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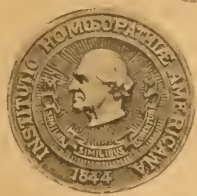
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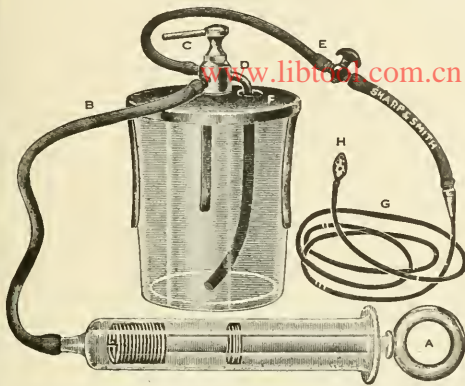
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(Continued on Page 14)

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UNSOLVED NATIONAL HEALTH PROBLEMS*

By Surgeon E. A. Sweet, Washington, D. C.

Bureau of Public Health Service

These are days of feverish activity among the nations of the world. A dozen countries are engaged in deadly combat on sea and land, each fighting for national honor, integrity of territory, or unity and freedom of action. No contest of such proportions has ever occurred in the world's history and it is to be hoped that none will ever occur again. Capital has become exhausted, resources drained to their utmost and food supplies reduced to the lowest possible amount. Affliction and death have followed in the wake of both victorious and conquered armies and the misery and sorrow engendered taint the land.

It is not surprising that the remaining nations of the world should look with horror and alarm upon this stupendous upheaval. The normal lethargy existing among a people going about their daily tasks has been dispelled by a wave of abhorrence and dismay. That the lives of these countless thousands should be sacrificed in this ruthless manner and that nations should exhaust their strength and resources in such a conflict at this stage of civilization, is scarcely believable. The startling sequence of events soon, however, gave rise to entirely different expressions, for almost immediately the countries at peace were made aware that their rights were being trampled upon by the warring factions and that they too might be drawn into the conflict. Coincident with the development of this fear nations began to arm. Guns were counted, fortifications arose, mobilization and training began and every prepa-

*Read before the Bureau of Sanitary Science, American Institute of Homœopathy, Baltimore, June 29, 1916.

ration made for possible conflict. Whether as pacifists we view this agitation and preparation for war as the manic phase of a distinct national aberration, or whether we regard it as the outcome of clear and logical thought on the part of a stable people, is a matter for discussion and one with which we are not concerned at this moment. There is, however, at least one aspect of this movement which must necessarily meet with hearty approval. As a nation we have begun to take thought as to what the future will bring forth, we are testing our brain and sinew, and we are making every endeavor to hold the place among the nations of the world to which we are entitled.

In the development of this national idea the weighing and husbanding of our natural strength and resources have received foremost consideration, emphasis being constantly placed upon many different items. We read of industrial preparedness, to be brought about by marshaling the forces of labor, the reduction of waste, the husbanding of our mineral resources, the improvement of our food supplies, and a host of other factors upon which our existence and virility depend. It would appear that none of these subjects has been given undue consideration; all are matters to which we should give heed, affairs which should receive the attention of every enlightened person. We have, however, largely omitted from our survey one subject which is entitled to foremost consideration, and that is our National Health. If this country is ever called upon to defend its rights it will need men, healthy, vigorous men, men with stamina and endurance. If we are to continue in our peaceful ways, engaging only in commercial and industrial contests with those about us, we shall need men. If we isolate ourselves from the remainder of mankind and live to ourselves alone, we shall need even better men. What are we doing to obtain these men? Are we properly safeguarding the lives of our citizens or is there a needless and reckless expenditure of those lives? If unnecessary losses are ensuing how and by whom shall they be checked? What is the physical status of our citizenry? Has disease made such inroads upon the vitality of our people as to seriously impair our production, our ability to earn, or our brains to compete? Should the nation, as a nation, have regard for the conservation of human life, as a part of its general scheme of preparedness, and we use this word in its broadest interpretation, or

must the matter be dealt with solely by separate units? Is disease a national menace, or does it merely concern the residents of a particular locality where it may occur? These are questions which it would seem are of paramount interest to our people, questions which it is proper for this national medical body in session here this day to consider.

In a review of those conditions bearing upon the health and welfare of the people of this country we are at once confronted with a most humiliating fact, a situation which should bring the blush of shame to every citizen. We are without complete records of our very statistics of life. There is not a person within the confines of the republic who is possessed of definite information concerning the increment of population through births, or the losses through deaths, for any year which has passed. Such information has never been gathered or compiled. It is true that we have a registration area for deaths, comprising states and cities containing approximately 65 per cent of the population, and for this proportion of the people we can determine with reasonable accuracy the number who have died and the cause of death, but for the nation as a whole no such figures are available. In other words we are without a complete system of national bookkeeping. This fact is all the more humiliating when it is known that an accurate system of death records has prevailed in England for 80 years, and in Finland for 150 years, while no other great civilized country has failed to make provision for the collection and dissemination of data of this character.

We should realize the true meaning of this situation. First we are without means of determining whether our death rate is diminishing or increasing, or to what extent it has been affected by modern sanitation. We believe that we are holding our own in the matter of saving human life, but we lack both the system and machinery to determine this fact. Secondly, we are unable to state the losses from any particular disease, and lacking also complete morbidity returns, we cannot estimate how seriously such a disease may menace our people. Two striking examples present themselves. Cancer, supposedly, and doubtless is increasing, but we are without the necessary figures to substantiate either the man who makes this contention or him who claims the contrary. In certain states pellagra has attained a mortality second only to that of tuberculosis, yet as a nation we are practically without records

indicating the ravages of this supposedly increasing affliction. It is true that the registration of deaths gives a rather imperfect view of the prevalence of illness, and the economic loss which we sustain, but certainly the figures are the easiest and the simplest to secure and we cannot expect to hope for the registration of sickness, the most exact indicator of disease prevalence, until we have first mastered the more elementary step. Thirdly, we are unable to make comparison of general and specific mortality rates with those of foreign countries. We as a nation are contesting with every empire of the world in our efforts to reach the goal of civilization and height of power, yet we are unable to make comparison of one of the most important items of our position with such countries as Russia or Roumania, countries which we regard as quite inferior to our own in every civilizing influence.

Here, then, lies an all important field of action which we cannot afford to longer neglect. The collection of mortality and morbidity data constitutes the first step in life conservation. As members of the medical profession we should make every effort to have this work placed upon a substantial basis at the earliest possible date.

A second subject to which I desire to invite your attention is that of the increasing prevalence of mental disease. Mental decadence is even of more serious import than physical decadence and a nation which shows deterioration of mind has sunk to greater depths than one where only strength of body is diminished. All countries, our own not excepted, from which available statistics are obtainable show an increase of insanity out of proportion to the population, in many cases more than double the population increase, notwithstanding the improvement in the health and material prosperity of the people. In 1910 there were confined in institutions for the insane in the United States 187,000 persons. During the six years from 1904 to 1910 there was an increase of 37,000 of those confined and the increase during the last six years without doubt has been fully as great; therefore it is safe to say that there are at least 225,000 insane persons cared for at present in institutions of this country. This is one out of every 444 of the population. How many are at large is a matter of conjecture. The total number of institutional insane is a trifle more than the population of all the cities of the state of Maine and a trifle less than those of North Carolina. It comprises a body

greater by 25,000 than the contemplated strength of the United States Army and is considerably more than the entire number of students enrolled in every college and university of the country. In addition there are fully 200,000 mental defectives, made up of imbeciles, idiots, and morons, less than 30,000 of whom are under proper restraint, the remainder necessarily increasing at a much faster rate than the general population. The annual admissions of mentally deranged persons to institutions in this country is now close to the 70,000 mark, not to mention those who are committed to jails, county poorhouses and places of like character, for as yet we have failed to make adequate provision for the care of those helpless from mental illness.

Fifteen per cent of all our insanity is the direct and immediate result of alcoholism and a much larger percentage is brought about indirectly from the operation of this cause. Twelve per cent of the entire admissions to insane hospitals are for general paresis, a preventable disease, and one which can be greatly lessened through wise legislation, the cultivation of good sense and other measures directed at the social evil. Pellagra is responsible for no small part of our lunacy, besides causing 8,000 or more deaths a year. The incidence of this affliction is apparently wholly dependent upon economic conditions and it is entirely feasible to bring about the correction of those evils. Still another source of insanity is the great influx of defective stock. No other country in the world has been so profoundly influenced by immigration as our own, in many states the increment of population through this movement of peoples being even greater than that from births. It stands to reason that if we are receiving defective material, and no one who is acquainted with the situation denies that we are, then we should exercise every legitimate precaution toward our protection, and this irrespective of whether we believe in the "melting pot" or not. In 1910 approximately 15 per cent of our population was of foreign birth but this 15 per cent gave rise to 29 per cent of all our hospital insane. The government should protect itself by every legitimate means from this mental wreckage being washed upon our shores. The cost of caring for the insane alone totals more than \$40,000,000 annually. This is an expenditure which could easily be diminished and is therefore in part an unnecessary economic burden, but it is in no sense the true measure of the

seriousness of our problem. The rapid increase in the total number of the insane is far more portentous and is a matter for most earnest consideration. Racial vigor must be preserved and every means toward the attainment of that end should be of vital importance to our government. If we fail to perceive either the waste of life or the deterioration of mind, in this and in subsequent generations, which ensues from mental disease, the penalty is one which as a nation we must bear.

“Ill fares the land, to hastening ills a prey,
Where wealth accumulates and men decay.”

Thus far our vision has been obscured and we have failed to discern the threatening cloud upon the distant horizon.

The typhoid situation in the United States is one of which we should be heartily ashamed. Typhoid not only entails great and unnecessary economic loss but it annually results in the needless sacrifice of many thousands of lives. Fifteen thousand victims, as nearly as can be estimated, are ushered to their graves each year by this disease, and ten times that number suffer long periods of invalidism. This, too, from an infection which we not only regard as entirely preventable but which has been conclusively proven over and over again to be preventable. The average annual death rate in the registration area from typhoid fever for the last ten years has been 24.4 per 100,000 of population. During this same period England has had a rate of only 6.8 and Germany of but 5.2 per 100,000, hardly a fourth of the mortality in this country.

