopathic colleges (so said some prominent non-professional homeopathic gentleman to us recently), which ought to be wiped off the homeopathic earth, because they are dishonest, and are kept in existence only for the personal enolument and aggrandisement of the roster of cheap doctors who try to fill the chairs. Will Happy B. Dale please take notice?

—There is unrest in Chicago again—not the teamsters or undertakers this time—but in the homeopathic colleges. And chiefly because of Pratt’s annual spring course. Oh, you will find, Messrs. Fitzpatrick and Dale, that an amalgamation does not necessarily amalgamate all the personal feeling out of a turned-over class of eighty students. The late Chicago homeopathic students cherish the deeds of Pratt and will follow him wherever he goes.

—James C. Wood, of Cleveland, O., has special operating days: Tuesdays, Huron Street Hospital; Wednesdays, (During college session) College Amphitheater, 226 Huron Street; Thursdays, Lakeside Hospital; other times and places by appointment.

—Some railroads are noted for their continous efforts to afford the traveling public the maximum of comfort. And in this special feature no railroad in America, which, of course, means in the world, can claim excellence in equipment or accommodation that will surpass that of the Chicago & Alton. This road is a revelation to Eastern people who have occasion to travel for the first time between Chicago, St. Louis, and Kansas City.

—the American University Association is incorporated under the laws of Michigan for the graduates and their friends, for the investigation of various social problems, and all persons in good standing are eligible for fellowship. The fee is five dollars, which includes Certificate of Fellowship. The object of the Association is for reading and discussing papers on art, science, law, and all other allied sciences. These papers after being read, will become the property of the University, various articles will be chosen for publication in the American University Annual, which will be published for the interest of the members. The president, Dr. E. Mather, Detroit, Mich., is ready to answer all questions relative to the purpose and scope of this corporation.

**The American Physician.**

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until ordered. A. L. CHATTERTON & CO., Publishers.
Advantages of Iodipin over the Iodides.

The number of articles lauding the properties of iodipin is gradually increasing. A. Schoenbaum of Josefstadt, has employed the 10-per-cent. preparation internally and the 25-per-cent. intramuscularly in the later manifestations of syphilis, in cardiac arrhythmia, arteriosclerosis, and bronchial asthma, and has never seen iodism or gastric disturbances. The effect generally shows itself in eight days and is more uniform and permanent than with the iodides.—Berl. klim.-therap. Woch., 1904, No. 47.

P. Chaptis has made extensive experiments with iodipin, and finds that it is not at all once passed through the system, but is stored up in the subcutaneous tissues to be absorbed only very gradually. The result is that the action of the drug is very much prolonged and that iodism is very infrequent.—Thesis presented at the University of Lausanne, 1904.

R. Schmidt, of Ziegenhain, recommends that the iodipin be warmed up to 40° C., and that a wide needle be employed. The needle should always be removed from the syringe before injecting to be certain that no vein has been punctured. In veterinary surgery, iodipin is indicated in the following conditions: Tuberculosis, actinomycosis, bronchitis, laryngo-pharyngitis, chronic glands, and pneumonia. In phlegmons, subcutaneous injections will stimulate absorption in one or two days.—Berl. Tierärztl. Woch., 1904, No. 52.

Therapeutic Indications for Antikamnia.

Antikamnia is an American product, and conspicuous on this account and because of the immense popularity which it has achieved, it is today in greater use than any other of the synthetically produced antipyretics. The literature is voluminous, and clinical reports from prominent medical men in all parts of this country, with society proceedings and editorial references, attest its value in actual practice in an endless variety of diseases and symptomatic affections, such as neuralgia, rheumatism, typhoid and other fevers, headaches, influenza and particularly in the pains due to irregularities of menstruation. Antikamnia has received more adverse criticism of a certain spiteful kind, particularly directed against its origin—and because of its success—than any other remedy known; critics have seemed personally aggrieved because of its American source, and that it did not emanate from the usual "color works," but their diatribes have fallen flat as do most persecutions and unreasonable and petty prejudices. The fact stands incontrovertible that antikamnia has proved an excellent and reliable remedy, and when a physician is satisfied with the effects achieved he usually holds fast to the product. That is the secret and mainspring of the antikamnia success. It is antipyretic, analgesic, and anodyne and the dose is from 5 to 10 grains, in powder, tablets, or in capsules taken with a swallow of water or wine. When prescribing antikamnia, particularly in combination with other drugs, it is desirable to specify "in capsules," which are rice flour capsules, affording an unequalled vehicle for administering drugs of all kinds.

Thigenol, a Soluble Organic Sulphur Compound.

Thigenol is defined as the sodium salt of the sulphonic acid of a synthetically prepared sulpho-oil. It occurs as a dark-brown, thick liquid of the specific gravity of 1.062, and freely and completely soluble in distilled water, diluted alcohol, glycerin, collodium or chloroform. It is stated uniformly to contain 10 per cent. of organically combined sulphur and to be perfectly stable.

Thigenol has been introduced as a complete succedaneum for ichthyl, over which, according to Sallfeld (1), Falk (2), Neumann (3), Silverstein (4), Colasmondo (5), Urbantschitsch (6), and others who have reported on it, it has the advantages of being entirely odorless on use and practically tasteless, linen soiled by it can easily and quickly be cleaned so that no stain remains, it is non-irritating to the mucosa, has more decided antipuritic and analgesic action, and is more powerful as an antiphlogistic and antiparasitic (probably owing to its greater content of organically combined sulphur).

According to the statements made in medical literature, thigenol, applied externally, causes constriction of dilated capillaries, and hence acts as an antiphlogistic and siccative; it has, besides, marked antipuritic, antiparasitic and analgesic effects. Taken internally, it has been found to exert a constriuctive action on dilated vessels in the skin and viscera, to reduce intestinal fermentation and regulate peristalsis, to check albuminoid disintegration and increase the assimilative power of the cells. This accounts for its applicability in seemingly dissimilar diseases.

The therapeutic indications of thigenol are de-
scribed as essentially the same as those of ichthyol, though perhaps still more numerous on account of the drug being free from the objectionable features of the latter product which render its use in some directions impossible. Thigelen is hence used in skin diseases, gynecological affections, in sundry surgical lesions, in rheumatism, in gastro-intestinal catarrh, in phthisis, etc. Externally it is applied pure, in 5 to 50 per cent. ointments, pastes, or paints, or in 1 to 5 per cent. injections or lotions. Internally thigelen is given in doses of 3 to 10 grains or more three times daily.

(1) Therap. Monatsshefte, XVII, No. 4.
(2) Therap. Monatsshefte, XVII, No. 10.
(4) Aetza, Central-Ztg., XV, No. 5.
(5) Neue Therapie, Nov. 1903.
(6) Monatschr. für Ohrenheilk., 1903, No. 11.

*Items of Interest.*

—If you have used any of Bell & Company's preparations you will find their Papavans Bell, Sal-Codex Bell, or Cascaraus Bell as efficient and as unobjectionable as any that you have used. Send for samples of any of these that you have not used and they will prove to you that they are worth using. "Trial is proof," and the only proof—and trial will prove—prove that these preparations are better than their imitations and similar remedies. Bell & Company appreciate and ask the opportunity to prove gratuitously the value of their products. A postal, sent to 68 Murray St., New York City, will bring samples of any products you have not used. "Trial is proof."

—The June number of the Century Magazine closes the Associated Press papers by its manager and Secretary, Melville E. Stone. They have been most instructive and were closely read by ourself and members of our family. The part dealing with the Russian press was truly an interesting article; and so was the one preceding it. A short story, The Arkansas Fashion, is a delightful little skit of a Southerner, who manages to break a strike in a novel way. English as She is Set up (in the Department of Lighter Vein), will appeal to every reader who has ever had to deal with the typesetter. Though this article referred to is unusually difficult because a French compositor has set an English copy of which he understood not a word, you can almost imagine that it belongs to the puzzle department of St. Nicholas. A very pathetic story is told by Arlo Bates in The Virginia Room. Other papers continue to keep this favorite magazine in the front rank.

—The American Monthly Review of Reviews for May is filled with alive and up-to-date matter. It deals with American Municipal Problems and Progress, under which general head it discusses Chicago's Vote for Municipal Ownership, Harrisburg's Civic Awakening, The Grouping of Public Buildings in Cleveland, and Farming Vacant City Lots. The Reconstruction of China by Prof. B. W. Jenks is brightly written and touches the subject with a master-hand. We have seen several descriptive articles concerning the new Chairman of the Panama Canal Commission, Mr. Shonts, but none that has the virility and snap of the one by Walter Wellman in this issue.

—The St. Nicholas Magazine holds its friends among the young people and equally among the grown-ups. There is never a dry or a tedious line in this chiepest of young people's magazines. If you don't want to read a story, turn to the puzzle department and cudgel your brains for an half hour. Or study the pictures which are printed each month called out by some word or expression. The amateur photographs are really deserving features of the journal. And so are the chapters devoted to nature studies. Your son or your daughter, as well as your wife, will appreciate a subscription to St. Nicholas. Try it.

—We are advised by excellent authority that various well-authenticated instances have been reported where physicians have been using Liqunoz in the supposition that it is practically of the same composition and therapeutic utility as Hydrozone and Glycozone. The New York Sun recently described the experience of a confiding individual who actually gave up $50,000 to alleged wire-tappers who posed as being philanthropic enough to give him inside information on the races. The characteristic editorial comment was that this confiding individual occupied the head of the list in a new class.

In view of the repeatedly published analysis of Liqunoz the doctor who is confident enough to prescribe it in place of such old and reliable standard products as Hydrozone and Glycozone must also stand near the head of a new list.—Editorial from the Monthly Cyclopedia of Practical Medicine.

—Felons are classed as minor surgery, and yet many a finger has been lost through their careless treatment. Antiphlogistine is a specific in incipient cases. Apply hot, change every 6 or 8 hours, and resolution will as a rule occur without the formation of pus.

If pus has already formed, incise deeply and freely. Thoroughness is essential. Evacuate and cleanse with a suitable antiseptic. Insert a drainage tube. Surround the finger with Antiphlogistine. Cut the drainage tube 1-4 inch above the surface of the Antiphlogistine. Cover all with absorbent cotton and a bandage. The results will be satisfactory.

—The Sunday shows at Mr. F. F. Proctor's New York houses are very attractive to the Proctor clientele and always include sixteen or eighteen features of unusual quality. They run from 2 until 11 o'clock.
IMPRIMIS. It was a fine meeting.

Chicago "done" herself proud. And dat ain’t no lie.

Weather was ideal, albeit, a little overcoaty for several days.

Royal made a royal President. ‘Deed an’ he did it.

He followed up the proh-g’rn with neatness and dispatch.

The Local Committee deserve a bouquet, barring one thing. They promised short speeches at the banquet. And they wan’t no such a thing.

The double O and L still refuse to be amalgamated. Strange perversity. Do come in and be saved! And do it now.

W. E. Green, Little Rock, is new President. Hail, Cane of Thawdor! You’re as welcome as the flowers in May, and we love you in the same old way.

And, bless your innocent gizzard.—Dewey. Dewey of the Century, think of it, got to second base. True and for sure.

Hawkes was a little "juberous" about the California invite to the Institute to come thither in Naughy-Seven. His preliminary "temporary" remarks were so completely at sixes and sevens with his subsequently red report that he drew several smiles, as it were.

The banquet was tip-top and in the tip-top of the Auditorium building. Say, but it was good to be there. The only Epigrammatic Walton, sans his crimson tie, did the toastmastering. And fine he did it. Ask anybody who was there if we speak not truly.

Scopeland led the speakers in being brief, to the point, and full of good stories. How few great many know that an after-dinner speech should not be a historical narrative, nor a painfully evolved and proper essay? Copeland does! More power to his perspicacity.

That was why the audience broke very soon after the speechifying began. So they missed Walton’s concluding poetical effusion, a beautiful tribute to Hahnemann, which was worth the price of admission, several times over.

And who was it forgot he was in a high-toned banquet room with ladies as guests, and then began to smoke? Say, but wasn’t that a gentlemanly note! Don’t retort that this is Chicago style. It wasn’t! Those we saw smoking were not Chicagoans.

The music was very good. Did you join in some of the splendidly rendered popular airs? Well, we-uns all did, around our end of the festive board. And the band drew severalapplauds, and gave encore.

Forty-one weary pilgrims from afar and some from near, several of them hungry and many others with varicolored thirsts, sat down to one of the famous Unanimous banquets. Then there was fun and frolic! We, personally, became the guest of Dr. Schenck of Brooklyn. And next morning, or rather the same morning, when they called us, we were laggarding a good deal.

OUR PORTRAITS.

ISAAC HATCHIN DIX, M.D.,
FRATT, KAN.
Dale of Oshkosh was with us two or three days. He was enjoying his cheroot each time we traipsed across him. He seemed very much interested in the grape juice displays. Since he had lost his side-burns we hardly knew him. Fine boy all the same.

Mastin, of the Critique, was one of our pleasant surprises. We thought to find an elderly man "all sicklied over with the pale cast of thought," but it wasn't so. He's as young and as sprightly as any of us editorial fellows, and no unnatural brightness anywhere visible in his Websterian forehead.

Comstock and his good wife came early and staid late. The good doctor took a lively interest in the proceedings notwithstanding his apparent—and it was only apparent, thank God!—debility. May he be spared to us for a great many years and in good health.

Gains Julius Caesar Jones of Cleveland was seen to hobble a little with a large case. But on closer examination, and our offer of free treatment or no pay for approaching senility, he showed us that it was a massive gold-headed cane, presented to him sometime since. And, besides, there is a teamster's strike on, and he forgot to bring his union button.

A. B. Schneider of Cleveland, drew a little passing notoriety in one of the daily Chicago papers by his remarks concerning kissing. Pretty young-looking fellow to know so blamed much about the evils of kissing.

And the Institute looked cross-ways and adown its beard when it came to talking about the Institute reports in the Chicago dailies. After that wonderfully fine Press Committee report on the first day, why did not the Committee again appear before the Institute and tell us why their promises of full reports were not fulfilled? We understand there was a reason.

Some day in the dim, dam, distant future, when the Interstate Committee has accomplished all that it has now in mind, then J. B. Curtis Gray will not need to make seventeen or fourteen reports, and so talk to everything contained in his said several and respective reports, as to ball up the President, the audience, and as well the stenographer. He's a teaser when it comes to explaining things and making them lucid—nit!

But the Institute did not relish the notion of publishing a definition of vaccination by variolium, the 6th to the 30th, when that motion was not brought into the Institute until the last session with about thirty-five members present. Where was the Ethiopian in that instance?

T. Franklin Smith, still bent upon surrounding the Institute with still other safeguards, has asked and received a Treasurer pro tem. to act in the event of his getting sick, or being taken away, or—That's all.

A little mix-up on the program. Sanitary Science could find no foot-space or place for its meetings. The Surgical and Gynecological Association complained that its places of meeting were not properly announced and, hence, they were shy of the proper seized audience.

The next office to be created, and we give notice now, will be a major domo, seven foot tall, whose duty it will be to stand where he can at any time be seen, and be asked proper questions. The information bureau was almost a travesty upon its title. It wasn't in its bureau a third of the time and the rest of the time it didn't know much.

Eloquent H. Pratt, instead of a paper in the S. & G. Association, had a clinic, one dangerously almost fatally burned by a live wire. Bovinine saturation of gauze and applied directly to the burned surfaces was producing healing without skin grafting. Certainly very wonderful.

Mellin's Food was here with Delano looking after his gentlemanly aids and assistants. They had a fine display and drew many plaudits by their uniformly courteous conduct of business. But Mellin's Food needs little boosting at these meetings. It is advertised by its loving friends, and of which there are many.

Atlantic City next year in September. New York offered a handsome bid for the pleasure and honor of entertaining the Institute and the International Congress; but Baily and his co-conspirators carried off the day with their board-walk and fashions and accommodations for four thousand. Say, but the discussions got hot and almost personal before Atlantic City gathered in the plum. Then Norton moved to make it unanimous.

And that notorious sexual-life book-writer of the Northwest had the temerity to ask through a friend, that the Institute assist him in dispelling the idea that his book was indecent! Anyone who merely glanced through the advertised Table of Contents, which was sent to every doctor, and to some others, could not fail of seeing what this fellow was doing. His expressions were foul and his suggestions nasty. Glad he has been caught up with. And the author of Tokology also had a champion for her sweetness and purity of ideas! Go to! It was a shame for her to mother that last book. Tokology was bad enough, as Ben Bailey of Lincoln, would tell if he was put to the white-heated plowshare test; but the last effort was infinitely worse.

The American Medical Association is now officially recognized by the Institute, in that the latter has appointed a Committee to confer with it on some matters. Yes, sir-ree, we are progressive and liberal. Or as Scopeland said, in tones of agonizing surprise, "Mr. Chairman, I thought this was the American Institute of Homeopathy. Excuse me!"
The Intercollegiate Committee, in a wonderful report, finds no fault with its colleges, but does find that the trouble and apathy was chiefly if not wholly on the outside. Wonder who told this to Sutherland. He is generally so calm and reliable. Reforms usually come from without, and but seldom from within.

Royal recommended the establishment of an Institute Journal. But his committee said, try a committee for a year to find out what it will cost and report at Atlantic City. If that journal is established and becomes a financial failure, good land, Royal, how the hornets will swarm about your caput!

Ben Bailey and R. S. Copeland will divide the honors with Walton for oratory. They are three of a kind, except in the matter of hair. Copeland’s reference to “the late W. J. Bryan of Lincoln” at the banquet brought him a bouquet of hisses as well as a round of applause. But think of a banquet-party, composed of ladies and gentlemen hissing a humorous reference in a banquet speech! Sir!

Looks a little odd to see so many policemen riding around town in wagons, and none on the corners to assist ladies and reubs and folks from Cleveland across the crowded thoroughfares. And say, if a police officer in Cleveland were to appear on duty with an unshaven face, a dirty, beer-specked coat, tattered and torn at the sleeves, and unblacked shoos, Chief Kohler wouldn’t do a thing to him. Yes?

There was a good deal of Homeopathy in the Institute—in spots—if you happened to hit those spots. We heard one chairman say, in a mechanical bureau of one of the by-products of the Institute, that the paper just read was one of the finest evidences that the homeopathic surgeon was the peer and superior of his old-school brother. And yet in the paper so read, there wasn’t one reference to anything homeopathic, and it could with as fine grace have been read in the A. M. A. with which some small portion of the Institute is now becoming enamored.

We were told that Dr. Cramer of Kansas City was looking for us. As we were a shining mark throughout every Institute session, it was a little remarkable that he could not “find us.” Dr. Forster, however, did see us but had taught to say, except in keeping his audience in a roar with his continuous performance of witticisms. Westover not present.

Spaulding said, in reporting on the difficulties experienced in getting new members, that the conduct of some of the State Societies Secretaries almost gave him the “willies.”

Biggar disappeared upon receipt of a telegram. Sorry. For he missed a lot of fun, and he makes a good listener as well as a good raconteur.

Talking of French words some of us French Academicians were somewhat amused when in a public invitation to the Institute we were promised the finest kind of “kwi-son” (cuisine). Why not have put that in Rooseveltian American and call it “cooking” and be done with it. Clyenton tell had to suffer a good deal. And the “main-ten-ant one” of order made it necessary to murder that of offensive word.

Not one officer of the Meissen in attendance. (girls, girls, this won’t never do!) Have you lost all interest in Homeopathy? Mrs. Dr. Shears was in the rooms at all hours, and through her kindly oversight things went the right way, and the promised entertainments took place.

The handsome and vivacious wife of the General Secretary certainly knows how to make the homeopathic stranger in the gates of Chicago comfortable and at ease. Long life to her, and many happy returns!

Hills Cole, whose name always makes us want to turn it around, was looking after the interests of the North American Journal. He and Drury, not of Drury Lane Theater, Limon town, took copious notes. It must have cost a pretty penny to give away so many free copies and to throw away so much printed matter in the audience room. Dewey doesn’t seem to care a darn for that kind of advertising. And neither do we.

Porter, the new Health Commissioner of New York, may his shadow never grow less! wasn’t here. And we missed him sadly. But then there wasn’t any Shredded Wheat excitement on this session, so where was the use to burn good money simply to hear Walton make eloquent remarks.

The Committee on Drug Proving has progressed to the extent of another circular letter or two, and a lot of promises of what it will accomplish when—the cows come home. Good land, people, why don’t you get a wiggle on you? Anybody with less than half your combined brains can do the blue-stamp circular act. Promises, promises, promises; letters, letters, and—fine talk! You will never prove any drugs in that way. What new form of circular will you have ready to show us at Atlantic City?

It was good to see the old familiar “fist” of George Peck once more in his Bureau of Homeopathy report. But what happened to Georgey? Why doesn’t he show up occasionally? Surely he isn’t “mad over us” because he didn’t get the Presidency? How could we help it?

The New York Roberts boys, father and son, helped to make the meeting interesting. The father had a new story or two. The son took large part in the S. & G. Association, where he recommended a top, to ride in the vagina, to lengthen it, and to hold up the stump of the uteri after hysterectomy.
Care of Hair and Scalp.

BY GEO. W. SPENCER, M. D.
Cleveland, O.

What question is more frequently asked the doctor than: "What shall I do for my hair and scalp? The hair comes out so: the scalp itches, and dandruff is plenty."

When we consider that few men, especially, of middle age and old age, possess hair enough wherewith to cover their polls, we, naturally, ask ourselves what is the reason for this condition of affairs.

Were we to attempt to discover the cause our task would immediately become most difficult if not impossible.

The literature upon this particular subject seems to be scarce, or so scattered, that it is difficult to find, and this fact seems strange when the victims of bald heads and diseased scalps are so numerous, and the objects of unpleasant ridicule: the facetious, always make free with the bald-headed row.

That these conditions are pathological there can be no further doubt; and the idea that thin hair, rough scalps, etc., come with advancing age is no longer tenable.

For a proper understanding of that with which we have to deal, we must consider the subject from two standpoints: namely, the anatomy, and physiology of the parts.

Anatomically, we have a portion of the skin covered with a more or less thick growth of hair, richly supplied with blood-vessels, nerve endings, sebaceous and sweat glands; the latter infinitely more active than in other portions of the cutaneous surface, and, consequently, more susceptible to external, as well as, internal disturbances.

Physiologically, the hair is for the protection of the head against injury, changes of temperature, regulation of the degree of moisture, and all the essentials for which we wear clothing, on other portions of the body.

From infancy to old age, therefore, these two things must be kept in mind in the management and care of the scalp and hair.

The infant comes into the world with scalp swollen and irritated by the pressure which has been forced upon it during the labor, and, is too frequently, still further injured by the manipulations of the accoucheur, and, then, immediately, handed over to the nurse, or friendly neighbor, to be further roughly treated in order to clean the scalp; so that at the very outset this delicate anatomical structure is subjected to injury that may affect its well-being throughout life.

At this period should begin the care, that will assure a physiological condition of hair and scalp and prevent future trouble.

The sebaceous material is thoroughly loosened, and then removed by the most delicate manipulations, sopping instead of rubbing with a rough cloth, and without the aid of soap.

This treatment should be continued for some days, until the scalp is perfectly clean and the irritation, produced by the labor, has entirely disappeared; after this soap and force should be sparingly used.

Throughout childhood the utmost delicacy should be exercised in cleaning the scalp; and when the hair grows long, and requires dressing, most careful methods should be used, as will be indicated later in this paper.

Youth and early manhood are the most important periods of an individual's life, and during these proper care of the hair and scalp contribute to the possibility of retaining a normal amount of hair and a scalp free from disease, on the approach of middle life and old age.

At the age when boys and girls part company so far as the length and thickness of the hair is concerned, the girl retains the hair she has, and attempts such care that the mass may be augmented.

The boy, loses the hair which has made him look so much like a girl; it is cut close and thinned because it gets tangled and falls over the face; the result of which is that the principal functions of the hair are in part destroyed.

No protection is afforded; consequently a thick hat or cap must be substituted, the bad effects of which will be explained further on; dirt is thus allowed to reach the scalp from every source thus irritating and poisoning this most delicate tissue, the scalp, thus giving rise to dermatitis.

The hair is if left of reasonable length and thickness, the office for which the hair is designed is not interfered with; therefore, it is wise not to cut the hair short, nor thin it out, but trim the ends sufficiently to keep within a reasonable style. The so-called dudes of some years ago were really doing a sensible thing without knowing it.
The good effects of allowing the hair to grow both in length and thickness can be seen in people who have long hair; for instance, the Indian and several religious sects who are conspicuous for luxuriant growths of hair.

With our environments the question of cleaning the hair and scalp is one of great importance.

Women have an excellent method of washing the hair; this is made necessary by the fact that its length and thickness does not permit of a rough and unsystematic rubbing and scrubbing.

On the other hand, boys and men think they have to have their scalps and hair scrubbed with soap and water and then dried by violently rubbing with a rough towel, or submitted to a most wonderfully beneficial preparation, called a shampoo, which leaves the scalp in a tender and congested condition favorable for infection and sensitive to atmospheric changes.

The cleaning of the scalp should be very carefully and tenderly performed, using warm water with a mild soap, rubbing in gently and with the ends of the fingers, then rinsing with tepid water and drying by gently pressing the hair and scalp with a very dry towel, continuing until thoroughly dry; or, still better, dry it by fanning.

If any application is necessary to bring hair thus dried into shape, dampen with a Hg. Cl. 2 solution 1:2000.

Ordinarily this thoroughly cleaning need not be done oftener than once a week and in the interim the hair needs only to be brushed with a soft brush without allowing the brush to scratch the scalp.

The stiff brush, and especially that most injurious of all brushes, the military brush, which is frequently used for months several times daily until it becomes filled with dirt, can only be of great injury to the scalp, because of the vigorous scratching, as well as breaking the hair. All brushes should be destroyed and only blunt toothed combs used to dress the hair, and these should be thoroughly cleaned after each using and no two persons should ever use the same comb.

The practice of barbers is a fruitful cause of diseased scalps. They use the same brush for all customers; before combing or brushing the hair, they rub the scalp violently with the end of the fingers, thus rubbing out other than the hair that, physiologically, is being shed all the time; by this rough usage they injure the scalp and aggravate any pathological condition that may exist, however slight.

Much injury is done by the use of lotions and dressings for the hair. It would be impossible to mention the many articles used for this purpose. The mixture called "hay rum" is one of the most common and injurious of those used. Oils of different kinds, highly perfumed to cover their nastiness were at one time extensively used, but are now, fortunately, falling into disuse. Normal hair has all the oil needed; the addition of some doubtful article will result in decomposition and consequently be poisonous. Even when the scalp is affected with that most common and little noticed disease, dandruff, the above instructions apply to the care of the scalp. The only lotion that need be used is pure water, unless some disturbance is indicated by slight itching; then Hg. Cl. 2 t-2000, can be sparingly used; but as it is not my purpose to discuss disease at this time, the simple statement must suffice.

The instruments invented to use on the head are numerous. The most common of these I will mention, so their murderous use may be avoided.

First is the brush resembling a street sweeper, stiff bristle brushes that could not be drawn across the skin on any other portion of the body without causing pain and wounding. Wire brushes, called electrical brushes, fine tooth combs, such as our grandmothers used to catch pediculi capitis; metal combs and numerous other devices invented because profitable.

The mistake of civilization is having lost sight of the fact that the hair is ample for the immediate covering of the head, so it has instituted the custom of wearing hats and caps.

The female portion of the people, have by mere chance, adhered more or less closely to the heathenish custom of wearing ornaments and feathers in their hair, constructing frames of the most unimaginable shapes as receptacles for these decorations; while these are a relic of barbarism, they happen to be the least injurious of any custom extant to-day so far as dress is concerned.

The essentials necessary for the growth and health of living matter either vegetable or animal is sunlight and air which men, as devotees of fashion, have excluded from their hair and scalp. Hats are made without ventilation and lined inside with a "weather-strip" and the greatest care is exercised in getting a perfect fit. All kinds of hats and caps are equally fitted to keep the life giving elements from the head. Not only do they thus defeat nature, but the results of
THE AMERICAN PHYSICIAN.

Do You Use Quinine, When and Why?*

BY JAMES TYLER KENT, M.D., CHICAGO.

Many years ago the writer used quinine in doses ranging from three to fifteen grains for intermittent fever. Sometimes it stopped the ague, again it did not. When it stopped the ague my patients, suffered from neuralgic headaches, became anemic, had roaring in the ears and many evidences of poor health. These patients remained on hand for many years as cases of neurasthenia. As the writer became better acquainted with the art of selecting homeopathic remedies once in a while one of these poor mortals would improve, and there the surprise would come, viz., the chill which was supposed to be cured would come back, and then the hunt for a remedy would have to be made to cure it, and now in a much broken constitution. For the last twenty-five years the writer has not used quinine in crude form, but he uses it in the 20th and upwards when it appears to be similar to the symptoms. It cures, when it is similar enough to cure, in the 20th, and when it is not similar enough to cure the patient is given another chance for life by the hunt for a more similar remedy.

Carelessness, laziness and levity furnish the only excuse for the use of crude quinine in the practice of medicine. Crude quinine does not effect a tailor-made cure, when quinine in potentized form would be similar enough to cure, but greatly botches the job. Men who have never seen any but these inartistic crude cures may think that quinine is a typical remedy for ague. Reflection should teach any man that Homeopathy does not succeed by the use of typical remedies, but by the peculiar, strange symptoms and circumstances that invite attention to peculiar remedies. A remedy to cure permanently must be similar in symptoms, similar in quality, and similar in direction and velocity. If by quinine crude quinine is understood, it should be known that it cannot conform to the requirements.

BY HUGO R. ARNIT, M.D., SAN FRANCISCO.

Assuming that the question submitted to me (i.e., Do you use quinine? when and why?) is to be answered by a number of other practitioners, probably for the purpose of bringing out a discussion, I may briefly state that in about

* Answered, received by and read at the Ohio Homeopathic Medical Society.
1896 I bought a small bottle of crude quinine and that at about the same time I had prepared at the office several ounces of the third decimal trituration of the same drug. This proves that I have no objection to the use of quinine and think it entitled to a place among the remedies I keep in stock. The fact that my bottle of crude quinine has never been opened and that my third trituration appears not to have been touched, may be considered proof that in all these years I have had no occasion to prescribe quinine. Should such an occasion arise within five minutes I would prescribe quinine with as much readiness as I would order another indicated remedy, probably experiencing some measure of satisfaction at having come across an unusual case.

Why have I not had occasion to prescribe quinine crude or attenuated? During the many years of my active service, even when treating many cases of malarial intoxication, I have not often found it indicated homeopathically; and, especially in the crude form, quinine has been a disappointment to me. I am aware that in the earlier years of my practice I carried with me the prejudice against its use which our teachers of forty years ago instilled into all students who were at all receptive. That prejudice wore away in time, and for a number of years I was quite ready to find good results from the use of the drug, especially in acute malarial poisoning. However, while then as now maintaining the right to use quinine if I so willed, I eventually concluded from actual observation that (a) even in acute cases quinine is rarely homeopathically indicated; (b) that, if indicated, the triturations were preferable; (c) that even in acute cases of malarial poisoning the commonly used homeopathic remedies yield far better results, so far as an actual cure is concerned, than does quinine. I am even forced to admit that the modern teaching of the destructive action of quinine upon the plasmodium, although interesting and warmly indorsed by many observers whose opinion is entitled to respect, has not in my own experience been sustained by actual bedside observation.

In chronic malarial poisoning I have never seen a case the symptoms of which called for the exhibition of quinine, nor can I admit that I have ever seen quinine in chronic malaria produce permanent curative results. I have often enough known it to "hush up" the cyclic manifestations—the recurring chill and fever, but the relief in such cases was not permanent. I regret that I have not tried every day of malarial poisoning treated by strictly homeopathic medication, but the results obtained by the one indicated remedy, even under discouraging circumstances, have been so much more satisfactory to me that were I the patient, I would prefer to depend upon the homeopathic remedy.

Since living in California I have seen a few cases of malarial fever of a protracted type where the patient under the indicated remedy seemed unable to react; in several of these cases a few doses of quinine appeared to "clear up the case." Several colleagues with whom, some years ago, I talked over this subject admit a similar experience; among them was my friend Dr. Wm. Boericke, of this city.

**BY GEORGE ROYAL, M.D., DES MOINES, IOWA**

Do I use quinine? Most emphatically, yes! Why do I use it? For two reasons. First, to cure patients; and second, to prevent the people from becoming sick.

I find quinine occasionally indicated for intermittent fever, when you have periodicity, and a distinct chill, fever and sweat, with a slight interval between for each paroxysm.

In this western country, we have sections where marsh malaria is very prevalent. In such sections I use quinine as a prophylaxis and I feel sure that it is useful, as I am that belladonna is useful for prophylaxis and scarlet fever.

Another condition for which I find quinine to be homeopathic, is for a group of symptoms which we designate as pyemia. The most prominent symptom of the group is a profuse and exhausting sweat. The second most important symptom of the group is a painless watery diarrhea. From the above you see that I use quinine as a homeopathic remedy for two conditions. As a physician though, not homeopathically, to prevent suffering. I use quinine in all the preparations from the crude to the 12X.

**BY JAMES E. WOOD, M.D., CLEVELAND**

I will state in brief that I very rarely use quinine in my surgical practice.

As a matter of fact I find that I can do more in sepsis with such remedies as arsenic, the serpentine poisons, and bromine than I can do with quinine. When I was in general practice associated with the late Dr. Sawyer in Monroe, Mich., we used to have to contend with an epidemic of intermittent fever almost every fall,
Monroe is situated on the border of a ten thousand acre marsh. We found it impossible to control the malarial paroxysm without quinine. It was Dr. Sawyer's rule, and I found it a good one, never to give quinine in remittent fever and never to give it in intermittent fever until the tongue has cleared and the congested liver which went with the condition has been gotten under control with such remedies as gelsemium, nux, mercurius, bryonia and podophyllin. Then when a distinct intermission came, two grains of quinine were given every two or four hours until the return of the fever. During the fever indicated febrile remedies were given and at the next interval the quinine again resumed. Usually within forty-eight hours we got the fever under control. In the course of a week ten or twelve grains more were given in the same way. Certain it was that we could not control the fever that prevailed in that locality without quinine.

Those who knew Dr. Sawyer know that he was a good prescriber. I myself am modest and will not say that I, too, was a good prescriber. I know that I was a much closer student of my materia medica in those days than I am at present. I do know, however, that since I left that particular locality, I do not think in twenty years I have prescribed quinine on an average of twice a year, and then for some little malarial manifestations which seemed to creep into my cases.

By Chas. Mohr, M. D., Philadelphia.

My answer must be so short as to prove almost valueless, for I have never prescribed quinine except in a few cases of intermittent fever when there were no symptoms save chill, fever, and sweat in regular sequence during the paroxysm, and a complete and symptomless apyrexia. In such cases I have given one grain capsules every four hours during the apyrexia, and put patients to bed during the paroxysm.

By C. E. Sawyer, M. D., Marion, Ohio.

My experience with quinine is a clinical experience and my reasons are based on personal theories of some one. I think quinine to have a very marked antiseptic effect in many of the blood poisons. I believe that its chief action is due to the fact that it renders the blood alkaline and I know that alkaline blood is greatly opposed to micro-organic infection. It is likewise tonic and stimulant in its action and consequently serves a splendid purpose in all disorders that are inclined to depress the vital forces.

By O. A. Palmer, M. D., Cleveland.

To the majority of physicians quinine has been considered a valuable remedy as a tonic and a great anti-periodic. That it has served us well as an anti-periodic and tonic no one can question, when given properly. The indications for the administration of this remedy have not been very well understood. Thirty-five years ago I was taught to give it in season and out of season. The result was as much harm was done as good and I often blamed the remedy and not myself.

The reason why I use quinine is that it is a valuable nerve-stimulant, tonic, and anti-periodic, and I use it when the pulse is nearly normal, skin soft and a cleaning moist tongue with an absence of nervous irritation. When these conditions exist I have never been able to select a remedy that would do as much good as quinine. I do not use it in massive doses, as experiments have proven that not over two-and-a-half grains of the sulphate of quinine can be handled by the system. If the conditions given for its use are all present, the system readily appropriates what it needs to obtain its beneficial influences. As each remedy has its appropriate work to do to relieve suffering humanity, I find it not an easy matter to select a remedy to take the place of the specially indicated one.

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--The Cleveland Homeopathic Hospital, "known as the Huron Street Hospital," has issued its interleaved Annual Report, with one page filled with advertisements and the other with matter pertinent to the report. Dr. Beckwith, whose chief occupation would seem to be necrologist here and there, says in his report that the hospital had lost two prominent officials during the year, with only one of whom we are concerned, namely, Mark Hanna, who was president at the time of his decease. Does the profession remember how he was attended medically during his last hours; how an old-school doctor was called all the way from Cleveland to come to Washington to try to stay the ravages of a disease which Hanna did not have? And all this time he was president and patron of the Cleveland Homeopathic Hospital. Dr. Beckwith very diplomatically and in his usual happy way dismisses the Hanna obituary in a few words, and devotes the remainder, which is a large part of his report, to the other death. Is it to be wondered that there is apathy in the profession when men of the Hanna caliber give it the swipe sinister?
A Worthy Tribute to a Worthy Man.*

BY H. F. HIGGAR, M.D., CLEVELAND.

Remembered joys are never lost. They are present always. Before me,—a former pupil of Dr. S. R. Beckwith,† and later on an associate in faculty work, and membership in many medical societies,—old memories go tripping by, not as shadows, but as pictures, bright and joyous as the beauty of the May morn; pictures so beautiful that they will ever hang on memory's walls.

"When Time who steals our years away,
Shall steal our pleasures too;
The memory of the past will stay,
And half our joys renew."

Nothing dies. Above all else, influences cannot, do not die. They follow us like invisible attendants to the very end.

Some pessimist wrote:

"Our life is like a little raft,
Afloat upon an angry sea,
Whereon is but a little space,
And each man, eager for a place,
Doth thrust his brother in the sea.
And so the sea is salt with tears,
And so our life is fraught with fears."

But Dr. Beckwith was not a pessimist. He was an optimist and believed that there is a rainbow to those who stand in the right place. He lived in

*From the Report of the Necrologist of the Homeopathic Medical Society of the State of Ohio. 1895.
†Seth R. Beckwith was born in Bronson, Huron County, Ohio, November 22, 1830. His parents, William W. Beckwith and Anne Herrick Beckwith, were of New England stock and were early pioneers of Ohio. Educated in the common schools and Norwalk Seminary, he became a teacher at the age of seventeen. Later he entered the office of Drs. Tifft and Beckwith as a student. In 1851 he entered the Western Homeopathic College—graduating therefrom February 26, 1855; locating in Norwalk, Ohio, October 12, of the same year, he married Laura Tifft. Of this union two sons and two daughters were born. His son, John Tifft Beckwith, is now one of the leading homeopathic physicians of Atlantic City, N. J. June, 1855, he was chosen by the trustees as Professor of Surgical and Pathological Anatomy. He came to Cleveland as an associate of John Wheeler, M. D. He soon became the leading surgeon in northern Ohio. Established the first hospital in Cleveland that he might give his surgical cases proper attention. This hospital was supported by him until Charity Hospital was built four years later. In 1860 he was chosen dean of the college, a position he held for several years. March, 1869, he resigned the chair of surgery in the college and moved to Cincinnati, Ohio, and assisted in organizing Pulte Medical College, occupying the chair of surgery for several years. Later he removed to the city of New York, opened an office as a specialist in chronic diseases combining electricity with homeopathic remedies. He built up a large clientele in New York and surrounding county. Close application to his business for several years without vacations caused his splendid constitution to give way and a general breakdown followed. For the past two years he could only give four to six hours to his professional work, constantly failing but not willing to leave his office work. January 29, 1905, he surrendered to the inevitable at Atlantic City, N. J.
all the versatility of genius. He was, truly, an all around man. He became famous as a medical expert. He was equally distinguished as a political orator.

He believed the world to be a generous adversary, and that, sooner or later, it would yield its prizes of independence and honor to those who merited them, and would assign to them a place in the Valkhalla of great men.

He never forgot that heaven is gained through purgatory; that success is reached only through trials and disappointments; through denials and sacrifices; for without shadow there can be no light; without death there can be no life; and without suffering there can be no joy.

What a coterie of hard working and distinguished professors and teachers there were in the old faculty, as his associates in the '60s: Blair, Betely, Sanders, Wilson, Turrill, Humiston. They gave character to the profession they so dearly loved. They adorned it as well. They blazed the way through the forest of early homeopathic difficulties. Truly, they were giants in those days. They were brave, earnest, valiant, and conscientious. The profession had need of them. They were ever faithful and zealous in their chosen calling. They braved the ridicule of the arch-scoffers, for their convictions were in consonance with truth and their faith. They had the fullest confidence in homeopathy and practiced in that belief. They paved the way and made the work easy for those who are now enjoying the blessings of the arduous labor of these noble forbears. Few to-day can adequately picture the obstacles which this pioneer band was called upon to surmount. They were indeed the Fathers of the Homeopathic Practice in our beloved city.

In this bright galaxy of representative physicians, who added such luster to homeopathy, preeminently conspicuous was Dr. S. R. Beckwith.

The lives of these illustrious men are not measured by years, but by the lives they lived, the work accomplished, and the influences begotten.

They did not pray for easy lives, but to become stronger men; not for tasks equal to their powers, but for powers equal to their tasks.

Some Experience With the Homeopathic Remedy.

BY MALCOLM E. DOUGLASS, M. D.

Natrum arsenicatum is valuable in syphilitic headaches, when across brow, over orbits.

It is also useful in chronic conjunctivitis, membrane very rough, eye dry and painful; granular lids.

It is one of our best remedies in nasal catarrh, with superorbital headache, burning in eyes watery discharge, dry throat, worse morning. Or, with pain at root of nose, the discharge passes into the throat and has to be hawked up. When the nose constantly feels stuffed, with more or less affection of the eyes.

This drug is of great value in diphtheria with excessive swelling and great prostration, throat dark purple, uvula excessively swollen, like a sac of water, body cool and sweaty, great oppression of heart, feeble intermittent pulse.

It is highly useful in tuberculosis, hectic fever, night-sweats, emaciation, greenish profuse expectoration with racking cough.

For eruptions on the chest, with dark brown spots, scaly, on a red base, without itching, natrum ars, has proven a valuable friend.

Naphthalin has been found a valuable remedy for hay-fever, many inveterate cases seeming to have been entirely arrested; sneezing, eyes inflamed and painful, head hot; also spasmodic bronchitis and asthma, better in the open air, with soreness in chest and stomach, has to loosen the clothing; also pulmonary emphysema, with great dyspnea, sighing inspiration, better violent motion, it seems as if patient could not get air out of the chest; it is also valuable in whooping-cough, with long-continued paroxysms, cannot get an inspiration.

Naja Tripudians is indicated in a general way when organs seem to be drawn together, especially ovary and heart.

Naja is very useful in hay-fever, with asthmatic complications, after the stage of coryza and sneezing has mostly subsided, especially with a feeling of dryness in the larynx. suffocation, especially on lying down, has to be held erect in order to breathe; the suffocative spells occur after sleeping (lachesis).

In diphtheria it is similar to lachesis, the patient grasps at his throat, has a feeling of choking, foames dark red, breath fetid, hoarse cough, with r awness in larynx and upper part of chest.
It is also valuable in neuralgia of left ovary with palpitation and pain about heart.

Naja is called for after diphtheria when there is threatening paralysis of the heart. The patient becomes blue, gasps for breath on waking, pulse intermittent and feeble. A kind of angina pectoris, acute pain, with loss of breath. After articular rheumatism, severe pain in the heart, extending to shoulder, neck, and arms, with deathly anxiety, the attacks wake from sleep, palpitation, constriction, dry cough.

**Mercurius iodatus Ruber.**—In the provings of this drug we have the sensation as if forehead were bound with a tight cord.

This drug is valuable in serofulous ophthalmia, granulated lids, ulceration of cornea; particularly valuable in old cases of pannus and granulated lids.

Lips slimy and sticky on waking; sticking together with headache.

In painful swelling of tonsils and submaxillary glands. Sensation of a lump, with disposition to hawk it out all day, hawked up a hard greenish lump. Soreness and inflammation, with frequent cough and expectoration, next day inflammation and swelling of left tonsil, elongation of velum, which seems to cause the cough, next day inflammation and swelling of both tonsils.

In sore throats the inflammation is worse on, or confined to, the left side. Otherwise the symptoms are very similar to the protoiodide; it usually has the same yellow-coated tongue (though in some cases the tongue is clean); there are in general more febrile excitement and more tendency to headache than in the protoiodide.

**Mercu dius iodatus Flavus.**—The symptoms of this drug are aggravated from passive motion; during rest on right side.

This agent is valuable in syphilitic iritis worse night, with yellow fur at base of tongue. Ulceration of cornea, sometimes serpiginous; symptoms associated with agglutination of the lids, yellow coat at base of tongue, nocturnal aggravation. Pustular conjunctivitis. Ciliary blepharitis, with ulceration of margins of lids.

**Catarrh of the frontal sinuses,** with offensive discharge from nose and dull boring, pressing pains over eyes, with bursting sensation. **Chronic catarrh** of the posterior nares and constant efforts to swallow.

**Pain in right tonsil,** with swollen sensation and pain on swallowing. Soreness, with pain on swallowing saliva; soreness, with difficult swallowing and frequent empty swallowing. Sensation of a lump. In various forms of sore throat, particularly tonsillitis, follicular, occasionally diphtheritic, nearly all cases worse right side or beginning on right side, associated with yellow fur on tongue and general mercurial symptoms.

Stools of the daytime soft, copious, dark or light yellowish brown, stools at night scanty, hard, and black. Small, almost of the consistency of putty, requiring great straining.

**Mercurius cyanatus.**—In this drug we have swelling of salivary glands. White opalescent coat resembling superficial mucus patches of syphilis, on pillars of velum palati and on tonsils. Redness of fauces and difficult swallowing; redness of pharynx; redness at base of pharynx. Necrotic destruction of soft parts of palate and fauces.

A valuable remedy for the form of diphtheria characterized by the mercurial symptoms and aggravations, with extreme prostration; the disease invades the nostrils and there is threatening collapse, with very small, rapid or intermittent pulse. It follows apis well.

It is also useful in chronic ulceration of the larynx, with swelling of tonsils, offensive breath. Cold and moist skin.

**Mercurius dulcis.**—This remedy is chiefly valuable in diarrhea of infants, with scarcely any tenesmus, stools grass-green, excoriating; liver enlarged, mouth pale, ulcerated, with offensive odor, swollen glands, ptyalism, etc.

**Zizia.**—Chiefly indicated in chorea, especially during sleep, fidgety legs (tarentula). Hypochondriasis, desire to commit suicide. Intermittent neuralgia of left ovary.

**Zingiber.**—Ginger is mentioned in but few therapeutic works, although it occupies an important place, and should not be neglected. It is a profound and immediate stimulant, an active diaphoretic, an anodyne in gastric and intestinal pain, and a sedative to an irritated and over-worked system when there is extreme exhaustion. An infusion of the powder drunk warm produces immediate but mild emesis and active diaphoresis.

Ginger is an emergency remedy. In every case in which brandy or whisky is given to produce an immediate stimulating influence, the structure of ginger can be given with even better results. From half a teaspoonful to a teaspoonful will produce greater stimulation than half an ounce of brandy. It may be stirred into half a glass of cold water, but is much more preferable in its action if given in hot water. The maxim
does not produce emesis. The agent stimulates the stomach actively, producing a pleasing sense of warmth. It overcomes flatulence and quickly relieves flatulent colic. In atonic conditions of the stomach and intestinal tract, it stimulates the structure to renewed activity and materially assists in the restoration of normal tone. It relieves pain from any cause except inflammatory action, when this remedy must be avoided.

In acute colds the entire train of symptoms may be aborted in a single night, by advising the patient to take a hot mustard foot-bath at bedtime, while the body, prepared for bed, is wrapped in warm blankets. During the foot-bath, which should last twenty minutes, the patient should slowly drink half a pint of hot water into which is stirred a dram of the tincture of ginger. After the footbath the patient should get into a warm bed, still wrapped in the blankets, and allow the sweating thus induced to continue for from half an hour to an hour, slowly and carefully divesting himself of the excess of clothing, until the perspiration subsides. Acute inflammations may be aborted by this course.

In dysmenorrhea, ovarian neuralgia, and uterine pain from any cause at the menstrual epoch, this agent is reliable. If given at the beginning of an hysterical attack it will often abort the attack, and produce quiet and restful sleep.

Ginger is of value in vomiting of old drunkards, with heavy feeling like a stone in the stomach, slimy, bad taste in the morning, and bad breath.

Diarrhea from drinking bad water, with much flatulence, cutting pain, relaxation of sphincter.

Also a valuable remedy in complete suppression of urine after typhoid fever.

Wyethia is to be recommended for the following conditions:

Pricking, dry sensation in posterior nare; granular appearance of pharynx. Chronic pharyngitis, dryness, with constant desire to clear the throat, tendency to atrophy of the mucous membrane. Pharynx dark red, sensitive, also soreness of the muscles of the palate, following severe influenza. Granular sore throat with burning and enlarged follicles, frequent inclination to clear the throat. Tendency to get hoarse from talking or singing (phos.), the throat is hot and dry (bell.).

—Former Dr. Harriet B. Chapman, homeopathic eye specialist of Cleveland, was married to Dr. Ralph Whitney Reynolds, June 14, 1905.

**Surgical Aids and Makeshifts.**

**BY E. KEN HERRING, M. D.**

In a country practice where one has, as a rule, no further assistance than a nurse and anesthetist, and where the number of one’s cases does not justify the purchase of an elaborate armamentarium, and yet where one has to be prepared for almost any operation, the surgeon has to take advantage of any aids or makeshifts which may help him to perform his work single-handed, or may save him time, trouble, or expense. Having fished up from various sources several such aids, which have been of great service to me, some of which have been much appreciated by friends, and some of which I have found to be almost unknown, I feel called upon to give a few notes of them. They are points upon which the books are not informers.

To start with sterilizing. It is not generally known, I think, that the ordinary cooking oven will act as a good sterilizer for towels, sheets, etc. Damp the articles well, bundle them loosely together, and put in a hot oven for twenty or thirty minutes, with the fire going down. For instruments, an enamelware fish-kettle 16 x 6 x 6, which your local ironmonger will get for you for $2, will do just as good work as the most elaborate sterilizer. It can be put to boil on an oven range or open fire. Don’t forget the soda with your instruments to prevent tarnishing.

For sutures, ordinary drapers’ linen thread, Nes. 30, 60, and 90, is as good as anything. Have a three-slot glass winder, and wind on what you want, and boil with the instruments. Thread will boil over and over again, and the glass gives no rust on drying. An empty three-reel suture tank may be reutilized thus: Break away the outside glass, leaving the axles and reels; smooth the broken ends of axle by melting over a spirit lamp; wind your material on the reels, and put whole into a test tube with a wool plug. Boil, and you have a clean suture, which may be put by for future emergencies so long as the wool is not removed.

Catgut.—Silkworm-gut boils in water. Raw catgut can be boiled with your instruments by putting it into xyed or alcohol in a close vessel; a brass lens case from my microscope I find suits beautifully. A two-ounce tobacco tin will take your suture material and keep it together in the boiler and afterwards.

Gauze.—Buy “butter cloth” by the yard, and boil as you want.
Knives.—A blunt knife is a mental worry, and may spoil an operation. With a "water-stone," patience, and care any man can have a sharp knife if he will. Remember a knife edge is not a hollow-ground razor edge (length without breadth), but has a bevel. The patience is needed to grind down the flat surface, the care to touch off the bevel. Another thing about knives, don't let the nurse handle them. I never knew a woman yet who respected a sharp edge or point, and some of my best nurses have sent my knives home wrong end on in their box, the edges all mucked by shaking on the rack. No; have a scalpel box (your tinsmith will make you one), and put your knives into and out of it yourself. My box takes also a Reverdin or other needle whose point I wish to preserve.

Shaving.—This is nurse's work, but she will probably be thankful if you have a "safety" razor for her, so saving her time and anxiety. Keep it sharp.

Douching.—A syphon tube from a large jug or vessel on the mantelshelf or elsewhere saves handling and assistance for syringing. The tube needs a "bend" for the jug edge and a spring clip (rubber tubing, by the way, including catheters, may be boiled). Size 12 or 13 fits the commonly-used dilating uterine douche, which is just as useful in the abdomen as in the uterus. Another uncommon use for this instrument is in midwifery cases, in prolapse of cord, where it will be found to be as effective a repository as the gum elastic catheter, which few midwifery bags carry.

A legholder which I found very handy was made for me by my saddler—a piece of web girding, six feet long, having a hook at each end, and a dozen eyelet holes one inch apart, starting fifteen inches from each end. With this little article, which will boil, a patient can be put into the lithotomy position anywhere.

Scissors used in the palm of the hand from the base of first finger when suturing save lots of time. There is a pair made specially for the purpose, but I have for years used an ordinary pair of dressing scissors.

Finally, a word on chloroform vomiting, which may be so distressing to your patient, and so harmful to your case. A piece of ganze soaked in vinegar put over the nose and mouth as soon as the operation is done, and renewed frequently for a couple of hours, will often prevent vomiting. If, after a few hours vomiting still be severe, a tumblerful of lemon drink by the mouth will be returned, but it will generally stop the distressing retching. A previous history of severe vomiting should call for A. C. E. instead of chloroform.

**Homeopathic Therapeutics of the Ear.**

**BY CHAS. G. BOYLE, M. D.**

*(Concluded from page 214)*

**Chelidonium.**

Humming in ears; roaring in ears as from wind storm; sensation of wind rushing out of ears; sensation as if ears were stopped (Carb. veg.); deafness, associated with hepatic disorders; frequent tearing, extending from right ear to teeth, in afternoon; neuralgic pains in and around ears (Bell. Merc. Puls).

**General Indications:** In hepatitis, in bilious conditions; pain in or beneath right shoulder blade.

**Aggravation:** In the morning; afternoon.

**Amelioration:** In the evenings.

**Chenopodium.**

Roaring in ears; buzzing; tinnitus, with injection of vessels; deafness as if something were before the ears; ticking as of a watch; frequent neuralgic pains in ears aggravated by touch; hearing extremely sensitive to noises; external ear sensitive to touch; intolerance of noise; ringing in ears; ticking sound in ears; something seems to be constantly before ear; hardness of hearing; humming or roaring in ears; tearing pain in ears, aggravated by touch; stitches in ears; external ear hurts when lying on it, and is hot; hemorrhage from ears of offensive blood; purulent discharge.

**General Indications:** Excessive sensitiveness of the nervous system; prostration; special senses too acute: very sensitive to pain; to draughts of air; body sore; malarial conditions; debility after loss of fluids; periodicity of attacks.

**Aggravation:** From touch; draught of air; from motion.

**Cicuta Vir.**

Over sensitiveness of hearing; hardness of hearing in old people; deafness, detonation in right ear when swallowing; sore pain behind ear, as from a blow; burning, suppurating eruption on and around ears; hemorrhage from ears.
hemorrhage from the ears in cerebral troubles, deafness of old people, with sudden detonations in ears, especially on swallowing (Conium).

**General Indications**: Convulsions; spasmodic affections in general; cerebro-spinal meningitis.

**Cina**.
Boring in ears; dull stitches below mastoid; when pressed, feels bruised; cramp like jerking in external ear, like earache.

**General Indications**: In children with affections from worms; convulsions; children peevish; constant desire to rub, pick or bore into the nose.

**Aggravation**: At night; on looking fixedly at an object; from external pressure.

**Cinnabaris**.
Roaring in ears, with swelling of face; scurvy eruption in right external ear.

**Cistus Canadensis**.
Discharge from ears; watery, bad smelling pus (Graph. Hep.s.); inner swelling of ears; tatters on and around ears, extending to external meatus; swelling beginning at ear and extending across face; parotitis.

**General Indications**: Diseases which are the outgrowths of a scrofulous diathesis; affections of glands; catarrhal disease.

**Aggravation**: In morning; in evening; at night.

**Clematis**.
Ringing in ears, as from bells; burning pain in auricles, with heat.

**General Indications**: In affections of the skin; lymphatic glandular system and the genito-urinary organs.

**Coca**.
Loud ringing, buzzing, and humming in ears, deafness.

**Cocculus**.
Sensitiveness of hearing; noise in ears like rushing waters, with hardness of hearing; roaring or ringing in ears.

**General Indications**: In attacks of paralytic weakness; affections caused by motion of carriage, swing, or ship; nervous weakness; paralysis; hysteria; most often indicated in women and children.

**Aggravation**: All symptoms and pains especially in the head aggravated by drinking, eating, sleeping, talking, riding in a carriage, smoking, exertion, and by cold air.

**Coccus Cacti**.
Roaring in ears, beginning in evening and lasting through night, disturbing sleep; sensation as if external auditory canal were closed.

**Coffea**.
Hearing acute; aversion to noise; seem too loud; noise and ringing in ears of nervous people; cracking noise in head, synchronous with pulse; relieved indoors; hardness of hearing, with buzzing in left ear, as of a swarm of bees; excessive accumulation of wax in ears.

**General Indications**: Great sensitiveness to pain, and sleeplessness from excitement; nervous excitement; excessively painful neuralgia; pains seem insupportable.

**Aggravation**: Aversion to open air, which aggravates the symptoms.

**Colchicum**.
Hearing acute; roaring in ears; tingling in ears as if frostbitten (Agar); earache, with stitches in ears; discharge from ears, with tearing pain; otorrhoea after measles.

**General Indications**: In tearing pains, with aggravation at night; in rheumatic and arthritic affections; great exhaustion and weakness; tearing pains, quickly changing location.

**Aggravation**: At night; from mental exertion; from motion.

**Amelioration**: From repose and in the open air.

**Colocynthis**.
Constant roaring and throbbing in ears; crawling, itching, stitching, cutting or aching in ears; relieved by putting fingers in ears.

**General Indications**: Cramps in all muscles of the body; fainting, with coldness of external parts; tearing shootings traversing the whole length of the body; bad effects from anger, with indigestion; neuralgia, especially facial neuralgia and sciatica.

**Aggravation**: In evening; at rest; from motion; after eating and drinking; from anger.

**Amelioration**: From coffee; from smoking; from bending double; from hard pressure.

**Comocladia**.
Left ear all cracked and desquamating, like powdered starch; heat and fullness in right ear.

**Conium**.
Painful sensitiveness of hearing; noise startles; deafness follows: ringing; singing, humming, buzzing and roaring; ear feels stopped up when blowing nose; deafness; drawing stitching
in ear from within, outward; pinching pain; accumulation of ear wax; tumors and boils behind ears; parotitis; hyper-secretion of cerumen.

General Indications: In diseases of old people, especially old men; sudden loss of strength while walking; exhaustion and faintness; swelling and induration of glands from congestion and bruises; cancerous affection of glands.

Aggravation: At night; during rest; while sitting; while eating; when lying down.

Amelioration: Better from motion, especially walking.

Crocus.

Humming and roaring in ears, causing deafness, aggravated by stooping.

General Indications: Sensation as if something living jumping in various parts; bleeding from different parts; black, viscid, clotted blood; hysteria; confused and frightful dreams; excessive prostration and weariness in the evening, with great sleepiness.

Aggravation: In morning; all symptoms better in open air.

Crotalus.

Feeling of fullness in ears; deafness; illusions of hearing; auditory vertigo; otorrhea after scarlet fever; blood oozes from ear; erysipelas of external ear, in broken down or hemorrhagic constitutions; abscess and furuncle in meatus.

General Indications: Hemorrhages from all the orifices of the body, also from gums and beneath the nails; trembling weakness all over; paralysis; yellow color of the body.

Croton Tig.

Spasmodic twinging pains, deep within left ear; deafness; otorrhea, with great itching.

General Indication: Eczema; pustular eruptions; diarrhea.

Cuprum Met.

Distant drumming in ear upon which he is lying in morning; disappearing on rising; deafness; boring in and behind ears; pressing pain in front; swelling of meatus externus.

General Indications: In contraction of muscles and tendons; convulsion; nervous trembling, with great acuteness and sensitiveness of the senses; paralysis.

Aggravation: By contact; from vomiting.

Amelioration: From drinking cold water.

Cyclamen.

Roaring, humming, or ringing in ears; deafness as if cotton was in ear; drawing pains in right internal ear; itching of ears; with increase of cerumen.

General Indications: Great weakness and prostration, menstruation, amenorrhagia; amenorrhea.

Digitalis.

Noise before ears like boiling water; hissing before ears, with hardness of hearing; sudden crashing noise in head on falling asleep; painful swelling of parotid gland.

General Indications: In heart disease; great weakness and sinking.

Drosera.

Deafness, with increased humming before ears; roaring, humming and drumming in ears; pain in right internal ear, as if pressed together; sticking pain in ears.

General Indications: In disease of respiratory system; spasmodic, dry cough.

Dulcamara.

Buzzing in ears; dull pains, humming in ears, obtuse hearing; carache, nausea. Buzzing aggravated at night and when still; carache preventing sleep; stitches in ears in damp weather.

Aggravation: At night; when at rest; from cold air; in wet weather; from cool change of weather.

Amelioration: After rising from a seat; from motion; from warmth in general, and dry weather.

Elaps.

Deafness; continued buzzing like fly in auditory canal; sudden deafness after catching cold; no pain, no tinnitus; otalgia; sudden painless attacks of marked deafness at night, with constant roaring and cracking in ears; offensive discharge from ear; watery, yellow, greenish discharge; intolerance of itching in ears; pain in ears on swallowing.

Eryngium Aq.

Inflammation of eustachian tube; left ear swollen in and out; tender to pressure, bleeds easily, thick, bloody, foul smelling pus; bruised, tearing pain about ears, as if they were being torn from their location.

Eupatorium Per.

Buzzing in ears; heat on top of head.

General Indications: In diseases of the gastrohepatic system; in malarial troubles; influenza or catarrhal fevers; rheumatism.
Euphorbium.
Roaring, buzzing in right ear, cannot sleep at night.

Ferrum.
Over sensitive to sound: fetid discharge from ears; deafness: ringing in ears; humming in ears; stitches in ears.

General Indications: In persons who, though weak and nervous, have a very red face; in delicate, chlorotic women; sanguine temperament; in debilitated persons; congestions; hemorrhages; anemia; chlorosis.

Aggravation: In the night, particularly after midnight; from changes in position; on beginning to move; lying down; from fat food; abuse of quinine; after eating and drinking; from noise; from heat; from motion.

Amelioration: On leaning against anything; from moving; from continued motion; from moving affected part; when walking.

Ferrum Iod.
Roaring in ears.

Ferrum Phos.
Sensitive to noise. Roaring and buzzing from rush of blood to head. Early stage of inflammation with pulsation in ear. Inflammatory pain in ear. Otitis; membranum tympani reddened. Catarrh of eustachian tube. Parotitis. Tension, throbbing and heat in the ears; noises in ear from blood pressure; deafness from inflammatory action, or suppuration when there is cutting pain, tension or throbbing; tinnitus aurium; tendency to hemorrhage.

Fluoric Acid.
Great sensitiveness in morning to little noises; harshness of hearing, with rheumatism; ringing in ears; deafness for human voices (Phos); numbness of bones around ears; singing in ears; intolerable itching in both ears; otorrhea; discharge copious; otitis externa.

General Indications: Acts especially upon vegetative system, affecting mucous surfaces, glandular structures and bones; conditions due to perverted nutrition; affects the right ear; teeth of left side; complaints of old age; premature old age, in consequence of syphilitic mercurial dyscrasia.

Aggravation: In morning, at rest, on rising, when standing, when sitting.

Amelioration: From motion, from walking.

Formica.
Ringing, buzzing in ears; cracking in left ear, with headache; deafness; both ears ache in morning on getting up; all parts around ear feel swollen and uncomfortable; external sensitiveness; all ear symptoms worse on right side.

Gambogia.
Ringing in left ear, sometimes hissing; pain in ears.

General Indications: Affections of mucous membrane of intestinal tract; catarrhal affections.

Aggravation: In the evening or night; while sitting.

Amelioration: From motion in the open air.

Gelsemium.
Great sensitiveness to all sounds; rushing and roaring in ears; sudden temporary loss of hearing; neuralgia; otalgia; periodical; catarrhal deafness, with pain from throat into middle ear; earache from cold; catarrhal inflammation, at beginning cold in head and closure of eustachian tubes; tense, dull, bound, giddy sensation in head, with chilliness, stupor, drowsy; pains extend from back to occiput, affecting ears; deafness from quinine.

General Indications: Bad effects from fright and fear; bad news; drowsiness, languor; convulsions; paralysis; hysteria; nervous chills; cerebro-spinal meningitis; trembling weakness; complete prostration of muscular system, with entire motor paralysis.

Aggravation: From walking; from warmth of bed; from smoking; from wine; after midnight; in damp weather; from change of weather.

Glonoin.
Ringing in ears; noise in left ear, as if it came from heart; deafness as if ear stopped up; paralysis of auditory nerve; throbbing, piercing from within, out; throbbing above ears; sensation of fullness in and around ears; ears red.

General Indications: Bad effects from exposure to the rays of the sun; bad effects from mental excitement, fright, fear, mechanical injuries and their late consequences: sunstroke; syncope; congestion of brain; headache; painless throbbing in the whole body; great weakness and prostration.

Aggravation: From motion; from wine; from shaking or jarring the parts.

Amelioration: At night, in the open air.

Graphites.
Music causes weeping; reverberations in ears, even hears words and steps; humming, hissing.
ringing, rushing, roaring, crackling in ears; violent nocturnal roaring; ears feel stuffed; thundering, rolling before ears; cracking in ear when eating or moving face aggravated in bed in morning, or when sneezing; snapping in ear after eructation; sensation as if skin were before ear; deafness, with dryness of ears; ears better in a noise or carriage; otalgia; congestion of membranum tympani; moisture in ears; gluey, sticky discharge at external meatus; discharge of blood and pus; bad odor from ear; swelling of both ears, with moist eruption behind ears; fissures, cracks, eczema, itching, moist; swelling of glands behind ear.

General Indications: In affections of the skin, the lymphatics, the digestive system and sexual organs; scrofulous affections; glandular swellings and indurations; weak exhaustion of the whole body; itching and excoriation of skin, from which oozes a watery, corrosive, sticky fluid; affections of the ears, especially the left; in persons inclined to obesity; in persons with deformed nails.

Aggravation: At nights; in mornings; from becoming cold, during and after menses; from suppressed menses; on beginning to walk; from light in general, particularly daylight.

Amelioration: From eructations; from walking in open air; in the dark.

Guaiacum.

Painful dragging and tearing in left ear; otalgia; spasmodic earache; deafness.

General Indications: Acts especially upon muscular tissues, producing rheumatic and arthritic pains; dragging and drawing pain in muscles.

Aggravation: From motion; while sitting; in morning; after rising, or in the evening before lying down; in open air.

Amelioration: In the room.

Hamamelis.

Deafness in right ear; bleeding at right ear; relieved by nose bleed; buzzing, ringing in ears.

General Indications: In venous congestions; varicosi; passive-venous hemorrhages; phlebitis; hemorrhoids.

Hepar Sulph.

Sensitive to contact; will not have ears touched on account of pain; whizzing and throbbing in ears, with deafness; cracking in ear when blowing nose; darting pain in ears; increase of ear wax; discharge of fetid pus from ears; canal filled with white, cheesy, bloody pus, surrounding skin, scurfy, and irritated; pustules at meatus; hemorrhage from slightest touch; relieved by warm applications; aggravated by cold; itching of ear; green discharge; mastoiditis.

General Indications: Sensitiveness to open air, with chilliness; glands inflame, swell and suppurate; caries of bones; unhealthy suppurating skin, even slight injuries suppurate; ulcers very sensitive to contact; easily bleeding; discharge corroding; smelling like old cheese; bad effects from abuse of mercury; boils, abscesses and suppuration in general; catarrhal affections; ailments after west or north-west winds.

Aggravation: At night, in the morning, from cold air, from touching parts, from cold in general, from uncovering head, from swallowing, especially food.

Amelioration: From warmth, from wrapping up head or body.

Hydrocele of the Canal of Nuck.

BY WM. CASII REED, M. D., LIVERPOOL.

The following case is, I think, sufficiently interesting to be put on record. A patient, aged about 30, was admitted into the Hahnemann Hospital under Dr. Gordon Smith for gastric symptoms. A lump was found to exist in the region of the inguinal canal, and the patient was by and by transferred to the surgical side for operation. On opening the sac of a possible hernia by Dr. Chas. Hayward, no contents were found except light clear fluid. The inner surface of sac was smooth, like ordinary peritoneum, and on passing the finger to the neck no opening whatever could be found, though the ring could be perfectly defined all round. The "sac" was cut off after ligature and the wound closed. The following appears to be the explanation of the exceedingly rare condition present, viz., hydrocele of the canal of Nuck. The round ligament is inclosed in a peritoneal investiture, which in the fetus is prolonged for a short distance into the inguinal canal. This process is the canal of Nuck, and is analogous to the funicular pouch which accompanies the vas deferens in the male.

This canal is normally obliterated in adult life, but sometimes remains patent and communicates with the general cavity of the peritoneum. In such case it may be occupied by omentum, bowels, etc. When communication with the peritoneal cavity is obliterated, but the pouch persists, as in this case, fluid may distend the latter.

The only other occasion which I can recall in which this canal was exposed during operation was in the case of a pretty extensive dissection for removal of a tumor from the vestibule.
Surgical Treatment of Bright's Disease.

The volume by Dr. G. M. Edebohls, compiled by printing the histories of all the author's 72 cases hitherto operated upon, with analyses and tables of them, while his various contributions to the medical press on this subject are reprinted in full. Consequently there is a good deal of repetition, but it is not without advantage to have all the statements relating to a procedure which is still in a debatable stage in an easily accessible form. As is well known, Dr. Edebohls claims to have cured a certain proportion of cases of Bright's disease by stripping off the fibrous capsule from the kidney. Of the 72 cases operated upon, 7 died directly after the operation; in 22 other cases, death occurred soon afterwards, so that the operation did not arrest the fatal progress of the disease; 3 others are classed as unimproved; 20 are stated to have been improved in general health, but not cured; finally, 17 are claimed as cures.

These 17 are worthy of careful analysis; and Dr. Edebohls supplies a table. Only one is a male, and it is well known that the kidneys in women are often found post-mortem to show changes in their structure which have not caused any symptom of Bright's disease before death. They may have suffered from transitory attacks of nephritis in pregnancy, or have been more or less movable, in which condition some thickening of the capsule is very common. Indeed, most of the cases in Table 4, which are classed as chronic interstitial nephritis, did not present any of the clinical evidence of this condition, and are probably examples of movable kidney; this is the more probable, as the condition was unilateral in 6. Case XVIII. is classed as "chronic parenchymatous," but is really one of ascending nephritis, or surgical kidney. Case XXII. is called "chronic interstitial," but is really one of nephritis of pregnancy. Case LII. is called "chronic parenchymatous," but is a similar case. There are only two cases to which such criticism does not apply. Case XXI is that of a female child, aged 4 or 8, who at the age of 2, fell into a tub of scalding water and received very severe burns on the back and legs; after that there was swelling of the feet and puffiness of the face, followed a little later by ascites. She was said to have had an attack of acute nephritis, from which she recovered after four weeks, but several subacute attacks followed at intervals until she was admitted in April 1901, with edema, ascites, albuminuria, and casts. She was discharged improved, but, nine months later, was again in patient, and, as medical means failed, Dr. Edebohls was asked to operate. At that time she was said to be generally edematous, and the apex beat of the heart was in the sixth interspace. Both kidneys were decapsulated, and we are told that both these organs were typical "large white kidneys." The patient made an uninterrupted recovery, and for a year past had been going to school, while her urine was entirely free from albumin and casts. The other case is that of a man aged 36, whose father died of consumption. He had been in ill-health for several years, and "in the spring of 1901 a faint trace of albumin and a single hyaline cast were found in the urine." For the past year and a half, at repeated examinations of the urine, albumin, now and then, and casts in small numbers were found; there was moderate edema of the feet, and once or twice a little puffiness under the eyes; "there was considerable concentric hypertrophy of the heart, with marked accentuation of the second aortic sound; decided arterio-sclerosis." These statements are obviously wanting in precision. The following is a description of the kidneys at the operation:

Right kidney about two-thirds normal size; after removal of capsule a red granular surface everywhere. Left kidney normal in size, mottled deep and light red over entire surface after removal of capsule. Diagnosis: Right, chronic interstitial nephritis; left, chronic diffuse nephritis.

The operation was followed by a gradual return of strength, but the urine continued to show occasional traces of albumin with hyaline casts. The patient, writing in March of the present year, says:

"While the improvement has been slow, when
I look back and remember how I was a year ago, or two years ago. I can see a big change for the better. The past year have not missed a day from business on account of sickness, although there have been times when I felt far from being real well. Many of my old symptoms have entirely disappeared. I have not had difficulty in breathing since a month or so after operation.

We think that in this case, the facts are not presented in such a way as to make the reader quite sure that the diagnosis is correct, and certainly leave him in doubt whether the cure so confidently claimed is really complete.

The style of the book is not such as to convey a high opinion of the author’s accuracy. On page 9 we are told that a patient had “extreme hypertrophy of the heart with a mitral systolic and a mitral regurgitant murmur.” On page 11, arguing in favor of the operation in unilateral cases, the author repeats the generally discarded opinion that albuminuria per se “undermines the general health and leads, though in many cases only after the lapse of years, to a fatal issue.” This is a doctrine to which we think few will subscribe. On page 13 he excuses himself for not having removed more often small portions of kidney tissue for microscopic examination, by saying that “it is unjustifiable to deprive a patient of even the minuter part of such an important excretory organ as the kidney, knowing that the defect can be made good only by compensatory hypertrophy, never by new formation of kidney tissue.” We are certainly at a loss to understand what he means. On page 15 he speaks of “decortication,” or stripping the cortex from the kidney, as synonymous with decapsulation. On page 16 he says: “There has thus far been no mortality in my operations upon the kidneys of patients affected with chronic Bright’s disease.” No doubt this is a reprint of a paper published in 7007, but it seems extraordinary that this statement should not have been modified in view of subsequent events. On page 18 he speaks of a case of nephritis after pregnancy as running “its usual downward course,” but a “downward course” is not usual in such cases, which generally get well. On page 19 he talks of 50 per cent, and 70 per cent, of albumin in the urine—a manifest absurdity. On page 20 he speaks of cirrhosis of the liver as being one of the most “frequent complications of chronic Bright’s disease.” Dickinson says “the proportion is not large,” and gives the figures as about 1 in 7.

The grounds for operation are, in the author’s opinion, (1) the clear and unequivocal establishment of the diagnosis of Bright’s disease; (2) the absence in the given case of absolute contra-indication to any operation; (3) the possibility of securing the services of a surgeon reasonably familiar with practical experience with the surgery of the kidney.

The conclusion of the book is: “The evidence submitted in the author’s opinion, not only jus-

tifies the surgical treatment of chronic Bright’s disease, but establishes surgery as at present the main, if not the only hope of sufferers from a lifethreatening incurable malady.”

As above indicated, the impression left on our mind is that in nearly all the cases in which Dr. Fidebohls has been successful, he has not been dealing with Bright’s disease in the ordinary sense.

Experimentelle Untersuchungen zur Lehre von der Atrophie getätmer Muskeln.

Dr. Friedrich Jamin, assistant in Professor Stumpf’s Medical Clinic at Erlangen, has presented experimental investigations on the atrophic changes in paralyzed muscles.

The subject is highly complex, and as much as the intimate structure of normal muscle is still sub judice and the essential functional relation of nerve and muscle cannot yet be formulated, it is not too much to say that in the present state of medical knowledge the subject is hardly capable of explicit treatment. Dr. Jamin has produced paralysis in animals by interfering with the nerve supply, and has made elaborate microscopic observations on the muscles in this way caused to atrophy. He has investigated among other things the fibrillation and striation of the muscle parenchyma, its hyaline degeneration, its vacuolation and fat infiltration, its granular and pigmentary degeneration, the alterations in the muscle nuclei, in the interstitial fibrous and fatty tissues, in the blood vessels, and in the intramuscular nerve endings, including the muscle spindles.

From these observations he distinguishes two main kinds of atrophy—a simple form characterized by a simple decrease in the volume of the muscle fibers with increase of the interstitial tissues; and a degenerative form, a true necrobiosis of the muscle parenchyma. The latter he ascribes to traumatic and toxic causes and to these alone. The former—a simple diminution without degenerative microscopic changes—he attributes to ordinary causes of disuse, including, strange to say, lesions of the peripheral motor nerve mechanisms, the motor nuclei, and the nerve fibers. In other words, the atrophy of neuritis and anterior polynyaesthesia, so far as his experimental lesions can reproduce their conditions, is an atrophy of disuse; from his microscopic researches no evidence is forthcoming of any direct influence of spinal motor centers on muscular nutrition.

If this represent the fact, it there is no difference to be detected microscopically between atrophied muscles that show the reaction of degeneration and those that do not, we are disposed to say so much the worse for microscopic methods. If, as we believe, the reaction of degeneration promotes a functional change in the muscle substance proper, we look for methods supplementary to these of Dr. Jamin, which will permit of its objective demonstration.
THE AMERICAN PHYSICIAN.

Topics of the Hour

American Institute of Homeopathy. 61st. Annual Meeting, Chicago, III., June 26, 1905

First Day.

I might have known that I would be corrected and brought up standing if I made any slip in my alleged vernacular. I was prowling around among the exhibits looking for a place where there would be ice-cold grape juice on tap, or some Horlick’s ice cream, when I bumped into the Boston University School of Medicine’s display of pathological specimens. There was a blackboard hung with large-sized test tubes each containing an appendix. I said to an attendant, who was jealously guarding the grumous exhibition, fearful lest someone swipe an appendix or two, “these look like a lot of appendixes.” “Appendices,” corrected the gentlemanly attendant, sincerely, soberly, and subduedly, with a bearing down on the ces. Not dismayed or disheartened by this correction, for in my checkered career I have learned to accept correction from Boston with kindness, I meandered into the delicatessen department, also under the auspices of this School, and found appetizing cuts of kidneys, ovaries, uteruses, spleens, and the like. They were evidently in cold storage, with icing charges prepaid for them presented a uniformly smooth and perfect cut appearance.

That reminds me to say—not the delicatessen display, but the reference to the Boston School of Medicine—(homeopathic)—that Dr. J. P. Sutherland, our last President, presented a masterly paper before the Intercollegiate Committee this early morning on Homeopathic Colleges, and what must needs be done to overcome the apathy which seems to be almost universal in the school. I have not been able to get a glimpse of the document; and perhaps shall not, since it was given to the Intercollegiate Committee, which, like the meetings of the Seniors, seems to be a sort of star-chamber performance—in that its sayings and doings are not on record and but rarely leak out into professional publicity. Pity! This paper ought to be published.

The day is beautiful but very gusty and blustery and coolish; still the sun do move despite the teamsters’ strike. It looks a little comical to see a police officer sitting in the back of the delivery wagons going through the principal streets of the city. Other wagons, notably the Express Company wagons, have a large white placard headed Injunction conspicuously plastered against the side. Thus far, however, none of our profession has had to ride with a policeman for attendant. True, it is still very young in the sessions and no one can tell what a day will bring forth (or fifth), especially when Dewey arrives.

I bumped into Gatchell this morning the first thing as I was crossing the street without the aid of the police officer on the beat. Gatchell was loaded with books and papers, an overcoat, a cordial smile, and the glad hand.

T. Franklin Smith has arrived and hopes that his roller-top desk safely escaped the teamsters’ union. When he packs up his belongings this time he will see to it that there will be no suspicious scratches on his nose and forehead.

The Cleveland delegation is here and promises to stay here till it is ready to go home. Gaus Jones and James Wood I left just now in a corner, near the café, discussing matters of grave import, although one of us had time to tell the Walton story of the colored mother who corrected her young son in this wise: “Why, no, child, thems no soldiers; thems the iodoformed rank of the Knights of Syphilis.” There was another story, if I can recall it I may also print, but not now. I am feeling altogether too natural for it just now.

Of course Richer Horner is here, with his Venetian blind clothesrack for holding members’ name, and without his scissors. Think of an editor without his scissors or his blue pencil! He almost lost his moral equilibrium when his lady assistant failed to produce the scissors. There was enough, however, to derail any man’s patience, especially a Clevelanders. They had put his desk and Venetian blind machine in the middle of a veritable babel of confusion—the unpacking and hammering and putting up the medical and surgical exhibits. The floor was littered with boxes and loose boards, paper and twine, hatchets, hammers, wire and nails; the several exhibitors and their assistants were bawling at each other to beat the band, may several bands.

What about Walton? Why, he’s here and big as life; every time you meet him he has a new story and they are all good and well-seasoned. Towards evening he put on his King Edward crimson necktie. Then he and Halbert and W. E. Green began a story-telling contest. Harvey, McCracken, and Col. Crawford also butted in.