We scarcely realize what these figures indicate. During four years of civil strife in this country we lost by bullets, on both the Confederate and Union sides, fewer men than have been killed in the last ten years by typhoid fever. We read with horror of the enormous and terrible sacrifice of lives at Verdun, a butchery of men unheard of in the annals of war, and we are amazed that a nation can send her bravest and best to meet death in so certain a manner. Yet the loss before Verdun by the German armies, while totalling more than 100,000 men at the time of this writing, is no more than Germany would have lost had she had our typhoid death rate during the last ten years. She has therefore saved that many lives from a single disease and in another decade she can afford to again battle at one of the great fortresses of the world. **Ia**

not life conservation as important to us as it is to Germany and can we not read a lesson in these figures?

Already we have done much in reducing the incidence of typhoid. During the last fifteen years the death rate from this disease in the registration area has been cut in half and in a few of the states the mortality is approaching that of England and Germany. There was but one state in the Union, however, Wisconsin, which in 1914 had a mortality as low as that of England and none which could compare with Germany. In certain of our commonwealths the mortality is more than eight times what it is in others, while in many of our cities the disparity is even more pronounced, one's chances of dying of typhoid in Nashville, Tenn., being fourteen times as great as they are in Seattle, Washington.

We have no better indicator of our sanitary status than typhoid fever, in fact the disease has been called a sanitary barometer. Conditions which favor the spread of enteric are likewise responsible for a high infant mortality, the greater incidence of tuberculosis and the dissemination of dysentery, hookworm and other intestinal affections. Efforts toward the prevention of this disease will therefore bring about a corresponding reduction in other complaints and should ultimately save to the nation many thousands of lives.

Another problem of national vitality and progress concerns itself with infant mortality. Just as typhoid fever is more or less an indicator of disease prevalence so infant mortality is the most sensitive index we possess of social welfare. The civilization of any nation can be definitely gauged by the death rate of its babies. Our declining birth rate should in large part be compensated for by a declining death rate among infants and if we fail in accomplishing the latter the balance is against us. Particularly is this true in the United States, where the mortality in elderly people is excessive and out of proportion to that of other countries.

There is probably no field of sanitation where such a measure of success can be obtained as in the prevention of the diseases of infancy. In every American city where even poorly directed efforts in this direction have been inaugurated a marked reduction in infant mortality has been effected. Yet the saving of infant life utterly fails to reflect the advances which have been made in sanitation and social conditions, mainly because too few American cities have put into practice

the principles which have been learned. In 1914 we lost 238,000 babies under one year of age, the year before the total was 245,000, these figures being based upon the mortality of the registration area. A large proportion of these deaths were from preventable causes and therefore could have been avoided. In some American cities of approximately identical populations and with no climatic differences the infant mortality is six times what it is in others. In a very few of our congested centers of population the infant mortality is less than 10 per cent of the general mortality, a figure which should not be exceeded; in many it is more than 35 and in some instances above 40 per cent of the general mortality. That is, of every 100 deaths forty are of children under one year of age. These percentages are from localities which are enlightened enough to offer their data for publication, but we must remember that there are thousands of American communities which neither take cognizance of the coming of babies into this world or their passing into the next. What a sad commentary upon this, the most enlightened government in the world!

Whether the saving of these lives, which no one denies is distinctly in the interests of the general welfare of the citizens of the United States, is a proper function of the government created by those citizens, is still being debated. Only recently at one of the Senate hearings grave doubts were raised concerning the legality of a national health body merely demonstrating how human lives could be saved, even when the invitation for the demonstration had been most willingly and cordially extended by the state.

All this is gloomy indeed, but there are many more striking examples of our national short-sightedness and neglect. In 1902 a scientist working with government funds and under government auspices made one of the most important discoveries to this country which has ever been announced. He found a large proportion of our people suffering from an unrecognized disease, a disease which entirely changed racial characteristics, brought about serious and incomputable economic loss through physical retardation and created misery and poverty wherever it occurred. With almost an instantaneous grasp of the evil effects of this condition upon the human race and the magnitude of the situation, he named the causative parasite, *Necator americanus*, the American murderer. Since this discovery was made every claim concerning the havoc

wrought by this parasite has been more than substantiated, until it has become a matter of common knowledge. Not only that, but the medical profession has in its possession delicate and absolute tests for the recognition of the disease and at least two specifics for its cure, while at the same time the sanitarian has provided exact and definite means for its entire prevention. There would seem then to be nothing left undone. Yet in spite of this the disease continues with almost unabated sway. After making what should have been a far-reaching discovery and after determining that hookworm infection was widespread over a vast area of the country, the government renounced all interest in the disease and has never directly appropriated a single dollar for its suppression. Instead, the work has been left to the munificence of private individuals, with some assistance from state health organizations. Recent surveys have shown that of over 800,000 persons selected at random from residents south of the frost line, 34 per cent were infected with the parasite of this disease. If this government then is concerned in relieving the distress of 34 per cent of the population of those districts, and if it is interested in the preservation of the vitality of its people and their capacity for work, it would seem altogether logical for it to adopt energetic measures toward the eradication of this infection. The fact that fourteen years have elapsed since this discovery was announced without the exercise of either governmental assistance or governmental interest, constitutes reasonable proof of a short-sighted policy, if not wilful neglect of the very people who should constitute our strength.

There are still other fields where national endeavor would result in untold benefit to our citizens, increase our strength and resources and enable us to better compete with the nations of the world, all by relieving our people from unnecessary burdens which they are now carrying.

Four per cent of the population of the South suffer from malaria, a disease which retards industry, brings about misery and distress and makes barren a large section of our land. Why should not our government do at home what it has so thoroughly accomplished in other domains? The methods for the prevention of this mosquito-borne infection are so well established that success is sure to crown our efforts.

The great field of industrial hygiene is practically untouched by the national government and but one or two of the

states have made complete surveys of their manufacturing establishments to determine the presence of occupational hazards. Yet we have 11,000,000 industrial workers within our borders, a number not exceeded by any industrial nation. The dangers to which these workmen are exposed are scarcely considered by any health organization and outside of a few isolated instances where investigations of particular occupations have been conducted, the central government has done nothing to reduce these hazards. It furnishes figures as to the hours of labor of this industry and that, it makes provision for the information concerning the number of employees, the amount of output, the cost of manufacture and a hundred other items, but it takes little or no cognizance of health conditions and neither mitigates nor regulates the hazards to which our producers are exposed.

So with many other items. The control of blindness, the affording of health protection through the operation of health insurance, a system in vogue in Germany for more than thirty years, the eradication of trachoma, the reduction of tuberculosis and a hundred remaining situations are without the attention they deserve. All are matters to which the national government should give thought. It does not require one with a vision of a prophet to foresee that the future must bring forth some change in our attitude as a nation toward these all-important subjects. Heretofore the central government, true to the spirit of democracy, has satisfied itself by passing certain health problems to the states, who in turn have politely acknowledged their receipt by delegating them to towns and cities. Such a shirking of responsibility can have but one result. "Public health is the foundation on which reposes the happiness of a people and the power of a country." If our prosperity is to continue, if we are to compete with other countries in the markets of the world, and if our civilization is to be advanced, this government must recognize that disease exists and adopt energetic measures for its control.

Facts Wanted—We are very anxious to have every case of foliomyelitis reported promptly and are just as anxious not to have any cases in this list that do not belong there. It is important, not only for the health but for the business interests of this city, that no artificial epidemic be created.—*Robertson, Chic. Bd. Health.*

STATE BOARD EXAMINATIONS AND THEIR EFFECT UPON MEDICAL EDUCATION*

By W. Henry Wilson, M. D., Chicago

Boards of medical examiners have been in operation in the United States for something more than a quarter of a century. These boards have been of many styles and complexions and have performed many functions, among which has been the more or less intimate control of medical education. They have had three points of contact with medical schools, namely, the regulation of preliminary requirements; the estimation of the colleges' facilities for instruction, and the granting of licenses for practice.

Medical licensure belongs to the police power of the state and is delegated by the state to the medical board. It is with this granting of licenses that I wish to deal.

There have been three periods in the teaching of medicine in America. They are usually designated as the apprentice or preceptor period, the didactic period, and the laboratory period. They correspond somewhat to the three great periods of medical growth in the world, namely, the period of medical dogma, of the empirical period, and the scientific period.

In the early history of our country, in the preceptor period, students studied with physicians who taught them anatomy, physiology, pharmacology, etc. Incidentally the student took care of the physician's horse, his drugs and office. Then he often accompanied the physician in his rounds or made calls in the night when his superior felt disinclined. Sometimes the preceptor found him more useful as a stable boy than promising as a physician and sometimes had the good judgment to side-track him away from the profession. This training was supplemented by courses in anatomy, physiology, pharmacology, etc., by teachers who had gone to Paris, Leyden and Berlin and had returned with knowledge and enthusiasm. In these early times a number of medical colleges were established, but not many.

This period was followed by a period of didactic teaching in which students entered the medical schools in large numbers and listened to lectures upon anatomy, physiology, etc. The teaching was entirely rote teaching, or as Professor Adami has very aptly expressed it, it was all spoon feeding.

*Read in the Bureau of Homœopathy, A. I. H., 1916.

During this period medical colleges grew up in the night. They were organized everywhere in the land so that few physicians in the large cities were without a professorial title. They were neither state schools nor endowed, but were commercial enterprises. So numerous and influential were these commercial enterprises, for they were scarcely worthy of the name of colleges, that even the best institutions were greatly influenced, and schools like Harvard and the University of Pennsylvania lost almost complete control of their medical departments. This was the business age of medical colleges. It might also be called the phonographic age of medical teaching.

Laboratories were few, because students were taught chemistry by "fourteen easy lessons" and other subjects with equal ease. Patients were undisturbed; they were not needed. The eager student was told *about* them. The number of medical students enrolled rapidly increased until they were numbered by the thousands and the medical colleges were crowded, the equipments were nothing, so that the incomes were much larger than the expenses. There is probably no parallel in the educational world anywhere to this exploitation of medical education for commercial purposes.

The didactic age finally passed or, perhaps, better, was driven out, and was followed by what we may speak of as the laboratory or scientific period of medicine. In the medical college of today the student enters upon the strictly practical part of his education through the vestibule of anatomy, physiology, chemistry, pathology and pharmacology. They are sometimes spoken of as the foundation subjects. In these years the student studies the subject and not about the subject. He is not taught by teachers so much as he is by chemicals, by human bodies, by specimens and by experiments.