W. John Harris has given himself the last coo de grass in that he has now removed his mustache. He used to be a handsome man when I first knew him in St. Louis, years and years ago. He began his medical career with a full head of dark-colored hair and a full beard: then he turned the latter into burnsides: next the forehead began to slip back, and the back of his neck crept upward, inward, and forward. In St. Louis, when I saw him two years ago, he had come down to a mustache: now everything in the hair
line is gone; and the next thing one may know he will be in the Rockefeller class for hair. But he is younger than ever and full of ginger.

Royal arrived early, bringing with him his resonant voice, his gentle smile, and his determination to make this the banner meeting of the great American Institute of Homeopathy. But, mirabile dictu, that which formerly was an inseparable adjunct of our meetings, the politics seems to be entirely lacking. Haven’t heard but one man mentioned for President. to-wit: Gaius separable adjunct of our meetings; the politics, is entirely eliminated from the Institute, as it is from the Ohio State Society, why, presently, there will be not heartburnings, no thumb-bitings, no lifelong enmities; nothing, but just brotherly love and truth and Homeopathy. Well, say, wouldn’t that be a consummation devoutly to be wished?

Rufus King and Gregg Custis and Atlantic C. Bailey are in our midst, and so is Col. Crawford of the Kentucky Governor’s staff, formerly a medical resident of Chicago, though for some reason not very clear he migrated to California where he now shows Ward and Boericke how to run things homeopathic. Yes, he is here, a little grayar than when we last saw and heard him at Atlantic City at the International Institute meeting speaking in eulogy of his then recently departed friend and brother medico, Dr. Laning. Age cannot steal nor something-or-other wither his infinite variety.

Dewey is now here with his Vandyke beard and mystic smile. So also is that Prince of Off-Hand Speakers, Copeland—need I add—of Ann Arbor?

Norton and Schenk blew in towards nightfall, both looking elegant.

At a few minutes after four o’clock President Royal called the Institute together and with a few words of explanation and welcome the hopeful tang being evident all through, the Institute proceeded to make homeopathic history. A number of routine committee reports were heard and accepted. The most conspicuous evidence of extra good work was shown in the report of Aurand in his Press Committee report. After all his labor and expense if the homeopathic world doesn’t hear that the Institute is having a crack-jack meeting in Chicago it will be a wunner!

The effort to amalgamate the O. O. & L. independent section with the Institute failed on first attempt. The discussion and result came upon the reading of the second part of the Executive Committee’s report. It drew fire but no blood. It was an animated discussion, with amendments and second amendments and eventually a motion to lay the whole thing on the table was made. Copeland was prevailed upon to substitute a motion to make this amalgamation business a special order for Wednesday morning.

The O. O. & L. people are very coy. In the parlance of the current song they want to be coaxed. Out of fifty-four members four would not be able to come into the cherished arms of the Institute because they are not in membership with State or local organization.

Two of the three Cleveland B’s showed up this afternoon, to-wit, Beckwith and Biggar, who came into the Music Hall arm in arm. The other B, Baxter has not yet appeared. If we ever see these three B’s coming into a meeting together arm in arm, we will also be seeing pink elephants and other variegated mythical things.

Cowperthwaite, the only Censor on the ground so far, reported 148 applicants for membership. It would have taken an hour to have read all these names, and as Cowp. doesn’t seem well—something wrong with his eyesight and old-time geniality—sewer-gas poisoning—on proper motion it was agreed that the rules would be suspended in order to permit of posting and publishing these names without the usual dull and dreary reading. Wonder what’s become of our good old friend and friend of babies, Geo. B Peck?

Delilah Foote—I am not sure about that front name—is here a host all in himself. He is determined to have a big Obstetrical Bureau.

Ben Bailey of Green Gables drew a well-deserved round of applause, and the first of the meeting, in his defense of the Institute against some hold-back remarks of King in the O. O. & L. dispute. So far the really good speakers on the floor are Copeland and Bailey. Royal is in the pitcher’s box, and is a fine presiding officer. His rulings and precision of decision remind some of us elders of Kinne the Departed but not Forgotten.

In the evening the decorative and ornamental opening of the Institute was done to Rufus King’s taste. The Music Hall in which the general sessions and pretty much all of the scientific sections are held, is a pleasant and comfortable hall holding all that care to be present. In truth (as a little aside), all the arrangements of the local committee are admirable and sensible.

Dr. J. P. Cobb is the visible dux et machinry of this Committee and is always on hand to lend a hand or tell a good story. He was in charge at the decorative opening. With him, in the old realistic semi-circular form, sat a bunch of ex-presidents—Beckwith, Wood, Walton, Dudley, Norton, Sutherland, Cowperthwaite, Bailey, and the President of the Institute, Geo. Royal; some of the officers helped to mass this color scheme against the freezing atmosphere, which, the latter, eventually drove. first, Wood then Cowperthwaite off the stage. Horner, T. Franklin Smith, Gatchell, and Rufus King were of the officer-contingent. With these gentlemen sat Mr. Howard S. Taylor, Prosecuting Attorney of Chicago, who most ably and humorously represented His Honor, Mayor Dunne, and who was unavoidably absent with his new Council. so it was reported; but possibly his family duties required his attention nearer the base of supplies. Mr. Taylor approved himself to the best characters.
homeopathic physician, seeing that his father and mother, his wife, and two of his brothers are practicing homeopathic physicians.

There was some excellent vocal music by local talent. The chief number of the program (as Cobb repeatedly called the divisions of the Decorative Occasion), was the President's Address. Dr. Royal acquitted himself finely. He reviewed the past of Homeopathy, and drew from it his hope and promise for its future. He recognized the prevailing apathy, and found the blame to be both in the form of teaching and the thing taught. It was the finished product of an able homeopath, teacher, and reader. His concluding recommendation was in behalf of an Institute journal. He labored quite lengthily and with much array of arguments to convince the audience of the practicability, as well as the necessity for such journal. His arguments were well prepared and stated. Still, master of argument that he is, he forgot one little thing, which any practical editor and printer could have told him—namely, that it costs money, several large amounts—to start an Institute journal: that it requires individual efforts of some one man—not a dozen or more—to give life and vigor and identity to a journal. To be sure, if the Institute journal is to be another Congressional Record, why, go to, and let her r. i. p. But to call it a journal with an editor—an editor who really edits—is a gray horse of quite another hue. Pretty much all the existent journals—omphalos-worshiping and others—have threshed this subject all over—the last being our esteemed friend of the west, Progress. And even Strickler hedged. He was very coy in recommending, and left the back door open with many an "if," implied or stated. In the present instance, and in the present condition of things homeopathic the obstacles against the formation of a journal plant are practically insuperable. To be sure if all the Institute members would bring in, each of him, a half-dozen new members, and, each of him so brought in, would work for the journal and contribute of his wisdom and experience, then, argal, each of him would soon get a journal that might pay the printer and paper bill. You simply cannot, dare not, use the advertisements which the general, commercially-conducted homeopathic journals may and do use to eke out the necessary expense bills. Fancy using, let us say, a page of Parke, Davis & Co.'s products, or Fougera, or Schiefelin, or Antikamnia, and many others now to be seen in our advertising pages—and all of them unobjectionable in a commercially-conducted journal: what would the harvest be, and who would lay the whirlwind of indignation at the next annual meeting of the Institute? The Institute journal, to be a help to the Institute, and a feeder for the homeopathic profession must be, like Cesar's wife, "above suspicion." It must be ethically pure and sure. Without advertisements how will you pay the bills? What has the homeopathic profession remaining for the advertising pages of such a journal? Nothing but homeopathic pharmacies—without combination tablets, rheumatism and diarrhea cures—a page each, say, for each homeopathic college, possibly some hospital ads., and some surgical instruments. No, dear and beloved, our Royal president, it takes something besides sentiment to coax money out of the professional pocket.

The other word which I want to say, is in regard to the hurt an Institute journal would do the existing journals. That's all utter rot and rubbish! It won't hurt any one of them that is worth living. That it may interfere with some of the apron-stringed college advertising sheets, of certain pharmacy blotters, and a few hospital bulletins is true enough; yet if they are fairly honest in their ad. matter they can get into the Institute journal and so be at no trouble for notoriety and fame. But the real non-omphalos-worshiping journals are not in trouble, in the least, as to their own existence. There is room for a good honest opinion-expressing, fearless homeopathic journal in every city of the United States. And we venture the prediction, though not a prophet, nor the son of a prophet, that The North American Journal, The Medical Century, The Hahnemannian, The American Physician, and several others that might be mentioned, will outlive any Institute journal which may be foisted on the Institute by a majority vote of the handful of members who may be present at the moment that this question is sprung.

One other point made by the President with which I do not agree and in this I am supported by a good many of the profession (its editors and some college men), is that we have not got enough colleges! We have too many! If President Royal will come down out of his Nirvana as a paid Professor in a State University, and mingle, cog., or incog., with some of the homeopathic giants in Chicago, and New York, he will learn something concerning the colleges that would, likely, surprise him. It is well to be optimistic: it is also wise to cast a look around as well as ahead, and to take note of what is transpiring. To read the average journal, and to listen to the average homeopathic Demos-thenes, as he does the pebble and suspended sword stunt, one would suppose that, never before in all homeopathy was the future so roseate and hopeful as now. However, these same writers and spouters, when you get them in the corner of their private practice, and in their minglement with the two-dollar-a-day profession sing quite differently and much more pessimistically.

Now I really didn't intend to inject this stump speech into the body of my letter, but the spirit moved, and I did eat. Hens these steers.

The Reception and ball in the Auditorium following the Ornamental Opening Exercises was a fine affair. And many of the gray heads and bald heads vied resolutely with the "Kids" in
chasing the wee sun' hours ayant the twal' with twinkling feet and sweaty brows.

SECOND DAY.

President Royal had to use a stuffed club this morning in re the tardiness of the members. At nine o'clock only a dozen members showed up and these were not very clear in their minds. Business moved along rapidly enough because of lack of chairmen for the several committees. Franklin Smith was not on hand with his Treasurer's report, and it almost moved the President to say to the late Smith what Washington is said to have said to Hamilton concerning the new watch of the new secretary. Several amendments that were hueless and almost colorless were passed with a sotto voce vote. But when it came to the journal-question and the changing of the salary-of-Secretary question then the dormant audience aroused itself and sent the amendment back to another day in order that all members might be warned and primed. I do not believe the journal matter will be adopted. The planners of the move, I honestly believe, have not considered the scope of the undertaking.

The Drug Proving Committee made a report yesterday which simply dilly dally's with the question. It is possible that nothing sharp and decisive can be done. It looks to a feller up a tree like endless unwindings of red tape. Instead of going to work in our day and generation, energy and ammunition are frittered away in legislative details with which the Institute is not greatly concerned. It is like the old darkey who had heard so much about the provisions of the law. He said he wanted some of them provisions but he didn't hanker after the law. Another whole year has been added to the scroll of time, with almost a thousand dollars in the exchequer, and yet there is nothing to show for the twelve-month except reports and hopes and expectations and drafted legislation and—and—well, red-tape. For goodness' sake, gentlemen of that Committee get busy. You are killing the whole thing by your process of procrastination. Your drug proving scheme next year will be forgotten and no amount of printed matter sent to the profession under a green stamp will arouse them sufficiently to give more money. The journal-plant now has the center of lime-lighted stage. What will you be next year when the International Homeopathic Congress absorbs the total interest of the Institute and the profession?

Nominations were read and disclosed only one competition in the office of President, namely, Hooker of Hartford, and Green of Little Rock, both most excellent gentlemen, fine presiding officers and ornaments to any institution over which they may be called upon to preside.

More of the faithful arrived during the night. Baxter is here, broad, solid, and dignified; the gray philosopher of Cleveland. His running mate, Beebe, I thought I saw last night in the gallery, but I must have been mistaken. Con-

stock, the dear old friend and faithful member, is here with his wife, and they are continually surrounded by friends asking after the health of the distinguished member. Campbell of St. Louis is here with his jaunty step, his bright eye, and his rapid-fire speech, but alas!, no better off in the hair line than last year. Gibson the Tall, Sycamore of St. Louis with wife and daughter are enjoying the hospitality of Chicago. Runnels blew in this morning, as usual, hale and winded, as if after a long run, but no older than when I saw him take his medicine at Cleveland recently. It seems awfully hard for him to get enough sleep at night, he is so sleepy in meetings. Ask him how he liked it; which reminds me that another culprit, Fay of the Ohio tordango, is here trying to live down a similar episode.

At noon to-day there have been two applicants for membership. Not too much praise can be given to the Illinois State Society for the manner in which they organized for increasing the Institute membership. Downs could and sometimes does tell a tale of the how and why of getting doctors together who had not spoken to each other since long before Bill Jones died. Anshutz of B. & T. Philadelphia is in our midst, and says he enjoys the place. Pemberton Dudley broke the crust of his home work and visited the Institute. Other Philadelphians are not very conspicuous. The two Robertses of New York add to the gavetey of Nations, the one with his good stories, the other with his handsome visage and charming manner. W. J. Hawkes, a former resident of Chicago, now of Los Angeles, is here and so is Dr. Hunt of Santa Monica, Cal. Hunt used to practice medicine in Ohio, where his esteemed and well-known father laid the professional foundation for the California Hunt, and for M. P. Hunt of Columbus. We have had the pleasure of meeting A. M. Duffield, of Citronelle, Ala., whom we had not seen since he parted with us at Montreal in 1869 after our return from attendance upon the International Homeopathic Congress at London in that year.

The ladies are here in some number. Mrs. Jewitt and Mrs. Beckwith of Cleveland, Mrs. Gateell, not so constrained as last year—for good and sufficient reasons—is charming and at ease and helping to put other ladies also at rest and ease. If I had not forgotten my former skill as a fashion reporter on a daily paper I might be tempted to inject something into this letter concerning some of the fine gowns worn by Mrs. Gateell and others of the ladies. But, alas, in all the years since that earlier time, when I knew the names of the garments and their fabrics, I have sobered down and become hum-drum, and let my wife and my daughters do the millinery and dressmaking acts. But, truly, and for sure, there are costumes here that would attract the dear young lady Society reporter for the Sunday morning's paper. And I rather think that Mrs. Gateell's color schemes would fill the eye of that female reporter as well and columns of that
paper more often than the other ladies who are also prettily gowned. Now, perhaps, I had better stop and not put my foot into it any deeper, mindful of Grover Cleveland's recent experiment.

The Meissen Club—without a single officer present—is flourishing and planning for big times. This forenoon they took the promised automobile ride in tallyho. Mrs. Shears makes a delightful hostess.

The Celebration of the Hahnemann Birthday Anniversary has reduced itself into a grand banquet for next Friday night to which each member is entitled to one ticket for himself and one for wife or husband as the case may be. All other tickets are $2.50 each. If the promise to have short speeches is prayerfully observed and respected the meal may be worth the $2.50. But if a lot of fossils are permitted to give us long chapters from ancient history, and simply because they lived through some of those chapters, then the punishment is greater than we can bear, and we ought to have our money back. Nous versons. This banquet, so far as one can yet judge, will be the chief and possibly only entertainment provided for the Institute. What's that? Won't De Witt Wilcox give us some more funny stories, will there be no vaudeville, other than which may develop during the bear-garden meetings of the general assembly?

L'Envoy.

I have been so busy with my duties as assistant to Dr. Gatchell that I have not been able to keep up this daily letter as I had hoped and promised to do. The hour is now very late and the crowds that attended the Institute have folded their tents like the Arabs and as silently stolen away. It looks awfully lonesome around the Auditorium hotel to-day, several days after the adjournment of the Institute; but clerks tell me that they, too, miss the crowd, for it was an orderly crowd of gentlemen.

If there was any special entertainment provided for the Institute attendants, beyond the banquet which the Institute did not originate and which did not cost them a red copper cent, I did not see it. But that may be accounted for by the fact as already stated that I have been too busy with the Institute affairs to take much notice outside of my "jutty." Was there much of anything else? The banquet which occurred on Friday night was truly a handsome and well-arranged and well-managed affair. Dr. Walton with his orotund personage, and orotund voice, was the toastmaster. One of the waiters told me that they had about 650 persons in the room—that it was about that many people that they were serving. This would go to show that a great many took their tickets because they cost nothing and then took them home, for on the morning of the day of the banquet, Fellows had announced that over 700 tickets had been taken, and it was expected that not less than 1,200 would be at the banquet. The menu was fine. No complaint on that score. The hotel did its fullest duty. But someone blundered most woefully on the promise of short speeches and interesting ones. They were not short. And they were not interesting. Copeland was all right and so was Mr. Young, a patient of Hahnemann's while the latter was residing in Paris. But some of the other speeches ought to have been cut in two and then left at home on the piano.

A public banquet, even though under the auspices of a medical society, should not be the place for medical history and medical pronouncements. It was small wonder, therefore, that even Walton's stentorian tones, his happy smile, his expansive shirt-front, and promises, could not stem the stampede that took place very early in the speechifying. Copeland made his points with neatness, cleverness, and dispatch. Like that old Mississippi steamer story of the man who had repeatedly refused soup at the tambell de hotey, was that same night given the warm infection intended for the next door occupant, he then hoped that now they wouldn't bother him any more about their darned soup. So with Copeland; he got his "soup" (his dry and torrid facts) in all right, because he surrounded them with little catchy but apropos stories. Leave Copeland alone for holding his audience. Besides he has a good voice, a good personelle, and is a jolly good fellow, which nobody can deny.

Walton, as in the Unanimous banquet earlier in the week, did finely, and wound up the prosy speeches with an original poem, a beautiful apostrophe to Hahnemann and Homeopathy. Wonder if his wife writes all these funny things for him,—these poems and stories. Mrs. Kraft has been accused of doing that for me, because she is an ex-school teacher.

The banquet was marred by two very bad things. First, when Copeland, in one of his funny asides, referred to the "late W. J. Bryan," quite a number of hisses were heard, but were then drowned out by applause. Think of that ye gentlemen and ladies, attending a gentleman and ladies banquet, getting mad at a humorous reference, and hissing! The other bad break was when a number of gentlemen (Sir?) began to smoke in that assemblage of ladies and gentlemen at that banquet.

The Unanimous banquet was given in the Auditorium Annex on the night of June 28 and early morning of June 29. Here again Dr. Walton was in the toastmaster's shoes, and we have reason to believe that they fitted him with exact nicety. But I am speaking of this banquet elsewhere so will not repeat.

Of the sectional work I know but little. That was mainly of the routine order. The sections, as I am given to understand, were all filled and many excellent papers were read and others handed in by title. The Association of Surgeons and Gynecologists made bitter complaint of the bad announcement given their Association.
It was badly mixed especially in the souvenir program. Sanitary Science was seen walking about the place in the person of Haggart, its Chairman, almost complaining of the bad arrangement of his sectional work. Clinical Medicine was well attended. The Bureau of Homeopathy drew one very excellent paper from Dr. Custis. Bailey's paper wasn't on so vital a topic and so he didn't quite get the show that Custis did. I understand that Dewey will print all these papers in one issue of his Century. He is welcome to them. I don't care. I know I can beat him writing editorials that set the natives on fire and provoke brick-throwing. And that's where I have the bulge on Dewey.

The Committee on President's Address, through Copeland, thanked him in well-chosen language, language bordering on the highly sentimental, but it knocked the President's pet baby, an Institute journal, into the middle of next year, or, more correctly, until the second week of September, when the committee to look into the matter and get all the information necessary for such an ambitious enterprise, shall make its report. Apres cela, le deluge!

The Intercollegiate Committee made a report which proved, nicely, compactly, and conclusively that there is no wrong in the homeopathic colleges; that if there be any apathy there or any falling off of students, the fault must be looked for among the laity, and the lukewarm profession. One would almost imagine that Kimmel, of the Cleveland College had written this report; it was so lucid, so impulsive, so truthful, and so sure, that the profession is at fault: just why the profession should be at fault, the report failed to state. Will probably appear in the Sunday colored supplement.

The election went along without trouble. Dr. W. E. Green of Little Rock was elected. Dr. Hooker was his opponent. Dewey is first vice-president and Sawyer second. Gatchell re-elected to Secretarship.

The place for next meeting took pretty nearly an hour to decide, and was prolific in some fine and also in some almost bitter speeches. Norton of New York invited the Institute to come to Manhattan Beach; and Baily wanted them at Atlantic City. Atlantic City it was finally; and there we shall gather at the ocean front, traipse that famous boardwalk, in this second week in September, because next year the International Homeopathic Congress will visit us, and as we may have as many as half-a-dozen more or less of foreigners to visit our shores, during that Congress, it is better that the time be set for their convenience, rather than to follow the sleezy, sleepy, cobwebbed traditions of the Institute, which meets annually at a time when most of the Doctors cannot get away.

Now, if Villers of Dresden will only promise to come, I will use my influence with the Atlantic City police not to raid his temporary abiding place. For it must have winded him pretty badly, running so fast and so long when he was here in '92. Fleming is to be the Chief Push for receiving the Institute, and believe me, for I know him well, there will be no lack of hospitality and generosity and other good things after he gets into the saddle. But will he promise not to tell that siphon-fizz story?

In naughty-seven California wants us to bunk with her somewhere, is not particular where, just so we-ums all come. Florence Ward was the happiest sort of a young girl when she understood that the Institute was really considering the California "bid." I'll bet you a pitcher of Norton's home-brewed cider against a tall stone jug of imported seltzer that our Florence X., will do the proper thing and absolutely regardless, if we give her half a chance.

The Memorial Service. What shall I say? Well, in the first place, I was made to feel the rebound of the broom's fire. When I came into the audience room that night where I had been each day and nearly each night I found that the fireman of the theater had ordered out my table and chair. I appealed to him to restore it to me: it couldn't be done; was against the fire laws. Of course the fire laws only became active that special night and did not act on the preceding nights. I appealed to Gatchell for my table and chair, and to several others. But I did not get them back. Now back to the Memorial Service. The pitiful attendance upon these ceremonies would indicate that they should be abolished, and that this perfunctory duty to our dead be made simply a page in our Transactions, or in the Institute Journal, if. There is not enough of affection and reverence for our dead to fill a small hall one hour of an evening. The chief men of the Institute were not there—except the few who were on the stage with the chorius. They didn't care about these their old friends. One would have supposed that a man like Kellogg, Treasurer for so many years, or Conrad Wesselhoft, the scholar and translator, would find the Institute willing to give them a little honor. Why not cut it out entirely, this hypocritical make-believe of love for our departed brethren? I move you, therefore, Mr. President, that the memorial services in alleged honor of our dead be cut out, and that the money usually appropriated for this occasion be devoted to a smoker. Do I hear a second? Shame on you, members of the Institute! Shame!

The speeches I heard, particularly that one by Pemberton Dudley on Bigler, and who informed his audience that he had a telephone from Bigler asking Dudley to take his place was good and appropriate. Hooker also did well. And so did the hired preacher who read his prayer of invocation.

Wonder what T. Franklin Smith is contemplating doing? Only a little while ago he had himself bonded. At this meeting he asked for a Treasurer post, in case he Smith, should get sick—presumably in New York, with no doctors.
at hand,—or in the event of being taken away. Hadn’t we also, as an Institute, better have him shadowed? He must be up to something desperate.

A medical man in New York who has achieved some notoriety as an anti-vaccination crank of the deepest dye had the—I was going to say “gall” but I will say temerity—to ask the Institute to practically indorse that horribly nasty book published somewhere in the Northwest by an alleged physician, and dealing most nastily, vulgarly, dirtily with the sexual department of life. I had the pleasure of saying something in my journal on the score of decency, and hoped that Comstock would catch on and suppress the dirty thing. And it seems that he did. Now he is squealing and asking his friends to be his stoolpigeons and save him from his just deserts. Alice Tokology Stockham also appears at our tribunal through her attorney-in-fact and asks us to believe in her innocence of purpose in issuing her several books. The Institute didn’t see it in that light, not by a mill-site.

Then someone else waited until the last morning with but 35 members present, for Gatchell had counted them, and wanted this glorious Institute to declare that the proper definition of vaccination was either by scarification or by medicines taken internally. The medicine being variolatum from the 6th to the 30th. I understand that somebody in Iowa got into trouble and now asks the Institute to help ’em out of a hole. But the Institute isn’t so very sure of its own hole that it dares reach a helping hand to some other fellow also in a hole. It will require some explanation to make good the purpose of the proposer of this vaccination motion and notion for leaving it until the Institute was practically adjourned. I thought we had killed that form of former industry of certain of our elementary politicians, who waited until the last day to rush through some important matter.

O.S. Runnels in the Obstetrical Section introduced a resolution condemning abortion and its perpetrators or performers. Then the Obstetrical Society put the resolution into Ben Bailey’s hands, who reported it without recommendation. Simply said that abortion—the criminal form of it—was a felony in every State of the Union, and this resolution, which aimed to destroy the secrecy and holy relation which exists, under the common law, between a physician and his patient was unnecessary. The resolution very properly died before it was born, which was appropriate enough considering the usual happenings in abortions.

On the whole—not the several holes already referred to hereinbefore—the Institute did well at Chicago, principally in that it did nothing wrong, nothing that it need be ashamed of after it gets to its parish practice: even if it has done nothing aggressively, or added any perceptible weight to the power of Homeopathy. Royal made a splendid President. His rulings were clear and correct. He kept the Institute well in hand. And preceding its adjournment he was voted a standing vote of heartielt thanks. Cowperthwaite says there were over 350 members elected.—The Editor.

The Unanimous Banquet.

It is a mistake to suppose that the Unanimous Club belongs to and has its being only in New York. It is a movable feast like a Catholic holiday, and can be moved from New York to Chicago or to ‘Frisco, or even to London, if enough of the faithful are there foregathered. On Wednesday night, June 28, forty-one members and guests sat down to one of the famous banquets in the Auditorium Annex, Chicago, with Clever E. Walton acting toastmaster. Among those thus honored were Custis, “Swampy,” Cobb, Rice, Forbes, Ben Bailey (the young man eloquent). Schenck, who declares he cannot play poker, Gen. Terry, the sweet oil man, Biggar, the Handsome, F., Dewey second baseman, James Wood Sawyer—not woddsayer,—Shearer, Hooker of Hartford, Kahilke with that handsome dome of a forehead, Roberts all shaven and shorn but yet not forlorn, DeWitt Wilcox full of it “just for to-night,” Forster of Kansas City, Norton, Garrison, Green (President-elect of the Institute), MacLachlan, Richards, Halbert (last editor of the Clinique, before it did the Chicago Homeopathic College trick with the Medical Era), Vanderburg, Rufus King (who wouldn’t tell his lobster story), Harvey. Fellows of the auburn hair but more aburner heart, “Col.” Crawford (who told us of the Bohemian Club in San Francisco), “Clancy” Richardson of Boston, and his telephone story. Sutherland who left a little of his gentle dignity at the door of entrance, and lost all of it before the Unanimous Club got through with him. Certainly we were there, too, and also.

We missed ’Gene Porter, the genial and always apropos, but the duties of his high office forbade his visit to Chicago, and so we found Walton, the Epigrammatic, advanced to first place. And well did he acquit him! The speakers called upon were Wilcox, Crawford, Bruce, Kraft, Halbert, Forster, Biggar, and Richardson. But long before these unfortunates were called up standing, by the insatiable and original toastmaster, the stories that had gone around the festive maho-gany were plenty and funny. And it was a poor participant in these Unanimous functions who did not leave that creaking board a better man, better fitted to meet his patients and his brethren, and better prepared to do his duty to all mankind—which in this instance embraces the women. Forster in especial kept his end of the maho-gany laughing, especially with his hole-in-the-ceiling story. How the poor man got time to eat is a miracle.

There is no need to mention the menu. Who
of that happy crowd paid any attention to what was put before him? It was of the very best, as it always is. Nobody got sick there or later. And everybody appeared in his usual niche and Fame the next morning, or rather the same morning a little later, in the Institute routine and helped to make homeopathic history.

Look over those names again of the participants and say if it was not a representative Institute crowd. And is it not believable that a meeting of this kind of representative men and congenial spirits tends to wipe out professional jealousies and other troubles, removes the assumed horns from our rival's head, and puts better thoughts into the hearts of each member?

Lest we forget, we mention, and with pleasure, that like the good wine that was kept to the close of the feast, Toastmaster Walton closed the ceremonies by reciting his original poem on the varied sounds which the surgeon likes to hear in his professional rounds. Truly—Finita coronat opus.

New Jersey State Society.

The fifty-second annual meeting of the New Jersey State Homeopathic Medical Society was held at the Continental Hotel, Newark, on May 25. The president, Dr. Bernard Clausen of Hoboken, called the meeting to order at 2 o'clock. A letter of welcome was read from Mayor Henry M. Doreens, and a fitting response made by Dr. Edwin DeBaun of Passaic. The address of the president was upon "The Made of Honor," Dr. Clausen called attention to the need of honor in every walk of life. Especially he urged that those elected to offices in the State Society regard those positions of honor to be made use of and to be made effective in the further advancement of the aims and objects of the Society.

The Necrologist read obituaries of Drs. C. W. Butler of Montclair and Edwin J. Howe of Newark. A number of scientific-session papers were read, and provoked discussion.

Over 120 sat down to a banquet partaken of by the members of the society and their friends in the spacious ball of the Continental Hotel. Dr. E. O. Cyphers of Belleville gracefully presided over the toasts. Dr. Bernard Clausen spoke for "Our State Society," and Dr. W. A. Seibert of Easton, president of the Pennsylvania Homeopathic Medical Society, on "Our Sister Society." Two of the brightest speeches wound up the list, when Dr. Sarah D. Smalley of Newark toasted the Gentlemen and Dr. John E. Wilson of Newport toasted the Ladies.

The new officers are President, Dr. E. S. Sheldon of Collingswood; Vice-Presidents, Drs. Edwin DeBaun of Passaic, Ella P. Ujaham of Asbury Park, C. F. Adams of Hackensack; Honorary Recording Secretary, Dr. Isaac Cooper; Honorary Corresponding Secretary, Dr. Wallace McGeorge; Recording Secretary, Dr. Carl H. Wintsch of Newark; Corresponding Secretary, Dr. Alfred Drury of Paterson; Treasurer, Dr. Rudolph F. Kabe of Weehawken; Censors, Drs. C. H. Church, Anna J. Crowthers, H. G. Garrison, C. C. Strange, and W. H. Cooks.

Scurrilous Scribbling.

It looks a bit snobbish, not to say contemptuous, in Ida M. Tarbarrell dragging Rockefeller's ancestry into her dirty net. This is the United States of America, not China. A man is what he makes himself, and is not responsible for his ancestors. Miss Tarbarrell is now straining after sensationalism. Formerly she depended upon alleged court records for her space-writing; at this time she is delving in personal history, which, it seems to us, is none of her damned business. Mr. Rockefeller, richly, as he is, of being a rich man, has rights that even the Tarbarrell-writer ought to be made to respect. His privacy of life and his domestic relationship are possibly as dear to him as the same conditions are to any other man. He ought to be protected in them, even if he cannot be saved from the savage onslaught of paid scribblers. A few years ago Grover Cleveland, very justly indignant at the invasion of his privacy, though President of the United States, took a banquet occasion to severely scold the daily press for its meddlesomeness in his personal and domestic affairs. It has been said of old that no one is so enamored of aristocracy and so much opposed to democracy as a woman. Also that no one can be quite as cruel as a woman. This Tarbarrell woman ought to fall under the spell of another quaint saying which we believe we found in Sam Slick, the Yankee Clock Maker, i. e. "A woman, a dog, a walnut tree, the more you lick 'em the better they be." Mr. Rockefeller owes us nothing, and we love him nothing—except that true American respect which every citizen should accord to every other man or woman in the land. Wonder if it would be very safe to travel back into the immediate family history of the snippy Ida?

Children by Wholesale.

Laurel, Del.—Mrs. Uriah Bailey, the 17-year-old wife of a mechanic residing here, presented her husband eight months ago with twins. Dr. Andrew Fleetwood was called in to-day and soon after startled the husband by saying, "Here are three more young Baileys." The youngsters soon after died.

Specialists assert that Mrs. Bailey has broken the world's record and is entitled to a Carnegie medal, and if she does not receive a congratulatory letter from President Roosevelt her friends will be greatly disappointed. Mrs. Bailey is a tall woman, not weighing over 115 pounds, and the father looks nothing more than a mere boy.
smooth-faced, and much below the medium-sized man.

Dr. Fleetwood says a year previous to the twins Mrs. Bailey gave birth to two others, making seven within three years.

* * *

A Practitioners' Course.

THE NEW YORK HOMEOPATHIC COLLEGE POST-GRADUATE COURSE.

The committee appointed to draft resolutions, beg leave to submit the following report for consideration:

Resolved. That we, the members of the Practitioners' Course of the New York Homeopathic Medical College of the Class of 1905, do hereby express our appreciation of the efforts put forth by the College Faculty in our behalf.

And be it Resolved, That we recommend to them the continuance of this course and upon our part we shall encourage an ever increasing attendance by physicians to whom the course cannot fail to be both interesting and profitable.

And be it Resolved, That while much can be said in favor of the Practitioners' Course, yet as perfection is never reached, we feel that the course might be made of even more benefit to the General Practitioner by a still greater emphasis on the clinical method of instruction.

And be it further Resolved, That a copy of these resolutions be forwarded to the Secretary of the Faculty and to the Chironian and to such other journals as the class shall decide.

Respectfully submitted,
F. P. McKinstry, M. D.
D. L. Mohr, M. D.
Margaret H. Butler, M. D.

* * *

Ideopегma.

Under this somewhat unique word for a title Dr. Thomas M. Stewart, of Cincinnati, spoke at the Ohio Homeopathic banquet at Cleveland latterly. To say that Stewart was in his finest fettle and kept his audience amused and interested needs no special declaration on our part. All who know Stewart know his peculiar happy readiness when on his feet either as lecturer, reader, or toast-speaker. The response in this instance was filled with catchy stories well told and easily heard—which could not be said of some of the speeches made that same evening—and with apropos references to members of the society present. After the laughter and merriment had subsided the doctor closed as follows:

The time draws near, we long to be away attending the convention, to enjoy the good times with old friends; to make new acquaintances; and to meet the younger men just starting on the rough and rugged road we have been traveling, and to forget for the moment, the heavy responsibility we have assumed as practitioners of medicine.

In some mysterious way, like the periodicity of some of our drugs, we find ourselves gathered together once again in the great clearing house of this convention; where we give freely of our experience, and receive an equal portion of the experience of others.

Whether we realize it or not, this engenders a state or condition of the soul in which its energies center upon the needs of our common humanity.

It broadens into that stage of experience where pleasure, recreation, and entertainment are found in labor for others.

And it culminates in that point in individual life beyond which our happiness consists in the transmission to others of the truths we have learned and the benefits we have enjoyed.

This should admonish us, that if we would gain a deep and noble insight.

" Into life, with its secret meaning,
Then with all God's creatures your life alloy;
With them hope or sorrow, and share all joy.
Step out of the darkness path of might,
Into the path with justice teeming;
Then in your soul, will glow the light—
To warm and cheer your inner being."

* * *

An Interesting Letter on Eddyism.

A very prominent New York publishing house offered the writer a remarkably handsome cash payment and an equally tempting royalty if he would put Mrs. Baker Eddy's book, "Science and Health," into English sense. For many years much of my time has been given to reducing the words of such thinkers as Spencer, Huxley, Haeckel, Cope, Wallace, Virchow, Kussmaul, and others of their ilk to such phraseology as would make their teachings plain to the ordinary magazine reader. It has fallen to my lot to reduce the facts of mathematics, astronomy, physiology, and anthropology to vernacular medium digestible by those not particularly read in those sciences. In these tasks I have met with success, if the sales records and recurring calls for such work are to be taken as criteria.

But, "Science and Health" was far beyond my reach; I could not understand it, much less explain it to others. Nor could I, after long conversations with "leaders" of the cult in Boston, New York, and elsewhere, find anyone who could explain it to me. I lived for nearly a year in the home of a pillar of the "Scientist" (sic) faith, in New York; a woman who had broken her leg and called in a surgeon to dress it, without letting that fact become known; but one, nevertheless, who was in high favor with the Eddites. At her house I met several prominent in the organization, among them "Mother" Baldwin, a lovable old zealot, who later ran a rusty nail that was in the joist of an attic roof, into her head.
and died under the most horrible circumstances from gangrene. None of those I met there, or elsewhere, could explain sentence after sentence I called to their attention. All, however, agreed that an incontrovertible statement was shown by its quality of reversal with remaining truth. "God is Love"; "Love is God." Such sentences were harped on. Mrs. Baldwin taught me that all truths were capable of this reversing process, though she tired of the subject, quickly, when confronted with the formula—"Death is Peace;" "Peace is Death."

Mr. Farlow's "materiality of the senses" is an excellent example of the half-baked intellectualty of the average Eddyite. I have repeatedly made the assertion in print, reaching literally millions of readers, that nowhere among the Christian Science ranks is there to be found one person honestly entitled to the name of "scientist" in the higher or honorable sense. Not one really learned and grounded in any one of the sciences; no one who by any learned body of his fellows has been recognized as a master of any of the natural sciences, as a logician, or as a philosopher; no one in fact, trained by long study and experience in the schools of pure reason. Judges of petty courts, teachers in high schools and minor colleges, versatile writers for the newspapers, there are—and much vaunted—among them. Preposterously amusing are Mrs. Eddy's vagaries and the linguistic gymnastics whereby she and her followers attempt to explain the unexplainable.—Dr. Eugene Murray-Aaron in Suggestion.

Book Reviews.

The Diseases of the Uterine Cervix. By Homer Irvin Ostrom, M. D., New York, Surgeon to the Metropolitan Hospital, etc. Author of "A Treatise on the Breast and its Surgical Diseases," "Epithelioma of the Mouth," etc. 396 pages. Cloth, $2.50. Postage, 18 cents. Philadelphia. Boericke & Tafel, 1904.

Dr. Ostrom has given us a large book on a small subject but one which governs the universe. The uterine cervix is a very important adjunct of the human body, female, and anything concerning its proper conservation, and return to health when wronged, must appeal to every physician everywhere. Dr. Ostrom has gone at the subject in a very clear and logical fashion, and few practitioners can read this book, or read some of its important chapters, without benefit. There is a repertory at the back that is quite fine and reliable. The indications for the use of homeopathic remedies are always of the Hahnemannian order and therefore reliable.


This is a somewhat peculiar book to put into the hands of a homeopathic student or practitioner. It takes it for granted that the homeopathic practitioner wishes to work with the nontoxicological action of poisons, and with the physiological action of other remedies. The author states in his Preface to the First Edition that there is a general agreement that the physiological effects of medicinal substances upon man is the safest and most useful guide to their selection in diseased states. Upon this theory the author proceeds to give a rather interesting little book which has already exhausted one edition and now appears in a second edition. Some parts of the book read like anything but the product of a homeopathic author. Still it contains much of value for the homeopathic student and practitioner.

State, High Frequency, Radio, Photo, and Radium Therapy is the title of a new book by Wm. Harvey King, M. D., E. F. D. Author of "Electricity in Medicine and Surgery," Head of Clinic of Physical Therapeutics at the Flower Hospital, Visiting Electro-Therapeutist at the Flower Hospital, for Twelve Years Editor of the Journal of Electro-Therapeutics; Author of Treatise on Sporsteria, Impotence and Sterility; Professor of Electro-Therapeutics in the New York Homeopathic Medical College and Hospital; Member of the American X-Ray Society, Member of the National Society of Electro-Therapeutics, etc., etc. It is published by Boericke & Kamsung, New York, and costs $2.50, mailed.

This work is in the form of a small text-book after the pattern of certain "Essentials," published some years ago, and is very get-at-able. The title tells pretty nearly all there is to be found in the nearly 300 pages of printed matter, expertly illustrated. It contains twenty chapters, each chapter devoted to a distinct branch of the electrical subject as it concerns the medical man. The reader will here find the latest in regard to the Finsen Light, The Violet Ray, Radium, and, of course, also all there is to be known of the Roentgen Rays. There is an introductory chapter on electricity in general, and the concluding chapters deal with the diseases which are found to succumb to the use of electrical appliances. The book is in this popular author's best vein, and nothing old or has-been is found in its pages. The condensation is done with a master hand, and will be appreciated by the busy man who no longer has the time to "wade" through large tomes of electrical lore to get the little which he may need in his daily labor. We recommend the little book most highly.

Globules.

—At the recently concluded meeting of the Ohio Homeopathic State Society held at Cleveland, on motion of Dr. Beekwith, Dr. John C. Sanders was made an honorary member. Dr. Sanders has been a faithful member of the State Society, as he has been of the profession, and it was a bit of courtesy and exquisitely thoughtfulness on the part of Beekwith to remember and reward his old-time friend.
—In the invitation issued by Pulte Medical College we note that that college issues a new and variegated degree called "Doctorem in Arte Medendi." Now this may mean the same as the plain Doctor of Medicine, but it looks funny, and our Latin editor is not at home this morning.

—The Silver Anniversary of the Class of 1880 of the Cleveland Hospital College was attended by the following members: J. A. Backus, W. H. Horr, J. R. Sison, G. A. Kelley; De Witt G. Wilcox, Jas. A. Downs, Jno. A. Mitchell, W. W. Wolfe, Wm. H. Thompson, Wm. E. Long, John S. Kendall, A. C. Buell, E. G. Rust, B. B. Viets, and Mary P. Thompson. Drs. Gatin J. Jones and W. A. Phillips, who are not members of this class, were also in attendance. Dr. Wilcox was toastmaster. The meeting was held in the Hollenden Hotel, Cleveland, and the occasion was a gala one.

—The California State Homeopathic Medical Society appears upon our table with its usual fine program, and gotten up in its usual A. M. style, with imprint of its official seal. The meetings were held at Santa Barbara on May 10, 11, and 12, and if the very excellent program was followed out even to the extent of but one-half is must have been a feast of reason and a flow of soul. The California contingent seems to be under the spell of some worker, who knows how to get up programs and round up the "boys" and "girls." But that reminds us to ask what became of Arndt? Was there some large body of water to cross to get to Santa Barbara? Still even this possibility would not excuse his absence from the program. His name is not to be found anywhere, not even as a good looker-on in Venice.

—The Missouri Valley Homeopathic Medical Association, which will hold its regular annual meeting in Omaha in the latter part of October, in its printed preliminary circular says that "most of the papers will be read by teachers from the different homeopathic colleges located in the Missouri valley." The officers of this society conceived the idea, so the printed paper runs, of making the meeting serve a twofold purpose: First, as a means of supplying its members with the latest and best developments along the line of medical science; second, to supply our medical colleges with desirable students. As with the friar in Romeo and Juliet, the intentions were good enough, but before he got all through with his good intentions both principal actors—Romeo and Juliet—had been gathered unto their several and respective fathers—in short—were dead. Any society which hopes to keep itself alive by having none but college professors present to read papers will find itself in the Romeo-and-Juliet class pretty soon, and considerably so.

—The Chironian for June, the Commencement Number, is an extra large number and contains most of the speeches made at the banquet, many of which are very fine and funny, and also all the detail of the Commencement Exercises. It has a number of full-page half-tone engravings showing familiar places in and about the college and hospital. The issue is a great credit to the boys who got it up and out, and it is to be regretted that they disappear now from the editorial horizon.

—If we were publishing a literary magazine we would be glad to give full space to the poem by Dr. P. W. Shedd, on Hahnemann, on the occasion of the One Hundred and Fiftieth Anniversary of his Birth. The poem—and it is, indeed, a poem of great merit and beauty—was delivered before the New York Homeopathic Medical Society on the evening of Monday, April 20th, at the Hotel Astor. Happily the poem forms part of the printed program for the evening so that it may be had and read and appreciated by the members of the profession. The mantel of the late lamented and still beloved Helmsbury has found a resting place. Looking at you Brother and Poet Shedd!

—A very pretty thought is that embodied in the address prepared by Thomas Franklin Smith and delivered at the Memorial Service of Alexander Hamilton Post, G. A. R., on March 16, 1905. The title of his address is "What Should Be the Aim and Purpose of a Memorial Service?" Those who had the pleasure and opportunity of listening to Dr. Franklin Smith at Niagara Falls last year, when he presented his eloquent tribute to the memory of Theodore Y. Kinne will not be surprised at the similarity of trend in the present address. At first touch its novelty seems a bit harsh, but, presently, as you read on and fully enter into the spirit of the author, you will feel that he is right, and that it is wrong to grieve inordinately for those who merely preceded us by a few years on that journey which ends in eternity. If you have not seen the address, it is now in reprint, address Dr. Smith for it and you will be pleased and made happy for the cheerfulness which pervades its every line.

—We are pleased to note the stuffed club which the Medical Counselor employs in its last issue anent the conduct of the meeting of the Michigan State Homeopathic Medical Society in its annual meeting. Here is another journal which is not taking it all out in contemplation of its omphalos. Perhaps if we live long enough we may even cause Happy B. Dale to see something occasionally, that is not all baby-ribboned, curled and perfumed in the profession and colleges. The Counselor is doing some good writing and we hope it may not soon relapse into its former and older habit of seeing nothing but swans. Swans are pretty birds to look upon; but, one tires of swans after a while; for the literature of the world is so full of this fine writing, this always finding something sweet and happy to say, instead of occasionally telling the truth and sham-
ing the devil. Here are some of the statements we find in the Counselor report: “There was one feature at the meeting which stood out prominently... and it is—fractionalism. At nearly every point connected with the business features of the meeting, this spirit of fractionalism was apparent. In the selection of new officers of the society, it was prominent and the activity displayed and the methods employed by some of the wire-pullers were certainly not at all to the credit of the society. It is charged that former agreements were entirely ignored, and that double dealing such as is only expected from ward heelers was engaged in. Until this fractional spirit is eliminated, the cause of Homoeopathy in Michigan must continue to suffer, and the Homoeopathic Society of the State of Michigan must continue in its present weak and undesirable condition.”

What was the true inwardness of the trouble outlined in the quoted article? Did the Ann Arbor University and the Detroit College clash somewhere?

—Are there any more enterprising, enthusiastic homoeopaths like Biggar who are anxious to offer further prizes for good work done along homoeopathic lines? If so, send the hundred dollars to Dewey of the Century.

—Dr. Jos. Pettee Cobb, of Chicago, announces that his new office is in suite 1404, the Heyworth Building, southwest corner of Washab Avenue and Madison Street. Dr. Cobb was the right man in the right place during the Institute’s session in Chicago.

—The second annual commencement exercises of the Training School of Green Gables, the Dr. Benj. F. Bailey Sanatorium, took place at Lincoln, Nebraska, June 3, 1905. The program included a report of Miss H. J. Fisher, superintendent of training school; an address by Dr. Henry B. Ward, dean of the Medical Department of the State University; some remarks by the Hon. W. J. Bryan, and the presentation of diplomas by Dr. Benj. F. Bailey.

—The Homoeopathic College Building of the original (homoeopathic) Cleveland Medical College—the offshoot of the Cleveland Homoeopathic Hospital College—has sold its building to the Salvation Army who purpose making it over into a home for men. The college, however, continues its teachings, clinics, etc., in its Huron Street building. There was no need for the two college buildings and the college corporation did wisely to unload the one of them on someone else.

—We would like to have been present and listened to the address of the President of the New Jersey State Homoeopathic Medical Society recently held at the Continental Hotel, Newark; which seems to have had for its pivotal point—the “Made of” Honor. We have no doubt President Clausen gave his auditors something to think about, something to take home with them. The program as it lies before us is filled with fine papers, and the names of many of the authors have become as household words to the homoeopathic profession.

—A. P. Bowie, M. D., of Uniontown, Pa., was one of the Post Graduate Class of 1903 of the New York Homoeopathic Medical College.

—“Cancer of the Rectum Treated by Sig محمودی-Procetomy” is the title of a fine paper by Geo. W. Roberts, Ph. B., M. D., of New York, which has reached our table as a reprint from the Lancet-Clinic. Dr. Roberts is always instructive.

—The Homoeopathic Medical College of Missouri (St. Louis) has thus early reached our editorial table with its forty-eighth annual announcement, detailing what it has for the good of all prospective homoeopathic students. This is one of our really and truly homoeopathic schools. It is our alma mater.

—“Personal Views on the Management of Typhoid Fever,” by Edward C. Register, M. D., Charlotte, N. C., editor of the Charlotte Medical Journal lies before us in reprint. While we do not agree wholly with the distinguished doctor-editor in his therapeutic views, we do admire his thoroughness of method, the evidences of careful, painstaking study, and his clear way of telling his story.

—On Wednesday evening, June 21, 1905, Dr. Jno. E. White of Colorado Springs, Colo., delivered a paper before the Cleveland Homoeopathic Medical Society on “Chlamydia and the Sanatorium and open air treatment of Tuberculosis.” Dr. White is an alumnus of the Cleveland School, class of ’91, and for ten years has been at the head of the Nordrach Ranch, Colorado Springs, one of the strongest and best homoeopathic sanatoria in the United States. He has devoted his time exclusively to the study of tuberculosis and his extensive experience in the treatment of these cases makes him an authority in this line.

—Progress publishes the proposed articles of incorporation for the American Institute of Drug Proving. Among the illustri-simi—the incorporators—we find one “William Dewey, of Ann Arbor” and it reminds us of a former incident in which an Ohio homoeopathic physician hadn’t heard either of Kraft of Cleveland or of Dewey of Ann Arbor. But this Ohio physician wore dyed hair and beard and black kid gloves. Que voulez vous? The base ingratitude of robbers! Progress editors not to know Dewey—sufficiently at any rate to edit the Articles of Incorporation of it prove that some layman-notary grew up said articles! William Dewey, of Ann Arbor! "Oh, Willie, we have missed you" but not much.
—Dr. John F. Edgar of El Paso, Texas, and who prints and publishes himself as a "Regular Physician," using the Institute definition, took prominent part in several of the Institute bureaus at Chicago. He is a pleasant and impressive speaker.

—Have you ever observed how many "plug" hats are not worn by doctors? And yet when the artist, advertising or otherwise, wants to shadow forth a doctor he cannot do so without capping him with a black silk hat, side whiskers, prince-albert coat, and a veterinary surgeon's saddle-bags.

—We have a double dose of congratulations for our re-elected secretary of the Ohio Homeopathic Medical Society, Dr. C. E. Silbernagel, of Columbus. First, a son arrived, which was a source of great joy; then Mrs. Silbernagel having had a miserable time post-partum was fully restored, thanks to efficient help which is cause for the other congratulation.

—The Cleveland Homeopathic Medical College has issued its fifty-sixth annual announcement—1905-6—which discloses a number of changes in its roster of teachers, but chiefly the excellent addition of that sterling homeopath Dr. E. H. Jewitt to the materia medica staff. W. T. Miller as Registrar, vice J. Richet Horner resigned. No new material is found in the faculty—so far as our memory serves us—merely a shifting around.

—The worm has turned! A young woman in the State of Washington sued a man for breach of promise of marriage. In his answer he confessed the promise, and averred that he would have married the woman had he not discovered, after it was made, that she had tuberculosis. The court held that, if tuberculosis is an infectious disease, transmissible from parent to offspring, it is against public policy that a person suffering from tuberculosis should be married, and that nobody should have to pay damages for breaking a promise to marry such a person. This is a case in which the State must be cruel to some individuals, in order to be kind to the majority. In self-defense, it should prohibit such marriages.—Ex.

—The president of a far western homeopathic society of some size in membership and presumably some eminence in homeopathy writes to a friend of ours: "We had a good meeting but poor attendance. Unless we wake up as a profession we will soon lose the distinction of name and be known only as physicians." But why, in sanhill, is there this engulfing apathy? What has happened to the profession that it is grown cold? Did not the Progress letters and others clear up the trouble and show the profession why this very undesirable thing was happening to us? What is the matter anyway? Oh, no! it isn't all the rigor and vigor of the Medical Examination Boards. That won't do. Better get busy, you leading men and women in the profession of Homeopathy, or else there will ere, many decades, be no Homeopathy to be busy about.

—We find it true quite often that women doctors add to their medical duties those also of the professional nurse. That is to say, they not only prescribe remedies, but they stay all night, make poultices, prepare the food, give enemas, apply bandages, watch the baby, and see that the husband goes not hungry. Another illustration of the eternally feminine.

—At the annual meeting of the State Board of Medical Examiners of New Jersey, held at Long Branch, N. J., July 5, the following resolution was adopted:

Whereas, The educational and examining standards for the medical license of New Jersey are at last equal in all respects to those of New York, and in some respects higher, and

Whereas, The degree of unreasonableness in the matter of interstate endorsement on the part of New York cannot be further ignored, therefore be it

Resolved, That on and after October 16, the date of the next regular meeting of this Board, the endorsement of medical licenses issued by New York will be suspended until further notice.

E. L. B. Godfrey, M. D., Secretary.

—On another page our readers will find an advertisement by the manufacturers of Phenalgin, which sets forth over their signature a clear-cut and concise statement of their position regarding the present crusade against proprietary preparations. The Etna Chemical Co. consider themselves to have been selected as an especial butt of criticism in certain directions, and claim both their product and business methods have been misrepresented. This concern has been so long before the medical profession that its direct statements are entitled to due consideration. We commend the same to the reader's attention.

—Do you know that for a summer outing with excellent fishing, Wisconsin, with its immeasurable lakes, is one of the best States in the Union? Lake Winnebago is the Lake George of the Middle West: the Hotel Roberts, at Neenah, head of the Lake, is owned by J. J. Thompson, M. D., of Chicago, and managed by R. A. H. Thompson, whose geniality makes the guest feel at home from his first entrance therein. It is reached by the Wisconsin Central Ry., which touches every prominent lake resort in the State. A booklet on Wisconsin Lakes can be had upon application to Mr. Jas. C. Pond, Gen. Pass. Agent Wis. C. Ry., Milwaukee, Wis.

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. CHATTERTON & CO., Publishers.
The Antiseptic Treatment of the Summer Diarrheas of Infants.

Of the various agents that have been suggested for the disinfection of the intestinal tract, Acetozone is by far the most promising. It has been shown by Novy and Freer, of the University of Michigan, that Acetozone, even in weak solutions, destroys bacillus pyocyanus, bacillus coli, bacillus lymphosus, bacillus diphterice, vibrio cholerae, staphylococcus pyogenes aureus, and streptococcus, in less than one minute. These writers say that "While the strong solution kills everything almost instantly, the weaker solution (1:5000) destroys the vegetating germs, as a rule, within one minute." At the same time solutions of 1 to 1000 strength are given internally without the least harmful effect. The good results accruing from the use of this remedy in the summer complaints of young children are early and unmistakable; the discoloration and putridity of the stools disappear; the diarrhea is checked; the temperature falls; pain and inflammation subside; the vomiting is controlled; and the condition of anguish and irritability is consequently greatly dispelled.

In dealing with this class of cases the following make up the round of treatment: (a) withdrawal of milk and the substitution of thin broths, albumin and cereal waters, or other liquid feedings; (b) immediate evacuation of the stomach and intestines by a stomach-washing and intestinal flushing with Acetozone solution (1:5000 or stronger); (c) the sustaining of the patient's vitality; (d) administration of an internal antiseptic—Acetozone (1:5000 to 1:1000); (e) the observance of hygienic conditions. In giving the drug, the solution usually administered to adults (15 grains to the quart) should be diluted with one-half its quantity of water and flavored with lemon or orange juice. It should be given in teaspoonful doses at frequent intervals—every twenty or thirty minutes in the beginning, lengthening the intervals as the case progresses.

Colonic irrigation is a useful procedure in cholera infantum. Acetozone (1:5000) solution is unexcelled for this purpose. The same solution may be used for lavage, which is recommended by many leading authorities. In washing out the stomach the irrigating fluid invariably should be lukewarm and it is best introduced prior to the feedings. Its continuance must be based on the character of the washings.

Acetozone is marketed in ounce, half-ounce, and quarter-ounce vials, and in boxes containing six vials of 15 grains each. An ounce is sufficient to make eight gallons of aqueous solution.

The Treatment of Erysipelas.

Although much has been written about this condition, little of real value has been said. The timeworn method of prescribing iron internally and topical applications of silver, lead and other antiseptic or astringent dressings has most often been found wanting and disappointing; the condition usually running its entire course of three or four weeks, frequently changing from a simply superficial inflammation to one of a phlegmanous form. In my early experience with erysipelas the pus formation was of very frequent occurrence, requiring incision to evacuate the matter. Summing up now, after a large experience in treating many cases, I have adopted the following successful line of treatment, and in the majority of cases, it has proven most satisfactory.

The bowels are first thoroughly acted upon with calomel followed by a saline purge. For the fever, pain and headache, I give phenalin and quinine and hourly doses of tincture of veratrum viride. As a tonic and food I give Bovinine. Locally, the wound is kept constantly saturated with Bovinine pure, the dressings being completely changed three times in twenty-four hours. When I have employed this treatment at the outset, complications have rarely arisen and the course of the condition has been modified and materially shortened.—Dr. E. E. Rowell, Jr., Stamford, Conn.

Gelatin for Injection.

The value of gelatin in arresting hemorrhage admits of no doubt, but its use has remained somewhat limited owing to the great difficulty of rendering it absolutely sterile. The danger of tetanus is especially great. H. Doerer (Therap. d. Gegenw., 1903, No. 3) mentions several cases where the bleeding was successfully checked, but where the patients succumbed later to this terrible disease. It has been shown that the spores of tetanus will withstand sterilization by live steam for thirty-three minutes, hence the practitioner will have the greatest difficulty in
rendering his solution safe for subcutaneous use. For this reason Merck has put on the market a 10-per-cent. solution of gelatin, prepared from fresh calves' feet and sterilized for several hours on successive days at 120 C. The containers are sealed hermetically, so that the solution will keep indefinitely, and will always be ready for use. The syringe and needle must, of course, be sterilized thoroughly, and the site of injection, and the physician's hands should receive the same care as for a major operation. Many articles may be found in literature (see D. Fricke, Deutsch. med. Woch., 1904, No. 20) which speak well of gelatin in various conditions associated with hemorrhage, but its value in aneurism of the aorta seems to be very doubtful.

Alkalometry: Active-Principle Therapeutics.

What it is.

1. The administration of small doses of the most active and potent known remedies (chiefly alkaloids and other active principles representing the majority of all the accepted vegetable remedies) at short intervals until either remedial effect or signs of drug sufficiency, the full physiological effect of the drug are apparent.

2. The exhibition of such doses in the form of tiny soluble granules or tablets—each containing a definite amount (usually gr. 1-134, 1-67, 1-0, or 1-3) of the drug.

3. The additional use of such solvents, eliminants, vital incitants, and local and systemic antiseptics as have proven by extensive clinical test of considerable remedial value.

4. The freedom to use any and all remedial agents—always in the purest and most concentrated form available—that will produce definite results in a recognized condition.

5. The absolute avoidance of promiscuous formulas, problematical remedies, crude drugs (vegetable) and nauseous, changeable, alcoholic tinctures and fluid extracts when the active (remedial) principle of the drug can be given in its purity in effective well-established dose.

What it does.

1. It cures, where it is possible to cure, cito, tuto et jucunde. Its chemistry is done outside the sick body.

2. It gives the maximum obtainable results in the shortest possible time, with absolute safety and with no possibility of overdose, or cumulative effect.

3. It enables the practitioner to give the most potent medicines to the youngest infant or the most squeamish invalid without the aid of scales, measures or menstrua.

4. It enables the doctor to push a remedy to effect without wondering whether he has poisoned that particular patient in his effort to give enough.

5. It makes it possible for the practitioner to have always with him an emergency case filled with standard medicaments of unchangeable strength and consistency for acute cases and urgencies, thus enabling him to treat conditions when they most need treatment and when he can do the most good.

6. It enables the doctor to practice the most certain, safe, and efficient method at a nominal cost.

7. It eliminates "chance" and, with perfectness of diagnosis and application, makes medicine "An Exact Science"—or as near that as it is possible to attain.

Doctor, you may have seen this before, but it is worth another look.

Perfect Nutrition as a Vital Incitant in Temporary Asthenia.

As an agent for exciting cell activity and promoting the normal reconstructive functions in temporary stages of vital depression, following exhaustive fevers, acute infections or depressions from overwork, both mental and physical, Bovinine, in my hand, has given the most excellent results. In many cases where no actual pathological lesion could be deducted, but where cell activity was below par and some powerful incitant and nutriment was urgently needed to place the patient upon a good fighting basis, where he could resist infection and overcome the sequelae of cell exhaustion, the results obtained were both prompt and marked. The following brief case in point:

Miss N., aged 28, stenographer, who had become anemic and physically depressed from close application to her vocation, came under my care last March. She had not menstruated for over two and one-half years, has lost nineteen and one-half pounds in that time, and suffered from a special hyperesthesia and insomnia. On careful examination, no distinct pathological condition could be induced except the blood impoverishment. She had been under treatment for two years, and during that time had taken the various forms of iron, arsenic, hydropathy, electricity, etc., until she abhorred doctors and medicines and was in a fair way to become a fit subject for Christian Science. Her principal worry was that she would develop tuberculosis. She was put on Bovinine in tablespoonful doses every two hours, being given in milk and kept on this dosage for two weeks, when the quantity was increased to a wineglassful every two hours. Since then she has steadily improved and at the present time she shows a gain of twelve and one-half pounds, is rosy, cheerful and confident of the future. Though brief, this clinical citation, I think, has some points of genuine interest for the professional mind. Dr. F. N. Pampinella, Philadelphia, Pa.
Enterico-Colitis and Cholera Infantum.

Antiphlogistine produces results in cholera infantum that cannot be obtained in any other way. Pain is reduced, restlessness is soothed, and the tossing, moaning patient falls into a quiet, restful sleep. And why not? A moment’s thought will convince you that, since the intestines, and possibly the peritoneum, are inflamed, an application which so rapidly reduces inflammation in other parts of the body must have a beneficial action here. Consider also that in this case, acting directly upon and reflexly through the solar and hypogastric plexuses, it relieves the shock which is so invariably a serious part of the symptom complex.

Apply hot to the abdomen about 1/2 inch thick and cover with absorbent cotton.

Cystogen-Lithia Effervescent Tablets.

The many indications for the use of lithia in combination with cystogen have resulted in the preparation of cystogen-lithia effervescent tablets. Physicians will find these tablets of special value in the treatment of many conditions suggesting the addition of lithia as increasing the efficiency of cystogen. In rheumatism, gout, urinary deposits, ammoniacal urine, cystitis, etc., cystogen-lithia hastens the excretion of urates and uric acid and prevents the formation of calculus. These tablets are composed of cystogen 3 grains, lithium carbonate 3 grains; usual dose, one to two tablets three or four times daily dissolved in half a glass of water. Samples will be sent to physicians addressing the Cystogen Chemical Company, St. Louis.

Items of Interest.

—The attention of the medical profession is being directed to the use of Sal Hepatica in typhoid fever and inflammatory conditions of the bowels. It appears to be a very safe saline laxative in such affections, being less objectionable to the organism than sodium phosphate alone or other salines, and is more readily eliminated.

By commingling lithium and sodium phosphates in proper proportions with certain of the "Bitter Water" salts, the manufacturers of Sal Hepatica claim a compound is secured that is superlatively more active than either the lithium or sodium salt alone, or, indeed, than any of the natural purgative mineral waters. Recognizing this, the most eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, with the result that the remedial action of the latter is enhanced, the untoward manifestations accruing reduced to a minimum and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is freely absorbed and taken into the blood and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs as is readily demonstrated by its presence, after a brief course thereof, in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

Sal Hepatica is the original effervescent saline laxative, hepatic stimulant, uric acid solvent and eliminant of irritating toxins in the alimentary tract. It is manufactured under the direct supervision of J. Le Roy Webber, Ph. G., its originator, and only at the laboratories of Bristol-Myers Co., Manufacturing Chemists, 277-279 Greene Avenue, Borough of Brooklyn, New York City.

Atlantic City, N. J., Jan. 20, 1905.
Bell & Co., 68 Murray St., New York.

Gentlemen:—I have used Cascarans with best results, and think it is the best thing on the market to-day. Pardon my troubling you, but it is a pleasure to assure you of my satisfaction derived from the use of this remedy. Yours Truly.
(Signed) J. T. Beckwith, M. D.

Bell & Co.,

Gentlemen:—We thank you kindly for the samples of your valuable products which we use every day. Sal-Codeia is a wonder.

Yours Truly.
Emergency Hospital.
(Signed) Dr. Hale, Sup.

—The International Correspondence School at Scranton, Pa., has recently sent us copy of a letter written by them to a gentleman applying for the electrical therapeutic course asking information in the event he took the course as to practicing medicine without a diploma. The School makes the following statement:

Even after a person finished our Complete Electrotherapeutic Course, passed our examinations, and received our Diploma, he could not carry on a legitimate medical practice until he had supplemented his instruction with a full course in a regular medical college. The only function of our electrotherapeutic instruction is to teach regular physicians, surgeons, dentists, nurses, and medical students—or those that expect to become such—the use of electricity in diagnosis and treatment. Our Diploma simply certifies that our student has passed such examinations as we see fit to impose. We do not claim that our Diploma confers any practicing powers or privileges whatever. It positively does not.

The School is to be commended for its honesty of purpose, for it would have been quite easy to have misled this applicant, as some advertisers would not hesitate to do.
New use for auto-goggles. Engineer Frank Benjamin, of the Chicago and Alton Railroad, probably was the first locomotive driver in the world to stick his head through a cab window with a pair of automobile goggles protecting his eyes. But since that innovation, more than two years ago, the use of automobile goggles has spread, until dozens of the engineers on that line regard them as indispensable to their comfort and to the best interests of their work.

Benjamin has been driving one of the fast passenger engines on the Chicago-St. Louis run. It is a Leviathan of its kind, with driving wheels 7 feet 2 inches in diameter, and capable of reeling off seventy miles an hour, under ordinary pressure upon the time card. At a certain noted grade on the line, the main roadway between two good-sized towns parallels the tracks of the railroad, and at the top of this long stretch it was common for the engineer to find an automobile enthusiast waiting to give the big locomotive a race for the foot of the hill, nearly two miles away. It was this run through the heat and wind observing the protecting goggles of the automobile driver, which caused Benjamin to invest in goggles on his return to Chicago. On a good many occasions since then, Benjamin has raced the automobile experts down this hill.

So far as known, only the Alton engineers have affected the automobile goggles. Their experience with them has been satisfactory in every way. Not only the dust and smoke and cinders wear upon the eyes of the men in cabs of fast engines, but the pressure of the wind becomes almost unbearable at times when running into it. After the ordinary run over his division, Benjamin's face presents an odd appearance. Smoothly shaven, his face is black and grimy, save for the great ellipses around the eyes, where the goggles leave the skin almost as white as when he left the roundhouse at the other end.

Benjamin is an enthusiastic disciple of the goggles, and if he were the president of a great system of railroads, he says that automobile goggles would be a part of the equipment of every locomotive in the service.

The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friends, the Antikamnia Chemical Company, and reads:

"Gentlemen: Illness, dating from the very day of my former letter, must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindness in sending me your little 'Vest-Pocket-Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of the Woolley Sanatorium, an institution conducted exclusively for the cure of opium and other drug addictions, and am using Antikamnia Tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A Succedaneum for Morphia.'

"Our Institution is probably the largest of its kind in the South, and if my views should prove of value to you at any time, command me, and use them as you wish."

"Marion T. Davis, M. D.,

"(Univ. of Maryland School of Medicine.)"

"—Sulpho-Naphthol is especially valuable in advanced cancerous conditions in which sloughing, with its accompanying foul odors, is present (for example, cancer of the uterus), a solution of one teaspoonful to two quarts of warm water being sufficient to effectually kill all fetor, thus removing the most disagreeable characteristic of this class of cases and adding greatly to the comfort of both patient and physician. This treatment can be continued indefinitely without untoward results.

"The general results of the recent discussion in this paper on the relative value and safety of various antiseptics derive confirmation from a monograph which we have received from the Pasteur Institute of Paris. We described the volatile or essential oils of plants as the safest—and the most pleasant, might have been added—of antiseptics for direct human use: that of eucalyptus holding a very high place. A couple of professional members of the Association of Analytical Chemists of the Pasteur Institute have been studying Listerine, which is named after the great English surgeon. Listerine is a mixture of the essential oils of thyme, eucalyptus, baptisia, wintergreen and mint. It has relatively non-toxic properties peculiar to these oils, but the Parisian savants have brought out the important fact that the mixture of oils is much more potent than any one of them singly. It attacks more than one joint in the bacterial armor. Carbolic acid—used so much mainly because it is the original antiseptic employed by Lister—is 14.6 times as toxic as Listerine.—Excerpt from the London Daily Chronicle.

"It gives us pleasure to call attention to the advertisement of The Rebekeh Chemical Company, as contained on another page.

March 6, 1905, this firm incorporated for $20,000 paid up capital, after having been in business for the past seven years, struggling along like the average physician beginning, experimenting with their product, and satisfying themselves as to its merits. They have founded their business on a profit-sharing basis, where the doctor may have stock that costs him nothing but a 2c stamp.

This, we think, is a most excellent idea, for it interests the physician doubly:

First.—He has an article of merit he indorses and prescribes to the patient.

Second.—He may do so without fear of his confidence being polluted, and at the same time, realize the pecuniary profit on his personal endeavors.

Write them for samples, also for literature, which they will take pleasure in sending. We cannot consistently recommend the firm as well as their goods.
Smith read a paper before the Academy of Medicine, in which he sought to show that engine drivers as a class suffer disproportionately from diabetes, and this fact he ascribed to the anxious nature of their work.

An investigation of the question has been undertaken lately by Dr. Navarre, of Lyons, using as his material the servants of the P. L. & M. Ry. This company during the last ten years has employed on an average 71,000 persons, of whom 8,710 are traveling (4,590 engine drivers and stokers, 4,120 guards and carriage attendants), and 62,290 stationary. The total number of cases of diabetes reported by the medical officers of the company during the same time was 222, of whom 112 are among the traveling class (58 engine drivers and stokers, 54 guards and carriage attendants), and 110 amongst the stationary class. If these figures are calculated so as to show the relative mortality, which for the whole of the servants reaches three per mille, the proportion is 1.263 per mille for engine drivers and stokers, 13.1 per mille for guards and carriage attendants, while for all other servants of the company, the rate is only 1.76 per mille. He obtains similar results by taking the causes of early retirement for chronic diseases; out of 723 such retirements 14 were caused by diabetes, while of this number 11 were engine drivers or stokers, against three in the sedentary classes. Dr. Navarre considers that the greater frequency of diabetes among the traveling class of employees is due to vibration. He points out the interesting, and perhaps alarming significance of these opinions, should they prove to be correct, in these day of excessive automobility, for vibration is by no means confined to railways; if they are well founded we ought to find evidence in their favor among drivers of autovans, and especially among riders of the automobile.

That railway travel may be a factor in the production of the great increase of diabetes which has characterized the last quarter of a century is certainly a novel suggestion, but is not hastily to be set aside.

*La Semaine Médicale. No. 15, 1905.
Materia Medica Miscellany.

Conducted by J. Wilford Allen, M. D., Adjunct Professor of Materia Medica and Practice in N.Y. Homeopathic Medical College and Hospital.

References in this department are made by number. (See issues of January or December each year.)

Caulophyllum.

Weakness in the reproductive system of the woman. From weakness she is sterile, or she aborts in the early months of gestation. During parturition the contractions of the uterus are too feeble to expel the contents, and they are only tormenting. Labor-like pains during menstruation with burning pains in the thighs and legs, and even the feet and toes. Uterine hemorrhage from inertia of the uterus. Relaxation of muscles and ligaments. Heaviness, and even prolapsus. Subinvolution. Excoriating lacerorrhoea. Menses too soon, or too late. She is sensitive to cold and wants warm clothing—quite unlike pulsatilla. She is hysterical, like ignatia. She is fretful and apprehensive. She is rheumatic, like cimicifuga, only the small joints are most likely to be affected. Later she suffers from after pains, and they are felt in the inguinal region. Rheumatic stiffness of the back, and very sensitive spine. She is sleepless, restless, and withal very excitable. This remedy has cured chorea at puberty when menstruation was late.

Eupatorium Perfoliatum.

Dr. Gordon W. Hoyt is very emphatic in his statement that eupatorium perfoliatum will cure intermittent fever of tertian type, beginning at a morning hour, between seven and nine o'clock. The chilliness begins in the back; there is thirst before and during the chill; no sweating follows the hot stage; intense aching in bones, muscles, and sinews. He also favors the eupatorium as a remedy for influenza, when intense frontal headache, as well as occipital aching, heaviness and soreness of eyeballs, similar to bryonia, prevail. Eupatorium is restless and not aggravated by motion, as in the latter remedy. The dark-red face of eupatorium is similar to both bryonia and gelsemium, but eupatorium will likely show some yellowish tinge of skin and sclerotica. The soreness and lameness of the chest, with rawness behind the sternum in bronchial causing cough, is also eupatorium as well as bryonia.

The gastro-hepatic group of eupatorium symptoms are very important. Intense headache, soreness and yellowness of the eyes, jaundiced hue of skin, bone-pains and soreness in liver region; nausea, vomiting of bile, constipation. Such symptoms show its relationship to certain liver disorders. No sweating follows the fever of eupatorium. This is unlike bryonia, which remedy has free sweating.

Aurum Valer.

This remedy, according to Blackwood, is indicated in those who suffer from extreme nervous excitability, hysteria, nervous derangements of the gastric function, and neuralgia, when there is pronounced physical prostration; as is observed in neuralgic headaches and prosopalgia when the pain is unsupportable. The face is cold and pale, the extremities are cold and there is great nervous erethism. When the neuralgic condition is attended with congestion of the head, study the bromide of ammonia; but when the liver is the starting point, study muriate of ammonia; but when the cranial nerves suffer most, study valerianate of ammonia.

It should be remembered in cases of insomnia that are result of emotional excitement, hysterical conditions, or an indulgence in green tea, and coffee.

It is sometimes useful in alcoholics, especially for the nervous symptoms following a prolonged "spree," when the patient is just on the verge of delirium tremens.

It is of service in enuresis of nervous, hysterical children, especially girls.

It should be studied in functional disturbance of the heart in nervous hysterical subjects. There may be violent neuralgic pains of the heart and other viscera. It relieves tachycardia and the irritability of the heart, with valvular lesions, when the compensation is full.

Opium.

Dr. John Hutchinson in summing up this important remedy gives the grand characters as follows:

Painlessness. The conditions suggest pain, but none is felt nor found.

Deficient vital reaction to remedies. The well-chosen do not make an impression.

Patients with lax muscles and want of bodily irritability.

Complaints from fright. Even paralysis.

Sudden retrocession of acute exanthema results in paralysis of brain or convulsions. (Zinc.)


Unsound sleep with auditory hyperesthesia.

Hot sweat on upper part of body, lower hot and dry.

Peristaltic motion reversed or paralyzed.

Four Drugs Useful in Diarrhea.

Dr. Boger.—Aloe involuntarily passes masses of jellylike mucus, or in the morning he finds a large lump of feces as his companion in bed; before the stool there is much rumbling and gurgling in the abdomen, he retains the fluid feces with difficulty and often suffers with prolapsing piles.
Podophyllum also has a gushing morning stool hurrying the patient out like sulphur, but it continues the whole day and the stools have a carrion-like odor, are generally light-colored and may have a meal-like sediment.

Gambogia has a gushing, yellow stool, preceded by gurgling and rumbling, and followed by a sense of great relief as if an irritating substance had been removed: the stool also irritates and makes the anus sore.

Bryonia causes and cures diarrhea coming on as the patient begins to move about in the morning: it is worse from vegetables and stewed fruits or overheating; in general, the patient is worse from all kinds of motion.

Some Medicinal Therapeutics for Affections of Bones.

In a paper upon "Affections of the Bones," Dr. Laura B. Hurd gives the following indications for remedies, noted by Dr. Haines: 5

Augustura, 3x.—Where necrosis of the bones of the hand exists. This was proven valuable in an old sinus in one of the clinical cases, where the use of this remedy, in a few weeks, without surgical intervention, permanently closed an old suppurative area.

Calc. fluor, 3x.—In rachitis, especially where enlargement of femur is present. Leg very sensitive to touch, with hardness of surface, and usual calc. symptoms are found.

Symphytum.—Recent bone injury, contusion or fracture; pain prickling in character, with soreness of the periosteum. Aids in detachment or sequestrum in necrosis.

Ruta, 2x.—For bone pains where tendons are sore and extreme weakness of the knees exists.

Phos, 3x.—Its power of causing osteitis and necrosis is a practical guide to its use; its usefulness in rickets is because of its power of exciting osteo-genetic activity.

Iodine.—Will diminish suppuration and assist in preventing the development of hectic fever in necrosis. Striking effects come from its use in rickets.

Kali, iod. 3x.—Where periosteum is inflamed and in indolent wounds.

Gels. 3x.—To control many of the nervous symptoms and high temperature arising therefrom.

Silica.—Urges the importance of tissue remedies. Where suppuration has taken place: great sensitiveness of surface and tendency to increased cartilage in rachitic affections. 12 to 30th potency preferred.

Bacillinum.

Dr. McClure 13 says:

"Some five years ago I had under my care a boy about fifteen years of age, who was taken with pleurisy in the left side. The pulse was about 120 and temperature about 104. He was doing as well as could be expected under the remedies used, as the pulse had come down to about 90 and temperature 100, when he had a relapse from some cause, probably from a draught. His temperature then went up to 103 and he commenced to show symptoms in a different form, such as night sweats, diarrhea, cough, rapid emaciation, and loss of appetite. In the next two or three weeks his temperature fell to 102 and it stayed there until I was beginning to think that a change must be made soon or I would not have any patient to treat. I think I was more discouraged than the family, and they had nothing to encourage them. Finally the mother of the boy came down to my office and told me that he was coughing until he was completely exhausted. I hardly knew what to tell her or what to say after using all the remedies I had and none of them doing any good. I gave her eight pellets of bacillinum and told her to try them, and I would see the boy again, but also said to her that if that did not help him, I did not know anything more to do. When I saw him I was greatly surprised: he had never had a hard coughing spell after using the pellets. The fever, night sweats, and diarrhea had left him; his appetite had returned and he now seems to be as healthy as any boy in Newark. This same family lost a child previous to this, and would have lost a second, one younger than the boy, but the physician who attended it just stopped of his own accord, and I was called and gave it bacillinum. I did not think much about it then, until about six months afterward I had the case which I have just described."
A Century and a Half of Progress.*

BY CHAS. E. WALTON, M. D., CINCINNATI, OHIO.

Measured by the life of man a century and a half seems an eternity; measured by the age of man it is but a dot on the fly-wheel of time. Five generations of men have come and gone since the medical traditions of time were overthrown by the medical progress of eternity. Samuel Hahnemann gave the initial impulse to that progress; it is of him and his work we speak to-night as we would do something to commemorate the anniversary year of his birth.

It is familiar to us all that progress waits upon the discovery of some basic principle. Steam lifted many a pot-lid before it drove an engine. Frog legs kicked many a kick, and paper dolls danced many a dance, before the electrical Puck encircled the earth. Light hit many a retina before it impressed its pictures upon the photographic plate, and the "straddle wheel" or "dandy horse" made many a revolution before the velocipede, the bicycle, and automobile found their evolution.

When Hahnemann came upon the stage of activity medicine had not revealed its basic principle. Medical apples had fallen on many heads which simply ducked without deduction. Hahnemann deduced without ducking. The law of gravity started physical progress; the law of cure started medical progress. A progress thus started never stops: it may halt, but it is only the rest before renewed effort. The snowflake builds the avalanche; it halts, the wail of an infant may start it on its course. The longer the halt, the greater the mass, the more irresistible its power. We come to halts and the superficial observer proclaims the stop of progress; the "voice in the wilderness" is heard, and the forces of Nature marshaled at its command.

Hahnemann broke a long halt in the progress of medicine. The misdirected efforts of its devotees were but so many diverse forces pulling in all directions and leading nowhere. The guiding hand of Hahnemann showing the logic of the single remedy; the logic of the proven drug; the logic of the potential divisibility of matter; and his demonstration of similia started a new movement in medical thought, which persists to-day, and enters into various methods of investigation even though its origin may be unacknowledged.

Negative testimony sometimes is as valuable as positive statement in the establishment of a proposition. To this end let us bear in mind that one hundred and fifty years ago no "Duffy's Malt Whiskey" with its mysterious distillation was used for the rejuvenation of encircled congressmen and over-worked clergymen. No "Peruna" had converted the daily newspaper into an illustrated sheet teeming with the pictures of rescued victims of corns, catarrhs, and cataclysmic complaints. No "Lydia Pinkham" worked its miracles in removing the back-aches of a feud femininity. No "Pink Pills" fought the battles of the North American pale-face.

While the present popularity of nostrums do not prove directly that there has been any progress in medicine, it does prove indirectly that in spite of the present worship of medicinal mysteries the fact that thousands of homeopathic physicians find an increasing demand for their services shows a substantial progress from the time when a medical fetish claimed the adoration of the majority of mankind. Hahnemann's Law of Cure has brought this about. It has not only modified the reign of poly-pharmacy, but has established a basis for perpetual therapeutic improvement. The triturum of a drug with sugar of milk prepared the way for the blood-succesion of serum-therapy. The power of the single remedy has led up to the acceptance of specific medication—if the right remedy is chosen—and a cure by the right remedy prepares for the acceptance of a law regulating the cure.

Modern medicine is a debtor to Hahnemann and his followers. Upon them is placed the great responsibility of correctly transmitting his teaching and his practice. We do well, upon occasion, to pay tribute to his work without wasting time upon trite details of his life. The minutiae of birthplace, of paternal characteristics, of early training, of domestic trials, of multiplicity of residence, are all of historic value, but have no place in an anniversary panegyric. We have stopped for a brief moment to honor the man and his work—to renew our allegiance to his demonstrated truth—to take fresh courage from his illustrious example. Let us emulate his devotion to duty, his singleness of purpose, his humility in the recognition of the origin of all that is good. Let us continue the work he so gloriously began and strive to leave our impress on the universal progress of the race.

* Address delivered at meeting of Indiana State Society, Indianapolis, May, 1903.
Study of Staphisagria.*

BY JOHN MURRAY MOORE, M. D.

I have written on Staphisagria for several reasons. I have never failed to obtain relief to my own sufferings from that wearing, wearying, and worrying pain of all varieties called toothache, and I have very seldom failed to relieve or cure the large number of sufferers I treat at the great tobacco factory where I am medical officer.

As a proof that staphisagria has been overlooked in our standard literature, I may mention that during the last thirty years only three articles and papers have been devoted to the subject of my present contribution.

The plant which supplies our staphisagria is the palmated larkspur, which grows in the south of Europe, and belongs to the tribe Helleboraceae, of the natural order Ranunculaceae.

The medicinal energy of this plant resides in the ripe seeds. These are dried for the chemist; they are blackish brown in color, deeply pitted on the outside, and their inside is whitish, soft, and oily; the taste is nauseous, bitter, and acrid.

The crushed seeds yield an essential oil called "oleum staphisagriae," which is made into an ointment with lard and used as a parasiticide in scabies and phthisiaria. An older form of ointment, composed of the macerated seeds, benzinated lard, beeswax, etc., is said to be somewhat irritating to the skin.

Squire's analysis has revealed the existence of two alkaloids named delphinina, delphinia, or delphinine (C₉H₁₇NO₃), and staphisagrine, which probably give to the seeds their peculiar properties.

Delphinina, of which I hand round a specimen, is an amorphous, resinous alkaloid of yellowish color. It is a poison to the amphibia and lower mammals, like aconitine causing slowing down of the pulse and respiration, paralysis of the spinal cord, and death by asphyxia.

In the Lancet for 1887 it is recommended for relieving neuralgia in doses of one-sixtieth of a grain.

Staphisagrine—probably the cutaneous irritant, perhaps the parasiticide constituent of the seeds—is analogous to veratrine and curarine, paralyzing the motor nerves in frogs, and killing mammals without convulsion by paralyzing the respiration.

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HOMEOPATHIC PHARMACEUTICS OF STAPHISAGRIA.

Our mother tincture, prepared by maceration and percolation with S. V. R., is transparent, or faintly straw-colored, and forms a cloudy precipitate when dropped into water, which is quickly redissolved.

As the seeds are very oily—here are some *au naturel* and some powdered—and as I find the tincture of staph, ϕ, varies in color as supplied by different chemists, I suggest that a stronger and more uniform tincture could be made by using ether as a menstruum, as in the case of lycopodium ϕ, the ethereal preparation of lycopodium, being, I find, more energetic than the triturations.

The great Master foresaw much value in staphisagria as a homeopathic remedy. He took it up with his usual energy, and assisted by his daughters and twelve faithful disciples, produced a body of provings the full significance of which has not yet been recognized by his successors.

The "Cyclopedia of Drug Pathogenesis" has omitted this Hahmannian legacy, and gives under the word "staphisagria" only a few experiments on animals with its alkaloids, delphinine, summarized by von Bock, Lauder Brunton, and C. D. F. Phillips, and some nineteen symptoms derived from varying doses taken by S. Schroff, Turnbull, Falk, and Röhrig, and by a patient of Albers. We, however, as homeopaths learn nothing from these records that we did not already possess in aconitine—derived from another of the Ranunculaceae.

This reason for the omission of the 721 symptoms of staphisagria from the Cyclopedia is in the preface. The authors of the "Cyclopedia of Drug Pathogenesis," it seems, were instructed not to reprint, but to refer to the pathogeneses of Hahmannian because—"we have no means," they state, "of verifying, correcting, illuminating them, or of reforming their order, the day-books of the provers not being extant."

The earnest student of homeopathy must go to Allen's work if he wishes to know all the Hahmannian medicines. And here, even, in staphisagria, there are translations in Allen that do not agree with Teste's rendering of the original; as for example, in symptom 43 in "Head," where Teste's translation is "Vertigo when sitting, as if things were turning round, decreasing by walking in a circle (Cubitz.)" whereas Allen's is "whirling vertigo, especially while sitting, relieved by walking about."

Teste classifies staphisagria along with causti-
cum, cocculus, coffea, corallium, nux vomica, and arsenicum,—causticum being the type of the group No. VII. He selects a large number of symptoms out of the provings and dogmatically asserts that staphisagria is curative in all those conditions; but gives no definite case.

Hahnemann's enthusiastic praise of this remedy has hitherto not been repeated by any of his followers, but staphisagria, though not a polychem, will, I am convinced, prove of value in more diseases than the three it is already accredited to, viz., toothache, spermatorrhœa, and recurrent styes.

THE FACE, MOUTH, TEETH, AND GUMS.

Symptom 182 given by Stapf is striking: "He looks as hollow-eyed and haggard, and as sick and pinched in the face as after a night's watching, or as after a disagreeable mental shock." We have also "throbbing and pressive pain in the whole of the face, extending from the teeth into the eye, swelling of the cheek over the lower jaw, pressive tearing in the left cheek bone, then cutting, drawing, swelling, and hardness of submental glands, painful on swallowing or made life bearable for her until she passed away. Sympt. 202 of staphisagria is "sensation of fine cutting in the lip, as if it were cracked"; and this poor lady's sensations were expressed as "fine cuts with a very sharp knife, beginning at the lips and extending to the eyes and above the orbits." Surely this is a "similis"; but Dr. Bayes does not give us his reason for choosing staphisagria in this peculiar case.

Case II.—An attack of neuralgia of the inside of the right cheek, between the lower gum and the cheek, and also in the gum itself, but not in the teeth, intensified by blowing the nose, was cured in two days by staph. 6 (J. W. Carter).

Case III.—Dr. Edmund Hughes, of Liverpool, son of Dr. Richard Hughes, has kindly sent me the following recent case of face-ache:

Mary M., aged 23, shortly after an attack of influenza, began to suffer from facial neuralgia. Shooting pains started from the upper molars on both sides, and darted into the ears and orbits, especially on the right side. The pains came on at irregular hours of the day or of the night, and were relieved only by local warmth. It had lasted five weeks. After arsenicum 2 and magnes, phos. 2 had failed, staph. 9, one drop every two hours

SYNOPTICAL CHART OF THE DENTAL SYMPTOMS OF

PLANTAGO.

Teeth feel elongated in the morning, and then ache from 2 a.m. to 4 p.m., each day: the pain is sharp, stabbing.—Toothache on the left side, before and after breakfast, went off in the forenoon, returned after dinner. Teeth of left side feel elongated and sore; violent pains in the sound upper molars of left side, excessive tearing, digging pain with profuse flow of saliva aggravated by contact, by cold air, and by great heat; and by lying on that side. Soreness and elongation of the sound teeth; cold feeling in front teeth. Pain in a circular molar with swelling of cheek, which remained after the pain had ceased. Grinding of the teeth while asleep. Rapid decay.

STAPHISAGRIA.

The teeth soon become black-streaked. Caries is hastened. Tearing pain after eating and chewing; also after drinking anything cold. The hollow teeth are sensitive to the slightest touch, and if after eating the slightest food remains in the cavities, there is violent pain, extending to the roots of the sound teeth, and the gums become painfully sore. Pain aggravated by motion in the open air; by drawing cold air into the mouth; at night; early in the morning; and during menstruation. The gum bleeds when pressed upon, and on cleaning the teeth. The gum becomes pale and white. Ulcer on the inner side of the gum.

RHODODENDRON.

Violent drawing pain in right lower jaw, disappearing by eating. Drawing, aching and cutting toothache, preceding the approach of thunderstorms, or of cloudy or rainy weather: the pain in one prover (Helbig) commenced on the ear of same side. Toothache accompanied with ear-ache all night in left lower jaw and teeth. Pressure sometimes relieved, sometimes increased the pain; warmth of bed had no influence. Grumbling and tearing in molars, now in upper, now in lower jaw, sometimes right, sometimes left. Transient pain in single teeth in damp weather and before a storm. Saliva increased and has a sour taste.

when touched, or when rubbed by the neck band.

Of facial neuralgia I have two cases here:

Case I.—An old lady who for years had suffered from excruciating neuralgia of both sides of face and forehead came to Dr. Bayes in a deplorable state. Mastication was impossible from the pain it induced, and the patient had to lie upon sops put into her mouth by her fingers: for the least contact with a spoon, fork, or anything metallic, always brought on a violent attack. The relief afforded by staph. 30 and 12 was remarkable, and was given. The second dose gave much relief. There was no pain next day, and the relief was permanent, although three molars and the stump of one bicuspid were found to be carious, and were not extracted for some time afterwards.

Dr. Bayes himself obtained striking relief in "tie-douloureux" from staphisagria.

We now come to that part of the human organism which the whole homeopathic world, lay as well as professional, know, by a century of experience, to be quickly, selectively, and beneficially affected by delphinium staphisagria. No-
where in Allen's grand collection of provings is
the principle of similis similibus better illustrated
than in the "teeth, gum, and mouth" symptoms
of this good old remedy. Out of thirty-three
well-defined pathogenetic symptoms no less than
fourteen are starred and italicized, showing that
at least these fourteen have been clinically verified.

As "things seen are mightier than things heard," I have had printed in parallel columns
the guiding symptoms of three prominent tooth-
ache remedies—my favorites—namely, plantago,
rhododendron, and staphisagria.

It is worth noting that seven provers suffered
from artificially-induced toothache and caries,
spongy or pale and retracted gums, etc.

With even the array of remedies for this distressing though every-day ailment presented by
Lilienthal to the number of seventy, by the industrious Jahr to the extent of thirty-six, and by the
repertory to the up-to-date "Cyclopedia of Drug Pathogenesy" to the liberal amount of fifty-two,
with all these riches it is not easy to cure or even relieve every case of toothache.

My own field of observation of this disease, as sole medical officer to a large tobacco factory
employing 2000 workpeople, has been pretty extensive.

Out of 1145 patients treated at the surgery (which is free to all employees) during the past
year 1904, I noted ninety-nine cases of toothache,
eighteen of face-ache, and twenty-five of con-
joined toothache and face-ache. Every single case
of all these three diseases was relieved, and a large
proportion cured. Staphisagria was used in
ninety of the cases of toothache, plantago, krea-
sote, mer., sol., or puls, being employed in the
remaining nine. Rhododendron was not available, as I do not stock it, and plantago was used
only from the beginning of December.

I place these remedies in order of merit, thus:
first, staphisagria; second, plantago major; third,
rhododendron.

It will be useful to narrate a typical case of
each.

Case IV.—Mary T., aged 18, tobacco worker,
came to me January 19, suffering from severe
toothache in the left upper molars for a month
past. As she dreaded going to a dentist, she
endured it until it became incessant for the last
two nights and days. Only one molar was cari-
ous, but the pain, which was described in the
very limited vernacular of these girls as "tearing
and pulling," i.e., the "drawing" of our patho-
genesis, spread to the sound teeth in its neigh-
borhood (this symptom staphisagria has in com-
mon with plantago), was worse after eating, by
exposure to cold air, and by drinking any cold
liquid, but is not affected by changes of weather;
gums sore and inclined to bleed. I gave her
minim doses of staph. 6 to be taken every two
hours. On January 21 she came and stated that
the pain ceased after the second dose. On Janu-
ary 26, having continued the staphisagria all the
time, but only three times a day, she reported
herself well, having no pain whatever. It is a
help to plug a hollow tooth sometimes with a
pledget of cotton wool soaked in the oil of sta-
phisagria. It never creates irritation of the

Case V., from the X. A. J. H., September,
1893, is worth citing on account of its exact
corroborations of the "caries and black streaked
appearance of the teeth" (symptom No. 208). A
girl, 20 years old, had scarcely been free from
toothache for two years. Her teeth were black-
ened, and decayed rapidly; they were sensitive
to touch and painful; they also felt elongated.
Staphisagria 3 every two hours gave immediate
relief to the pain, and, continued for several
weeks, actually arrested the decay. The tooth-
ache never returned. Her regular dentist re-
marked upon the much greater hardness and
healthier condition of her teeth than before tak-
ing staphisagria.

A PLANTAGO CASE.

Case VI., in my own surgery practice will il-
ustrates the differential selection and prompt
action of plantago major.

Alice P., clerk, aged 21, dark-haired, pallid,
slightly anemic, came to me crying with intense
toothache of January 20. The pain was in the
left upper molars, one of which had a carious
spot, not visible without a mirror; they were
white and sound externally. The pains were
of a dragging, pulling character; they went off
after breakfast, but returned after dinner, being
worst from about 2.30 onward till tea-time; they
are worse by hot water in the mouth and by going
into a warm room from the open air. She had
endured this pain for three weeks, but, as it kept
her awake all the night of January 19, and the
left cheek was now swollen, she sought my aid.
Led by the conditions of aggravation, I gave her
plantago 6, two-drop doses of the tincture every
two hours. Next day she returned quite cheerful, stating that the third dose had stopped the pain. Continued plantago, half the dose, thrice a day. On the 25th she was still free from pain, and on the 31st, eleven days from beginning the medicine, she was dismissed cured.

A RHODODENDRON CASE.

Case VII.-(Dr. Hirschel, of Prague.) The patient, Baron H., had for a long time suffered from violent face-ache, the pain spreading over the right side of the face from the teeth and gums. The pains were drawing, tearing, or jerking, equally intense by day and by night, aggravated by wind and changes of weather, relieved by warmth, and disappearing while eating and for some time afterwards. He suffered most in spring and autumn, which are the most changeable seasons for weather of the year. All his decayed teeth had been extracted in Vienna without any relief to his pains. Dr. Hirschel chose rhododendron from the symptom (168 in Allen) "violent drawing pain and disappearing by eating." After the first dose of two drops of rhodod. 1x the patient had his first tranquil night for several weeks, and by the third day all pain was gone.

Case VIII. is also a good illustration of the "change of weather or storm aggravation," absolutely characteristic of rhododendron.

Dr. Budd, of Los Angeles, California, had a patient, Mrs.---- aged 44, a spare anemic lady of highly nervous temperament, who had suffered for three years from face-ache, when she wrote to him for medicine May 11, 1890, from her home in Kansas City. The pain is greatest in the right lower jaw, and is sometimes made easier by eating or chewing gum. Usually an attack is brought on by high winds, damp weather, or an approaching storm. This lady is particularly afraid of thunder. The pain is aggravated by movement and by hot applications. Rhodod. 15x was sent by post. Ten days afterwards Mrs.---- wrote stating that each of the first four doses so aggravated the pain that she stopped taking the medicine, but the next morning the pain had gone. She wrote some days later that "she was so free from pain that she forgot she had ever suffered." A slight twinge on June 7 was quickly stopped by rhodod. 1000, and it never returned.

THE AMERICAN PHYSICIAN.

BY PERCY WARNER, M. D.

We are sometimes told that our race is dying out, that the family physician is becoming extinct, that he is being gradually elbowed out by the consultant, the specialist, or the club doctor. This would mean, if it were true, an entire alteration in the general feeling of the public towards the great mass of our profession. I do not believe that it is true; but the fact that such an idea may be even mooted should make us consider if there may not be an element of truth in it. In a book published last year called "Doctors and Their Works," Mr. Brudenell Carter remarks that the medical profession, apart from a few distinguished individuals, does not hold, in the estimation of the public anything like so good a position as that which it "held fifty years ago." Such a statement is obviously difficult to prove or disprove. I cannot believe it, but I doubt if it is worth while to spend time in discussing it now.

There can be no doubt, however, that the conditions of life and of private practice at the present time in and around large towns, do tend to make the bonds between doctor and patient less close, more easily severed than was formerly the case. Whether, among other things, this is due to the skeptical habit of mind to which I allude, or to the spread of education, or rather that which goes by that name, I cannot say. I am disposed to think that there is less inclination to be ruled by authority in matters of health, as in other matters, than used to be the case; people do not put themselves so unreservedly in the hands of the doctor as they did. They wish to judge for themselves. They have no conception of what is meant by a medical training. They do not understand that such a training is necessary to enable them to enter fully into the consideration of medical questions, questions some of which are amongst the most difficult that the human mind has to deal with. This is part of one side of this question, but there is the other side, and it is possible that the fault is to some extent at least our own. That the reason why doctors and patients are less united than they used to be may be because we have not done our best to cultivate in ourselves the good traits of the old family physician, his tact and patience, his kindness of heart, and broad intelligence, his humility in the face of difficult questions, combined with the sagacity, readiness of resource and decision of character for which he was noted, all of which enabled him to enter into the troubles of his patient from every side, and to treat him, not only by the light of science, with which he was far less well-equipped than we are, but by the light of his knowledge of human nature by studying the whole man, his character and idiosyn-
crasies, with the help of what he knew of his family history and development.

No doubt you can all recall cases in which your knowledge of the life and tendencies of your patient have helped you in your treatment of him when he was ill. And as we who are older look back, we are reminded that it is not only our knowledge of disease which has increased as the years go on, but our knowledge of human nature also, and we realize how much it has helped us, how important it is that we should study our patients, not only as cases but as individuals, noting their likenesses and their differences, their tendencies and their peculiarities, their sympathies and their antipathies, their habits of mind as well as of body; and to do this, to understand a man fully, we must, as Carlyle puts it, not only endeavor to look into him, and view him from our own standpoint, but we must do our best to look out of him, see things as he sees them, and see him as he sees himself, remembering always to do as he is pretty sure to do, that is, take particular notice of the good points, and not only of the bad ones. And is this not especially true in illness? In making a prognosis do we not sometimes forget, when we go over the symptoms, to take sufficient note of the good points? A good rhythm of the heart, sound kidneys, a generally good digestion, a mind that habitually works smoothly, all of these are, as we know, of far more importance in a case of pneumonia, for instance, than the amount of consolidation, or the height of the temperature, and the same thing is of course, true of many other diseases. I repeat that, just as in judging of a man's character, if we only notice his failings and omit to take note of what is good in him, we generally come to a wrong conclusion concerning him; so in judging of his physical condition, if we only study, or perhaps I should say, pay too much attention to, the symptoms which indicate disease, we often miss that which is most essential in the case. For our treatment should be directed, not to the disease alone, but to the patient who is suffering from it.

Health is a comparative thing—there are various degrees of it: a great many people go through life, especially the latter half of it, with something that is not far removed from disease always with them. Very few of us wear out like the "one-hoss shay," all over alike; there is a little too much friction here or there which produces the inevitable result, and many people either inherit or acquire something that will always be for them a "thorn in the flesh"—something that makes their life more or less that of an invalid, but does not necessarily tend to shorten it, and these people, as you know, require careful handling. Their system has learned to bear with their disease, and it does not do to treat them too vigorously; by so doing one may make them really ill. A strong purgative given to a person with a sensitive stomach and digestion may upset him for a week; a strict diet for a man, who after middle life passes sugar in his urine, sometimes does more harm than good. It is wrong to be too mechanical in our methods of treating disease, for what with one person may be disease may in another be a state of health. I am sure that I have, at times, done the patient more harm than good. I think I used to give too much alcohol in typhoid; I am sure I have given both too much alcohol and too much food in pneumonia. I am not sure that I have not hastened the end of some old people by being too anxious about the regularity of their hearts. And in the treatment of pain, how much easier it is sometimes to administer a sedative than to abstain from giving relief in that way!

I have said that mechanical methods in treating disease are to be avoided, still more must the mechanical habit of mind in viewing disease be guarded against, and as I look back I am reminded that I am less in the habit of labeling my patients, and treating them according to the label, than I used to do. In our early days, when our acquaintance with disease was less close than it has since become, we did this; it was inevitable, and I suppose it is always the method of the purely scientific physician. He classifies each case according to the group of symptoms it presents, and prescribes the appropriate remedy; he is careful to have a good reason for the administration of every drug he prescribes. I fear that we do not keep up to that standard of excellence, and if we have good reasons we do not trouble to put them into words. Our time is largely taken up in the management and treatment of what are called minor ailments, in dealing with the beginnings of disease, in noting how healthy growth and development are interfered with in the young, and in marking the various ways in which people begin to get old. Many of these problems which we have to face are complex, they cannot be solved offhand, they must take time to unravel, and as time goes on other
factors may enter into them, which delays their solution, and consequently our methods are perhaps less definite and precise than they should be; but the truth in such cases is not always easy to arrive at, and it is better to sacrifice precision rather than truth.

Let me illustrate my meaning by a class of case with which all of us are familiar, which are labeled functional or cyclical albuminuria. I need not describe them, but I will say that the symptom which gives them their name is only a part, sometimes but a small part, of their condition. This is, of course, well known, but, as far as I know, is not generally stated in the ordinary description of the disease. Besides the cyclical albuminuria, which may be only temporary, or may last for years without appearing to cause any definite harm, there is in many of them a general condition which may be described as want of tone—the heart and the stomach often do their work badly, and either or both may be considerably, though perhaps temporarily, dilated; the muscles are generally flabby, and the nervous system hypersensitive and easily over-fatigued; all of these symptoms may be important, and either may require more consideration than the albuminuria in arriving at the truth of the case; and I fancy it is because we are apt to label them, instead of trying to understand them fully, that they so frequently go on for such a long time.

The thought comes to me sometimes when I am going round from one sick person to another—What good am I doing for all these unfortunate people? Some, I may feel sure, are or will be the better for my visit and advice; some, doubtless, would have got on fairly well without either; I trust that none are the worse for them, though that is, I fear, possible. At any rate, it is possible that I might have done them more good than I have done by my visit. The thought suggests the question: What is the good, what is the value to the patient of the doctor's visit? Some would say that its value varies according to the depth of the patient's pocket. That is one sort of value. There is another sort which I am anxious to learn how to estimate; to do so we must, I think, consider the matter from more than one side, for there is something more than diagnosing the disease, and prescribing the remedy, for which we visit our patients. There is not only the practical, material advice which we give, that which is based upon sensible, reasonable, reasoning knowledge and experience; that is one thing, and the most important thing. But there is the imponderable, insensible, more or less unconscious influence which we may exercise on him, which is another.

The value to the patient of the doctor's visit depends on the influence as well as on the advice. A person who is ill is ill at ease, his outlook on the world is altered, his psychological condition is modified by his illness, his mind seldom works smoothly, he finds it difficult to be at rest. The visit of the doctor should tend to put him into a condition of rest. By rest I do not mean doing nothing, torpidity of mind and body, the condition which is allied to that kind of rest which all come to when functions cease. The rest I speak of is living, life-giving. It has been called "easy working," which is perhaps the best definition. Harmonious actions of all the vital functions is another. To produce it, energy is required, the energy of control and it is this controlling energy which the visit of the doctor helps to develop in the patient.

One of the most remarkable powers of which our physical body is capable is the tendency to return to what may be called the rhythm of health, after that rhythm has in any way been disturbed, provided that the cause of the disturbance is removed, and that the mind does not interfere with the natural forces and so hinder the return. Our duty is (1) to find out and if possible remove this disturbing cause, (2) to watch over and assist in any way we can the natural forces in their efforts, and (3) to do nothing that can in any way interfere with those efforts. And one of the most important ways in which we can assist the natural forces, is in helping them to get fair play, by so influencing the mind of the patient that it does not interfere and so hamper their action. How this is to be done each man must find out for himself; there are some things which we cannot communicate by means of words, and this is one. As we all know, it is not only the amount of knowledge we have of his case, or the experience we have had of his disease, which gives confidence to our patient, there is something more. I will only mention two things—the power of real sympathy, and the power of real hope. With regard to hope I will read a saying of Carlyle's which I think conveys all that need be said about it. "Man," writes Carlyle, "is, properly speaking, based upon hope; he has no other possession but hope; this world of
his is emphatically the 'place of hope.'” This is Carlylean, and it is essentially true. "We live by hope," and it is right that we should always endeavor to convey a feeling of hope to our patients, not by words alone so much as by our general attitude. To discuss too much the grounds of hope often suggests grounds for despair. But I need not emphasize that. We as a profession, are always, as we should be, careful of words, and the same care is needed as to our general demeanor in the sick room.


Carbo Vegetabilis.*

BY J. N. MAJUMDAR, M. D., CALCUTTA.

"The vegetable charcoal may be prepared from any kind of woof so long as it is thoroughly heated to redness," so says Hahnemann in his "Chronic Diseases," but he generally used charcoal of birchwood.

It was generally supposed in former times that charcoal was an inert substance having no medicinal virtue, but it has since been used with undoubtedly good results in all kinds of putrid decompositions. Charcoal is now generally dusted over gangrenous sores to prevent the fetid smell. Hahnemann himself records the use of charcoal of the linden tree for epilepsy as being done empirically. Dr. Clarke, in his "Dictionary of Medicine," mentions the fact that there is an exact correspondence between the effects of crude charcoal and the potentized carbo veg. Both are antiseptic and deodorant. The signs and symptoms of decay and putrefaction are the leading indication for its medical use. Decomposition of food in the stomach; putrid diseases and ulcerations; symptoms of imperfect oxygenation of blood. Carbo veg. also antidotes the pathogenic action of cinchona, lachesis, and mercurius.

That it is almost a specific for the decomposition of food in the stomach is a fact that we have verified times without number. The efficacy of carbo veg. becomes all the more pronounced particularly where this decomposition turns into gas and the abdomen becomes enormously swollen, and tympanitic. At times it becomes so great that it causes dyspnea which stimulates impending heart failure due to vasomotor paralysis.

Many a time have I used carbo veg. in the collapsed state of cholera, where there was great tympanitis, with marked dyspnea; where there was almost always present that golden keynote of Guernsey "constant desired to be fanned." In fact, I have been so frequently successful with it in the later stages of cholera that with the common human frailty I am inclined to give it a higher place than arsenic, verat, camphor lach., cobra and others. Here I must say that my experience has been quite at variance with our late venerable colleague, Dr. Hughes, who says, "I cannot agree with those who see a carbo adynamia in the collapse of cholera, and recommend it to be given therein." Here I hail the testimony accorded to it by our late illustrious colleague, Doctor Sirer, who, along with Tessier and many others, speaks very highly of carbo vegetabilis. I must further state that it was in true cholera, with all the virulent symptoms, and not in cholerine, that I have used this drug with such admirable results. It was in the case of my own daughter suffering from cholera infantum that carbo veg. was put to the most severe test. The child was given up as lost when carbo veg. 30 was given as a last resort on the indications of tympanitis, oppressed breathing, the true Hippocratic appearance, cold and clammy extremities, imperceptible pulse, and complete cyanosis.

Lycopod, verat alb., and carabolic acid are remedies that have great coincidence with carbo veg. Hughes says that the action of carabolic acid in the gastric sphere is similar to carbo veg. both chemically and dynamically.

Dr. Madden by proving it on his own person came to the conclusion that finely powered charcoal acts as a mechanical detergent of the mucous membrane, dislodging any superfluous mucus it may have formed and so aiding digestion. Dyspepsia with loose stools (reverse of lycopod). Among the other symptoms enumerated in Hahnemann’s "Chronic Diseases," the following are some of the most important:

Fear of ghosts at night, pressure in the eyes; stitches under the ribs, mucous stools, itching of the anus, varices, too frequent pollutions, too early menses, menses too copious, stoppage of the nose, asthma-dyspepsia, stiffness of the nap of the neck, sweat of the feet, worn out feeling of the limbs in the morning on arising from bed, great drowsiness by day, frequent flushes of transient heat. Besides its use in such algid forms of diseases, it is also used with advantage in the later stages of tubercular, scrofulous and malignant diseases that are the results of loss of fluids, in protracted illnesses, in old and debilitated people. It may be admini-
istered with decided good results in people who have never fully recovered from the effects of a previous illness.

As regards potencies Dr. Hughes recommends the 6th but he also used the 3d trituration. We use the 30th exclusively but at times have to use the 200th by which also we have derived much benefit. We may with advantage learn much by referring to what Hahnemann says in this respect. "The various degrees of potency are employed according to the varying intention in healing, down from decillionth potency to the millionth powder attenuation, using one, two or three fine pellets moistened therewith as a dose.

* * *

A Surgical Experience after a Venezuelan Battle.

BY JAMES C. PRYOR, M. D., SURGEON IN THE UNITED STATES NAVY.

Immediately after the occupation of Ciudad Bolivar, Venezuela, by the Venezuelan government forces in the early morning of July 21, 1903, the U. S. S. Bancroft moored alongside the water front of the city.

The splendid work of the Venezuelan gunboats; the heroic and stubborn resistance of the captured city; the equally heroic and dogged persistence of the captors; the sublime spectacle of determined men charging equally determined men; the numerous instances of individual heroism—all, inspiring as they were, could no longer engage attention.

The havoc wrought by shot and shell was apparent everywhere, and the streets were filled with debris, injured, and dead. The agonizing groans of the suffering wounded, the putrescent corpses lying in the tropical sun, and the carcasses of animals already attracting the hungry vultures by their sickening odor of decomposition were synergistic in convincing the observer of the accuracy of Sherman's terse definition of war.

The appalling magnitude of the terrible spectacle seemed to paralyze the community, and in this city of fourteen thousand inhabitants nothing was being done, so far as could be ascertained, for the amelioration of the suffering of the wounded. Apathy certainly was shown by many, for groups of the victorious troops were to be seen playing upon guitars, singing or gambling—seemingly oblivious of the suffering about them, and heedless of the groans of wounded lying scarcely an arm's length away in the enervating heat of a parching sun.

In a long and splendid contest they had wrested victory from a worthy foe. Elated with success and proud of such a victory they seemed to forget their duty to the sufferers who stolidly bore thirst, hunger, and pain. Devoid of that humane impulse which finds an object of charity in every sufferer—in friend and foe alike—they were impartial to both—doing nothing for either.

As soon as the ship was moored the writer was requested to come at once to treat the wounded brother of Mr. Robert Henderson, the U. S. Consular representative. A stray bullet had perforated his left arm and had plowed its way downward and inward for a distance of about fifteen centimeters through the muscles of the posterior wall of the chest, finding exit near the left side of the vertebral column. These were mere flesh wounds.

Having permission, the writer volunteered his services to General Gomez, Vice President of Venezuela and Commander-in-Chief of the combined land and naval forces. The proffered services were accepted and General Gomez gave assurance that he would do all in his power to assist in rendering aid to the wounded.

A large, quadrangular, typical Spanish building having a patio, or court in the center, was assigned for use as a temporary hospital. This building, formerly a court-house, contained a few chairs and three writing tables. The latter served as operating tables.

The floor was sprinkled with an antiseptic solution and hurriedly swept. Word-of-mouth requisition upon General Gomez brought a prompt and adequate supply of new blankets upon which to place the wounded. Cots were not obtainable.

Several large kettles were seized from nearby houses and were at once placed over fires which were started in the court. It was necessary to carry all water a distance of about two hundred meters. Buckets were supplied from the Bancroft. A detail of blue-jackets cheerfully and almost constantly carried water and kept the huge pots boiling. Galvanized iron buckets (with tops on them) were filled with water and placed in the boiling pots, thus sterile buckets of sterile water were obtained and set aside to cool.

Surgical instruments were boiled in a small pot—this being more convenient than the small sterilizer aboard ship—and large quantities of
sterile antiseptic solutions were prepared. It was necessary to apply freshly boiled gauze to clean wounds in some cases as sterile dry dressings were not to be had.

While it was realized that it was next to impossible to do aseptic surgical work in such circumstances, effort was made to approximate this desideratum. Surgical instruments, trays, medicines, and part of the anesthetics and dressings were supplied by the medical department of the Bancroft.

A large, light room was selected for an operating room, and lanterns and candles were used for the work at night. Removal of excreta was accomplished with much difficulty, owing to the meager facilities available.

While preparation of this improvised hospital was taking place litter parties composed of officers and men from the Bancroft were rapidly bringing in the wounded. In fact, over forty wounded were brought and placed in the shade of the building before space inside could be made ready for their reception.

The zeal with which the litter parties performed their work of mercy is, perhaps, best shown by their bringing in two dead soldiers—still warm—having carried them a long distance at a rapid gait, under a burning sun, hoping that life was not entirely extinct.

One litter party arrived reporting that their burden was "mighty bad off." They were as much surprised as alarmed when the diagnosis, "Yes, he has small-pox," was pronounced. This patient had been wounded at some time during the previous three days by a bullet, and when brought to the hospital he was in the pustular stage of variola. Another patient, seriously wounded by a machete a day or two previous to his being brought for treatment, was delirious and in the pustular stage of a confluent small-pox. This wound severed the soft tissues of the scalp down to the periosteum, exposing a large area of the posterior aspect of the skull and severing the attachment of the ligamentum nuchae from the external occipital protuberance.

A cursory glance showed a number of the wounded to be beyond hope of recovery, and palliative treatment was begun immediately. Hemorrhage was temporarily stopped in all cases, and then, with the faithful and efficient assistance of Hospital Stewards A. T. Schwartz and Howard L. Crosby, the operative work was commenced.

About 3 p.m. the medical officer of the French gunboat Jouffroy arrived and volunteered his services and the services of two assistants. The writer gladly accepted the proffered aid, and also the help of three Venezuelan physicians of the local profession who volunteered.

About two hundred patients were treated. Of these all except sixty-six required no more than occlusive dressing, and after being dressed they were sent away in order to make room for more seriously wounded.

The wounds observed may be classified as follows:

1. Shell Wounds.—Only two shell wounds were seen. Both cases were moribund.

Case A. A fragment of exploded shell struck patient's face just to the left of the mid-line, tearing away the left orbit and contents, opening the antrum of Highmore, carrying away a portion of the floor of the anterior fossa of the base of the skull with loss of a small amount of tissue from the left frontal lobe of the cerebrum. The patient, a stalwart Indian, had been almost exsanguinated, and the wound was already badly infected.

Case B. A small fragment of shell entered just external to the right sterno-clavicular articulation, fractured clavicle, upper two ribs anteriorly and comminuted the right scapula at its wound of exit.

It is not known how many ribs were fractured in the posterior chest wall. It is needless to say that pleura, lung, and subclavian vessels were injured. This patient's condition did not justify operative procedure. He was kept alive as long as possible.

These wounds possessed the features common to all perforating shell wounds, viz.: irregular wounds of entrance, larger irregular wounds of exit, great laceration of tissue and consequent severe hemorrhage.

2. Machete Wounds.—The wounds made by machetes conformed in all respects to large incised wounds with consequent severance of tissue and with results corresponding with the impaired functions of the injured structures.

It may be worthy of note that no wounds of abdominal or thoracic viscera were observed. Head, neck, upper extremities, and back were the sites upon which machete wounds were seen. With scarcely an exception these wounds were infected.

3. Bullet Wounds.—A very few wounds were
obsvrved which were evidently caused by small caliber, high velocity bullets. In each of these cases the patients were found on the water front, and it is believed that the wounds were received from riflemen or rapid-fire guns on the Venezuelan gunboat Bolivar when she boldly steamed close along the river bank and poured a murderous fire immediately into the streets.

Most of the troops on both sides (so it is stated) were armed with old style Mauser rifles and used forty-five caliber soft lead bullets driven by black powder, and frequently at very short range; consequently most of the bullet wounds were of a type already fully described in military surgical literature.

The few wounds inflicted by modern small caliber firearms presented a striking contrast with these made by the antiquated small-arms borne by most of the combatants. This contrast gave incontrovertible evidence of the more humane effect of the modern small caliber bullet upon human tissue.

Comminuted fracture—usually of most horribly mutilating character—accompanied nearly every case in which the lead bullets struck osseous tissue. The fragments of fractured bone, especially if compact tissue were wounded, proved powerful adjuvants to the destructive action of the missile, and when the wounds were perforating, large, irregular, lacerated wounds of exit were produced.

Bullet wounds of the extremities and flesh wounds constituted far the larger proportion of bullet wounds. This was probably due, in part, to the fact that no ambulance was available and most of those wounded in the head, chest, or abdomen were left to their fates in the tropical jungle in which they fell. For the same reason fewer wounds of the lower extremities were observed than of the upper extremities—especially were there fewer fractures of the lower extremities seen.

Large blood-vessels seemed to escape injury by the leaden missile in an almost miraculous manner. It is believed that their escape from direct bullet injury was due to:

(a) Mobility of the vessels.
(b) The forcing aside of the mobile vessels by the compressed tissue mass preceding the oncoming bullet.
(c) The position of the limb when injured.
(d) The amount of muscular contraction present when the injury was received.

(e) The resistance by the body weight of the injured man.
(f) The large sectional area of the bullet, and
(g) The low velocity of the missile.

In several cases large vessels were lacerated by fragments of fractured bone, but no case was seen in which it was believed that a large vessel had been directly injured by a bullet, even when the vessel appeared to lie immediately in the track of a flesh wound. Large hematomata were usually present in cases of injury to large vessels. Joints were wounded in several cases, viz., shoulder, elbow, and ankle, fracture being present in each case. These joint injuries caused by antiquated firearms were treated conservatively by modern methods, and it is regretted that results are not available for report.

In one case the chest was penetrated near the junction of anterior axillary line and fourth rib. The wound was septic. Pneumonia was present. This is the only case of bullet injury of thoracic viscera seen, but several cases of flesh wound of chest wall were treated.

It was noted that the abdomen was perforated in one case and penetrated in five instances. These six cases were all in the throes of a well-advanced general septic peritonitis.

The case of perforation was wounded by a small caliber bullet which entered the left side, fracturing the ilium near the highest point of its crest, passed transversely across the cavity, fracturing the right ilium slightly posterior to the highest point of its crest. This patient died in convulsions within an hour of the time he was brought for treatment. A post-mortem examination would have been of interest, but it was neither practicable nor advisable in the circumstances.

Moist gangrene was seen in one instance. Amputation at the surgical neck of the humerus was performed. This patient walked in, of his own accord, and requested amputation.

In this experience, just as is seen elsewhere in the field of medicine and surgery, the bizarre and unusual were encountered. One patient complaining of much pain presented a wound of entrance over the left rectus femoris muscle. The track of the bullet was through the soft tissues, upward, outward and backward to a point just below the crest of the left ilium and about six centimeters behind the left anterior superior spine. At this point the bullet could be felt deeply embedded in the soft tissues, about twenty
centimeters from the wound of entrance. When the bullet was removed, the exploring finger detected several free, hard, sharp-edged, irregular masses, which were believed to be fragments of either lead or bone. One of the largest of these fragments was removed, and upon examination proved to be neither lead nor bone, but glass. The wound was thoroughly cleaned, and when the patient had recovered sufficiently from the anesthetic he was questioned. He stated that a glass bottle was in the left pocket of his trousers, and that the bottle was broken by the bullet.

An equally interesting case is one in which a flattened soft lead bullet was removed from about the middle of the shaft of the humerus, having lodged against the bone in such manner as to extend approximately one-third of the circumference of the unfractured bone. How the missile retained enough force to tear its way through the triceps muscle and thus spread itself about the humerus without fracturing the bone seems inexplicable.

The following remarkable nervous case merits attention: The patient, an Indian aged about twenty-five years, possessed a less vigorous appearance and poorer physique than most of his fellows. The bullet entered the muscles of the back about the level of the ninth dorsal vertebra and slightly to the right of the spine. The missile became spent under the skin of the right posterolateral aspect of the chest wall. The spinal canal was uninjured. Patient insisted that both arms and both legs were paralyzed, and remained in this mental state for several hours. So far as could be observed there was no motion of the extremities during this time, but immediately upon removal of the bullet under local anesthesia he arose and walked away!

I learned that there had been no medical supervision of recruiting. Several of the wounded were boys scarcely large enough to handle a rifle without staggering under its weight. No provision had been made for the treatment of the sick. Prophylaxis and hygienic camp management seemed unknown. Infectious diseases were neither isolated nor quarantined. No provision whatever, so far as could be ascertained, was made for the first aid, transportation or treatment of wounded among those whose bravery and persistence were to maintain the integrity of the republic.

It was stated that sick or wounded were left where they fell on the march or in battle. If strength sufficed to carry a patient to some nearby habitation his chances of recovery were correspondingly better. From a source believed to be absolutely trustworthy it was learned that those obviously mortally injured were frequently dispatched by their comrades rather than left to suffer and starve.

In the battle of Ciudad Bolivar about eight thousand men were engaged on both sides. The most conservative estimate of casualties was twelve hundred. It is not difficult to believe that that estimate is approximately correct, for more desperate fighting is scarcely possible.

**Lilium Tigrinum.**

BY M. E. DOUGLASS, M. D., BALTIMORE, MD.

Physiological Action.—The symptoms all point to the reproductive organs as the starting-point of its pathogenetic effects. The provings of this drug have developed pressure, heaviness and symptoms of congestion of the pelvic viscera, especially in women. With the uterine and ovarian symptoms many reflex sensations are found, fluttering of heart, pain in back and extremities, etc. Select almost any symptom at random from the pathogenesis, and you will be able to trace it back to its origin in the generative organs.

Symptomatology and Therapeutics—Mind. Hurried feeling; as of imperative duties and inability to perform them, during sexual excitement. Depression of spirits; and inclination to weep, with apprehension of suffering from some terrible internal disease, already seated. Aversion to being alone, yet no dread.

A large number of hysterical symptoms have been noted, associated with uterine derangements: for example, dread of insanity, great melancholia, with feeling that she is incurable, religious melancholia, etc.

The mental symptoms are similar in some respects to those of ignatia, crocus, platinum, and cimicifuga.

Eyes. Vision dim, and confused with disposition to close eyes and press upon them; blurred, with heat in eyes and lids.

It has been found a valuable remedy for certain forms of asthenopia, especially the asthenopia of astigmatism.

Abdomen. Bearing down pains in hypogastrium, worse walking, with weight low down in vagina; bearing down better walking in open air
and riding, with constant desire for stool, but with every effort at stool only urine was discharged, sensation as if a hard body pressed backward and downward against rectum and anus, the desire for stool worse standing (podo., sulph., aloes). Pulling downward and backward from anterior superior spinous process of ilia. Sensation in pelvis as if everything were coming through vagina; this dragging is felt as high as stomach and shoulders, aggravated by standing, not relieved by lying, with disposition to press hypogastrium upward, next day aggravated riding; third day when walking, sensation as if everything were pressing down in pelvis, so that she inhales forcibly in order to draw up the chest and relieve the pelvis.

Rectum and Anus. Pressure on rectum; and on bladder; urging, then pressure downward in abdomen and anus when at stool. Pressure in perineum.

Stool. Diarrhea every morning on rising with gripping in abdomen and rasping in anus and rectum; bilious every day after dinner, with burning in rectum and anus, and tenesmus, then exhaustion.

Urinary Organs. Constant desire, urine scanty, then smarting and tenesmus. Frequent desire through the day, with scanty discharge and irritation and smarting in urethra after every discharge; she could urinate every quarter of an hour; in afternoon, urine high-colored and scanty; each discharge scanty, then smarting burning in urethra, urine milky, on cooling a thick reddish sediment. Burning in urethra after micturition, with acrid feeling. Frequent micturition during the day, with smarting in urethra during micturition.

Sexual Organs. Thin acrid leucorrhea, leaving a brown stain.

Uterus. Low down, fundus tilted against bladder, the os pressing upon rectum. Anteversion, with neuralgia, worse touch, motion or jar, or weight of clothes. Weight, with feeling as if all pelvic contents would press out through vagina if not prevented by pressure with the hand or by sitting down; bearing down in region, with distress as from approaching menstruation.

Ovarian Region. Sharp pain. Pain in right ovary and in back; aching and burning pain worse in right ovary (apis). Gnawing, dragging in right ovary, aggravated by walking (podo.). Soreness on pressure, worse right (podo., pal-lad.). Sexual desire increased.

Both ovaries are involved in the lilium irritation—the left in one prover, the right in others, and both together in several provers.

It is homeopathic to ovarian congestion, which sometimes retards menstruation and makes the flow scanty. In this it resembles sepia, conium, lachesis, and pulsatilla.

It is indicated in ovarian irritation, with its consequent effects—frequent and profuse menses. In this respect it resembles platina, calcarea, and sabina.

Subacute and chronic ovaries are amenable to its curative action. It rivals apis, bell., and canth., which correspond, however, to the intenser grades of ovaritis.

In neuralgia of the ovaries it is indicated for burning, stinging, and darting pains, but especially when attended by cutting pains in the mamme, one or both.

Lilium has this symptom: “menses cease to flow when she ceased walking.”

The leucorrhea of lilium is peculiar in character, being acrid and excoriating, causing a rash on the labia, and an intense irritation of the whole vaginal canal, even to vaginitis. It will relieve morning nausea of pregnant women, or the nausea from uterine irritation.

It is homeopathic to hysteria, to those strange and abnormal manifestations which occur in women with uterine disorder, or men who have abused their sexual organs by excesses, etc.

Most of the symptoms of this drug seem to be referred to the sexual organs of women; it causes severe uterine neuralgia and feeling of heaviness and pressure in pelvis, especially pressure against the rectum, with ineffectual efforts to evacuate the bowels; these symptoms have repeatedly pointed to its use in retroversion of the uterus. It has proved valuable, at least as a palliative, in some cases of chronic metritis, and curative in many cases of prolapsus and of both anteversion and retroversion, particularly with the pressure against the rectum. With the rectal symptoms it has been prescribed for dysentery with tenderness over the ovarian region, etc., it is also valuable for troubles in the bladder with the same symptoms. The desire to press upward against the vulva or to hold up the abdominal walls is similar to the symptoms of sepia, but in lilium there is generally much more tenderness and more shooting pains. Very free leucorrhea, often excoriating, with distress on urinating. With the uterine displacements and ovarian pains
we very commonly find palpitation and numerous nervous symptoms about the heart, as if the heart were grasped, as if it contained too much blood, tremulous feeling, etc.; sometimes terrible pain running up the back to the vertex, spasmodic contraction of muscles, etc. The ovarian symptoms should be compared with those of palladium, podo., and apis.

Chest. Sharp and quick pain in left chest, with fluttering of heart.

Heart. Pain aggravated by lying down at night. Pain as if grasped, waking him suddenly (cact.); the grasping gradually relaxed, interrupting pulsations of heart and breathing, relieved by rubbing and pressure. Heavy pain.

Back. Pain in sacrum; in lower part of sacrum; in sacrum all day; in morning on rising, better evening; in afternoon and evening, and in sacrum; at night, occasionally transferred to between scapule in morning; in sacrum, worse standing, with pressure downward in hypogastrium.

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Homeopathic Therapeutics of the Ear.
BY CHAS. C. BOYLE, M.D.
(Continued from page 245.)

Hydrastis.

Deafness; roaring in ears like machinery; tinnitus aurium from catarrh of the inner ear; membranous tympani purplish, bulging. Perforation of membrana tympani; mucous membrane of middle ear eroded, granular and exuberant with polypoid growths; purulent, thick, tenacious discharge, more mucous than pus; bland mucous discharge, associated with dropping in posterior nares.

General Indications: Catarrhal affections of mucous membrane; increase secretions from mucous membranes; tenacious, ropy; erosions.

Hyoscyamus.

Buzzing, singing, rushing in ears; deafness as if stupefied, especially after apoplexy; hardness of hearing from paralyzed auditory nerve.

General Indications: Muscular twitching; convulsions; sleeplessness, from excessive nervous excitement; bad effects from cold air; excessive nervous excitement. mania, delirium, illusions, hallucinations; hardness of hearing from paralyzed auditory nerve.

Aggravation: In evening; after eating and drinking; in hot room; during menses; from mental affections; from unhappy love.

Amelioration: From stooping; from smoking; from coffee.

Hypericum.

Sensitiveness of hearing; during catamenia; shooting through ears.

General Indications: Consequences of shock or fright; in lock-jaw from wounds in soles and hands; convulsions from blows or concussions; injuries to parts rich in sentient nerves; bad effects from treading on nails, from rat bites or any other punctured wounds; parts very sensitive and sore to touch.

Iodine.

Sensitive to noise; buzzing in ear; deafness due to morbid condition of eustachian tube; catarrhal deafness; scrofulous subjects; adhesions in middle ear; chronic deafness; deafness with chronic catarrh of the eustachian tube; inflammation of the tonsils.

General Indications: Emaciation; swelling and induration of glands; scrofulous affections; bad effects from mercury; especially suitable to persons of dark hair and eyes.

Aggravation: At night; in afternoon; by walking or riding; from pressure; from warmth; from rising in bed; from warmth in general.

Amelioration: From cold in general; after sleep; after eating; from uncovering the head; after rising from the bed.

Ipecac.

Cannot endure the least noise; ears cold during febrile heat.

General Indications: In catarrhal affections; nausea; great weakness.

Aggravation: After lying down; morning and evening.

Jacaranda.

Flapping in ears, as if wings; stoppage and heat in left ear, with burning, digging pain, extending to left nostril.

Kali Bichrom.

Stitches in left ear and left parotid gland, with headache; stinging from external meatus into internal ear; pulsating pain at night; purulent otorrhea; stitches extending into mouth or down neck; enlarged parotid; thick, yellow, tenacious fetid discharge from ears; chronic suppuration; membranous tympani perforated; external meatus of left ear swollen and inflamed; redness, heat and itching of external ears; eruption on ears; eczema of external ear, with watery oozing.

General Indications: Catarrhal affections in general; scrofulous disease; great prostration;
diphtheritic formations on mucous membranes, also plastic exudations of ropy, stringy mucous.

**Aggravation:** In the morning; from cold; after eating.

**Amelioration:** From heat; towards evening.

**Kali Brom.**

Ringing in ears; roaring in ears at night, synchronous with pulse; sounds echo in ears; deafness.

**Kali Carb.**

Ringing, roaring, whizzling, singing; headache, with noise in ear, after cold drink; deafness; tearing in ears; stitches from within, outward; otitis; discharge of yellow pus; parotitis, especially right; chronic inflammation of the middle ear, with sticking pains from within outward, especially behind the ear accompanied with chronic catarrh of nose.

**General Indications:** Suitable for old people and fat people with lax fiber; in pulmonary affections; inclined to take cold; frequent exhaustion and weariness; sticking, stitching pains; wakes in the morning about 2 or 3 o'clock and cannot sleep again.

**Aggravation:** In the morning about 2 or 3 o'clock; at rest; from cold and from becoming cold.

**Amelioration:** During the day while moving about; from warmth; in the warm air.

**Kali Iod.**

Singing in ears; boring pain in ears; tearing in right ear, which becomes sensitive; severe tearing pain in temporal bone; at night; evening; otitis in rickety children, with great tenderness of head; mastoiditis.

**General Indications:** Great general debility; enlarged glands; swelling of bones; in mercurial, syphilitic and scrofulous affections; after abuse of mercury.

**Aggravation:** At night, in cold air, at rest; better from motion.

**Kali Mur.**

Deafness from swelling of internal ear, from swelling of eustachian tubes and tympanic cavity; with swelling of glands and cracking noise on blowing nose; earache with gray or white furred tongue; cracking noise on swallowing; proliferations in middle ear; obstruction of eustachian tube; naso-pharyngeal catarrh; retraction of membranum tympani; moist exfoliation of epithelial layer of tympanum; excessive granulations; stuffy sensation; deafness, and naso-pharyngeal obstruction; closed eustachian tube; acts more on right eustachian tube.

**General Indications:** In fibrinous exudation in the interstitial connective tissue. Lymphatic enlargements. White or gray coating at base of tongue; white or gray exudation; glandular swellings; discharge of thick white fibrinous slime from any mucous surface.

**Kali Phos.**

Deafness from want of nervous perception, weakness or exhaustion of auditory nerve; noises in ear from nervous exhaustion; ulceration of membranum tympani, with foul discharge; ichorous discharge; atrophic conditions of old people; humming and buzzing in ears.

**General Indications:** In conditions due to want of nerve power and impaired innervation; atrophic conditions in old people; in adynamic or typhoid conditions; brain fag from over work; nervous dread; melancholia.

**Aggravation:** By noise, by exertion and after rest; when alone.

**Amelioration:** Gentle noise, by exertion and excitement, company.

**Kali Sulph.**

Deafness from catarrh and swelling of eustachian tube and middle ear, aggravated in a warm room; watery, mattery discharge; secretion of thin, yellow, sticky fluid; bright yellow pus; brown, offensive secretion from right ear; pain under the right ear; sharp cutting pain, tension, stitches, pressing below the mastoid process; stinking otorrhea; polypi.

**General Indications:** In stage of retrogression of inflammation; in ailments accompanied by profuse desquamation of epidermis; yellow mucous discharges; neuralgia pains in different parts of body, with tendency to shift in locality.

**Aggravation:** Symptoms aggravated in the evening, especially temperature; in a heated room.

**Amelioration:** In cool, open air.

**Kalmia Lat.**

Stitches in and behind right ear; in neck and thighs at night; sound like blowing a horn, after cracking in head; Ménière's disease.

**General Indications:** Rheumatic pains all over the body; in affections of the heart; muscular rheumatism.

**Kreosotum.**

Deafness, with buzzing; roaring, also humming and deafness before and during menses; syphilitic deafness; stitches in ears; otitis; hum mid tetter on ears, with swelling of cervical glands.

**General Indications:** In scrofulous affections; putrid ulcers; gangrene; catarrh; in corrosive acid discharges; ulceration and destruction of parts; general weakness and prostration; excoriation of mucous surfaces; complaints after menstruation.

**Aggravation:** After menstruation; in the morning; at night, in open air; from growing cold; cold weather; cold bathing; cold food; from rest.

**Amelioration:** From warmth; from motion.

*(To be continued.)*
Mental Disease.

Broadly speaking, the numerous additions to the literature of mental diseases issued in recent years, may be divided into two classes. On the one hand, there are the works of original investigators who, by a searching analysis of pathological mental phenomena, a comparison of psycho-pathological results with the facts of normal psychology, and an independent regard, have attained to fresh syntheses and new categories, stamped throughout by the personality of their authors; and on the other hand those purely didactic in aim, collating, arranging and classifying known facts. As befits a manual on "Psychological Medicine," for the use of students, Dr. Maurice Craig's book belongs to the latter category.

In the preface and throughout the book the reader is constantly reminded that he should regard mental disorders in the same way as disease in general and not as the result of some extraordinary visitation. This warning, which is certainly not uncalled for, becomes with increasing knowledge every year less necessary, and to a very large extent the bewilderment which gives origin to this unfortunate attitude is due to an ignorance of normal psychology.

Dr. Craig rightly maintains that "it is difficult for a physician to investigate or accurately gauge symptoms of the diseased mind if he is totally ignorant of normal mental processes," and devotes a short chapter to this subject. Doubtless the author has excellent reasons for keeping this chapter within the limits of eighteen pages, but what is required is a thorough grounding in general psychology preparatory to a study of morbid processes, and a constant reference in systematic treatises of insanity to the psychological groundwork, so far as it is known, of departures from the normal. We have nothing but praise for the classification which Dr. Craig has adopted. He has endeavored, he says, to hold an even balance between the old and the new psychiatry as represented by Kraepelin and his followers, and frankly admits the usefulness of the categories paranoia and the much abused dementia precox. In this he has done well, for though no classification can lay claim to even approximate accuracy, except on a pathological basis, these categories conform to well-known clinical types, form convenient provisional pegs on which to hang cases, and do much to stimulate and direct attention to a closer clinical study of mental disorders.

One chapter contains an extremely interesting description of the alterations of blood pressure in the insane, founded on the results of the author's original investigation. Such work is of great value and furnishes an example of the manner in which careful attention to bodily conditions may supply a guide to treatment.

In discussing the muscular element of thought, Dr. Craig draws attention to the writings of Bevan Lewis on this point, but makes no mention of the great work done by Storch in this field. The description of delusions is somewhat meager, nor is the distinction between a delusion and a wrong belief sufficiently elucidated, and although he quotes Defendorf's dictum that "delusions are inaccessible to argument," he does not attempt to explain why they are inaccessible to argument, though this involves the very crux of the distinction between these two conditions.

A short chapter is devoted to dementia precox, in which Dr. Craig accepts the usual division into hebephrenic, catatonic, and paranoid forms, although it is evident that, clinically, cases of catatonic stupor and the catatonic form of dementia precox may be indistinguishable. The catatonic form of dementia precox is, therefore, limited, by the author, to adolescent patients. The main symptoms of dementia precox are given, but we note that there is no mention of persistent ptysmalism, a very frequent symptom, and that, as regards etiology, head injury finds no place, although Schultze and others give this a prominent position.

There is a very good account of general paralytic, and the question of its syphilitic, or parasyphilitic, origin is impartially discussed. Dr Craig concludes that:
Everything points to the majority of cases of dementia paralytica being brought about by a combination of causes of which syphilis is usually the predisposing unit, and this view is borne out by clinical experience. Though this is true for a large number of cases, it must not be forgotten that from time to time patients are seen suffering from unmistakable signs of general paralysis from whom no such history can be obtained.

Dr. Craig suggests that there is probably yet another factor to be discovered. That it is impossible to obtain a history of syphilis in a certain percentage of cases of general paralysis is undoubtedly true, but it is also true that at Vienna it has been found that in undoubted syphilitic lesions, yielding to antisyphilitic treatment, a history of syphilis was obtainable in only 64 per cent.

Medical Terms in the New English Dictionary.

The last section of that great philological work, the "New English Dictionary," supplies the student with the history of the words lying in alphabetical order between Mandragora and Matter. The ground thus covered is rich in interesting words, but it is with the medical names that we are concerned and, as it happens, both the terminal words of the section have a medical interest.

The plant "mandrake" or "mandragora" bring to us out of the past some quaint old beliefs. "The forked root is thought to resemble the human form, and was fabled to utter a deadly shriek when plucked up from the ground." The poet wrote about it: "Horrid grots and mossie graves. Where the mandrak's hideous howles Welcome bodies void of souls." It was thought that its fruit, when eaten by women, promoted conception, and since the time of Shakespeare it has become become synonymous with "narcotic." "Not poppy nor mandragora," said Iago, in the hearing of tortured Othello, "nor all the drowsy syrups of the world, shall ever medicine thee to that sweet sleep which thou owest yesterday."

Among its many meanings, "matter" has the medical one of "pus," and the physiological one of "certain fluids of the body and excrementitious products," such as gray matter of the brain and fecal matter.

Between "mandragora" and "matter" there lie many other words with meanings which are of interest to the physician and surgeon. "Manganese," a corrupt form of "magnesia," has therapeutic properties; "mange" is a well-known skin disease of animals, and "mangey," the adjective derived from it, is sometimes used in a more general sense in connection with the human subject. "Mania," "maniacal," and other derivatives are fully dealt with, and the obstetric "manakin" ("including a natural female pelvis with leather fetus and placenta") is quite sufficiently described for the ordinary reader, though he will probably be left wondering what mysterious implement it can be. "Manna" is referred to both in its biblical and pharmaceutical meanings; "manquah" is an old English word for the plague or pestilence, as, indeed, its form suggests; "manubrium" is not unknown to the anatomical student; and "manyplies" is the "manifold" third stomach of a ruminant. "Marasmus" has a purely medical significance, and among the illustrative quotations is that one from Sydney Smith: "Everybody has their favorite death; some delight in apoplexy, and other prefer marasmus." "Marcor" is a somewhat rare word for emaciation or wasting of the body: "maris" is a twelfth-century name for the womb; "mariscia" means piles or hemorrhoids; God's "marks" signify an appearance betokening impending death.

The first quotation illustrating the use of the word "massage" is dated 1579, and the terms "masseur" and "masseuse" are indicated as being as yet incompletely naturalized. "Mastalgia" and "mastodynia" (meaning pain in the breast), "mastitis" (inflammation of the breast) and several derivatives containing "masto--" are enumerated; and the styptic properties of "matico" are referred to. The interesting etymological information is given regarding "matico" that it is derived from the name Mateo (or Matthew) of the Spanish soldier who discovered its pharmacological effect. Finally, "matrice" and "matrix" with their many derivatives ("matriculate," "matriculation," "matricula," etc.) are carefully traced through the centuries, and their shades of meaning distinguished and illustrated.

The Treatment of Adenoid Vegetations.

Dr. Wyatt Wingrave's little book on "Adenoids" gives some valuable hints on the pathology, etiology, diagnosis, and treatment of these growths, albeit the employment of the word "adenoid" as a substantive seems to us rather out of place in a scientific treatise.

The author uses curettes and his own forceps, but he does not distinguish between Gotstein's and Beckman's curettes. In operating he prefers the sitting posture, giving gas, somniform, or ethyl chloride, although the recumbent posture is recommended when chloroform is given, either with the head hanging or the patient on his side. On page 73 we read that in the preparation of the patient the nostrils and naso-pharynx should
be thoroughly cleansed by inserting with a finger or camel's-hair brush some boricated vaseline nightly for a short time. It is not quite clear how this is done. The remarks on the care of cases after removal are much to the point, and many of them deserve careful attention.

Mr. Garry Simpson's book on "Adenoid Growths of the Nasopharynx" is less ambitious, and enters to a smaller extent into detail than the preceding. In operating he favors the lateral recumbent position on the right side, and uses curettes and the sterilized finger-nail, employing for anesthetics ethyl chloride, gas, chloroform or ether. Both these writers, in our opinion, rightly discourage any local treatment after operation until the wound is healed, but Mr. Simpson's recommendation not to allow the nose to be blown at all seems wiser than Dr. Wingrave's instruction to blow it occasionally but gently.

Mental Defectives
Their History, Treatment, and Training.

So far as his range of subjects extends, Dr. Martin W. Barr's "Mental Defectives" is the most comprehensive treatise that has yet appeared. As the author tells us, "It addresses itself primarily to anxious parents and to earnest teachers, rather than to the scientist." We are sorry for this limitation, for after twenty years' experience as medical officer, as well as administrator, of the State Training School at Elwyn, Pa., one of the most complete institutions for defectives, we feel sure that Dr. Barr is in the possession of valuable pathological information in which his professional brethren would have been glad to have been allowed to participate.

The first chapter is devoted to definitions; while recognizing the scientific gradations of mental defect connoted respectively by the terms idiot and imbecile, the author states that those terms, "preempted and warped through long usage, fail to convey the exact idea apart from one of "contumely," and consequently the expression "feebleminded" has been adopted to cover every form of mental defect. That the term "feebleminded" is, however, not altogether void of reproach is evident from the fact that "feelegifted" is suggested as appropriate for the lesser phases of abnormality. We confess that we prefer the blunter plan of designating the more pronounced degrees of mental defect as idiocy or imbecility, and reserving the term "feebleminded" for those who are mentally feeble only in the sense of a slight or partial departure from the normal.

After reviewing the various attempts to classify defectives, Dr. Barr would seem to prefer for educational purposes one based on psychological rather than pathological considerations. Surely much light may be gathered as to possibilities of training by a study of the abnormal anatomical and physiological condition of brain and nervous system upon which irregular or defective mental action depends. Take, for instance, the microcephalic class as an example of the first, that of cretins of the second. We are, therefore, somewhat disappointed that a physician should be contented with a simply educational classification, such as profound and superficial idiots, idio imbeciles, moral imbeciles of various grades, imbeciles of various grades, and backward or mentally-fleeble children.

The chapter on etiology contains many interesting observations with regard to the conditions of life favoring the production of defective offspring. It would seem, however, that the attempt made to compare Dr. Barr's statistics of cases in 3,050 cases with the figures published by Drs. Beach and Shuttleworth in 1892 in the Dictionary of Psychological Medicine is open to fallacy, inasmuch as in the latter concurrent factors are tabulated, whereas, in the former a single case is assigned to each case. In the English tables no less than 5,229 possible factors are noted in a total of 2,380 cases; and the influence of the "personal equation" must necessarily come into play when selection is made of only a single case. This will to some extent explain the marked contrast between the American and English per cent ages in the family history of phthisis (7.57 as compared with 28.31), of insanity and imbecility (34.46 as compared with 21.38), of intemperance (4.50 as compared with 10.38), though both tables show a similar general ratio between causes acting before birth and causes acting after birth in the proportion of about 2 to 1. With regard to causes acting at birth there is a strange discrepancy, the American table assigning only 2.02 per cent. of cases to birth difficulties, while the English table noting "protracted pressure" as many as 14.24 per cent. In the English table traumatic postnatal causes are noted in 0.17 per cent. Dr. Barr gives "injury to head from falls" as the cause in 0.26 per cent. of his cases. The influence of consanguinity of parents and of inherited syphilis is even less conspicuous in the American than in the English table.

An interesting study of the death periods and causes in 625 cases at Elwyn shows that the largest number of deaths occur between the 10th and 20th years, and that comparatively few defectives pass their 25th year. The mortality from phthisis reported is less than one-fifth of the whole number of deaths, contrasting favorably with the experience of English institutions. Training and treatment are fully discussed, especially from the educational standpoint, and the questions of craniectomy and ascinalization are dealt with. The utility of the former is denied; the latter is advocated, and its legalization in the case of young children adjudged defective by competent authorities, is strongly urged in the interest of the community at large. Indeed, a bill with this object has actually been passed by the State Legislature, though not signed by the governor, owing to some technical informality.
The Editor in the West.

Salt Lake City, July 18, 1905.

After I had successfully and formally closed the eyes of the American Institute of Homeopathy at Chicago, which funereal undertaking falls to my lot each year, together with my daughter Ivy, I turned my face to the west, and boarding a Chicago, Burlington and Quincy train, which I found most convenient and comfortable; reached Omaha next morning; after a good night’s rest, on time, with a beautiful day before us. We called on Dr. D. A. Foote in the Paxton Block, found him in, and after a most interesting talk-fest, it being now about noon we all adjourned to a famous restaurant kept by a German named O’Brien and there regaled the inner man and woman as the case might be. Thereafter Dr. Foote took us an automobile ride that showed us something of the outlying towns and villages tributary in beauty and substantiality to Omaha. The ride took us through a number of parks, the far-famed Miller Park among the number, over a beautiful boulevard to the waterworks. From this point we were shown what looked as much like Hudson River up about Ossining (Sing Sing) as it could well be and not be. Before this, however, under the guidance of Dr. Whitman—sorry I am not sure of the name—but he is Dr. Foote’s assistant, we visited the famous Limiger Art Gallery, where we found many noted European pictures. On our return towards the city during our automobile jaunt, we were several times overtaken by showers, but this only added to the cooling of the atmosphere and was not disagreeable, while it laid the dust and brightened as it revived the thirsty and drooping shrubs, herbage, and flowers. It was to my memory in great contrast to that other visit of mine to this city when the Institute met here, had to buy linen clothes, and still was nearly all roasted. I also met Dr. Teal, indeed he was the first to recognize me on the street, and the last to shake my hand on the train when about to pull out for Denver. Dr. Foote assured us that our staying but the fraction of twenty-four hours was a disappointment to him and the others who had planned to do the Unanimous-club to us. However, Foote was a most generous and considerate host and gave up his whole day to our entertainment and enjoyment. It was the first delightful experience of our western trip and it proved a good omen. May we see him again—him and Teal and the assistant—next year at Atlantic City and in good health and spirits.

At Omaha we took a Union Pacific train and found it one of the most perfect of trains and railways ever traveled on by me, and, as my readers may remember, I have done some traveling in the last ten years. I go out of my way to say this because I have latterly had some rather rough experiences in railway traveling, and in this country, too. So that I revert with unfeigned pleasure to this trip over the Union Pacific on down to Salt Lake City, as far as I have now gone, but which I will resume to-morrow morning to San Francisco. I had trial of the reclining chairs in this train—I believe there are no regular stiff-back stuffy day-coaches upon this road—so that ordinary passengers and not necessarily a medical editor and his daughter find themselves in comfort and content in reclining chair cars. I also found what I consider a good change in the West, namely, the introduction of tourist cars, which are really Pullman sleepers minus the gorgeous veneering, inlaid wood-work, upholstery, and heavy Axminster carpets. In all other respects they are the equals of the more lordly and likewise more costly Pullman, and the price is just about half of the finer equipment. This puts the convenience and comfort of a good bed within the means of common people who have to pay their fares, who travel because they have to and are not of that class to whom a railway trip is simply a holiday jaunt, and money no object. I do not know whether these cars are to be found in the East of not. But they ought to be. And I do not mean by tourist cars, emigrant sleepers. Not at all. The diner of my tram from Omaha was a superb pattern, large, commodious, well-ventilated, well-lighted, and the service a la carte (not tawbella de Hotey) excellent, with prices not too steep considering the convenience of not having to sprint for your dear life to the station lunch counter, and, with one eye on the train, guzzle hot soup or boiling red-hot coffee, eat a ham sandwich made some several moons before, (as I had to do on the Georgetown loop road); eat pie with your fingers, no knife being furnished for fear of your cutting your mouth therewith. In these diners you sit to your meal, take it leisurely, eat your provender, admire the landscape, and when you have finally resisted the inclination to drink out of the finger-bowl, and have tipped the colored gasson, you are ready to fight the world once more in true and knightly style. In all my travels on the Union Pacific thus far neither I nor my daughter have heard a word of complaint against the road. It makes its destination with fair precision, and always in safety. On the morning when we reached Denver some of the trains from the southwestern part of the land, bearing the Epworthians,
had not arrived and were hours late; some of them, I believe, from Kentucky, were a full day tardy. The trip from Omaha to Denver was tiresome in parts, but was relieved in other places by the scenery, which is charming, and the interest in the wind-browned people who gathered about the trains and met us or inspected us with a critic's eye. Our "candy butcher" was a genius of choicest roguery; serene. He was full of wit and mirth, and sold many of his articles simply because of his happy, sunny Jim way of introducing himself to our car. His last act was to rent pillows for 25 cents each, and, then, at 2 o'clock of the morning call in the pillows with the statement of his grievous sorrow that he had to return to Julesburg, but he would make it all right with each disturbed sleeper, which righting of the wrong consisted in giving each deprived one a small box of candy.

We fell into the midst of the Epworth League convention in Denver. We realized this when we alighted from our train and found the depot and yards crowded with the fair sex, each carrying a cross on her bosom made of Dutch silver—the cross was—or something like it, with a gaudy and attractive ribbon, a box of Unclea biscuits under the other arm and a small camera slung over the shoulder. Thus arrayed and appareled and distinctively distinguished we found them, afterwards, in all the usual avenues for tourists,—Colorado Springs, Georgetown loop, South Cañon and North Cañon, Manitou and Pike's Peak, and other places. If they were not munching on their Unclea biscuits, they were taking snap shots of the mountain scenery, or of each other astride of burros (borros, as we heard several of them calling this faithful drudge, who needs nothing to make him amble withal save a small board with a sharp nail in the end). The Epworthians, to which, my daughter reminded me once, when I was inclined to be sarcastic and funny, I belonged and had held the office of Fourth Vice-President, badly interfered with our locomotion, vacation, and pleasure. Go where we would, there we would find a large bevy of them with Unclea biscuits, metal cross, and kodak, pre-empting the railway seats, standing in the aisles, acting sometimes with unpardonable rudeness, being unusually selfish even to members of their guild in deliberately planking themselves into thrown-together seats, two of them, for instance, and refusing to give way to others of their own guild who, therefore, had to stand. We found very few men among the congregated host, and these were mainly ministers of the gospel, or those financially or otherwise interested in the convention. On the day following the first convention the Denver post office announced that it had received from delegates in attendance 650 picture postal cards without stamps. Evidently the Epworthians thought Uncle Sam threw in the pictures for their especial benefit. But think of the intelligence of this good body of good people not knowing that a picture card sent through the mail required postage. Why, they're green enough for the cows to eat 'em. In Colorado Springs on the first day of our visit there we saw one fair devotee of Mr. Epworth washing her hands in the—well, they'd call it that here, but away down East it is called a gutter. Then for lack of a towel she used her 3x4 plaque or doiley, called by courtesy a handkerchief. Well, why not, is not cleanliness akin to godliness? Sure thing. Did you ever see the picture of that Reuben who while in the bathroom—but, no matter, at least not this time. The people of Denver and otherwheres, baring the interested railway companies, looked not with great favor upon this distinguished body. They said they were no pay. Brought lunch with them from North Carolina, or bought boxes of Unclea biscuit and drank from corner fountains. Now it came to pass that there came another body, men, this time, the Eagles, who did bring money and spent it wherever they went. They had a good time and so had the saloon keepers. But they dropped their money here with great freedom. They were a jolly set, truly, wore diamonds, but no crosses and carried no Unclea biscuits.

Back to Denver. In that beautiful Queen City of the plains, I fell into the cherishing arms of my long-time friend, Dr. S. S. Smythe. Nothing would satisfy him but unqualified acceptance of his hospitality: so I partook of his vine and figtree, and had my wash out on his line. I met Mastin of The Critique, and a funnier fellow you can't find if you traveled a week of Sundays. Dry as a chip, but full of the very Dickens. Tells a story in that bored sort of a way, you know, and yet you want to ruin your vox humana—your instinctive pianola and adnnea laughing at his witnircms. I don't wonder some of the homeopathic people on the other side of the high-board fence wish he would play in his own backyard. He handles a virile pen or rather Hammond machine. But why shouldn't he? He learned the editorializing trade, as I did, in a newspaper office. He started two papers in Iowa or Illinois, I have forgotten which, and they both survive him in prosperity and success. Mastin's a homeopath, don't forget that—one of the true blue kind. He's a thoroughbred. For a little while after we had been talking with him—that is to say, to say it truly, after we had talked to him, both my daughter and I discovered as he was posed that he looked exactly like the late President McKinley. We knew McKinley personally and very well, as he frequently visited his sister, our next-door neighbor, while he was Governor of Ohio, so that when Mastin took the unread and at-case pose, that we find in that famous picture of McKinley taken of him on the lawn of his Canton residence, with the white Fedora hat, the resemblance was very clear and
pronounced. Talking about resemblances there is "Uncle Sam" Smythe with his new crop of beard, his ruddy complexion and sparkling eyes, who resembles the late President Ben. Harrison. But Anderson, the wily, looks like nobody but himself. Nature broke the mold after his making and baking. Talk about bazaar and wit, here we have it embodied in this rhinst-lor of Denver. He paid us a visit one evening and recited off more bright things than I have heard since I met and heard the renowned Clever E. Walton at Chicago. He promised me, if I wouldn't mention it in my letter, to make one more trial of the Lydia Pinkham Hair Restorer. Dave Strickler came over from somewhere one day and took dinner with us. He was the same genial David, deep-thinking, conscientious, troubled about professional matters, and very cautious of speech. He must at some former period of his life, or in one of his former existences, have suffered at the hands of the interviewers. I met Mrs. Mastin at Elitch's Garden Theater, where Smythe and I and Mastin had gone to see a remarkably good performance of "As You Like It." The Garden itself is a dream of cleanliness, neatness, nothing to offend the sight or taste, no beer or liquors. In fact, so closely was I watched and guarded and hauled around by these loving friends that I don't believe I had a taste of anything like German champagne. I didn't need it, however, for everything else eatable or drinkable was on tap at the house of Smythe, the latch-string out, and the cupboard door unlocked. Smythe is one of the old time homeopathists and has no sympathy for or tolerance with the modern output of some of our alleged homeopathic colleges. He was called out of his bed one early morning in consol to find that a brother homeopath (ahem!) being bothered about a case which he did not understand, (but which Smythe diagnosed as hysteria dependent upon menstrual irregularity,) had given the shot satanic—the other homeopath did. Smythe gave old-fashioned belladonna and in a little while madam was asleep and menstruation set in good and hard. He advised his friend to lose his devil's needle. He said he believed he had one of his own down at the shop but wouldn't know where to look for it. That's the kind of a homeopath hairpin your Uncle Sam Smythe is, be gosh and likewise he golly!

Our trip to and over the Georgetown loop was a disappointment. Oh, yes, the loop was there and so were the mountains, but the day was hot, the cars stuffy and the cinders big as wheat beards. And then came that poor pretense of visiting the bowels of a mine—Silver Plume—at a charge of 25 cents each, when you walked on a level flooring about 900 feet to an engine—which was not working. The guide told us the history of the mine; and, then, we turned back again and sought the open air. It is a petty performance, but yet, thrift, thrift, Horatio.

I made a flying visit to Colorado Springs, where Dr. John E. White had insisted upon my becoming his guest with my daughter at his Nordrach Ranch for Tuberculosis patients. Dr. White—this Dr. White, not the one I shall speak of a little later—is a graduate of the Cleveland College, and, later, was in the faculty of that College with me—after finding himself invested or infested with incipient tuberculosis left Cleveland and meandered to the West, as he says, as far as the little money he had would carry him. He found himself in or near Colorado Springs and it was here the idea occurred to him, while he was thirteen months in the saddle on the mountains as chief surgeon of the road which now reaches Cripple Creek—The Colorado Southern, I believe, and noting how the high altitude and his out-of-door living agreed with him, to start a tent industry, and invite consumptives to come to him and be restored. That was some years ago. He found a place about three miles east of the town in a rising plain with a bluff behind him at a very high altitude, and here he literally pitched his first tent with a view of Colorado Springs below, the Rocky Mountains and Pike's Peak always visible. Almost from the first success attended his efforts, beyond all hope or expectation. It was an experiment. Every bit of the work in its minutest detail had to be thought out alone. He began to study the other out-door places in Europe and elsewhere and eventually perfected the present tent, which is really not a tent except that it has canvas sides and top. Everything else marks it a room, with wooden floor, with stove and bureau, and cupboard, and dresser, and a good old-fashioned bed and a substantial wooden door. The tent is octagonal and runs up into a ventilating cone, thus presenting no sharp sides to the winds. He now has forty of these tents in four tiers, one tier above the other, like the seats of a theater, and all occupied. He hopes very soon to erect a separate dining room in front of the tents. There is a large red-stone house for the Central Building of the Ranch, for the Doctor's office, kitchen, parlors, billiard room, library (well stocked), drawing room, piano, dining room, bathrooms, writing room and upper sleeping apartments. Near by he has a ten-acre farm with barns and out-houses, chicken incubators—he uses thirty dozens of eggs every day—grows lots of garden truck—this is the Doctor's farm or hobby—some fine horses and two dogs. You are most amazed, first, by the absence of anything like a hospital, iodiform or carbolic acid or other sweet and variegated smells; and, second, the absence of hollow cheeks and sunken eyes and sepulchral cough. Really I was shocked several times during my inhabitancy of one of these English haycock-like tents, because of the merry, merry laughter to be heard at all times and in the evenings, especially when the moon changes. The patients are the most marvelous of people. You would note nothing
out of the way with them except that each of him or her carries a little bronze spit-cup with a paste-board inside-box, which latter is never touched by anyone save the patient and is burned and a new one inserted. When you approach this ranch you see hammocks slung from unbranched trees, each hammock containing a patient reading or idling or sleeping the time away. Truly it is the ideal dole of the night. A large number of steamer-chairs are scattered over this shaded lawn, with people in them; so that it looks more like a house-party than a hospital. This is the design and purpose of the Doctor and his wife, his mother, Mrs. Harper, and the head nurse, Miss Lytle, all of them from Cleveland. Not a spittoon on the place. The chief motto of this model get-well-quick farm is: "Every hour spent in the house is an hour lost." I believe it to be a fine place for all those in danger of tuberculosis or those actually attacked. The results have been marvelous. Physicians of all schools are pleased with the work. Very, very little medicine; in fact, Dr. White does not profess to treat tuberculosis at all; he simply watches them and helps here and there. The chief benefit is derived from the high altitude; the equable climate, and the sleeping in tents even in winter. He showed me the names of homeopathic physicians who had sent him patients, and they number some of the most eminent in the profession. Dr. Osler, of chloroform fame, sent a niece. For this coming autumn the Doctor has been asked to send a tent to the Tuberculosis Congress in New York, all expense of freightage being borne by the Congress. A delegation from Indiana had but just departed when we arrived. The colony of tents is connected with the head nurse’s tent in their midst by electric bell. A high pole, looking like a wireless telegraph mast, standing in the center of the colony, bears these wires and also a large going which calls to meals. Six meals are served to each patient each day. Everything of the best and freshest. Milk and eggs and garden "sall" direct from the farm. If I had my wish I would like to spend a few months on this ranch every year and get rested up and ready for my Herculean labors of correcting the college methods, and Institute affairs. The weighing machine is locked and no one is allowed to have a fever thermometer. Yet twice a day each patient has the temperature taken and recorded and reported to the home physician at the end of the month. Dr. White has an excellent institution and is truly deserving the recommendation of every physician everywhere who has a tuberculous patient. Dr. Pomeroy of Cleveland, and Dr. Cheerful E. Sawyer of Marion, Ohio, were expected at the Ranch. I am sorry I could not wait to meet these old friends of mine. It would do Dewey good to stay out here for a while. On one day Dr. White drove us over the mountains that look pretty nearly all day beginning at South Cañon and ending in the Garden of the Gods. It gave us a better idea of these famous mountains than anything we had ever seen before. I think I saw some of the finest police officers here that I ever saw. They are fine specimens of the physical man, and, above all, gentlemen. In dismissing this topic for the time I want to sum up my impressions in a paragraph, namely, that North Ranch near Colorado Springs is an ideal place for consumptives.