These foundation sciences are learned and taught for themselves alone and are not too conscious of their application to the clinical years. To put it another way, medical education is not the accumulation of lumber, it is the acquirement of habits and it is such training that the student may bring to the bedside all the senses which the old clinician had, and add thereto the new and exact methods and instruments which transcend the unaided senses. Huxley called attention many years ago to the fact that any man to become a competent physician must have a thorough ground-work in biology, hence in recent years there has been greater and greater emphasis placed upon the study of bi-

ology, physics and chemistry as a preparation for the clinical years.

The clinical years of medicine, as they have been developed, are but laboratory methods applied to patients, or as Dr. Lyons has recently said, the practice of medicine is but the practice of anatomy, physiology, pathology, pharmacology and sometimes high finance.

The ideal medical student as we conceive him nowadays is one not loaded with second-hand information, but trained in all the exact methods of the laboratory, one capable of drawing correct conclusions and one capable of searching out all the data and all the information which may be of service in evaluating his patient's condition. But above all this, each and every medical student must be endowed with the capacity and the aptitude for growth.

State board examinations are still in the didactic period of medical history. As President Eliot expressed it, a man may walk in from the street, be given a medical education by the old rote method, pass on to the licensing examination and do it successfully, but such a man is wholly incapable of practicing medicine. From our modern standpoint the accumulation of this second-hand information is the least important part of the medical student's work, and yet it is the only part which the medical licensing examination tests.

Medical boards as they are at present constituted, are a political asset to the governor of the state. Every governor prizes highly this kind of board, because as he looks over his state he frequently finds some town or community from which he has made no appointment, then the dental board, the medical board or some other board meets the need and the appointment is made. In many states the appointment of medical teachers to licensing boards is forbidden by law. In many others it is forbidden by custom and yet it ought to be evident that they are the only ones capable of conducting this work. The appointments to these boards are during the reign of the particular governor by whom they are appointed, with the result that there is no continuity of work nor of purpose. By the time the members of the board have become familiar with the duties of their board, they are replaced by others appointed by the next governor. I doubt if it is possible for human ingenuity to devise a plan which is more inefficient. The majority of members on these several state boards were medically born and bred during

the didactic period of our medical teaching and probably the majority of them have never recovered from its effects, or outgrown its dogmatism. As a consequence, the medical student must not only pass a rote examination but he must not be too modern in his answers, lest the examiner of his paper, finding the student in advance of himself, think he is a faddist.

One result of these licensing examinations has been the giving up of a good part of our students' time to the quiz compend type of education. One large college in Illinois gives up the entire half of its senior year to routine quizzing and state board preparation. In nearly all of the colleges a large part of the time of the senior students is given to quiz classes conducted by men whose chief business is the preparation of students for these ordeals.

This antiquated form of examination is also no test for our present methods of teaching, but is a positive hindrance to the advancement of our teaching, for it is necessary to keep our students informed not only of the new ideas, but of the old ones also. I have personally frequently advised my students what answers to make in state board questions in order that they may not be misunderstood by being too modern.

I have conversed with a number of deans of university medical departments and they have all agreed with me that the present method of licensing examinations is one of the greatest hindrances to progress in medical teaching.

On the other hand, it must not be overlooked that the medical boards in many instances have performed their functions conscientiously and well, that they have done a great service in the elimination of dishonest and unworthy medical colleges.

In a number of cases the need for better examinations has been recognized and the boards have attempted practical tests. In many instances these have been given up on account of extra cost. In my opinion this cannot be accomplished with the present method of organization. I believe that the present state board should be replaced by permanent bureaus, which bureaus should probably be subdivisions of the state educational department. They should be permanent bureaus and should have to do wholly with the supervision of medical education and medical licensure. They should be located in the medical center of the state, should be manned by men who are thoroughly familiar with every phase of medical education at home and abroad; they should be constant in service and should have at their service

all the equipment necessary for testing the student's ability, not to write an examination, but to practice medicine according to our best ideals. They should have the equipment for conducting medical examinations not in groups, but during every working day of the year. They should be supported not by fees but by state appropriations and should by all means be independent of political influence, if such an ideal state can ever be attained by any bureau in America.

Discussion

Dr. E. L. Nesbit, Bryn Mawr, Pa.: I have taken for the purpose of discussing Dr. Wilson's paper extracts from a paper which I had prepared on the subject of "Homœopathic Medical Education." What applies to homœopathic education applies to general medical education. Medical education is not an end in itself. It is only preparatory to *THE PRACTICE OF MEDICINE* which in its broadest sense is a practical vocation. It may be or may not be a learned profession. As such it involves a careful consideration of certain social, political, and economic requirements of the profession and the public, no less than the theoretical ideals of medical pedagogues and of a few distinguished medico-political regulators. The ultimate objective of medical education is not to matriculate students and graduate doctors; nor, of medical societies and journals to support weak colleges and resuscitate decadent ones. It is to prevent diseases, and to restore health to the sick in the shortest, most reliable, and safest manner possible in any given day and generation. It is immaterial to the public welfare whether this end be attained by "regular" or "irregular" methods. In devising educational standards to *this end alone* it is imperative first that we impose no hindrance upon scientific initiative and resourcefulness by either academic *ipse dixit* or by legislative fiat accomplished through craft-ethical distinctions or by medico-legal manipulations. This matter of standardizing medical education is one requiring constructive experience based upon deliberative and cautious pedagogical experiments. It may not be successfully accomplished by autocratic inspiration and definition.

During the last fifteen years especially medical education in this country has come in for a general and profound overhauling. At the same time it has been steadily shifting from a scientific and academic basis to one beneath which practical usefulness and business economy are of fundamental importance; from standards formulated within each college for its own particular purpose to those handed down by extra-collegiate and officious regulators and resting upon the shifting sands of autocratic legislative maneuvering. Simultaneously, there has been a studied and complete change of front in the professional tactics of the dominant wing of the profession toward the so-called "sectarians." Ethical barriers have been let down to permit consultations and other possible ways of absorbing practice and patronage from "irregular"

sources. Every inducement is held out to the average practitioner to join societies, subscribe for journals, and in any similar way share the expense of maintaining "regular" institutions. But the gate swings only one way. For the blind antagonism of earlier days there has been constituted a policy of amiable conciliation under the thin guise of "liberality." But, organically this liberality is barely skin deep, for there is no official recognition of the distinctive claims of these minor sects in college curricula, medical societies and journals; nor in hospitals if at all possible to prevent it. In this spirit of amiable conciliation, without actual concession, all sectarian educational standards are being quietly replaced by the educational standards of one sect. Thus, incidentally destroying the principle of scientific independence and legally strangling the therapeutic originality and resourcefulness of many sects of practitioners, the public welfare is recommitted to the therapeutic limitations of one comparatively small group of "recognized" and nondescript physicians. Begun with the avowed purpose to protect an unwary public from too numerous and incompetent medical practitioners, this standardization process has steadily played the progress of a noble and altruistic profession into the hands of a powerful political organization, has lowered the level of medical-practice-as-a-whole to a basis of stern business competition, and has driven many independent and creative thinkers into so-called "irregular" forms of practice. In their presumptuous efforts to raise all medical practice *en bloc*, these self-appointed standardizers have failed utterly to appreciate the very real distinction between professional erudition and practical results; and, so far as the public welfare is concerned, they have lowered the level of three-fourths of the service it actually receives, in order to tip up the theoretical standards of the remaining one-quarter. The initial steps of any standardization process are apt to appear harmless enough to the unsuspecting; but, in any event, it must be recognized that to standardize actually means to level. Whether the leveling be upward or downward depends entirely upon the point of view. Whenever a policy of conciliation involves no actual concessions the genuine friendliness of its professions of liberality and its protestation of non-sectarianism is open to question. It is the general trend of events and the final consummation which need to be considered particularly. Like the painful experience of the guileless frog which was being amiably standardized by a conciliatory ophidian, each succeeding stage of the process is less illuminated than the one just preceding. As an immediate effect of this program to "raise the standards" of the medical profession "there are nearly 50 per cent fewer medical colleges; there are nearly 40 per cent fewer medical students and medical graduates" than in 1901. And the end is not yet. Coincidentally with this great curtailment of American medical students, which may have been good, bad or indifferent, pedagogically, there has been a rapid increase in the number and variety of "drugless healers," who are not subject to these scholastic standards. It has been estimated that they already have "some twenty-eight millions of followers." To the man in the street these relationships would suggest something of a cause and effect, a kink somewhere in the public-protection process.

Until the reputable medical profession abandons its archaic and unscientific mental attitude toward newer ideas and newer methods, sectarianism will continue to be a fact, and should be, however much we pretend that it is otherwise. Until then, any system of standardizing American medical education based upon a policy of conciliation without concessions to minor sectarian bodies will be derided by the American public and made finally to defeat its own ulterior purposes. This is one of the political eccentricities of a republican form of government to which our medical politicians ought soon to "tumble."

Dr. L. E. Siemon, Cleveland, Ohio: As a member of what I believe to be a fairly well organized examining board, I am inclined to think that Dr. Wilson's deductions on the scope and value of state examining boards looking towards licensure are based to a large extent upon an observation of the Illinois plan alone. I am a little surprised that Dr. Wilson upholds what I believe to be one of the pernicious practices, so far as the homœopathic medical school is concerned. You might presume that the total function of the average state board is to examine candidates for licensure; this is only a detail in the scheme of administration authorized under the general act to regulate the practice of medicine. The entire state board proposition is going through the same process of transformation and the results will be just as gratifying in the last analysis as is the college question. I do not know of any state, having tried the system of practical examinations, which has abandoned that system. And I do know from a careful study of the situation that the tendency is to the ultimate elimination of written tests and the substitution of practical clinical and laboratory tests.

One of the bulwarks that has stood between the ultimate extinction of the homœopathic school and the homœopathic profession has been the various state board organizations. The attempt was made in Chicago last February in the State Board of Licensure to establish a permanent bureau of licensure. What is the effect of a permanent bureau in educational matters? What has your Carnegie foundation done for you? Throughout the states the general level of medical education will never rise above the general level of intelligence, and there is no other organization which is so thoroughly responsible to the needs and desires of the communities as our men who are representing the states on the boards. It is not true, unless it is true in Illinois, with reference to the state boards in this country, that there is a general clean-up in so-called boards from year to year or from government to government. The great trouble has been that you, ladies and gentlemen, throughout the United States, have neglected to safeguard your homœopathic rights when your licensure law was written on the books in the first place. With all due respect to the members of the homœopathic profession on that board, how much impression has the homœopathic board made on the medical policy of the state, so far as the board is concerned?

Dr. D. P. Maddux, Chester, Pa.: I am a homœopathic member of the Bureau of Medical Licensure of Pennsylvania. I very much regret that this man has had such a sad experience. The association of our school men and practices of our school have practically never been overthrown. In every matter affecting medical education and affecting its

standards they have been co-operating. If Dr. Nesbit can suggest any thing else and can state a better method of dealing with this problem, we shall be glad to have it.

Dr. G. Harlan Wells, Philadelphia: I believe that this subject which has been touched upon here is one of vital importance to the medical profession. So far as the medical boards are concerned, I have the very highest respect for the medical boards. They comprise men of the very highest type who are earnestly endeavoring to do their work properly. Dr. Nesbit's discussion has brought out some very important points. I believe that if we permit these well-meaning, impractical enthusiasts who constitute the Carnegie and Rockefeller Foundations to control the medical boards, the profession will very soon be in a serious condition. What I object to is the fact that, while we are told that the purpose of raising the requirements in medical schools is to elevate the class of men who are going out to treat the public, when we look at the facts, we find that *this is not the case*. Thirty-four new medical "schools" have sprung up in the state of Pennsylvania in the past four years and have turned out hundreds of graduates to practice on the public. There is absolutely no attempt to meet legal requirements on the part of these sects. This is not the fault of the medical board, but it is nevertheless a fact.

Now, so far as the solution of the problem is concerned, that is a big question. I do not want to go into it in detail, but I do contend that if we are going to make it so difficult to get a suitable medical education that men with a reasonable amount of time and money are excluded, we cannot blame them if they go into something else. I claim that we are going too far and that the educated men in our ranks are going to be replaced by another type of men—men who are entirely lacking in scientific training and are merely charlatans in most instances.

Dr. W. H. Hanchette, Sioux City, Iowa: As a western physician, representing the large domain of the west, I would call your attention to the few of any school, to say nothing of the homœopathic school, who are found throughout the states of Montana, Dakota, or all that western section of the United States. The result of all this legislation is going to be that after a time those people are going to be left without a physician of any kind. I believe in these higher standards. They are all right and it is going to react on the old school as well as our own school. I will make this prophecy, after practicing for forty years, that the time will come when they will be glad to revise their laws and give medical men a chance to take those stations in the west. Take my word for it and remember my prophecy.

Dr. Nesbit: I rise to disclaim any personal allusions in this discussion. I have approached the subject from the standpoint of the public welfare only, and with a view to increasing the actual efficiency of State Medical Boards.

Dr. Maddux is a friend of mine. The Chairman of the one Board of Medical Education and Licensure, against the principle of whose autocratic power to define a modern medical education I object most positively, has a blood kinship in common with me. Our grandparents were

brother and sister. If "blood is thicker than water," this fact alone should give me a personal pride in the Board's achievements.

Our public representatives must not assume that there is an intentional and personal affront in every serious criticism of their official policies and practices.

Dr. W. Henry Wilson, Chicago (closing the discussion): It is practically impossible to discuss the whole subject. I spent several years corresponding with state boards and have had some personal acquaintance with them. I acted as college registrar for fourteen years and I know something about state boards. We really considered at one time the establishment of a bureau that would keep track of the new rulings of state boards in this country.

The whole state board subject is a large problem. I recognize the fact that they are examining men from every state in the Union, as well as from foreign countries, and I recognize the fact that in Illinois and Wisconsin and other states we have men appointed to do this business who are wholly unfamiliar with matters educational and are not in touch with present movements: they are political appointees. I can point to man after man who is appointed, not because he is peculiarly fitted for the position, but because of his politics. I recognize the fact also that there are many well-trained men, and I say nothing against state boards. It was not the purpose of my paper to speak ill of state boards. I took the trouble to say that they have done some things extremely well, and especially under the conditions that they have had to work, and I believe that the homœopathic profession has been pretty well treated. I have in mind the question of efficiency. This is a public question. It is not your question, and it is not mine. The purpose of the board is the protection of the public and not the doctors. You practice not by right but by license. This is why I had in mind a bureau as being more efficient. Take the state of Illinois. We have but a single man on the board who knows the previous workings of the board. That man was clerk of the board for years and the only man who was held over. Until recently there was only one board in the United States that had a paid secretary who was in continuous service.

There is this other thing which was suggested. That is the question, whether it would not be best for the boards to examine the colleges and keep them under constant observation, and perhaps even conduct or supervise their examinations. This is not practical in a country which has forty-eight separate medical governments, each of which must license applicants from other states and other countries. A permanent bureau would have the advantage of expert knowledge, of continuity of purpose, and it need not count votes every two years.

A CONSIDERATION OF SOME MATTERS RELATING TO DIET IN HEALTH AND DISEASE*

By Clarence Bartlett, M. D., Philadelphia, Pa.

The present widespread interest in matters pertaining to diet is not of recent growth. For half a century, possibly more, the profession has taken a lively interest in the subject as evidenced by the great popularity of technical literature on food and disease, the publication of diet charts, and the many dietetic preparations exploited in the medical periodicals. The laity likewise has evidenced an interest, and are ever ready to read various newspaper articles as well as certain textbooks on "what to eat and why."

Having been an industrious student of most of this medical literature and noting the many inconsistencies which we are asked to accept as medical gospel, it occurred to me that the time would be profitably spent if I were to invite you to consider with me some questions relating to the dietetic management of disease, and incidentally as having some bearing thereon, the dietetics of health.

First let me pay my respects to a certain class of proprietary foods. Those that are good can with but few exceptions be duplicated for all practical purposes by the majority of housewives and nurses, and are permissible when home manufacture is rendered impossible by conditions. There are others, however, that have attained great commercial success by reason of the endorsement of physicians. Among this list we find sweetened alcohol and water, ground up cottage cheese, mutton fat and stale eggs, *alleged* beef extracts, etc., etc. Their widespread use in sick rooms is a sad testimonial of the gullibility of a certain class of the medical profession. The last few years have developed a healthy skepticism even among these doctors, and foods of questionable merit now find a limited market in professional circles. The manufacturers therefore go boldly to the public, which, as in the days of Barnum, still loves to be humbugged, not only by the preparations themselves, but by the false statements found in the literature extolling the same. It is a safe rule of practice to insist that with but few exceptions, the sick shall be fed on the products of the home kitchen.

A regulation of diet presupposes that there is something in

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the patient's eating habits requiring correction. The error may reside in the nature, quality or quantity of food consumed, the time spent in eating the same, regularity in attendance upon meals and manner of cooking. This discovered and eliminated, it is seldom that one need go further in interfering with the patient's previous habits. Unfortunately it is not always an easy matter to discover the truth. Patients are only too ready to give themselves good references. To determine the actual state of affairs, it has been my custom for many years to request patients to bring to me for review an itemized list (covering the period of one week) of articles and their quantities and methods of preparation taken at the various meals, the hours of eating, and the time occupied. As a result I have gleaned information diametrically opposed to the statements made to me when taking the initial anamnesis of the case. Patients who claimed to have good appetites confessed in writing to a quantity that was good for but bare subsistence; others presumably delicate, admitted the consumption of quantities that would tax one's credulity. Some admitted eating at very irregular hours, others bolted their food, some rushed to the table tired from physical exhaustion or mental excitement, and still others rested not a minute, but hastened back to work still masticating the last morsel of their meals. My system has enabled me to get a prompt line on errors of diet, etc., and by their prompt elimination, effect a speedy cure.

Whether sick or well, man must be given sufficient to maintain his nutrition. In the course of acute diseases, this injunction has no place, because the primal indication is rest of the digestive apparatus. A few days' abstinence fulfills the indication and does no harm. In chronic disease, the problem is a more difficult one, because while combatting an illness, the patient's general condition must be kept at the highest possible standard. Many of us incline to the lines of least resistance and after a few words of advice, permit patients to follow their own inclinations in the selection of foods, remarking that each one knows the failings of his own stomach, or the needs of his own system. This does not always hold good, as most of us can testify by experience. For example, a certain gentleman made it his boast that for well nigh to forty years, he has had beef-steak for breakfast and roast beef for dinner every day, and claimed to be wonderfully robust. Finally he weakened, and his blood pressure became high. He refused to recognize the warn-

ings until an apoplectic seizure appeared. Then he repented and reformed. He now partakes of less meat and more vegetables. That he lived in good health as long as he did is more of a compliment to his elegant constitution than it is a testimonial of an intemperate beef regimen. On the other extreme, we have the vegetarians, who make their diet their religion. As with the roast beef eater, it is simply a question of the constitution's ability to withstand the strain of a one-sided diet. Sooner or later, most of them weaken prematurely, while others do not attain the highest type of mental and physical vigor of which they are capable.

The mere fact that some people under the restricted regimen live on and are healthy does not establish the fact that all people can do the same with identical results. We are wise, I believe, if we accept the prevalent doctrine that the best possible mental and physical health is secured by a mixed diet into which all the elements of nutrition enter. The proportion of proteids, carbohydrates, and hydrocarbons of said mixed diet are likely to vary with the physiological demands of the individual based upon his idiosyncrasies and the character of work which he is called upon to perform. Unfortunately there is no way of determining *a priori* what the relative proportions of these elements of nutrition shall be, and we are forced to rely upon experimentation and results.