Dr. White’s family and assistants used to live within a couple of blocks of my residence in Cleveland, so we fell into a Cleveland Company and had a delightful tune. I did not climb Pike’s Peak this time because the Upworthians had an option on the old Peak, a two dollar-and-a-half rate instead of five dollars, and the rest, residue and remainder of the tourists had to wait until these good people in a good cause had been satisfied. Then it was too late to make the tram. On our last day in this pretty place I met Dr. C. H. Myers of South Bend, Ind., who had been a reader of the American Physician a good many years. He is a fine fellow, and as he uses neither coffee, tea, liquor, nor tobacco, we refrained from asking him concerning cigarettes.

We spent another night in Denver and then away to Ogden and Salt Lake City. Some parts of the way were very dreary, though other parts were enlivened by the presence of prairie dogs and their little mounds. The trains made good time, and the sleeper was the most comfortable one we had inhabited since leaving Cleveland. When we awoke in Salt Lake City, where we had been standing something like two hours, we found the day without a cloud, the air a little warm and sultry, but not unbearable warm. We soon found ourselves in the pretty little private hotel of Dr. John T. White on State Street en face of the Eagle Gate; and a most comfortable place the Doctor and his good wife have, to be sure. This Dr. John T. White is a New York Homeopathic College graduate, and it was refreshing to hear him speak of Helmuth and Lilienthal and Dowling and Timothy Field Allen and that long list of homeopathic hosts, many of whom are now only hallowed memories. May they rest in peace! His diploma carries the names of some of the most distinguished of homeopathic professors. Dr. White is a very busy man professionally, is very popular, and has a fine private hotel. His "kueve seen" is the equal of any we have tried and tasted thus far. Every convenience in his house. Perfectly modern. My daughter and I took an alleged two hour sight-seeing trip on the trolley line which petered out into about an hour’s ride; the rest of the time being taken up in standing still, here and there, waiting for some other car to pass, or meet us, or going backwards over the line we had just come. But what was shown us was well shown and explained. And we wound up with an organ recital in the Tabernacle which was grand! I was told that the trick of that Tabernacle consists in
putting the visitor in the gallery exactly opposite the organ; then everything can be heard, even a whisper; but that if one were permitted to go downstairs and sit at the sides of the building it would be all noise and confusion. The selections were the Pilgrim's Chorus from Tamhauzer—no, not Anheuser—a medley of human voices, and the Star Spangled Banner loud enough to be heard clearly from one end to the other of two miles of street.

It is laughable, and yet somewhat curious, how the dear women stick up for Brigham Young and his visible works. I have yet to hear the first one to complain of Brigham Young or his followers—I mean of those who come here and see what he did in his span of life. He certainly built better than even he dared hope. The Gentiles, to be sure, have come in with their saloons, their gambling places, and other resorts still worse, and have given it a Christian civilization; but it is a deep and perplexing question whether the present evidences of Christianity are any better than the former Mormonism of which I saw something on my first visit here in 1870, and of which we have read a good deal. Away from here I know that the women who suffer most with suffrage, and of that other order who try to correct everything by whereabouts and resolutions and some little praying—these few women are always fighting something or other—even Reed Smoot or Smoot Reed, I don't just remember which. But let a few of these hare-brained theorists come out to this city and state and note what was done by the original Mormons and then shut up their little clappers on the evils of Mormonism. I had quite a little chat with a Mormon woman in the Z. C. M. I. store (not Zion's Collection of Mormon Idiots, but Zion's Co-operative Mercantile Institution) whose husband is at this time in Virginia proselyting for the Church. She was a very pretty young woman, and was quite distressed at the outrageous stories that were circulated in the United States concerning the Mormon Church. This central store, by the way, is the first Department Store in the United States, if not in the world. It was not a trust, because each family had an interest in it. We saw yesterday the birthplace of Mail Adams—and her name was Mail. We saw all the usual things to be seen here; the grave of Brigham Young, his several wives' residences, the Lion house, the bee-hive house, the tithing place, the original quarter where each Mormon had his little house and his patch of garden with clear wholesome water-melted snow from the Wasatch Mountains flowing by his front and back door. We also spent an afternoon at Saltair beach, a half hour's ride from the city on Salt Lake. The lake is very low at this time and the scene not inviting. It was a dirty train which carried us out and back. Formerly it was possible to take off one's shoon and sox and wade into some part of the Lake; but now, under the modern control, everything is fenced off, or in, and you do not get near the water, unless you pay the price of a bathing suit and walk along the "board-walk" about three-quarters of a mile to the water.

The Medical Journal Business.

"The medical journal business," says a contemporary, whose name develops later, "is a very prosperous one. That's what they all say. 'So many subscribers at so much per year is so much, while so many pages of advertising'—with a wise look—'for the advertising is what pays—is so much; profit, net, so much,' and there you are. The Medical Sentinel knows, because it went through the mill in making estimates, from the 'other fellow's' pages.

"In any new magazine, after you know how to estimate from sad experience, all that looks glittering is not equivalent to the gold of the realm. In fact, medical journals are, the world over, the most imposed upon of all publications. The publisher may take mineral water in exchange for an ad. (he pays the freight) and when he opens mineral water at his home, strike his friends as a perfect John D. Rockefeller from the recklessness of his corkage in these goods. He may have to explain that he's temperance and does not believe in wines, omitting to say that although he has spent $37.58 in postage, writing to liquor men all over the country trying to get an exchange ad. in alcoholics, he has had no answers.

"He may do all this, but his printer, man of many words, is a scheming and obdurate rascal, who will not take either table water or Hunyadi in payment for his bills. To the former he objects, with a cold stare in his eye, with the statement that gas always distresses his stomach, and to the latter, that he has no place to store twenty years' physic for his family. The paper man, too, although it is explained to him that some surgical table paid for by the magazine, 75 per cent. advertising and 25 per cent. cash, would be a handy thing to have in the house in case of emergency, and could always be used as a high lounge for the children, seems to be under the influence of some union, for he will have none of it.

"Then the exchange ad., and the cut rate ad., and the fellow who wants to try the periodical a few months and if he finds it valuable to become a permanent cash advertiser, and the medical college ad. and the advertising for books. The Medical Sentinel served its turn with these people, and bids them God-speed in other fields. For many years it studied its printer. Its own heart to these people is now hard. For many years, however, The Medical Sentinel has bought and paid for its paper in carload lots, yearly in advance. It now has stacked in its warehouse just such a supply recently purchased, discounted, and double discounted. Its editor, these days, though,
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A Clinic by E. H. Pratt, Chicago.

Preceding the closing of the American Institute, Dr. Pratt presented to the Association a clinic, that of a young man who had been severely burnt by a live wire, carrying 9,000 volts of electricity. The wire was down and was supposed to be dead. A friend of this patient’s stooped to pick it up and throw it away, and instantly he was wrapped in flames and was fatally injured. This young man, our patient, took hold of the other man and tried to release him from the wire. In so doing he was frightfully burned. You see here the extent of the scars. There is now nothing left save this right arm, which is still raw in parts and bleeds profusely. I have brought this patient here to show you the extent of the burns, but also to show you that a burned surface can be healed, without skin grafting, by the use of gauze saturated with Bovinine. That is all the treatment practically that this young man has received. This accident happened on the 5th of April, and I did not see him until three days later. At that time he was delirious, with very high fever. I thought it was a hopeless case. I didn’t have any hope of him when I first saw him. I took off all his dressings and put on gauze thoroughly soaked in Bovinine, prescribed internal remedies and morphine. I leave these dressings, saturate them freshly every day, give them all the Bovinine they will take up; don’t leave these dressings on too long, because they may become foul, or the granulations may spring up and grow through the gauze."

Treatment of Stricture.

J. C. Denston, of Scranton, Pa., reviews the causes and treatment of stricture. There is one method which he always adopts as a finale, no matter what method or methods he may have used on the stricture previously, and that is what he calls the massage method. A sound is inserted well into the bladder, of sufficient size to fill the urethra, without straining the membrane, and then the whole length of the urethral canal is massaged with the fingers, but with especial pressure and massage on the stricture or strictures, for often several well-defined strictures are found from meatus to sphincter of bladder.

This massage treatment about twice a week, with from ten to fifteen minutes’ s éance each treatment, will cure about 100 per cent. of all strictures if continued for a few weeks, the author claims.

Electro-therapeutics, properly applied, the author characterizes as a sure cure.

Ichthyl will dissolve the false tissue, and if applied full strength to the stricture will cure; but ichthyl attacks all membranous tissue, and even the cuticle, when applied in full strength. It must be applied directly to the pyogenuous tissue without encroaching upon healthy tissue, and then we have an absolute cure for stricture in the proper application of ichthyl.

But for the most part strictures are very difficult of permanent cure. They are often apparently cured, and for a time give no evidence of their presence, and then of a sudden they become again noticeable and require further treatment.

In giving treatment for stricture, especially when employing the massage method, he prescribes a 2- to 4-per-cent. solution of ichthyl, as an injection, twice a day, by the patient, to aid in effecting a cure.

It is not generally known, the author concludes, that ichthyl in form of ointment or otherwise, applied in proper strength, will heal abrasions, cuts, burns, and surgical stitches without leaving noticeable cicatrix, hence its usefulness in cases of stricture—leaving a smooth surface along the urethral tract.

Suppression of Urine.

BY SIMON P. SCHERER, M.D., INDIANAPOLIS, Ind.

Mrs. F. P., aged twenty-seven years. Family history: Mother died at the age of thirty-five years of typhoid fever; father, two brothers, and two sisters all living and in good health. The patient had malaria at seventeen, and had ptomaine poisoning from eating sardines at twenty-three. Aside from these she enjoyed good health until October, 1903, when at menstrual period she contracted a severe cold and another a month later. The first symptoms of her present trouble were pain in the back with scanty secretion of pale-colored urine. The pain lasted several days, and was followed by severe burning sensation in the region of the bladder. A papillary cutaneous eruption then appeared over the lateral and posterior femoral and gluteal regions and wrists, accompanied by severe itching and fever. The urine still remained scanty. After trying a number of different diuretics I resorted to aquin. The urine increased to the normal, and the eruptions, itching, and fever passed away. The men-

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strual flow was scanty for several months. She was in comparatively good health until October, 1904, when she again took a severe cold at the menstrual period, and the above symptoms were repeated. Agurin was again given, and the disease gradually disappeared with the restoration of the urine to a normal condition.

Wireless Telegrams to Moving Trains.

The Chicago & Alton R'y, have been experimenting with the American De Forest Wireless Telegraph system upon its Alton Limited trains running between Chicago and St Louis, and the tests have proved absolutely satisfactory. Wireless messages were received, at a distance of over thirty miles from the sending station, while trains were running fifty miles an hour.

The Alton has been experimenting with the wireless system for some time, realizing its importance, not only from the commercial stand-

point to passengers upon its trains, but more particularly in the matter of a safeguard against accidents.

With the completion of the “wireless” the “Alton” will have four protective systems in the operation of its trains: First, the usual telegraphic train orders; second, the station block system (the block signals being operated by hand by a corps of operators); third, the automatic electric block signal; and fourth, the wireless telegraph.

The Chicago & Alton was the first railway on which the wireless system has ever been successfully applied to the operation of a railway train, and it is a source of much gratification to the Company that its record as pioneer in all improvements of passenger train service is maintained.

Items of Interest.

—In those puzzling cases of menstrual derangement where all other known remedies fail, Aletris Cordial Rio often cures.

—Brainfag, from worry, overwork or excesses of various kinds, is quickly relieved by the use of Celerina, in teaspoonful doses three times a day.

—To remove objectionable odors where sprinkling is inadvisable a cloth, wrung out of a dilution of one (1) part of Platt’s Chlorides and ten (10) parts of water, should be placed over, or near, the offensive article or place.

—The Abbott Alkaloidal Co.’s Saline Laxative is the best of its kind and will meet the indications in more conditions, in a pleasant, efficient way, than any other. I administer it as “soda water.” A little sugar makes it pleasantly acceptable with the children. No dread as of old.—Dr. L. V. W., Texas.

—Mr. Proctor, who is always looking to the comfort of his patrons, has installed for the summer twice the number of electric fans in his 23d Street theater. In addition to this the doors leading to the side courts are kept open, and the people who may visit the theater during the warm spell will be assured not only of seeing an excellent performance, but of being kept cool and comfortable. There is also a fan on the back of each seat and a glass of cold, distilled spring water can be obtained at any time, and in fact, is passed frequently by the ushers.

—The “Liqu ozone” folks seem to be meeting with a great deal of trouble all over the country, as may be ascertained by referring to editorials and analyses bearing on the so-called “cure-all” of the 20th century which is alleged to be nothing but a concoction of oil of vitriol, sulphurous acid and dirty water. A copy of the San Francisco Police Bulletin indicates that San Francisco people have the privilege of being protected more effectively than by their Health Department.

It is regrettable that up-to-date other Boards of Health have not as yet deemed it advisable to follow the example of the San Francisco Board of Health.

—Our attention has been called to a simple but very effectual nasal douche designed by Dr. H. M. Dunlap. This little device, also the manner of using same is shown in the accompanying illustration. The douche is so constructed that as the fluid is drawn up from the tumbler as shown in the illustration, air is drawn in with the fluid, causing the latter to be broken up into drops and thrown into every part of the nasal passages, producing a sort of percussion effect with just enough force to dislodge the adherent secretions. By using an alkaline solution the mucous membrane is very effectually cleansed and prepared for the application of any desired medicament, either with applicator, sprays or nebulizer. One special advantage of a douche of this kind lies in the fact that it is absolutely impossible to introduce the fluid into the nasal cavities or pharynx under any pressure, and there is therefore absolutely no danger of injuring the middle ear. It is a particularly desirable device to place in the hands of patients for home treatments. In this way the nasal passages can be kept in an aseptic condition by frequently repeated applications.
buys mineral water in small lots, paying cash therefor.”

A Japanese Medical Peer.

Professor Kanetaro Takaki, Retired Surgeon-General of the Imperial Japanese Navy, Director of the Tokyo Charity Hospital Medical College, and Member of the House of Peers, has lately been raised to the rank of Baron by the Emperor of Japan. Baron Takaki has had a distinguished career. In 1872 he entered the Japanese Navy as a surgeon, and two years later was promoted to the rank of Staff Surgeon. In 1875 he was sent to England by the Government, and after studying at St. Thomas's Hospital he became a Licentiate of the Royal College of Physicians of London in 1878, and a Fellow of the Royal College of Surgeons of England in 1880. On returning to Japan in that year he was forthwith promoted to the rank of Deputy-Inspector-General; a few months later he was appointed Director-General. At that time the Japanese Navy suffered much from kak’ke, which was accountable for three-fourths of the total number of cases of sickness. After careful study of the question, Baron Takaki came to the conclusion that the cause of the disease must lie in the improper proportions of carbon and nitrogen in the food of the men, and he set about securing for them an improved dietary. He met with the opposition that inevitably stands in the way of the reformer, but his efforts were finally successful. A revised scale of diet drawn up by him was introduced into the navy. It came into force in 1884, and the results were soon manifest. Whereas before 1884 about one-third of the total force was invalided by kak’ke, after the issue of the new regulations as to diet, the proportion fell to one-sixty-third, or even less. In a few years the disease practically disappeared from the sickness returns.

In an address delivered at the first English meeting of the Tokyo Students' Association, which is published in the Sci-l-Kwai medical journal of May 31st, Dr. Louis Livingston Seaman states that there has not been a single case of the disease in the navy during the war. On the other hand, the army, in which the diet was not changed so completely as in the navy, suffered from it last winter. In recognition of Professor's Takaki's services, the Mikado conferred on him the Second Order of Merit, while the Empress gave him a silver flower vase and crape. At the end of 1886 he was promoted to the rank of Surgeon-General. In 1892 he retired from the active list, and was named a member of the House of Peers. He continued to discharge the duties of a member of the staff of the Tokyo Hospital and to teach in the Tokyo Charity Hospital Medical College. The latest and greatest mark of honor bestowed upon him by his Sovereign has been received with approval by the Japanese profession. We venture to join our congratulations to those of his fellow-countrymen and to wish Baron Takaki continued prosperity and length of days to enjoy his well-deserved dignity.

Book Reviews.


Although this work was written, as the author states, primarily for nurses, yet from our interesting examination of it we firmly believe that medical students will find in it much of value, since the duties of a nurse often devolve upon him in the early years of his obstetric practice. There are really two subjects considered—obstetrics for nurses and the actual obstetric nursing—and Dr. De Lee has combined them so that the relations of one to the other are natural and mutually helpful, presenting this important branch of medicine in a clear and interesting form. The illustrations have not been borrowed from other works, as is too frequently the case, but have been made expressly for this book. The photographs were taken by the author from actual scenes, and are true to life in every respect. The text is the outgrowth of eight years' experience in lecturing to the nurses of five different training schools.

Globules.

—On trial for assault and battery, a medical witness testified that on examining the prosecutor he found him "suffering from a severe contusion of the integuments under the left orbit, with great extravasation of blood and ecchymosis in the surrounding cellular tissue, which was in a tumeled state; there was also considerable abrasion of the cuticle." Judge: "You mean, I suppose, that the man had a black eye?" "Yes, Judge." "Then, why not say so at once?"

—Dr. J. B. S. King, Chicago, Secretary, writes that The International Hahnemannian Association convened for its twenty-sixth annual session June 22, 23, and 24, in Chicago, and that the following bureaus were presented, occupying the entire three days: Homeopathic Philosophy, Dr. G. P. Waring, Chicago; Clinical Medicine, Dr. C. E. Alliaume, Utica, N. Y.; Materia Medica, Dr. Frank Patch, South Framingham, Mass.; Surgery, Dr. M. E. Graham, Rochester, N. Y.; Obstetrics, Dr. H. L. Houghton, Boston.

Thirty-seven new members were added to the list.

A banquet was given on the evening of the second day, the purpose being to celebrate the
twenty-fifth anniversary of the organization of the society and also the one hundred and fiftieth anniversary of the birth of Hahnemann. The table was set for seventy plates; appropriate toasts were given and responded to. The officers for the coming year are as follows: President, Dr. Stuart Close, Brooklyn; Secretary, Dr. J. B. S. King, Chicago; Treasurer, Dr. P. E. Krichbaum, Upper Montclair, N. J.; Necrologist, B. Le Baylies, M. D., Brooklyn; Corresponding Secretary, T. P. R. Roberts, Chicago. The Board of Censors was filled as follows: Drs. Julia C. Loos, C. M. Boger, L. A. L. Day, Fredrica Gladwin, and A. B. Campbell.


The place of the next meeting is Cleveland, Ohio.

—Owing to a strike in the printing office our August issue was held up for weeks. Our apologies are due and herewith tendered to our readers for the shameful (shameless) proofreading of that issue. Both editor and publisher were visiting the Pacific Coast and the proofreader seems to have been off, too.

—I think that all of us laymen, men and women, have a peculiar appreciation of what a doctor means, for I do not suppose there is one of us who does not feel that the family doctor stands in a position of close intimacy, in a position of obligation under which one is happy to rest to an extent that hardly anyone else can stand, and those of us—I think most of us—who are fortunate enough to have a family doctor who is a beloved and intimate friend, realize that there can be few closer ties of intimacy and affection in the world.—President Roosevelt.

—in England they know little about extrauterine pregnancy. Most of us read about the condition of Lady Curzon. We, five thousand miles away, simply from the meager telegraphic dispatches have no trouble in making a diagnosis of extrauterine pregnancy in her case. It seems that our professional friends over there took ten days before they found this out, and finally, becoming septic, they operated on her, and a week later had to operate again, because she was in a bad condition. If she had been in Detroit, some one of us would have operated inside of five hours.—Dr. J. Henry Carstens.

—There is in the practice of medicine, in the highest sense, much more than pills and potions, more even than the wisest physical therapeutics. The practitioner will find much to learn in the transcendental laboratories of Nature; to him more than to any other, nothing human must be foreign. It often falls within his province to treat the spiritual or mental condition of his patient. But he must not on that account neglect the humbler, but equally essential, part of his art. If in trying to influence the soul he forgets to treat the body, he will find himself in the position of the astronomer who, in gazing at the sky, fell into a ditch.

—Applied anatomy. "Gentlemen”—said the anatomist—"we have occupied ourselves sufficiently with the external form and structure of the stomach, let us now pass to its interior."

—Many of us were fed in our youth with the proverb, "Early to bed and early to rise." With blinking eyes and cobwebbed brains, we tumbled out of bed, and tried to study. Some persons can, or believe they can, think best, write best, work best in the early hours "when the zephyrs and the heifers their odoriferous breaths compare. Let such persons wrap themselves in their own virtue and not boast thereof. There is no especial virtue or merit in going to bed or getting out of bed early. Probably most of the enduring and indispensable intellectual achievement of the race is that of men who, "while their companions slept, were toiling upward in the night." The dense and the full fed are soonest asleep. If "burning the midnight oil" means too large a contribution to Mr. Rockfeller's "wad," use gas or electricity.

—I wish to advise against the universal custom of giving whisky to everyone suddenly sick or injured. Whisky is decidedly contra-indicated in all head injuries. It is of value in extreme weakness or shock from injury, but even then in small quantities. An emergency surgeon frequently finds the patient to whom he is called, intoxicated by the administration of whisky by kindly disposed but indiscreet friends; and in many others, especially females, their distress increased. Cold water or hot coffee, as the indications demand, used by the laity, and with the additional use of the aromatic spirits of ammonia by the physician, will suffice for most such emergencies.—E. E. Wible, M. D.

—The nineteenth and final yearly clinical and didactic course in Orificial Surgery will be held at Herron Medical College (formerly Chicago Homeopathic), corner of Wood and York Sts., Chicago, beginning Monday morning, September 25th.

The course will be free to all those who have attended any of the previous classes. For particulars, address Dr. E. H. Pratt, Suite 1202, 100 State St., Chicago.

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. CHATTERTON & CO., Publishers.
D. C. KLINE, M. D.,
Obstetrician and Gynecologist to Homeopathic Medical
and Surgical Hospital and Visiting Physician to
Home for Friendless Children,
READING, PA.

ALMOST THOU PERSUADEST ME.

A LUCID statement appears in one of our
old-school exchanges concerning the value
of a school of medicine which is trying to have
itself amalgamated with the State University of
Illinois when one of its chiefest professors—J. T.
Kent, in fact—issues such absurd drivel as this
correspondent in this old-school journal finds to
have been issued with Kent's sanction. Then he
quotes a few paragraphs from Kent's lecture on
Ferrum Arsenicum.

* * *

THE peculiarity of this faultfinder is that he
is so woefully innocent: he has suddenly
discovered what no one else has ever seen before;
he has taken a dozen more or less paragraphs out
of a book of symptomatology and by that con-
demned, as he believes, the whole system of
Homeopathy and each and every of its 15,000
practitioners and its hospitals and numberless
patients. Really this is so sudden! He doesn't
seem to know the first element of law, namely,
that when part of a paper is quoted the other side
is entitled to the whole paper. Otherwise the
devil could quote Scripture and most successfully
prove his points.

* * *

WE marvel, further, at the consideration
shown by this old-school correspondent in
dealing with Kent's lecture. Just think how
much more he could have said to stir the risi-
bilities of his old-school readers and so forever
blast Kent and all others like unto him! Think
what a new and refreshing item it would have
been had he injected into the belly of his com-
plaint that laughable simile of a drop of medi-
cine dropped into the waters at the head of the
Mississippi River, and then taken a tea-spoonful of
this dangerously adulterated river water at New
Orleans and given it as a powerful medicine!

* * *

AND, then, the potency question! Why, really,
we ought to vote this critic a regular Buster
Brown series of Resolutions of thanks, for
being so kind, and so lenient, and so gentle, and
all-the-other-soit-things, for not telling all he
knew about us and our foolish system. For if
he had laid himself out to do us harm, by tell-
ing the full and unvarnished truth about homeo-
pathy, the great American Institute would have
disbanded, the colleges would have amalgamated
with each other (to strengthen the remaining
few), ultimately becoming a chair or two in the
State University; Ward's homeopathic hospital in
San Francisco would have had to stop its up-
building, or be changed into a home for feeble-
minded ex-homeopaths. Unhappily, this critic
signs himself as "Observer," and so removes
from us and our school of medicine the possibil-
ity of sending him a properly inscribed and il-
luminated series of Resolutions for his wonderful
discovery, kindness, and mercy.
Materia Medica Miscellany.

Conducted by J. Wilford Allen, M. D., Adjunct Professor of Materia Medica and Practice in N. Y. Homeopathic Medical College and Hospital.

References in this department are made by number. (See issues of January or December each year.)

Nocturnal Enuresis.

In spite of the stubbornness of this ailment, excellent results may be obtained through homeopathic remedies.

Sulphur is designated by Dr. Jahr as the most reliable remedy. He has seen so many happy results from it that he commenced every such case with sulphur except where some pronounced symptoms called for another medicine.

Cina is to be selected when the ailment is caused and continued by worms and the irritation thence resulting; where children are anemic, pale, and excitable, keep barking in the nose and have a restless sleep.

Causticum is indicated when the wetting of the bed comes during the first sleep and is due to a certain weakness and relaxation of the sphincter of the bladder, so that the child is apt to discharge some urine also during the day when coughing or sneezing.

Equisetum is mostly used in the tincture and is especially suitable in cases where there is catarrh of the bladder with frequent discharge of urine attended with tenesmus. The whole region of the bladder is unusually sensitive to touch and pressure.

Belladonna in the form of atropin is a favorite allopathic remedy in nocturnal enuresis. From the homeopathic viewpoint it is especially suitable for children who are very excitable, have a restless sleep and often start up and scream in their sleep.

Ferrum phosphor, is best suited with anemic, weak children, who complain much of headache, catch a cold with every draught of air and are constantly afflicted with nocturnal enuresis.

Pulsatilla is useful with sensitive little girls who have trouble during the daytime keeping back their urine.

Calcarea carb. is an old and approved constitutional remedy, useful with bloated children and such as are inclined to rickets, and have distended abdomen and perspiration on the occiput.

Three Kalis.

Dr. Shedd translating from La Propagandu Horn., Mexico, says:

Kali muriaticum (diphtheria, croup, catarrh, glandular inflammation, deafness), used for the sequelae of inflammation, exudation, infiltration, especially if of a fibrinous nature, located on serious membranes, or if the exudate be plastic in character. It is well adapted to the last stages of catarrhal affections. The most characteristics symptom is the white, thick, plastic exudate from mucosa; the white or gray base of the tongue. Its efficacy has been proved in catarrhs, croup, diphtheria, dysentery, pulmonary troubles. It may be alternated with ferrum phosphoricum in cough, deafness, Eustachian catarrh, eruptions of little vesicles with yellowish contents; ulcerations with swollen edges and white or gray secretions; leucorrhea or gonorrhea with the characteristic discharge. The symptoms are worse by motion; and when the stomach is affected, worse by fats, pastries, etc.

Kali phosphoricum (neurasthenic conditions). Nervous conditions known as neurasthenia, cerebral prostration, exhaustion, are alleviated and cured by this substance. The results of loss of mental vigor, depression, insanity, mania, paralysis, hemiplegia, are obliterated, especially if there be present a certain decomposition or disintegration of the blood. It is curative in septic hemorrhage, in scurvy, gangrene, stomatitis, uterine fever, incontinence of urine, epistaxis, vertigo, insomnia. The tongue has a mustard-like coating. Many symptoms are worse by noise, by sitting or lying, by mental or physical labor. The pains are worse in the open air; better by slow motion, by eating, by whatever relieves the mind of unusual exertion and tends to the re-establishment of nerve energy.

Kali sulphuricum (leucorrhea, diarrhea, skin affections, rheumatism, ulcers). The chief indication for this salt is the yellow, frothy coating of the tongue. All the excrescences and secretions are thin, watery, frothy. It is used in bronchitis with watery, frothy expectoration; in dermal affections with yellowish, sticky exudations and desquamation; in pertussis, enuresis, rheumatism, leucorrhoea; scarlatina in the desquamation; deafness, psoriasis, intestinal or gastric catarrh with the keynote tongue. All symptoms are worse in a warm room and towards evening; better in the cold open air.

Eye Symptoms of Ammonium Muriaticum.

This drug according to Horn. has the sensation of a hammering or pushing over the margin of right orbit. Lacerating in the upper border of the right eye, in the external canthus of the eye, in the eyeball. Burning of the eyes, especially of the canthus after rising, with intolerance of light. The eyes burn at night with profuse lachrymation. Eyes gum together in the morning with twitching of the lids of the eyes. Lachrymation soon after rising, redness of the whites of the eye and itching. Small vesicles on the whites of the eyes. Mist before the eyes, worse in the open air. Yellow spots before the eyes when reading or looking into the open. Optical illusions in dark colors, flying spots and points before the eyes, muscle volitantes during day and by artificial light; eyes look dull and have a peculiar glassy or watery shine, even eyes are yellow; useful in capsular cataract. The remedy
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best suited to people who are fat and sluggish, or if you see a person with a fat body and thin legs always think of amnma, mur.

_The Phytolacca Throat._

The Clark phytolacca membrane is of a dark red color; throat is dry. On swallowing, exacerbating pain runs through both ears. C. C. Smith, many years ago, said that this drug stood “between bryonia and rhus tox., and cures when these fail, when apparently indicated.” Its pathogenesis shows many marked throat symptoms that should draw our attention to it not only in tonsillitis but also in diphtheritis, post-nasal catarrh, and all other conditions of tonsil, pharynx, and posterior nares. Allen says: “The general indications for this drug in sore throat are the rawness and roughness internally, with stiffness of the muscles externally, associated with backache, headache, vertigo, etc.; the right side is most apt to be affected. It has even been found useful in some cases of diphtheria, involving both sides of the throat, with a heavily-furred thickened tongue, which may be fiery at the tip; great prostration, aching in the limbs, the throat internally is generally purple and there is aggravation from hot drinks.”

_Some Pointers on Calcarea Fluorica._

Dr. James T. Kent gives the following:

Pain, ulceration, and granulation of the throat, worse from cold, and better from warm drinks.

Pain worse at night. Large indurated tonsils will be cured after baryta-carb has failed.

Pain in the liver at night, worse lying on the painful side, better from motion. Cutting pains in the liver, better walking.

Diarrhea in gouty subjects. Itching of anus and hemorrhoids, painful, hard, and bleeding.

Copious watery urine. Strong smelling urine.

Urine causes smarting when passing.

Indurated testes. Nodular testes.

Hard nodules in the mamma.

Dryness and tickling in the larynx. Desire to clear the vocal cords. Hoarseness after reading aloud. Hacking cough after eating, and in cold air, from tickling in the larynx. Spasmodic cough.

It cured an exostosis at the angle of the eighth rib.

It cured a lumbago, worse during rest, and better from heat, after rhus had failed.

Indurated cervical glands.

Vivid dreams, and unrefreshing sleep. Jumps out of bed in a dream.

It is similar to silica in suppuration.

_Zincum Valeriatricum._

Blackwood. This remedy is indicated in nervous, hysterical subjects, who are suffering from insomnia, neuralgia, or sexual excitement.

It should be remembered in nervous and neuralgic headaches when the pain is so intense, piercing and stabbing in character that she appears insane, screams and pulls her hair. They are so severe that they have injured her health. She is pale, cadaverous, and the mind is deranged.

It is of service in insomnia when there is pain in the head, particularly in children. They awaken frequently at night, are drowsy, have a pale face and tired expression of the countenance. In other cases the insomnia is dependent upon worry, nervousness, unrest, or grief from the loss of a friend. In the insomnia of typhoid fever it may be of service also for the insomnia and nervous excitement that attends the withdrawal of morphine or other drugs.

It is frequently of service in controlling sexual excitement in both sexes and the sexual erethism that follows the abuse of the sexual function.

It should be remembered in facial neuralgia, sciatic neuralgia, and ovariangia, in cases of pure neurosis. The pains shoot down the limbs to the feet.

It should be studied in spinal neuralgia and in the sequelae of cerebro-spinal meningitis. There are severe pains in the neck and spine, the patient is of the neurotic type.

_The Lachesis Head._

In an excellent paper on this drug Dr. M. E. Douglass gives the following head symptoms:

Sticking, extending into eyes. Aching, with nausea, extending into nose, extending into root of nose; dizzy with flickering before eyes. With rush of blood, with heat in head.

Vertigo in morning on waking, worse closing eyes. Pain above eyes extending to root of nose (ignatia); throbbing above right eye, with nausea, bad taste and heartburn; as it swollen in angle in front of styloid process, worse on pressure. Sticking in vertex, with boring. Pain in right side extending to neck and shoulders, with tension in muscles. Numbness on left side in evening and morning, with crawling. Leaden heaviness in occiput in morning on waking; can hardly raise it, with vertigo. Sensitiveness in temple from vertex down, and in left half of face on touch or moving muscles, as in laughing, chewing, etc.; a sensation as if sunburnt. We find lachesis of benefit when we have headache always worse rising in morning. Neuralgic headaches which concentrate at the root of the nose or extend into the face and eyes, or even to shoulders. Meningitis, pain in vertex, spreading over the whole head. Terrible neuralgic headaches, with tearing worse left side, better warm applications. Headaches from exposure to cold (gloaming). Chronic neuralgic headaches, always worse right side, pulsating, extending into neck, which became stiff and swollen. Neuralgic headaches starting in vertex and spreading over the head. Threatening apoplexy, especially in drunkards.
Aconitum Napellus-Aconite.

By Gaius J. Jones, M. D.,
Dean Cleveland Homeopathic Medical College.

To write an article on aconite may seem to you like writing a dissertation upon the alphabet or the Ten Commandments. The leading tendency of the medical profession, which is no doubt quite commendable, is to reach out for something new—some new fad or fancy, some remedy which has been lauded to the skies by a man of limited experience, perhaps a remedy which has only one case, or at most a half dozen cases to recommend it. But is this the better way? Had we not better use those things which have been thoroughly proven and hold fast to them because they are good? Diseases do not change. The pathogenesis of a drug is the same to-day as it ever was, and the symptoms which were carefully collected fifty or a hundred years ago for our works on materia medica are as reliable to-day as they were at that time. No doubt much has been gleaned from the study of the newer remedies, and especially was this true after the advent into the homeopathic profession of a large number of our Eclectic brethren, who brought with them the remedies which they had used, and which have proven to be among the best remedies which we prescribe to-day.

Here is a remedy which is at the head of the list, a remedy which has been prescribed probably more than any other remedy in the homeopathic materia medica, one which has doubtless relieved more cases than any other remedy in that list. It was my good fortune when a student to read, or rather commit to memory, almost, a work on materia medica written by Charles Julius Hempel. This work was published in the ’60’s and a third edition revised by Dr. H. R. Arndt, published in 1880. Dr. Hempel devoted 84 pages of his book to this remedy. He gave a history of twelve cases of poisoning, most of them resulting in death, a post-mortem being held in three cases. The first case was that of a boy who ate some of the leaves instead of parsley. Two hours afterward he complained of a burning sensation in the mouth, throat, and stomach, followed by swooning and death. The post-mortem showed that the cerebral vessels were enormously distended with dark-colored blood. A deep inflammatory blush extended over the whole mucous surface of the stomach, with dark-colored patches.

The second case was that of a young man who ate the leaves of aconite by mistake. Two minutes after eating the leaves the patient experienced burning heat in the mouth, throat, esophagus, and stomach, a sensation of swelling of the face, a general feeling of numbness and creeping feeling of the skin, restlessness, dimness of sight, stupor, insensibility and death. In a record of ten cases Dr. Hempel states that the symptoms showed that a most violent congestion of the brain had taken place and death may have resulted from this cause. The second case indicated that aconite has a powerful effect upon the cerebral and sympathetic system of nerves, and through it upon the the capillary vessels. One of the most characteristic effects of aconite is to cause a burning sensation in the mouth, throat, and stomach.

His fifth case was that of a criminal who took one drachm of aconite (the stem, leaves, blossom, and seeds of the plant) and three hours afterward noticed prostration, cold sweat on the forehead, pulse almost imperceptible; his eyes became distorted, and his mouth was drawn to one side; the nape of the neck was stiff. He fainted and would have fallen unless held. After consciousness returned he was put in bed; complained of chilliness; he became speechless, and died, after his face had become blue, as if he had been strangled.

The prominent characteristic symptom in all the cases reported was feebleness of pulse and coldness of extremities, and general collapse which, in most cases resulted in death, but in those who recovered it gradually disappeared and instead we had a rapid pulse with intense heat and tumultuous action of the heart. It is for the latter class of symptoms that we prescribe aconite most frequently, and in doing so we must consider what effect large doses of aconite are capable of producing. In the cases of poisoning the prostrating effect was noted almost immediately and then the sensation of burning in the throat which all of us probably have experienced when in some way a little aconite was dropped upon the tongue. If we are to prescribe this remedy for such symptoms, must we not be exceedingly careful that we do not get over the line and give more than would be beneficial and produce evil instead of a good effect?

I dare say the most of you have observed the evil effect of the use of the tincture of aconite
given in what are considered by many, small doses. I have seen a case of endocarditis in a young girl very much aggravated by the tincture, given ten drops in four ounces of water, teaspoonful doses. The symptoms disappeared within a few hours after the remedy was discontinued. This rule applies to all remedies, but perhaps more to this remedy than many others. The prescribing of homeopathic remedies, or remedies according to the homeopathic law, in doses such as are usually given by our allopathic brethren is exceedingly poor practice. It would be far better to discard the homeopathic law entirely and prescribe in the routine method of the dominant school, for then we would not be as liable to get the aggravation which is sure to come if large doses of the indicated remedy are given.

I would scarcely know how to practice medicine without aconite. It is first in my case and first in my thoughts while I am treating acute diseases. If I know anything at all about medicine or the effects of remedies, I know that I have cured hundreds of cases with this remedy that probably would not have recovered without it. Many a case of croup which I have been called to see, in which the child had the usual cough and fever with all its accompaniments, I have relieved in a few hours by giving not lower than the 3d attenuation. Scores of cases of acute bronchitis in which when I visited them, they had high fever and rapid pulse, with restlessness and fear of death which is so characteristic of this drug, and dry cough, or if there was any sputum at all it was a little thin mucus streaked with blood,—cases of this kind have generally been relieved in twenty-four or forty-eight hours. So in cases of pneumonia where I have found a crepitant râle and fever, the patient having had previously a severe chill and dry cough, and perhaps a little light colored blood was raised, and sharp pain in the chest—scores of cases presenting these symptoms have I relieved by the administration of this remedy. In cerebral meningitis frequently, and even in spinal meningitis, I have seen quite prompt effects from the administration of aconite, where we had the symptoms, some of which have been published in the works on materia medica which are characteristic of this disease and also pathogenetic of the drug. In acute articular rheumatism in the first stage I have seen many a case relieved.

I object to the administration of aconite simply because there is fever. While it is indicated perhaps more frequently than any other remedy in fever, there are some cases of fever and of inflammation in which some other remedy would excel. Take a case of cerebral congestion which, unchecked, would go on through all the stages of inflammation; if there is the flushed face, but instead of the restlessness of aconite there is the stupor of belladonna, then the latter remedy will relieve much more promptly. This applies not only to meningitis but to other cases of fever as well. I very frequently have been called to see a case where aconite had been administered by some other member of the family without much relief and I have found the child dull and listless, although the temperature would be perhaps 103-104 and the pulse correspondingly rapid. Or when the child is in a semi-conscious condition, requiring to be aroused to take his medicine, I have found relief within a very few hours after the administration of belladonna, but where there has been much stupor I have not as a rule found benefit from the continued use of aconite.

Gelsemium is a remedy of great value, much more indicated in typhoid and malarial fevers than aconite or belladonna. It is one of the chief remedies too, in spinal meningitis, but would be entirely out of place in a case of bronchitis or pneumonia. You must not, however, be guided altogether by the pathological, or supposed pathological condition, but by the symptoms, which should be the chief guide in the selection of the remedy from the class indicated by the presumed pathological state. I object to the alternate giving of aconite with some other remedy. If the patient is beyond the aconite stage in a case of pneumonia or any other disease, then it would be utterly useless to continue it with the remedy which is most prominently indicated. Take bryonia—the mental state of bryonia is entirely different from that of aconite. The aconite patient is restless, tossing about and presents the appearance of great fear, while the case of bryonia lies still, hates to be disturbed and resents it if he is disturbed. Every symptom is aggravated by motion; the skin is soft and inclined to perspiration, while in the aconite case it is rarely that we get any perspiration, except in those cases which are suffering as from aconite poisoning—then we have the cold perspiration which characterizes collapse.

To be more explicit, I will report two recent cases, one that of a lady in childbed, confinement
having taken place some five days before. There had been no elevation of temperature and the case had progressed as favorably as possible. During an exceedingly warm night the window of her room was left open and before morning, the weather having changed in the meantime, she was taken with a severe chill. When I saw her in the early part of the forenoon she had a temperature of 104 and was exceedingly restless, the pulse being full and rapid. I prescribed the 3d attenuation of aconite—10 minims in four ounces of water, two teaspoonsfuls every half hour. During the next few hours she broke out into profuse perspiration and in less than twelve hours the fever had subsided, and the other symptoms as well, and there was no return of them.

You ask—how do I know that aconite relieved this case? This is the question which the "doubting Thomas" always asks. In fact, how do we know that any remedy relieves? We prescribe according to a certain law and the symptoms subside. That is all that we can expect, and if we do this with the same result in scores and possibly hundreds of cases, what more can we ask? It is proven as much as anything can be proven in medicine.

Another case—a boy 5 years old, subject to croup, was taken after being out in the damp snow. Shortly after retiring he was taken with a violent, hoarse, croupy cough, and when I saw him he had a temperature of 103 and respirations were frequent and difficult. He had paroxysms of dyspnea, in which he sat up, preferring that on account of the greater comfort in breathing,—the usual symptoms, in other words, of a case of croup. Aconite was prescribed every half-hour and in a few hours, before I left the house, the respirations were less frequent, the cough had diminished, and the child was resting much better between the paroxysms. The next morning the fever had subsided and there was no return of it, and no other remedy was given.

It was my custom in former years, when I practiced in the country, to give to families who lived a long distance from my office and who had croupy children, aconite and spongia. Aconite was marked No. 1 and spongia No. 2. Directions were given that when a child took cold and had fever, or when they suspected it had taken cold—then they were to give aconite in the usual way, and if whether proved to be a case of croup or not to continue the use of aconite until the fever subsided. After that, if there still remained the hoarse, croupy cough, aggravated during the first part of the night, spongia was to be substituted. These two vials were kept in the house constantly in many families and it was not often that they found it necessary to give any of the second remedy.

I could write much more in regard to the valuable uses of this remedy and the variety of diseases in which it has proven beneficial, but I understand that my time is limited, and I will leave the subject, trusting that these few words may prove of value to the members of this Association.

* * *

**Quinine in Gynecology.**

**BY C. E. WALTON, M. D., CINCINNATI.**

It is to be noted that the Chairman of the Materia Medica Bureau has in his programme quinine in everything, but that in which it is most frequently found, namely, whisky. The omission of this subject leaves a doubt in my mind as to whether it was owing to his dread of quinine or his love of whisky. Certain it is that I could have written as intelligently upon this subject as upon quinine in gynecology for I have never used it in either. I have never seen any whisky that I thought would be improved by quinine, though the ear-buzzing properties of the latter might augment that of the former.

Personally I have never resorted to this subterfuge in order to obtain a "square drink." I have never seen any gynecology that I thought would be improved by quinine. Uterine aegre is not one of the classified diseases recognized among the "female complaints" of southern Ohio.

As an "antiperiodic" we would hardly think of its use in America.

As an "antipyretic" we would not advise its use in nymphomania.

As an "antineuralgic" we would not give it in dysmenorrhea.

These are the three "anti's" of quinine; but gynecology claims no kinship with them, nice old dames though they be.

As homeopaths we think china but not quinine, and even then not for gynecological diseases per se, but for the conditions produced by them. For the result of hemorrhages we think china when we do not think phosphoric acid; for flatulence or tympanitis we think china when we do not think carbo veg., or lycopodium, or terebinth;

* Homeopathic Medical Society of Ohio, 1905.
for indigestion we think china when we do not think bryonia or nux vomica or anacardium, or a few other remedies.

But thinking china is not thinking quinine, and thinking quinine is not thinking china. As I am at the present moment thinking china I am not thinking quinine; and if I am not thinking quinine I am out of touch with the present Bureau of Materia Medica.

If you think as I think, why not better think our thoughts in some better direction? If you do not think as I think then think your thoughts out loud and let us hear what you do think?

**Tonsilitis—Actea Racemosa.**

**BY CHAS. B. GILBERT, M. D., WASHINGTON, D. C.**

A lady of 28 years, tall, thin, and dark; unmarried; has been subject to tonsilitis since childhood and has had "at least fifty attacks all ending in suppuration:" last year had an attack on the left side which discharged a great quantity of pus and blood; was called to see her Aug. 17, 1905, and found her unable to open the mouth sufficiently to see the right tonsil; the pain was sharp and sticking and accompanying it was what was not at all a necessary accompaniment of the tonsilitis and therefore peculiar to the patient—a severe pain from the seventh cervical vertebra up to the top of the head and back of the eyes; this was constant and had come on with this attack; this symptom is not infrequent in connection with uterine symptoms but the drug is not mentioned by any authority for tonsilitis, yet the exhibition of the remedy was promptly followed by relief of the pain and swelling, and for the first time in her life, the tonsil did not gather and break; so much for prescribing for the patient instead of the disease.

In connection with this case the relation of the tonsils to the sexual system is called to mind.

Washington, D. C.

**Adrenalin in a Case of Actero-Sclerosis and Emphysema.**

**BY PIERRE JOUSSET, M. D.**

A. X., aged 60, was admitted into the hospital in September. He complained of having suffered for seven months from severe asthmatic attacks which prevented his working. He had been in another hospital for five months; the crises were there treated by hypodermic injections of morphia, two or three daily, but as the relief afforded was practically nil he returned home.

Concerning hereditary and personal antecedents there was nothing specially interesting to note, and the patient could not remember that he had ever had a day's ill-health until the present illness came on. A blacksmith by trade, he had led a very regular life, and drank but little. For several years he had noticed that he got easily out of breath.

On inspecting the thorax it was found to be barrel-shaped, and on percussion the resonance was exaggerated. On auscultation inspiration was found somewhat spasmodic, and expiration prolonged and whistling; in both lungs were numerous dry and sibilant râles.

The arteries were hard, like pipe-stems; the temporal arteries strongly marked and very tortuous. The pulse was strong, hard, and rather rapid. The heart was difficult to auscultate; the apex beat in the sixth intercostal space; no souffle was heard on auscultation, but the second aortic sound had rather a metallic timbre.

The appetite had always remained excellent; digestion good and bowels regular. Liver slightly lower than usual, but it did not appear enlarged.

The urine was fairly abundant: about 1500 grams in 24 hours; specific gravity 1010; contained traces of albumin, and urea 10.08 grams per liter. Under the microscope granular casts and epithelial matter were seen. There was therefore renal insufficiency and chronic nephritis. This insufficiency was accentuated when there was oliguria. There was no difficulty in passing water.

The patient was weak and very much depressed; he walked with the head thrust forward and the neck between the shoulders. His tint was pale and his eyes sunken. He could not rest in bed, passing whole nights in an easy chair, and sleeping barely for one hour out of the twenty-four.

The crises were numerous and very intense. They lasted from two to three hours, and terminated with abundant mucous expectoration.

Sambucus f was first prescribed, but failed to give relief; the crises were just as violent, and although wishing to discontinue the use of morphia, we were obliged to give one injection a day as this alone calmed the patient. The classical remedy for asthma, ipecacuanha, gave no result.
whatever, and the same may be said of arsen. alb. Whilst these were being tried the quantity of urine fell to 700 grams, and the lower extremities became slightly edematous. Cantharis 3x, coupled with a half-milky diet and the discontinuance of meat, soon increased the quantity of urine, but the asthmatic attacks were just as violent as ever. Kali iodatum gave no amelioration. Causticum 6 was now tried, and acted from the first day: the crises became less violent and then less numerous; little by little the patient became able to enjoy some hours of sleep stretched on his bed. The urine increased to 2 liters per day. This drug was continued for about three weeks, when the effect slowly diminished and then ceased; the crises returned but were less violent.

Adrenalin, 2d centesimal trit. (0.05 grams daily) was now prescribed, and the crises ceased, and general amelioration was very manifest, the urine rising to 2 or even 2 1/2 liters daily. At the end of a fortnight this drug in turn had lost its effect, and the crises returned very violently. The urine diminished, the edema of the legs showed itself again and became very marked; the patient no longer slept at night, and the crises were very violent. Cantharis 6 caused rapid increase in quantity of urine and diminution of edema, and the crises were slightly milder.

Adrenalin 2 was then tried afresh, and gave sensible relief which again lasted for a fortnight; the third centesimal trit. was without apparent effect, for the crises under its use became very violent, edema increased, and quantity of urine fell to 1200 grams. Cantharis even when coupled with a milky diet was now powerless. Causticum 12 was given for two days, but acted very feebly. We then returned to adrenalin, this time in the sixth centesimal dilution, and the effect was remarkable. The crises disappeared completely, the patient slept for the whole night, except for a very slight attack between 12 and 1. This good effect continued for about a fortnight, and then once more it failed to relieve. Sambucus Φ m x daily was now given, and although it failed previously it now acted very well, and this action has continued up to the present.

At the present time the patient in no way resembles the depressed creature who could scarce drag himself along when he entered the hospital. He now walks during a great part of the day, and has resumed his normal aspect.

These observations give rise to some interest-
Aurum Muriaticum.

BY M. E. DOUGLASS, M. D., BALTIMORE, MD.

Physiological Action.—Muriate of gold acts similarly to corrosive sublimate, except that it does not irritate the salivary glands as powerfully as the bichloride of mercury. Taken to the extent of one-tenth of a grain daily, it has occasioned violent fever. This fever, if restrained within proper limits, is not accompanied with any remarkable or even sensible lesion of the functions. The mouth is good, the tongue moist, the appetite continues, the bowels are not disordered, and there is ordinarily only augmentation of urine and transpiration; but, if carried too far, we incur the risk of producing general erythema, inflammation of this or that organ, according to the predisposition of the patient, which will not only check the treatment, but may even induce a new disease often more troublesome than the original one.

One-fifteenth of a grain has occasioned gastric irritation, dryness of the tongue, redness of the throat, colic, and diarrhea.

It has caused gastritis, accompanied by cramps and pains in the limbs, agitation, loss of sleep, and afterward great heat of the skin, obstinate sleeplessness and exhausting erections. These effects may occur as elements of a group of mercurial and syphilitic poisoning. As an antidote to mercury, mercurial stomatitis, ptyalism, ulcers, this agent deserves our highest regard.

The most important feature of its pathogenesis is the peculiar and depressing effect which this drug produces upon the mind. It is characterized by a loathing of life, a hopelessness and utter weariness, far more marked than similar effects of any other drug known; and an impulse toward suicide, as the natural outgrowth of the mental condition described, is so constant a symptom of the conditions, favorably affected by aurum as a remedy, that you can justly look upon it as a reliable, trustworthy keynote.

Another remarkable feature of the drug is the curative effect which it exerts upon the ulcera tions, swellings, etc., which follow the reckless use of mercury, or which may be produced by the action of the syphilitic poison upon the system. No remedy has a more brilliant record in this class of cases than aurum, and when these conditions are accompanied by the characteristic mental state, we may prescribe it with the hopes of relief even in cases which are apparently beyond the possibility of recovery.

Antidotal.—Poisonous effects of the chloride of gold are antidoted by the same means which we use in cases of poisoning with corrosive sublimate. Our principal antidote is the white of eggs.

Therapeutical Effects. Congestive Headaches.—Gold causes rush of blood to the head, pain in the head as if the brain felt sore, and had been bruised; semi-lateral, acutely-throbbing headache; pain in the skull bones, when lying down, as if they were broken. Hence aurum is used in congestive headaches; in hysterical hemi crania with rush of blood to the brain; in mercurial syphilitic headaches, with excessive pain in the skull-bones, as if they would be crushed; a violent hard-aching, bruising pain.

Amblyopia.—Aurum is a useful remedy in amblyopia or diminution of vision, when its most prominent features are the constant playing of black spots before the eyes; also for Hemianopsia, (half-sight) when the objects are cut in two horizontally, and when there is severe tensive pain in the eye.

Iritis, if depending upon mercurial poisoning, may find its remedy in gold, when there is "aching, throbbing and tearing pain in the orbit, sometimes extending to the top of the head; pains in the bones about the eyes; fiery sparks before the eyes; intolerance of light; contracted pupil; partial or entire loss of vision; dark or greenish color of the iris; spots of yellow hyph, or ulcers on the iris." If there is no reason to suspect syphilitic taint, the remedy will be still more clearly indicated.

Blepharophthalmia, with swelling and inflammation, and scurfy incrustations on the lids, has yielded to the internal and external employment of the muriate of gold; for external use a solution of two grains in six ounces of water.

Otorrhea.—It is an excellent remedy in otorrhea, characterized by fetid discharge; caries of the mastoid process and ossicula, after abuse of mercury.

Otitis Media Suppurativa Chronica.—Cases with a suspicious history. Caries of the mastoid process when the discharge from the ear is exceedingly offensive, accompanied by drawing pains, worse at night. Relieved by warm and aggravated by cold applications. Peevish and melancholy; an extremely offensive nasal catarrh is a usual concomitant.
Bright's Disease.—In Bright's disease we may find gold useful when there is a mercurial or syphilitic cachexia, palpitation, indurations, carries, swelling of the liver; bloated, shining face, with melancholy and despairing moods.

Ascites, of scrofulous persons, depending upon diseased liver, has been cured with the muriate of gold, when every other remedy failed.

Albuminuria, with irritability; painful retention of urine with pressure on the bladder. Turbid urine, like buttermilk, with much sediment of mucus; urine smells like ammonia and decomposes rapidly; hot, red urine, containing sand. Even after the full development of ascites a cure has been effected. It is, however, in specific inflammations that the gold acts with remarkable brilliancy.

Anasarca, after fever and ague, and likewise after scarlatina, has yielded to this drug, after other means had been exhausted.

In inflammatory conditions which depend upon a syphilitic taint, aurum has no superior.

Herpetic Ulcerations and scrofulous sore on the extremities have been cured with this drug.

Caries of the Bones have been cured by gold.

Exostoses of skull and pelvic bones. Our provings have osseous tumor on the right side of the vertex, with boring pain which is made worse by contact; small osseous tumor on the left side of the forehead.

Chronic Catarrh, with inability to breathe through the nose, with ulceration of the nostrils, loss of smell and great despondency may be benefited by the use of gold, particularly if there is syphilitic taint, inherited or acquired. In Ozena, especially if it depends upon scrofulous or syphilitic dyscrasia, this remedy is of the highest importance. The especial indication for the drug would be the mental condition, the destruction of the cartilages and of bony tissue, a condition found in the graver forms and favored in its development by the specific virus.

Gold causes and cures blotches of dingy yellow color on the legs. Dry crusts. Pustules on the face, neck, and chest. Syphilitic ulcers. Boils, herpes. All these are characterized by burning, itching, heavy joint-pains, soreness, tenderness; they are worse in the cold open air and are better in the warm room and from moving about.

Condylomata at the anus and on the prepuce, have yielded to the internal and external use of this agent.

Chancres which failed to yield to mercurial treatment: more particularly flat chancrous ulcerations on the scrotum and prepuce, have been cured by the muriate of gold.

Spermatorrhea may call for aurum. There will be great moral and physical weakness; frontal headache; excessive despondency; inability to study; gastric disturbances. In Menorrhagia we may find the remedy useful, especially if there is induration of the os or cervix uteri; ulceration, or if there has been mercurial or syphilitic poisoning of the system. The mental condition must be taken into consideration.

Indurations of the neck of the womb, often causing habitual abortion; chronic metritis and ovarian enlargement have also been caused with the same drug. Ulcers of the uterus and of the vaginal walls, developing themselves from swellings and indurations, even where a cancerous character was feared, healed, without any local application whatever, by the steady use of muriate of gold. In Uterine Displacements aurum has been recommended. After lifting a heavy load, a sense of weight in the pelvis, with ischuria and constipation, worse at each menstrual period; great dejection of spirits; longing for death, creating a desire for self-destruction; or vehement moods, the least contradiction excites her.

It is hardly necessary to repeat the statement already made in regard to the remarkable despondency caused by gold. No remedy can rival it in this respect; and whenever utter depression of spirits, disposition to suicide, rush of blood to the head; obscuration of sight by black spots moving before the eyes, attacks of dyspnea, unrefreshing sleep with unpleasant dreams, loss of sexual power are present, aurum will be a remedy of prime importance. You find these symptoms after excesses of various kinds: deep, powerful emotions, even of a religious nature, may produce them; or they may be caused by long-continued illness, especially in very nervous, easily excited and deeply impressed persons. Hahnemann recommends in such cases the lower dilutions.

Petroleum 2d in seasickness.

Veratrum alb. generally requires a second dose to effect a cure, for, if not repeated, the symptom will return after first clearing up.

Spongia has inclination to sing.

Bromine has inclination to mental labor (nuX vom., the reverse).
The Dietetic Treatment of Pulmonary Tuberculosis.

By W. H. Wyynx, M. D.

With our present knowledge of the conditions of phthisis, and in the absence of that specific therapy which logically should form the true basis of treatment, the management of a case of phthisis is essentially hygienic. The tubercle bacilli can be overcome only by the formation of specific anti-bodies from the surrounding fluid and cells, and it must be recognized that, whatever mode of treatment be adopted, its success or failure depends upon the amount of these bodies produced—i.e., the amount of specific reaction to the presence of the germs and their toxins. Treatment other than specific cannot determine this reaction, but by placing the patient in that environment in which his physiological functions work best, we hope that this one physiological function in particular, the production of this specific reaction, will also be assisted. Clinically, we are accustomed to judge of the amount of reaction by the improvement in the patient’s condition, the decrease of cough and fever, the increase of appetite and body-weight, and the retrogression of the lung signs. In the recent work of Wright on poisons we are provided with a more scientific and exact standard, and in the future we shall doubtless judge of the value of our treatment by direct measurement of the defensive powers of the blood.

Accepting, then, these limitations, the most effective therapeutic agents that we can employ are fresh air, rest, and food. Concerning the two former there is, perhaps, little room for difference of opinion; but with the latter there is still much disagreement in practice. Until recently, the German sanitarium idea of over-feeding had an extensive vogue, and improvement was measured in terms of pounds avoidnpois gained. Over-feeding can never be right, and much harm is done by injudicious stuffing. Patients, as the combined result of excessive diet and rest, easily become stouter. This increase in size is due to fat, and such fat is of no advantage to the patient; rather is it often a disadvantage, for he may become unwieldy and permanently dyspeptic. The stomach becomes atonic and dilated, the digestive organs strained, and much extra work is thrown upon the already feeble heart. It can also be definitely stated that improvement in the lung condition does not go pari passu with gain in weight; the disease may progress steadily while all the time body-weight is increasing. The experimental work of Goodbody, Bardswell, and Chapman on metabolism in phthisis supports this contention. They showed that up to a certain point an increase in the amount of food eaten was accompanied by an increase in the amount absorbed, but after this point was reached a smaller percentage was absorbed, although more food was eaten. This excess acted to the detriment of the digestive organs, and the patients suffered from anorexia and dyspepsia.

From the earliest times emphasis has been placed upon the importance of fat as an element in the diet of consumptives. The marked wasting is most apparent in the case of the subcutaneous fat, and so it has been thought that fat is especially indicated. Now, although experiments and clinical experience show that fat is usually readily assimilated in this disease, yet it seems to me questionable if the highly fatty diet so often ordered is necessary or beneficial.

The study of diet in these days is becoming highly scientific, and we are recognizing in every disease that our former empirical methods must be reviewed in the light of increasing knowledge about metabolism. What exact indications, then, have we to guide us in the dietetic treatment of phthisis? In the first place, pathological examination shows us that the muscles are atrophic pale, and thin, and in cases of death preceded by pyrexia very dry. Fränkel has shown that this atrophy is due to a decrease in the diameter of the individual fibers, and that in extreme cases only empty sarcolemma sheaths are left. Much of the protoplasm, too, has been replaced by fat. These changes clinically are evident in increased irritability and fibrillar contractions. The heart participates in this change, and is atrophic, the myocardium being soft, pale, thin, and fatty. The liver, kidneys, and other organs are also in a state of fatty degeneration. Pathological evidence, then, shows marked wasting of tissue substance, with an apparent increase of fat. The subcutaneous fat is generally diminished, and in extreme cases may be almost absent; but it is not uncommon to be confronted with apparently well-nourished bodies, presenting a fair development of subcutaneous fat, but even in these it is my experience to find that the muscles, though apparently strong, still show wasting of tissue substance and considerable replacement by fat. Fatty degeneration is a little understood condi-
tion, and as it bears upon this question of diet I may, perhaps, be allowed to digress a little to consider it. Recent researches* have shown that fat is present normally in the organs to a much greater extent than was imagined. Herxheimer finds that of all the tissues the spleen and lymph nodes are almost the sole ones normally free from fat. Of this fat a part is free in the cell, and can be stained by Sudan III and Scharlach R, or extracted by ether or petroleum; but when these solvents are satisfied, there is still a residue left which is in closer combination with the cell protoplasm, and can only be extracted after suitable digestion. The condition appears to be as follows: When fat is brought to a cell, part is combined with the protoplasm, and part is stored up in the cell, the proportion of combined to free fat depending upon the amount of fat supplied and the activity of the cell. Fat is a very resistant substance, and requires considerable energy for its efficient utilization. If the cell be healthy and active, and excess of fat be brought to it, it utilizes its normal quota, and the excess is stored in the cell as fat which can be visually demonstrated; this is the condition we speak of as fatty infiltration. But if the cell be injured, and its vitality lowered by the action of tubercular or other toxins, less fat can be utilized and combined, so that even if no excess of fat is reaching the cell, there is an increase of free fat; this condition has been termed fatty degeneration. It will thus be seen that the only distinction between the two conditions is that in the former fat is deposited in a healthy cell, in the latter in an injured cell. In both cases the fat is derived from the bloodstream, and there is no evidence that in fatty degeneration the protoplasm is converted into fat. But whether we speak of infiltration or degeneration, the excess of unaltered fat is of pathological importance, because it encroaches upon the other constituents, lowers the vitality of the cell, and so ultimately affects the general condition of the organ.

Pathological evidence would thus seem to point to a diet in which the tissue-builders (proteids, salts, and water) are well represented, and in which there is no excess of fat-producers.

Further indications are provided by examination of the urine and the respiratory exchange. It is usually stated that in the urine of consum-atives the urea is diminished, and by some that the salts also are diminished. My own observations show that, while it is true that when single specimens are examined the specific gravity and urea are often below normal, yet examination of specimens taken from the collective urine of a twenty-four hours’ cycle shows an increase in the volume of the fluid, combined with an increase in the total solids (urea, chlorids, and phosphates), low acidity, and scanty pigmentation. These results are in accordance with those of Gilchrist and other observers. It is important to note that the urine contrasts with the hyperacid concentrated urine of gout, which supports the belief of many clinicians that there is antagonism between the two conditions.

The only investigations on respiratory metabolism with which I am acquainted are those by Robin and Binet. They show that, contrary to received opinion, there is an increase not only in the amount of oxygen consumed, but also in the amount of carbon dioxid exhaled. This condition was present not only in advanced disease, but in the very earliest stages, and was present also in all the other forms of tuberculosis investigated. To mention only one result, it was found that, while a normal adult consumed 5.13 cc. of oxygen per minute kilogram, the amount in a tuberculous subject reached 0.45; and, again, the suggestive antagonism of “arthritisme” is seen in consumption of 4.41 cc.

Before leaving the subject of metabolism, reference must be made to the valuable observations of Oliver on the tissue lymph circulation. He shows that there are definite and regular fluctuations of lymph in the tissues. These are accompanied by corresponding fluctuations in the capillary blood-pressure. The lymph-flow and blood-pressure are notably influenced by the nature of the food taken. They are not affected by carbohydrates, fats, gelatins, pure proteids, sugars, or pepsin. Chlorids of sodium, meat extractives (creatinin, carnine, xanthin), uric acid, ammonium urate, and glycogen increase the flow, as also do tea, coffee, cocoa, and all other purin bodies and alcohol. In hypotonic states, such as phthisis, the effusion of the tissue lymph is diminished and the tissues imperfectly flushed. In hypotonic states (gout, chronic Bright’s disease, etc.), the effusion of lymph tends to become continuous, and the tissues to become continuously charged with it.

We are now in a position to sum up the char-

* For recent work on fatty degeneration see Walter Hall, the Medical Chronicle, p. 227, 1904; and Christian, Bull. Johns Hopkins Hosp., January, 1905.
acteristic metabolic change in the tuberculous individual as one of increased tissue destruction. The cell bioplasms is subjected to a continuous katabolic stimulus, as a result of which tissue destruction is in excess of tissue repair. There is much evidence to show that this wasting causes increased absorption of toxins from the tuberculous foci. In the words of Cornet, "The nutritive fluids of an emaciated individual being poor in albumins, actually thirst for the proteins, and eagerly absorb them; while those of a well-nourished individual have a sufficiency of albumins." The perverted metabolism has also important effects upon digestion. Anorexia and disgust for food often give us much trouble. Sometimes this anorexia is of purely nervous origin, and part of the general condition of weakness and lack of will, the motor and chemical functions of the stomach being normal. Such a condition calls for increase in food. We must force our patient to eat; all he lacks is the energy, and that we must supply. In other cases the digestive organs themselves are affected with the same debility, and the secretion of the digestive fluids is diminished. Atony is present, flatulence and diarrhea are caused by excessive gastrointestinal fermentation, and the urine gives Ehrlich's diazo reaction, and contains indican and excess of ethereal sulphates. Here, again, increased food is not necessarily contra-indicated, the digestive functions participating in the general improvement of nutrition; but more often such symptoms need a carefully arranged, moderate diet. Finally, organic changes may be present, and make the problem still more difficult.

The conditions we have to deal with are thus very complex. The tuberculous toxins produce excessive tissue destruction; this leads to impoverishment of the blood, impaired digestive powers, and feeble muscular and nervous energy, which again result in low vasomotor tone and lymph circulation. All these conditions increase the emaciation, and assist the absorption of toxins and the presence of fever. A powerful vicious circle is present which taxes all our therapeutic powers.

The indications for dietetic treatment are to prevent the excessive nitrogenous waste by giving such food as will stimulate tissue repair and cause the cells to live on a higher metabolic plane. This will break the vicious circle and lessen the absorption of toxins. With the increased nutrition will go hand in hand improved physical energy, improved digestion, and richer blood. Our aim must be not to produce merely increased weight, but improved tone; not increased adipose tissue, but firm muscles and active glands; in short, a patient who feels keen and fit.

These indications are, in my opinion, best met by increasing the nitrogenous constituents of the diet. Because of his excessive waste the phthisical patient is living upon threadbare tissues, and without increase of proteids ingested there are not sufficient to make good tissue repair; there is certainly no excess. But an excess of proteids is good even in a normal individual, as there is reason to believe that they exert a stimulating effect upon the cells, which increases vitality and energy. A deficiency impairs the condition of the blood and lowers muscular tone, besides enfeebling the digestive powers by restricting the materials from which the fermentations are elaborated. In a normal individual so great is the tendency to nitrogenous equilibrium, it is almost impossible to bring about a storage of proteid; but in phthisis so great has been the muscular waste that the cells are hungry, and eagerly seize the proteid molecules brought to them. No dogmatic statement can be made of the amount of proteid necessary. It must vary with the needs of each patient; the amount of previous wasting, the size of the body, the state of arterial tension, and the condition of the digestive organs and kidneys must all be considered. The chief guide should be the amount of proteid wasting as shown by the twenty-four hours' excretion of urea. The weight of nitrogen excreted as urea multiplied by 6.25 (the nitrogen factor) will give us this. If, for instance, 20 grams of nitrogen be excreted, 125 grams will represent the amount of proteid waste. In this hypothetical patient, 125 grams must be the minimum amount absorbed, which means that, allowing for waste, something like 130 to 135 grams must be given as food. To make up for past waste, and to supply a sufficient anabolic stimulus to the cells, a quarter as much again, about 170 grams, would not, I think, be an unduly large quantity. A normal individual requires about 3,000 calories daily, and about 300 to 320 grams of carbon. The consumptive because of his excessive oxidation, requires rather more; but by increasing the nitrogenous part of the food, the consumption of calories diminishes, as Richet has shown. Three thousand, then, may be taken as an average, exercise increasing this amount; of these, the 170 grams of proteid
will, if completely utilized, supply 697 calories and about 85 grams of carbon, leaving the remainder to be made up by fats and carbohydrates. The important thing is to see that the cells are receiving sufficient proteid to restore their bioplasm; they will then readily metabolize carbon in whatever form it arrives; without this it is useless to increase the fats or carbohydrates, as the cells have not the power to utilize them, and they are stored as inert fat. As far as the demand of the cells for energy is concerned, it is probably a matter of indifference whether fat or carbohydrates be used, but it is by no means a matter of indifference for the digestive organs. Too much carbohydrate would add considerably to the bulk of the diet, with the danger of overloading the stomach and producing acid fermentation. Too much fat, on the other hand, would lead to fat diarrhea and nausea. One part of fat is equal to 2 1/4 parts of carbohydrate in caloric value, but requires more energy for its utilization; it is not so good a proteid sparer as carbohydrate, so that if excess be given the proteids must also be increased. Practically, it is found that if one wants to increase proteid, besides the increase of that element, prominence should be given to increase of carbohydrate rather than fat, whereas if one's aim be to lay off fat, greater stress should be placed upon the fat in the diet. In all cases the idiosyncrasy of the patient must be taken into account, and the condition of his digestive organs. Practically, I find that for a man of average weight who is capable of taking some exercise the following proportions yield good results:

Proteids. 170 grams—i.e., nearly 6 ounces, or 0.37 pound, yielding 697 calories; fat, 100 grams—3 1/2 ounces, or 0.22 pound, yielding 930 calories; carbohydrates, 340 grams—nearly 12 ounces, or 0.75 pound, yielding 1,394 calories.

Such a diet allows for the following quantities* of food:

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<tr>
<td>Milk (1 pint)</td>
<td>16</td>
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<tr>
<td>Butter</td>
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<td>0.11</td>
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<td>450</td>
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<tr>
<td>Eggs (2)</td>
<td>3</td>
<td>0.03</td>
<td>0.02</td>
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<td>135</td>
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<tr>
<td>Meat</td>
<td>16</td>
<td>0.20</td>
<td>0.03</td>
<td>—</td>
<td>494</td>
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<tr>
<td>Potatoes</td>
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<td>0.01</td>
<td>0.08</td>
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<td>160</td>
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<tr>
<td>Bread</td>
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<td>0.01</td>
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<tr>
<td>Oatmeal</td>
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<td>0.04</td>
<td>0.02</td>
<td>0.17</td>
<td>460</td>
</tr>
<tr>
<td>Sugar</td>
<td>2</td>
<td>—</td>
<td>0.12</td>
<td>230</td>
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<tr>
<td>Fruit and Vegetables (various)</td>
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<td>0.37</td>
<td>0.23</td>
<td>0.75</td>
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* The food values are taken from Hutchinson’s “Food and the Principles of Dietetics.”

This, of course, is only an example of what can be done with the amount at one’s disposal, the actual items being elastic and interchangeable.

A few remarks may be made as to particular articles of diet.

Proteids.—The ideal way of administering proteids is, in my opinion, by the use of raw meat. Cooking lessens the digestibility of meat, and removes part of the extractives and salts. Hericourt and Richet have urged its therapeutic efficacy in tuberculosis, and their results have been often confirmed. Richet believes the action to be due to the presence in the muscle juice of certain ferments which are destroyed by cooking. In this connection it must be remembered that of all the body tissues, muscle is that upon which the tubercle bacillus finds the greatest difficulty of development. Galbraith recently has shown experimentally that the use of raw meat was followed by an increase in the retention of nitrogen, improved intestinal metabolism, a rapid increase in hemoglobin, and increased digestive lymphocytosis. He suggests that the benefit may be related to a lymphocytic secretion physiologically concerned in nitrogen fixation. But I think the results can be accounted for by the increased ease of digestion and absorption, and the increased amount of extractives, the latter improving the lymph circulation. The meat may be prepared by scraping a piece of perfectly fresh steak with a blunt knife in a direction parallel to the course of the fibers. A pulp is formed, which can be seasoned with salt, pepper, celery, etc., according to taste, and served as a sandwich or collor, or in a paste with milk. Half a pound twice or thrice daily can easily be taken. Of cooked meats there is an abundant choice, and preference should be given to those rich in extractives. White meats—e.g., chicken, actually contain more extractives than beef, and are also valuable from their digestibility. Nuclein-rich foods, such as sweetbreads, liver, and kidney, should be represented. Young meats have the same peculiarity. The story is told of a manufacturer of carpets who encouraged his men to eat veal, in order that he might recover large quantities of uric acid from their urine to make the murexide dye. Fish contains less extractives than meat, but is useful as a change. Soups and other animal extracts rich in purin bodies should be freely given, not only because of their pleasant flavor and their stimulant effect upon the secretion of
gastric juice, but also because they raise blood-pressure and improve the lymph circulation. We thus make use of the clinical antagonism to gout and, as I hold, increase the tendency to fibrosis around the diseased areas. I entirely agree with Dr. Harper's* opinion that the less nitrogenous food ingested the greater the incidence of tuberculosis, but I strongly disagree that urea can supply the nitrogen which is consumed in excess. Urea is a completely oxidized substance and incapable of supplying energy, and it is, further, an active diuretic which is scarcely needed in a condition where polyuria is present. Any beneficial results which may have been obtained by its use could, I think, be accounted for by its slight action in raising blood pressure.

Where meat cannot be taken we must fall back upon milk and eggs. The latter are best given raw, and must be quite fresh. Milk rarely disagrees. If taken undiluted, the density of the clot is lessened by the addition of sodium citrate in the proportion of 1 grain to an ounce. When milk is used as the staple article of diet, its proteid can be fortified by the addition of plasmon or somatose; the former is the cheaper.

Fat, if given in moderate amount, is almost completely absorbed; the more completely, the lower the melting-point. Cod-liver oil is nearly always prescribed in phthisis, but it has no specific virtues, and no advantage over the natural fats, besides being more expensive. I have largely abandoned its use except in hospital work, where the patients often cannot afford to buy ordinary fat. Milk-fat is the most suitable. Butter has 80 per cent. of fat, and a low melting-point. It is the most easily digested of all fatty foods, and as much as a quarter of a pound can be taken by patients, especially if well mixed with starchy foods, such as mashed potatoes, or in sauces. Cream contains as much fat as cod-liver oil, and is usually well borne; it is, however, expensive and a luxury. A Gill a day is often prescribed. There is an unfortunate prejudice against margarine, but it is practically equal to butter in nutritive value, and is very much cheaper. Its use should be recommended, particularly to poor patients. Suet-pudding, dripping, and fat bacon are other useful sources of fat. For children, toffee, consisting of equal parts of fat and carbohydrate; the latter in the easily digested form of invert-sugar, and chocolate with 20 per cent. of fat are good. Patients who have a dislike for fatty food are able to take more of it when alcohol in some form is administered at the same meal. This is, of course, only permissible when gastritis is not present. Petroleum emulsions are largely advertised, and even recommended by physicians, but being inertchemically, they are absolutely useless.

Carbohydrates are more completely absorbed than any other article of food. Bread, potatoes, cereals (oatmeal, rice, etc.), and sugar will naturally form the chief representatives. In normal persons it matters little what form is taken. When disturbances of digestion are present, starch seems to be better tolerated when in the form of vegetables, such as peas, beans, which contain much protein, rather than as bread, potatoes, or rice, in which the starch preponderates. When excessive fermentation is present, it is best to begin by limiting the use of bread and potatoes. Sugar is the best muscle-food known, and delays fatigue. In the form of cane-sugar it can be given in tea or coffee, in puddings, or as treacle or golden syrup. Maltose in the form of malt-extract or patent foods is largely prescribed; it is less irritating to the stomach, as it is a partially digested form of carbohydrate. But in honey we have a much-neglected food, which is richer in sugar than malt-extract, and this in a form ready for assimilation (invert-sugar); it has, too, the advantage of being about the quarter of the price of malt-extract. Treacle also contains much more sugar, and is considerably cheaper. Home-made jam contains about 20 per cent. of sugar, and much of it is in the invert form. Commercial jam contains less sugar, which is also less inverted. Plum, blackberry, and marmalade contain the most invert-sugar, and are, therefore, the most digestible.

Artificial preparations of all the food substances are chiefly remarkable for their price: they have no advantage over the natural products, which are not sufficiently appreciated in dietetic treatment.

Moderate degrees of fever do not contra-indicate such a diet as is sketched above, since the temperature tends to improve with the increased absorption of proteids, and the lessened circulation of toxins. Fever still further increases the excessive nitrogenous waste of phthisis, fat being much less affected; in fact, if too much carbon-containing food be given, patients may lay on fat and gain in weight in spite of the presence of fever. The chief indication for diet is to in-
crease the proteid-sparers—gelatin, carbohydrates, and fats. Gelatin has the disadvantage that the end-products of its destruction are the same as those of proteids, and too much strain might be thrown upon the kidneys. Most feverish patients have a distaste for fat, so that practically we find ourselves restricted to the carbohydrates. Solid food should be given as long as possible, while at the same time we keep the patient strictly in bed, and increase his exposure to the open air. When solid food can be retained no longer, milk and eggs must form the basis of the diet. Not more than 4 pints of milk should be given in one day, as the ingestion of too much fluid is apt to lead to atony of the stomach, and to increase the work of the heart. The milk should be enriched with carbohydrates, such as milk-sugar (1 or 2 teaspoonfuls to 1-2 pint), which has the advantage over cane-sugar of the comparative absence of sweetness. Cereals, such as oatflour, cornflour, Benger's food, should also be given. Soups can be thickened with potato or baked flour.

A favorable class of consumptives is that in which a gouty tendency is present; the blood-pressure is higher than in the ordinary consumptive, the lymph circulation is better performed, and there is a strong tendency to fibrosis around the diseased areas. These patients also are less likely to become feverish; there is a diminished absorption of toxins, and less wasting. The excess of proteids is, therefore, unnecessary, and the diet should be more moderate. Although proteids should not be increased, there is no need for their limitation; it is the nuclein of the food that matters, not proteid. Foods rich in nuclein, such as liver, sweetbread, and kidney, must be avoided. Meat extracts and soups should be replaced by vegetable purées, and tea, coffee, and cocoa limited in amount, or forbidden altogether. Milk and eggs are the only animal foods containing nuclein-free proteid, and they should be largely represented. It may be necessary to increase the amount of vegetable proteid while restricting the use of meat.

It is very important that the meals should be taken exactly at the same time each day, that the stomach may get into the habit of taking in food. The number of meals should be at least four, and the intervals between should be fairly long. As a rule it is better not to allow the patient to eat between meals, even if he has the desire. If the patients are very debilitated, and digestion is impaired, the intervals must be shorter, and the meals more numerous.

But, above all, treatment to be successful must be individualized and aimed. It is useless to expect good results from general statements and indefinite instructions; the patient is too weary, even if he had the knowledge, to understand hints and to translate them into detail. In no disease is the personality of the physician of such importance; the patient is weak and irritable, and needs a strong support; he must have complete confidence in his physician, and this confidence the physician must earn by the clearness of his directions and the unwearied patience with which he devotes himself to his task.

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**Homeopathic Therapeutics of the Ear.**

BY CHAS. C. BOYLE, M. D.

(Continued from page 277.)

**Lachesis.**

Sensitive to sounds; rushing and thundering in ears; painful beating, cracking, whizzing, drumming, with reverberations; whizzing as from insects in ears; ears feel as if closed; deafness, with dryness in ears; want of wax; stoppage and stricture of eustachian tube; in evening; pain in left ear, aggravated from moving jaw, relieved by external warmth; tearing, extending from zygoma into ear; pains in ears, with sore throat; polypus; ears excessively sensitive to wind.

**General Indications:** Weakness of whole body in morning on rising; great physical and mental exhaustion; obliged to wear clothes loose; cannot bear contact; often useful in women during climacteric period; troubles beginning on the left side of the body; patient sleeps into an aggravation.

**Aggravation:** After sleep; in morning; in evening; after eating; from extremes of temperature.

**Amelioration:** While eating.

**Ledum.**

Noises in ear as from ringing of bell, or from a storm of wind; ringing and whizzing; hardness of hearing, as if ear was obstructed by cotton; after cutting hair; after chilling head; after suppression of coryza or otorrhea; rheumatic otitis; inflammation of the ear, with deafness; from getting cold, as from having the hair cut.
General Indications: In punctured wounds; from chronic injuries; patients complain of being cold all the time; affections of the heel and ball of foot; rheumatic and arthritic affections; heat of bed intolerable; wants to uncover; eruptions which burn and sting like the bites or stings of insects.


Lith. Carb.

Earache left side, from throat, with prosopalgia; pain behind left ear in bone, extending toward neck.