As with medicines, diet should be ordered with a logical end in view and upon definite indications. It is not sufficient to prescribe empirically, and it is always wise to ask ourselves just as we would if we were advising a surgical operation, what we hope to accomplish and does the end justify the means. Let us take a case of cholelithiasis or cholecystitis for example. Time after time have many of us relieved—we are opinionated enough to call it “cured”—gall bladder dyspepsia. We individualize our cases carefully, and by a combination of diet, rest and medication, there is a temporary clinical recovery. Sometimes there is no recurrence, but we are never assured of this happy result in advance. In the majority there is a relapse, after a long interval it may be, but the relapse comes nevertheless. Each one of these returns is attended or succeeded by certain pathological changes in the gall bladder and adjacent structures, until finally that particular portion of the body is but a mass of scar tissue and entanglement of organs making surgical intervention an extra-hazardous procedure. Then we have forced upon us the

conclusion that we have erred in not advising in the beginning what is now recognized as a perfectly safe operation when undertaken early. Results of palliative or so-called conservative treatment may be even more disastrous in that the long-continued irritation may result in malignant disease of the biliary apparatus. We should not then resort to palliative treatment by diet any more than we would by analgesics when prompt radical measures offer a reasonable prospect for a cure. It is poor consolation to be able to say, when viewing the widespread changes at autopsy, "Just see to what an extent my therapeutics carried the patient before he succumbed." Do not understand me for one minute as against advising conservative or temporizing measures for the first seizure, but having given the necessary relief, I must insist that it is good advice that one make sure by repeated examinations that the recovery is real and not apparent.

What has just been said respecting gall bladder disease applies with equal force to gastric ulcer. For this malady we have two plans of general medical treatment advised, each one based upon sound reasoning, and each succeeded by good results. One is the Lenhartz diet, and the other is known as general and visceral rest. Notwithstanding their value, relapses occur in the majority of cases. Some of these are due to carelessness on the part of the patient; some are relapses in name only, because treatment never accomplished anything more than clinical recovery, the anatomical changes having proceeded without interruption. The ulceration may have progressed, or there may have been actual healing but the cicatrization is succeeded by such natural processes as perigastric adhesions, hour glass stomach, stenosed pylorus, or carcinoma. We may excuse the return of symptoms as we may, but we cannot make out of the case anything better than a relapse which must be managed or treated as such. I would always counsel medical and dietetic treatment as the first choice in the absence of definite indications to the contrary in all cases of gastric ulcer; I might pursue the same course with the first relapse, but a second return of symptoms means that in all loyalty to the patient, the surgeon and not the physician should act. If, as often happens, nutrition is badly undermined by the mechanical interference with gastric function, a diet which will force nutrition, administered through the tube if need be, is necessary. This diet must be one of high caloric value. Starting the day with a lavage, followed immediately by the administration per tube of two ounces of olive oil, and this again by

a mixture of 8 ounces of milk, 2 eggs, and 1 ounce of sugar, the total meal representing 960 calories. The egg, milk and sugar mixture may be administered at 3 to 4 hour intervals through the day by the mouth. If it is desired to vary the diet somewhat, the mechanical difficulty must be borne in mind. Any substitute food must be finely comminuted, and of a highly nutritious character.

A very large proportion of the dyspepsias originate elsewhere than in the gastro-intestinal tract, and must be treated according to causal indications. Notable among these are the indigestions due to chronic appendicitis, gall bladder disease, cardiac inadequacy, tuberculosis, syphilis, gout, etc., etc. I have already paid my respects in part to gall bladder disease. The subject is sufficiently important to demand additional remarks. The difficulty in their early recognition in the past originated in our false conception of their clinical results at the time of their inception. It is now antiquated to wait for paroxysms of biliary colic or acute or virulent cholecystitis before establishing the diagnosis. We recognize that gall bladder patients now uncommonly suffer from what was formerly accepted as a harmless dyspepsia, the chief manifestation of which is flatulence or gas. We administered drugs to check fermentation or to aid in the expulsion of gas; we prescribed a diet that would not ferment. We amused the patient, won his admiration for our astuteness, and nature was good, and the symptoms disappeared for a time. In the end, the surgeon claimed his own. Fat, fair, forty and flatulent is not a bad symptomatic quartet for the early diagnosis of the gall stone disease.

If cases of gall bladder disease are to be treated medically, the pathology must be kept in mind. Formerly, it was the custom in cases of cholelithiasis to prescribe foods to limit cholesterol formations. This is admitted in scientific circles to be a fallacy. In the first place, all calculi are not of the cholesterol variety; and in the second place, their formation is dependent not upon metabolic errors, but upon infection. It follows then that the proper dietetic treatment of gall bladder disease is that which builds up the defensive mechanism of the system, thus diminishing the chances of local infection. Of course, any diet designed to get rid of gall stones already existent is a manifest absurdity.

Although the fact that an abstemious diet is capable of producing dyspepsia has been known for nearly forty years, it is

only within a comparatively recent period that it has received general recognition. We may have gone to extremes in the frequency with which we diagnose "starvation dyspepsia," still the general statement that half of the dyspepsias observed in practice are of this variety is worthy of considerable respect. The victims of this malady are recruited mainly from that large class of subjects who study health matters closely, and are especially careful in matters relating to food. Feeling some epigastric discomfort, some one article of diet is charged with being the "criminal" and banished at once. Symptoms continuing, the diet is still further restricted. Eventually the patient is limiting himself to less than one half the quantity of food required by a person of half his physical activities. Fortunate indeed is he if his errors are corrected before the general malnutrition has continued sufficiently long to produce secondary tissue changes. The majority of cases of this kind coming under my observation have made good recoveries; but others by reason of many years of watchfully waiting for symptoms have expectation of gastric disturbance so thoroughly grounded within them as to require more or less stern supervision. Some of them have been trained for a morbid stomach since childhood days. Part of this training has been hysterical, and part of it has been pseudo-scientific. The result is the same in either case. This subject of feeding youth and adolescence must be considered from a common sense standpoint, and the value of the course pursued must be judged by results. I feel assured from what I have seen that a stomach to attain functional strength must be exercised. Comfortable digestion depends upon the integrity of the gastric muscularis. If this is strong and food does not stagnate in the stomach, that organ can be in fairly bad shape without disturbing its owner. The moral is that the gastric muscle should be trained by working it, just as we train a biceps. This should be accomplished by giving food that makes use of the gastric muscular capacity but does not abuse it. The practice of pampering the stomachs of youth and adolescence is to my observation irrational. Let the growing boy and girl exercise their stomachs at will with standard foods properly cooked and properly eaten, and nothing but good can come from it.

Constipation is one of the great bugbears of the world, and nostrum venders have turned the fears of the many over to their financial profit. As a matter of fact but few persons who believe themselves constipated are really so, and require no treat-

ment, dietetic or otherwise for such a condition. It is easy enough to prove or disprove my statement in any individual case. Nineteen hours are required for food to pass from mouth to anus. Administer to the patient a capsule containing ten grains of carmine and note the time. Then note when the red stain appears in the stool. To obtain accurate schedules, it may be necessary to repeat the experiment a couple of times. Numerous have been the times in which I have demonstrated in cases of so-called obstinate constipation that food travels the entire alimentary tract on normal time or even in much less than nineteen hours. The treatment of such cases is obvious. Other cases are apparently constipated only because they take food of such high nutritive quality that there is but little waste residue. There is not sufficient waste to cause a daily evacuation. Some of the pill-takers have been made such by habit. The constant taking of the pill trains the intestines to the need of unnatural stimuli. Again the treatment is obvious. Concerning foods for these patients, good judgment must be exercised for badly prescribed foods are as bad as the pill. Their administration simply substitutes one form of intestinal irritation for another. It matters not if these "cures" received the sanction of the Roman Emperors or the Caliph of Bagdad. This delving into ancient history may seem frivolous to my hearers, but it is only recently that a manufacturer flooded a community with his circulars concerning a food the value of which had been fully determined by these long defunct gentlemen, and the public "fell for it." The general principles governing the diet of constipated subjects is well settled and needs no discussion from me.

The best method of dieting the gout is universally acknowledged to be the administration of a minimum of nitrogenous foods, entire abstinence from alcoholic beverages, and a maximum of water drinking. Good results are obtained in the relief of acute attacks, but gouty subjects are prone to dietetic recklessness, hence the failure in obtaining permanent results. Judgment is required in order to strike the proper balance. Unless this is exercised, patients are in danger of being rendered anemic by the limited supply of food, and it profits them not at all if we cure the gout but produce general malnutrition.

Gout brings to mind the subject of the many types of polyarthritis which are in no sense metabolic disorders but are now accepted as dependent upon cryptic infections. Formerly these patients were treated by an exclusive vegetable diet, and were

rendered anemic and emaciated thereby. Even now there are would-be authorities attempting to exploit a starvation treatment, the daily diet having a total of about 1,200 calories. I believe that the best results are obtained by good feeding and a mixed diet. We must not forget that arthritis deformans and its confrères have no relationship to gout and the uric acid diathesis.

As to the dietetic management of chronic renal disease, I must confess considerable misgivings. Theoretically, a vegetable and milk diet should give the best results. Practically, theory is confirmed in but a few cases. Within recent years the discovery of a reliable method for determining the state of renal function has excited renewed interest in the subject which is now undergoing careful investigation by numerous physicians. For the present, we must each one follow out his own lines and determine the results of his treatment by regular repetition of the thallein test rather than by the old fashioned routine urinary analyses. Any treatment that does not maintain or increase the functional capacity of the kidneys is not a good treatment.

The time at my disposal is too limited to consider all the phases of my subject. In the time remaining I will refer to certain general principles which are of the greatest importance. As food is given to maintain nutrition, all diets should be of the high caloric class if they are to be successful. The condition of the patient may not permit this. In that case we must start as best we can and go higher as conditions improve. As food-stuffs are limited in number and all standard foods are good, we find that it is more our duty to reduce the raw product to a state where it can best be assimilated. In the majority of cases, the important thing is the cooking. There is plenty of good food in the world but very few good cooks. As the German proverb has it: "The Lord made the food, but the Devil made the cooks." Many a man is anemic, dyspeptic, grouchy, etc., etc., because his cook is no good. Take the problem of bread, for example. Today, very little bread is baked in the homes, and the business has gone to the large baking companies. This change may have occurred for economic reasons. But I do not believe it, for many a man sighs for good home-made bread. AND HE DOES NOT GET IT. He may get bread, but it is not so good as that furnished by the baking company. So he foregoes home-made bread. Over half the specimens of domestic manufacture that I have examined are sour, heavy, half-cooked, or over-cooked; stuff sufficient indeed to be of great assistance to the

devil in his work on earth. Is it any wonder that physicians tell patients not to eat fresh bread, but rather take it stale or one day old. All of this talk against fresh bread as an article of diet is exaggerated. Fresh bread is good, and when a man gets it to his liking, he is too apt to overeat or to eat rapidly, and then comes his undoing. Let fresh bread be eaten with the same moderation and deliberation as the stale article, and I believe it will give no trouble whatsoever. Another heresy is "tomatoes are acid." Well, they are acid, but as a matter of fact, they contain less oxalic acid than spinach or prunes, which in the minds of the people are "good for you" and ditto for onions.