General Indications: Rheumatism; gout.

Lobelia.

Sudden shutting up of right ear, as if stopped by a plug, at 2 p.m. aggravated by boring finger in ear.

General Indications: Urine deep red color, with copious sediment; relaxed condition of system from its action on the pneumogastric nerve; mental depression; great prostration and weariness; oppression of breathing.

Aggravation: From cold, especially cold washing.

Amelioration: Towards evening.

Lycopodium.

Over sensibility to hearing, especially musical sounds and noises; roaring, humming, whizzing, rushing in ears; singing as from boiling water; sensation as if hot blood rushed into ears; deafness; otorrhea; offensive, purulent, ichorous discharge; external meatus excoriated by offensive discharge; drum head destroyed; small ulcers or polypi in ear; humid, suppurating seuf behind ear; exzema of ears, with thick crusts and fissures in skin.

General Indications: Excessive accumulation of flatulence in the abdomen; weak memory; confused thoughts, speaks or writes wrong words; desire for open air; catarrh; affection of right side; symptoms running from right to left; feeling of fullness after eating a little.

Aggravation: All symptoms from 4 to 8 p.m., on lying down; while sitting; after eating; from moistening the parts; on beginning to move.

Amelioration: After 8 p.m.; from continued motion; from cold: from warm food; from warm food or drink; from getting warm in bed.

Lyssin.

Hearing running water makes irritable and nervous; hearing running water aggravates symptoms.

Magnesia Carb.

Whizzing, buzzing, fluttering in right ear; hardness of hearing and ringing in ears; inflammation of ears, with external redness and sensation of great soreness.

General Indications: Dyspepsia: rheumatic pains in the shoulder; epileptic attacks; frequently falls down suddenly, with consciousness. Aggravation: At night: while at rest; while sitting; in cold weather. Amelioration: Better from motion.

Magnesia Mur.

Deafness, as if something lying before ear; pulsation in ears; itching behind ears.

General Indications: In women, especially hysterical with uterine troubles; neuralgia; difficult dentition; gastric and hepatic troubles; spasms and hysterical weakness.

Aggravation: While sitting; in the night. Amelioration: By motion; by pressure; by exercise in open air.

Magnesia Phos.

Otalgia, purely nervous; weakness of auditory nerve fibers, causing deafness.

General Indications: Pains that are darting, spasmodic in character; boring lightening like, accompanied by constrictive feeling. Aggravation: Pains worse on right side. Amelioration: By warmth externally applied by pressure.

Manganum.

Deafness as if ears were stopped; dull hearing, relieved by blowing nose, aggravated during cold and rainy weather (Dule); fullness of ears, with difficult hearing and cracking when blowing nose or swallowing; sudden stitch of pain in deaf ear; stitches in ear when talking, laughing, or walk-
ing; external ear painful to touch; pain in right ear, from teeth; burning of ears, as if standing near a stove; pain aggravated in morning and in open air; ear sore to lie on; catarrh of eustachian tube, with stitching pain; pain and whizzing noises in ears; deafness by change of weather (Dulc).

General Indications: Affections of the internal ear; pains in the bones and periosteum; worse at night; arthritic pains in the joints; chronic catarrh.

Aggravation: In the night; on stooping; from talking.

Amelioration: In the open air.

Merc. Dulc.

Catarrhal inflammation of the middle ear; eustachian tube and mucous membrane of pharynx affected: otitis media; closure of eustachian tube; ear troubles in scrofulous children; membranum tympani retracted, thickened, and immovable.

Merc. Sol.

Deafness; sounds vibrate in ears; obstruction momentarily relieved after swallowing or blowing nose; catarrh after catching cold; sensation of coldness in external ears; interstitial inflammation and swelling of periostium; sensation as if ear was stopped up; ringing in ears; enlarged tonsils, with occlusion of eustachian tubes, and deafness; soreness and excoriation of inner ears; tearing and shooting pains in ears; sticking and burning deep in both ears; sticking, stinging, tearing pains; purulent discharge; green, exoratory offensive discharge; glands swollen; inflammation of sub-mucous and subcutaneous cellular tissue, extending to parotid gland; purulent offensive otorrhea; itching in ears, with vesicular eruption; inflammation of the auditory canal; furuncular, herpetic, suppurative and ulcerative, with intolerable pain, involving the whole side of head at night; acute and chronic catarrh of the ear, involving eustachian tube with deafness.

General Indications: In glandular swellings; syphilitic, scrofulous catarrhal affections; rheumatic and arthritic affections; bone pains.

Aggravation: In the evening and at night; from heat of bed; during perspiration; in wet weather; in cold evening air; damp cold nights; during exercise; from lying on right side.

Amelioration: During the day; during rest.

Mezereum.

Ears feel as if too open, and as if cold air was pouring into them, or as if tympanum was exposed to cold air, with a desire to bore with finger into ear; intense itching in the ear; sensation as if ear was distending in right external meatus, and as though roaring in ears would occur; chronic diffuse otitis; oozing eruption behind ears; deafness after suppression of eruption on head; violent pains, involving the teeth and face with constant chilliness; after abuse of mercury, or when mercury has failed.

General Indications: Violent neuralgic pains of teeth and face, especially left side running towards ear; bad effects from abuse of mercury; affections of the periostium and bones; scrofulous affections; syphilitic affections; ulcers bleed easily, sensitive and painful at night; thick, whitish, yellow scabs, under which thick yellow pus collects; burning, itching, vesicles around ulcers; affections of one side of the body.

Aggravation: In the evening, at night, from contact, by motion; in damp weather; sensitive to cold air.

Amelioration: Wrapping up the head; in dark room; in the evening or through the night.

Mur. Acid.

Over acuteness of hearing; sensitive to noise; hardness of hearing; loud, crackling sounds at night; ear dry; tingling, humming, whizzing in ear, beating or knocking; otalgia, with pressing pain; tingling, creeping, cold pain running from ears up to top of the head; sharp boring in temporal region.

General Indications: In low putrid fever; scurvy; uterine affections; great debility.

Aggravation: Great sensitiveness to damp weather.

Nat. Carb.

Over sensitiveness of hearing; sensitiveness to noise; hard hearing, as if the ears were closed up; roaring in ears.

General Indications: In affections of mucous membranes, especially nasal; glandular swelling.

Aggravation: in forenoon; during a thunderstorm; after exertion; from music; in the sun; from talking; after meals.

Amelioration: From boring with the fingers into the nose or ears; pressure from without; rubbing; scratching.
When we left Salt Lake City we turned north again, fearful of that new railway which runs, as a crow flies, directly from Salt Lake City to Los Angeles, but which, we were informed, during the summer season, is very hard on the passenger because of the heat and because of the alkali dust. We reached Ogden in good time and then took our journey to our farthest point west, San Francisco. We found many things on this last western trip to admire and commend, and nothing to condemn, especially in the railway department. We found the tourist-car which we had now tried for the first time, as comfortable as need be for a traveler who did not care to travel in a special car or a whole drawing-room in a Pullman. The conveniences for sleeping were equal to those of the regular sleeper. The only criticism that could be made was in relation to the absence of a smoking-room, and the contracted conveniences for ladies’ dressing-room. The former was capable of remedy by going forward into the regular smoking car. The latter was not open to a prompt and easy or correct solution. I have yet to find in all my travels, of the last thirty years, a dressing room for ladies large enough to suit the average lady traveler; or one in which she will not lock herself up and remain thus closeted with her prims and pins and things for almost, if not quite an hour, knowing that the aisle is filled with other women who would probably do the same were they to be admitted before she had finished. I doubt if there is a solution to this question. I remember once, after the great Chicago fire, when there was so much said concerning the inadequacy of fire protection for people, how Beecher remarked that if a thousand people were bunched together in an open prairie and someone cried “fire!” more than half of that thousand people would be killed by the stampede. Which would go to show that some things cannot be remedied. And the Pullman dressing room for ladies is one of these age-old problems. The tourist car, however, affords complete comfort for the traveler who wants and appreciates the privilege of having a seat and a berth all to himself during the day and the night, in which he may sit unmolested and unclothed and stretch his weary limbs and rest if he cannot always sleep; a place where his luggage does not clutter up his feet or threaten to fall on his head from the insecure receptacle above; where the number of passengers is limited to the number of berths in the car—same as in the Pullman—and where he may have a table upon which to write, or to prepare and eat his à la carte lunch. The price of these berths is exactly half of the Pullman, so that it was somewhat laughable to note the economy which prevailed in two or three instances on our tour. In one case four full-grown women each of that uncertain and indefinite age when time is no longer counted by years but by deeds, occupied two berths! In another instance a man and his by no means small wife, and three children, the oldest 16 and the youngest 4, occupied two berths.

One of the uncomfortable and distressing things of this trip to California was the superabundance of snowsheds intercepting the view at points that must have been beautiful. The regular spaces left in the snowshed wall, between the upright pieces of lumber, gave one just enough scenery as the train rapidly passed by to make it seem like one of these eye-shattering biographies in the cheaper theaters; a constant flickering of the scene. After a few minutes of this you turned your face from the snowsheds determined not to injure your eyes, and look inward. But that, too, grew tiresome, there not being enough light to read with or play poker by, nor yet dark enough to kiss the girl in the next seat ahead of you, so the eyes again involuntarily turned to the snowsheds. Sometime since we returned from the Great West we heard that a number of miles of these sheds had burned down, and we, thoughtlessly, hoped that other hundreds of miles of the same scene marring sheds might follow the lead of this one section referred to. Could not some device be devised by which these sheds could be opened along the sides during the summer season? A space high enough to permit of seeing beyond, for it is a fact that these walled-in places usually comprise some of the prettiest of natural scenery. The railroad company, of course, wants its patrons to enjoy all these treats, and to recommend other friends to try this same line.

Blue Canyon was a most wonderfully beautiful scene. Its depths and extent, the immensity of distance to be noted in all directions from our elevated position, reminded me of crossing the Appenines before reaching Florence (in Italy) some years ago. I have traveled a good deal in this country and the other, but I cannot recall anything more beautiful and more satisfying to the hungry and tired alkali-smitten eye than the scenery along the Southern Pacific, especially after Reno and up to San Francisco. The Alps cannot compare in beauty and grandeur with the mountains which hem us in on both sides along this superbly equipped railway. The train, very
accommodatingly, at a number of places stopped and permitted the passengers to alight and view the scenes of Nature's marvel of beauty and awesome magnificence. I want to say again, here and now, that this Union Pacific Railway has given us complete satisfaction, and that our trip thus far has been perfect. The porters in our cars were uniformly courteous, and lacking that extreme lordliness of a similar fellow in the Pullman car, who, the night before, has no use for you and your grips, but the next morning when it comes to brushing-time, is all obscuriousness and froth and expectancy. The conductors, as I happened to notice in many of the divisions, were almost unnecessarily courteous and polite in answering questions, some pertinent but many others purely and simply foolish. It must try the railway conductor to be made the hitching post for every fool-questioner among his patrons. It is a position almost as trying as that of the poor deck-steward on an Ocean liner, who is every few minutes assailed for knowledge as to when the boat will reach Liverpool, or what the last day's run was, or whether the Captain really knows where he is sailing "at." Our tourist-cars were uniformly well and cleanly kept. Those who wished to prepare their own homelike meals brought forth in the refrigeratored state from the paper shoe-box, could have hot water, or by adding a ten-cent piece could get a small bucket full of hot coffee or tea, or even palatable soup from the dining car. Besides all this, on a hot day, these plainer furnished cars (i.e., minus the heavy upholstering, heavy curtains, and heavy carpets) make a long journey far more cool and comfortable. It puts the seal of satisfaction upon the lighter, plainly accoutered cane backs and seats or leather upholstery and the cool floor of concrete with its strip of Brussels running down the aisle. Talking about refrigerators reminds me that we got into the fruit country in the Sacramento valley, and a fruitfulness not soon to be forgotten. Here I noticed the Beef Trust* cars standing everywhere on the sidings loading up with fruit. I have never yet been able to see where they do the icing for which such an abominable charge is made by the Trust.* Possibly the icing is done in the breach than in the observance.

It was a very hot day before we got to Oakland. So hot that we wondered where all the glorious climate of California was to come in. The moment we got aboard the boat to cross the bay we found that there was a perceptible drop in the temperature, and those of us (which included perhaps all the tenderfoot contingent) who were dressed in lightest flannel-outing garb, and still sweltering from the heat, found that it was cold,—absolutely cold. I said to my daughter that this was doubtless due to the ride on the waters of the bay, and that when we reached the big city on the other side we would find that we were still in the United States in the month of July, 1903. But it did not prove so. Before we had half crossed the bay the air had become so penetratingly cold that we had to seek the seclusion which the cabin grants: and even then wrapped in such surplus purple and fine linen as was not moth-balled and embalmed in our Saratoga we were shivering and quivering like Mexican hairless dogs. It was towards four o'clock of the afternoon when we landed at the Market Street dock in San Francisco and found Dr. William Boerrieckie awaiting us. "Why, Kraft," said lie, "where's your overcoat? Don't you know this is our winter?" We had forgotten that. We thought that September and October and a little of November brought the disagreeable season with rain and sleet and perhaps some snow. Our ride on the outside seat of a trolley car did not perceptibly add to our diminishing caloric, but it was not very long before we left the busiest street we had seen since Chicago, and went to the hotel St. Francis where we were pleasantly lodged. As soon as we had gotten the dirt out of our eyes and cars we went down to Market Street and found a jam such as reminded us of lower Broadway, New York, of State Street in Chicago of a Saturday afternoon, or a "Benk" holiday in London. I don't know whether there are any other busier streets in San Francisco than Market Street, but this certainly was the limit. It must have been the cool weather which caused such strenuous hurry in the pedestrians; these overcoated and furred-folks rushed along the street and bumped into each other and away not waiting to apologize for their rudeness, but on, on, on! We soon espied the old Palace hotel where I had been domiciled on my other visit to San Francisco in 1876; but try hard as I could to untangle it, the city was completely strange to me and I was absolutely turned around. The points of the compass would not fit any more than my Cleveland watch would tell me what hour o' day it was. The size and beauty of the buildings recalled more than ever the same magnificent structures in New York and Chicago and Cleveland. And more remarkable still was its resemblance in great part to London,—especially when the mist, if it was not quite a fog, settled over the city at evening. Another thing I noticed was that San Francisco seems to be a night owl city. There was so much going on at night, so many, many illuminations, parties, balls, banquets until the very early hours; so that this took us on our wishing carpet to Paris, with its cerie hours, its sleep until eleven of the next morning, its coffee, butter, and rolls brought to the bed side; then a further nap until breakfast à la fourchette was announced at high noon. The tramways everywhere in the West, as I now recall, are of the narrow gauge, a little over three feet wide. But the service was good. Still, being a Cleve-

* Which Garfield says does not exist.
lander, and very much in love with my city and its public conveniences. I must say that the trolley system of no city which my daughter and I visited could quite compare with the Cleveland street cars. The funniest sensation to us, for a few days, was climbing those awfully steep hills on cable cars, and then in an instant going down another hill so steep and precipitous that you held your breath and wondered what would happen if the tail-hold done come loose. The predominance of wood in the buildings was to me rather a peculiar weakness considering the high winds, the awful hills, and the difficulty in getting the engines to the various parts of the city: I was assured, however, that fires are very infrequent, and that all engine houses are located at the top of the hills. Obvious, yes? That timber was so very cheap, and per contra other building material so costly, that wood continues to be generally selected in the residence portion of the city. In the business sections, stone and iron, of course, form the bulk of the edifices. Still I am not unmindful of the flimsiness of iron and stone when the fire starts, as it did in Chicago, in a wooden structure and is then swept by angry lake or ocean breezes against the iron and stone buildings. It is the awful impact and headway which a fire gets that causes the after trouble. The city is a delightfully clean one; but not so clean as Denver. If there was anything uncanny or foul about its streets,—I mean, of course, in the city proper, and not in its hovel-department or fish markets—for these may be found anywhere in any city—I did not see it. The city impressed me as a beautiful one, well-kept, clean and very attractive. Its citizens hurrying and bumping into each other as they did, were yet, withal, good-natured and splendid appearing. You get used after a while to seeing men in summer garments with heavy overcoats on; or of ladies in flimsiest of summer attire wearing heavy furks. In the residence portion of the city back over and on the hills some grand and beautiful buildings and accompanying gardens are to be seen. Van Ness Avenue seems to be San Francisco’s Euclid Avenue. I noticed the beautiful residence of Claus Spreckels, which is just around the corner from Boericke’s residence. The shrubbery, the flora, and, in general, the tree effects of the residence portion of the city are most delightful. Dr. Boericke’s house on Washington Street seems to have been implanted in a garden of flowers and artistically-clipped hedges all climbed over with trailing fragrant flowers of all colors, sizes, and aromas. The house of Dr. Florence—the affectionate nickname for Dr. Florence N. Ward—if such it may be regarded, for everybody loves and admires Dr. Florence Ward—stands on an eminence from which the bay, the Presidio, the Golden Gate, and a number of mountain peaks, could be distinctly seen from any of the many windows. On a clear, sun-shiny day it would not be difficult to amaze one’s self looking down on Lake Lakerne say from half way up Pilatus or the Rigi.

After dinner of the first day Dr. James W. Ward, Dr. Boericke, and Dr. Oliver, of Chico, called and we-uns all descended into the bowels of the earth under the hotel St. Francis, and discussed the prominent topics of the day, professional and lay, until Boericke was long-distanced to go to his Rockefeller-patient at San Mateo. Then we broke up, extinguished the embers of our camp-fire, and sought out and wrapped the draperies of our respective couches around us. It was worth a Sabbath day’s journey to sit down and pow-wow with James Ward. If there was ever a born promoter, a pusher, and a get-there party it is Ward. His eyes sparkled when he spoke, in his modest way, of what was being done in San Francisco for homeopathy and its interests. He was ever full of fire and enthusiasm when the conversation touched upon the prospects and future of homeopathy in his neck of the woods. If there is any apathy in California concerning homeopathy, then I have failed to find it despite my alleged pessimistic trend and my newspaper nose. Here all seems to be peace and more peace; the kind of peace that does things; not that other kind that permits itself to molder and decay because not opposed. Ward, when describing the fortunes recently past and to come for the Hahnemann College of San Francisco, used no uncertain language to convey his belief in its entire safety and reestablishment and its complete blossoming out as the school of medicine in San Francisco and of California. There was no mistaking the little feeling still left of the bellum and post-bellum times in regarding California as a little (?) principality all by its lonesome, and the rest of the United States as “the States,” whose paper money even to this day and date is not as welcome as the gold of California. California is not going to have any apathy in matters homeopathic—not while these two truly great men, Ward and Boericke, have in them the enthusiasm and the will to do what they are now doing and for the recent past have been doing. For all intents and purposes both are young men. A little out of the correct narrative I want to say that I saw the new hospital which is being erected near the college building. It is of brick and forms a double L; or perhaps better it is a capital E with the middle bar knocked out, the two wings reaching out and fronting the street, while the inside of the E is filled with flower-beds, driveways and the like. It was above the first story when I saw it. How does San Francisco with its mere handful of homeopathic physicians succeed in getting such a project underway? Ah, that’s Ward’s secret. That’s his way of just doing things, not waiting for the order to go but going at once and doing it. There may be the usual human bickerings in the profession and pos-
ibly even in the college faculty but it is not apparent as it is in other parts of the world; and the closest of cross-examinations of professional men here and there in the city or elsewhere does not disclose any real trouble, or any real skepticism as to homeopathy and its progress.

The Hahnemann College is built in the finest part of the city, not in the customary moved-away from district; it is a handsome structure and both commodious and ample for its necessary purposes. Thus far, and I thank my stars for it—I have not heard a word about treason in this college or in the Frisco profession. And as to any professor in the homeopathic faculty sending a son or even a student to an old school college, that is not to be thought of, not to say spoken of the same breath. These homeopathies are homeopathies. The Pacific Coasters are not afraid of the word Homeopathy in their college title, or in their diplomas. They court whatever obloquy its appearance might invite. Under the able generalship of Ward, Boericke and their several confrères the expenses of the college are easily met and no specter of bad finance sits grinning at the College elbow. It is one of the few, the very, very few commercially conducted homeopathic colleges which has no "kick" coming. It is successful, it is harmonious, it has a fine teaching corps, and it has laymen directors who do not hesitate to go down into their several and respective pockets and "pony" up for the good of the cause.

It happens that the mayor of San Francisco is a well-read homeopath, and when he selected James Ward for one of his city officials he knew just who was the right man for that place and what Ward would strive to accomplish. And the mayor, who was present and laid the corner-stone of the hospital, declared there and many times since that he was not mistaken in asking Ward into his cabinet as an efficient thinker and worker. I am reminded that in a conversation had once upon a time, with some prominent homeopathic college officials elsewhere, in the effete east, how it was hinted that Ward might be transplanted to that eastern climate, put in charge of the homeopathic college and cause it to boom—as the Hahnemann of San Francisco is booming. But when I told this to Dewey, he said, Dewey said, "Well, they don't know Jimmy Ward by a mill-site, that's all." Ward is a fixture of the Pacific Coast; one might almost say in the vernacular of the peanut politician that he is the boss of the homeopathic Pacific Coast; and there is nothing in the middle west or the extreme east that would disentangle Ward from his penates and lares in the West. Of course plaudits and hurrahs and laurel wreaths are pleasant to hear and see and appreciate; but upon these alone no doctor can feed his horse or shoe his children. I went three times to Ward's offices on Sutter Street and on neither occasion could I come within thirty or forty patients of reaching his inner sanctum sanctorum. Arndt said at the Bryant banquet that if I had come to him first he would have let me into the secret of all those thirty or forty patients always waiting to see Ward. But I believe Arndt, big and generous as he is, is a bit jealous, or perhaps it was Bryant's peach bo-lo which caused this sinister suggestion. No, Ward may leave the Pacific Coast some day, and not feet-first, but it will be some remarkable cataclysm of nature or some overpowering need of homeopathy that can shake him loose from his friends and hopes and loves and ambitions in California.

On the second day, Dr. Ward sent his automobile and prize-fighting colored chiffonier (who is a confirmed teetotaller) to take us a three hours ride over and around the city. Certainly we received such an impression of Golden Gate Park, the soldiers' camp, the Bay, and the Pacific Ocean, as well as the prettiest parts of the city as we could not have had on our own hook in a month of visiting. "Car-town" is a novelty and unique with San Francisco. This consists of a colony of people along the Pacific Ocean front who live in abandoned street cars. So many of these are to be seen and so artistically have they been arranged, added to, and built over, that the district is called Car-town. After an exciting spin at a rate which our ex-pugilist chauffeur could not, he said, properly gauge, we returned through Golden Gate Park at a little more leisurely pace. I am ready to say, and so is my daughter, that Golden Gate Park is one of the handsomest parks we have ever seen. I do not except Hyde Park or Regent's Park in London, or the Champs Elvsees or the Bois du Boulogne of Paris, or the Ring Strasse of Vienna. Central Park of New York, and our own Rockefeller Park system in Cleveland are handsome parks and driveways, having many unique beauties, but I do not believe they, or any, or all of them, can compare for varied foliage, trees, flowers, birds, general shrubbery and effect and artistic landscaping with Golden Gate Park. As you see, I am very much in love with San Francisco.

My real trouble began when I accepted the invitation of Dr. Edward B. Bryant, the registrar of the Hahnemann College, to meet a few rare and convivial fellows—no fellows— at a stag dinner at his house, that next ensuing evening. Innocently I laid my palpitating heart and consent in Boericke's hand, and we traipsed out to the bungalow of Bryant. There I was ushered into an ante-room—if I dared I would call it an Aunty-room, for it was built like a Rath's Keller, with low ceiling and high old-fashioned mantelpiece with two white porcelain dogs, with brown ears, and the ever memorable two little gold pitchers doing duty on the extreme ends of the old mantelpiece: while the same old-fashioned clock with lower part of the glass door in-painted with a winter-scene—the very same square seven-day clock which ticked me to sleep as a
child in an Indiana log house under a clap-board roof, was doing duty in the center of this aggregation of inanimate zoology and other ancient relics. The other appointments of this ante-room were in unison. A number of rare fellows were already foregathered, among them Rice and Manning, McConkey, who was full of the Institute Journal and the proper spelling of similitude; and one by one the faithful appeared in Tuxedos and other needful apparel, it being still very cold. Palmer, big and strong, had a hearty hand-shake and a jolly laugh (notwithstanding his invaliding as an emeritus) for yours truly; Sidney Worth, grandpa Worth Arndt called him, is the funniest and driest and wittest professional gentleman I have seen and met for many moons; Bruce was a profound listener; Ward was in his usual nervous fret, looking and talking and smoking, and laughing at Worth's funny efforts to keep Arndt from telling what Sam Jones did once upon a time in Ann Arbor. But who should come in at the opportune moment when the garcon was handing around a tray filled with small glasses containing ice—and other ingredients, but Arndt! Arndt, big and happy and warty, bald and good natured. "As became the heroines of the play, Ed Bryant came last from somewhere in the cellar or kitchen, and the spot-light accompanied him like the halo that President Cleveland used to have fastened to his No. 18 collar. (Now let me hear somebody hiss that reference as they did Royal Denom-thenes Copeland's reference at that Chicago banquet to the 'late William J. Bryan' and there will instantly be blood and gore galore and a plentiful plenty.) We took our places at the stag banquet in another room, where the table was loaded with choicest viands amid banked-up flowers and other things. I am writing this some two months after the occurrence and am somewhat troubled about remembering exactness of detail. It was a stag dinner because Mrs. Bryant was absent somewhere and my daughter was strictly forbidden the premises. Ward said, in an incidental way, that A. B. Norton of New York was at the Palace Hotel. Instantly there uprose a great clamor for the host to telephone the Palace Hotel and get Norton out to the banquet andols volens or volens nolens, no matter which, so that he was got there. While Arndt was doing the honors on his side of the table calling Boericke "Will," and everybody calling him Hugo because it means something decidedly funny in Spanish, Bryant rang in his pièce de résistance, a peach bo-lo. Ganymede Bryant tried innumerable times to make Arndt understand the composition of this later nectar of the gods, but the more he tried the less it seemed to penetrate. It was made in some part of ripe peaches, on a formula or receipt secured in a German University town, down whose most precipitous hill Bryant had made a sprinting match—for what special cause, criminal or otherwise, Arndt could not quite make out. About this time Norton drove up to the door. Then there was jubilation at that stag banquet! The East and the West truly shook hands over the Bryant peach bo-lo and all was soon forgotten and forgiven in the general joy of having one of the chief members of the famous Unanimous club in their respective and several midsts. Stories flowed as softly and smoothly and plentifully as other liquids beside the bo-lo. There was no shop talk I promise you, except when Arndt wanted to know why I objected to his using no commas or punctuation marks in a paragraph over forty-four words long; or, why, when I had said something that savored of alleged brightness in my alleged journal, I would wind it up with Sir? Then the further question arose, always from the Arndt side of the mahogany, why I was so confoundedly sensitive about spelling my name with a C instead of a K. "There is Guy Manning," said he, pointing him out, "who wrapped up each copy of the Pacific Coast Journal with his own proper little hand, and addressed it in the same fine Italian hand." "Oh," said I, when Arndt at last gave the rest of us a little loophole in which to say something, to Manning, "Is your the Guy, not misspells my name with so much gleeful unanimity?" And answering he said, "I'm the Guy." So we drowned the past in something that was not made by Ed. Bryant, and promised never more to do so again forever, I will warrant you that I am right in saving—and I appeal to Norton in verification,—that this was the nearest to an Unanimous banquet that has been in the west to date. Tomlinson with the mystic forehead came a little late but made up only for his tardiness. Boericke, the modest and careful, the unspeakable non-speaker, but who could laugh with the rest of the stags, who kept up a musketry and small-arms fire with Hugo, was not a day older than when I saw him behind a vierlet-liter of something brown and foamy in a Denver Raths-keller so many years ago. It was unfortunate for me that his Rockefellers patient at San Mateo required his daily attention so that I could only get at him after dinner. But he is a highly condensed and potentized man. You don't have to talk with him more than half an hour before you know he has been saying things worth memorizing and worth traveling across the alkali deserts to hear. He was much concerned because of the absence of his wife and family. My daughter said to me a moment ago when she found what I was writing, "I think that Drs. Ward, Boericke, and Dewey all look alike," I would like to have said this myself, but coming so close upon the peach bo-lo description I am afraid it would be sharply discounted. But there is truly, a wonderful similarity in the three. They are all of them good homeopaths and hard workers, with no pain of apathy in the loveliness of their blood. They are rustics, not poshers and each and every one of the three will leave footprints in the sands of time for other young fellows to see and admire and follow up, waving
the Excelsior banner high over their heads as does the bronze pioneer on his statue on Market Street. There is one other peculiarity to Bryant beside the alleged German dope called peach bo-lo that ought to be described, and that consists in his merry, merry laugh. He laughs both ways, coming and going. And when you hear the rippling backstairs effort at cachetion you will have to join the chorus, though you may not have heard the cause originalini. It is a most in-fectious affair—that laugh. You hear it once and you will pick it out of a crowd of a thousand people anywhere. Ward disappeared early—let me explain hurriedly and as clearly as I still remember the episode—that he disappeared through the door of entrance, as becomes a man and as Norton appeared, saying that, being Saturday night, he was obliged to attend some political affair down at the mayor’s office, and, hence. The party broke up in due season. I understand that Will Boericke and Hugo Arnadt stayed all night with Ed. Bryant, and next morning are said to have declared that the peach bo-lo acted upon them almost with the power and directness of the Filipino bo-lo. One of the trio had rheu-matism of the triginimus joint, and the other couldn’t keep anything on his stomach. It would seem that all three slept in one bed and the cover-let was sufficient only for Arnadt. I had designed to fly the burg Monday early morning, but Arnadt, tearing a bit of decoration from a cigar box (the contents of which he had grafted upon his own person) wrote me “Make no engagements for Monday eve.” So there I was nailed for another day among these jolly fellows.

On Sunday I had accepted an invitation for myself and daughter to partake of the hospitality of Dr. Florence N. Ward. As we stopped in the portals of that handsome house on the hill we found inlaid in the mosaic of the vestibule floor the word “Sorgenfrei.” Pretty, wasn’t it? We met here Dr. and Mrs. Manning, Dr. and Mrs. Rice, Dr. McConkey, Dr. Bailey, Mrs. Kent and, of course, our gracious hostess. Arnadt had been down for a chair and a plate, but for some un-known reason (unless it was the night-before’s bo-lo), he could not attend. It was a charming repast, filled not only with choicest of viands but with conversation and stories that were somewhat at variance and in contrast with other recent banquets. Dr. Florence was in her most happy of moods. Nothing went amiss. The affair was perfect from start to finish. My daughter could doubtless say what we had to eat and what the ladies wore. All I remember is that the totality of symptoms—the toot-and-scramble (tout ensemble) was perfect and successful. And what more can be desired? We all left with a good taste in the mouth. The larger part of the afternoon was spent in social visiting, talking, reading, looking out at the windows and admiring the modern Switzerland scenery spread out below and around us. I had a special treat, however, in that Dr. Florence took me to her study—a man would call it a den—in the top of the house, and my heart was caught in an instant. It was and is an ideal den. The absence of a row of stinky pipes, and a wooden sawdust-filled spittoon was not to be deplored. The shelves of books along the walls, the tables filled with the latest literature, medical and general, the invitations from all the surroundings to sit down and read or write were powerful and alluring. The range of topics delved in and most deeply, too, by this remarkable woman, would surprise some of our busy professional gentlemen. From A to Z—that is, from Astronomy to Zoology would just about cover the range of matter in which this bright eyed and greatly endeared woman-doctor and surgeon of the Pacific Coast browses and entertains as well as instructs her-self. If anyone for an instant watching her in the Professor’s toga or in the surgical clinic should imagine that medicine and surgery is all there is to her, successful as she is in both depart-ments, he will be most wonderfully surprised to find her armed cap a pie—is that spelled right? —i. e., armed at every point—in history, in story, and in the affairs of the world. A well-traveled, as well as a well-read woman. How this estimable lady finds time to devote to her household and the care and education of her two charming daughters—one but now graduated from Vassar—passes the ordinary understanding; but it is done without doubt upon the well-known belief that “the busy man always has time to do things.” And Dr. Florence does things. There is no barbaric display of costly or bizarre trophies found in other countries, nor yet filed out of our own second-hand curiosity shops; but everywhere in this house reigns the comfort and intelligence of a competent head and heart which accents the inlaid word in the mosaic on the front step “Sorgenfrei.” My daughter and I agree even to this moment that the afternoon spent in this home—and it is a home, not merely a well-appointed house—was one of the happiest and most care-free of our entire trip to the West and back again.

That same evening (it is not necessary to specify which one) we made up a party to visit Chinatown with a guide. The whole dinner party minus one or two—I do not recall who they were—passed through this one-time most formidable and dangerous quarter. In one of the principal stores we bumped into Dr. Norton and not far back of him struggling with some $500 Buhl chairs was his wife. So we combined our forces, dismissed the Norton guide, and visited the China women with the small feet: the man who plays three instruments with a hammer that looks like a wisp of Indiana hay; the opium smoker who spoke good English and had gold filling in his teeth and showed us how the smoking was done, asked us to note that the smoke from the burning opium as he expelled it from
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his lips had the smell of roasting peanuts. He smoked, he said, something like seventy pipes a day and had for thirty-five years but so far he had formed no habit. In other shelves along the sides of this subterranean den were other Chinamen asleep. We visited the Chinese theater, sat upon the stage, listened to the ear-splitting orchestra, saw the stage manager in straw hat, cigarette, shirt-sleeves, and other customary habiliments, arrange the stage while the actors were doing their stunts, moving chairs, piling up blocks, chatting with the musicians, and all this without a scrap of scenery or wings or curtains or anything else on the stage except the band, the several actors, and our little party. It reminded me of the Shakespearean times when this same form of giving a play was the vogue. That is, outside in the open air, on a staging erected in the courtyard or barnyard, with many of the neighborhood grandees seated on the stage and no bit of scenery anywhere. From here we passed into the joss house, had tea and preserves—which latter McConkey declares gave him the worst dose of hives he has had since he left Springfield, Ohio, for, of course, like all truly good men, he came from Ohio. The cake, which was of the layer variety, had a dark jelly-like substance interposed between the layers. Asked finally what it was we were informed that it was dried chicken blood. We saw many other things: a jewelry shop with men at work; the chink who had a cat that enjoyed opium smoke, and fought tobacco smoke. But the real old-fashioned horrors are closed since the threatened bubonic plague of some time ago. The city closed up many of the vilest dens; so that to-day much of the danger of this Chinatown visit is a thing of the past. Still, even as it is, I would prefer not to be caught alone in some of its purrices at the hour of night's back arch the keystpane.

On the Monday evening when I was once more enconced with Arndt (and my daughter was with Dr. Florence and a theater party), we, Arndt, Boericke, Crawford—who had now returned from the Institute,—Norton, McConkey, and Bryant were seated somewhere known only to the very elect with Hugo Arndt chief Illustrious and partook of a French dinner in a German restaurant. Ward had a seat reserved for him at the host's left but he sent word before the close of our goblin feast that he could not come.

This dinner was different from all the others which had gone before in that it was a continuous talk-fest, sometimes most serious, on the prospects of the school, of the Institute, and the journals of the trade. Before we got to this haven of French-German dinner it became necessary for some of us to hit the slot machine in order to get cigars sufficient for the subsequent banquet. I am told this is quite de rigueur in Frisco; that the very best class of men do not buy a cigar outright, instead they put their compendious stomachs up against an outdoor counter, and drop pennies and nickels into a slot machine and whirl the thing around and about to get the proper juxtaposition of cards for breaking the bank at Monte Carlo. Arndt has worked out a system, in the intervals between patients, that he prophesies will sometime break every slot machine everywhere; but as yet, as they say in Denver, more money has been put into the Rocky Mountains than has ever been taken out. On that same principle Arndt's cigars must have cost him a pretty penny. The pleasant way in which the host addressed his fellows was charming, free and easy. The tie passed as cheerfully as the special bouquet of Rhine wine. And no one seemed troubled lest the banquet break up like the one spoken of by Bret Harte in his ballads of Calaveras County. There was one little dissertation on warts that drew a good deal of attention and some fire. But it all ended in smoke. I never saw a more optimistic fellow than this same Hugo Arndt. And I wondered quite a number of times while in his company, why he didn't transfer some of his overbubbling wit and happiness to his Rundschau and Editorial Chat in his alleged Pacific Coast Journal of Homeopathy. He is the most deceiving fellow you ever clapped your two eyes on. When you read his journal you would suppose old Schopenhauer or Kant or Schlegel or one of those old salts of Philosophy had been reincarnated and was driving the editorial pen. And then you sit down with Arndt, after exercising the slot machine, and talk with him, and you nearly fall over with surprise and pleasure because of his happy, untrammeled, unphilosophical, childish, simple nature, his inborn esti
tude for telling a good story—when Sidney Worth isn't by—and his unquestioned ability to judge between one viande and another, for the dinner was excellent. Crawford regaled us in his usual happy, breezy way, concerning the things said and done in the Institute which he had attended. The Bohemian Club was in part rehearsed for my benefit. The prominent persons of the Institute, and the chief policies now controlling, were matter for much discussion. The visit of the Institute to California in 1907 was long and carefully gone over, with the assistance of A. B. Norton, to determine the feasibility of bringing the best part of the Institute to California. There were no flights of poetry or fancy appeals to the sentimental side in these talks. It was pure business. Can we get the Institute over here? how many will come; and where shall the entertainment be? And the questions set in motion that might are working now from a practical basis and will be ready for the Institute when the time comes. After the pro forma banquet Arndt took the bunch to a famous cafe under the James Flood Building where importent things are on tap, and so we closed another happy day.

I called the next day on Dr. Florence again at the Wenban—a word which always makes me think it comes from There is Woodford and
ought to be untwisted and mean something nice and tangible—I had the good fortune to meet the lady and had quite a pleasant, if brief, visit. My impression of her is one of admiration and deep respect. As I have already outlined herein before, she is a most wonderful woman, take her from any angle or viewpoint one may select. There is never an instant when she impresses the interviewer as trading on the eternally feminine. She is squarely a woman, a good, sensible woman, and as squarely a good doctor. She does not travel on her sex. Glory be! My male brethren understand my meaning better than I could write it. She has a steady hand, an iron nerve, but withal a soft and loving woman's heart. God bless her!

I also called on Sidney Worth and passed a pleasant time in talking over matters with him. He is a most sociable kind of a party to meet in his office as well as at a peach bo-lo banquet. I made a final attempt to penetrate the inner penetration of Dr. James Ward's office and then gave it up. He's too busy a man for a wandering medical minstrel to catch at large and at liberty during the day time; and at night time it would look as though I was pretty busy myself. Dr. Rice, an enthusiastic homeopath and professor, who was and is much impressed with the happy and original way in which he had arranged his office for the Eye and Ear specialty. He does all his eye work in a darkened room with the aid of the unvarying incandescent lamp. In this way he has a sure indication at any hour of the day cloudy or sunny. While if he depended upon daylight alone, there would be many fluctuations during the twelve or ten or eight hours—if he belongs to the union—in which he works. He has a most charming and vivacious little wife—although, I hadn't ought to say it, seeing that its none of my darned business; but my daughter and I both agree that Mrs. Rice understands taking in the stranger within her gates and doing him or her or both of them as the case might be, in a style most courteous and hospital and not soon to be forgotten. Dr. Rice spent some time in the Philippines. Dr. Manning is now no longer using Snyder's obesity tablets.

Dr. Bryant, like Dr. Arndt, has his offices in the James Flood Building in the very heart of the city, and one of the finest buildings west of Chicago if not west of New York. Dr. Bryant's rooms are fitted up in handsome style, with all the latest electrical machinery, surgical appliances, medicines and books. He has had some wonderful results in spinal anesthesia cases. He is Registrar of the college and a worker for fair. Arndt is a practical fellow if a sometime dreamer. He wants to get a series of rooms on the same floor with his several offices, and turn them into a homeopathic club and library. He is very enthusiastic in this and will surely accomplish his heart's desire at an early period. When next you go to his offices be sure to examine that aquarelle in his waiting room of a scene in Chinatown, it is a masterpiece. And also take with you an extra cigar.—The Editor.

Institute Bureaux Mix-up.

Dr. Clifford Mitchell, the famous urologist of Chicago, has somewhat to say in the current Medical Century anent the questionable arrangement of the Institute bureaux: suggesting as a solution that there be a standing committee to arrange the annual programme so that no two bureaux sit at the same time. And in this the able editor fully agrees, as does every other homeopathic editor and homeopath. But was not this rock the very one upon which the old Institute split and went to the eternal bow-wows? Was it not because surgery, and gynecology, and the other now independent sections couldn't meet when and as long as they pleased, that the Caesar section was done which has left us, as an Institute, three bureaux (which we seem unable to fill with auditors) and a number of high and mighty sections who meet and do as they please and when they please, have separate organization, officers, etc., etc., and then kindly ask the Institute to pay the freight? What has the Institute to say to the S. and G. Association, or the double O. and L. as to the times and places of their meeting? Will an autocratic command from the Institute President to these and other independent sections, now in nominal membership with the Institute, if it should cause these bodies to adjourn their bodies pending the session of the Bureau of Homeopathy, cause the sectional members to flock into the Bureau of Homeopathy meeting, and pretend an enthusiasm they do not feel? Don't put the screws too tightly on the sections, it might be unsafe. The feeling, for instance, in the S. and G. Association against the Institute for failure of the latter to provide proper times and meeting places for the S. and G. was not of the best at Chicago; and the O., O. and L. showed its teeth unmistakably when asked to come into the Institute.

So that the sectionalizing of the former American Institute of Homeopathy, has not brought about the peace in the different bureaux which its proponents so fondly prophesied. We are, in truth, exactly where we were before the scission; or if anything, a little worse; for the independent sections having tasted of their liberty to do as they like, are not in any mood to surrender that freedom and become once more subservient to the homeopathic sections or bureaux of the alleged homeopathic Institute. Besides, as they might justly retort, why should any one bureau be singled out for such special favoritism? Why should all hands and the cook be summoned on deck when the Bureau of Homeopathy is on to do its stunt? Suppose the S. and G. Association dared make such a request? Good land, but wouldn't there be something doing promptly thereafter?
If We Had But a Day.

We should fill the hour with sweetest things,
   If we had but a day;
We should drink alone at the purest springs
   In our upward way;
We should love with a lifetime’s love in an hour,
   If the hours were few;
We should rest, not for dreams, but for fresher power
   To be and to do.

We should guide our wayward or weary wills
   By the clearest light;
We should keep our eyes on the heavenly hills,
   If they lay in sight;
We should trample the pride and the discontent
   Beneath our feet;
We should take whatever a good God sent,
   With a trust complete.

We should waste no moments in weak regret,
   If the days were but one—
If what we remembered and what we regret
   Went out with the sun;
We should be from our clamorous selves set free
   To work or to pray.
And be what our Father would have us be,
   If we had but a day.

Why This Favoritism?

A suggestion was found in the letter to the Pacific Coast Journal of Homeopathy by “Dr. Florence” — as everybody the length and breadth and depth of California affectionately calls Dr. Florence N. Ward — which was based on a resolution offered in the Institute, i.e., that hereafter the Executive Committee of the Institute arrange the programme in such fashion that no Institute bureau or independent section shall hold a session when the Bureau of Homeopathy shall be on the boards. This gives rise to some few questions which may stamp us as treasonably inclined, and, again, may not. In the first place, why should any one bureau or section of the American Institute be singled out for this special favor? Again has homeopathy come to such pitiful pass that its avowed members must be driven into its chief bureau in order that that chief bureau go not by default? Can there not be enough life and ginger put into the papers and discussions of this bureau to cause the membership to go there gladly? Isn’t this putting the conduct of affairs medical and homeopathic on the plane of the preachers who insist on there being no baseball and football on Sunday, no sacred concerts, no visiting to the parks, or going out in the country, no kissing of his wife, or playing with his children, because if these profane and secular and sinful things are permitted, they, these preachers, will fail of an audience to whom to deliver the living word of the Great Jehovah? The end aimed at, perhaps, justifies the means; but it’s a bit un-American to invoke a curfew act and so shut up all the other places in order that the man must come home in one season at night. But back of all this seeming hypocrisy, there is a greater and a graver question. Does any one see it? Surely.

Christian Science.

In the British Medical Journal of recent date there appeared a letter which vividly illustrates the results of that silly but dangerous superstition called by its adherents “Christian Science.” We take the facts of the case as they are stated by the writer. Some little time ago a lady went to visit her son, who is a member of the sect. The lady herself had always been strongly opposed to the teaching of Mother Eddy. Quite recently, without any previous intimation that she was otherwise than in her usual health, her relatives were informed by her son that she had been taken ill and had “passed on.” Inquiries revealed the fact that four or five weeks previously the lady had had a severe attack of influenza, complicated with acute bronchitis. She was treated by the usual methods of Christian Science—that is, she was told to make believe there was nothing the matter, and to go about notwithstanding the cold weather. It was not till her condition became serious enough to alarm her son that a doctor was hastily summoned; this step, it was explained, was taken to prevent the necessity of an inquest.

On the doctor’s arrival it was plain that the poor lad was beyond human aid, and, in fact, she died twelve hours later. The writer affirms that not a word was said to the doctor about the previous “treatment”; he was given to understand that the patient had been suddenly taken ill. The doctor’s account is given in his own words as follows: “The deceased’s son came round to my house on Friday evening, February 24th, and asked me to come and see his mother, who was not very well. I went round at once, and found Mrs. —— sitting up in a chair before the fire trying to behave as if there was nothing the matter. It did not take me two minutes to find out that she was dying.” The relatives were informed that the lady had died of “acute bronchitis, followed by heart failure,” and one more name was added to the growing list of those who have fallen victims to “Christian Science”—a vain thing, born of fraud and nursed in folly.

The son asserts that his mother became a Christian Scientist and expressed a wish to be treated by its methods. The writer of the letter points out that even if this be true, it does not relieve the son of the moral responsibility for his mother’s death. Assuming the facts as stated to be true, it is surely high time that something were done
for the protection of weak-minded persons against their own folly and the fanaticism of those about them.

Globules.

—Did you eat any of Mellin’s Food ice cream at the Institute?

—Dr. Bertram Kranz, homeopathic physician at Bad Homburg v. d. Höhe, Germany, writes that he would be greatly pleased to see American homeopathic physicians who are visiting the old world. Dr. Kranz is complete master of English.

—The American Institute of Homeopathy held its annual session in Chicago, in and near the Auditorium Hotel, between June 26 and July 1, 1905. There was a large attendance and the meeting was a success. Chicago papers please copy.—Medical Visitor.

—The New York Medical Journal has succeeded in getting an apology from the California State Journal of Medicine for having printed: “Its advertising pages are notoriously an abomination of desolation, and even its editorial pages have been bartered for coin.” We do not ourselves take much stock in libel suits, but in this instance the N. Y. Journal was right to demand the retraction.

—Mrs. Harriet G. Paine, wife of Dr. N. Emmons Paine, one of the most active and public-spirited women in West Newton, died recently at her home, 1650 Washington Street, in West Newton. She had only been ill a very short time, and her sudden death will be a severe blow to her many acquaintances.

We extend our sincerest sympathies and condolences to our stricken friend and brother.

—There is a suit for divorce now pending in Nebraska, in which Lena D. Nelson asks for a separation from Elon A., and also for alimony and the custody of the youngest child, a boy. Now comes the father with an answer and cross-petition in which he denies the charges of cruelty and desertion, asserting in his cross-petition allegations against the wife that are quite serious, if true, and also sets up that she is suffering from an incurable hereditary disease. He alleges the child is afflicted in the same way as the mother, and asks that the boy be left with him. He charges that he was inveigled into marriage by relatives of Mrs. Nelson, and among other things says he was induced to marry her on a statement that her health would be saved by marriage “with a healthy, strong man.” The parties are understood to have a rather prominent place in Chicago society and have relatives who stand high in Omaha.

—Talking about the Cleveland Medical and Surgical Reporter reminds us to say that Dr. Geo. W. Spencer, of Cleveland, specialist in Dermatology, at the Ohio State Society meeting presented a paper on the “Care of the Hair,” and which the same, said afresaid paper, was given to us for publication. This paper now appears in the Reporter without credit to anybody—not even the Ohio State Society. On looking into the matter we are informed that the Reporter filched its copy, and published same without permission of the author. This is a decidedly unique way for the new editorial board to start out on. They will probably learn that this is not the best way to get a favorable standing with the profession.

—The Phi Alpha Gamma, we are credibly informed, had a smoker and vudvull on the Tuesday night of the Institute week. When we asked the guard at the rooms why we had not received notice of this, seeing that we, too, had participated in the lethal draught and things, and had duly registered our august attendance upon the Institute and in the Pag book, we were told that special messengers could not find us! Efforts had been made, etc., etc. If anyone was more conspicuous in the Institute meetings, barring Royal and Gatchell, than ourselves, unless it was J. B. Curtis Gray, then we don’t know who it was; nor was anyone more easily to be found. However, we were privileged to attend the Unanimous Club, and those fortunate mortals who have enjoyed this hospitality need no farther explanations.

—Some very valuable papers wasted their sweetness on the smoky air, and some spicy discussions took place before a formidable array of empty seats [in the Chicago meeting of the Institute]. Probably the average member thinks that he will get the benefit of all these in the published transactions, however, and possibly he will glance at that ponderous volume once or twice before he lays it away to accumulate dust and become valuable as ancient history. It is really too bad that so much good and valuable energy is wasted at every Institute meeting. What encouragement is there for the ambitious writer and conscientious student to burn the midnight oil in preparing a paper that is really valuable? If the members simply will not listen to these papers—and it seems evident enough that they never will—there ought at least to be some way to get them before the profession before they acquire a “general flavor of mild decay.” If this be treason, or, in other words, an argument in favor of an Institute journal, make the most of it.—Medical Visitor.

It may not be treason, but in the light of ordinary horse sense, it is worse: it is Thomas-foolishness. How could the publishing of an Institute journal cause any less of empty seats, or keep the members from baseball games or the department stores?
—But when it comes to working hard for a cherished object, making everything turn in the direction desired, bending every means to his purpose, and, indeed, furnishing both means and purpose, commend us to James A. Ward of San Francisco. Say, but he is a spanking team with a yellow dog under the wagon beside. "Keeping everlastingly at it" is his motto. He is making homeopathy in California a household word, and a good and welcome one at that. More power to his elbow!

—The Medical Visitor wants to know what has become of Wilson A. Smith? Well, well, what a query! And Wilson A. the last editor of the Medical Visitor preceding the editor who now asks this burning question. Truly and alas, Republics are ungrateful. But we must say with Editor Happy B. Dale that we would like to know what did become of him? Has he fallen into the same niche of oblivion which so suddenly engulfed another Chicagoan and also a one-time editor of a Homeopathic journal. Pshaw! what's the use getting mad. Come forth—or fifth. Shake off thy knarryy, O man, and gird thee anew for a ground and lofty tussle with fate and the Institute.

—Mark Twain says that reports about his death are greatly exaggerated. Doctors just at this season of the year often exaggerate the importance of keeping at work. It was a great statesman who said that a man could do a year’s work in ten months, but not in twelve. In those hot and muggy days, when the doctor hopes that the telephone will get out of order, and—wishes that obstetric patients would have more consideration in timing their efforts, it is best to leave most of the work to young men; to the young men who have no time to spare because they wish to devote every minute of their early days toward getting together a clientele so large that it will prevent them from taking any time for themselves in their later years of professional work.—The Post Graduate.

—"Just a word," says De Witt Wilcox, now the President of the Homeopathic Medical Society of the State of New York, in his prefatory foreword, just received, bidding us and every other similarly-minded brother of the profession to lay aside all excuses, all obstetric cases, and come to the semi-annual meeting of this Society at Syracuse, Sept. 26th and 27th. The programme shadowed forth in the neat little folder is a good one. This eloquent request for your attendance is signed by H. Worthington Paige, who is another of those splendid fellows to meet, as well as a thorough homeopath and skillful physician. Dear us, say, if we could but get away from our restricted parish practice, how we would enjoy a mingling with these brethren of the East. But here’s love and luck to you, boys and girls.

—Dr. J. Richey Horner, with mental and nervous diseases a specialty, has removed to the Rose Building, Cleveland, which is a small replica of 100 State Street, Chicago. Doctors and doctors and yet more doctors.

—The long lost Dr. C. E. Fisher appears once more upon the horizon of journalism, this time, however, only as a contributor, and in the Chicago Tribune. He writes one of his old-time fiery letters to that daily paper attacking the position of belittlement of Richard Weichman in re the yellow fever. Dr. Fisher shows that all mosquitoes do not carry the yellow fever germ, but that some do. He closes his newspaper article thus:

"But instead of this being a reason why the subject should be considered lightly, is one of the gravest sources of danger. Native parents and health boards do not screen infants sick with a native ailment. Mosquitoes have free access to them. Some native child is having yellow fever the year round. Some member of the Culex tribe is always at hand to suck its blood. Some non-immune adult, during American occupation, will always be at hand to suffer. It will not be carried from American to American, because science has taught us to screen American cases. Perhaps if flippant newspaper correspondents and fatalistic political governors do not officiously meddle, Maj. Gorgas and his co-workers in Panama may eventually get all mosquito beds destroyed and all yellow fever subjects, both native and American, properly safeguarded by screens and nets, and it may yet not be dangerous to live in Panama.

"We can hardly afford to deal in trivial vein with a disease which has cost us an Ord, a Waring, and a Nast."

—The question of the amalgamation of our [The American Hom., O., O. & L.] society with the American Institute received very thorough consideration; the discussion occupied at least an hour and a half, and some members of the affiliated societies were invited and gave their arguments in favor of affiliation. The motion was lost, as will be seen in the following proceedings, but it might be of interest to some to hear that the postal card vote obtained by the committee was over 125 against amalgamation out of a total vote of 140.

Some of the active members of the Institute argued that our society ought to be loyal enough to homeopathy to at least give to the Institute an hour or two’s session. Have we not and are we not willing and glad to do so? The writer vividly recollects taking part in such a session of the Institute three years before, about thirty occupied chairs, and this year our essayist at a similar session counted his address because the deep interest of the general Institute members did not supply him with a quartum to open the session. Is it the non-loyalty of the O., O., and L. to homeopathy—which it may be incidentally noted
inaugurated the scientific reproving of drugs now occupying our attention—or is it the non-interest of the general practitioner that indicates that such sessions are failures? Does not this again demonstrate from the Institute side that the action taken by our society was in accord with the judgment of the rank and file of the Institute members?—The Hom. Eye, Ear, and Throat Journal.

The double O. & L. people have long memories. We don’t blame them for sticking to their present organization—since it has proven a good thing for them. What has loyalty to the Homeopathic Institute to do with the double O people, when as we all know, this section in the Institute was a movable feast; was shunted from room to room, from day to day, regardless. This year it seemed to be the S. & G. Society that had nowhere to put its feet-lets when it wanted to meet. Look out for a real old-time session if proper attention is not given these independent sections. They had good meetings before they were amalgamated with the Institute. And so the double O fellows dared invoke the postal-card vote! Well, well, you might know at once that this was not the Institute—for if such a procedure had been proposed in that august body, we know of a certain circle of nobility, who would have had continuous cat-fights until the proposition had been put to sleep on the table.

—A. Garfield Schnäbel, of the Cleveland Homeopathic Medical College, appears by card upon our review table as a Clinical Microscopist and Chemist with an appended menu of prices for finding things in the urine, sputum, stomach, and so forth. We have pleasure in recommending Dr. Schnäbel for we know him well; we esteem him a most lovable gentleman and thoroughly capable in his chosen specialty.

—Dr. E. R. Eggleston, at one time of Cleveland, Professor and Registrar in the old college, but more recently of Mt. Vernon, O., has been visited with a stroke of paralysis. His eyesight has been affected for some months so that professional labors were almost impossible to him, so that he withdrew almost wholly and gave himself to the cultivation of ginseng. Dr. Eggleston has always been an original thinker and a hard student and we fear he taxed his body to the danger limit.

—The Critique is on the warpath for good Homeopathy. Its September issue contains the prospectus of Dr. G. D. Waring of Chicago showing what he proposes to do in a series of letters, towards throwing down the false gods in the Temple of Homeopathy, and re-establishing the True Faith of Hahnemann. What can any homeopath say to that except "God speed you!" The Augean stables need cleaning; of this there is no doubt. Let us wish our modern Hercules lots of power to his elbow.

—The Texas Homeopathic Board of Medical Examiners will meet early in October for examination or registration of applicants desiring Texas licenses. Particulars can be had from the secretary, Hunter B. Stiles, M. D., Waco, Tex. Fee is $15.

—We read with profound sorrow and deepest concern in Pratt’s circular announcing his recent annual session of the Orificial class that it was to be the last of the series. First, he gave us his journal, now the class. It will be a distinct loss to the profession and to a suffering world.

—Frank A. Ruf.—of Antikamnia fame—is traipsing with hot foot, clad on with swathy brow and clunging union-suits, up and around the immediate vicinity of Mt. Vesuvius, which has now resumed its eruptive exercises since the Russian-Japanese war has come to a peaceful finish. Ruf needs rest and he does the wise man’s trick, i. e., pulls loose from his treadmill and takes his rest. Perhaps he is studying the eruptions of Vesuvius with a view to gaining a few points on a new combination of antikamnia with something to cure eruptions.

—The editorial staff of our local contemporary has cast out the impulsive and scolding “K” from its staff and is now reduced to two good men and true, one whereof doesn’t yet quite know that a good writer for journals does not use “hysterics” (italics) more than a half-dozen times in each sentence. Indeed, among men who are truly great in journalism he stands paramount for conciseness in expression and get-there talk who can say what he wants to say without “hysterics.” And this one of the editors fails to understand, we viewing that knowledge from a reading of the leading editorial for September. The use of italics is nowadays restricted almost wholly to the feminine ready-letter-writer, especially in the several postscripts.

—We are greatly pleased to learn that Dr. Wm. Boericke, of San Francisco, has been prevailed on once more to take up the portfolio of materia medica in the Hahnemann College of San Francisco. There are in and near San Francisco many men young and enterprising who are true homeopaths, and good teachers, but there is only one William Boericke, author of many text books, and beloved by all, who can, during his life-time, teach materia medica. Hahnemann College is a wonderfully enthusiastic homeopathic school; no apathy visible anywhere; no pessimistic fears for the future; and we are glad, as we have said, to know that Boericke has again donned the toga and will appear in his proper and only role in a homeopathic college.

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. CHATTERTON & CO., Publishers.
Reasons Why the Alkaloids Win.

There are men who say, when asked why they do not practice Alkalometry (active-principle therapy) that “they have not the time to learn this new thing.” This state of mind is an error—a bar to progress. If they really think so they either totally misunderstand the method or else they are unwilling to take even the least trouble to improve the status of their therapeutics. There is not the slightest trouble to learn the use of the active principles. The same uses to which you would put ipecac or digitalis, and be uncertain of the result, are served by emetine and digitaline, with certainty of result, to say nothing of the elegance of form, economy of cost, and satisfaction of the patient. If you use the tincture of aconite or the fluid extract of hyoscyamus you really give them for the effect of the aconite or hyoscyamine supposed to be contained therein, but you know that you cannot give either with the certainty that the effect you desire will follow—that the dosage in the number of drops or the portion of a teaspoonful that you give is absolutely certain as to active-principle content.

That this cannot possibly be the case when you use the fluid preparations you well know. Not only does the drug itself differ, specimen by specimen, according to climatic conditions, locality, etc., etc., but the product of the same house, based on a different lot of drug, as well as production of other houses, made from the same proportions cannot possibly be expected to give the same therapeutic results. Age and evaporation have to be reckoned with. The original drug in its natural state may have contained either more or less of the principle which gives it its uses as a medicine according to where it grew, in the sun or in tree shade, etc., etc. This is the fluid extract, the galenical preparation of our fathers—the thing of uncertainty that is passing away as rapidly as the evolution of time and sense rolls on.

Alkaloidal pharmaceutic dynamics calls for the extraction from the leaves, roots, seeds, or bark of a plant (whatever part contains its active principle) the substance which makes the plant valuable for our armamentarium and if that alkaloid, resin or concentrate is divided into mathematically exact doses and these doses are offered to the doctor in the shape of soluble elegant tablets or granules which please the eye and do not offend the nose or taste and can be depended upon to do the same thing upon every occasion, who can say that our method of alkaloidal therapeutics is not an improvement upon prior conditions?

Alkalometry and its promoters are responsible, too, for another advancement in therapeutics that is fixing itself upon the professional mind as few things have in this last century of progress—namely, the doctrine and rationale or “clean up—clean up and keep clean.” As applied to the alimentary tract wherein lies the source of all disease. Just so long as the system is smothered in its own toxins just so long will there be sickness and that we may relieve these conditions we must see to it that the sewers are flushed and that the food ingesters are properly taken care of and that the glands of the body work as they should work, that equilibrium takes the place of disequilibrium as it does. This is thoroughly and speedily accomplished by the use of small and repeated doses of calomel, sometimes with the addition of podophyllin, followed by magnesium sulphate in effervescent form, with the sulphocarbolates to follow. The best preparation of magnesium sulphate on the market is “Abbott’s Saline Laxative,” and of the sulphocarbolates on the W-A Intestinal Antiseptics. These, with proper dieting and Strychnine Arsenates q. s. or in anemia or following protracted illness the Triple Arsenates with Xuclein will accomplish what it is essential to accomplish Cito, tuto, et juemunde.

Literature on these various phases and especially on the “clean up—clean up and keep clean.” will be supplied on request.

Relief in Neuralgia and Girdle Pains.

The efficiency of antikamnia tablets in neuralgia is beyond dispute and is well illustrated by the following case: An old nurse who had suf-
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It is useful to note that antikamnia tablets have been prescribed for her. For pain about the head from almost any cause, antikamnia tablets always have undoubted preference over all other coal-tar preparations. They are a useful adjuvant in the treatment of migraine, and the headaches of school children promptly yield to moderate doses.

In cases of organic spinal disease they proved of considerable value. A woman of 52, with transverse myelitis (complete paraplegia) found them reliable for controlling the very annoying girdle pain. Two or three doses of one tablet each, within twenty-four hours, were sufficient to make the pain endurable. In another case, where there was the girdle sensation connected with its earlier history, and numbness and paresthesia of the lower extremities existed, one antikamnia tablet was given three times a day along with a regular potassium iodide treatment. The observation of this case extended over 18 months and at no time has the progress been so satisfactory as during the last six weeks, in which she has taken antikamnia tablets regularly.

Modern Therapeutics and Pharmacy.*

BY FREDERICK HADRA, M. D., SAN ANTONIO, TEX.

In speaking of ethical proprieties, he says: "I should be sorry, indeed, if the prejudices of any member of this society should so far overcome his better judgment as to banish all or most of these drugs from his practice without investigating their merits. So, if we desire a local antiphlogistic effect, and have to choose between the ancient, unsightly, unhygienic and troublesome flax-seed poultice and the newer proprietary article called Antiphlogistine, a physician must needs be prejudiced, indeed, who will prefer the former. . . . It may be a matter of theoretical indifference what preparation we prescribe, but it may be quite a different matter with the patient who has to use it for long periods." . . .

"Does it not strike you as somewhat incongruous that we alone of all professions and trades should rise up in arms against a co-ordinate branch which is continually striving to assist us in improving our therapeutic weapons? If we would take advantage of the opportunity offered to make intelligent selection of such preparations of drugs of reliable concerns as appeal to reason and common sense, those of us who do so will certainly have an advantage over those who do not."

As regards the refilling by the druggists of prescriptions of proprietary remedies, he says: "If I am called to treat a sprain of the ankle, and find it necessary to order an antiphlogistic application, it would be just as easy for the patient to send to his druggist daily for more flax-seed meal or iodine, as it would be for him to order more cans of the more cleanly proprietary preparation, Antiphlogistine. A tonic or cough medicine, quinine mixture or capsule would share the same fate whether proprietary or extemporaneous." . . .

"If the intelligent use of the drugs mentioned is not injurious per se, why should we protect the laity against their use any more than against the employment of any other drugs? Would the committee advocate the abandonment of calomel, castor oil, mag. sulph., quinine, flax-seed meal, paregoric, laudanum or carbolic acid because the laity can also go to the drug store and purchase these just as they can Cascara preparations, Phenacetin, Listerine, Antiphlogistine, etc.?

The New Therapy.

FLUID VIBRATION

and

THE PHYSICIAN'S VIBRAGENITANT

Every physician is either using Vibratory Stimulation in his practice or contemplating installing a Mechanical Vibrator, and we believe the time is most opportune to call their attention to a wonderful appliance—"The PHYSICIAN'S VIBRAGENITANT."—that has recently been receiving great commendation from leading authorities.

The superiority of this Vibrator is in the remarkable rate of its vibrations, between seven and eight thousand per minute, or double that obtained by other vibrators therefore great penetrating power is insured without the use of force or pressure.

Other important features are: Its simplicity, ability to vary the force of the vibrations while in operation without decreasing the speed. No oil is used and the absence of the objectionable "flexible shaft" is at once noticeable.

* Extracts from an article in the Texas Medical Journal for March, 1905.
By using a specially designed set of Applicators a new principle is introduced: i.e.: "FLUID VIBRATION," making it possible to treat the most delicate parts, Eye, Ear, and Internal Organs, effectually and with perfect safety.

A handsomely illustrated catalogue has been prepared by the manufacturers, Messrs. Sam J. Gorman & Co., 21 Quincy St., Chicago,—giving full particulars and much information of value.

As it is a good reference booklet, no physician should neglect to write for a copy.

Proper Temperature for the Widal and Ficker Tests.

In making an agglutination test for the diagnosis of typhoid fever, it is customary to place the mixture of serum and bacilli into the incubator, since clumping will here be more rapid than at room temperature. Recently K. Sadler has shown that a still higher temperature is even more favorable to bring about a rapid clumping. In all his tests the tubes were placed into a waterbath kept at a temperature of 55 C., and the Widal test performed this way was often positive in a high dilution where it was still negative if done in the ordinary way. Indeed, a more rapid reaction was obtained with the Ficker diagnosticum at 55° than with the live bacilli.—Berl. klin. Woch.

Items of Interest.

Cedar Vale, Kansas, July 27, 1905.
Bell & Co., New York:

Gentlemen:—The sample of Sal-Codeia Bell was received some time since and I desire to thank you for the same. I take pleasure in saying that I have been practicing medicine for twenty-five years and that your Sal-Codeia tablets are far ahead of any proprietary medicine I have ever used. My wife has been a sufferer from head-splitting neuralgia for years and have never found anything that would relieve her except morphine and chloroform until we used Sal-Codeia. The second dose has never failed to give complete relief and without any bad after effects. I have tried them in other cases where doctors had failed to give any relief and the tablets acted like a charm. Enclosed please find $1. Send me the value in Sal-Codeia tablets.

Respectfully, (Signed) E. M. Donelson, M. D.

—Battle & Co., of St. Louis, have just issued the sixth of their series of twelve illustrations of the Intestinal Parasites, and will send them free to physicians on application.

—For tamponing, Kennedy's Dark Pinus Canadensis is preferred by many.

—The many friends of the Sultan Drug Co., of St. Louis, have watched with much interest the progress it has made during the last few years. While it is conducted along strictly ethical lines, it seeks by devoting the utmost care to the manufacture of its preparations, to secure for the physician who prescribes its products, the highest quality, absolutely uniform and reliable.

—Seats may always be reserved for any afternoon or evening performance at each of the Proctor houses, either by mail or by telephone, and such order will meet with prompt and accurate attention. Patrons may also have these tickets mailed to them by sending check or money order.

—To California Thro' Colorado.—That's the only way to go if you want to see the grandest scenery on the globe.

For hundreds of miles the magnificent panorama of Rocky Mountain scenery unrolls before your eyes—then on thru' Salt Lake City, with its far-famed Mormon Temple and Tabernacle, across Great Salt Lake on the famous bridge and over the majestic Sierras.

All of the Burlington California Excursions (which leave Boston, Chicago, and St. Louis every week in the year) travel via this route.

A postal card request will bring you detailed information and interesting publications about California. Write me to-day. P. S. Eustis, Passenger Traffic Manager, 209 Adams Street, Chicago.

—The methods taken to exploit Hydrozone are worthy of attention. It does not appear upon the street corners nor in the market place with transparencies and blare of brass to coax its value. It makes no effort to push itself by unfair or untruthful means; it is able to live on its intrinsic merits well known to the medical world. Compare this record with some of us alleged contemporaries.

—A course in Electro-therapy at the Illinois School, usually costing $20, can be secured for $5 by addressing Z. Z., care The American Physician.

—A recent issue of the Pharmaceutical Era contains an interesting account of the dinner given at the Holborn Restaurant, London, by Samuel W. Fairchild, of the well-known firm of Fairchild Bros. and Foster, in honor of the trustees of the Fairchild Scholarship offered by the firm to pharmaceutical students in the British
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Isles, as an evidence of Anglo-American pharmaceutical friendliness.

—The Journal of the American Medical Association in a review of the "Protonuclein Therapy in Typhoid" says, Protonuclein is indicated according to Latta in typhoid, because it increases leucocytosis and thus adds to the resisting power of the cell structure in overcoming disease. As soon as he suspects Typhoid, without waiting to insure the diagnosis, he commences to give Protonuclein, usually giving large doses in the beginning, lessening the quantity until the system has responded to the treatment, two tablets every three hours being the usual dose, the patient taking no other food nor medicine for two hours. At the end of the first half hour of this period, 4 to 6 ounces or more of hot water are given and thirty minutes later the dose of Protonuclein and then an hour allowed for absorption. In this way every three-hour period is divided into two parts, the first two hours devoted to Protonuclein and hot water and the last one to feeding and whatever other treatment may be indicated. Frequently during the first twenty-four hours no benefit may be produced. The temperature and disturbing symptoms may increase. After that both will decline. The treatment is not an abortive treatment; still, it is not unusual to have a patient better on the eighth or tenth day than would be the case with the old method at the end of the third week.

—The treatment of cystitis should be direct and indirect; whether it be due to gonorrhea, obstruction, or any other cause, the management is essentially the same. Here, rest is of first importance; such a condition of quiet is, at times, necessary that on the surface of the urine in the bladder there is not a wave or ripple. The hips should be raised and the urine kept from the bladder neck; the general health should be cared for, and the use of such demulcent diuretics as will flush out the bladder with minimum discomfort. For the accomplishment of this purpose, the following is of service when the urine is alkaline and much decomposed:

B. Cystogen tablets, aa. 5 gr. No. XXV.
Sig.—One in a glass of water after each meal.

—The Century Magazine, despite its many competitors, keeps to its original standard of excellence. Its pictures are of the best engraved, best colored, and best printed. The subject matter of its stories, fiction and truth, always appeal to the reader as selected and prepared for that excellence and not, as is so often and so obviously the case in other magazines, to fill space. We have now in mind an improbable, nay impossible story, in a current story journal, in which the author causes a twenty thousand pound diamond to balk, to move from point to point, to talk, to burn objects, and even kill, to cause bankruptcy and other supernatural things, and having played on the reader's credulity and hope that some explanation would be vouchsafed for this supernatural business for many issues, quietly closes its last chapter without a reference to the foolish parade of lurid imaginations. A girl of twelve could write a better story than that. It was an insult to the reader's intelligence. The Century Magazine builds its stories on some line of probability, or lets you know early in its unwinding that it is an allegoric effort. We are very fond of The Century, and are always pleased to have it come to our table.

—The death of Mary Maps Dodge will cause some disturbance in the conduct of St. Nicholas; though the magazine is so well established that the loss of any one editor or conductor cannot seriously interfere with its progress and success. Mrs. Dodge was a wonderful woman, and to her able clear and clean sightedness is due the present impregnable success of St. Nicholas.

—The monthly American Review of Reviews—in its last issue—dealt with the Portsmouth Peace Commission, although when the Review went to press, no decision had been reached. Therefore, the forecast made of the probable outcome was really prophetic. The current events of the month last past were carefully dissected, pruned, and edited, so that a truthful picture of the same could be formed. The paper on Witte, by E. J. Dillon was an excellent one. This journal is certainly unique and wonderful in its all-embracingness. It reaches out to all parts of the world, brings news, pictures, cartoons, essays, and reviews of all books as well as events.

—Mr. Proctor is one of the pioneers in the Sunday concert business in New York. For nearly fifteen years his metropolitan playhouses have provided fine Sunday entertainment, both afternoon and evening. In fact, it is worthy of note that the Proctor playhouses have been the only ones that have ever succeeded in profitably giving Sunday matinees.

For the coming season the Sunday programmes will be stronger than ever.

While the Sunday "Pops" are always refined and carefully edited, so to speak, the element of comedy is by no means overlooked in them. Mr. Proctor is a firm believer in the right of a very large section of the public to have their amusement according to their own likes and best judgment. When he instituted the Sunday entertainments at his houses it was with no little misgiving as to the results. But to his great satisfaction the concerts proved successful from the very first. They have even won praise from distinguished and conservative clergymen, who have contrasted them very strongly with other Sabbath shows of a less careful nature.
The American Physician

NOVEMBER, 1905

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

OUR PORTRAITS.

R. S. COPELAND, A. M., M. D.,
ANN ARBOR, MICH.

THE PREVAILING APATHY

The threat of Waring in the Critique of enter-
ing upon a Peter-the-Hermit crusade against the infidels and Saracens, the Goths and Vandals in our ranks and midst, may tend to decrease their number, or to jack-up their wavering homeopathic allegiance; but neither scolding nor cajoling the profession or the colleges, it seems, can cure the obvious apathy. For the man in the profession, or in the professorial chair, has his idea of Homeopathy so firmly fixed that he will fight for it against all tracts and against all homilies which accuse him of treason.

* * *

The preparation and publication of prize essays in the Medical Century, for like reasons, fail to meet the symptom picture of apathy; they are read by the philosophers and the physician-students in the profession; but the average busy practitioner, he who is able to keep the bottom of his 'tater bin covered, and his meal sack sleek and plump, does not read them. Why should he? His bread and butter are assured under his, possibly mongrel practice. He is content to leave the abstruse creeds and doctrinaires to the bespectacled and unsuccessful old-fogy practitioners, who rarely continue in one locality for more than a twelvemonth.

* * *

Appeals to the public press to exploit our exceeding goodness, the great number of good locations standing in the market places crying aloud for homeopathic physicians, and to do this and these all for nothing, was tried several years ago, upon the order and resolution of the great American Institute of Homeopathy, and, still, the apathy continues and waxes fat. Let us be understood, we mean the apathy in relation to the getting of students for our homeopathic colleges, and of students who have gone through the preliminary years have failed to issue from the portals as good and honest homeopathic practitioners.

* * *

The modern youth leaves his high school or college filled to the full with scientific lore; in other words, he is a crass materialist. Transfer him, thus mentally caparisoned, into a modern homeopathic college, where he falls into two years of bacteriology, physiology, psychology, chemistry, and a number of other dodos which have no business in a medical college, so
that by the time that for which he was sent to medical college reaches him, he is become a dyed-in-the-wool skeptic in homeopathic therapeutics, or in any other system of therapeutics for that matter.

How can we wake him up to Homeopathy? It is a hopeless case. He is lost to Homeopathy; and he will not be slow to take an allopathic post-graduate course, if not a full last year, in order to have a diploma for his office wall in which the word homeopathy will not anywhere be found. One who has never known the sweetness of the Christian faith may be so tutored as to become a true follower of the gentle Saviour. But a former Christian who has fallen away rarely, if ever, is brought back to the fold.

* * *

Nor will the careful and prayerful reading of there and here a section in the Organon tend to mend matters. We have had two colleges, one of which still survives, founded upon the absolutism of the Organon and the true application of the law; yet there seems to be as much apathy in that remaining school touching the number of its students from year to year as in the other less-favored alleged homeopathic schools. The homeopathic medical student of to-day wants to see and do things; and he brooks with scant patience the few hours given each week to the Law of Cure, the Totality of Symptoms, and all the other time-worn, doctrinal trade marks of Homeopathy, so frequently found in the textbooks, in the prize essays, and literature, but so, almost, universally lacking in the practice.

* * *

The tendency of the modern day is to the refinement of refined gold until no gold is left. We are a materialistic age. A touch-taste-and-handle age. In medicine, as now construed, the riddle is to find the microbe, then smash his face. Our over-learned professors in their efforts to make the subject of Homeopathy palatable and to remove from it the customary ridicule heaped upon it through willful ignorance, have disjointed and dissected that homeopathy—and so proved it by "ikons" and ions of electricity, by prisms, by colors, by sounds, and in other recondite metaphysical ways to be a scientific proposition, that the simple use of belladonna for scarlet fever, or nux vomica for constipation has been utterly lost sight of.

* * *

Are there, then, no hopes for Homeopathy?

* * *

There are. But we must go back of the college. We must go back of the immediate patient, as Holmes said, in order to find the cause of his sickness and its cure. It is almost too late to make an honest genuine homeopathic physician of a high school or a B. A. degree college graduate. He is set in his ways of reasoning and thinking. There are some exceptions. The Roman Catholic Church has very wisely said, "Give us the first six years of the child's life, you may have the rest."

* * *

It is the preceptor who will save us from utter annihilation as a school of practice. It lies with him. Better two years of homeopathic preceptorage than ten or more in a modern homeopathic college—so far as Homeopathy is concerned. He, the Preceptor, is who has the power to teach his student the value of the homeopathic remedy upon the proper indications, before that youth knows aught about The Law, or The Potency, or the Dose. He can show this neophyte the actual working of belladonna, the actual working of rhus or bryonia. He can call his attention to the similarity of the indications for the remedy and for the disease. In short, he can give him the practical detail of the profession and let him note the improvement and the cure of the patients, before having him loaded down with technicalities and philosophies and overlearnednesses.

* * *

And that young man will develop a love and an enthusiasm under that preceptor for the beauties of the homeopathic medicines that will never, never leave him. And when sent to the nearest homeopathic college he listens to the ridicule poured out upon the potencies and the dosage, he will not be affected by them, for he has not seen the work done by homeopathic medicatation? What cares he for that story of the drop of medicine in the head waters of the Mississippi and a spoonful of it taken out at New Orleans, and those other side-splitting absurdities which many of our homeopathic (?) teachers do not scruple to tell, for he knows what that "fool" potency will do.

* * *

It is like love or religion. Once you have it you have it. It requires no learned essay to assure you that you have it. And, per contra, neither can any learned or ridiculous argument cause him to lose it. Given an honest homeopathic preceptor and his apprentice will become a homeopathic physician. Without this preliminary tutelage, he may in time at the average modern homeopathic college become a fine surgeon or a good bugteorist or an expert in deciphering the kind of serum most useful in combating certain forms of disease, but as to Homeopathy—!

* * *

The young man bent upon becoming a minister of the Gospel, who does not know the value and sweetness of Christianity before he enrolls himself in a theological seminary is but scantily prepared for the work of saving human souls. If it requires argument and scientific reasons for assuring him that the Divine Master ever lived and mingled with the poor in the now-called Holy Land; if he is ever ready to dispute with his
teachers the validity of this or that law or precept in the scheme of salvation; then he will make a good theological controversialist, but not a Christian minister, one whom the common people would hear gladly. He is that young man of whom a blasphemous scribbler wrote that having succeeded in winning his spurs in the University being asked what now he purposed doing, answered with a bored yawn, "damning, preach, I guess."

* * *

The prayers we learned at our mother's knee are sweet and sanctified to us forever. The hundreds of sermons we have listened to since are gone and forgotten, and, also, forever. Re-establish the old-fashioned Preceptor upon his throne, from which a progressive scientific profession dragged him down. And let the apprenticeship there served count in the last analysis when that young man applies to the college for admission. Then Homeopathy will soon have new converts and earnest workers, and the apathy be dispelled.

Materia Medica Miscellany.

Conducted by J. Wilford Allen, M.D., Adjunct Professor of Materia Medica and Practice in N.Y. Homeopathic Medical College and Hospital.

References in this department are made by number. (See issues of January or December each year.)

Cuprum Ars.

Blackwood says this remedy is indicated in diseases of the gastro-intestinal tract, in defective elimination of the kidneys, and in neurotic affections. Cases in which there is a profuse diarrhea with violent vomiting of large quantities of watery material which is accompanied by sharp, cutting, colicky pains. The stools are usually offensive and tinged with green.

It should be remembered in entero-colitis, cholera infantum, and in the diarrhea of childhood when the stools are watery, offensive, and of a greenish color, and are attended with spasmodic pains and cramps in the extremities causing the patient to scream out. It is frequently of service in cases of dysentery and typhoid fever when the gastric and abdominal symptoms correspond.

It should be remembered in acute catarrhal enteritis and cholera morbus, when the pains are exacerbating and the above symptoms are present.

It is to be remembered in the gastralgia, enteralgia, and nervous dyspepsia of neurotic subjects. There is frequently a history of an improper diet. The pains are exacerbating in character. In the gastro-intestinal symptoms of phthisis it frequently controls the nausea, vomiting, cramps, and diarrhea resulting from indigestion. Through its action upon the cells of the mucous membrane of the intestine it assists absorption, and in this manner has been of service in marasms.