Another most excellent general principle is that which relates to resting after meals, and I might say resting at meals. Many a dyspeptic is so only because he rises from the table to resume his activities. As to rest at meals, have none of you ever noticed how when at a jovial banquet you go through the entire menu and feel well the following day? Good fellowship did it; you had mental rest at that meal. Had you jumped up from the table immediately after the last course, dire would have been your punishment. Rest after meals is a golden rule of therapeutics.

The last general principle is that people should eat enough, but not too much. Everyone believes this, but few follow it. The old saying that the platter killed more than the sword held good from the beginning of the world until two years ago, and then it was not the platter's fault that it lost prestige.

With the subject I have chosen it would be possible to talk for many hours. I might refer to the diet of oxaluria, the intestinal toxemias and numerous other topics. My main desire in presenting this paper was to start a discussion. Everyone has his own ideas, some good, and some not so good. In any event, let those ideas be brought out, that one and all may profit thereby.

Discussion

Dr. W. H. Van den Burg, New York City: Mr. Chairman, Ladies and Gentlemen: I had not read this paper until I came into the room, and Dr. Bartlett has said so much about that of which I know so little that I am afraid my discussion will not be of very great value. He has covered nearly the whole subject of internal medicine. In so doing, his suggestions have necessarily been general rather than specific.

There is one thing that I do not think he mentioned in speaking of selecting diets and their nutritive value, and that is taking into con-

sideration the normal weight of the patient in prescribing the amount of food. It is manifestly improper, from my point of view, to prescribe the same amount of food for a person whose normal weight is 100 pounds as for one whose normal weight is 185 pounds.

This is important and should not be forgotten in arranging all diet lists. One other point in this regard, I find in New York that the usually accepted tables of caloric requirements for individuals at various kinds of labor are rather high. In my experience people leading the usual sedentary life of the city thrive quite well on 12 to 14 calories of mixed food per pound of body weight for each 24 hours. The German tables allow 17 to 20 calories per pound for this class of cases. It is also quite generally conceded that women require a slightly less amount than men and maintain their proper nutritive balance.

I was a little disappointed in Dr. Bartlett's pessimism in regard to dietetic methods in the treatment of gall bladder disease. While I agree with him that cholelithiasis is a surgical disease in the majority of cases, yet we frequently have a large number of cases that are not good surgical risks, as I have had occasion to see in the past year or so. By properly selecting the diets that will avoid intestinal irritation and infection of the gall bladder, we are able to carry these patients on comfortably for a long time.

I also thought that the Doctor was rather pessimistic in the treatment of gastric ulcer. It seems to me that in the last two or three years the pendulum has swung to the medical side in the treatment of this disease. Friedenwald, of this city, I think it was, who recently published his experience in the treatment of one thousand cases and the recurrences have been rather less frequent in cases medically treated than in those surgically treated. The experience of any one individual doing general work is not very valuable, but here is one point: I have seen three cases of gastric ulcer re-operated within the past year for a recurrence of the symptoms. That is a larger proportion of recurrences than I have seen under good medical treatment. The indication for surgical treatment in gastric ulcer is interference with the outflow of chyme from the stomach. If you have a stenosis, then they are surgical cases; without stenosis proper diet and rest should be given first choice.

The Doctor spoke about "Mother's bread" as being rather good bread. My own view is (I live in New York, where we have comparatively good bakers) that it is a blessing to the people in communities where good bakers exist, that "Mother's bread" has disappeared from the table, because in the majority of instances we get much better bread than was the case which the Doctor quoted. A French physician said to me when I recently dined with him in New York: "You people eat cake; I have not seen any bread in this country." He referred to the excessively refined flour used in making bread.

I do not know how many of you know how flours are refined that we are getting to make bread out of. I have a patient who is owner of a large milling plant in Nebraska, and but a very short time ago he told me that they were spending an enormous amount of money in the refining of the flours; that they strove to remove all the mineral matter

and organic salt from the flour, and they had succeeded in refining and purifying their flours so that they would keep indefinitely. They were very white and were very pure, and they leave in the finished product only about 3/10 of 1 per cent of the mineral matter of which the wheat originally contained 2 per cent. There is much for the medical profession to learn, as well as to do, in improving our bread supply.

Another trouble with our diets which the Doctor did not touch upon is the diet of the growing generation. They are given too much refined sugar, soda water and candy. If each mother would have the rule that the children who have to eat whenever hungry should be given only bread and butter, there would be less of the dyspepsias in later life that we have to deal with. The pampering of the growing child with sweets, *et cetera*, is responsible for a great amount of malnutrition, faulty growth and faulty development.

The Doctor spoke of constipation, and I have found his methods excellent in a great many cases, but some patients will insist that they are having normal movements of the bowels daily, when by examination you will find that elimination is much below par quite as often as the reverse.

The Doctor spoke about nephritis. This is an interesting question just now. I recently had a case of chronic nephritis, which had been dieted in a most careful way by the most competent physicians. This had been going on for two years and at last his appetite had gone; he was edematous, dyspneic and emaciated. It seemed to me that he was in a hopeless condition. One morning I was called by the nurse, who said that my patient insisted on having a New England boiled dinner. I said, "Let him have it." He ate very heartily of corned beef, onions, cabbage and everything else belonging to a New England boiled dinner, and improved from that minute. His kidney elimination started and he passed off without medication the entire quantity of his edema. His chest had been tapped several times before. He was given what he wished from that time on. Following that, he ate a Swiss cheese sandwich with a salt pickle three times a day for three weeks. At the end of that time he was going to his business.

The point I wish to make is that the appetite has a great deal to do with the assimilation of food in these cases. You cannot always say what a person shall or shall not eat. One of the first principles of diet therapy is, "You cannot afford to sacrifice the patient for the purpose of benefiting one organ."

I think I have said enough to start the ball rolling, which Dr. Bartlett has asked me to do. It is an interesting subject, and one filled with great possibilities.

Dr. J. P. Sutherland, Boston, Mass.: I should like to say a few words on this subject. Although I was not privileged to hear all of Dr. Bartlett's paper, I heard gall bladder troubles referred to. So far as gall stones are concerned, I believe, if we start life right we can prevent their formation. This seems to me a dietetic question nine times out of ten. If one drinks enough water, in the great majority of cases, the bile will be so liquid that the cholesterol cannot form crystals, and so gall stones cannot be formed.

In regard to teeth: If children were brought up on a balanced ration, we should not have the dental troubles which are now so common. A little over a year ago a beautiful and commodious dental infirmary for children was opened in Boston. During its first year about 17,000 children were treated in that dental infirmary. Why? Because children are fed chiefly on white flour products and sugar. Children, therefore, do not get the proper amount of lime and mineral salts, and by the time they are twelve, fourteen or sixteen years of age they have wretchedly poor teeth. A patient of only 20 years came to me a few weeks ago who had lost all her teeth. This is most unfortunate, but she had been brought up on an improper diet.

I think Dr. Bartlett said something about "the devil making the cooks." If that is the case, I should like to know who made the millers. The miller certainly is much worse than the cook, for it is he who has furnished us with the bolted flour condemned in the essay. I frequently wish that legislation might be directed towards remedying this great evil.

Dr. J. T. Simonson, New York City: I think there is nothing more detrimental than the large amount of cane sugar consumed by young children. If this were stopped, the so-called rheumatic diathesis would disappear. Sugar is probably the main factor of the rheumatic diathesis in young children, and the result of it is frequently the condition which allows infection involving the endocardium. Children who are affected in early life with endocarditis are crippled. I believe with Kerley that great harm is done by the indiscriminate feeding of cane sugar, putting it in the formulas of babies and feeding it indiscriminately to young children.

Dr. D. E. S. Coleman, New York City: I can answer Dr. Sutherland's question as to who made the miller, but I cannot answer it right here because there are ladies present. I feel, however, that the Almighty had no hand in the creation of this pernicious person. White flour should be called the staff of death, and not the staff of life. It has been absolutely proven that animals fed on white bread die more quickly than those deprived of all food. Refined flour is demineralized. Four thousand men employed to lay the Madeira-Mamore Railway track, died as the result of being deprived of food in which the inorganic salts were absent. The result of the demineralization of foods on the sailors of "Kronprinz Wilhelm" proves absolutely that life cannot be sustained without the mineral constituents. Caloric food value is all right as a theory, but it has absolutely no value in itself without the consideration of the priceless mineral elements.

We all know how the lives of those sailors were saved, 106 out of 110, by the proper diet recommended by Mr. McCann. It is as futile to substitute laboratory preparations of inorganic salts for those contained in natural foods as it is to attempt to construct a living human being in the dissecting room.

I enjoyed Dr. Bartlett's excellent paper very much, and feel honored in having him with us.

Dr. Bartlett, in closing: In opening the discussion on my paper, Dr. Van den Burg made a very proper criticism concerning the ab-

sence of any remarks on my part of the percentage principle in prescribing diet. That particular phase of the subject is of more than ordinary importance for it stands to reason that individuals weighing 175 pounds require more nourishment than those weighing but 125. We are too apt to forget this in managing our cases of obesity, in which condition we oftentimes try to do too much, and in others we push the food to extent that hazards the chances of cure. The reduction or increase of quantities should be based in part not only upon the percentage as related to the individual's present condition, but also to his condition in normal health.

As to the questions of gall bladder disease, I would say that notwithstanding the criticisms of Drs. Van den Burg and Sutherland, that our differences are apparent rather than real. Like them, I believe that in the absence of surgical indications, every case should be treated medically at the beginning. And with diet and medicines, in the vast majority of cases, we obtain excellent results. But these cases are very apt to relapse. I might even then advise a continuance of medical treatment for the first relapse, but the second recurrence of symptoms would lead me to advise operative interference, no matter how certain I might be that the patient might again make a recovery. It is much safer to advise operation in the beginning than later. A patient of 35 is a good subject for operation, but at 55, with the arteriosclerotic changes incidental to age, they are not so good by any manner of means. Then as I said in my paper repeated attacks bring with them secondary changes making operation more and more difficult and dangerous. I would advise, therefore, that the surgeon should be called while the patient is still a good operative risk, and with this no doubt Drs. Van den Burg and Sutherland will agree.

Gastric ulcer is a disease with which at one time I entertained very radical views concerning the medical treatment, but after having these cases under observation five or ten years and examining them under modern methods, especially the x-rays, and noting the sequelæ to ulcer, I feel that we should look upon the surgical treatment of ulcer with a little more charity. I have seen but three cases of gastric ulcer, and these improperly operated, which did not do well after operation.

Dr. Van den Burg referred to patients who had been placed upon careful diet and yet did not do well. Then upon being ordered to eat according to their appetites, recovery ensued promptly. Such cases have probably been seen by all of us time after time. Most of them are cases that have been kept upon low or liquid diet, despite which vomiting persisted. Then upon giving a full meal with solid food, vomiting disappeared.

Reference has been made to the soft drink problem. A patient of mine went into the soft drink industry. He started to produce a pure article; but he soon discovered that other manufacturers were selling to the trade at less than his cost of production owing to the impurity of their raw materials. A large part of the soft drink stuff sold

over the country is of inferior quality and is doubtless doing much harm.

Candies vary greatly in quality as shown by the price. There must be a difference in that sold at 20 cents per pound, and that held at 80 cents. Good candy in moderate quantities does no harm. In fact, it may be regarded within limits as a food. If children are permitted to take the good candy freely, they are no likely to overdo the matter, because of their limited supply of money. I do not hesitate to use sugar as a food, and prescribe it in the high caloric diet of typhoid fever. In one patient with pyloric stenosis from old ulcer, four ounces of sugar were given daily as part of his diet. But after all, the majority of candy eating is so harmful that I think we are wiser if we condemn it altogether rather than sanctioning it and advising parents to go ahead and permit the little ones to eat it to their heart's content.

PREPAREDNESS*

By Hills Cole, M. D., New York, N. Y.

What does it mean "to be prepared"? Preparedness is a term that within the past eighteen months has come to occupy a large place in the American vocabulary. We hear it shouted from the platform, we read it in the newspaper and magazine; it stares us in the face from the billboard. The use of the word is nationwide; on the other hand it is generally employed in a very narrow and restricted sense.

From across the ocean come the reports of a gigantic struggle: two groups of nations are contending with each other, and the smaller group has not only held its own against the larger, but has overrun, and now occupies a considerable portion of the latter's territory. We ask how this is to be accounted for, and we are told it was a case of military preparation versus more or less unpreparedness.

So remarkable and so terrible have been some of the incidents of this struggle of the nations that the reading of them has given rise to a great wave of hysteria in this country: the armada of an enemy is seen on the horizon; the whirr of the propellers of his air craft is heard; the periscope of his giant submarine appears above the surface of the waters of our harbors; his bombs and shells hustle and crash amid our skyscrapers; the tramp of his armed legions disturbs the peace of our countryside; our unprepared men are lined up against the wall and shot; and our women and maidens have to kill each

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other to save themselves from a worse fate, etc., etc. With such calamities impending, we reverse the habits of thought of generations and we throw to the winds the policies of the nation since its foundation.

Then, too, we have received another shock. It seems so plainly evident to the majority of us that the Central Powers of Europe were the aggressors in this conflict that it stuns our comprehension to see these nations as one man rise up and defend all the acts of their governments and willingly and gladly sacrifice their liberty, their comfort and their wealth in the belief that the one and only purpose of it all is the defense of their homes and their nation against the hordes of the Tartar and their allies. Ruthless acts, which our common humanity cries out against, are justified and upheld by men of learning and science at whose feet we sat and our debt to whom we freely acknowledge.

What does it all mean?

I find some answer to the riddle in the fact that "preparedness" in Germany did not end with military preparedness. While the government of Germany has not been a government of the people by the people for the people, in no country have the interests of the people in certain directions been better fostered; in no nation was there a greater solidarity, a place for everybody and everybody in his place, so to speak.

Thirty years and more ago there was written on to the statute books of Germany social legislation, concerning which one writer says: "As a result of our social insurance . . . there is much less industrial strife here than elsewhere. . . . The workers' lives preserved in this manner mean maintenance and increase of our national resources and, in this way, give plentiful return for the heavy financial burdens which social insurance places upon our economic structure. It is not an accident that the unprecedented expansion of German commerce and industry and the wonderful increase in the economic welfare of the nation during the last twenty years have happened concurrently with thorough-going improvement in the condition of our workers." An American writer, Mr. Frank A. Vanderlip, said ten years ago in the *North American Review* that this social insurance had greatly helped Germany, and that, in addition to its direct benefits, it had brought men and employers together, taught administration to the men and inspired respect and affection for the state as a giver.

Herein, possibly, lies a reason why the people of Germany accept the dicta and obey the behests of the government in a way that seems almost incomprehensible to the average American citizen. The German nation was prepared industrially and sociologically as well as in a strictly military sense.

Since writing the foregoing I have been much gratified to find my views as to preparedness endorsed by Mr. Frederick M. Davenport, who has recently contributed a series of articles on "The Making of a Nation" to *The Outlook*. I quote two short extracts from his pen:

"Germany had no labor problem at the beginning of the war. Her millions of workingmen were ready and determined to serve the state, because the state had long served them and their families and protected them from the dread specter of old age and sickness and want. . . . If prejudice against the German method of imposing welfare from above stands in the way, then we must work out these reforms after such a fashion that they shall be our own, a part of ourselves. Like Bismarck, we must regard labor as a national asset, and not as a commodity to be exploited. We do not need to imitate the form nor the method, but it is no disgrace to imitate the spirit which has warred against disease and taken the sting of fear and dire want out of old age and accident and ill health and death, which has eliminated unemployment, and through a practically efficient system of education has developed a nation of experts and prepared a generation of children for greater fullness of life."

What lesson can be drawn for the benefit of this country? Frankly, the situation fails to impress me to take any keen interest, except in a negative way, in the military and naval programs announced from time to time by amateurs in and out of Congress, but I do believe that as citizens and physicians we should seek to inaugurate and advance wise measures in the field of public health and sociology, so that this nation may be prepared to guarantee to its citizens life, liberty and the pursuit of happiness in the fullest sense of these terms. The preparedness we should be interested in is the building up of a sound physical condition among the people and of social unity. When we learn that nine-tenths of the male workers of this country earn less than \$800 a year, and that, counting the entire earnings of the family, over 80 per cent have a total annual income of less than \$1,200; that, in order to reach this

average income, 2,500,000 children between the ages of ten and fifteen have to earn their daily bread; that 2 per cent of our people own three-fifths of all our property; that even four-fifths of our ninety millions of people together own less than 10 per cent of the wealth of America, can we say we are "prepared," unless it be for an outbreak of industrial warfare and civil strife which, www.libraryofhomoeopathy.com it seems to loom much larger upon the horizon than an invasion by any foreign nation?

What are some of the measures and movements in which we as physicians, and perhaps specifically as homœopathic physicians, can and should interest ourselves?

First, I would say in general, all organized public health work. Among the several hundred members of the American Public Health Association, I think I could count on the fingers of my two hands those who are homœopaths. At the recent celebration of the fiftieth anniversary of the New York City Department of Health, only one homœopath's name was to be found in the list of three hundred or more guests, 90 per cent of whom were physicians.

In view of the tremendously excessive infant mortality in this country, measures and organizations directed against this evil should command our interest and support as citizens and physicians. Closely associated with this is the so-called "Birth Control" movement, the propaganda now being carried on to make it possible for physicians and authorized trained nurses to impart approved information as to the prevention of conception. How many of you are aware of the anomalous situation that exists in regard to this matter? In no statute book is the prevention of conception classified as a crime; yet, by our laws the imparting of information as to how to bring about this uncriminal act, is punishable as indecency, lewdness. To have in one's possession a book dealing with the subject makes one liable to prosecution. No professor dare give such instruction to a class of medical students. On the other hand, information as to how to perform an abortion may be imparted in the class room or by textbook, in spite of the fact that the committing or procuring of an abortion is listed as a crime by all legislatures.

When we realize how large families among the ignorant poor make maintenance of decent standards of living impossible, how they affect the health of every member of the family and how large a part this question plays in the prevention

of infant mortality, it seems to me that we must give scientific birth control a place in our program of preparedness.

In view of the statistics quoted, showing the small earnings of 90 per cent of our workers and of the average family income of 80 per cent of our families, it is evident that we should strive to see that while earning they are not made incapable of earning, or that, if this accidentally or unavoidably happens, adequate measures are taken to prevent the family suffering unduly or becoming dependent upon private or public charities. Such legislation as Workmen's Compensation Laws should have our active support, and we should take part in the study of conditions under which men and women and children work, in order to be able to advise public authorities, employers and employes how dangers may be avoided. Industrial poisoning is very widespread and should be a subject of especial interest to homœopathic physicians since the symptoms manifested by the workmen may prove indications for the therapeutic use of the poisoning agent in the treatment of disease.

Closely allied to this subject of compensation for and the prevention of industrial accidents and poisoning is the matter of compulsory health insurance advocated by all sociologists and deserving of the support of all physicians.

At the instance of the American Association for Labor Legislation bills providing for compulsory health insurance of low-paid workers have been presented for the consideration of a number of State legislatures.

In brief, this bill makes health insurance compulsory and universal for all workers earning less than \$100 a month. The benefits to be provided are medical, surgical and nursing attendance, including necessary hospital care, medicines and supplies; a cash benefit, beginning on the fourth day of illness, equal to two-thirds of the wages earned, to be given for a maximum of twenty-six weeks in one year; also a funeral benefit of not more than \$50. The cost of these benefits and their administration, which it is estimated will amount to about 3 per cent of the wages, is to be borne—two-fifths by the employe, two-fifths by the employer and one-fifth by the state. The administration is to be vested in mutual associations of employers and workers under the general supervision of a state social insurance commission.