Psorinum in Furunculosis.

Dr. Beck relates a case of inveterate furunculosis occurring in a lady, and which had troubled her for more than twenty years. The boils were on the anterior aspect of the body, sometimes on the chest, sometimes on the abdomen. They were large, usually isolated, from two to four centimeters in diameter, including the induration of the skin which formed their base. Their development lasted from four to eight weeks, and sometimes a new set began before the last had fully healed. In order to diminish the painful drawing and twitching in the skin, the patient had gradually come to stoop over forwards, and this, together with the contraction of the cicatrices, had so drawn her together that she could not maintain an erect posture without effort.

Sulphur, silica, hepatica, arnica, terebinthina, thuja, etc., had all been used in vain, as well as allopathic treatment. It was at last discovered that when a child she had been infected with scabies by her nurse, and had been cured of it by the inunction of sulphur ointment. She was given a single dose of five centigrams of psorinum. There was no aggravation. The furuncles healed quickly, and she had no more; and a report from her three years later showed that they had not returned.

[What was "at last discovered" by Dr. Beck should be a lesson to all true homeopathic prescribers. Had the doctor known of the early history of the case much time would have been saved for the patient. A painstaking history of each case will always produce a swifter and more satisfactory cure.]

Hypericum.

The repute of hypericum as a vulnerary, after slumbering for some time, has awakened again in the homeopathic school, according to Dr. Mellies. Hypericum has relieved many cases where the patient complained of shooting pains extending from the distal part of the extremities towards the body, especially after punctured wounds or injuries to the tendons and nerves. Great nervousness and trembling after an accident or shock to the body; throbbing or piercing pain in the head after a fall or blow; attacks of vertigo and confusion of senses; after injuries to head, not only in recent cases, but also in those of long standing, are greatly relieved and often cured by hypericum.

[It is of especial use for injuries to the sensitive nerves, and for injuries to the spine and coccyx.]
Physiological Action.—It produces general relaxation, fatigue and exhaustion, with loss of power of upper lids, extremities, abdominal muscles, etc., etc. Many symptoms point to an inactive, even congested liver. Weakness of the female sexual organs seems to be its most prominent feature. The indications of herpetic eruptions are marked and have proved very useful in practice.

Symptomatology and Therapeutics. Generalities.—Trembling. Pulsation through body, worse in whole left chest. Restlessness. Goneness, especially in stomach. Weakness; in morning during menses; in morning; in morning on waking; on rising; as from nausea, in morning on waking.

Indolence; after a meal. Faintness; with heat and they coldness. Aggravated from about 12 till 1 p. m., and from 4 to 6 p. m. Ameliorated during violent exercise, and aggravated in forenoon and evening when sitting quietly. Excellent in Jaundice.—General tendency to emaciation. Anaemia and chlorosis. Indurations, especially of the breasts and ovaries. Epithelial cancer, with burning pain (lip, stomach, vagina). Especially suitable for persons with dark hair. General aggravation twice a day, forenoon and evening, from washing in water, at rest. Pains begin in morning immediately on waking, become very intense, and gradually decrease until in the p. m., they vanish. Pains are burning, worse after eating, also worse before menses.

Mind.—Apathy (phos., puls.). Sadness; in morning on waking; worse evening; worse walking in open air; with attacks of weeping; about her health; felt that I should scream unless I held on to something. Forebodings about his disease. Fear. Anxiety; towards evening. Irritability; and out of humor for all business. Vexed and disposed to scold. Discontented. Fault-finding; with weeping. Impatience when sitting, like uneasiness in bones. Nerves sensitive to least noise. Language comes slowly, forget the chief points, etc. Indisposition for mental labor, which aggravates the headache. Absent-minded and not desirous to work.

Heavy flow of ideas (lyceo., ph. ac.). Dullness in afternoon. Dullness of comprehension, inability to collect or express thoughts, building air-castles. Stupid feeling. Stupor in paroxysms. Forgetful. Inability to think in forenoon and afternoon; when spoken to, could follow the ideas when the same question was addressed to another person. Unable to collect thoughts at 9,30 a. m., or to answer the simplest questions, which caused unhappiness, felt better after crying. In Hypochondriasis and hysteria; valuable for the various forms of mental depression of women, complete indifference, without interest in their own affairs or those of others (puls. and nat. nur.).

Head.—Aching; all day, with mental depression; in morning; from morning till noon, with nausea; worse towards evening and aggravated by shaking head; with pain and heat in eyes; with drooping of lids and feeling as if I had not sense enough to lift them; as if brain were crushed, in forenoon. Aching as if it would burst. Pressure outward. Dullness. Weakness so that she can scarcely think, worse p. m. Rush of blood (sulph.). Vertigo; when walking; when walking in the open air; with palpitation; with nausea and anxiety.

Forehead.—Stitches; over eyes, aggravated by motion in the house, ameliorated walking in open air; better lying down, with nausea (she cannot cat); outward over left orbit. Tearing in right upper part; in left eminence. Painful jerking. Jerking pain in forepart. Pain; over left eye in p. m., worse evening, and delaying sleep; with heaviness of eyelids; and in vertex, then anxiety in pit of stomach, with trembling, then nosebleed. Drawing pain; externally extending back to occiput. Heavy pain over left eye extending towards side of head at 3,30 p. m., at 4 p. m., fullness deep in left orbit, the headache better evening and open air, worse shaking head, next day the same headache and fullness, with occasional dartings from left eye over side of head towards occiput, headache better after meals, with occasional darts through eyeball, afterwards headache, worse mental labor. Fullness, and in temples, with throbbing in carotids. Dullness.

Temples.—Tearing from left to upper part of left side of head. Pain.

Vertex.—Pain; after mental labor; beating, in morning after rising; contractive.

Sides.—Paroxysmal pinching.

Scalp.—Falling out of hair (sulph., graph.). Swelling above temples. Scuri. Moisture. Pain on touch, as if roots of hair were sore. Itching.

The headache of sephia is usually neuralgic, frequently extending from the occiput to the eye; or congestive, on the vertex, with great despondency and desire to be alone; neuralgic, over one eye, pulsating or sticking, with great sensitiveness, especially associated with uterine complaints; occasionally used for chronic congestive headaches or for headaches associated with disordered liver and the peculiar yellow appearance around the mouth and across the nose. Eruptions on scalp and behind the ear, with soreness from scratching. Sensitiveness of the roots of the hair. Falling of the hair. Numerous pimples on the forehead near the hair. Some perspiration on the head.

Eyes.—Redness; of white; of white in morning on waking, with burning, smarting and pressure.
Inflammation, with redness of white and sticking and pressure. Swelling, with burning and lachrymation, which relieves. Pain in right as from sand (nat. mur., zinc.). Soreness in evening after a walk in cold wind, aggravated in gaslight and attempting to read, with roughness and burning (sulph.). Bruised feeling. Smarting; in right in evening, with inclination of lids to close against one's wish. Fatigued by reading and writing. Constrictive sensation when reading or writing by candle-light. Heaviness, with tendency to keep them closed. Burning; in morning; with soreness to touch, and desire to close them; like balls of fire, which is injected.

Lachrymation; morning and evening (puls.); in open air. Lids: red, of lower, with pressing and burning pain. Red herpetic spot on upper, scaly and peeling off. Heavy pain on waking. Heat of margins, with dryness (sulph.). Itching; of margins. Pustules on left conjunctiva.

Vision. — Intolerance of reflected light from bright objects. Of fiery zigzags. Of a zigzag circle of colors when looking into the light. Of sparks, with weakness. Of black spots; passing in all directions, all day. Vanished; during menses, better lying down, with weakness. In

Supraorbital neuralgia, usually right, associated with heaviness of the upper lids; the attack is brought on by fatigue or anxiety. Conjunctivitis, scrophulous. Paralysis of the upper lid, with uterine disease or irregular menstruation. Retinal anemia, with sudden vanishing of sight. Asthenopia, with uterine complaints, worse in the evening. A general aggravation of eye troubles twice a day, morning and evening, will be found quite important; this is true not only of the asthenopia, but also of the inflammatory symptoms. Blepharitis cliaris. Tarsal tumors. Granular lids. Phlyctenular conjunctivitis. Pustular keratitis. It has been found useful in arresting the progress of cataract in women.

Ears.—Itching in the weak one. Sensitiveness to noise. Loud sounds and humming.

Nose.—Swollen, inflamed, and nostrils ulcerated. Nostrils scabby. Soreness and rawness. Stuffed. Dryness (nat. mur.); and in fancies; of left nostril, with swollen feeling, yet without coryza. In

Nasal polypi. Nasal catarrh, with discharge of solid pieces of mucus from the posterior nares. Dry catarrh in left nostril.

Sneezing; almost without coryza. Dry coryza. Blowing out of blood; strings of blood. Bleeding; in morning after rising; evenings during menses; in evening on blowing it (carbo veg.).

Face.—Yellow, and whites of eyes (lyco., natr. mur.). Yellow spots and yellow saddle across upper part of cheeks and nose; yellow around mouth. Pale. Red; and flushes of heat. Swelling.

Lips.—Herpetic eruption. Moist pimples on margin of upper lip. Dryness. Useful in

Facial neuralgia during pregnancy; intermittent, severe only at night.

Mouth.—Teeth.—Quick decay. Sticking; and in jaw, extending to ear, preventing sleep at night, and during the day she had to tie a cloth over it. Tearing, extending out through left ear during and after eating. Aching; during menses, with throbbing in gums; in all, worse in a hollow molar, which pains as if elongated and swollen, then swelling of gums and cheeks. Drawing; if anything hot or cold is taken into mouth; extending into cheek, which swells, during menses.

Gums.—Swelling, with pain; with sore pain; with dark redness and painful throbbing as if beginning to suppurate. Sore, ulcerated. Bleeding, almost without cause.

Tongue. — White. Blisters in middle; with pain as if burnt. Sore pain. Pain as if burnt; in tip. Dryness, and in mouth and throat and in morning roughness. Offensive smell. Taste; as from different kinds of food; unpleasant in morning, mouth dry and slimy; sour in morning on waking; bitterish sour; bitter in morning. A valuable remedy in

Neuralgic toothache, better cold air, resulting from the use of tobacco. (Like puls, there is relief from cold. Both drugs are frequently called for in the toothaches of pregnancy.)

Throat.—Pain in region of tonsil, if neck-clot were too tight. Soreness; with swelling of cervical glands. Roughness in fauces, worse hawking, with burning. Dryness; in fauces; in posterior nares, with much mucus in mouth, with urging to swallow.

Stomach.—Craving hunger. Desire for vinegar. Appetite lost. Aversion to meat. Eructations; after eating a little (lyco.); after eating and drinking; sour. Thieft in after a meal. Nausea. Morning nausea, better eating; on waking, towards evening and at night; on washing mouth; before breakfast; on waking, with blackness before eyes; in evening weakness even to faintness, with melancholy, easily startled; then vomiting of food, then retching; on exerting eyes, with anxiety; with weakness; as if everything in abdomen were turning around, in morning; intermittent, all day and after a meal, with watery salivation, bitterish sour taste, loss of appetite, yet food tasted natural.

Vomiting during pregnancy, strangling her so that blood comes up. Sticking in pit. Groaning, relieved by supper, with weakness. Distress, worse afternoon, better supper, with sensitiveness to clothes, aching and throbbing, bitter eructations, with pain from the jar of walking, in evening flatulence. Pain in pit; in region on pressure; after a meal and on touch; sore, internally.

Emptiness (pod. puls., ign.); with nausea as soon as she thinks of food she would like (puls.). Uneasiness at 7 a. m. Pulsation in pit in morning, then ebullition in chest like pal-
pititation, then internal heat of face and body without redness or thirst, but with thirst. Burning, and in pit.

Sepia is of great value in Acid dyspepsia, with bloated abdomen, sour or putrid eruptions, sometimes nausea and vomiting. Vomiting of pregnancy, with the characteristic sensation of emptiness in the stomach. Gastric catarrh, with excessive acidity, heartburn. Dyspepsia, with hypochondriac mood, especially at the climacteric of women, or as the result of overwrought brain, or sexual excess. Atonic dyspepsia, with amenorrhea, the nausea and vomiting generally relieved by eating and lying down. A longing for acids, with flatulent dyspepsia, soreness over the abdomen and liver, blisters in the mouth, and especially with a feeling of something twisting about in the stomach and rising into the throat.


Hypochondria.—Sticking; in hepatic region. Pain in hepatic region (podo.); in left, worse lying. Sore pain in hepatic region (podo.). Full sensation in hepatic region (podo.). Sticking in left side. Pain in right side; attacks of contractive, in right, worse morning, then constriction in stomach, extending to chest, better eructations.

Hypogastrium.—Pain across at night on lying down, better micturition; in pelvis, beginning in sacrum and passing forward and down to right knee at 7:30 a.m., better pressing against something hard, the pelvic pain better crossing limbs. Pressing downward; during menses (bell.): better knee-elbow position, which caused eructations and sleep; in pelvis at 9 a.m., worse forenoon, with sick feeling, and worse 4 p.m. on waking, with gloomy feeling, better supper at 6 p.m., the pressure returned at 9 p.m., next day at 9 a.m. Pressure as if contents would issue through genitals. Pressure as if bladder would fall out over os pubis, partially relieved by hard pressure, the pelvic distress always felt at night on waking, relieved transiently by lying on side with legs flexed on thighs and thighs on abdomen, during the day sensation as of an over distended bladder, worse sitting and lying, better walking and supper, fourth day pressure as if uterus would issue through vulva, better from supper till 9 p.m., on eighth day pelvic symptoms worse 4 p.m., after sleep, a week later pressure all day, with dullness in head and desire to sit or lie still with eyes closed, amelioration after supper. Singular feeling in pelvic region at 4 p.m., weakness about small of back, pubic bones, and around anus a dragging. Valuable in

Enlargement of the liver, with heaviness in the hepatic region. Torpid liver, with aching, weight and soreness, involving even the right shoulder, with occipital headache, sallow complexion, and especially a yellow stripe across the bridge of the nose.

Rectum.—Prolapsus (podo.). Weak feeling in evening in bed. Itching. Burning all day. Ineffectual urging; passes only wind and mucus, with sensation of a plug in rectum. Useful in

Inactivity of the rectum, which feels constantly full, even after a stool; even a soft stool is expelled with difficulty. Hemorrhoids, with bleeding at stool. A distressing feeling as of a lump in the rectum (anac.).

Anus.—Hemorrhoids; bleeding when walking. Protruding hemorrhoids; during stool; when walking. Painful hemorrhoids; when walking; after stool. Congestion after dinner. Expulsion of ascarides. Sticking. Soreness. Burning. Itching. Indicated in

Hemorrhoids, with bleeding at stool; distress when walking about.

Stools.—Diarrhea; after boiled milk. Constipation. Hard; and difficult, mixed wit’s mucus; and knotty. Whitish. Brownish, scantly, difficult, but not hard. Bloody. In

Diarrhea; green, mucus, especially from boiled milk, in children during teething, with turbid, offensive urine and reddish sediment adherent to the vessel, rapid exhaustion and emaciation.

Urinary Organs.—Distended feeling. Pressure on bladder (lit. tigr.) and frequent micturition and tension in hypogastrium; pressure in evening, with burning after micturition. Urging; with bearing down in pelvis; in morning, but micturition only after waiting several minutes; in neck of bladder; continual; frequent. Frequent micturition; at night.

Urethra.—Sticking. Smarting; during micturition. Burning; in forepart.

Urine.—Scanty; with red deposit. Thick, slimy, offensive, depositing a yellowish, pasty sediment next morning. Turbid; and clay-colored, with reddish sediment (bot). When passed, as if mixed with mucus, and dark; after standing, and offensive, with white sediment; with red sandy sediment (lyco., bot). High-colored, soon becoming turbid, and staining bottom of vessel. Looks like powdered brick. Fetid; with much white sediment. Acid, deposit of white adherent film, sediment at bottom of tube pinkish. White, milky, adherent sediment. Brick-dust sediment (lyco., bot), and vessel covered with a white substance. Yellowish-red, adherent deposit. Valuable in

Chronic cystitis, with slow micturition, but with constant desire and a bearing-down sensation above the pubis. Very slow micturition from atony of the bladder. It has been found valuable to relieve the distressing bearing-down feeling of cystoele. Nocturnal enuresis, especially in the forepart of the night. Chronic
Urthritis. The characteristic urine of sepia deposits a red sediment which adheres tightly to the vessel.

Sexual Organs.—Soreness of labia, perineum, and between thighs, with redness.

Vagina.—Dryness after menses, and of vulva, causing discomfort when walking (nat. mur.). Leucorrhoea; after menstruation; with itching in vagina; with eructations, retching and pallor; yellow; acrid, before menses, with soreness of pudenda (lit. tig.); like milk (puis., calc. e.); only by day, with burning pain and excoriation between thighs (puls.); looking like pus (calc. e.); lumpy, fetid, with drawing pain in hypogastrum. Discharge bloody, slimy (murex); of a few drops of blood fifteen days before time for the menses.

Uterus.—Beginning to prolapse, congested, and yellowish, leucorrhoea pouring from it (lit. tigr.). Prolapsus, with inclination of fundus to left (puls., murex right side), causing numbness in left lower half of body, with pain, and the same pain in pelvic region, better lying, especially on right side, tenderness of os uteri. Pain, and in left ovary; pain passing into vagina. Feeling as if clutched and suddenly released, at 7 p.m., causing nausea. Pressure as if everything would issue through vulva (lit. tig., caps.). In afternoon, pressure downward as if everything would fall out, with oppression of breath and pain in abdomen, she must cross her limbs to prevent protrusion of vagina, yet nothing protrudes, but there is increase of gelatinous leucorrhoea.

Ovaries.—Heaviness; with urging to urinate; in lower part, with urging to urinate.

Menses.—Too early; and scanty, appearing only in the morning; and scanty, lasting only one day. Too late; at the full moon. Sepia is a valuable remedy in.

Chronic dry catarrh of the vagina, which is painful, especially on coition. The symptoms of pressure as if everything would protrude, and the feeling of emptiness in the stomach and abdomen have led to the very successful use of this drug in displacements of the uterus, especially in simple prolapsus; there is a feeling as if everything would protrude through the pudenda and the woman even crosses her legs to prevent protrusion. Induration of the neck of the uterus. Chronic endometritis, with tenderness over the uterine region, constant desire to urinate, etc. (aur., mur. nat.). Disorders of menstruation, amenorrhoea, dysmenorrhoea, with scanty flow, nervous palpitation, sinking at the epigastrium, morning nausea, etc., threatening abortion, with the extreme pressure of the drug. Flushes at the climacteric period. Tumors of the breast, with sharp pains.

Respiratory Organs.—Cough; in evening; at night preventing sleep (puls.); at night waking him; worse evening after lying down; worse evening in bed, with vomiting (puls.); spasmodic; irritation to cough so sudden that he cannot breathe quickly enough, and it causes spasmodic contraction of chest; causing pain in pit of stomach, dry and night; affecting chest and stomach; dry cough, towards morning, from tickling in trachea; dry; after a meal; from tickling in larynx; as if from stomach and abdomen, or from constipation, or as if something lodged in stomach; and hard, concussive; and short, in evening, with intermittent sticking in right hypochondrium; often dry, whooping and choking, with pain in pit of stomach and scraping, raw, sore pain in larynx, better swallowing food, the cough does not wake her, but is worse after waking, at times rattling in trachea, ending in mucous expectoration. Hooting cough in evening after lying down (nat.), Loose cough, worse night. Cough, with expectoration; cough from 8 till 9 p.m., better expectoration; only before midnight, as soon as he gets into bed; cough, with almost loss of breath if she cannot expectorate; scanty expectoration evenings in bed, but mostly with bitter vomiting; purulent expectoration, with oppression of chest, rattling in throat, the slightest motion takes away her breath and she is exhausted. Expectoration; salt (lyco.) from chest.

Respiration.—Breath lost on slightest motion. Dyspnea; in morning on waking, lasting four hours, with sweat. Short; as if chest were full, when walking. This agent is indicated in.

Whooping-cough worse before midnight, followed by expectoration which is generally thick, greenish-yellow and salty, with relief; the cough seems to come from the abdomen. Whooping-cough, with violent retching, frequent desire to cat, aggravated especially the forpart of the night. Chronic bronchitis, worse morning on waking, particularly with hepatic symptoms, pale yellow face. Sepia has proved itself valuable, certainly as an intercurrent, in chronic pulmonary diseases (phthisis), particularly when there are soreness in the chest, faintness in the stomach and other symptoms; more frequently called for in women.

Chest.—Sticking in one mamma; in left on coughing; in left, with palpitation. Pain in evening in bed. Oppression morning and evening. Palpitation of heart in evening in bed, with beating in all arteries. Useful in.

Sympathetic affections of the heart, palpitation and a tremulous feeling, with flushes, in women. Occasionally used for cardiac dyspnea.

Back.—Tearing during menses, preventing sleep, with chills, heat, thirst and contraction of chest. Aching; dragging in back and in sacrum, worse between lumbar region and crista ilii, more on right side, at 6 p.m., with strained feeling when walking. Heaviness in morning on waking, almost as if asleep.

Scapulae.—Pain between scapula and down back; between scapula and under left, extending into left lung, worse expiration.
Sticking posteriorly over right hip, so that she could not lie on right side, and on touch pain as from subcutaneous ulceration. Sprained pain over hips in evening in bed and in afternoon. Pain; in sacrum; in afternoon when walking; in sacrum in evening, better pressure; on waking from a nap at 7.30 p. m., worse left side, pain in lumbar region all night; across loins, worse moving. Tired pain.

Lower Extremities.—Bruised feeling, she desires to sit down and when sitting feels as if she must stand up. Weakness. Soreness between thighs, with burning pain. Sticking in heel and in corns.

Skin.—Swelling on forehead. Red roughness on face. Roundish red spot on ball of right hand in evening, with itching, not relieved by scratching. Reddish herpetic spots on hips: on sides of neck, with itching. Brown spots on elbows, surrounded by a herpetic looking skin: yellowish brown spots about neck, scaling off on rubbing. Painful eruption on tip of nose. Red pimples on forehead, with roughness of forehead. Itching pimples on chin. Itching acridity posteriorly on elbows. Itching; on bends of elbows (rhus, sulph.); tip of nose; face, arms, hands, back, hips, feet, abdomen and pubes; in an ulcer; worse in bends of elbows, popliteal space and ankles: becoming moist after scratching; in various parts, relieved by scratching, then a pinkish color; of nipples, that at times bleed and seem about to suppurate. Valuable in Erysipelas of the face. Herpes and other eruptions on the face. Herpetic and eczematous eruptions. Acne. Ulcers around the joints, especially of the fingers (borax, mezer.). Brown "liver spots" on the abdomen.

Sleep.—Sleepiness: during the day, with aversion to everything. Sleep during the day as soon as she sits down. Difficult, late waking, with weariness in limbs. No desire to rise in morning. Waking in a fright, with screams. Sleep unrefreshing. Disturbed sleep from cough. Restless sleep; from ebullition of blood; with weight on thighs; from anxious dreams and heat; with confused dreams. Talking in sleep.

Fever.—Chilliness; all day; towards evening, with thirst, then night-sweat; every night; during headache, yet intolerance of external warmth; sensitive to cold. Hands cold, but moist; cold sending chilliness through whole body. Cold feet; all day, with dampness as if I had stood in cold water; about 11 a. m., when writing, then general shaking chill, he had to lie down, then warmth, and at 4 a. m., heat, with disposition to sweat, having had slight general sweat during the night; in afternoon and evening when sitting; worse towards evening and in morning, with headache; worse evening, even long after going to bed; worse evening in bed, then cold hands.

Heat.—Every day from 1 till 6 p. m.; at night causing restlessness; from indigestion, with palpitation. Heat in flushes: about 8.30 p. m.; in evening, then itching; after exercise; as if hot water were poured over me, with redness of face, general sweat and anxiety, without thirst, yet with dryness of throat. Orgasm of blood; with congestion to head and chest. Anxious heat from 4 till 5 a. m., and from 5 till 6 p. m. Heat of head; in evening, and of face; at 5 p. m., with fullness; rising to it every five minutes. Heat of face every morning on waking; from talking.

Sweat; in morning; in morning after waking; mornings, with anxiety; every morning after waking, worse lower limbs; all night; on walking; on walking in open air, even against cold winds; on walking, worse bends of joints; during sleep, more on head; sourish, every morning; on feet; cold, at night, on breast, back and thighs. It has been prescribed for Intermitent fever, with the general symptoms and debilitating sweats. Partial sweats.

The Radical Mastoid Operation. Illustrated by Five Living Exhibits Showing Result of Treatment.

BY G. T. HANKINS, M. D.

It is happily no longer necessary to emphasize at a meeting of medical men the importance of the early recognition and treatment of aural suppuration. The public still requires education in this respect, and the recent publication in the newspapers of two deaths resulting from neglected ear disease will no doubt have the effect of kindling quite a new interest in the subject.

The profession is also now alive to the importance of timely operation on the temporal bone or the advent of signs of intra-cranial mischief of acute inflammation of the mastoid, but is not so assured as to the advantage of the operation when the object is to cure chronic suppuration in the absence of dangerous symptoms. Before coming to a decision on the point, it would naturally like to know what the result of such an operation would be, both as regards the time occupied in recovery and the probable result on the power of hearing. The object of my remarks is to give my own experience on these points. I also take the opportunity of referring to five cases of recovery which, although not all as satisfactory as I could wish, show great improvement as regards results on comparing the first with the last of the series. I think there is every prospect that before long the results will so improve that it will be justifiable to operate with a view to increasing the hearing power, impaired by long suppuration which may at the time have ceased.

It also occurred to me that it might be interesting to trace the later development of the mastoid operation. In 1883, thirty years after Wilde first
advocated his incision, Schwarze published a series of 100 cases in which he had treated middle-ear suppuration by opening the antrum and syringing through the tympanum, the fluid returning through the external meatus. Schwarze's method was a great improvement on the trephinations and drillings in vogue up to this time. He operated with chisel or gouge and mallet, cutting away the bone gradually over the position of the mastoid antrum, with the cutting end of his instrument always within sight. His guide was a spot half an inch behind the posterior meatal wall on a line just below the level of the upper margin of the meatus. He cut down in a direction parallel with the wall of meatus, that is to say, inwards and forwards, and calculated on reaching the antrum at the depth of about three-quarters of an inch.

In 1892, Stacke, recognizing that the initiatory trouble was nearly always situated in the tympanic attic, the antral suppuration being only an extension from that point, advocated and practised the opening of the former cavity as the first step in the operation. After reflecting the auricle and separating the membranous meatus from its canal, and pressing it forward, Stacke proceeded to remove the remains of the membrana tympani and the malleus. He then with chisel and mallet shaved away the inner extremity of the superior wall of the bony meatus, which also forms the external wall of the attic, until no bony prominence could be felt between the tegmen tympani and the superior wall of the meatus. Having thoroughly exposed to view the tympanic attic and removed the incus, a director was passed through the aditus into the antrum, and the bone of the posterior wall of the meatus excavated until the antrum was entered. Last of all the bone from the external surface of the mastoid was removed. The present radical mastoid operation is a combination of the methods of Schwarze and Stacke, with some modifications introduced by Professor Kuster and v. Bergmann. The antrum is first opened by the method of Schwarze; then the posterior wall of the bony meatus is shaved down until the division between the antrum and attic is removed and the two cavities thrown into one. The ossicles are then extracted, and the outer wall of the attic cut away so as to make the tegmen tympani flush with the superior wall of the bony meatus. Up to this time surgeons were content to treat this cavity from the skin incision behind the ear, packing it with boric acid powder or gauze, or merely inserting a tube and allowing it to fill up by granulation, or in some cases allowing a permanent opening to remain. This was the cause of considerable disfiguration, and it has lately been found feasible to close the incision at once after opening out the membranous meatus by a plastic operation and dressing the cavity through the enlarged natural opening.

Within the last two or three years Charles Ballance, and Charles Heath, of London, have been working each on somewhat opposite lines, with a view to shortening the period of repair and maintaining a maximum of hearing power after the operation.

In all probability cases coming under these two surgeons belong to very different classes. As a general surgeon, Ballance would meet with cases where the mischief had already extended into the adjacent regions, whereas Heath, as a specialist, would secure cases of chronic suppuration before surrounding infection had occurred. Therefore Ballance aims at a wide area of operation, whilst Heath limits his external incision as far as possible.

It will be unnecessary in this paper to go into full detail of these operations; suffice it to say that Ballance denudes a large surface of the mastoid region and removes the bone in thin layers over the whole area until the cellular structures beneath are exposed. When the antrum attic and tympanum are thrown into one cavity he carefully curettes away every vestige of mucous membrane and thoroughly smoothes the walls of the osseous cavity. By a plastic operation the membranous meatus is opened out so as to line the cavity as far as possible, and the natural orifice of the meatus enlarged so as to allow of future treatment through that opening. The cavity is then packed and the skin incision closed. At the end of about a week the wound is opened, the packing removed, and a large Thielsch graft carefully placed over the whole raw surface, the skin being maintained in contact with the bone by small balls of cottonwool tied up in gauze and impregnated with aristol powder.

Finding that the superficial portions of this graft usually sloughed, and caused much suppuration and fetor whilst separating, Ballance opens up the wound for the second time at the end of a week or ten days and deliberately strips off the graft he had so recently placed in position. He finds from experience that during that short time sufficient epithelium had been sown on the raw surface to secure a perfect epidermal layer, and a thin pellicle soon forms over the bone, which in no way interferes with the passage of sound waves. Complete healing frequently takes place within a month. The line of skin incision is completely hidden by the hair, and the enlargement of the orifice of the meatus, which in his earlier operations constituted a considerable deformity, he has recently reduced in size, so that it is no longer noticeable.

Heath makes a comparatively short skin incision close to the insertion of the auricle, turns that appendage downwards and forwards, exposing the margin of the bony meatus. The membranous meatus is separated from its osseous canal and pressed forward with a narrow retractor. The antrum is then opened by chiseling away the superior and posterior margin of the orifice of the bony meatus, together with the posterior wall, thus keeping well forward and out
of the way of the sigmoid sinus. From this starting point the attic, etc., is opened up in the usual way, but, contrary to Ballance’s method, the mucous membrane of the middle ear is left intact whether it is diseased or healthy. Of course prominent granulations and polypi are removed but the greatest care is taken not to disturb the footplate of the stapes in the niche of the fenestra ovalis. The usual meatal flap is then made, the meatal orifice enlarged by a slit until it will admit the tip of the little finger, a short length of large drainage tube passed through it, and the skin incision closed. No packing is made use of, and the dressing through the natural opening is commenced on the day following the operation. Stringing is avoided, and swabbing with alcohol advocated instead, the tube being removed, cleaned, and replaced at each dressing. No grafting is practised, and diseased mucous membrane and any exuberant granulations are treated with caustics and astringents as occasion demands, the main object being to prevent the formation of fibrous tissue, as likely to interfere with hearing.

Whilst in London last year I had the opportunity of seeing operations done by both these surgeons, and of examining several cases after healing had taken place. No doubt the grafted cases skinned over much more quickly than those which were left to themselves; but in respect of the hearing power left after the operations, I could not satisfy myself that one was much better than the other.

Although the grafted cases got well in the shortest time, the patients were kept longer in hospital by reason of their having to undergo three different operations under an anesthetic at intervals of one or two weeks; whereas those left ungrafted were able to leave the ward in about a fortnight, visiting the hospital daily for after-treatment.

My own feeling is that both operations have their place and the choice of one or the other will depend on many circumstances which are fairly obvious; but it must be remembered that the mastoid operation is only the first step in the treatment and that ultimate success much depends upon the care with which the case is watched after the operation. A mastoid operation is often one of urgency, undertaken to avert immediate danger of life. In such a case one must not be deterred by the fear that the after-treatment may be inadequate; but I hold that no surgeon should undertake the operation for chronic quiet suppuration unless he is prepared to devote himself personally to the daily, or almost daily, dressing of the case. It is useless to expect nurses, or even qualified hospital residents, to do what is really necessary in such cases; they have neither the time nor the special knowledge required. Personally, I find the best plan to direct the patient as soon as he is able to leave the hospital to come to me for dressing early every morning. I thus am able to keep up a keen interest in the progress of the case, and have only myself to blame if anything goes wrong.

This leads one to the question—How long must this go on? The answer must be—Until the entire cavity is healed and quite dry. And it is often the last little spot which is so obstinate. Many a case lingers nearly well after, say, two months’ treatment may linger on for more than double that time before it is entirely well. Often a comparatively large surface has to be denuded of freshly formed cicatricial tissue in order to secure the healing of one small spot in its center, as is the case with indolent ulcers of the leg. Frequent touching with silver nitrate or trichlor acetic acid is also required in the course of the treatment. I sometimes think that the comparatively short after-treatment spoken of by some surgeons is explained, and the fact that the cases are only nearly well and may be left to time to dry up finally.

An examination of the cases I have brought before you to-night will show what my own results have been. The period of healing has varied greatly, and the average longer than it should have been had the personal treatment advocated above been carried out in all the cases from the beginning.

With regard to the hearing power left after operation, I think I may say that the later cases are more successful than the earlier ones; and I am confident that patient attention to the after-treatment will show still better results. Case 1.—R. H., aet. 10, female. Chronic suppuration with tuberculous sequestrum in mastoid. May 30, 1903; Ballance’s operation with large meatal opening. Grafted after some weeks by Reverden’s method through the meatus. Operation followed by complete facial paralysis, which has now almost entirely disappeared. Hearing by air conduction almost nil. Complete healing only after 18 months. Case 2.—J. D., aet. 24, male. Chronic suppuration with frequent attacks of giddiness. February, 1903; Ballance’s operation with large meatal orifice. Grafted by Reverden’s method in course of after-treatment. Complete healing in four months. Hearing not so good as before the operation. Case 3.—C. P., aet. 20, male. Chronic suppuration both ears. On left side mastoiditis, with cerebral symptoms. October, 1904; Ballance’s operation left ear, with small meatal opening. Pus in sigmoid groove. Sinus opened and found free. Facial paralysis after operation, which has now disappeared. October 11; Wound opened and Thiersch’s graft applied. Same date right ear operated on, but not grafted. Severe attack of erysipelas, starting from right side, which seemed to be suddenly checked by anti-streptococcid serum. After recovery from this the left (grafted) ear was found to be healed, namely, two months after operation. The right ear had one small spot unhealed, for nearly seven
months after operation. A useful amount of hearing power is preserved.


Case 5.—McN. æt. 11, male, chronic suppuration both ears. November 2, 1904. Right ear. Heath's operation; no grafting. November 9. Left ear. Heath's operation; no grafting. Daily personal supervision during convalescence. Healing complete on both sides after five months. Hearing power very good, having improved since operation.

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Homeopathic Therapeutics of the Ear.
BY CHAS. C. BOYLE, M. D.

(Continued from page 306)

Nat. Mur.

Buzimng, humming, roaring or ringing in ears; deafness: deafness from swelling of tympanic cavity; catarrh of the tympanic cavity and eustachian tube; non-suppurating; drawing and stitching pains from ear down to neck and shoulder, and from teeth up to ear; throbbing in ears; ears red from congestion; otorrhea; painful cracking in ears when masticating; discharge of pus; chronic catarhal otitis, with acid discharges.

General Indications: Melancholy, depressed, sad and weeping; consolation aggravates; easily fatigued; great prostration; intermittent fevers; scorbutic affections; emaciation; great liability to take cold; headache as from little hammer knocking upon the brain.

Aggravation: While lying down, especially in morning or evening; at 10 A.M.; after exertion; in heat of sun; heat in general.

Amelioration: In open air; while fasting; after dinner; from sitting up; from lying on right side.

Nat. Phos.

Ears sore; externally burn and itchy; thin, cream like scabbing, with yellow tongue; one ear red and hot, frequently itching.

General Indications: Afflicts with excessive acidity, thin, moist coating of tongue; soil palate has a yellowish, creamy look.

Aggravation: During thunderstorm; pains aggravated during menstruation.

Nat. Sulph.

Ringing in ears as if bells; pressing in ears as if tympanum were pressed out; carache; otalgia; carache, lightning like stitches; in damp weather or damp ground.

General Indications: In suicidal tendencies; irritability; melancholia; prostration; trembling of whole body; melancholia aggravated by music.

Aggravation: In damp weather; from water in any form.

Amelioration: In warm, dry weather.

Nat. Acid.

Deafness relieved when riding in a carriage or train (Graph); crackling in ears when chewing; from induration and swelling of tonsils; after abuse of mercury; syphilitic ear, eustachian tube obstructed; throbbing in ears; fetid, ichorous, purulent otorrhea; caries of mastoid process, syphilitic or mercurial; sensitiveness of bones of the ear; aggravated by change of weather.

General Indications: Depressed, despondent mood; in syphilitic and hectic affections; bad effects from abuse of mercury; affections of bones and glands; ulcers on mucous membranes; especially useful in dark complexion persons; old people.

Aggravation: In evening and at night; in morning; from change of temperature or weather; on walking; while walking; from touch; from abuse of mercury.

Amelioration: While riding in a carriage.

Nux Mosch.

Over sensitiveness of hearing: buzzing or ringing in ears as if stopped up; tearing or stitches in ears, aggravated by moving jaw; pain in eustachian tube as if from foreign body; before wind and rain.

General Indications: Changeable mood; loss of memory; sleepy, drowsy condition with all complaints; hysterical complaints; especially suitable for women and children.

Aggravation: From cold damp weather; from washing or getting wet; from riding in a carriage; after eating or drinking; from spirituous liquors.

Amelioration: In the room; from warm air; in dry weather.

Nux Vom.

Hyperesthesia of auditory nerve; every sound affects painfully; hardness of hearing, with roaring, singing and other noises; ringing sounds in ears; strong reverberations; stitches, pressure and shocks in ear; otalgic pains extending to forehead and temple, or into middle ear; otalgia, intermittent pains going into a warm room or in bed; tinnitus and stuffiness of the ears in the morning.

General Conditions: In complaints of persons of sedentary habits; quarrelsome; ill-humored; great debility, with over sensitiveness of all the senses; bad effects from highly seasoned foods; coffee, tobacco, spirituous liquors; from drugs, in dark hair patients; hypochondriasis.

Aggravation: From mental exertion in the morning; after eating; from motion; from slight touch; in open air; in dry weather.

Amelioration: Head symptoms better from having head wrapped up; lying down; in the
room; from warmth in general; in damp and wet weather; while lying in bed.

**Onosmodium.**

Roaring and whizzing in ears, with dull, pressing pain in occiput; evening with pain in ear and shooting in front of auricle; vertigo result of chronic catarrhal inflammation of middle ear; vertigo, with ringing in ears.

**Opium.**

Acuteness of hearing; buzzing, humming, and violent roaring in ears; congestion to ears; hematorrhea.

**General Indications:** Loss of consciousness, with slow, stertorous breathing; insensible to external impressions; dull, stupid, drowsiness; ailments from fright or emotion; especially suitable for children and old persons; for drunkards.

**Aggravation:** From heat; from brandy, wine; while perspiring; during and after sleep.

**Paris Quad.**

Pains in ears on swallowing; sudden pain in ear as if forced apart by a wedge, or as if ear were pressed out or torn out; as if a burning heat were rushing out of ear.

**General Indications:** Great sensitiveness to offensive odors; sensation of extension in size.

**Petroleum.**

Sounds; roaring as of wind; as of rushing water; ringing, as of bells; deafness, with noise in ears; eustachian tube affected, causing whizzing, roaring, and crackling, with deafness; dryness in ears; inflamed and swollen meatus; external ear painful; discharge of blood and pus from ear; redness, soreness and moisture behind ears, bleeding easily (Graph. Mez); deafness, with frequent occipital headache, tearing pain in the ears, as if water were in them; pain in eustachian tube, with noises in the ears, with deafness.

**General Indications:** Affections from anger, vexation, eczema, herpes, chilblains; exanthema corroding and spreading.

**Aggravation:** Before or during a thunderstorm; from riding in a carriage or ship; in open air.

**Phos. Acid.**

Intolerance of noise, especially of music; roaring in ears, with difficult hearing; nervous deafness, after typhoid; dull hearing; stupefaction. especially to distant sounds, from mental or bodily exhaustion; otalgia; drawing pains in cheeks and stitches in ears, from music.

**General Indications:** Complete indifference to everything; difficult of comprehension; bad effects from sexual excess; grief; sorrow; unfortunate love; affections of peristernum; bones, suitable for young people who are growing too fast; great weakness and prostration, especially in the morning.

**Aggravation:** From suppression of cutaneous eruption; from loss of fluids at night; at rest; from uncovering; from warm food.

**Amelioration:** From motion; from warmth.

**Phosphorus.**

Hearing too acute; words and sounds reverberate in ears; music especially; resounding of his own voice (Caust.); buzzing, noises in ears; roaring from rush of blood; deafness; difficult hearing, especially the human voice; ears feel stopped up; nervous deafness.

**General Indications:** Physical and nervous weakness; complaints in tall, thin persons, having dark hair, especially in women; diseases of the bones: exostosis, necrosis, caries, inflammation of mucous membranes.

**Aggravation:** Before midnight; during a thunderstorm; when lying on back or on left side.

**Amelioration:** In the dark; lying on left side; after sleep; from cold things; cold water until it gets warm.

**Phytolacca.**

Shooting pains through both ears when swallowing; right side worse; eustachian tubes feel obstructed.

**General Indications:** In syphilitic affections; perioritis; rheumatism; neuralgia; glandular inflammations; ulcerated sore throat; burning heat in throat as from fire.

**Aggravation:** Pains always worse at night.

**Amelioration:** Better while lying down.

**Picric Acid.**

Otitis externa circumscripta; furuncle in canal; noises in the ear, with vertigo and headache at the base of the brain; chronic deafness, with noises in the ears when tired.

**General Indications:** Great indifference; lack of will power; brain fag; tired feeling on least exertion.

**Plantago Maj.**

Pain in ear, with pain in teeth and face; pains are sharp, twinging and running; otalgia, independent of organic lesions; neuralgia; earache, associated with toothache; darting, twinging, sharp, stabbing pains in inferior maxillary branch of trifacial; earache, with toothache, the pains are darting, stabbing or twinging.

**General Indications:** Irritable, morose disposition.

**Aggravation:** Heat of room; despondency; confusion of thought; neuralgia.

**Platina.**

Nervous deafness; great variety of noises in the ear; reports in right ear like distant thunder; ringing, rolling, or rumbling sound in ears; otalgia, with cramp pain; sensation of coldness in ears, with sensation of numbness extending to cheeks and lips.

**General Indications:** Hysterical affections; melancholia; neuralgia; painful numbness.

**Aggravation:** In evening; in room; at rest.

**Amelioration:** From motion; in open air.

**Plumbum.**

Hardness of hearing; often sudden deafness, buzzing in ears; stitches and tearing in ears.
General Indications: Slow perception; apathetic; loss of memory; unable to find proper word; neuralgia; colic; paralysis; constipation; epilepsy.

Aggravation: At night; while lying in bed; from drinking.

Amelioration: From rubbing.

Psorinum.

Singing, cracking, humming, buzzing and ringing in ears, with hardness of hearing; severe pain in ears; discharge of reddish ear wax or fetid pus; otorrea, thin ichorous discharge, horribly offensive, like rotten meat; ulceration of membranum tympani; itching in ears; external ears raw, red, oozing, scabby; sore behind ears; herpes from temples over ears to checks; right ear a mass of crusts and pus; humid soreness behind ears; scurs on ears; scabby eczema behind ear.

General Indications: Serofulous and psoric diseases, itch, ulcers, eczema; pale, sickly, delicate children; crusty eruption all over.

Aggravation: In evening and before midnight; when riding; in open air.

Amelioration: In morning; on lying down; in the room.

Rhus Tox.

Otalgia, with pulsation in ear at night; excoriating discharge of bloody pus from ear, in acute inflammation; crysipelatous inflammation of external and internal ear, vesicular; otalgia; lobule of ear swollen; parotitis.

General Indications: Complaints after getting wet; bad effects from sprains and bruises; rheumatic affections; vesicular, purulent, and hepatic eruptions; great debility, paralytic weakness and soreness, especially when sitting and when at rest; great restlessness and uneasiness; must change position, which relieves for a while; feeling of stiffness on first morning; wears off from continued motion.

Aggravation: Before a storm of rain; from getting wet; in wet weather; from north-casterly winds; while at rest; on beginning to move; from cold in general.

Amelioration: From continuous motion; from moving affected parts; in warm, dry weather.

(To be concluded.)
prominent cham. 3x; while in some exceptionally severe pains, almost like labor itself, gelsemium 1x gave great relief. Where these pains recurred and again at more or less regular intervals, caustophyllum 3x was an effective remedy.

Miscarriage, threatened or actual, will often be a more or less serious trouble. Rest at once, especially where any slip or fall or other injury has been experienced, will be of great advantage. Arnica 3x has often proved its value as an internal remedy, accompanied by external use if required. Sabina 3 in the earlier months, and scalea 6 later, have often been promptly effective. In a few cases of exceptional severity, china 3x, as a restorative, was of great service.

The last month of pregnancy I always advise, as a preparation, a morning and evening dose of actaea 3x, and the last few days one or two doses daily in addition of arnica 3x. With rigid os uteri, I have found belladonna 3x supremely helpful every hour, with in extreme cases, persistent hot hip baths.

Deficient pains from general inertia yield readily to gelsemium 3x, or if with restlessness aconite 6, and if fretful chamomilla 3x; while in some extreme cases of almost absent pains I got excellent results from pulsatilla 30x, or where good pains at first had ended in none, scalea 30 was effective. Delay in extrusion of the placenta, due to rigid os uteri, yielded readily to belladonna, or if fatigue seemed the cause arnica 3x proved its power.

After pains, often so very troublesome and even intolerable to patients, were best relieved by gelsemium 1x in frequent doses until well controlled. I always give arnica 3x after labor, and I believe it often prevents this trying complication.

Hemorrhage during labor frequently points to placental misplacement, a truly formidable and often most serious matter. Here we have no time as a rule to wait for medicinal help, and must rely on speedy delivery as the only effective remedy. How well I remember in my early days a case of complete placenta previa. I sent at once for the leading obstetric practitioner in the town, but he being out, and delayed in responding, the alarming loss of blood obliged me to turn and deliver to save my patient's life. When my medical friend arrived all was over, but my patient was very exhausted and caused us much anxiety for a time. Alas! in those days we had not the excellent apparatus for transfusion designed by our colleagues, Drs. Burford and Johnstone, nor the knowledge of the marvelous results obtained from a simple saline injection. However, the patient made a rapid recovery, surprising my consultant, who, however, did not know she had the advantage of taking china 1x and arnica 3x in alternation. I note some cases of convulsions during labor, and precedent also, which did well with belladonna 1x in full-blooded patients, and in two or three rather severe cases. Hydrocyanic acid gave much satisfaction.

These were cases of severe spasm followed by profound exhaustion with feeble pulse. One very severe case had to be kept under chloroform for several hours, while dilating the os uteri and delivering with long forceps. Opium 6 after delivery was most helpful in all these trying cases.

Puerperal fever I most fortunately saw little of, but in one case where sharp fever yielded to aconite, lachesis 6 well met the subsequent septic condition. In another case, where the fever was almost typhoid in character, baptismis 3x gave good result, and in another case of severe character, with much added brain excitement, veratrum viride 3x was an effective remedy. For uterine tenderness after delivery I can with confidence direct you to nux vomica 3x, or if more persistent, merc. cor. 6 and belladonna 3x in alternation.

Puerperal mania I met with in some seven cases, and all did well, I am thankful to say. In no instance had I the pain of sending a case to an asylum. Here strophanum 3x in a case marked by great fury was rapidly helpful. Hyoscyamus 3x did well in two cases where less excitement existed, but irrational and persistent delusions were the chief trouble.

During convalescence absolute quiet for the first days, no friendly visitors, plenty of fresh air, and a simple but liberal diet are important and effective aids to a happy recovery.

I fear I have exhausted your patience, for which I heartily thank you, and in conclusion cannot too strongly advise patience during your attendance, always allowing time for Nature to exert her beneficent efforts, but at the same time act promptly where helpful interference is called for as delay is often dangerous.—London Monthly Homeopathic Review.

Worth Reviewing.

The mephitis patient delights in extreme cold. It is a pleasure for him to bathe in ice-cold water. Lots of drugs have relief from cold, but the mephitis patients want ice-cold.

When your patient imagines she is double don't rush after baptismis symptoms. It is, of course, well to think of baptismis, but strophanum owns it, thuja claims it, and petroleum says "it is mine."

Headache with blindness is a prominent symp-tom found in kali bichromicum, iris versicolor, gelsemium, natrium murricatum, causticum, psorinum, and silica. An occipital headache is hard to cure, but we have cocculus, gelsemium, jug-lans, petroleum, bryonia, and cinicifuga to lend a curative hand when indicated.

When a headache is relieved by urinating sanguinaria, ignatia, gelsemium and silica are recalled to my mind.

The natrum sulphuricum patient is always worse in damp weather, but the causticum patient finds relief from all his complaints in damp weather.—Luther Peck, M. D.
Gynecological Knowledge of the old Greek Physicians

In a thesis lately presented to the Medical Faculty of Bordeaux, Dr. C. Uloge treats of the gynecological knowledge of the old Greek physicians. The uterus, as is well known, was regarded as an animal. As late as the fourth century Aretaeus the Lappadocian writes that the womb is situated between the flanks, and moves not only from side to side, but upwards towards the liver and the spleen; it can also go downwards; in short, it is like an animal inside an animal.

In the "Treatise of Diseases of Women," which is included among the Hippocratic writings, hysteria is described. It is especially elderly women or those who have not yet had sexual relations that are subject to the disease, the reason being that in such persons the uterus is not made heavy by lechial discharge, and does not swell or become supple. Fatigue is an important factor in inducing an attack, because the vessels being then emptier than usual, the dried-up womb becomes lighter and shifts its place. The organ then sets out in pursuit of the moisture which it needs. It first flies to the liver, "as the liver is full of fluid;" sometimes the head comes to the relief of the liver by sending down phlegm, with which the womb is satisfied and goes back to its place. But if it sticks to the liver, "the white of the eyes is rolled up, the woman becomes cold, and sometimes even livid. She grashes her teeth; saliva flows from the mouth, and she is like epileptics." In other cases "the woman at once loses her voice; the hypochondria are hard; she has a feeling of suffocation; she clenches her teeth, and she does not hear when she is called." If the womb remains long in the neighborhood of the liver, the woman may die of suffocation. Occasionally the uterus goes to the head, which forthwith becomes heavy, the veins of the nostrils and the parts under the eyes become painful, and the woman falls into a state of torpor and drowsiness; sometimes it goes to the heart, causing distress and giddiness; sometimes to the hypochondria, when vomiting of burning and acrid matter sets in, while the head and neck are the seat of violent pain. There is a suffocative feeling, with severe orthopnea and intense cardialgia; if the errant womb does not speedily return to its proper place, the patient loses the power of speech. The indications naturally were to dislodge the womb from its wrong situation: to induce it to return to its own place; injections and strong-smelling fumigations were used, while the patient was given stinking substances to smell.

Die Lehre von der Geschwulst. mit einem mikroskopischen Atlas.

A general comparison of this book with Virchow's classical work on Cancer is highly interesting and instructive. On that aspect of the study of tumors which overshadows all others (their etiology) the intervening years have added much theory but little actual knowledge; the advance in other directions, however, on questions of morphology and biology, has covered large tracts unexplored when the earlier work appeared. Researches on histogenesis and extension have been numerous and successful, curious "new formations" have been separated from the "true tumors," and the classification of the latter is now far more accurate and detailed. The interest of the first—the special—part centers around the discussion on etiology, and in this Dr. Borst sides with most pathological anatomists in holding the parasitic theory unproved. The definition of the term tumor is interesting, "a growth of cells and tissue without assignable cause, local in origin, independent, and arbitrary, without function or purpose, resulting in a product more or less atypical morphologically and biologically." Dr. Borst is inclined himself to accept a modified form of Cohnheim's theory, and speaks of a "disposition to blastomatosis" as the basis from which new growths arise in response to some unknown factor. The most obvious objection to this theory is that it is built on the very scantiest of foundations, and has gained little or no solidity since first enunciated. One of the most interesting sections in the first part is that on malignity and benignity. Dr. Borst appears to agree with those who would confine these terms to clinical observations rather than extend them to the wider pathological sense. He prefers to speak of the simple growths as tumors of mature tissue structure, and of the malignant as tumors of immature elements, and these titles are certainly anatomically sound.

The Modern Treatment of Pulmonary Consumption.

The author, Arthur Latham, lays down the following propositions: 1. When tubercle bacilli are present in the expectoration or saliva, no matter what symptoms may be present, no matter what physical signs may be found, we must make a positive diagnosis of pulmonary consumption. 2. A positive diagnosis of pulmonary consump-
tion should be made when hemoptysis, even to such a small extent as a teaspoonful, is associated with suspicious physical signs or symptoms, and a careful examination reveals no evidence that the blood comes from the upper air-passage or is dependent upon some other disease than tuberculosis. 3. For all practical purposes we must diagnose pulmonary tuberculosis where we find diminished resonance and increased resistance to the finger associated with the presence of persistent crepitations or fine rales in those situations in which tuberculosis usually begins—that is to say, in the apices of the lungs, more especially towards their posterior aspect.

These statements, with which we entirely agree, are amply discussed and illustrated with cases. The author then proceeds to discuss the diagnostic use of tuberculin in obscure cases in which the physical signs and symptoms do not enable us to arrive at a definite diagnosis. After pointing out very emphatically the cases in which it should not be employed, he concludes that “under proper conditions—that is, the absence of definite signs of the existence of extensive disease, the absence of fever and the employment of small doses—there is no danger whatever in the use of tuberculin as a diagnostic agent in the early stages of consumption.”

Further on in the book, speaking of tuberculin as a therapeutic agent, Dr. Latham says that “statistics as far as they go would seem to indicate that tuberculin may be a useful adjutant in the treatment of cases of tuberculosis in which the lesion is not advanced and in which the temperature is not raised.” He adds, however, that “we want more experience in a larger number of cases before we can give a more definite opinion of its value.” Here we think it proper to point out that the statistical results of tuberculin treatment given in this work, as in most other writings on the subject, are largely if not completely invalidated by the fact that hygienic and dietetic methods have been employed at the same time. A fair comparison of the results of treatment by tuberculin and by the open-air method can only be made when the patients are submitted either to tuberculin injection alone or the open-air method alone.

The Suppression of Tuberculosis.

For those who are unable to read Professor von Behring’s important lecture delivered at Cassel, in the original German, this translation will be heartily welcomed. In this lecture Von Behring enunciated the principle which he believes he has discovered, that, as the translation expresses it, “the milk fed to infants is the chief cause of consumption.” (It will be gathered from this example that the translation leaves something to be desired by English readers in the choice of expressions.)

Professor Behring’s valuable work in the immunization of cattle from tuberculosis is referred to in this lecture, and he holds out the hope that we may find in the milk of immunized cows a means for the successful treatment of tuberculosis in the human subject. The theory of Professor von Behring as to tuberculosis in the adult being the result of infection in infancy may not be generally accepted, but observations and experiments by which he arrived at this conclusion are well worthy of careful study.

The Beiträge zur Klinik der Tuberkulose (Würzburg) contains an interesting article by Dr. Karl Mosheim on the chances of cure in pulmonary tuberculosis by spontaneous and operative pneumothorax. The article is based on a series of 50 cases of pneumothorax observed in the clinics of Heidelberg and Marburg. Of these cases 42 were tuberculous; complete recovery resulted in only 3 of them, but the author quotes the experience and statistics of numerous other observers to show that this is not an unusually small proportion. The conclusion which suggests itself is that collapse and consequent functional inactivity of the organ is not so potent a curative aid in the case of the lung as to justify the artificial production of pneumothorax as a means of cure in phthisis. On the other hand, spontaneous pneumothorax in pulmonary tuberculosis comprises other factors of importance. Spontaneous pneumothorax and therapeutically-produced pneumothorax are entirely distinct conditions as regards their prognostic significance. The subject is worked out by considering the effects of pneumothorax on the normal lung and on the circulatory system.

How to Commence a Medical Article.

Nothing is more wearing to the average reader or listener than for a speaker or writer to commence his essay with some such remark as this: “In presenting my paper I know that I have nothing new to offer you, but I crave your indulgence.” etc. It takes all interest out of the proceeding at once. To begin with an apology is wretched business. Why should a man offer to take up your valuable time and space if this is his real feeling about his paper? Moreover, such a statement ought to be an untruth, for any man’s experience, carefully followed out, should be of value. We all have different points of view and each observer may see something or say it so that it will be of real interest. Again, it hurts the value of a paper, even if not especially original, to start out in this same way, for 50 per cent. of readers, at least, skip such articles, taking the writers at their own valuation. It is well to know what to say and to say it promptly, and when through to stop. The historian who began a history of Delaware County, New York, with an account of Adam and Eve and the details of the flood should not be copied in medical literature.—Er.
There was nothing unusual in our trip from San Francisco to Los Angeles except that we saw a Chinese bridal party at the Southern Pacific depot before we left Frisco that was novel and drew a good deal of attention. The bride was covered from head to foot with a red wrap of some kind, probably of silk, hiding her face and wept and sobbed like a spirit in pain. She was led by the hand by her mother, who with the putative father was otherwise burdened with paper flowers, catables, little gods and goddesses, carpet-bags, satchels, and candles. We nowhere saw any inclination to play any civilized Christian jokes upon them: no evidence of any rice—and it seemed to me this was a peculiarly opportune occasion to contribute this wedding commodity in any quantity desired; no old shoes were thrown: in short, the occasion, except for the fact that the bride was the only one to weep, everybody else seeming satisfied, seemed to have been a funeral gathering. This is, however, the fashion, as we learned the night we joined Dr. Florence's Chinatown party: namely, that the bride and bridegroom never see each other until they are married; that she is bought at so much per from her father and is sent forth blindfolded, as it were, to get married. She may, therefore, be permitted to weep at the prospect. Perhaps later on, the groom may take a turn at the water wheel.

The railway trip over the coast line of the Southern Pacific was charming and through a beautiful country. We rode in daylight for several hours and thus had the glory of a sunset spread out before us while en route; and we really hadn't seen a sunset in San Francisco, nor did we, later, see one in Los Angeles. The San José district is a fine garden district for fruits of all kinds. We passed through Santa Barbara sometime in the night and thus missed one of the expected treats of our Southern California visit. We comforted ourselves with the promise of returning in the daytime and stopping off there a few days. Alas, the time grew so short, and there was so much to see in and about Los Angeles that we were glad to get to Sacramento by the quickest route possible.

When we reached Los Angeles, thanks to the kindness and provision of Dr. W. J. Hawkes we went at once to our rooms on West Ninth Street; and everybody who has ever been in Los Angeles knows this is the finest district of this city, where the best people live, and found a most hospitable and homelike reception. Our rooms were delightful and our hostess and her accomplished daughter made it seem like home. We nosed in and around this City of the Angels the better part of a week and enjoyed ourselves to the limit. The climate is equable, warm, not cold, an overcoat morning and night, or a blanket on the bed at night feeling grateful; in the daytime, after eleven o'clock, when the sun showed itself through the pall of clouds and fog, it was warm, very warm, on the sunny side of the street, and distinctly cool, almost cold, on the shady side. I caused some merriment among my friends who wanted to know why I was carrying an umbrella. I answered that each morning it looked so much like rain I took my parasole with me fearful of accidents. Then I was considerably informed that there would be no rain until the 17th of September (or immediately thereabouts). After that I left my sunshade at home and no longer advertised myself as and for a tenderfoot from the "States."

I met Dr. Hawkes very soon after my arrival, and had a number of chatty old-fashioned talks with him. It was refreshing, while being so far from home, to sit down and talk with a Chicagoer who had not forgotten his early days and struggles. We took dinner with him and his daughter upon one occasion and it proved one of the pleasant occurances of my visit. Dr. Buell, who looks twenty years younger than he did when he left Ohio, is full of life and vim, and talks with the care and cautiousness of an old-time politician. He, like others of our profession there and elsewhere, is deeply concerned about the future of Homeopathy, Dr. Buell is a member of the California State Board of Examination and Registration, and the questions he put showed him well informed in all the problems now confronting his far-eastern brethren. He is a very busy man, so busy that it was impossible to evade an urgent call which found us at dinner at his favorite club. We had to cut our chat short because of the necessity for his instant presence to do some quick repair work for some man who had fallen or been thrown out of a wagon. (I think Arndt would like that sentence if he saw it.) Dr. Salisbury was a little wary of me, when I called and asked him how busy he was, without informing of the unaware angel-visitor he was then entertaining. But when he did find it out he stretched forth his warm glad hand and held on to me and wanted me to sit down and tell it all over again, despite the waiting people whom I saw in his reception chamber. He, too, has not forgotten the middle west and the far east. How these former residents of the "west" and east hang to the hand of a man who still lives there? Friends are re
called and their health inquired after; is this one or the other dead; what became of the other one, —the one with the red hair and the cleft palate, and so forth. Oh, yes, they are all of them in love with "this glorious climate of California," and wouldn't go back to the awful climate of Michigan or Illinois for bags of the dough; and still when you catch them unwares they will admit a sneaking wish to go back to the old places—\[.\] for a few months or a year or such matter. I also called on Dr. Newbury, because he is so good a friend of Dr. Royal of Des Moines, and here found a splendidly built and finely endowed man. He has an eye that rivals Secretary Root's famous optic; he looks athletic and in good groomsop; his heavy head of hair is silvered over not with the skeleton fingers of Time, but the rather in evidences of his too strenuous life in his profession. I believe he is a born hustler. He is a charming conversationalist. Of course all these and singular of the homeopathic physicians in Los Angeles are anxious to have the American Institute of Homeopathy come to Southern California in '07. Well, I don't blame them for wanting it. I took occasion, on one whole day, with my daughter, to take the beach-ride which trolleyed us in an exceedingly uncomfortable and crowded car through Los Angeles and then to Santa Monica, the home of Dr. Hunt, to Pleyer del Rey. Ocean Park, Moonstone Beach, Venice, and a few other towns and beaches, in each place, town or beach, time sufficient being given to visit the principal points, buy popcorn, red lemonade, and rubber balloons. At Santa Monica we were tempted to go a-bathing, but the water was too cold. At Pleyer del Rey, we had a good dinner in the grand stand, and a burrow in the warm sand of the beach. Here, too, as elsewhere on this trip, the water was too cold for bathing; Ocean Park had a very creditable band playing which it was pleasant to listen to; but the center of all these attractions to anyone and especially to me, because of the interest in it of the Los Angeles and Southern California homeopaths, was Venice! A year ago, I am told, there was nothing at this place—Venice—but shifting sands and a rolling tide. To-day under the magic wand (and coin) of Kinley, the cigarette-man, a patient of my friend Dr. Hunt at Santa Monica, a veritable duplicate of the other Venice in the Adriatic is coming to the front or to the surface, and with buildings, put up hurriedly to be sure, but faithful representations of the older ones in Italy. Canals are being dug, bridges thrown over them, St. Mark's Palace and the square of the same name, and the famous arcade are well reproduced. To one who has been over there in Italy as I have been within two years, and a fairly close observer, it is not at all difficult to recognize the Venetian earmarks in all the upgrowing buildings. Riding at anchor on the ocean, thus forming a beautiful bathing beach, is a fairly good imitation of the Santa Maria in which Columbus is said to have made his first personally conducted tour to America. This ship is, in fact, a hotel with rooms and meals at so much per day or week. An immense building with hall and stage and other properties has been built for theatrical or concert or other assembly purposes; if I mistake not this building was put up and finished and furnished and ready for the first public occasion in thirty days. When you examine it, minutely as you like, you nowhere find any cheapness or tawdriness or slop work in its construction. It goes to show what unlimited money can do. There are other hotels under way and so are many buildings. It reminds me of some of the Arabian Nights Tales, when one sees how rapidly a shifting sand shore noted for naught in especial is turned into an electrically lighted beautifully built city. Mr. Kinley is determined that this Venice shall become equally as famous as the older one. There is not a moment's doubt in my mind that if the Institute were to come here in '07 it would find it the most comfortable and happy place that it has had in thirty years. Everything is new, and of the newest and latest patterns. Everything that money can buy can be bought here from a little wooden toothpick to a large lumber wagon—when the whole city is completed. The trolley lines of course reach there now; but it will not be long before the steam and "civered ca's" will also blow their ear-splitting whistles and ring their melodious (malodorous) bells within the municipal precincts. The climate is unexceptional. Los Angeles physicians express no wish to have the Institute come to them; what they want is to have it cast its metaphorical tent in this wonderful sea-side resort; this duplicate of the old Venice. And, as I have said, the Institute will have no occasion for regret if it does so conclude to go after the Californians have settled their little dispute. All Californians are united in the wish to have the Institute come to California in 1907. They will not quarrel if it goes to San Francisco, nor if it goes to Venice. The site selected will be settled upon when the Institute meets next year. Frisco has the college and the hospital and its large homeopathic clientele, its many moneyed and bustling homeopaths; it has many hotels, and a new one building right in the heart of the city—on the top of a hill—the Fairmount—that will hold all the Institutions that can be induced to take this trip. In either section of California the Institute will have no cause for regret.

It is not too early to give this possible California outing some little and sober thought. It is a long trip if it is taken unbrokenly; if it is suffered to drift into a mere get-there-as-you-can from Omaha, or some southern port or place. The Institute always gets the one fare and one-third rate if it shows up a hundred people. It takes the better part of a week to go and the same time to return—practically that; a straight unbroken railway journey would be awfully tiresome even in fine Pullman cars and regular Diners. My own thought is to make up a "per-
personally-conducted tour to the point in California agreed upon for the Institute, breaking the journey at a number of places, spending a night or two or three "on shore," and seeing other places and enjoying other climates besides the promised Californian. By thus relieving the individual passenger of the worry and fret of ticket-buying, and shifting each for himself or herself, by breaking into his monoton, giving him a congenial crowd all under one roof, so to speak, eating and drinking as one may list or thirst, the ladies given an opportunity to stop off here and there to do necessary shopping or having laundry done, with the hotels everywhere provided, and all railway journeys engaged in advance, all places of amusement and so forth bespoke.—I think that this would be an ideal way of going to California, and making it the one great all-embracing trip of one's life. In this way I believe it would be possible to get not less than 150 Institute members on our special train, with their wives, or some member of the family, and doubtless also a number of others not in membership who would like to participate in so fortunate a way of visiting the Pacific Coast. Think it over, any way. I am at work on the plans for the tour.

Los Angeles is the Chicago of California. It is busy as busy can be. It has a busy Chamber of Commerce. It has busy railroads, especially the Southern Pacific. The Santa Fé also reaches here, and so does that Salt Lake railway. But in Los Angeles proper there is nothing that would especially interest a much traveled Easterner. It has its Mount Lowe. It has South Pasadena with its very thrifty advertised ostrich farm. And Pasadena with its fine buildings and stores. There is Riverside not far away, the garden spot for oranges and lemons and other fruits. (We saw something like eight thousand acres of Boston baked beans in the growing.) Los Angeles is noted for its paradise of flowers. A little distance outside of the city proper is the home of Longpré, the noted French flower painter, with its wealth of flowers and fruits, and his palace of painting which costs nothing to visit, differing in this and in some other detail from the ostrich farm. Many flowers of the east, like the geranium, spin all over the house. Roses bloom all the year round. Morning-glories get to be the size of a teacup, and the hundreds of other varieties of flowers require the loving touch and sympathetic soul of our women folks to properly translate and understand. It has several first class theaters, has Los Angeles. We visited Belasco's and saw a most charming performance of "The Stubbornness of Geraldine."

I must not forget to say while I am upon this topic of climate, that someone in San Francisco cautioned me to have the Institute change its date of meeting to come to San Francisco, making it either a little sooner or a little later than its usual time. Though no time of the year is so bad as to make a visit there disagreeable. My daughter and I paid a last visit to the tall and courtly Dr. Hawkes and his daughter; we had a farther friendly pow-wow with Dr. Baell of the dainty touch, the Van der Dutch mustache and the always genial smile and soft caressing speech; and then we tore ourselves away from all California for our last point of contact with the Pacific Coast at Portland. California was good to us. Its proverbial hospitality, its more than knightly courtesy, won our hearts as they have won the hearts of all visitors from any and everywhere to California. It is a glorious State. It has a powerful people. It is still fresh in its primitive ruddy blood, circulating through its arteries, and begirt with the strength of a young people. May we be again permitted to visit this grand State and all its good fellows and their girls! The last day of our sojourn in Los Angeles, ridiculous and Irish-bullish as the statement may seem, we spent in the Catalina Islands. We left our pleasant boarding place early of a Sunday morning, had our trunk and hand parcels checked at the depot—the trunk through to Portland—and the parcels in the check room, then took tickets for San Pedro Harbor, an hour's ride from Los Angeles, where we boarded a Pacific Ocean steamer and were carried safely over twenty-seven miles of Pacific Ocean to the Catalina Islands. We reached there about noon; spent the afternoon first in riding in the glass-bottom boats and viewing the marine gardens at the bottom of the ocean, sometimes 70 feet under us, and then in watching a polo game played in deep water and without horses. There was some bathing here; still the water was only about 58, and but few ventured in. This seems to be the general outing camp for Los Angelenses. Here is a canvas city where people from the California coast take their summer vacations, staying here weeks and sometimes months at a time with rod and gun. You rent your tent in this colony as you would a room in a hotel. Everything is furnished for your sleeping and other comforts. You can cook or buy your meals, or do as you like.

On our return to Los Angeles we took the Valley line, both in the expectation of getting over a new route, and once more touching at Oakland, where, as our time card said, we would have a several hours' wait. These hours we wanted to use up in crossing over again to the city of San Francisco and enjoying for the moment the pleasant smiles of our many friends on the way shore. The scenery on this line was not over-inviting and before we got to Oakland, in fact, a long way back, our Pullman tourist conductor informed us that we must change cars at Lathrop and go on to Sacramento. He said that was the proper way to get to Portland, and so we were fagged to go, much to our disappointment. The ride from Sacramento was a restful one and very pretty, especially when we got within range of Mt. Shasta. The scenery on this upper branch of the Union Pacific was grand and awe-inspiring. We had tired of the ever beautiful sky and
scenery, the absence of clouds and rain. At last we were once more within the range of Old Profs, for on one morning, on waking, and looking out of the car window we found it raining! That was cause for great rejoicing and making of special notice in our little pocket-books. Oh yes, California, with its unvarying, beautiful, equable climate, is a grand place; but, yet, notwithstanding, a little rain now and then, a thunder shower, and a good deal of cloudiness somehow seems so much more like home. And we were getting terribly homesick.

Portland did not strike us as being anything to travel several thousand miles for to see. It has three or four streets that show up well under the electric bulbs. But it is a small place built on hills and in valleys, with trolley service in good shape, and a climate pretty much like way down East. We noted with astonishment the absence of street and house decorations and hunting, remembering that a World's Fair was holding forth in their midst. We got into trouble with our hotel. Instead of following the kindly meant suggestions of those in Portland who knew, and taking our rooms at the American Inn at $2 a day with breakfast, we chose to adopt the recommendation of a friend who had been there, and put ourselves, my daughter and I, into the kindly keeping of a lady who kept a semi-private rooming hotel in the heart of the city. A distinct understanding was had with this lady as to the terms. I drew an inside room with a kitchen sink and a graniteware wash basin in mine; my daughter drew also an inside room with a little better accommodations, but in both rooms the incandescent bulbs carried light of such poor and feeble voltage that we could scarce read by it. When then, we were ready to go away I tripped down to the clerk with the necessary funds in hand. I was "soaked" just double the agreed-upon terms. It was all a misunderstanding on my part and that of my daughter, she declared; and she was a lady. "Que voulez-vous? It was Fair time and it was a Harvest time that even this lady could not resist. I am pleased to say, however, that this was the one and only unpleasant experience of this kind that we had from the time we left Chicago until we returned there later on our homeward jaunt. The Fair—well, let us draw it mild. It was pretty, what there was of it. The Government exhibit was fine, as it always is, and, truly, without it there would be a small county fair affair in Portland. It must be said in exact justice that the Fair is cast in a most charming locality, accessible and delightful. But after having browsed for several days in the original World's Fair in Chicago, with its original Midway Plaisance, and all the others but shabby imitations, the one calling itself the Pike, the last the Trail but with the trail of the Chicago fair over them all,—I begin to believe that Fairs are played out. Everything here seemed to have a price tag on it. If you sat down to listen to the

hand, efsoon some lad or girl would come along and demand ten cents, the price of the chair, which carried us back to Hyde Park, London, with its chairs for rent. If you went into the Art Gallery you were told that you must leave your umbrella in the umbrella room and receive a check for it, for which you had to pay five cents. And so it went most everywhere. A pocketful of sixpences was a very present need in going into and through many of these places in the Fair. As these places are usually free, it shocked us no little to be held up so often. One of the pleasant memories which I have carried away from that Fair is the two afternoons my daughter and I spent on the Japanese pavilion overlooking the lake, drinking Formosa Oolong tea, served by real-for-sure Japanese girls arrayed in their kimono costumes, with the varicolored knapsack tacked on behind, and their digitated stockings which showed when they took off those noisy clogs, as they did, when they sat down. The little rice cakes which accompanied the tea were delicate and pleasantly flavored. Each tea-drinker got a small sample of Formosa tea to take home with him. We saw one lonely, solitary gondola with an American clad-on gondolier wiggle itself across the lake to the Government buildings. There was one naphtha launch between the same points. The paper bridge—so it looked from a little distance—connecting the island upon which stand the Government buildings and their contained exhibits, with the Fair makes a picturesque scene; but if you cross it under a midday "equatorial" sun, without sunshade, you will feel that you have paid most dearly for your whistle. As in San Francisco, so here, the chief residence district is closely built and packed together and constructed of wood.

There are here several very fine public buildings, one of these, the Marquand Grand Opera House, is a handsome structure without, and equally handsomely within. This is the building in which Dr. Osman Royal holds his office-hours and many patients. It was so very near to my hotel, that I called there a number of times but managed each time to miss him. At last I concluded, notwithstanding the "Open Door" to his Reception room, that he was out of the city, and, so leaving my card, much against my best wishes and hopes, I gave up the chase for this Royal fellow—as everybody with whom I had spoken concerning Royal designated him to be. I called on Dr. Jefferds in the Dekum building, another fine structure. I called there three times, found a nurse-dressed girl to answer questions, and very polite and attentive she was to me and mine. Twice the Doctor was out when I called, on the third occasion he was too busy to see us. So we again took up our aimless wandering and seeing things that other travelers never see. It is the one great grief of my trip that I permitted a remark by Dr. Jefferds' girl concerning Dr. Ella Dearborn's residence to disconcert me and cause me to refrain from attempting to find her place of
business. We were told it was not in the city proper; that it was some distance away, and rather difficult to reach by one street car line. The weather was very hot, and our feet sore, and my collar chafing from much walking and climbing stairs and other disappointments and chagrin, so we crossed out our intended visit to this lady. We apologize to her here and now and say most sincerely that we are sorry. We know now that we would have had a most delightful visit with her, had we taken the little pains to find her in her outlying fastnesses. We never again expect to visit Portland, but do hope that on our '07 California tour with the Institute both Dr. Royal and Dr. Dearborn will be there. Then we will tell them how much good we have heard of them in California and in other places; and especially congratulate Dr. Royal upon his courage in lettering his street-windows with "Homeopathic Physician and Surgeon." There are doubtless other homeopathic physicians in Portland, but we carried with us only the list of those in membership with the American Institute of Homeopathy.

We traveled from Saturday night about midnight until Wednesday noon in the same sleeping car from Portland to St. Paul. It was a long trip and yet not unduly tiresome. Our tourist car was fortunate in being occupied by a party of congenial people who made up their minds to be at home, and visited among each other much as is done on the ocean steamers. We had the danger constantly before us of the telegraphers' strike—for we were now traveling on the Northern Pacific Railway,—and our travel was all done by telephone service. The scenery was pretty in many places, but in others most barren and forbidding. At Livingston a number of our comrades got off and went to Yellowstone Park. We did not go because we had been told of the awful alkali dust, and the presence of snow in many parts of the park. Drinking water it was alleged was alkaline and brackish; that the dust hurt the eyes and cut the lips. It was the wrong time of year to visit that Park.

At St. Paul, our last stopping place on this Western tour, we arrived nearly six hours late, because of the Northern Pacific Railway telegraphers' strike, and so we were obliged to make the immense distance by telephone service. We would run like the very dickens for a stretch of country and then slow up and wait for an hour or such matter until the telephones gave us the right of way. At St. Paul, tired, dirty, and homesick we went to a matinée performance with a new thrill every ten minutes, and towards evening called at Dr. S. G. Cobb's hospital on Iglehart Street. We found a large brick mansion in the very best residence portion of the city, away from unnecessary noises and commerce, surrounded by trees and flora. We had a restful little visit with the Doctor; and with Miss Keller, his very efficient Superintendent, inspected the homelike retreat for sick and wounded—Dr. Cobb being chief surgeon for a handful of railroads centering in St. Paul and Minneapolis;—then, after tea, where I met Dr. Benis and Dr. King—the former a graduate of Hering,—we had the pleasure of a long automobile ride with the Doctor and his charming wife, which took us through Como Park and through the most beautiful parts of the city and outlying country. Dr. Cobb's hospital is located practically midway between Minneapolis and St. Paul. It contains 17 rooms and each room just like your own bedroom at home. There is an absence of hospitalism everywhere. The ceilings are high, and the rooms roomy, clean, sweet, and bright. The lower porch is inclosed hallway around the house in wire screen, making it a comfortable place for sitting at any hour of the day or night. Dr. Cobb is a young man with gray hair and eyes, full of energy, enthusiasm, and business. Dr. C. G. Higbee was absent at some lake resort. I suppose now I have gained the undying disregard of Handsome C. Aldrich and all the other handsome homeopathic boys and girls of Minneapolis, because I did not call to see them. Couldn't do it. Too dirty and too tired and too homesick. Like Wilson, that's all.

From St. Paul to Chicago was one night's agreeable and comfortable ride on the Chicago Great Western Railway; and from Chicago to Cleveland was another night's ride in a spacious Drawing room car on the Nickel Plate. And now we are once more at home "and hold to you these hands which oft we've held before."

The trip was a fine one considered from every standpoint, either of railway service, of sleeping car, and diner service, of friendly hospitalities here and there; and, above all, it made me glad to the bottom of my heart, to know there is a piece of this great land of ours, that still believes in Homeopathy with all the primitive vigor of a recent convert.

We close by urging the American Institute to accept the '07 California invitation, and then prepare to have the nicest meeting it has participated in for many, many years.—The Editor.

Sanitaria for Convicts.

A recent report in some of the Cleveland daily papers classes the Ohio penitentiary with the very worst seedbeds of tuberculosis. Some of these reports and editorials take on the highly hysterical and emotional, pleading directly or by implication for the amelioration of the hard lot of these poor down-trodden criminals who are not deemed safe to be at large with the rest of the non-criminal class!

But whoever supposed that the penitentiary was a summer resort or a sanatorium? Do these gentlemanly convicts who loot banks and defraud the widow and the orphan without a twinge of conscience and who fail, with all their ill-gotten gains, their cold-blooded defiance of public senti-
ment, to defraud the law forever—do they expect the law-abiding tax-paying citizen to keep them in clover, in purple and fine raiment, during such periods of time as they are not pardoned out by some weak-kneed, jelly-fish-backboned, political, vote-needling Governor?

Are penitentiaries built to stand as and for examples of hygiene and cleanliness and ventilation? What can be expected of a retreat where men, formerly, perhaps for a whole lifetime, given over to the softness and caresses of life, are confined in narrow, unventilated, sunless cells; where during the day they are lunched over a planing machine, inhaling the dust of the lumber, or working amid brushes or other mean and mental labors, with long hours, poorly selected food, lack of intelligent exercise, in short, with a daily deprivation of all those things which go to make life worth the living outside of penitentiary walls?

Take any ordinary busy man, outside of prison; suddenly change his mode of living from his favorite vocation and occupation; take away his freedom to come and go; clothe him in a garb of disgrace; confine him within the rooms or one room of his own dwelling, if you will; restrict him to seeing no one save his keeper; give him an occupation ungenial, mean, and degrading, not fitted to his station, education or his make-up, and what will happen?

Away with this hysterical nonsense about the poor penitentiary bird! Such sympathy is wasted. The penitentiary is a place for penitence, for sackcloth and ashes. If his confinement invites tuberculosis, so it also often engenders typhoid fever and other death-dealing maladies. Do we, therefore, disband our reformatory institutions, and put our prisoners in specially selected hospitals or sanatoria?

This is that form of hysterics which signs yards and yards of petitions to a stiff-backed Governor, asking pardon for a notorious criminal and for no other reason than that she is a woman.

Commend us to old England for its safe and sane ideas on murder and penitentiary questions. A murderer over there, in that tight little, bright little island does not pose as a victim of the law, or as a martyr to penitentiary diseases. He is not the hourly recipient of bouquets and sweet-meats, and sparrows on toast. He meets his fate in short order. And a sentence of life-imprisonment doesn't mean an average of six years as bookkeeper for the warden of the penitentiary, with special privileges, eating at the warden's table, and more than half the time out on parole.

We preach no inhumanity to any man. We do insist, however, on the fulfillment of the law. First justice, then mercy. If tuberculosis is a part of the punishment for a malefactor, then that may tend to deter others from falling within the shadow of that penitentiary. But you cannot build penitentiaries so as to exclude tuberculosis, any more than you can keep out typhoid fever or smallpox, or any other disease. The surest way to keep tuberculosis from killing a prisoner is for that prisoner not to do that which may put him behind the bars. A highly sensitive moral nature, as well as a delicate physical organization, tends to tuberculosis by first intention.

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**Our Friends Across the Water.**

Our colleagues on the other side of the Atlantic are generally understood to be "cute," and we wish to be on as fraternal terms with them and with their journals as we possibly can be. But we draw the line when we learn, on the best authority, that the Editors of at least one well-known American journal have written to one of our colleagues on this side to give them a list of English doctors to whom they may apply for contributions. Now, as we number less than three hundred homeopathic practitioners in the United Kingdom, and America can reckon about twelve thousand, we think it is too much of a good thing for the latter to endeavor to get contributions from Englishmen for American journals. With the Monthly Homeopathic Review, the Homeopathic World, and the Journal of the British Homeopathic Society, it requires all our talent, to adequately fill our respective pages. We would therefore caution those to whom America may make application to consider whether it is not their duty to adequately contribute to English journals before sending over their contributions to another country. Fraternity of feeling may go too far, and become a loss instead of a gain to the cause, by sub-dividing too much our resources. We need hardly say that any such contributions sent to American journals would remain unknown on this side of the water, as few American journals are taken here, and the Review would not feel itself called upon to reprint them. —The (London) Hom. Review.

[Mais, oui, Brother of the Homeopathic Monthly Review—you picked up the wrong end of that stick! If we had 12,000 homeopaths, as you have 300 homeopaths upon whom we could rely there surely wouldn't be any desire on the part of these American editors to invade your preserves. More's the pity! Aye, there's the rub! We all know, on this side of the Great Pond, that an English homeopath is a homeopath who believes in it, and practices it faithfully; hence all American editors wish to get your good homeopathic contributions. All who read your three London homeopathic magazines realize that they are based on homeopathy, are kept alive by homeopathic contributors, and presided over most jealously by homeopathic editors of the true blue. And that's why we're so acute. Sir?]

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**Ever Meet this Problem?**

Shortly before our recent vacation in the West we were called to see a three months' boy with cholera infantum. He was bottle-fed—that is to
say, he was sucking away at a large Lydia Pinkham bottle filled with "milkman's" milk, topped off with a never-cleansed rubber nipple—and was passing from his bowels the typical aethusa cynapium stool. We interdicted the "milkman's" milk, recommended Mellin's Food, and gave directions for its purchase and preparation. Next day baby had ceased screaming and contorting, and was hungrily taking its food, with every sign of betterment. A number of days succeeding this, a hurry-call was turned in at our 'phone from this family. Found the little fellow pretty nearly gone! Inquiry developed that "milkman's" milk had been again substituted, whereat our red hair "riz" in sharp anger. "Do you want your baby to die?" "Well, Herr Doektor, we cannot afford to spend our little money in the drugstore for the Mellin's Food. My husband he get only nine dollars a week if he have all the week work." This is the problem referred to in our heading. What answer could you have made? Was it utter heartlessness for that mother to put that child back on "milkman's" milk, with a fair certainty that death lay in wait not far away? There were five other children at work in that family on this nine dollars a week, besides rent, clothes, cartage and beer-money for the husband. This was an instance where a quick funeral would have been cheaper than a long illness, with doctor bills, drug store bills, and Mellin's Food bills. And the solution, difficult as it seemed at the close of the first chapter, was "dead" easy; the Mellin's Food Co. provided the necessary Food, gratis, and the little lad is to-day hearty and strong with enough Food to last him until he, too, later on can take his place at the family "growler" without prejudice. For every general practitioner who deals much with the medium class German families, where the husband is an unskilled laborer in near-by mills, knows that a bucket of tomy beer takes the place of tea or coffee or of soup in these families, and all hands, from the father to the infant, receive their proper pro rata. This is not designed for a temperance lecture; but it may be inferred that beer thus drunken at the working-man's table is far less harmful to him and them, than the same amount of coffee or tea. Nor is this a Postal-cerate reading notice. There's a reason.

The Latest Panacea.

Truly we have much to be thankful for in these days, and amongst not the least of our blessings must be included the cheapness of the press cable rates between England and America. Thanks to the latter, we are now constantly being supplied with new scientific knowledge on the subject of human disease and its treatment. The cures offered us are so numerous that probably the only reason why suffering still remains the lot of mankind is that the adoption of some of them is either expensive [even the Eddyite Healer (?)] or difficult. No such objections, however, attach to the latest cure for knowledge of which the British public is indebted to the energy of a correspondent of the Daily Telegraph. The cure is simplicity itself, and in the neighborhood of London, at any rate, could be carried out without any expense whatever. All the patient has to do is to take off his clothes and stand naked in the rain, and afterwards get rubbed down briskly; the cure is then complete. Not only many chronic diseases yield to the treatment, but obstinate colds as well, while for nervous disorders or rheumatism it is quite infallible. The cure originated and is now being actively pursued in Texas. Since it has been so successful in that region it is still more likely to prove beneficial in England, where the climatic conditions lend themselves so much better to its application. It is a notable discovery, and one which certainly ought to put a final nail into the coffin of the Aliens Bill; for, seeing that there are many parts of Europe in which rain is rare for months at a time, it would be simply immoral to close the ports of England to those who are unable to obtain the treatment in their own country, but who, on landing here, might be cured forthwith.—British Med. Journal.

At Last!

Washington, September 14.—The commissioner of internal revenue says the Cleveland Plaindealer, to-day rendered a decision that will seriously affect a number of patent medicines composed largely of distilled liquors. He has reversed a ruling of his department made many years ago, and now decides that the manufacturers of these medicines must take out licenses as rectifiers and liquor dealers, and that druggists and others handling them will have to pay the usual retail liquor dealers' license.

The commissioner, in a letter of instruction to collectors of internal revenue, says that there are a number of compounds on the market going under the names of medicines that are composed chiefly of distilled spirits, without the addition of drugs or medicines in sufficient quantities to change materially the character of the whisky.

He authorized collectors to impose the special tax upon manufacturers of every compound composed of distilled spirits, even though drugs are declared to have been added thereto, "when their presence is not discoverable by chemical analysis or it is found that the quantity of drugs in the preparation is so small as to have no appreciable effect on the liquor."

"The same ruling," declares the commissioner, "applies to every alcoholic compound labeled as a remedy for diseases and containing, in addition to distilled spirits, only substances or ingredients, which, however large their quantity, are not of a character to impart any medicinal quality to the compound."

To prevent injustice being done, the ruling will
not be put into effect until December 1, 1905, but collectors are at once instructed to send out notices to all druggists and merchants dealing in proprietary medicines that after December 1, they will be required to pay the special tax as liquor dealers for selling compounds coming within the rule.

While no statement is made by the commissioner as to the medicines that will be affected, it is believed that the decision reaches several prominent and highly advertised medicines. In some instances these medicines have been found to contain as high as 45 per cent. of alcohol and there are many on the market it is said, that contain 25 per cent. of alcohol. These medicines are said to have immense sales in prohibition communities, figures collected in Massachusetts recently showing, it is stated, that one such advertised compound with a high percentage of whisky had been bought to the extent of 300,000 bottles in one year in prohibition communities of one New England state.

[This is the first gun in the campaign against the Patent Medicine evil. How will it end? By the removal of the Commissioner of Internal Revenue—or by adding the new tax to the consumer's price? It is quite certain that these millionaire vampires are not going to give up this bounteous teat without a hard struggle. And mark, also, how the indignant public will presently appear in print to condemn the law of this commissioner because, forsooth, the newspaper scribbler and his grandfather always were benefited by Lydia Pinkham's non-alcoholic Restorative, or Talkwell's Peruvian Bark and Quinine. And then there will be hysterical high-jinks from down the country preachers who always thank God from all angles of their hearts that they were by His special Providence directed to this heaven-brewed nectar and because and by means thereof cured of a hot-saleraus-biscuit, and yellow-legged-chicken-dyspepsia. Can this commissioner be sued for libel to the tune of $100,000? For the medical profession we thank you, Mr. Commissioner viel Tausend mal!]

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The Eternal Gonococcus.

BY LUCIEN LOFTON, A. B., PH. D., M. D., EMPIRIA-BELFIELD, V. A.

The gonococcus of Neisser, like the country editor is here to stay. He was here before Neisser saw him and even claims priority to distinction before Moses and the bulrush met.

His ancestry lingered around among the boys when candid appendages compelled us to seek Morpheus in perpendicular fashion and when lactic fluid was dispensed from the succulent cocount à-la-carte.

His heritage, unlike any escutcheon, claims equal favor with the proudest noble and the Plebeian Clay. His title to severe recognition has, all along through the misty ages, placed the banner of immorality in the fine balance and conscripted his lusty counterpart from the crown of diamonds to the thatched "lid" of the Hottentot.

He has pursued with regular and unstinted ambition his course of evolution unequaled by any Materies Morbi, known to man or science. His wake is strewed with immaculate spots of marble, finely executed granite, malformed tenpenny nails, window-sash exercise, strange and weird gymnastics, and finally broken concealed moisture. Even upon the festive pine tree he has forced his legion of friends to gnaw with repeated and renewed energy, to bark the flimsy coat of its vitals, meaning no desecration to an unhappy soul. The gay and aromatic blossoms of the jungle, the growing and sappy herb at its side have all gone down before the experimental mind of man in hope of succor and relief, while the oily juniper doubly distilled knocked its shell in relief only to be corralled in the decanter and made to pay holy homage to the masterly presence of the incapsulated duffer.

The mind and body of man rummuth not to the contrary, in the presence of the husky fighter man, but to the doctor, oh! what a glorious battle of defeat is offtime waged by the grandstand specialists; the man with the gruesome looking bottles of balsam, niter-sandal, and other old shoes, besides which the squint gun lies silent and mute, under a spell of action unexcelled only by its retrospective plunger cauterized with 16 to 1.

The sadness of this makes me long for one grand oasis of sterilized urethral canals, where throat latches are never checked and preputia bow in all humility to an undefiled corona glandis.

But I hasten to call to mind the effervescent compounds which from dire necessity have vied with sorghum mixtures in seeking supremacy over a common foe, but alas and alack, like the midnight marauder whose brush is all bristles and whose fond association with bootjacks, cupidors and brickbats he returns, like Banquo's ghost, unseathed and unhurt.

The miniature candle with its vitals manipulated by chemic action is thrust with eagerness down the feverish canal only to pacify a morbid mind and check the intensity of an abnormal longing for a catholicon.

If the first Eve hard boon did receive
When only one apple had she
What punishment new shall be found out for you
In tasting you have robbed the whole tree.

So floundering, sputtering, muttering, and drifting the deadly gonococcus with unrelinquis hed tenacity ebbs and flows with impunity upon the tide of suffering humanity with that ease and certainty characteristic of a fellow on to his job.

The pleasure par excellence experienced by the uninitiated but gilded saphead who says I am longing for a rough house with Neisser's pets, is gilded no longer when once under the lethal dose.
Harems are myths "down the Pike" "along the line." are truly misnomers to this lad of the sticks for no more forever will he in an outburst of enthusiasm born of an unbroken spirit and cherished by the tender memories of an unsoiled "hippin" declare that a man's a man for that.

No, gentle and tender hearer, his martingale is taken off and he is now ready to stand unblushed, for does he not neigh with great lust to have the crupper removed?

To him the soft summer zephyrs are laden with impure odors, the music of the feathered tribe has ceased to offer up its many virtues of praise, accompanied by the cadence of the innocent katydid and dry-weather drummer.

Mirth has ceased to flow in the bottle of wine: it has paled into insignificance and is now not ruddy. Yea, the adolescent mind is fraught with misery and woe and all trees are garubed and shadeless. Flowers are without color, grass without chlorophyl and the great dome of heaven is not unlike his insensible spirit, bluer than ever before. The frills of the sexual life well known to all gay Lotharios are stuffed with globules of superstition and unrest, and unhappy, indeed, is the head that wears the Spanish crown.

Too true, dear hearer, do we doctors submit oftentimes to the ravages of the common enemy and promise with great restriction that we are masters in the art of destroying this merry will-o'-the-wisp, perchance only to have our friends in trouble heap calumny upon us from afar 'neath abated breath and behind classic presidetive teeth. Proud, indeed, will be the doctor who saw some wood and preserves the dust therefrom, for he knows not the time when the winds may rise, scatter his substance and prostrate him bare before his confiding and trusting ward.

Ye generation of gonococci, wherefore cometh the strength with which thou art imbued? I go groping in the caverns of the sages only to find you master. From hence I tread the milky way of modern science, and yet you are Charlie on the spot.

The G. U. man is upon the verge of despair and stands gasping at your appalling audacity and advances. There never lived a prouder race or a more wholesome liver.

The fantastic is on; has been on since the cock crew and the magic wand is diligently sought.

Where, oh, where is a Moses?—The Charlotte Medical Journal.

Campbor Poisoning: A Note.

In discussing campbor poisoning the authorites give descriptions which are more varied than convincing, and treat the fact that convulsions occur with an almost contemptuous brevity.

I have been called to two cases, and in each I was warned "the patient was dead." My father, Dr. Leonard Grant, has also seen one case, and the message sent was to the effect "Sister has died in a fit." Although, however, neither of us has seen any of these attacks, the history of one of my cases is so striking that I submit it.

A police-constable was called to see a man who had taken poison, and found him apparently dying. While the officer was preparing an emetic the patient vomited and seemed to get immediately well, but the officer decided to take him to the hospital, whether he walked with ease. The house-physician on duty was unable to find anything to support the history, so the man was taken to the police station.

While the constable was explaining the matter to the inspector the prisoner was seized with a convulsion, which rapidly passed into collapse and of such a character that even an officer of this experience added to his request that I should come, "I think the man is dead."

I was at the station in less than ten minutes, and found the patient standing. He smelled strongly of camphor, as did also the vomit on the floor; the pupils were dilated and the pulse flabby, but there the signs ended. After the usual first aid I sent him into the infirmary, where he remained, I believe, one day.

My other case was that of a young child in whom languor was a marked symptom. The mother described the occurrence of a convulsion "like teething."

Homeopathy in the Far West.

As we have elsewhere said (or will, when the printers' strike is off, and the printer-men permit our California letters to issue from their typeshop)—the status of homeopathy in California, in the profession and in the college, was one of the gratifying experiences of our recently concluded western pilgrimage. Nowhere heard we a word concerning apathy; indeed what did cause us to prick up our ears and listen with all our might and main, was the universal expression of the distinct opposite, to wit—enthusiasm for the Cause. In speaking to some of these Californians of our experience in other centers of the "States," and the prevalent gloom ament the future of homeopathy, they, these Golden Gaters, failed to understand the cause for such discouragement and disaffection. In San Francisco every man-jack, and as well every woman homeop of the faculty were alive and keen for their college and hospital; there was never for any oblique instant, even in moments of intimates convivialism, any oblique reference to this or that professor as not being a close-communion homeopath; or, that he was mainly in the teaching-corps because of his student in-gathering ability; or, that he had printed and published a talkable book (put together, perhaps, by a lay publisher); or, that he controlled possible endowments among his clientele; but as to homeopathy in his practice—well, the less said the sooner repaired by first intention. No. These common and, certainly, not infrequently heard slanders of members of the college, by others in that same roster,
were not heard in California. And how many of us, editors and non-editors, when speaking under the
double-cross near the café, especially in
Chicago, heard many worrisome words and sin-
ister sentiments similar to these but now enu-
cated? In San Francisco the old-time fraternity
of men and interests was and continues to be still
the uppermost topic in the faculty, profession,
and friends. Why is this? Our answer, at a
hazard, would be: first, that this school has the
exceeding good fortune to number among its
numbers several well-known, bred-in-the-bone
homeopaths; second, that everyone and every
woman in the faculty preaches and teaches and
practices homeopathy in each and every chair;
third, that the numbing, and ultimately dead-
ening influences of too much science (so-called)
and aping after the serum therapy of the old
school, has not yet crossed the Rocky Mountains
or scaled other natural boundaries which protect
the coast from their smell-feast homeopathic
friends of the "States"; and, fourth, that it has
wide-awake professorial and professional friends
who stand not upon the order of going (to do
something) but who "DO IT NOW!" A grand
combination, and one you all admit, hard to beat.
Look at the results. A college thoroughly well-
equipped and out of debt, built in one of the
choicest localities of this great western metrop-
olis; a hospital rapidly reaching the roofing-in
period: Professors and profession unanimous in
working for homeopathy; a leading officer of the
faculty a principal official of the municipality and
holding a responsible position under that citygov-
ernment; every prospect of a large class for the
next semester; a prosperous journal presided over
by a world-famous homeopath, many-times author
of popular text-books, an easily-read essayist,
teacher, and writer; and a clientele increasing
among the better class in California with each
year. Truly it was refreshing for a lonely
homeopathic soul to rattle around, if but for a
few days, in scenes so comforting and encourag-
ing. Is there not a large lesson in the conditions
found in San Francisco for other of our homeo-
pathic colleges to take seriously to heart? Can-
not politics, favorite-son-ism, personal grudges,
and the ultra form of (alleged) science, be side-
stepped, or completely threw out into utter dark-
ness and destruction; and in their place put none
but homeopaths on guard; introduce personal and
professional good will, honest hearted homeo-
pathy, good teachers and enthusiasts, and users
of the Law of Similars? Thus and thus only
can we hope to perpetuate homeopathy in college
form.

Read by Title.

The Proceedings of the Forty-first Annual Ses-
sion of the Homeopathic Medical Society of the
State of Ohio, held at Cleveland, May 16 and 17,
1895, edited by the Secretary, lie upon our Book
Table, thus early in the year. This bespeaks un-
usual diligence and speed on the part of the
Secretary in being able to collect and put together
the various parts which go to make the whole.
The book, so far as one may judge, is of the usual
size of its many predecessors, is similar in type
and binding and makes a creditable showing from
the bookmaker's view alone; but, internally, it
brings to the front a good many new thoughts,
and keeps the reader busy assimilating the ad-
vanced ideas.

In looking over the many papers published it
is with regret we note that so many of these were
read by title, the authors not having been present;
and, hence, no discussion was had. It is a ques-
tion in our mind whether even the reading by
title of a member's paper is the proper thing. If
it were known that no paper would be received
except when presented by the author or someone
for him—in short, that no paper would be
printed that was not read—it might not increase
the attendance, and it might decrease the size of
the printed volume, but it would give more time
and more zeal to the papers that were read. It
doesn't seem quite fair to spend dollars and dol-
ars of the society's money for printing a paper
that was not read, where the author could have
been present and was not. A paper so published
is unsatisfactory because it may have been a
studied compilation, with not one original thought
in all its pages; it may, indeed, contain state-
ments or dogmas or doctrines to which the society
does not subscribe, and would have fought to a
finish had it been read in meeting. A man who
writes a paper should be ready to defend it. In a
State Society, where all parts of the State may be
reached in twenty-four hours, there is very little
excuse for absenteeism, especially if he is on the
program for a paper or speech.

In this relation, we might, most profitably, take
a leaf from the book of the International Homeo-
pathic Congress. As we remember the two Con-
gresses we attended, no paper was read in toto,
but a synopsis was prepared and printed of each
essay ready for inserting in the bound volume
later on, which synopsis was sent to the members
down for the discussion, and to others. In that
event, obviously, the essayist need not be present,
but his synopsis would be present, would have
been read and digested and then fairly discussed.
This had one other good result, that of securing
an intelligent and carefully prepared discussion.
How many of our State Society or even Institute
discussions—the extemporaneous speeches—are
worth preserving? One half of such "discus-
sion" usually consists in complimenting the
author upon the excellence of his paper (which he
probably did not hear except with one ear), and
the remainder in explaining his way of doing the
same thing, but not adding a single new
thought.

This would also serve to answer that other ob-
jection that "there are too many papers on the
program."
A concluding thought is one we have often referred to in these pages, namely, that the paper of our eminent and invited guest, one living in some distant part who could not be present, and who it was known would not be present, when the invitation was sent.—this paper should always be read and in full. The reasons for this are obvious.

* * *

Death of a Pioneer.

It becomes our melancholy duty to chronicle the passing of Dr. John Milton Davies at Warren, Pa., September 4 last, of practically, old age, the doctor having been born at New Orleans in 1827. His own father's family was wiped out by the fearful scourge yellow-fever, and he alone left to carry forward its name and earlier promises of energy and activities. He studied law a short time, but ultimately found himself more congenially engaged in the study and practice of medicine. He was graduated in 1854 from the University of Pennsylvania, and followed old-school medicine for a time; but for the last twenty-eight years he was a strict and true-blue homeopath, having been converted by being himself cured by its gentle power. Though Southern born he went to the East from San Francisco, and enlisted in the Ninth New Jersey Volunteers as a private. He served faithfully and with distinguished honors throughout that "Irrepressible Conflict." At the close of the war he was in Newburn, N. C., acting mayor of the city and post-surgeon, and here also, he found his future wife. Unfortunately her health required a different climate, so they removed to Erie, Pa., where the Doctor became City Physician. He made several other removals and eventually in July, 1879, he came to Warren, where he has resided and practiced ever since.

He was a highly honored gentleman and physician. He was a man of parts, and able to hold his own even when advancing age commonly assaults and assaults others. He took a commanding part in all public questions, and worked hard for decency and right, as witness his espousal of the Prohibition cause.

He successfully practiced his profession without prescribing alcohol in any form. He enjoyed a large and select practice, and was extremely liberal in his treatment of charity cases. Since the erection of Emergency Hospital he had been deeply interested in its welfare and served both as President of the Medical Board and one of the visiting staff. He is survived by three children, Minnie M., Norman, and George A., both sons being practicing physicians in this city. And thus crowned with honors, and bent with accumulating years, this noble old man—this sturdy John Milton Davies—may his tribe never cease!—lay him down to Eternal Peace and Rest. God bless him!

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**Book Reviews.**


So many requests having been made of the distinguished author for reprinting his former editorial on appendicitis, that he ultimately gave way, but changed it in many places by adding to it later knowledge gained from later cases. The pamphlet is worth double its price and every homeopathic physician ought to have a copy. It goes into the history as briefly as compatible with clearness, then sketches the symptoms and diagnosis. For treatment it cites a number of cases treated and cured so that the reader is amply repaid by reading these cases and noting the homeopathic treatment. "For homeopathy, appendicitis has no terrors, and only a small minority of the cases under homeopathic treatment require surgical interference."


This is another, and perhaps, the best, of Clarke's books. He is always at work simplifying, amplifying and making attractive the study of homeopathy. This latest book has the great merit of being written in language of the average reader anywhere, and does not aim to be a vade-mecum for the student in medicine, nor a pocket-book for the full-fledged practitioner. There has been for a long time an insistent demand for a book, that would not be so learned as to fly over the heads of those for whom it was mainly intended; and, yet, not so simple as to be no better than a Sunday School tract. Dr. Clarke, himself an eminent homeopathic physician, author, essayist, and editor, therefore, conceived the idea of a book free from unnecessary technicalities, cast into chapters, making an interesting, logical story of the life of Hahnemann and his important discovery, and the book before us has fully carried out his plan. It is readable, instructive and very ably put together. It has drawn encomiums from those not given to cheering for rival authors and editors. It describes and explains all that is usually so difficult to understand for the beginner, or the layman or woman. After reading the chapters in their consecutive order no reader who has an open mind can fail of having a good understanding of Homeopathy, and one that will not deceive or desert him in time of need. We thank Dr. Clarke for his industry and indefatigability in the good Cause.

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**Globules.**

—Dr. J. Kent Sanders, one of our former and foremost surgeons of Cleveland, who has been abroad since the death of his wife, is at home
visiting his aged father, Dr. John C. Sanders. We are informed that Dr. Kent Sanders has practically abandoned the practice of medicine and surgery, and engaged in art in Paris, where he has had some fine pictures in the Salon. The profession of medicine has lost a very capable and promising member, but if he has found a more congenial occupation then we wish him well.

—The morning Cleveland Plain-Dealer reports that a Vermont farmer has been asleep there for over one hundred days. Will this account for Dewey’s long absence and equally long silence?

—We had the pleasure of viewing the genial smile and adnexed countenance of good “Uncle Sam” Smythe at Los Angeles. He was hiking it rapidly along Broadway and we were on a trolley car going about as rapidly in the opposite direction. As we left the city within twenty-four hours we did not again meet him. Very sorry.

—Dr. W. A. Trego’s paper on Applied Anatomy appearing in the Cleveland Medical and Surgical Reporter does not, to us, prove that his expert knowledge of anatomy helped him to any very considerable extent in diagnosing his case. It is true he prognosed death, which promptly followed. But the postmortem disclosed such an absolutely different condition to that diagnosed with his expert knowledge of anatomy, that it seems peculiar the case should have selected as an example illustrating the value of unusual knowledge in Applied Anatomy. We could have done as well with a just ordinary knowledge of diagnosis and a few materia medica symptoms. Better recall and revise that paper, Professor. It lacks in something somewhere.

—J. “McKinley” Mastin.—He of The Critique—mustn’t get so awfully sarcastic about a homeopathic college west of Chicago, which he says will not re-open for business this fall. If he don’t watch out he will tell which one of the many colleges it is he is driving “at.” You-uns all remember the adominion of the cuffed gentlemen in the pulpit who suddenly said “if dat lady, in the green bonnit and red dress don’t stop her foot-acting I will be bleeged to point her out to the congregation.” It may be true that this not-printed-out college has issued no new literature, to prove to an expectant world that the field is not crowded for homeopathic physicians—there being still a few backwoods localities where the state-board is not so awfully rigorous and rigid—but, still, yet, already, this college shows signs of life, by electing its declining Dean, and a new Registrar. Sometimes an office seeks a man with such unanimity and persistence that despite his better judgment and his fear of disaster, the wearing he would never consent, consented.

* This title is one of the many journalistic inventions which J. Richey Horner will never live long to expire.

—Ella K. Dearborn, the bright and cheerful little doctor woman of Portland, has contributed one of her interesting papers to the Pacific Coast Journal of Homeopathy, which will pay a careful reading and study. The subject has to do with Race Suicide, in which Dr. Dearborn takes no stock, watered or otherwise. But read the paper and see how originally she puts the question to you.

—”As we do in the States,” quoth Nash in his letter to the North American Journal of Homeopathy, describing his visit to England. We thing it high time that he return to America, since, knowing him as well as we do, he would never have referred to this country as “the States” had he not become Anglicized by even his short residence among the Britishers. We do not live in “the States.” We resent that appellation. We live in America, and are Americans! Mark well the distinction, and take due notice and govern yourselves accordingly.

—The new watering town of Venice now rapidly building somewhere near Los Angeles, is going to be just what its name implies, a good copy of Venice in the Adriatic. We spent several hours in the California replica and were greatly pleased with what will prove a fair copy of St. Mark’s Place and the Arcade. The canals are being dug on a grand scale with frequent foot bridges all resembling those of the mother city. A large hotel is found at the edge of the ocean on the beach in the shape of one of Columbus’s ships. Here the passenger may have his first cabin and his meals stationarily without the commotion usual about meal times when out on the bounding deep. Every table of the salon is garnished with a large glass globe in which swim monster red fish—gold fish. And we wondered whether that was the California way of showing the passenger what kind of fish there was for dinner which he may have for the asking or pointing out. We do hope and pray that one of the things for which old Venice is noted of all travelers—though not mentioned in Baedeker—to wit, fleas, may not be copied and introduced for the use of the users of the new Venice. Perhaps those other frauds upon unsuspecting foreign travelers, namely, the glass and silk factories, may also not be found anywheres near this newer Venice. And still further and finally, we indulge the fond hope that the red-night-capped doge will prohibit whistling after nightfall by the gondoliers.

—Mastin, the McKinley of the Critique, says in his last issue, that J. Richey Horner has resigned from the editorship of the Cleveland Medical and Surgical Reporter, and accepted place on the Medical Century. We find that Horner’s name has been left off the editorial staff of the Reporter, and that Bishop is chief. We regret this resignation, for Horner was a good
editor; in fact so good an editor that he neglected his private work to further the interests of his journal. There are several reasons afloat for Horner's resignation, none of them redounding to the lasting credit of those back of the journal. And we have not heard of one that is against Horner as editor. We congratulate Brer. Dewey on his new assistant editor.

—If column-long talking about it in homily fashion will bring the Michigan homeopaths together for good and all, then the rejuvenated and rehabilitated Medical Counselor is on the right spoor. Quite wonderful that Dewey, who lived in Michigan, was not aware of all the trouble in the homeopathic profession of that State which a lay publisher has now undertaken to correct.

—The Surgical and Gynecological Association has five sessions culminating in a clinic at the Hahnemann Hospital held by surgeons of the hospital, Drs. Kahlke, Chislett, and Shears, the drawing card, however, being Dr. Florence Ward, of San Francisco, who performed with her accustomed skill and sang froid one of the most difficult and perplexing operations upon a patient 74 years of age. She was equal to the occasion.—Medical Century.

So say we all of us.

—The Cleveland Medical and Surgical Reporter copies an article from the Clinical Reporter; and leads us to believe it is his own. We like to have our articles copied and appreciate the honor but we would be as well pleased if they were credited to their proper source.—Clinical Reporter.

Which would indicate that The American Physician is not the only one to complain of the journalistic ethics of the Cleveland College journal, since Horner resigned editorship. The new editors are doubtlessly ignorant of the policies which govern honorable though competing medical journals, and might well take a few kindergarten lessons somewhere.

—Dr. Royal Copeland was in Denver during the session of the national meeting of the Epworth League. The doctor is general treasurer of this organization. The next time you come this way, doctor, please show yourself, and the profession will be pleased to pay its respects.—Progress.

That's right, Dr. Copeland, you ought to have shown yourself to the Progress people and you would have been "noticed" in that journal. We did—in fact, we took dinner with the editor in Denver and you may have noticed how our distinguished arrival and visit was heralded broadcast in Progress. So you are an Epworth Leaguer, are you, Copeland? And did you do your ablutions in the running water in Colorado Springs and did you, too, eat Uneeda biscuits—which are crackers?

—Dr. Edwin J. Clarke has moved his offices from 22 Steele Block, this city.—Critique.

This might come under that very valuable heading of "Important if true," in that it tells so much by its silence. Usually editors tell where their friends have moved to or at. Yes?

—This is how "Dr. Florence" adjectives the Big Six in the Pacific Coast Journ., of Hom: "The rugged Ruppels, the witty Walton, the eloquent Bailey, the gentle McClelland, and the same old Dewey."

—Dr. Robert J. Cummer, of Bolton Avenue, Cleveland, died Sunday, Oct. 22, 1905, after a short illness with typhoid fever, aged 52 years. Dr. Cummer was at the time of his death, and for some years previously, a professor in the Cleveland Homeopathic Medical College. He had established a fine practice and was greatly beloved. He is survived by his widow, a son (studying medicine), and a daughter finishing High School.

—"We stated in our August number that at the dinner of the Unanimous Club held in Chicago, Dr. A. B. Norton presided as toastmaster, and that he made a good one. We take this back; he did not preside as toastmaster. That function fell to Dr. C. E. Walton, of Cincinnati, and he made a better one."—Medical Century.

Will Dr. A. B. Norton please take due notice and govern himself accordingly.

The International Homeopathic Congress has issued its preliminary Circular Letter, duly signed by the full committee:—J. H. McClelland, Chairman; J. B. Gregg, Custis, H. F. Biggar, O. S. Ruppel, and J. P. Sutherland, Secretary. This circular recites at full what was done by the recently closed American Institute of Homoeopathy at Chicago, saying that the International Congress and the American Institute would combine their forces in Atlantic City next year in September. The Committee then asks that the titles of all essays and proposed communications be in their hands not later than January 1, 1906, and that synopses of all scientific papers be hand in to the same committee not later than June 1, 1906.

—We must gladly join the Critique and the Medical Century in their honorable mention of William Boericke, "of San Francisco." He is truly worth every word of praise that has been spoken of him, and we know, for, after having admired and respected this man from the beginning of our homeopathic apprenticeship, we were but recently, this last summer to wit, permitted to see him, to visit with him, and learn him by that ineffable and intangible touch of comradeship, which nothing else can ever give. He is
true gold all the way through. So say they all in all parts of California; quiet, undemonstrative, modest, gentle and kind; yet when he speaks it is worth having waited for. He is one of the old-fashioned dyed-in-the-wool homeopathics which the Philadelphia Halmemann turns out. You talk with him five minutes, and you feel he is as sincere and thorough as he is otherwise lovable. They often, out there, in that Golden Gate country, address him as "Will." Doesn't that tell the tale of what gentle affection they hold him in?

—It seems like a peculiar condition of affairs when the bacteriologist, chemist, physiologist, and one or two other non-medical teachers in a homeopathic college draw good salaries, while the medical and surgical teachers, those who give body and substance to the college, get nothing! Funny, isn't it?

—In that trip to California with the American Institute of Homeopathy in 1907 let not the distance deter those who might otherwise be tempted to go. The distance can be most agreeably shortened by breaking the journey in several places, visiting other cities and famous springs, mountains, and places, so that it will be not only a trip to California, but a pleasure journey all along the line. By all going in a special train with us, with special rates, the trip can be made as comfortable, as instructive, and as pleasurable as a Personally Conducted Tour in Europe. Be sure to vote for California for 1907, and begin at once to plan for one of the finest outings you have ever had.

—Was not that long-waisted Press Committee of the Institute at Chicago aware that the local newspapers were not giving the Institute proceedings any attention; and if so why did they not make some effort at correction? Why did not that committee by its chairman or one of its many, many members appear before the dissatisfied and complaining Institute and explain the gross delusion on the part of the promising Chicago papers? Gatchell suggests that the A. M. A. may have had a finger in the pie. Are we to understand that the Chicago press is so venal as to permit a rival medical organization to dictate what shall be printed? But in any event the committee owes the Institute some explanation. As the matter was left it must always appear that the promises of the initial meeting were principally hot air.

—It is probable that many of our readers, with us, latterly received a large square flat paper parcel by post the northeast corner of the same having printed on it "Photographs Do Not Fold." And, then, upon opening find a cheap half-tone engraved portrait printed on cheap yellow paper and this pasted on a piece of large brown wrapping paper! This was the photograph! Now what did that Cod Liver Oil Company expect to make by this falsehood? Wasn't it a falsehood, this gaining attention under false pretenses? Sure it was! We don't care to criticise too sharply the man and physician who permitted himself to be half-toned and printed and circulated in this cheap-john way. Up our way, and even in Detroit, a man who wears a Shrine button is necessarily regarded a good fellow, void of all foolish vanities and conceit, and given to walking in the straight and crooked path. Perhaps as in the Cramer case, it was done without his consent or knowledge and by an ordinary printer. But the whole business is small potatoes and blamed few in a hill. The company could have descended but one step lower in its cheap-john policy, and, emulating an established pharmaceutical company in the East printed its Company name in glaring red letters across the forehead of this now distinguished physician. He ought to apologize to the medical profession as well as to his fellow-holders-on to the rope.

—Oliver Wendell Holmes said we could always cure any sickness if called soon enough, but often it should have been 250 years before the individual was born.

—We hear from Washington that von Villers, formerly of Dresden has been retired from active practice because of severe mental disease produced by extreme waywardness of an adopted son. Our sincerest condolences and sympathies to our stricken brother.

—Since the surgeons are so prone to leave things in the abdomen which don't belong there—such as gold eye-glasses and rolls of gauze—and since there is a growing tendency to remove things which do belong there, it is a quandary to know what to do with an old-time belly-ache.

—"The European Primer for the Penniless" is a bright little brochure by Mrs. James T. Morris and deals with the little but most annoying things of a trip to Europe. It is filled with piquant points and newsy bits of information, especially for ladies. Mrs. Morris has, without question, been through the slough of European travel, and learned her lesson, and hence, she is ready to advise her sisters contemplating a similar tour, but without her similar experiences.

—A wife of a rich man fell in love with a man not her husband. She took the jewelry he had given her and some of his money and was eloping with the man. The automobile in which he was to carry her away wouldn't work, and he got mad and said, "Damn." The woman refused to elope with a man who swore, so she climbed out and went back to her husband.

That sounds like the story the gentle Doughty told at the Unanimous Club in January, 1904, about the religious Scotch girl and the whistling guest.

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. CHATTERTON & CO., Publishers.
A New Liquid Antiseptic.

Parke, Davis & Co. have recently introduced a new liquid antiseptic of considerable power, called cresylene. It contains 50 per cent. of cresylic acid and forms clear solutions with water in all proportions.

A two-per-cent. solution of cresylene is not only an excellent disinfectant for instruments and hands, but a valuable detergent and lubricant, too. It is said not to injure metallic or rubber instruments, though celluloid articles are apt to become friable under its action.

In the treatment of wounds a one-per-cent. solution is usually employed, and a two-per-cent. solution may be used in profoundly septic cases when more vigorous measures are indicated.

Cresylene completely arrests the development of pus organisms and is, therefore, indicated in the various suppurations with which the general practitioner has to contend. In the treatment of otorhoea, irrigation with a 1-2 per cent. solution is said to be of benefit. A solution of the same strength is of value in the treatment of ozena.

As it removes odor, it may prove of service in gangrene. In cancer of the cervix uteri the application of gauze saturated with a solution of cresylene will remove the odor that accompanies this disease. For disinfecting spouts and stools cresylene commends itself in the sick-room, hospital ward, schools, prisons, etc.

Therapeutically, the use of cresylene has been suggested in various pathologic conditions, notably in the treatment of gonorrhea, lupos, tonsillitis, eczema, and cystitis of the female.

The Morning Dose of Saline.

Physicians should emphasize the importance, to the majority of people past middle life, and especially to those who suffer from fermentive indigestion, particularly of the lower bowels, as so many do, of the morning toilet, or rather flushing of the bowel, with a well-diluted, non-irritating saline. Its action is first to unload the congested capillaries of the mucosa, and then to sweep out the accumulated débris, leaving the bowel fresh for the duties of the day.

To accomplish this a saline should be taken the first thing in the morning, a heaping teaspoonful, more or less as needed, of a good preparation, dissolved in a half-glass of cool water. Taken in this way one half-hour before breakfast it should act within two hours after breakfast, getting entirely out of the stomach before it receives food, thus flushing the entire canal for the digestive work of the day.

The best of all salines for this purpose is Abbott's Saline Laxative (granular effervescent magnesium sulphate, c. p.). Just enough should be taken to produce the desired effect—one good, free, satisfying, gratifying evacuation of a semi-solid consistency. Taking enough, and just enough, and taking it regularly under the conditions as outlined, no habit is established and the dose will not have to be increased. If irritating preparations are used, or if it is taken in any other way than suggested, this will not be the case. It is astonishing how much can be accomplished in the maintenance of health by the regular use of this preparation as outlined. Here is a pointer not only for many, many patients, but for the doctor himself as well.

The Stage of Exhaustion.

In the treatment of alcoholism and dipsomania, the physician is called to the case at the stage of exhaustion or prostration and a general derangement of nearly every function. Neurosis, cerebral congestion, cardiac acceleration, gastric and mesenteric disturbance, nausea, retching, intolerance of food, intense irritation, insomnia and an endless variety of morbid sequelæ, require prompt attention.

It will be found that antikamnia in combination with codeia will give a most prompt and satisfactory response in relieving all the array of symptoms so distressing and usually so obstinate as to defy all ordinary therapeutical interference. The best method is to administer one Antikamnia & Codeine Tablet (antikamnia gr. 4 3-4, codeine gr. 1-4) every fifteen minutes to a half hour, until three are taken, then widen the interval to one and a half to two hours, according to the urgency of the symptoms. Under this treatment the circulation will modify, the cardiac pains subside, the tremor, anxiety and morbid vigilance will give way to rest, quiet, calm and peaceful sleep. The nausea and vomiting, together with the irritable coughs which so frequently characterize these cases, will all disappear.

The superior results obtained with "Antikamnia & Codeine Tablets" are due, in a great measure, to the fact that the manufacturers refine and purify all of the codeia which enters into these tablets, and this prevents the constipation, depression and habit which frequently follow the administration of preparations containing ordinary commercial codeia.
Hamamelis—Its Therapeutic Uses and the Poison Perils of its Adulteration.

In an address delivered April 26, 1905, before the Danbury Medical Society, on "The Practical Value of Old Remedies," John V. Shoemaker, M. D., LL. D., of the Medico-Chirurgical College, Philadelphia, Pa., spoke of witch-hazel, or hamamelis, in the following terms:

"Witch-hazel, or Hamamelis Virginiana, an excellent oldtime remedy, has a well-defined range of usefulness within which it is without a rival. Externally and internally it is sedative and astringent. It is used as lotion and ointment in any diseases and injuries of the skin, in lesions and varicose veins. It is serviceable in acute and chronic diarrhea, internal hemorrhages, bronchorrhea, epistaxis, varicose veins and varicocele.

"The distilled extract of hamamelis is a valuable application to sprains and bruises. Hamamelis is very useful in checking epistaxis, bleeding sockets after the extraction of teeth, bleeding hemorrhoids and many other forms of hemorrhage. An ointment containing witch-hazel is of service in burns, eczema, crysipelas, sunburn, seborrhea, acne, etc. A diluted fluid extract of hamamelis makes an effective lotion in hyperderosis. A witch-hazel lotion or ointment is an excellent application in fissure of the anus. When given internally this remedy exerts the same astringent and sedative action and is highly valued in the treatment of acute and chronic diarrhea, dysentery, hemorrhage from internal organs, purpura hemorrhagica, varicose veins and ulcers and varicocele."

In his standard work on "Therapeutics," Hare also states that it is "a plant of extraordinary remedial power," and adds the following highly significant declaration:

"The one official preparation of the U. S. P. is the fluid extract, dose 5 to 20 drops. The dose of the distilled extract, which is not official and is a perfectly clear liquid, is from 30 drops to 1 dram, (2, 0, 0), and this is much the best preparation for internal and external use. Unfortunately, the preparations of the drug vary very much in both odor and efficacy. Some of the proprietary preparations of witch-hazel are more active than those ordinarily dispensed in the drug store. This is due to greater care in their preparation and to the fact that they are sold in original packages without exposure to the air."

The truth of Hare's contention that the common commercial witch-hazels of the retail drug store vary as to both odor and efficacy, and, for the reasons given, are less active than the proprietary articles, as well as the peril of the common commercial and unidentified witch-hazels of the market, has been emphasized in starting fashion by such well-known and creditable medical investigators and expert witnesses as Buller and Wood, whose voluminous report to the American Medical Association on the adultera-

tion of witch-hazel and other medicinal extracts, etc., by wood alcohol and formaldehyde, has attracted the attention of the medical profession and press throughout the country and still continues to excite the interest and evoke the comment of both.

Pond's Extract of Hamamelis Virginiana (as the plant is botanically described by Hare and Shoemaker, or Virginica, according to Coston) has been relieving pain and performing other beneficent functions in the conditions indicated by Shoemaker for the past sixty years. While it has been imitated and substituted in every conceivable form during this extended period, it stands out to-day all the more efficient and esteemed by such comparison, and, in addition to its superlative medicinal properties and action, is a positive guarantee to physician and patient alike against any and all of the poison perils of the common commercial witch-hazels.

What is Liquozone?

BY CHAS. MARCHAND.

According to the claims of the promoters, who put considerably more gases in their argument than in their wonderful cure-all, the healing agent should be "oxygen," and in order to still strengthen their argument, they state on page 2 of their circulars:

"The name Liquozone comes from the oxygen gas used in its manufacture. Ozone means oxygen in allotropic form."

"Oxygen" is mentioned in the Liquozone circulars over and over again, always for the same purpose; that is, for the purpose of convincing the people that when they drink Liquozone, they really drink liquid oxygen, while they simply drink a concoction containing sulphurous acid and oil of vitriol (in varying proportions) and water which they use to absorb the wonderful gases, as shown by all the analyses and editorials which you will find in inclosed circular.

In order to comply with the wishes of the Liquozone Company, I agree that Liquozone should be investigated thoroughly by the Boards of Health all over the country, and that their reports should be published broadcast.

Professor Wiley, President of the National Board of Health and head of the Bureau of Chemistry of Department of Agriculture at Washington, might possibly be willing to set the matter right before the public, and if he declares that Liquozone is "liquid oxygen" or that it "does what oxygen does," the Chicago "gentlemen of high standing and absolute integrity" will be welcome to publish his report to that effect at my own expense. Then I will agree to take a Liquozone cocktail before and after each meal, advising my friends to imitate me.

In order to show once more that these gentlemen have obtained money from millions of un-
sophisticated people under false pretenses, they have a few days ago agreed to paste on their bottles and wrappers some labels specified by the Pure Food Commissioner, Dr. E. F. Ladd, of Fargo, N. D.

It appears to me that it is a plain acknowledgment from these gentlemen that their previous claims were false.

If their previous claims were false, how is it that they should be allowed to sell their stuff anywhere under the same label as heretofore?

I write this because Liquzone has been confounded right along with my legitimate medicinal preparations, Hydrozone and Glycozone.

If the information published regarding Liquzone is false, why don't these gentlemen bring legal proceedings? They are certainly welcome to do so.

Antidotes for Malarial Affections.

W. Lauzun Brown, L. R. C. P., L. R. C. S. (Edin.), considers the advantages and disadvantages of quinine in malarial affections, and the other remedies which have been proposed in malarial diseases. It is said that when quinine has an unfavorable effect on patients in the way of producing auricular manifestations, syncope, vision blindness, noises in the ear (and some persons are exceedingly sensitive in this way), a substitute for quinine is desirable, and methylene-blue and a substance called A-narcotin have been mentioned but seldom employed.

In comparatively recent days a derivative of quinine has been prepared—the ethyl-carbonate of quinine, called "equinine," consisting of white needle-like crystals. Like quinine, it is not soluble in alcohol and ether. It gives the beautiful blue fluorescence when mixed with sulphuric acid solution.

The author thinks equinine is a drug worth considering by all residents in West Africa. From experience in the hospital attached to the London School of Tropical Medicine it has been found to be in effect just as useful as the other salts of quinine. It has the further advantage that in prescribing it the patient does not know he is taking quinine, and that is a great advantage. Its action is identical in every way to quinine without its toxic properties. It can be given, therefore, in all cases where quinine is indicated. In malaria, in all its forms, and with all its secondary disorders, equinine is a specific in therapeutical and prophylactic respects. As an anti-neuralgic, equinine has excellent curative properties in head or intercostal neuralgia, migraine, and rheumatic pains. It is furthermore an excellent tonic in anemia, chlorosis, dyspnea, and conditions of debility.

The dosage of this drug may be taken to be the same as that of quinine, and on account of its tastelessness it may be taken in milk, soup, coffee, cocoa, sherry, or in any liquid which is not acid.

The author advises that in place of a medicine chest or case stuffed with quinine tablets, of which 3, 4, or 5 are to be taken daily—to the consternation of the stomach and digestive system, producing failure of appetite, splitting headache, and paleness of the face through the harmful action of quinine on the blood and on the spleen—a West African traveler in malarial districts take smaller quantities of the new drug equinine and save himself the pain of this upset, while preserving his health against the attacks of malaria.

The spleen particularly suffers in malarial fever. It becomes enlarged and bulgy. The administration of equinine seems to have a powerful effect in diminishing the spleen tumor—a point of importance of which should always be borne in mind. Its effect upon the fever and the temperature of malarial patients is just as marked as if quinine were given, and it can be given just exactly in the same way.

The author concludes that there is no doubt that equinine is of great value in the treatment of many tropical diseases, not only of malarial diseases, but of many others, which students of those diseases which affect the white population in West Africa very well understand—neuritis, migraine, depression of spirits, tropical colds, and coughs, and rheumatic pains in the joints and limbs.—West Africa, July 8, 1905.

Perhydrol in Dentistry.

Owing to the fact that perhydrol is a strong, chemically pure solution of hydrogen peroxide, free from all irritating properties, it is especially adapted for use in dental work. R. Schiernann states that a dilution containing 3 per cent. of the peroxide possesses bactericidal properties equal to those of a 1:1000 solution of corrosive sublimate. He has employed it constantly with the best results in alveolar abscesses and in pyorrhea alveolaris in the form of a 10-per-cent. or 3-per-cent. dilution. The taste may be corrected by the addition of a small amount of peppermint oil and a decalcification of the teeth need never be feared. Care is only necessary in the treatment of dental sinuses, since too strong solutions may here generate too much pressure and thus injure the bony walls.—Die Zahnkunst, 1905, No. 18.

"Interpines."

DR. SEWARD'S HOME FOR INVALIDS.

This magnificent institution was established by Dr. Frederick W. Seward, Sr., in 1890, and from its inception has steadily prospered and to-day stands with its extensive additions as a fitting monument to the tireless energy of its founder. Interpines is a beautiful, quiet, restful home, devoted to the care and medical treatment of the nervous invalid. Every detail of construction
MEDICAL PROGRESS.

has been carefully planned and executed with reference to insuring the perfect sanitation of the establishment. The buildings are ample, and situated in a park of grand old forest trees of which the "Pine" predominates. The rooms are spacious, light, and airy, and furnished with every modern convenience. Its principal point of attractiveness is the atmosphere of home life that permeates every nook and corner. It is a place where doctors may send such patients as require treatment under environments differing from their own homes in full assurance that the most scientific care and strictly ethical and scientific treatment will be accorded. This embraces the services of specially trained nurses, regulation of diet, and firm but kindly discipline. Dr. Seward, Sr., is a member of the American Institute of Homeopathy, the New York State Homeopathic Medical Society, New York County Homeopathic Medical Society, Alpha Delta Phi Club, Regent Orange County Chapter, Sons of the Revolution, President Goshen Board of Trade, and for many years a member as well as President of Goshen Board of Education. Dr. Frederick W. Seward, Jr., who entered partnership with his father in 1898, is a member of the American Institute of Homeopathy, New York State Homeopathic Medical Society, Homeopathic Medical Society of Orange, Ulster and Dutchess counties, and Pathological Society and Helmuth Club, New York City, and besides a course in Packard's Business College, 1893-94, he was graduated from the Homeopathic Medical College, New York, in the class of 1898. "Interpines" is an institution of scientific perfection, and affords to the invalid a "True haven of rest" and solid comfort. Few institutions in this country are held in such high and deserved esteem by the medical profession, and but few institutions have such a long record of success.

 aspirate.

Items of Interest.

—We want you to know that Sal-Codeia Bell is and does what we state. The only way you can know this is by personal observation. We ask you to send for a sample. Use it in any lithemic or fermentative condition and judge by what you see. "Trial is proof" and the only proof, and will cost you nothing. No matter what you think, we ask the privilege of proving, at our expense, that Sal-Codeia Bell is a better antilithic and antifermentative than what you have been using. Will you send for it? Please do not ask for a sample if you are prescribing Sal-Codeia Bell, for it is too expensive to sample where its value is already known.

Yours truly,

BELL & COMPANY, (Inc.)

—Disinfection of Genito-urinary Tract. In all cases where thorough disinfection of the genito-urinary tract is necessary, prescribe cystogen, in five-grain tablets, three or four times a day. This is especially indicated in gonorrhea in all stages, prostatitis, epididymitis, cystitis, etc.—Am. Jour. of Dermat.

—Hysteria is the expression of one form of nervous debility. Celerina is thus peculiarly indicated because of its tonic effect on the whole nervous system.

—It can't hurt, and it will help. "Trial is proof"—and the only proof. If you have a bad case of neuralgia or rheumatism,—have tried everything and everything has failed, it will do no harm to try Sal-Codeia Bell. Sal-Codeia Bell will give relief and will not check any secretions; it will not spoil the appetite or digestion; it will not cause any discomfort and will not induce a drug habit. These are facts which we know to be true, by having personally used Sal-Codeia Bell; by the reports of dozens of salesmen; and by thousands of unmasked letters from physicians. You need not pay to try it. We will send you a sample gratis, if you have not used it. Don't forget this for it is one of the few things that is really worth knowing; and knowing its value will save your patients much suffering.

—The leading article of St. Nicholas for October is a beautifully written obituary notice of Mary Mapes Dodge, the founder and conductor of this famous children's-journal. We hope that, contrary to the usual article in all such cases made and provided, all that is said of her life is true; for if it is, there was every reason for this beautiful-souled woman to have been just what she was in such eminent degree. She had a fine parentage, a beautiful home as a child and young woman, her married life, though brief, was ideal; and so she early turned her thoughts to making others happy, and especially the little ones. Her life was a long one (1831-1905) but uniformly even and happy. Her monument is already completed and erected where it will never experience the usual neglect and carelessness of ordinary cemeteries—to wit; in the hearts of thousands upon thousands of children and of the grown ups,—of whom we count ourselves—who have so grown up under her skillful lovingness, her gentle directorship, and her universal promulgation of peace and kindness. It is a beautiful crown, that worn by this noble woman—the crown of gentleness, love, and kindness, fashioned for her by her many thousand child lovers and worshipers. For of such is the Kingdom of Heaven.

—Seats are reserved at all the Proctor theaters, both afternoon and evening. Patrons may have these tickets mailed to them upon sending check or money order, or they will be held in reserve at the box office until the performance required. Telephone communication will receive prompt and courteous attention. Seats for the four New York houses are on sale at the principal hotels.
Is Barkis Willing?

In conversation with an earnest and enthusiastic college-professor touching the apathy in the profession-homeopathic, he remarked in substance, that if the homeopathic profession wanted homeopathic doctrine taught it ought to wake up and take a hand in helping the colleges; that, in short, the colleges could not make bricks without straw. It was of little avail to remind this enthusiastic collegeman, that the condition of the profession now is as the college has made it—indifferent, skeptical, materialistic and careless; and that the colleges were but reaping the whirlwind where, formerly, they had sown the "wind."

The real point at issue, however, as we argued, is the willingness of the profession to uphold homeopathy. When we know of so many of the homeopathic alumni—many of them grown gray in the service of Hahnemann; men who have no complaint to utter touching the form of homeopathy taught them in the earlier years of homeopathic schools—when we know that these men, many of them, at any rate, as well as homeopathic college professors, send their students, nay, their own sons, to nearby allopathic schools—then the cause for apathy is not far to seek. In short, the profession of homeopathy doesn't care.

It is not always nor wholly the unholy desire to break into the fleshpots of insurance examinations, or the inhabitancy of Army and Navy positions, or other political places, that determines the intending medical student to choose the primrose path of allopathy. Nor is it the stringent requirements of the state board of examination and registration that engender such disaffection in homeopathic ranks.

It is very true that when the homeopathic hosts assemble in convention form, with their store clothes on and the smile that won't come off, they are filled with that fine enthusiasm and ambition for homeopathy in all such cases made and provided. They vote with a vim and hurrah for that which within forty-eight hours of their return home they have forgotten, or never intended to practice because not believed in. Not true! Well, try it on some time. Question, privately, some one of these high priests of purity, high potency, single dose and the Unabridged Repertory as to his very own method of treating a given condition, and then note with bated breath what the Delphian oracle gives forth! Speak to twenty on the same subject and note the absolute unanimity in that no two of them recommend the same remedy.—although lycopodium Chapman established some years ago that if the classical symptoms of a remedy were given to a hundred homeopaths each thereof would select the same remedy. Mirabile dictu!

But prod this oracle a trifle farther, still under the seal of confidence, and remark what else he says he does, with the whispered aside, "of course, this is not homeopathy, but you know as well as I that there are many times when we must reach beyond the creed of homeopathy for help." Take down your American Institute Transactions for a few years last past and browse in the vertebrate and palpitate homeopathy found therein, especially in its clinical departments. We will say simply, in passing, that you need not turn to the surgical and gynecological departments.
WHO believes that any number of Buster-Brown resolutions eloquently urged and passed in the American Institute will fill the benches in the Materia Medica and Homeopathic Philosophy sections with willing listeners? The very godfathers of these resolutions, who stand pat in the Institute eye, and plead so eloquently and pathetically for these curfew regulations, will, likely, be the ones to absent themselves, attending a neighboring vaudeville performance or a visit to the stockyards. Chidden for their inconsistency they will answer: "what's the use of our sitting there an hour or two listening to what we already know, and have known since we left college? What can he tell us new about baldomia? Besides we have (between you and me and that lop-eared steer over yon)—we have a few ideas of our own on the use of the similar remedy which we may sometime put into tangible shape."

* * *

HOW many of our alleged foremost members of homeopathic societies would hesitate to throw off all public allegiance to homeopathy—especially the sanitarium-owners, surgeons and gynecologists and other mechanical artists—if a good opportunity were offered, were it not for the obloquy attaching to desertion under any condition?

* * *

NOT many years before his death a prominent and influential homeopath and lover of the Institute, asked our advice concerning his intending use of empiric methods for the cure of hemorrhoids, rupture and kindred ailments. He candidly admitted that he knew the proposed treatment was not homeopathic, but that empiric as the treatment was, he could reach the diseased condition far better than with the ordinary single, well-proved homeopathic remedy. He had come to this conclusion after almost twenty-five years of homeopathic practice: and it was a question with him whether or not to follow the empiric and quackish procedure and help his patient, or to adhere blindly to the traditions of homeopathy?

* * *

BAD as the teaching of homeopathy has been in some of our colleges in the immediate past, the trouble, as Sutherland sagely said at Chicago, is not all there. It lies in great part with the practicing physician in the firing line. To be sure he may exchange his Revolutionary flint-lock for a modern quick-fire arm; but even so, he must still direct his fire against the enemy, and not against his own kith and kin, and household. He should send his students to the homeopathic college and then hold that college responsible.

* * *

HAS the curse of money-getting obscured all the finer feelings of morality and humanity in the medical man, as it has in some of the higher financiers in New York life insurance companies and other commercial aggregations? Don't we care for anything any more now-a-days but that which will bring us in the most money, and in the quickest way, regardless of its effect upon the party of the other part, in this instance, the life and health of the patient?

* * *

DOES the profession of homeopathy care whether the homeopathic colleges continue in existence or not? Is it willing to upbuild the former edifice, but in grander and nobler design than ever before?

* * *

IS Barkis willing?

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Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., Adjunct Professor of Materia Medica and Practice in N. Y. Homeopathic Medical College and Hospital.

References in this department are made by number, as follows: Critic, 1; Chironian, 2; Clinicope, 3; Med. Times, 4; Hahn, Mo., 5; Envoy, 6; Jour. of Obs., 7; Am. Med. Mo., 8; Recorder, 9; Med. Student, 9; Clin. Reporter, 11; Arena, 12; M. & S. Reporter, 13; Century, 14; Counsellor, 15; Advance, 16; Visitor, 17; N. E. Med. Gaz., 18; Times, 19; N. Am. Jour., 20; Pacific Coast Jour., 21; Eye, Ear, and Throat Jour., 22; Advance, 23; Homeo. Record, 24; Progress, 25; Revue Homeo., 26; Arch. for Hom., 27; Allgem, Hom. Zeit., 28; Zeitschrift für Hom., 29; El Prog. Homeo., 30; L'Art Méd., 31; L'Homéo., 32; Hom. Meda., 33; Hom. World, 34; Hom. Review, 35; Jour. Br. Hom. So., 36; Indian Hom. Review, 37; Ecl. Med. Jour., 38; Foreign Journals, not Hom., 39; Am. Journals, not Hom., 40.

Alumina.

Dr. A. S. Rosenberger 8 in a paper read before the State Society of Ohio believes that the symptom calling for this drug in chest troubles will bear a very careful research. The cough is worse on waking in the morning, there is sometimes a long attack of it. Sometimes she coughs until she has to vomit, passes urine involuntarily. There is little if any cough during the day. There is a sensation as if the uvula were long, a sensation of tickling in the throat. A remedy to be thought of for singers and public speakers, when the voice gives out or becomes feeble and they cough with the feeling as if something was hanging in the throat. This symptom he recently verified in a lady who sang in the church choir. She insisted that there was a piece of skin hanging loose in her throat. Alum, c. c. relieved her promptly.

[Alumina has great dryness of the mucous membranes. The cough is dry and hacking and is accompanied with frequent sneezing. The elongated uvula as noted by Dr. Rosenberger is very common. The cough is short and causes pains in the right temple and top of the head. The drug is of especial use for cold or withered-looking people.]
**Tuberculinum.**

I have employed this remedy extensively in those cases in which tuberculosis is either already present or is threatened, says Dr. A. L. Blackwood. In many of these cases there is an inherited tendency to the disease. The patients are anemic. They suffer from insomnia, and have in evening rise of the temperature. There is a constant disposition to catch cold. The lymphatic glands are enlarged. The stomach is easily disturbed. There may be a diarrhea with a tendency to nausea and vomiting. A few doses of this remedy at infrequent intervals not only have an influence in controlling many of these cases during the early stages, but are serviceable in establishing a germicidal resistance which is low in these cases.

The patients upon whom it acts most favorably are of light complexion, tall and slim, with a flat, narrow chest; and while they are weak physically they are active and precocious mentally. In those of a tubercular diathesis it is often of service when the well-selected remedy does not afford the desired relief. There may be a winter cough or unresolved pneumonia when this remedy is indicated.

It is not in the pulmonary type of the disease alone that it is indicated, but in localized tubercular trouble at any point when the general symptoms demand it. It was in the relief of the meningal type of this disease that some of the first cases were reported over thirty years ago.

This remedy is one of the most important which we have and it is hoped that we will soon know its exact action. Schneider of Cleveland believes its chief use now is in the diagnostic sphere, its administration in suitable doses being invariably followed, in tubercular subjects, by well-marked constitutional symptoms. The Homeopath should use the remedy in high attenuation, preferably the 30x or 200x, and does not produce dangerous aggravation. Decided physiological effects are however reported from the too frequent use of these high potencies.

**Tabacum.**

Dr. Seirson draws attention to the homoeopathy of tabacum to a condition probably not usually thought of as calling for the drug, namely, the symptoms associated with the pathological state known as arterio-sclerosis. In the case of an elderly gentleman who had intermittent and feeble action of the heart, great pallor, breathlessness, nausea with occasional vomiting, uncomfortable feeling at the epigastrum, headache and giddiness with a hard, cord-like pulse, tabacum 6 had an almost magical effect in relieving all the symptoms.

In the homoeopathic provings of this drug the pulse was quick, full and large; in other cases small, intermittent, very slow, feeble and irregular. The hands were icy cold, the body being warm. The vomiting is always violent, is accompanied with cold sweat and is aggravated by moving. In nearly every instance when this drug is needed there is icy coldness of the surface of the body.

**Stellaria Media.**

In a proving made by the University of Michigan Society of Provers the following report is presented as a summary by Dr. Ibershoff. Stellaria media appears to have a small but well defined sphere of action. It induces a condition of stasis and congestion, and the accompanying sluggishness of all functions characteristic of the constipation diathesis, coupled with intermittent rheumatoid pains. Its head, stomach and bowels symptoms all point to congestion; the morning aggravation and conditions of amelioration and increase being almost identical with those of nux vomica, while the rheumatoid manifestations, their relief from motion and aggravation from warmth, resemble more closely those of pulsatilla. There was apparently no definite relationship between the size of the dose given and the severity of the symptoms which ensued, largeness of dose leading rather to promptness of effect. The provers of sluggish habit appeared to show more susceptibility to the drug. One prover who had been suffering from constipation experienced aggravation at first, and then amelioration up to the occurrence of diarrhea. Careful examination of the urine and blood failed to elicit any alteration, and the urinary and generative spheres appeared unaffected by the drug.

[Dr. Kopp in the Homoeopathic World says, there is no mistaking the rheumatic symptoms of this drug. They come on very rapidly and the sharp, darting pains so peculiar to rheumatism are experienced in almost every part of the body. The symptoms of the soreness of the parts to touch, stiffness of joints and aggravation of the pain by motion are also present. Almost all parts of the body in which it is possible for rheumatic pains to occur are affected.]

**Bradycardia.**

Norfleet reports a case of bradycardia in which the following were the essential features: A man, sixty-nine years of age, habitually had an intermittent pulse, which averaged in frequency 45 beats to the minute. This patient was first seen by Norfleet during an attack of sickness characterized by an intermittent pulse, which averaged 8 to 9 beats per minute for twenty-four hours; by retention of consciousness during the greater part of this time; by convulsive seizures strictly localized to the head and neck. Alcohol, belladonna, and strophanthus were administered and seemed to do harm. The patient markedly improved on morphine, nitroglycerin, and caffeine. Event-
ually the patient recovered and the pulse became regular and varied between 74 and 90 beats to the minute.

[This report calls to mind a very interesting case of bradycardia in which the patient’s pulse was reduced to 24 beats per minute; it was full and slow; was accompanied with great mental confusion, with contracted pupils, flushed face, marked distention of the abdomen, spasmodic contraction of the sphincter of the anus, frequent urination and drowsiness. This patient was prescribed for physiologically by several physicians with no avail. He presented a perfect picture of opium and on being given this remedy in the 6th dilution was gradually restored to health.]

**Iris Versicolor.**

There are headaches and headaches. Amongst them all the bilious headache is the most annoying. Says Schultz2: Such a headache sours one’s life more than any other. I said sour, that is one of the keynotes for the remedy, Iris ver. —extremely sour stomach, vomiting of very sour, burning fluid, great burning distress in epigastrium. There is a dull throbbing in the right side of the forehead. Shooting pains in temples, all associated with nausea. Give iris ver. 30x or higher, and you will quickly relieve your headache and also cure your gastro-hepatic derangement.

[Iris is certainly a valuable remedy where there are gastric or bilious derangements accompanied with the dull, frontal headache; the headache being most prominent in the right temple. Don’t forget the feeling in the mouth and tongue as though they had been scalded and the burning in the anus with frequent watery stools. There is nearly always nausea and there is sometimes vomiting with the iris headache.]

**Some Urinary Indications.**

Hyoscyamus.—After confinement woman cannot pass her water—has no desire to do so.

Aloes.—Patient passes water involuntarily with involuntary stool. Want of confidence in the sphincter ani.

Muratic acid.—Can only pass water during stool.

Spigelia.—During stool large quantities of urine pass off; not so much at other times.

Squills.—During the stool urine passes off involuntarily.

Cantharis.—While urinating patient has urging to stool. Also indicated when patient cannot pass water without passing much wind, making a great noise.

Lachesis.—As soon as patient lies down must get up and pass water.

Phosphorus.—Always desire to urinate after a stool. Rarely indicated if there is want of sexual desire.

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**Book Reviews.**


This is not a medical book; but for a student or a practical workman in figures and formulae, we question if there can be found a better and more compact little volume than this book of 209 pages and in large print at that. It contains within its pages interpretations of the common mathematical formulæ found in the higher schools and academies. “It is wonderful how much is capable of being expressed by a mathematical formula, and how little mathematical proficiency is necessary for its interpretation. Nevertheless, it is commonly believed that a long course of mathematical training is essential to an interpretation of such formulæ as are found in ordinary technicological text-books. The authors have endeavored in this little book to show that this is fallacious; that, on the contrary, a mere knowledge of arithmetic as a preparatory training to a perusal of this book will give to a student all the insight that is needed to understand and apply mathematical formulæ. The authors, of course, do not claim, however, that those that read this book thereby become expert mathematicians.” This is from the Preface and so concisely states the opinion of this Reviewer that we have embodied it almost verbatim. It is certainly a fine work, as will be evident to any student browsing in its leaves for half an hour.

**Currents of High Potential of High and Other Frequencies. By Wm. Benham Snow, M. D., Author of Static Electricity and Uses of the X-ray, Professor of Electro-Therapy and the Uses of High Potential Currents in the New York School of Physical Therapeutics. A. L. Chatterton & Co., New York. Cloth, $2.50 prepaid.**

This work of about 200 pages is illustrated with eight full-page plates and forty cuts of electrodes and apparatus, and gives therapeutics and practical methods of employing high potential currents with both the coils and static machines. The author’s great familiarity with this absorbing subject has qualified him to give the most advanced and practical views. This work is a practical working guide, which will enable the physician to carry out the author’s technique.

The field for employing these currents in the treatment of inflammatory processes, acute and chronic, is very large.

—Green Soap.—Heat 40 ounces of linseed oil to 140 degrees F. (Clinical Review), dissolve 13 ounces of caustic potash in 67 ounces of hot water, then add 4 ounces of alcohol, and allow to cool. The heated oil may then be added, stirring constantly. Let stand twelve hours.

[Good land—and a lot of us parish doctors thought Green Soap was just a new name for the old homely but very effective soft-soap held in a gourd near the well-curb to ablate whital.]
THE TREATMENT OF FRACTURES.

BY JAMES P. WARBASSE, M. D.

The first and important thing in the treatment of fractures is that the surgeon should have before his mind a picture of the conditions of the bone which he is treating. Nothing contributes more to a satisfactory treatment than a satisfactory diagnosis. To have a positive conception of just what he is treating will also contribute much to the peace of mind of the surgeon. The simple and old methods of diagnosis are still of the most service. There is no short cut to the acquirement of skill. Practice and experience are still the best teachers. It is much to be deprecated that the younger practitioners are blunting their diagnostic senses by a too great dependence upon the X-ray. In most cases the X-ray should be used, not to make the diagnosis but to confirm the diagnosis. When this rule is followed, the surgeons who are being trained in our metropolitan hospitals will be better equipped for work when their services are required in places where the use of the X-ray is not to be had.

Attention is called here to the diagnostic importance of crepitus. The value of this sign is much overdrawn. Local pain and tenderness are signs to which too little value is given. There are many conditions, such as the interposition of clot or soft tissue, which interfere with crepitus; but tenderness is nearly always present; and in the long bones, pain at the fracture can be elicited by making pressure at points remote from the seat of injury.

The surgeon should bear in mind that he is dealing with a wound—a wound of bone; and just as in the case with wound of soft parts, the wider apart the wound surfaces are separated and the more they are permitted to move the greater will be the injury to the blood and lymph vessels, and the more will be the exudate and swelling. Conversely, the sooner and the more accurately the wound surfaces are approximated and retained, the less will be the swelling, and the more perfect the healing.

There are certain obstacles which may intervene to prevent the easy and satisfactory reduction of a fracture. Muscular contraction and pain are the chief among these; and both are overcome by general anesthesia. The method of correcting displacement by tiring out contracted muscles by making continuous extension against their contractile force cannot be recommended. Immediate and complete reduction is the thing.

To apply continuous extension to the over-riding fragments of a fracture of the femur, with the expectation that in a few hours the muscular resistance will be overcome, is encouraging a false hope. The surgeon should not rest until the fractured bone is in the position in which he wishes it to heal. The experience of the writer has shown that if a given weight does not correct the deformity in a few minutes it never will. Delay in completing the reduction is adding to the infiltration of the muscles and decreasing their elasticity.

Muscular resistance is often regarded as the obstacle to reduction when the trouble is really due to the interposition between the bone ends of bundles of muscle, clot, periosteal tissue, fascia, or loose fragments of bone. The writer has seen forty pounds extension applied to a fractured femur, and the over-riding and displacement not perceptibly influenced because of the interposition of muscular tissue between the fragments. When a satisfactory reduction cannot be effected because of these things, the best surgery demands the operative removal of the hindrance to reduction.

The employment of lead and opium and other fomentations has little or no place in the surgery of fractures. The best treatment for the swelling and pain is the correction of the deformity. If a fracture of a long bone with overlapping has been allowed to go uncorrected, the infiltration with exudate of the surrounding tissues so rapidly destroys their elasticity that reduction without operation may soon become impossible.

When a point of bone lies close to the skin, and threatens perforation, a compressing pad should not be placed over the threatening point, but over the bone a short distance away. The involvement of a joint by a fracture, or close proximity to tendon sheaths, adds another element of importance. If the joint is kept immobilized too long the plastic material becomes adherent to the opposite bone surface. The amount of this material is largely dependent upon the degree of traumatism, or, in other words, upon the degree of separation and mobility of the fragments. Motion of the joint immediately after the injury increases the amount of the exudate. The writer has recently operated upon a fracture of the upper end of the tibia, involving the knee joint, in which there was non-union because the joint had.
not been immobilized, and synovial fluid had constantly found its way into the fracture, and prevented union. On the other hand, too thorough and prolonged immobilization of the joint threatens ankylosis. The best practice in the treatment of these injuries calls for immediate and the most perfect immobilization. This should be continued for ten days or two weeks when traumatic reaction will have subsided. Then careful passive motion should be instituted. Ordinarily ten days or two weeks suffice for the formation of a sufficient amount of exudate to hold the fragments together. During this time the immobilization must be complete. Passive motion may be then instituted, motion through only a few degrees at first being attempted. This may be done about every five days, each time increasing the size of the angle of motion, and again putting up the limb immobilized in its former position.

The writer believes that more harm is done by anxiety to secure firm bony union than by the too early employment of passive motion. This is true not only of fractures involving joints, but also of fractures in the neighborhood of joints. There is probably no fracture so universally over-treated as the ordinary fracture of the lower end of the radius. Here the important thing is perfect and immediate reduction, followed immediately or in a few days by liberty of the fingers and the wrist joint. The points usually overlooked in the treatment of this fracture are that the reduction should be complete and that prolonged immobilization is unnecessary. To treat these cases entirely without splints is unsafe during the hours of sleep, when damage may be done unconsciously. It is particularly important that the joints and tendons should have as much liberty as possible in persons of rheumatic tendency.

Of all the splint appliances there is nothing of more general adaptability than plaster-of-Paris. Much that has been said against the use of this material has been testimony, not against plaster-of-Paris but against the hands that used it. While the best plaster bandages are those made in the hospitals, still the bandages of commerce can be made to answer. One of their disadvantages is that they contain too much plaster, a disadvantage easily remedied. For military purposes they are put up in sealed metallic containers, in which they may be transported without fear of spoiling. When they have become old or have been in a moist climate they can be restored to a properly hygroscopic state by subjecting to dry heat. This only requires that the tins be placed near the fire or on the ordinary military oven until they have become thoroughly dry. Indeed, this may always be done to insure perfect dryness of the bandage. When the bandage is used it will harden best if immersed in hot water containing about half an ounce of table salt to the quart.

There are some practical points which should be observed. The dressing of a fracture of the lower extremity should not be attempted upon a yielding bed. It is better that the patient be laid upon a flat hard surface, and be made to lie recumbent and not watch the operation. The best time to apply a plaster dressing is immediately after the accident, before swelling has taken place. The notion that a plaster cast should not be applied until after swelling has developed and subsided is based upon the unfortunate results which have occurred in the application of plaster dressings by unskilled hands. This swelling is largely due to imperfect immobilization, and will stop as soon as the limb is properly incased in a plaster dressing. If a fracture of the tibia is oblique there will be over-riding. This is corrected by the assistant who grasps the heel and makes traction, keeping the ankle at a right angle by supporting the toes with the other hand. If another assistant is at hand he may stand opposite the surgeon, support the leg and rub smooth the bandage as it is applied. This rubbing in of the plaster is an important step, and a dressing that has its layers well rubbed together requires but a small amount of bandage material. Ordinarily too much plaster bandage is applied. The plaster casts put on outside of the hospitals, seen by the writer, have often been three times as thick as necessary. If the layers are well rubbed, by the time the last bandage is applied, the cast should be strong enough to support the leg.

Let us take for example the dressing of a fracture of the tibia and fibula. If the person applying the dressing is skilled in the use of plaster-of-Paris the best covering for the limb is a seamless white cotton stocking, the leg of a pair of drawers with a sock for the foot, tubular cotton jersey cloth or a smoothly applied flannel bandage without reverse. The most important thing of all is that the first layers of the bandage should be perfectly flat and free from creases or wrinkles. A four-inch plaster bandage should be applied first about the region of the fracture. Too much emphasis cannot be given to the necessity of mak-
ing this bandage lie smoothly and flat, with neither edge of the bandage tighter than the other. Reverses should not be made, but where it is desired to change the direction of the bandage, it should be cut in two and then started in the desired direction. By following this practice throughout the bandage, a dressing free from folds is secured. A four-inch bandage should be carried over the knee to the middle of the thigh. A narrower bandage is next used. This envelops the ankle and the foot.

Such a dressing may be materially strengthened and a smaller amount of plaster used by incorporating a few thin longitudinal strips of wood shavings or strips of strong paper. Some of the turns of bandage should make long spirals or be placed on longitudinally to give strength, and minimize the amount of material required.

The treatment of compound fractures in such a dressing is most satisfactory. A square opening is cut through the stocking skin-covering, a little larger than the wound. The wound is then thoroughly dried and covered with a few flat squares of dry gauze, but slightly larger than the wound. The plaster cast is then applied just as in a simple fracture, the dressing being so small as not to make a bulge in the cast. While the plaster is still damp, before it has completely hardened, a square opening is cut out of the plaster, a little larger than the squares of gauze covering the wound. For accuracy, the positions of the four corners of the gauze may be determined by measurements from fixed points. A sharp scalpel is just as important for this operation as it is for a laparotomy; to accept a poor knife is to invite a poor job. The plaster square is removed, the cut edges of the window smoothed and a larger and more permanent dressing applied to the wound. This opening should be made large enough so that the wound moisture through the dressing does not reach the cast. In order to more surely protect the plaster case from wound moisture, a square piece of oiled muslin or other waterproof material may be spread over the first temporary dressing, under the cast, cut somewhat larger than the gauze squares, and when this is cut down upon it is incised in such a way that it may be turned back over the edges of the window. Another method of rendering the edges moisture-proof is to paint them with shellac, varnish, or ordinary oil paint, after the cast has become thoroughly dry. The whole of the cast, if necessary, may be rendered waterproof in this way.

When the wound is large or when there are more than one wound requiring that much of the cast must be sacrificed, it may be strengthened by incorporating strips of wood or metal.

The important thing is that the inside of the cast shall be smooth and free from irregularities, and that its pressure shall be perfectly even throughout. Such a plaster cast may be cut down on either side while it is still wet, and thus divided into an anterior half and a posterior half. The first may be lifted off at any time for purposes of inspection. The two halves may be held together by a few turns of muslin bandage. It is well to cut out a narrow strip of the cast at the two edges of division in order that the cast may fit more snugly, and that it may better accommodate itself to the natural shrinking of the limb, which must needs follow as a result of disuse.

A properly applied plaster cast gives a sense of comfort and relief to the leg. If there is persistent pain, the surgeon should not hope that it will subside, but should assume that the reposition of the fragments has not been perfectly effected or that the splint has not been properly applied, and he should govern himself accordingly. A cast that is not comfortable should not be left on.

The methods which we now have at our command for accurately determining the condition of broken bones, and the application of modern surgical operative methods to the correction of displacements and the relief of complications, places modern surgery in a position to be satisfied with nothing but good results in the treatment of fractures.

The Business End of Medicine.*

BY W. A. RISK, M. D., PROVIDENCE, R. I.

Business is business and should always be regarded as such. We must look to our profession for support, so do not let a false delicacy or out of the place politeness interfere with your rules in money matters, or prevent you knowing where sentiment ends and business begins. The practice of medicine is our life work and no one earns his living more fairly and often more dearly than we do, and common sense and necessity require that we should try to provide for ourselves and those dependent on us for support. This will be impossible unless there is a system to your busi-

* Read before the Providence Medical Association
ness. It is as important to charge your visits as to make them, therefore do not go to bed without making a record of every visit made during the day. The nearer you can approach a cash system the better it will be. Frequent accounts are the best for us. Bills should be rendered once a month, whether the first or the fifteenth it does not matter. If a bill is rendered monthly people begin to look for it and to prepare to pay them as they do all their other expenses. It would be better to discount a bill for a prompt payment than to wait and run a chance of losing it through "the pay when-you-please system," for some will fail and other disappear while waiting to pay you.

Many people are more apt to call you quicker if they know they are not owing you a large bill. If the bills are rendered every month the bill is apt to be small and your services are still remembered. If you have made a visit one month and wait six months before sending your bill most people have forgotten all about it. Also if you do not send your bills promptly many will think that you do not believe in prompt collecting or that you are not dependent on your practice for a living, or that you have no need of money. Many physicians did and do now have the pernicious habit of waiting six months or a year before sending a bill. If you wait six months your debtor may think that you sent it with a lot of others just because you posted your books and do not want it paid and he will wait six months or more before thinking about paying it. We all know that an old bill looks larger than others. If you must send bills at the end of six months make them read "all bills collected at the end of six months," rather than "bills rendered every six months." I believe that if the last visit is made on the last day of the month that it is perfectly justifiable and business like to mail that patient a bill on the first day of the month. There might be a few who would be offended at this but if they knew that this was your custom they would soon become reconciled to it. Of course if there was but one visit or an office call in the course of the month you could let it go till the end of the quarter if it occurred in one of your good families. But there is one rule that could and should be adopted by all and that is that every new patient on your books at the close of the month should receive a bill. This is very important as it would tend to stop the class of patients who go from doctor to doctor and never pay. It makes them a little different about employing you again without at least saying something about your bill or promising to pay. If you wait from three to six months before sending your bill the patient keeps calling you till the bill is so large that you may have to make a large reduction in order to collect it all. Often allowing your bill to mount up puts it out of the question for a poor but honest man to ever pay the whole amount at once, whereas a monthly settlement he could have met.

My own system is as follows: having on the first of the month sent out a bill I wait two months and if he has not paid even though he has promised to pay he receives a bill. If he pays no attention to this bill I wait two months longer, of course in the meantime I may be attending him, and he may be making me promises of payment during these four months, then at the end of five months or six months at the latest, unless I am sure that he has hard luck or some special reason has arisen why he should not be pushed. I write him a kindly letter something on this style: "As I have not heard from you in any way in regard to the payment of this small account I feel that I have given you all the time you may have needed for its payment, consequently unless I hear from you in some way before the fifteenth of the month I shall feel obliged to conclude that you wish me to take any means I may desire for its collection." Now an honest man can take no exceptions to this letter, he having fifteen days to either pay in full, or something on account or to face me and promise to pay. A man who does not pay any attention to a note of this kind will never pay, I am through with him and my collector has the bill and as a rule it is a small bill.

When a new family employs you send your bill when the end of the month comes. Call it a test if you like and if there is an objection to you consequent upon the early presentation of your bill, or because you want your fee, the sooner you have an understanding with the family the better it will be. Some can collect from one family who have not paid any attention to another doctor's bill because they wish to stand well with the one doctor and do not care about the opinion of the other. All charges for exceptional services should be posted at once lest the patient call unexpectedly for his bill and through haste or forgetfulness of the circumstances you do yourself an injustice and make the charge too low. A great many men make the mistake when a
Thus in a wise man would can black and receive is no hurry. Take your fee when offered no matter where. Try to get cash from strangers. Keep your books in good black ink and write all visits and cash payments in such form that there may be no question if the books must be produced in courts. It is wise to enter in some place the names of the individual members of the family if more than one is treated during the month. Patients at times dispute the correctness of our charges. If they are not correct, correct them willingly, but if correct do not allow yourself to be browbeaten into the position that it is otherwise. Never undercharge for the sake of obtaining business. Small fees are set off against small skill in the public eye.

A community never values a physician higher than he values himself. I should be glad to hear a free expression from the members on the right or wrongfulness of charging a patient according to his circumstances in life. One writer claims that we should make the bill a fair one and the rich man knowing what we have saved to the community by perhaps saving his life will voluntarily give us double or triple fee.

It has been my experience that the patients who think we are undercharging are few and far between. Shall we charge a double fee in all first visits which so often take so much longer than others because of the laying down of so many rules for the hygienic, aseptic or dietetic management of the case? It is certainly just to charge extra for a visit where we are detained longer than a half hour or in an obstetric case that is long drawn out. How many of us make a point of charging half rates for all in the family we may prescribe for after the first patient? I have not been able to do this in my practice. In unusually severe cases and in those that require extraordinary professional services, as cases of recovery after poisoning, suffocation or drowning, we should charge a good round sum. A good plan that can be adopted with both your best and worst families is to write a week or two before you have a special bill coming due, and inform them that you have a special need for money on that date, and ask them to kindly pay you on or before that time. Most patients of any worth will try and comply with your request. A physician who is in debt has a lawful excuse to send in his bill as soon as his patient recovers. Very often if a prompt paying patient knows that the next visit will be the last the amount of the bill will be ready. Items and details should be omitted from an account unless asked for. For all moneys that we receive a receipt should be given.

A wise man will accommodate himself to circumstances and take what he can get, but if you must receipt the bill for a reduced amount make out the bill for the full amount and be sure and see that the patient knows that we are not reducing our charges but are taking something off his bill. In a certain number of cases it is a good policy when you have a bill to meet on a certain day to send a note on that day stating the facts, and while they may pay no attention it is possible that knowing that they have disappointed you on a day you needed the money they might feel that they must pay something on account if they should send for you at any other time.

Of course it is impossible to have an absolutely fixed rule as regards our bills. Some you will send by mail, some possibly through your collector, some you may desire to present in person and a few whom you will allow to ask for them. Another very important subject in the business end of medicine is the question of the society doctor who for one or two dollars a year will attend an individual who may be drawing wages of fifteen to forty dollars a week. Are we not now reaching a time when the medical societies of county and state should begin to wage war on them? The competition in medicine is now close and these societies certainly reduce the number of families we are depending on for our daily bread. The only way that I can see is to place a plank in the by-laws of every medical society whereby a doctor who will attend one of these societies shall be dropped, and then making the medical society such an attraction that all the physicians would be eager to belong to it. Thus as these contract societies desire the best even in a contract doctor if the best, for instance, were in the Providence District Society, we should find little by little that the better class of wage earners would discriminate between a poor contract doctor and one who thought it a disgrace to do this work. As there are a number in this Club who are doing this work to-day or have done it in the past it would make an interesting discussion.

I am doing it and on the average I receive my full two dollars a visit and some quarters more and as long as this continues I would not drop it unless the societies should take some concerted action on this business.
The physician is as a rule so poor a business man that if he meets his necessities he does not trouble himself much about the balance. The question of whether it pays to use a collector or a collecting agency is certainly a subject for discussion. Personally I have about decided that I can get as good results by persistent dunning as by paying a fee to a collecting agency and then giving them a percentage besides. If any of us will cultivate a little nerve we can make good collectors as we have many chances to ask for money as we go by the doors many times in the course of a year of patients who owe us. And this is all our collector does. We simply lack the sand to push for an honest bill. The last thought I bring to you to-night is the feasibility of the publication of lists, black lists if you choose to call them so, of those who can pay and have from carelessness or lack of good principle owed these bills as one writer puts it "unjustly wrong." We all have these cases on our books. A case in point: I stopped in a physician's office and in talking of other things happened to bring in the name of a family that I knew had gone to this doctor after refusing to pay me a bill of twelve dollars, all they could work me for under my system of presenting bills, and they had made many promises. He informed me that they a few years ago had succeeded in contracting a bill with him for a hundred dollars. They then apparently left him and after a time drifted to me. After I turned them down they went back to this doctor and ran up thirty-five dollars more and then the patient died or I do not think that the doctor would have ever pushed for some payment however small. That doctor is out $135 and I believe that he has put it beyond the reach of the family to ever settle the bill even if they desired so to do. This man may have had hard luck and been unable to pay my twelve dollars but I also believe that no man who has an average income as a laboring man, and I believe his was skilled labor, but could have paid a dollar in six months and that is all I asked. Now if this man's name had been placed on a list and I had known that he owed Dr. A. $100 I should not have cared to attend him. This would not be a list forbidding the doctor to attend him but simply to notify us so that we may decline to attend one or if we do to do so with our eyes open to the possibilities. I trust that I have given a few points in business to a class of men notoriously lax where bills are concerned.

**Newfoundland and its Climate.**

*By Charles M. Skinner, M.D., Brooklyn.*

It is with an out-of-the-world feeling that you go ashore in Newfoundland, unless, to be sure you put in at the one city of St. John’s, and even that is not likely to superheat your system unless you sample too freely of the old port and sheries in its cellars. As a matter of fact the island is rather out of the world, although it is not so far north as England, and St. John’s is about on a line with Vienna and Seattle. It is not latitude that makes the climate and weather in this world, however; it is isotherms, and these are the results of land configuration and ocean currents. Our side of the sea is cold, because of the flow of chilled water and ice from the Artics, while the shores of Europe are warmed by what the British peasants called the Gulp Stream.

Newfoundland is nearly all wilderness and is a rude and lonely country, containing some beautiful and magnificent scenery, with a far better growth of vegetation than you would look for, but with a coast utterly barren and forbidding—one long reach of cliffs from a hundred to a thousand feet high. For miles there are no places where landings can be made in safety. Against this iron front the Atlantic heaves and whitens, and in storm the roar of its waters is heard through the coves by the people who huddle together in the fishing hamlets, but who brave it in all weathers in the frailest of fishing vessels. Newfoundlanders are born sailors and fishermen: they pull a good oar, they have no fear of fogs and ice, and indeed they have need to be of just this sort, for life is with them a struggle. It is struggle, not softness, that makes men.

Newfoundland is one of the oddest bodies of land on the globe, viewing it as a geographical exhibit. It is rudely a triangle about 300 miles in each dimension, but it is almost cut apart in several places. White Bay and the Humber River all but meet and sever it from northeast to southeast; then, just a few miles under this water you come to the River of Exploits, so called because it doesn’t perform any, and is by no means so animated as the Humber. The Exploits rises in the lower right hand corner of the island within a stone’s toss of the La Poile, and flows northeast, contrary to the direction of the Humber, and except for the wee bit of standing room between its source and that of the La Poile, Newfoundland would be cut in two again. Working
toward St. John's, we come next to the Gander River, that rises within a mile of the lakes that empty at Goliath Bay and flows on the opposite direction again, all but cutting the island apart. Once again, you find the land almost disconnected by the Terra Nova Bay, for it all but joins the streams heading in the East Megpoea and flowing in the opposite direction. Placentia Bay on the west and Trinity Bay on the east all but cut the peninsula of Avalon from the rest of Newfoundland, and that peninsula in turn is nearly parted asunder by the Rokey River and Dildo Run. It also comes within two miles of another severance, for the Colinet heads only that far from the streams entering Collier Bay. The long points that jut out from the island to distances of a hundred miles and more are all but islands, the great arm that juts nearly to the Labrador coast being held to the rest of Newfoundland by only a nine-mile strip between Gold Cove and the west branch of the Humber.

The interior is partly wooded, but it is also intersected by immense "mosses," or barrons, where the elk feed and which are as impressive as the western plains. The mountains, everywhere in sight, are not always exciting by reason of height or Alpine form, for they usually lack sharpness, except in the case of the "tolls" or sudden granite uplifts, yet they reach an altitude of over 2000 feet in several instances and snow lies on them most of the year. These hills approach the coast and it is the suddenness of their breakdown that gives so much of dark and romantic beauty to the shores and makes so much of danger—a danger increased by the multitude of islands and sunken reefs that fringe the whole of Newfoundland and that make absolute labyrinths about Notre Dame and Bonavista bays.

Cabot found this land and it is the oldest of England's colonies. Considering that fact, it is strange that England has done so little for it, and that it has grown so slowly. It may be that it would grow faster if it would join the Canadian union, but you must not say so out loud, or you will get yourself disliked there. Newfoundland is as absolutely severed from Canada as it is from India and Australia. It has its own governor, who is paid $10,000 a year to represent royalty at pink teas and do the heavy standing around; it has its own parliament; it makes its own laws, has its own customs service, coinage, and postage, and one result of its isolation is that it costs five cents to send a letter to or from the States, whereas you can send from any part of Canada to our happy land for two.

The early settlers were people from Devon and Cornwall, and tokens of their residency are found in the names that attach to things and places, but later followed a large Irish immigration, and today the populace is about half and half Irish and English in its ancestry. The two elements had difficulty in mixing, and mixed it up in the streets once in a while, when they fell at one of another, but they now live on terms of seeming tranquility, and never—that is, hardly ever—go wrong. Newfoundland is as moral as Brooklyn, and more.

It is a matter of some pride with the natives, I think, that they have preserved so much of the old English speech. They claim to talk something as Shakespeare did but they surely talk with a bit of brogue, even the obviously British element. Some of their words are a trifle puzzling to the stranger. For instance, the new arrival has to be told that a mesh is a moss or marsh: that a brish is a dense undergrowth, or brush; that "thwart the rudge means over the ridge, or hill; that when the defendant complains that he is fror, he means he is frozen; that a rowan is an ash; a starrigan, a thin, dry tree; a drake, a wood surrounding a clearing: a gould, a hollow: a copse, a wood: a dwigh, a shower or snow squall: a tol, a steep peak: a tickle, a narrow strait: a linny, a limny, an addition to a house (possibly a lean-to in the original): a steady, a quiet reach of water, and he might hesitate to eat brisure and vang till he learns that they are made of bread. Old French names applied by the early French explorers have been Englished, sometimes out of recognition, yet one understands that Carboner was originally Carabinier; that Harbor Grace is an easy and natural transition from Havre de Grace; that Bay Despair meant just the opposite when the French called it Baie d'Espoir, or bay of Hope; that Sucker may have been Sacre; it is also alleged that Twillingate was originally Teile-en-gaie, for the practice of painting or tanning or dyeing the sails now prevalent may have began with the French.

As an illustration of the way language is made, or supposed to be, take the name of the lovely little pink flower on a woody stem that grows all over Newfoundland and it is known as the gold widow, or, to use Newfoundland dialect, "good widdy." It is alleged that originally this was the
gouldwort, gould implying a hollow or sheltered place, and wort a plant, of which we have other instances in motherwort, miterwort, liverwort and St. Johnswort. There is nothing about the plant to suggest either gold or a widow, since the flowers grow in heads of four and seem to be happily married, so it may be that the name has evolved as they say.

But the town and stream and hill and cape names are a perfect joy. I wish we had the like of them in our country to supplant the pesky Scrudgeville and Brownwells and James rivers and Jones hills. Just let me read off a few and see if they aren’t rich: Gulsh, Rags, Renew, Spout, Noddy, Bay Bulls, Chops, Brigs, Tantam, Rantem, Motion Head, Fogo, Ha-Ha, Perlican, Butter Pot, Topsail, Piper’s Hole, Sauker, Kelligrews, Gambo, Inch, Old Harry, Young Harry, Lance au Loup, Burggeo, Mackerels, Open Hall, Haystack, Leading Tickles, Ireland’s Eye Pushthro, Grand Bruit, Mull Face, Foisy Gulch, Happy Adventure, Cloud Hills, Quirpon, Noggin Cove, Outer Cat, Keels, Grindstone, Cutthroat, Robbers’ Roost, Petticoat, Ironskull, Galliboy, Rushoon, Wenjegumpeeshe, and Carroll’s Hat. They say that Seldom-come-by got its name because the fishing schooners seldom came by without saluting the people on shore, and that Come-by-chance was called so because a vessel, hunting around for a landing in a fog, ran by chance into that safe harbor. But I would like to know what happened to occasion the naming of four settlements on Trinity Bay, Heart’s Desire, Heart’s Delight, Heart’s Ease and Heart’s Content.

Newfoundland is about the size of Ireland or Virginia, while its population is about that of Jersey City, namely, 220,000 with a population of 4000 on the Labrador coast, for Labrador is a dependency of Newfoundland. Out of the 40,200 square miles contained in the island nearly all remains as wilderness, the acres under cultivation numbering less than 100,000. Of this populace 76,000 are Catholics, 73,000 Episcopal, 61,000 Methodist, a few Baptists and Presbyterians, 1 Universalist and 1 infidel, the latter hiding in the woods. It is a religious island, and a rummy one, yet not gross in its use of liquor. And there isn’t a public school. Every school is owned and managed by a church. Naturally there is a vast deal of illiteracy, but it doesn’t affect folks’ morals, and that sets you thinking about ours.

**Homeopathic Therapeutics of the Ear.**

**By Chas. C. Boyle, M. D.**

(Continued from page 331.)

**Pulsatilla.**

Sensation as if ears were stopped, with roaring like a loud, distant noise; noises in ears; humming, tinkling on moving the head or body; ringing; sound of wind or rushing water; roaring, relieved out doors; deafness, as if ears were stopped up; after suppressed measles, with otorrhea; from cold after cutting hair; from catarrh of eustachian tube; hears better on the ears (Graph); hardness of hearing relieved in a warm room, aggravated in cold, damp weather; otalgia; pain violent, as from something forcing outward, jerking, tearing, darting, shooting; pulsating at night; otitis media; profuse, thick, yellow discharge, or yellowish green in children; severe pain in ear, especially in evening, continuing through the night, with paroxysms of increased severity; inflammation and swelling of external ear, with discharge of thick pus, with pain aggravated at night; caracche relieved by cold applications; catarrhal inflammation in the ear from a suppressed cold in the nose.

**General Indications:** Mild, gentle, yielding disposition, with inclination to weep; catarrhal affections, especially with thick bland, yellowish green discharge; sandy hair, blue eyes, pale face, especially women and children; longing for fresh air; wandering pains, shift rapidly from part to part; chilliness, even in a warm room.

**Aggravation:** In the evening: at night; from warmth of bed; in warm room; after eating, especially after fat food, pork, ice cream, fruit, pastry.

**Amelioration:** In open air; in a cool place, when lying upon the back.

**Salicylic Acid.**

Deafness, with noises in ears; nervous deafness; roaring in ears, with difficult hearing; auditory nerve vertigo; Menière’s disease; tendency to fall to left side; purulent, fetid otorrhea.

**Sanguinaria.**

Hyper-excitation of auditory nerve; painful sensitiveness, especially to sudden sounds; caracche, with headache, singing in ears and vertigo; acute internal otitis; catarrhal affection of inner ear and eustachian tube; throat affections, causing deafness and otalgia; increased redness of
- external ear, with humming and roaring in ears, from increased circulation of the blood through aural structures; burning ears; cheeks red.

**General Indications:** Flashes of heat; glow of warmth over body; heat flying from head to stomach; determination of blood to the head, with whizzing in the ears and flushes of heat; sick headache.

**Aggravation:** Morning and evening: from light, noise and motion.

**Amelioration:** When lying quiet; in the dark room: after vomiting.

**Sepia.**

Over sensitiveness to noise, and particularly to music; loud sounds and humming in ears, followed by loss of hearing; sudden attack of brief deafness; chronic otalgia, with toothache, returning after very slight cold; discharge of thin water from ear; much itching in affected ear; swelling of, and eruptions on, external ear; tetter on lobe of ear, behind ears, and nape of neck; stitches in parotid gland, which swells, with tense pain on turning head.

**General Indications:** In yellow, earthy, waxy complexion; mental depression; great apathy; indifference to everything; excessive prostration, exhaustion and faintness.

**Aggravation:** Morning and evening: after eating; while sitting.

**Amelioration:** In the open air.

**Silica.**


**General Indications:** Slow suppurating processes in general. Glands, abscesses, ulcers, etc. Scrofulous and rachitic conditions. Disease of bones. Necrosis; caries; periostitis. Weakness and sense of great debility: sensitive to cold air: takes cold easily. Small wounds heal with difficulty.

**Aggravation:** At night: during full moon: from motion; from uncovering head; in open air: from cold; from chilling the feet.

**Amelioration:** From wrapping up head: from warmth: in the room.

**Spigelia.**

Over sensitive to hearing, with neuralgia and headache. Sensation of distant ringing in both ears, with sensation as if ear were loosely stopped, or thick mist were in front of it. Periodical deafness. Otalgia: pressing pain as from a plug. Neuralgia of the ear. sudden stitch extending to eye, zygoma, jaw and teeth. Noises in ear. Voice resounds like a bell through brain.

**General Indications:** Especially useful in neuralgia of the fifth pair of nerves. In rheumatic and neuralgic affections of the heart.

**Aggravation:** From motion: noise: inspiration: touch.

**Stannum.**


**General Indications:** Affection in general of the chest. Paralysis. Epilepsy. Prosopalgia.

**Aggravation:** From motion: from talking.

**Amelioration:** From walking: when lying on back.

**Staphisagra.**

Hardness of hearing, with swelling of tonsils, especially after the abuse of mercury. Stitches in ears. Ringing in ears on moving head. Reports in ears. Sensation as if wind blew into them.

**General Indications:** Abuse of mercury or thuja. Affections of glands and bones. Secondary syphilis. Scrofulous affections. Warts.

**Aggravation:** At and in morning: from loss of fluids: from touch.

**Sulphur.**

Deafness, preceded by over sensitiveness of hearing, especially for human voices. Impaired hearing; heat and heavy pressure on top of head, with soreness of brain extending to inner ear. Hardness of hearing, with hissing and humming in ears. Frequent stoppage in ears, especially when eating or blowing nose. Sounds in ears, ringing, swashing as from water, humming, and hissing. Otitis, in psoric patients with skin eruptions. Discharge from ears, dirty, offensive: objects to ears being washed. Discharge of offensive blood-stained pus from the ears, with intense itching. Severe itching in ears with pain when trying to relieve it.

Aggravation: In evening, or after midnight: from warmth of bed; during rest: from washing or bathing in the open air.

Amelioration: During motion: on walking.

Tellurium.

Dull throbbing pain in ears day and night. Thin, watery, exorciating discharge, smelling like fresh pickle, causing vesicles. Vesicular eruption on membranum tympani, suppurring, perforating. Severe pain deep in ear. Eczema behind ears.

Teucrium.

When blowing the nose, a fine singing in the ears, and sounds like the passing of air through mucus. Accumulation of mucus in middle ear.

Thuja.

Chronic otitis media: watery or purulent discharge smelling like putrid meat. Granulations of middle ear. Polypus in ear: cracking in left ear when swallowing.

General Indications: Pathological vegetations: warts: condyloma, etc.

Verbacum.

Deafness, as if ears were closed.

Zincum.

Noises in ears, continuous during night: dull whistling in evening, pulsating, ringing, roaring. Tearing in ears. Otalgia, with tearing stitches and external swelling, especially with children. Neuralgia of middle ear, pains tearing and cutting, often with suppuration. Earache of children, especially of boys. Otorrhea of fetid pus.

Dr. Edwin M. Kellogg.*

Since coming to Chicago I have been requested to say a few words at this Memorial Service in memory of my old friend and preceptor, Dr. Edwin M. Kellogg; and I am very glad indeed to have this privilege, for I have felt for a number of years past that if Dr. Kellogg should pass away before I did I would like very much to do this for him.

I have had no time to write an address, and I could not have done that, no matter how much
time I might have had; I might just as well have tried to write an address to be delivered in memory of my father or my brother; it would be impossible for me to do so. I come this evening to speak a few words in regard to my personal feelings for him, and of our personal relations. I shall not attempt to speak of him in a general way; I shall not attempt to speak of him in his capacity of physician or teacher; I shall not attempt to speak of him in his relation to the American Institute; I shall simply talk concerning the relation which existed between him and myself.

Dr. Kellogg and I had been intimately acquainted since we were young men together, as he was not so many years my senior; our intimacy was such that for a number of years we had called each other by our Christian names: for many years it has been simply "Frank" and "Ned." To me he was more like an older brother than like any other relation, and the love which existed between us was very, very strong.

It was Dr. Kellogg's own suggestion that I should be his student; when my brother and I first spoke of commencing the study of medicine Dr. Kellogg himself proposed that we should enter his office as his students; at that time both my brother and I were in business with my father in his homeopathic pharmacy at the corner of Broadway and Broome Street. He was not merely a preceptor; he was much more than that; he took very much more interest in us than it was usual for a preceptor to take in his students; he felt a very deep, personal interest in us for our own sakes and had a great desire to see us succeed in the profession which we had decided to enter; every day he would have us with him alone in his office and would quiz us very thoroughly in regard to the lectures which we had attended the day previous; he was anxious to have us make a success of that which we were undertaking, and was determined that nothing should be lacking on his part to interfere with that; his office at that time was on Fourth Avenue, opposite Eleventh Street; there were three of us who enjoyed the privilege of his care and instruction—Dr. William M. Pratt, my brother Henry, and I; of this quartet, I alone remain; the other three have passed into the beyond.

One of Dr. Kellogg's chief characteristics was his exceedingly dry humor; he was full of that.

He had the run of our home, coming in at all times without any ceremony whatever; I remember that one evening he had been with us, and after he had taken his leave and had gone downstairs into the lower hall, he turned and said to my sister, who was standing at the head of the stairs, "By the way, Mary, I have a note for you from Jule?" of course my sister came down into the hall to receive it, as she was very intimate with his cousin, whom he spoke of as Jule. When she reached him and held out her hand to receive the note, he very quietly put his hand into his pocket and brought out an oat, which
he placed in her hand without saying a word and without a smile upon his face, and then broke out into a very hearty laugh. Another time, some few years ago, he had occasion to call at my office to see me in regard to some business; it was about our lunch time—in fact, we were sitting at the table when he came in and were almost through our luncheon, but we insisted upon his sitting down and partaking of the meal with us, which he did. We told him that, coming in unexpectedly as he had, he would have to take us as he found us. Among other things which were handed to him was a dish, containing two baked potatoes; he looked at them for a moment and then in his very demure way he very quietly said: "It is Holson's choice, isn't it?" But I think that the best illustration of this trait in his character was one that was told me this afternoon by an old member of this Institute, who was a witness to the occurrence; I had entirely forgotten it, but his relating it brought the scene vividly before my mind, as I was also present upon the occasion. It occurred at one of the meetings of the Institute a number of years ago. At that time it was customary for the officers of the Institute to be nominated in open session, and each nomination was accompanied by a speech, and frequently these speeches were by no means short, and when there were a number of them they consumed considerable valuable time; some of the members had for some time tried, unsuccessfully, to have this custom done away with; this idea was vehemently opposed by some of the members, and by none more so than by Dr. John W. Dowling; he was usually on hand with a speech in favor of one or more of the candidates. On this occasion Dr. Dowling was there as usual, all ready with a speech or two; Dr. Kellogg was seated at his desk, behind a screen on one side of the platform, so that he was hidden from the sight of the audience. When the time arrived for the nominations to be made, he very quietly emerged from behind the screen and took a seat right in front of the platform; there was the usual opposition to the speeches being made, but the majority was in favor of their being delivered, so it was settled that way, and nominations were called for; immediately Dr. Dowling jumped to his feet with a speech for his candidate for the presidency: when nominations were called for the vice presidency, Dr. Dowling was the first on his feet, and made a speech for his candidate for that office; then came the call for candidates for the secretaryship, and again Dr. Dowling sprang to his feet and delivered a speech for his candidate for that position; when the call was made for nominations for the office of treasurer, before Dr. Dowling had an opportunity to gain the attention of the president, Dr. Kellogg sprang to his feet and said: "Mr. President, I desire to protest against this scheme of attempting to deprive us of the privilege of making nomination speeches; why, sir, some of us come here primed to the muzzle, and if we should be deprived of the privilege of firing off our charge, why, there would certainly be an explosion, and that would be disastrous. While sitting here in my seat listening to these eloquent speeches of my friend, Dr. Dowling, I have been reminded of an incident which occurred not a very long time ago; a friend meeting Mr. Edison, I think it was, to the latter, after talking about some other matters, 'I am told that your wife is deaf and dumb, is that really so?' Mr. Edison replied, 'That is true;' his friend said, 'Well, so have I; my wife is a deaf mute; I have been thinking how much our successes in life have been the result of our quiet home life; nothing there to disturb our thoughts and meditations.' Here in our Institute the only way by which it would be possible to keep anyone quiet would be to turn him with a table behind a green screen, and give him a cash book to take care of all the time. Mr. President, I nominate Dr. John W. Dowling for the office of treasurer." For a moment the Institute did not appear to take in the joke, and the meaning of Dr. Kellogg's speech, but it soon dawned clearly upon the audience what it was, and then there was such a shout and cheering as almost to take the roof off the building. Of course Dr. Dowling protested and declined the nomination, but Dr. Kellogg had played his joke. Another characteristic of Dr. Kellogg was that he never shirked duty or work of any kind; he would never place his own work upon the shoulders of anyone else; he always performed it himself; I shall never forget the time when he felt it to be necessary for him to decline a re-election to the treasurership; it was at Waukesha, in 1890. One morning our old friend, Dr. J. P. Dake, came to me and said: "Is there any reason why you should not be elected treasurer of the Institute?" I said to him, "What is that you ask?" He repeated the question. I replied, "The very best reason in the world; Dr. Kellogg is the only man in this Institute who can be treasurer." "But," Dr. Dake said, "it is impossible for Kellogg to take the position; he is obliged to go to California and may be gone for two years, and it will be impossible for him to perform the duties of the office, and he has suggested that you are the man to fill the position." I said, in reply, "You just leave that matter in my hands; I think that I can arrange it all satisfactorily to all parties." Dr. Kellogg had then held the office of treasurer for, I think, twenty-two or twenty-three years, and I knew that he would like to be able to serve out his quarter of a century service, and I was anxious that he should do so. I went directly to him and asked him what it all meant, that he would not accept another election; he said that it was simply because he could not perform the duties of the office and he was unwilling to hold any office, the duties of which he was unable to fulfill. I told him that I thought it might be very easily arranged; he asked how? I said, "You be elected treasurer, and I will
do the work for you while you are absent, no matter if it should be for two years, or even for a longer period." He said that he would never consent to accept an office and allow someone else to do all the work, and he receive the benefit of it; he continued, "That would not be fair, and I am not willing to allow anything of that kind to be done." I replied to him, "I feel as if I owed you a debt of gratitude for all the kindnesses which you have shown me, and I am only too glad to have the opportunity of doing a little something to show my appreciation of what you have done for me." He was re-elected, and continued to fill the position, not only until he had finished his quarter of a century of service, but until he had rounded out his third of a century, when he positively refused another re-election to an office in which he had done no work for some ten or eleven years, although I did my utmost to persuade him to continue, but he would not be moved from his decision by anything that I could say to him.

He was a man of wonderful precision and system in everything that he did; he never did a thing hurriedly, or in a slipshod manner; everything around him displayed this methodical way of working; he never was flurried or embarrassed; under very difficult and trying circumstances he always remained calm and clear-headed; never discomposed. If I have been able to be of any service to the Institute it is, in a very great degree, the result of his teaching and example.

Dr. Kellogg was a man who was wonderfully loyal and true to his friends; he did not make friends rapidly or easily, but once made, he never turned his back upon them and he stood by them through thick and thin, through good report and through evil report; there was not a single element of selfishness or indiscretion in his make up; he was remarkable in this particular. He was one to whom you could freely go in every time of trouble, adversity or discouragement and pour out your entire heart to, and you would be certain of receiving not only sympathy, but good wholesome advice, and his clear-headedness enabled him to grasp quickly and discerningly those knotty questions and problems which we were so frequently embroiled to submit to him. The person who was fortunate enough to secure his friendship, knew that he had secured a prize worth having.

Since the death of his wife, which occurred several years ago, he has kept himself very much to himself; for the last two or three years he has kept himself confined to the house to a considerable extent; he was not what might be called an invalid, but being quite heavy in weight, he did not feel as secure upon his feet as he would have liked to have felt, or, as he expressed it to me, "I do not feel as secure upon my underpinnings as I used to feel." A large portion of the time when he was alone he amused himself by playing "solitaire," a game of which he had become very fond. Go into his room at any time during the last few years, and there in the center of the room was a table, upon which were arranged, in perfect order, four or five packs of cards, with which he was accustomed to amuse himself in his lonely hours.

Although Dr. Kellogg had severed his official connection with the Institute several years ago, still he retained his membership in it, and he was a member of the Association of Seniors, and always was deeply interested in everything that pertained to the work and service of that society to which he had given so many of the best years of his life, and whose interests lay so very close to his heart. The last time that he was permitted to attend the Institute meeting was in 1903 when it was held in Boston, where he enjoyed immensely meeting so many of his old friends and associates; but, as he said to me at that time, "How strange everything seems to me here; I look around me and while I recognize quite a number of familiar faces, yet so many of the older ones whom I was accustomed to meet and greet here have gone and I miss them; there was Talbot, your brother Henry, Talcott. Helmuth, Tim Allen, Dowling, Burgher, D. S. Smith, Kinne, Bushrod James, and a number of others, and their places are filled with younger and newer men; but that is the natural course of events, and it will not be long before our places here will be vacant and some other men will take up our work and carry it on successfully, and so the dear old Institute will continue to grow and to prosper."

And now, Mr. President and fellow members, my task for this evening is about finished; I have not attempted any elaborate address, but have simply spoken the thoughts which have come into my mind one after the other; I am glad to have enjoyed the privilege of speaking these words of love for one who was to me a brother beloved.

Two weeks ago to-day, he left his home in New York to go to his country home at Napanashen, Mass., where he had been in the habit of spending his summers for several years past. He stopped to visit a relative of his, Dr. Kittredge, at Brookline, Mass. On the following morning Friday, he was up and about as usual; it was an exceedingly hot morning and the entire family were sitting upon the veranda of the house, trying to make themselves as comfortable as the circumstances would permit. Dr. Kellogg had been amusing himself, as was his wont, with his games of solitaire; when he had finished he gathered the cards together and placed them in their place, and then leaned back in his chair, and looking around said very quietly: "How perfectly beautiful everything looks around here; I do not think I have ever seen things look more beautiful here than they do this morning." Then without saying another word, he leaned his head back, and so passed away to the beyond, without a sigh or a struggle. "And so He giveth His beloved sleep."
The Medical Library

By O B Server

Lo Sgombero degli Ammalati e dei Feriti in Guerra.

The removal of the sick and wounded in war formed the theme of an essay by Drs. G. Breschi and L. Bernardo. This essay, now published in a volume, consists of nine parts. Although there is a good deal of repetition, the whole presents a clear exposition of the duties of surgeons and bearers as well as of medical administration in war. The first part deals with wounds in war and first aid. The classification adopted is a useful guide to the disposal of the wounded, from the firing line to the sanitary sections and the field hospital. The authors recommend that wounded with broken thighs, abdominal wounds, and wounded heads and spines should be treated for the first few days, at least, as near as possible to the field of battle. All will agree that surgical interference on the field is to be deprecated, except in special cases. More especially does this apply to laparotomy.

The probable losses in action are next dealt with from the point of view of collection and removal. Tables are given setting forth at a glance the numbers that may be expected to be wounded and the means necessary for their removal—the numbers, for example, who will walk and those who will require carriage to the dressing stations and field hospitals. The writers recognize that the losses vary immensely, but for a working basis an army of four or five army corps may be set down as losing 10 per cent. to 15 per cent.; an army corps, 20 per cent. to 25 per cent.; a division, 25 per cent. to 30 per cent.; a regiment, 40 per cent. to 50 per cent., under modern conditions.

It is as well, in making estimates for sick carriage, to be prepared for a high casualty list. The authors are fully alive to the prodigious labor thrown on the bearers during and after an action; their remarks indicate a practical experience of the subject such as has not always been shown by those who have been responsible for the distribution of personnel required on the field. The requirements of time and space are fully thought out, both for undulating and mountainous country. In describing the British Medical Service in the Boer war the authors appear to be under the mistaken idea that the field units were under an "administration"—that is, that they were handled by officers who do not belong to the Medical Service.

The writers point out that a knowledge of surgery is not the only essential for a good military medical officer, that he should be proficient in the tactical requirements of the game of war. The necessity for the close association of the directing medical officer with the commander is duly insisted on as being essential to a correct knowledge as to where and when to direct medical aid. The part dealing with the executive arrangements during mobilization and during the continuance of operations, contains a lucid and just description of the requirements for evacuation along the lines of communication to the base. This portion of the work sets forth details which are liable to be disregarded in peace by those who will become responsible in war for the administration of medical arrangements behind the fighting line. The tendency has been to consider that the collection of wounded into field hospitals constitutes the principal function of medical aid in war, whereas the real crux of the position is the transference of the wounded towards the base.

Discussing the first field dressing, the authors are of opinion that this can only be of full value when applied by a medical officer with surgically clean hands. The first place behind the fighting line where this can be carried out is the sanitary section. We note that the authors are in favor of pushing up the field hospitals, and transporting the wounded direct from the field to these institutions, without passing through intermediate dressing stations, etc.—a view with which we are in entire agreement. With regard to the first field dressing, the sublimate of mercury is held to be the best antiseptic material, as being more stable and active than carbolic, and superior to iodoform, which the authors object to on account of its odor, its price, and its toxicity. They acknowledge that the sublimate undergoes change, but do not consider this change sufficient to destroy its efficacy. They recommend that dressings should be prepared of three sizes, so as to meet the requirements of all sizes of wounds, thus saving handling, with consequent loss of time, and, perhaps loss of asepsis.

Die in meiner Klinik geübte Technik der Gallensteinoperationen mit einem Hinweis auf die Indikationen und die Dauererfolge.

On December 14, 1904, Professor Kehr performed his one-thousandth operation for gallstone disease. In honor of this occasion he has written for himself a Festschrift, in which the experience gained in this series of cases is duly set forth. The work is divided into two sections. The first deals with the preparation for, and the circumstances of, a gall-stone operation, the technique of the various procedures, the aftertreatment of patients who have been subjected to...
operation, and the immediate and late results to be expected. The second part contains detailed histories of 177 patients upon whom various operations for cholelithiasis and its many complications have been performed. A close study of these case-histories show the complications that are likely to be met with in practice, and the most satisfactory methods of dealing with them. Allowances have to be made at the outset for Professor Kehr's style; it is of the declamatory sort, and the personal note in it is at times a little strident and irksome in its assertiveness. The work, however, is sound, and of great value in many respects, and even the most expert surgeon can learn something from it.

A very detailed statement is made as to the preparations necessary for all operations. Full particulars as to the preparation of the patient, the cleansing of the skin, and the sterilization of the hands are given in elaborate detail. This is most satisfactory. A mere statement that "all precautions were observed" is not enough, for the estimate of every surgeon as to what is absolutely necessary varies. Professor Kehr does not use gloves, but from the beginning of the cleansing of the hands forty minutes elapse "before the knife is taken in the hand."

The incision which is now used is described as a "wavy-incision." It begins over, or immediately below, the ensiform cartilage, runs vertically down in the middle line to the midpoint between the umbilicus and the xiphoid, then passes horizontally outwards across the rectus in its inner two-thirds, and finally passes vertically downwards along the fibers of the rectus. The importance of a free exposure and a most careful scrutiny of all parts of the bile passage is emphasized, and attention is drawn to the frequency of associated diseases in the stomach or appendix.

The question as to the separation or otherwise of complex adhesions in serious cases is discussed, and sanction is given for non-interference in certain circumstances. As a rule adhesions are only separated when it is necessary to do so, to afford a free view of all parts of the bile tract, or when better access to the neck of the gall bladder or to the common duct is afforded thereby. The methods of preventing soiling of the wound and of the closure of the incision are then described.

A section is devoted to the discussion of the indications and contra-indications of operation in cholelithiasis. These indications are more restricted than those accepted by many surgeons—Riedel, for example. Kehr writes: "We operate upon the cases where interference is absolutely necessary—that is, those with acute and chronic empyema of the gall bladder; those with frequently occurring attacks of chronic cholecystitis, which resist all treatment; those with jaundice and rigors due to common duct obstruction; with these the surgeon will have so large a field of work that he will cease to demand early operations." The majority of patients who seek Professor Kehr's advice are not submitted to operation. Thus in the year 1903, of 300 patients examined, 137 were treated surgically. The "uncomplicated" cases are, therefore, fewer than in the lists of many other surgeons. The tabulated list of the 1,000 cases is given as follows:

1. Conservative operations (cholecystotomy, cystendysis, cysticotomy), 275 cases with 3 deaths. 1.8 per cent.
2. Cholecystectomy, 220 cases with 7 deaths. 3.2
3. Choledochotomy, 262 cases with 10 deaths. 4
4. Operations for gall stones with simple complications in the stomach, intestine, liver, or pancreas, 174 cases with 30 deaths. 17
5. Operations for gall stones with malignant complications, carcinoma of the liver, gall bladder or common duct, or diffuse supplicative cholangitis. 85

We doubt whether this method of tabulating cases is quite satisfactory. Suppose, for example, a patient is to be operated upon for a stone in the common duct, if the operation is simple, the mortality is 5 per cent.; if, however, there be found a diffuse cholangitis, the mortality is 85 per cent. Neither of these estimates conveys to the patient an accurate idea of the risks to which he is submitting. The 1,000 operations were performed on 925 patients; there were 162 deaths. Kehr very properly says "Most of the patients operated upon for gall stones do not die of the operation, but—in spite of the operation—of their disease, because this has assumed a very serious character, and because the patient—and, unfortunately, very often the surgeon—has consented too late to the operation."

One of the most interesting sections of this work consists in an analysis of the after-results in the last 500 cases. Of these the operation was so recently performed in 50 that no inquiry was made. In the remaining 450 cases a close inquiry was instituted, with, briefly, the following results: In 72 cases (16 per cent.) a fatal result followed while the patient was in hospital: in 21 cases death occurred after the patient left for home: most of the patients died of cancer. Stones were left behind in 9 cases (2.5 per cent.), in 5 cases consciously, the difficulties of the operation being such that a complete operation could not be performed. In only 1 case was a fistula left, a mucous fistula, caused by a stone remaining in the cystic duct. In 11 cases a hernia followed the operation, that is, in 3 per cent.; this was observed only in those cases in which an abundance of drainage had to be established through the wound on account of extensive suppuration, etc. In twelve cases colic occurred as the result of adhesions or inflammatory attacks. The results of operation were, therefore, perfectly satisfactory in 88 per cent. of cases. A genuine case of recurrence of gall stones has not occurred in Professor Kehr's practice. It is interesting to note that the same statement is made by Dr. Charles Mayo in his able report upon 1,000 operations performed by him and by his brother, Dr. W. J. Mayo, in the hospital at Rochester, Minn.
Another Antitoxin Angle.

A new angle in the antitoxin question was reached a few days ago by a Cleveland homoeopath. He had been called to a German family to see an eight-year-old girl, already sick some days with a sore throat. He promptly diagnosed diphtheria and of a virulent order. His prescription was homoeopathic, plus a cold-water application to the throat. On a following day the pastor of the church to which the family belonged called, reviewed and revised the case, and, as the family informed the physician later, expressed himself satisfied with the treatment with the exception of the use of antitoxin which he recommended. The physician answered that thus far he had no use for antitoxin, having found his cases giving way fairly well under his medicines, and pointed to the fact of the patient obviously getting better. So the matter rested until on the eighth day the membrane had totally disappeared and the child was ready to eat and sit up. Calling attention now to this fact, and the non-necessity for using antitoxin, he was met with the rejoinder that the mother's sister-in-law "had had a girl sick with the diphtheria already and they used the 'Einspritzung' (antitoxin) right away and the girl got well in three days." And that appealed to this family—of course it would—because it decreased the doctor bill and returned the child to school several days earlier than in the way of the homoeopathic physician.

Is there no help for the poor homoeopathic physician who does not need the antitoxin? Must he violate his professional conscience and take all the unknown risks of this serum simply because it is shot into the body in hundreds or thousands of units in every case of patches on the tonsils without knowing that it is diphtheria or not, and the child gets better at once? Would it be worth the while to sit down and try to explain to such parent or pastor why a goodly number of physicians of all schools refuse to use the horse-serum? No! As well cast your pearls before the underworld. They cannot understand it. Or they don't want to. If a child is lost under antitoxin, that is God's will. But to save on a doctor's bill by seemingly cutting short the illness is too palpable—too practical, to be overlooked. In this family, especially, it would have been useless. For though living in this country longer than fifteen years they still adhered to the old-country notion of sending their children to the church school, and abided implicitly by the ipse dixit of its pastor.

Once upon a time a physician was sent for in the country to see a child with a bad case of croup. He was delayed in getting there, and when he arrived was told that Mrs. Binzenhuber from over on the other "Forty" had come just in time and cured the case with some goose grease. The physician, lacking a little in tact, laughed at the thought of goose grease having had anything to do with the cure of croup. The family was American and fairly intelligent. So he whipped out his pencil, took an old envelope, and drew the outline and form of a larynx and adnexa, and showed, step by step, what croup was, its spasmodic action upon this point and that point, to all whereof the father and mother pleasantly assented, and seemed convinced. "Hence," said the physician, "goose grease had nothing to do with the case, and was used just as the spasm of the larynx had about worn itself out." Oh, yes, they saw it distinctly now, sure. As the doctor stepped into his buggy and took the lines handed to him by the father, the latter said to him, "Say, doc, if you ever have a bad case of croup, don't forget goose grease."

What's the use?

The "States."

Dr. John H. Clarke, of the London Homeopathic World, in his newest and latest and we had almost said, best book, Homeopathy Explained says on pages 30 and 37: "The other event was the unveiling of the Hahnemann monument in Washington, erected at a cost of $75,000 by Hahnemann's followers in the United States of America. This monument, which is one of the finest pieces of sculptural art in the States"—bah! rats! and likewise and again bah! We do not seriously object to having the Hahnemann monument in Washington advertised as costing something like $350,000, but we do object—we "kick"—on that wretched word "States" when reference is made to the United States. We are not isolated patches of citizens scattered here and there over the American continent from Hudson Bay to Cape Horn, held together by tenuous ties of friendship or commerce; we are a nation of people, the American nation, please, without any such sinister qualification or belittling modification as "States." Englishmen, of all men, should know this. Let an American go to an English post office and ask for postage stamps for the "States"; and he will very quickly learn that we are Americans and not denizens of the "States", further that a Canadian is nor considered an American; neither is a Mexican, nor a Bolivian nor the native of any other of the South American principalties or republics. Out upon that ridiculous "States!" Call us Americans, as the In's and deeply lamented John Hay ordered it in the diplomatic service. Speak of us as living in
America; that the monument costing $r$ to the $n$th power is the finest in America, and no person save one purposely blind or too utterly dense for ordinary enlightenment, will look for the monument in Canada, Mexico, or South America. And while dealing with this same redoubtable John H. Clarke, and his blunder of "States," we want to recommend to the American end of the programme committee of the next International Homeopathic Congress to be convened at Atlantic City this coming September, that they make especial efforts to secure the attendance of this same Clarke at Atlantic City, and having so secured his presence, respectfully request him to lecture to the Congress on some subject near allied to homeopathy, in the art of which latter and all pertaining thereto, the said Clarke is a past master. Sir?

"A Pretty College Affair."

The Cleveland Homeopathic Medical Society and the alumni of the Cleveland Homeopathic Medical College gave a banquet in honor of Dr. John C. Sanders of No. 608 Prospect Street, and Dr. D. H. Beckwith of No. 94 Dorchester Avenue, two of the oldest practitioners of medicine in this State, Friday, October 6, at the Hollenden Hotel at 8.30 o'clock.

William A. Phillips was toastmaster. The toasts were as follows: "Age." by Gaius J. Jones; "Progress," by W. B. Hinsdale; "Professional Spirit," by J. H. McClelland; "Merit." by Harlan Pomeroy; "Extracts," by J. Richey Horner.

Two silver loving cups were then presented to the guests of honor by E. H. Jewitt, and Drs. Beckwith and Sanders responded. The inscriptions on the two cups are the same, except for the names, being as follows: "Presented to Professor John Chapin Sanders, M. D., A. M., LL. D., and to David Herrick Beckwith, M. D., by his colleagues, confrères, and students, as a token of their high esteem for him and their appreciation of his lifelong devotion to medicine and to humanity."

Dr. John C. Sanders was born in Huron County, Ohio, July 2, 1825. He graduated from the Western Reserve Medical College in 1847. His classical studies followed his professional. He graduated from Yale in 1854. Dr. Sanders has been in active practice since 1847. In 1859 he was elected to fill the chair of obstetrics and diseases of women at the Cleveland Homeopathic college. He still retains his eminence professorship in that college. Over 2000 students have graduated under his teaching. When elected president of the college in 1890, he established the plan of written examinations in place of the old thesis system. Dr. Sanders has been president of the Ohio State Medical Society and of the American Institute of Homeopathy.

Dr. Beckwith was born in Huron County, Ohio, February 13, 1826. He has been in active practice since 1850, having graduated from the Western Reserve College of Homeopathy. In 1860 he held a chair in the Cleveland Homeopathic College. Dr. Beckwith has been president of both the American and Ohio State Institutes of Homeopathy. From 1885 to 1889 he was a member of the City Board of Health and during the year 1890 was president of the Ohio State Board of Health. From 1879 until the present time he has been an active member of the Huron Street Hospital, and is interested in many other medical institutions.—Cleveland Plaindealer.

Later.—Dr. McClelland did not attend, his place and toast being given to Prof. H. H. Baxter, thus making seven professors—six of the Cleveland College, and one from Ann Arbor—to do the honors. The remainder of the profession, who also contributed generously—from Maine to Cuba and across to the Pacific and even to Japan and China—had no voice or choice in the presentation. What should have been a beautiful occasion, in which the whole profession could have participated, was sidestepped into an intensely partisan college matter. Just the same, however, the Cleveland profession, unattached to the College, and the other and remaining 13,000 homeopathic practitioners who have known Drs. Sanders and Beckwith ever since Time began, tender their love and congratulations to this twin, wishing them continued prosperity and good health.—Editor.

The Biggar Nuptials.

The receipt, a day or two since, of a sort of post-nuptial notice informing us and others of the wedding of genial, handsome "Sue" Biggar, reminded us of the very pretty and unique wedding ceremony which took place on the seventh of September. The formal notice says that Dr. and Mrs. Hamilton Fisk Biggar announce the marriage of their daughter Sue Racey to Mr. Benjamin Thorne Gilbert on the day mentioned at Chappaqua, N. Y. It had been the expressed intention of the bride to be married in October, in Cleveland, upon the anniversary of her entering hospital life, and all preparations were making to that end. However, towards the end of August she went to rest at Rehoboth House (meaning restful seclusion). Chappaqua, the present country home of Rev. and Mrs. Clendenin and the famous home of Horace Greeley. Mrs. Clendenin was formerly Miss Gabrielle Greeley, and she and her friends were warmly personal and professional friends of the Biggars. When Miss Biggar was attending school at St. Marys, N. Y., her Sundays were spent with the Clendenins at West Chester where Mr. Clendenin was rector of St. Peter's Parish, which was over two hundred years old. On her arrival at Chappaqua as before mentioned, she learned that the medical advisers of Rev. Mr. Clendenin had discovered the clergyman to be suffering from acute tuberculosis and had advised immediate discontinuance of professional labors and insisted
upon prompt change of climate. Whereupon Miss Biggar telegraphed home for permission to be married at once instead of later, in order to accommodate the ailing clergyman. The circumstances being well-weighed the answer from her family was in the affirmative. The family therefore, left Cleveland, reaching New York in time to leave there on the 2:18 afternoon train for Chappaqua and arrived at the latter place eight minutes before the marriage ceremony. The church, which is a beautiful structure—a memorial—and not quite completed, was five minutes walk from the depot. The Biggar party repaired at once to the church while the reverend gentleman met the bridal party in a temporary structure used by the workmen, and from there the procession was made up and continued into the church building where the simple, beautiful and impressive ceremony was performed by the Rev. Clendenin. No other decorations in the church but those furnished by Nature's lavish hand—wild flowers. The same air of simplicity was noted in the attire of the parties—the pretty bride alone being handsomely and richly gowned, while the ushers served in unconventional everyday sack-coats and without gloves. The wedding was beautiful because of its pleasing artlessness, the heartiness and impressiveness with which it was celebrated, and the obvious devotion of all to the bride and her husband, and they to each other. It was a typical English gipsy wedding. The day was most charming; Chappaqua nestling in its beautiful valley between wooded hills, made historic because of the Revolutionary war; and Rehobeth, also historic as the former home of the great journalist Horace Greeley (from whom we took our motto "How to the line, let the chips fall where they may"). The place, the time, and the occasion seemed to have been especially designed and made propitious for the high contracting parties. The bridal journey was begun at once with the usual accessories of rice, old shoes, etc.

And so the world, professionally and socially, has lost vivacious, charming, racy Sue Biggar, but has been enriched by the entrance of Mrs. Benjamin T. Gilbert—to whom and her happy husband, with future home at Clavville, N. Y., we extend our heartiest congratulations and well-wishes.

Texas Victims of Eddyism.

The most gigantic religious humbug at present appealing to the neurotic is that headed by Mary Baker G. Eddy, numbering 50,000 adherents; powerful enough to oppose the passage of laws for the protection of public health and daily putting in jeopardy the lives of many innocent and helpless. In Texas, so far removed from the headquarters of this cult, local members of the Committee on Public Policy and Legislation of the State Medical Association of Texas felt compelled to compromise with the "Christian Science" element before the Senate Committee of the last Legislature.

The two following cases have been authentically reported to us by physicians recently, vividly portraying the criminal inhumanity of Eddyism:

Case 1.—I was called to see a little child who recently came from Louisiana with its mother to visit a family in my locality. I found the child suffering from enterico-colitis in a mild form, temperature not excessive and movements not very numerous. I left medicines with instructions as to their administration and the proper care and feeding. Three days later I was called by the family. In the meantime an elderly physician had been called and left medicine, none of which had been taken. I was informed that the mother of the child, an ardent "Christian Scientist," had opposed my first being called, had allowed but one dose of medicine to be given and had telegraphed to prominent "Christian Scientists" to treat the child. Its condition having become alarming, the family refused longer to have it go unattended, and assured me that they would themselves thereafter care for it. On examination I found the child in extremis, and in spite of all I could do the little one passed away two days later.

Case 2.—I was called in consultation with Dr.—of this city to see the young daughter of a devout "Christian Science" woman. The doctor informed me that he had recently been called to see the case. Inquiry disclosed that the child had been sick for eight weeks with a high fever beginning with bowel trouble, and the only treatment received had been of the "Christian Science" kind. It is probable that during its delirium the child had scratched its eye, and the appearance of the face and the history given by the mother indicated this origin of a corneal ulcer which slowly led to extensive invasion of the entire eyeball. The cornea was white and opaque, the eyeball enlarged and protruding, and the child delirious and suffering excruciating agony. The eyeball was lanced without anaesthetic, liberating a large amount of pus and giving instant relief. After the child's condition had improved, chloroform was given and the entire eyeball was excised. There seems little doubt from the history of the case that this disastrous result might have been averted by prompt and proper treatment. In the beginning the mother had refused to employ medical relief and attributed the failure of "Christian Science" treatment to the wickedness of the neighborhood and its conspiring malicious influence.

Exposure of Eddyism.

The sacrifice of the innocent demands correction by thinking people everywhere, and to this end it is well that every physician understand
the magnitude of this imposition, the scope of its teachings and the extent of its influence. There has just been published a work on Eddyism.* Concerning this work the New York Times prints an editorial in part as follows:

"Mr. Peabody, who for years past has enlivened his practice of law in Boston, by devoting his leisure to the pleasure of the chase—which for him means hunting down the crimes and frauds of 'Christian Science'—has just issued an enlarged and revised edition of his pamphlet, telling much of what he knows and something of what he believes, or suspects, in regard to the grimy cult and its diversely experienced exploder. In its earlier form the essay was a sufficiently lively piece of literature and well deserved the attentive perusal of sane people and the frenzied denunciations of the few Eddyites who had the audacity to examine his charges, but now the arraignment of 'mother' is supported by many facts not hitherto accessible—facts that could have been dug up by nobody not spurred to their discovery by keen interest in the subject and a full, perhaps exaggerated appreciation of its importance. At any rate, Mr. Peabody has gone deep and far into the history of Mrs. Eddy, and of the healing system, which, for purely commercial reasons, she calls hers—the whole at least puts upon every 'Christian Scientist' the obligation either to refute these heaped up accusations, or else to abandon their allegiance to the Concord prophetess. There is absolutely no middle ground. Either Mr. Peabody is the most shameless of calumniators, or Mrs. Eddy is the basest of charlatans. And Mr. Peabody expresses an eager readiness to have this question submitted to any test. He yearns to be sued for libel, and certainly it would be the easiest of things to convict him of it, if he has misstated, or even distorted any one of a hundred events in which he says Mrs. Eddy and her agents and representatives have had a part. His charges run the whole gamut from attempted murder to accomplished theft, with endless lying scattered all along between. They are not vague, but definite, and every one of them can be settled as true or untrue. Why do the Eddyites wait? The courts of Massachusetts are open and until Mr. Peabody is a convicted slanderer no sane and decent person, man or woman, can afford to give any countenance to Christian Science."

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**Globules.**

—Dr. Eugene H. Porter, Commissioner of Health for the State of New York, very kindly invites us to attend the sessions of Sanitary Officers of the State of New York which was to be held (and doubtlessly was) in the Assembly Chamber, Capitol Building, Albany, October 4 and 5, 1905. Glad to be remembered.

—Dr. N. Emmons Paine of the Newton Sanitarium, West Newton, Mass., has sent us a handsome postal-card in colors giving a bit of the natural scenery surrounding the Sanitarium.

—Dr. Walter M. Dake, formerly of Nashville, Tenn., has removed to Denver, Colo., accepting the professorship of Diseases of the Lungs and Physical Diagnosis in the Denver Homeopathic College. His offices will be at 1,227 Stout Street, Rooms 38-40. We congratulate the Denver College upon its important acquisition, for Dr. Dake comes of a historic homeopathic family, and is an eminent man in his specialty.

—The New Jersey Homeopathic Medical Society held its fifty-second annual session at Atlantic City, October 4 and 5 recently, with headquarters at the Hotel Chalfonte. If half the papers were read as programmed, there must have been a feast of medical things. One innovation over the usual cut-and-dried order was the presiding of the three officers, President, 2d, and 3d Vice-presidents over specified sessions. Usually the vice-presidents are figure-heads and are never called except when the President wants to see a man with cold feet. A good change. We want to see Dewey doing the honors sometime at Atlantic City.

—Medical Counselor, apparently answering Dale's query, says that Wilson A. Smith of Morgan Park, Ill., has disposed of his practice and removed to Michigan, where he has bought a fruit farm. We started with a fruit farm ourselves in Michigan (Ann Arbor) many, many years ago, then gave it up and went into medicine for a livelihood, where we have been ever since. It looks as if the profession of medicine had lost Dr. Smith: still one cannot always tell. We know of several doctors of our school, living in Ohio, who gave up medicine, to follow more lucrative lines, in oil, in real estate, mines, stocks, and bonds. All of these crept home after a year or so and are now once more putting away at medicine. Oh, yes, medicine is a very good drudge—a good provider of bread and butter; but if a little will-o'-the-wisp beckons to get rich quickly medicine is dropped. Needless to say, these are the men who never succeed in medicine. Wilson A. Smith was a scintillating, coruscating figure in the American Institute of Homeopathy for a time. Now emulating, in part, the Emperor Diocletian, he has withdrawn from the cares of the Capitol and hidden himself in Agriculture.

—The microbe of bad proof-reading seems also to have reached our progressive and aggressive editorial pen-pusher of the Critique. Its last issue has several very impressive instances of what a lynx-eyed proof-reader may not see. For instance, there is that line in the body of Waring's most artistic and enthusiastic adjura-
tition to the mongrel homeopaths and mixers to cease their nefarious ways and come in and be saved, as follows:

CRITIQUE.—SIX . . . . . . . cmfwyp cmfwy pu

Later we discovered other slips of the proof-reader. In our August issue, upon which we had pretty nearly gambled all our possessions, mundane and supra, we were appalled at the number of misreadings from first to last page. We had apparently Gaius Jones leaning on a case, which should have been a cane. We tried to refer to Scopeland in a pleasant and complimentary way, and found that "great men" came out of the proof-reading hopper as "great many." In our letter from Chicago we found an unintelligible mass with a covert reference to Gaius—somebody, which proved to be, upon reference to the copy, a statement that the only one whose name we had heard mentioned for the Presidency was Gaius Julius Jones, and several other minor lapsus proofreaders; in the Unanimous banquet skit mark how beautifully, how altogether artistically this same proof-reader "mixed those children up," especially in my effort to describe, in a word, or a line, the characteristics of each victim. We could not have "balled" them up in such mysterious fashion if we had written the skit within an hour after the adjournment. As we said in a few lines in the following number, the publisher and ourself were both in the far west, and the proof-reader was someone who had but scant knowledge of what was required, it being during the printers' strike in New York. But we had hoped for better things in the Critique, for Bro. Mastin has his journal in hand, lives in the same city with his printing shop, and not several states away as we have to do, so that it proves for the 'stechmilionth time that even the most lynx-eyed proof-reader will be caught napping once in a while. And the reader must be indulgent.

Dr. Harlan Pomeroy, of Cleveland, has been elected President of the Cleveland Homeopathic Medical College Corporation in place of Judge Henry White, deceased. Dr. Pomeroy has been associated with the college so many years that he comes to his new duties with a well-stored mind and a thorough grasp of the situation. Much is expected of him in his new and responsible relationship, and we make no doubt that he will "make good" the hopes and expectations of the friends of the college and of the local profession. We wish him well.

We do not believe it within the range of possibility (to say naught of probability) that Ida Muck Tarbarrel will ever see any notice of that famous visit of four hundred of Cleveland's most eminent and representative men—including lawyers, doctors, clergymen (Mgr. Thorpe of the Catholic Church), merchants, bankers, tradesmen, river and lake boat-owners, Jewish citizens, and many others—to John D. Rockefeller, a few days ago in his Cleveland home, to congratulate him upon his successful career as a business man, to thank him for his many generous gifts to Cleveland, his benefactions elsewhere as well, and to wish him many, many years filled with health and happiness.

Muck writers usually fail of seeing such testimonials; theirs the ghoulish glee to stir up stink and strife, to delve in the ancestry of the to-be pilloried victim, to find the dirt spots in a man or woman's life, and to parade them with gusto and pleasure at so much per parade.

This was a notable and noble instance of a prophet being with honor in his own country.

It was, after all, impossible for us to attend the last of Pratt's annual orificial lectures in Chicago. No one can regret this more than we, for we had been looking forward to the week in Chicago with fondest expectation. But we learn that it was the greatest week of all the many that had preceded it. On some days there were in the neighborhood of 150 doctors in attendance. The banquet was great and proved a royal wind-up of the nineteen years' span. Dear Bro. Pratt was all-broke up when the class presented him with a beautiful $0000-gbp-cup, and again when, upon the last coming together of the class in clinic, they added a purse whose contents were of such liberal proportions as to assure to him a rest from his labors and a journey from his field of activities. All the details—of which we are not possessed—will in due time appear in typewritten form though combined with the report of the American Association, including the papers and discussions; so that while the echoes of the voices die in the distance the record of what was said and done will still be preserved. Bro. Pratt has been a hard worker and original thinker and this appreciation of his many years of service is pleasing to all his many friends, and they are a mighty host, who love him and revere him, and are glad that he was so kindly remembered; it is quite certain if an effort had been made outside of the immediate charmed circle of the 1903 class, a purse of no mean proportions could quickly have been added to the one presented. Dr. Pratt has the sweetness and kindness of a child; the power of mind and forcefulness of an intellectual giant; but above all he is a Man—one of the finest of his own composite Men. Long life and happiness to you, O, Brother of the Eloquent Tongue, of the Nervy Hand, and the Noble Heart. We greet thee!

Dr. C. H. Goodman has removed from 34th and Washington Av. and will reside with his family at the Buckingham Club. Dr. Goodman has taken offices in the Lister Building, Taylor Av. and Olive St.—CLINICAL REPORTER.

We are glad to note that our good friend Dr. "Charley" Goodman will reside with his family now. To be candid, we didn't know that he had been living with any other family all these enduring years; it only emphasizes that old saw
about one-half of the world not knowing what the other half is doing. Well, good luck to you, Charley. Try to behave yourself now, and don't forget Campbell's hair-trunk story. Sir?

And our old-time friend, guide, and philosopher, Dr. A. H. Schott, of St. Louis, has removed from his former place near a fine and stately church building to Sarah Street and Westminster Place. We are willing to wager a hard-wood dollar that he has put up his usual sign of "Homeopathist." He's that kind of a Doctor-man. Once upon a time a very intelligent man, but painfully bald, having been severely badgered by an impudent friend, said: "I am hairless but not bald; that's a rub finish, and they don't put that on common articles."

"Editor of The Critique and wife celebrated their twentieth wedding anniversary the first of the present month"—is the modest way in which that Editor announces the important event. Well, here's lookin' at yez, brother and sister, and may you live to eat the hen that scratches the gravel on your graves."

"Ourselves the redoubtable editor of this journal met at 21 T.G., together with, a middle-aged professor in a homeopathic college, and a first-class surgeon and gynecologist—we three. (to say nothing of the three or four hospital interns, externs, and visiting staff) examined a certain woman, found two strictures in the rectum, and a condition of the uterus and ovaries absolutely demanding prompt attention with probable ablation of the uterus and adnexa, and then sent her to an hospital. A young man there, a stomach specialist, made his examination and found caught the matter except an ulcerated stomach! Whereupon the woman rose in her might, cast off the habiliments and trappings of an ante-operation-preparation, refused to let the gynecologist do a two-hundred-dollar job, returned to her home, and is now, according to all accounts, getting well upon the ulcerated-stomach treatment. The young man stomach-specialist, was fairly kind in his criticism of the several of us old men, saying that the young man of to-day, recently issuing from the modern college, is far better informed than the elders, and, hence, the elders are more prone to make mistakes. Score one for the young man. Out of the mouth of babes, etc., etc. Does the specialty of stomach-pumping and stomach-doping cure piles and strictures, heal rotten uteri and moribund ovaries? If so, then have we, elders in the church, truly missed the pearl of great price in failing to post-graduate in gavage and lavage. But what is curing that woman's former many visible ailments? It's a horse on us old fellows so far.

"—The Chicago Homeopathic Medical Society. For its 93d regular meeting, presents a printed programme, one-half sheet of which is filled with advertisements of prominent Chicago homeopathic and other firms. We call attention to this merely to show the American Institute how much money it would save, may, how much it could make if it followed the Chicago Homeopathic Society lead and gave its programme to a committee with permission to use clean ads in both introductory and closing pages. The Chicago folks are not above clearing the expense of their programme by using clean ads, if they do not, in reality, succeed in squeezing a few plunks into their exchequer. It is worth considering.

—Prof. Claude A. Burrett, of Syracuse, N. Y., director of the homeopathic pathogenic and hospital laboratories of the University of Michigan, has removed to Ann Arbor. Dr. Burrett is a graduate in science of the Syracuse University, and in medicine of the Cleveland Homeopathic Medical College. He has specialized in physiological investigations and is a very competent pathologist: for the present his work will be under the direction of the dean of the college and the professor of materia medica, and at least a considerable portion of each day will be devoted to materia medica investigation.

So Ann Arbor leads the American Institute of Homeopathy in Drug Provings and other materia medica researches! Well, good luck to you, Ann Arborites.

"—The rather sharp criticism which "H" makes in the current Medical Century, anent the "threat," etc., of the English homeopathic editor against his countrymen who might be inclined to comply with an American homeopathic editor's request, and send professional papers for publication to this American editor, suggests to us the line of wonderment because of the policy adopted by someone in the New York State Homeopathic Medical Society, in padding its recent preliminary programme. According to this latter a number of eminent New Yorkers were billeted for papers. To most of these we wrote asking for privilege to print and publish such articles in the American Physician: and to our increasing surprise learned that those who answered our request had not promised any papers: and others not answering did not appear in the list of those who had contributed to the meeting. There's evidently a good deal of "thrift, thrift, Horatio," about this mode of drawing an audience, which might, in time, injure future meetings of this grand old state society. Better one or two good papers, actual presented by their authors, and these well discussed, than the unfilled promise of a hatful of papers which do not materialize and were not expected to materialize.

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. MATTERTON & CO., Publishers.
The Choice of a Uterine Hemostatic.*

BY CARROLL CHASE, M. D., OF BROOKLYN, N. Y.

Dr. Chase considers the subject from a general standpoint, no attempt being made to take up each cause and variety of uterine hemorrhage and the treatment therefor. The scope of the article does not include any operative procedure.

The first attempt to stop uterine hemorrhage is many times made by giving medicine by mouth or hypodermically, and frequently (and occasionally much to our surprise, the author says) the effort is successful, and local or operative treatment avoided.

Uterine hemostatics given internally act in various ways, though principally in two—by producing vasomotor contraction throughout the body and hence in the uterine blood vessels as well, or by causing contraction of the uterine muscular tissue, thus to a certain extent cutting off the blood supply. There are remedies used, such as gelatin, by injection, which increase the coagulability of the blood, but these are of minor importance. It is nearly impossible to classify the remedies this way for consideration, because many have complex action, or the authorities disagree as to the exact physiological effect.

There are three or four drugs used for this purpose which, the author thinks, stand out as particularly useful, to wit: Ergot, hydrastinine (not hydrastine), cotarine hydrochloride (named stypticin for sake of brevity by its discoverer, Freund, of Frankfort-on-Main), and adrenalin. The indications for and actions of ergot are so well known that he passes it with the statement that it is without doubt the most useful of all remedies of this class. Its action is both vasomotor and oxytocic. When ergot is to be given for any length of time he much prefers as a preparation, ergotin (Bonjean) in chocolate-coated tablets.

It is of stypticin and hydrastinine that he wishes to speak in particular. Both are artificial alkaloids, the first made by the oxidation of narcotin, an alkaloid making up from 1 per cent. to 10 per cent. of opium. The latter drugs are formed from hydrastine (the white alkaloid of hydrastis canadensis) by a similar process of oxidation. The action of the two is similar, the chief difference being that while both are cardiac stimulants, stypticin acts very similarly to digitalis, slowing the heart and increasing arterial tension, while hydrastinine acts more as does camphor or ether. Hydrastinine acts quickly, while stypticin has a slower but more prolonged effect. Both are oxytocic. A study of the constantly growing literature on these two drugs shows that they frequently have a remarkable power to stop various forms of uterine hemorrhage. The consensus of opinion seems to be that they are most valuable in, first, menorrhagia, especially of young and other nullipara; second, climacteric hemorrhages not due to malignant disease; third, metrorrhagia due to shock, or following operative procedures such as curettage, and fourth, frequently in the hemorrhage following miscarriage. Some report excellent results in uterine myomata or fibromata, but the author has had little personal experience with these drugs in these last-named conditions.

His most gratifying experiences have been with cases of hemorrhage following abortion where a curettage seemed inevitable, but where he tried in every way to avoid the operation. He cites one case as an example. Mrs. X., aged 37, mother of four children at term, had an abortion at about seven weeks. Cause not determined. She had no medical attendance at the time, trusting nature to see her through. There had been a steady and rather abundant flow for about two weeks when he saw her, and she was fast becoming exsanguinated and weak. Several years previous she had had a similar experience, followed by curettage, and had become septic and been in bed some months. Because of this she greatly feared another operation. The author gave ergot for two days in fairly large doses, without result. He then used hydrastinine, 1-8 grm., and stypticin, 3-4 grm., in combination every two or three hours. The result was as gratifying as prompt. In three days the hemorrhage...
had ceased entirely, and the patient had been in good health since. This occurred about two years ago. The author has had similar experience since, these drugs, without doubt, several times having saved recourse to operation.

The following prescription is advised by the author:

1 B Hydrastinine Hydrochlor. ............ gr. i
   Styphele 
   Syrup. Rub. Iod. ......... gr. vi
   Elix. Simplex, q. s

If a prompt action is necessary, either alkaloid may be given hypodermically. He likes to use the two together because one acts quickly and the other more permanently, and because one will occasionally act when the other will not.

To summarize briefly: For a systemic uterine hemostatic, ergot is the main reliance, but hydrastinine and styphele are of great value and will make unnecessary a certain number of operations. They should be used much more commonly than at present. Adrenalin is a powerful vaso-motor constrictant and should not be forgotten. For a local hemostatic the simple remedy of hot intra-uterine douches may be first used and followed, if not successful, by a 3-per-cent. dilution of acetic acid. If the cervix is patulous and clots may be easily removed, liquor ferri subsulphatis is of great value. This preparation is also of particular value in the bleeding from carcinoma, and whenever a remedy without reaction is required. Where the surface of the endometrium is not large, adrenalin solution, the most powerful of all vaso-motor stimulants, may act when other means have failed.

Treatment of Eczematous Diseases.

An interesting article under this title appears in a recent issue of the Medical Summary (August, 1905, p. 163), from the pen of Dr. W. R. D. Blackwood. After some general remarks relating to eczema and the various medicaments employed against it, Dr. B. states: "Having failed recently in some bad cases of eczema, I tried a remedy which I noticed a reference to in an article of considerable merit from a writer of good points in therapeutics. I refer to thigenol, the sodium salt of sulphonic acid of a synthetic sulpho oil. Its odor is not unpleasant, but it reminds one of sulphurous acid; this, however, is not apparent on the skin or on the breath after application. One good thing about it is the prompt disappearance of skin irritation, so dreadful in babies. We all know the terrible digging which lacerates the face or scalp of young children who cannot stand the burning and itch. Sometimes the first application has stopped this after a long use of antipruritics.

But my main idea is to urge its trial in eczema of all varieties. I believe in all cases it is well to use it both externally and internally. Such as I treated in this way got well sooner than when the remedy was simply applied to the eruption. With me, mixture with distilled water seemed the better; I do not like ointments. If you do prefer unguals, the Ung. Aq. Rosa is clean and readily removed without rubbing—a matter of importance; for irritation must be avoided always... In convalescence from variola this remedy is excellent, and, if used when desquamation proceeds, it serves to prevent transfer of the scales throughout the room, and thus lessens infection. So, also, with scarlatina. It is soothing in the height of the latter disease and prevents scratching in young children.

One great difficulty with eczema remedies is the fact that, being usually metallic salts, they become poisonous after a time. This cannot happen with thigenol; it is non-toxic even when given internally in large doses."

Sal Hepatica vs. Natural Mineral Waters.

The superiority of Sal Hepatica over the natural mineral waters that are specially recommended in the Uric Acid Diathesis and the various forms of constipation is clearly shown by the following facts: By commingling lithium and sodium phosphates in proper proportions with certain of the "Bitter Water" salts, as represented by Sal Hepatica, a compound is secured that is superlatively more active than either the lithium or sodium salt alone, or, indeed, than any natural mineral water or any combination that can be effected. Recognizing this, the most eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, with the result that the remedial action of the latter is enhanced, the untoward manifestations accruing reduced to a minimum, and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is very freely absorbed and taken into the blood and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or
organs as is readily demonstrated by its presence, after a brief course thereof in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

*Epilepsy.*

Two remedies have recently been introduced for the treatment of epilepsy. One of these is verbenin, which has been highly recommended by a number of clinicians; especially in cases of gastro-intestinal irritation from worms or other causes. The other is solanine, the alkaloid of the horse-nettle. This plant has attracted a great deal of attention, as a remedy for the nervous irritability which renders the epileptic more liable than ordinary, persons to suffer from these explosions. The crude plant preparations are too variable for anything like definite results, but their use has shown the remedy to be of undoubted value. The Abbott Alkaloidal Co. presents the pure alkaloid in granule form; and verbenin as a purified extract, the best preparation as yet attainable.

*Notes on a Case of Perimetritis.*

BY HUKAM CHAND, C. M. S., SURGEON DELHI HOSPITAL, DELHI, INDIA.

I was called to see a female patient in the city on October 12th, 1904. On arrival I found her with fever, temperature 102°, tongue, coated, pulse rapid, bowels costive, urine scanty and high-colored, pain and tenderness over the hypo-gastric region as well as in both iliac fossae, vagina hot (as told by native dhari) but no discharge. On palpation the uterus was found hard and on inquiry it was found that the present complaint was due to abortion and exposure to cold. I diagnosed the case as perimetritis associated with ovaritis and prescribed:

1. Calomel gr. 1-4. One every three hours.
2. Antikamnia and heroin tablets. One every four hours.
3. Turpentine supos over the seat of pain.
4. Liquor morphia, 15 minims at night, if no sleep.

Oct. 13th.—Pain less than before, had a good sleep for four hours. Continued the same treatment.

Oct. 14th.—Pain less than the previous day, had good sleep without morphia.

Oct. 15th.—Pain considerably less, patient could walk with the aid of a stick. Good sleep. Continued the same treatment but stopped turpentine supos.

Oct. 16th.—Very slight pain remaining, patient weak, otherwise well. Stopped calomel, prescribed castor oil, oz. 1. and continued antikamnia and heroin tablets as before.


Remarks.—In my opinion the recovery of this case was due to the analgesic and antipyretic properties of antikamnia and heroin tablets. They are worth a trial in such conditions.—Practical Medicine, March, 1905, Delhi, India.

*Hayden's Viburnum Compound.*

Chief among the symptoms for which the patient seeks relief in this condition is the pain preceding or accompanying the menstrual flow. This pain is often of so agonizing a nature as to incapacitate her from all work or even to render her life unendurable. In these cases there may be present a displacement of the uterus, usually anteflexion, disease of the ovaries, uterus or tubes. In many instances, however, no pathological lesions can be found, the pain being due to a neuritic tendency or to hypersensitiveness of the ovarian and uterine nerves, which manifests itself by painful sensations during the menstrual period, owing to the congestion of the tissues at this time, and may be accompanied by cramps of the uterine muscles. In this class of patients Hayden's Viburnum Compound is especially applicable, producing a marked sedative effect, relieving the pain and uterine colic, and if its use is persisted in it will gradually remove the hyperesthetic state and effect a permanent cure. If the dysmenorrhea be due to uterine or ovarian disease it will serve as a most valuable auxiliary to the local measures, by helping to remove the existing congestion and overcoming any spasmodic element, thus greatly shortening the period of treatment.

*Listerine.*

Listerine is an antiseptic for both internal and external use. It is non-toxic, non-irritant, non-erosarotic—absolutely safe, agreeable, and convenient. Because of its intrinsic antiseptic value and unvariable uniformity, it may be relied upon to make and maintain surgically clean and aseptic all living tissues. It is an excellent and very effective means of conveying to the innermost recesses and folds of the mucous membranes, that mild and efficient mineral antiseptic, boric acid, which it holds in perfect solution; and whilst there is no possibility of poisonous effect through the absorption of Listerine, its power to neutralize the products of putrefaction (thus preventing septic absorption) has been most satisfactorily determined.

*Items of Interest.*

—Some young man, graduate, and paid scribbler, employed with a chemical corporation, has now discovered a chemical marcs nest and published his awful findings in a letter attacking the product of the Antiphlogistin Company, with
which latter the profession of medicine has become so favorably acquainted. The purpose of this paid antagonist is not far to seek. There are other firms which would fain stand in the shoes of the Antiplogistine Company and profit by their successful experiences. The change from flaxseed "puddings" and others which had been handed down from generation to generation so far back that the memory of man could not estimate the date of origin, to the cleanly and always successful antiplogistine was most gratefully accepted by the profession, and will be continued until something far better can be devised based upon something not quite so maliciously commercial as the essay printed by an interested chemical corporation. We have, personally, made use of antiplogistine in almost numberless cases and have yet to find that it proved inefficacious, or delictious, in a single case. We most heartily recommend its use, and we as unqualifiedly condemn the transparent attacks upon it by rival concerns.

—In this day of private study—after office or workshop hours—by young men, and young women as well, who are ambitious to advance in the scale of social and business life, what better opportunity than that afforded by the popular International Correspondence School at Scranton, Penn. We speak from personal as well as professional knowledge of the thoroughness and excellence of the course pursued by this School. In the beginning, before having made a thorough examination, we were averse to the scheme, not believing it possible to teach by mail, except in a loose, ramshackle way, the various subjects advertised. A course by ourself in electro-therapeutics and another by our son in electrical engineering has dispelled all doubt to the winds and made us warm recommenders of this special School. A clincher argument, which we latterly discovered, was a letter written by the School to a would-be applicant, stating unreservedly, that the course of study, electricity, does not entitle to practice medicine or anything else, until first the laws of the State bearing upon that special field have been complied with. It would have been so very easy to mislead a distant mail-applicant by equivocal statements without however infracting the actual truth. But the International Correspondence School is based on truth, teaches it and tells it. It is a far better way of killing idle time and adding to your wealth, material and intellectual, than by investing in some get-rich-quick scheme, which distracts you from your bread-and-butter profession, keeps you eternally on the tenter-hooks, and ultimately drops you fathomless deep into despair, much wiser but a poorer man. Look over their list of studies, and if you have the time, you will not regret investing in a course and so brighten yourself, and relieve the dead monotony of your professional routine. Keep yourself young by studying with your son or daughter some young or more modern theme—than it was possible for you to do during your study years.

—Liquozone for Hydrozone.—We are advised by excellent authority that various well-authenticated instances have been reported where physicians have been using Liquozone on the supposition that it is practically of the same composition and therapeutic utility as Hydrozone and Glycozone.

In view of the repeatedly published analysis of Liquozone the doctor who is confiding enough to prescribe it in place of such old and reliable standard products as Hydrozone and Glycozone must stand near the head of a new list.

—The Pennsylvania Railroad has equipped its 18-hour flyer between New York and Chicago with Pullmans in the construction of which increased attention has been given to the hygienic side of railroad travel. Elaborate carvings have given way to smooth, highly polished surfaces. Corners have been eliminated, the lavatories are lined with white hard rubber tiling. Gas heaters furnish hot water at any time, and the general heating and ventilating arrangements have been much improved. The medical profession will endorse these improvements and will hope the time will not be long before they are introduced into all cars.

—In Operation.—-Cystogen is efficient in prophylaxis, preceding and succeeding operative procedures in the genito-urinary tract, preventing the infection of the cut parts. Five-grain doses should be given four times a day, for one or two days preceding an operation, and this treatment continued until the cuts are healed.

—A good remedy for relaxation of the womb and its appendages is Aletris Cordial Rio; it strengthens the uterine organs, and at the same time corrects the co-existing general weakness.

—She was recounting to her dearest friend over a cup of tea, the miseries and discomforts of her trip across the water.

"My dear," she said, "we had the stormiest weather and the roughest sea you ever saw; both going and coming, and I was eternally sick."

"You poor thing," cooed her friend, sympathetically, "and were you so sick both ways?"

"Oh, no," she answered, hastily, "I only vomited."

—Seats are now reserved at all the Proctor theaters, both afternoon and evening. Patrons may have these tickets mailed to them upon sending check or money order, or they will be held in reserve at the box office until the performance required. Telephone communications will receive prompt and courteous attention. Seats for the four New York houses are on sale at all principal hotels and news-stands.