Personally, I approve of such legislation because I believe it to be to the advantage of employers to have their employes

reasonably well taken care of during any sickness on the ground that the greatest asset of any employer is the efficiency of his employes. I believe it will help the medical profession as a whole, since it will tend to reduce dispensary and hospital abuse, and the number of physicians who now give voluntary service when they should receive some return for their time and skill. Knowing how greatly the problems of social and public health workers are complicated by the inability of wage-earners to secure proper medical attention, or their unwillingness to accept such service gratuitously, I believe this legislation would help to solve some of our social problems.

At a recent hearing given in connection with this bill, arguments in favor were presented by men of large experience in dealing with social questions and by a few manufacturers; it was opposed by a number of employers, some labor representatives and a group of medical men. The employers said it was unfair to make them contribute to the insurance fund, overlooking the fact that many far-sighted employers already contribute to welfare and sick funds organized among their employes; that a good deal of sickness arises out of the conditions of industry; that a healthy employe is a more efficient workman than one who is sick but too poor to employ a physician; and that the contribution required from the manufacturer is only a small fraction of the cost of production, including both labor and materials, and that, in the final analysis, it will be reckoned in as part of the cost and be borne by the consumer. The labor representatives objected because they did not want to contribute anything; they wanted the insurance and the benefits offered, but were of the opinion that the employers or the state ought to bear the expense. Needless to say, such a claim is economically indefensible. Unless the workers contribute and have an interest in keeping down the expense, there would be practically no check on malingering. The medical opposition was based on the fact that the bill does not specifically mention the details concerning the employment and remuneration of physicians by the insuring groups or carriers and does not give the medical profession any voice or place in the regulating or administrative boards. In answer, it was stated that details of medical service were left out of the bill so that they could be settled at conferences between the insuring bodies and medical organizations. One must bear in mind the experience in England when similar legislation

was introduced: the whole movement was jeopardized by a fight between the government and the medical profession. A few concessions were made by the government and the work was inaugurated, and those physicians who enrolled in the panels, i. e., who stated their willingness to give professional services to the insured upon the terms enumerated, find their incomes improved and not diminished. There has also been an expression of fear that only indifferent service, incompatible with medical ethics, would be given to the insured. To this it might be answered that in an ethical profession the fee paid does not necessarily determine the quality of the service rendered, that there is no reason to suppose that the service rendered will be of less quality than that now obtained by many of these same people at the average dispensary, and will certainly be better than no treatment at all. A survey of sickness among policyholders of the Metropolitan Life Insurance Company in Rochester, N. Y., showed that 39 per cent of those sick were receiving no medical care. In discussion of this question, we must not lose sight of the fact that this insurance is to affect those who earn less than \$1,200 per year. Realizing how little the individual family in this group can spare for medical services, it would not be unreasonable to forecast that the total moneys received from these families by the medical profession after this insurance goes into effect will exceed by far what is at present contributed by this same group.

There is still another side to this health insurance question. Both employes and employers being interested in keeping down the amount of sickness so that their respective contributions may be kept at a minimum, we may look forward to intelligent, co-operative effort for the prevention of disease.

It seems to me, therefore, that this movement also, is entitled to the sympathetic and active co-operation of physicians and is an important plank in the platform of preparedness that this country needs to adopt.

As an editor surveying the whole field of medicine, and sociology as affecting the practice of medicine, I have made it my business to keep in touch with the American Association for Labor Legislation during its recent legislative endeavors. Among other things I found that at the invitation of the Association, the American Medical Association had appointed a special conference and advisory committee on Health Insur-

ance. This prompted me to write to the Secretary of the American Association for Labor Legislation and point out that, as the medical profession is at present constituted, the homœopathic physicians of this country are not represented by the A. M. A., and I suggested that his society extend an invitation to the American Institute of Homœopathy and to homœopathic societies of the states in which the bill had been introduced into the legislature, to appoint a conference committee. In a letter dated February 7, 1916, Dr. John B. Andrews, secretary of the American Association for Labor Legislation, wrote to me: "As you realize, we are not promoting health insurance in the interests of any one school and shall be very glad to have our medical associates enlarged by representatives of the homœopathic physicians of this state (i. e., New York state) or of the country." I promptly followed up this trail and laid the situation before the President of the Institute. After conferring with the Secretary of the Institute, Dr. Aldrich wrote me that he would not care to accept the responsibility of appointing a special committee to deal with the matter and suggested that I prepare a resolution and submit it for action at this meeting. This I did, and the preamble and resolutions were adopted by the Institute at its business session.*

Discussion

Dr. Edward Beecher Hooker, Hartford, Conn.: I wish to touch upon one point in the paper of Dr. Sweet, of Washington, since both his and Dr. Cole's papers deal with the general subject of preparedness. The danger to society from the feeble-minded is greater than that from the insane. Yet we are afraid of the insane and therefore shut them up. We have not learned to be afraid of the feeble-minded, therefore we let them remain at large, but their menace to society is the greater. A feeble-minded woman, from 15 to 45 years of age, who may have urgent sexual desires herself, or who may be the prey of unprincipled men, is a great danger to society, as she may give birth to a large number of children, many of whom will be feeble-minded. An enumeration of the feeble-minded should be made in every state, and feeble-minded women from 15 to 45 years of age should be segregated. This is my principle of segregation in relation to the social evil—segregate the girls *from* men and not segregate them *for* men.

Turning now to Dr. Cole's paper, I believe we are in no danger of militarism in this country,—quite the contrary. We have become so absorbed in our personal interests and in our commercial affairs that to a considerable extent we have forgotten our duty to the nation, that

*See Business Minutes of Wednesday, June 28, 1916.

is, the people as a whole. I am strongly in favor of efficient training of some kind. I do not entirely like the word "military," but a disciplinary training of such nature that it will fit the young men of this country to bear arms when necessary, teach them obedience and self-control and impress upon them that as they receive much from the nation in protection, therefore they should give much to the nation and protect it in times of emergency.

An important feature of preparedness is the education of our foreign-born population in hygiene. The social service nurse will here prove of great value, especially in reaching the women. The physician and the health officer are necessary, but the trained social service nurse will enter the home and exert a helpful influence.

Health insurance is meritorious and it is our duty not to oppose it, but to study it with an open mind, educate ourselves, and then assist in the enactment of just and wise legislation. This should be our attitude toward this socialistic scheme.

I wish we might have greater efficiency in this country and yet remain a democratic people. We make many mistakes while we are learning how to govern ourselves. The government of our cities is especially defective. Yet I would rather be a member of a democracy with its failures and its inefficiency, combined with the freedom and growth of the individual, than belong to a nation, efficient to the highest degree, which disregards the rights of others. Give me democracy and inefficiency, if it must be so, and consideration for others, rather than a selfish, sufficient autocracy.

Senator Ransdell on Rural Health.—"The greatest asset which our country can have is the healthy American citizen, and valuable as it may be to increase the health of live stock and vegetation, it is of far greater importance that we throw every possible safeguard about the health of the man who is responsible for that live stock and vegetation. *Over 900 million dollars lost every year!* A sum which is sufficient to put our country into a state of preparedness equal to that of any nation in the world, enough money to give us the largest navy afloat and the most efficient army which the world has ever seen, is annually offered up as a sacrifice to two diseases which are entirely preventable. Enough money to pay the annual expenses of every college student in the United States is absolutely thrown away every year." Senator Ransdell estimates the grand total loss from typhoid fever at \$271,932,880 per annum, and the loss from malaria at \$694,904,750 per year; the total per capita loss from these two diseases being \$9.46. By comparative estimates it was shown that the United States Government appropriated \$5,016,175 for the investigation and prevention of the diseases of animal and plant life and only \$1,917,566 for the investigation and prevention of the diseases of man.—*U. S. Pub. Health Service.*

THERAPEUTICS OF GOITER*

By W. A. Dewey, M. D., Ann Arbor, Mich.

Graves' Syndrome, Basedow's Disease are better names for this affection than the name Exophthalmic Goiter, for the disease may exist without exophthalmos and without goiter.

It is not a disease of the thyroid gland nor a disease of the eye, nor yet of the heart, yet treatises on Surgery, Ophthalmology, and Diseases of the Heart, as well as general works on the Practice of Medicine, and works on Diseases of the Nervous System, include it in their contents.

Properly speaking, it is a trophoneurosis and, being a neurosis, it is certainly not a surgical disease.

The classical symptoms are tachycardia, a fine vibratory tremor, thyroid enlargement and exophthalmos. Removing the thyroid enlargement does not cure the disease any more than would enucleation of the eyeballs, for these two are merely symptoms, and Graves' Syndrome may exist without either.

Only the minority of cases need surgical interference, these being the long standing, disabling and dangerous cases with fibrous or fibrocystic goiters and such cases are exceedingly rare. Other cases operated upon have frequently had the serious symptoms of the disease aggravated. Some have shown immediate improvement after operation, only to be followed speedily by fatal results. We have yet to discover in medical literature an authenticated cure of Graves' Syndrome brought about alone by removal of the thyroid. Being a neurosis, a shock to the system of an operation sometimes operates as does an operation in epilepsy, inhibits the attacks. In no disease is the follow-up history of the case more essential.

A more or less thorough examination of the literature of the dominant school of medicine reveals a mass of pathology and theory, but very little therapy.

It is a curable disorder. Halbert asserts, and we believe his assertion is modest, that 80 per cent of all cases are curable by medical treatment if seen in the early stages. We would corroborate this and even raise this percentage several numbers, if we could control our patients absolutely.

There are certain causative factors in this disease that will aid us greatly in the therapeutic application of our remedies. These become causative indications and should play an important rôle

*Read before the Bureau of Materia Medica, A. I. H., Baltimore, June 26, 1916.

in making up a totality for any given remedy so far as possible to do so.

It is a disease of neuropathic inheritance. Neurasthenia, nervous shock, pronounced grief, fright, and especially mental strain in the form of worry are associated in some way with all cases. There is no constant pathology, but many theories have been advanced. Faulty nutrition must inevitably be present.

Our homœopathic remedies, properly selected, are paramount in this affection.

Lycopus virginicus, the bugle weed, is a foremost remedy. Used in the tincture and persistently, it gives wonderful results. It greatly relieved one very bad case for me, and I believe would have eventually cured, but the patient went back to her work and worry every time improvement was well under way. The indications are weak, tremulous, pulse rapid, constriction of the chest. Hale, Lilienthal and Bartlett report great confidence in its use.

Fucus vesiculosus, a sea kelp, from which iodine is extracted, has cured numerous cases. It acts best in the tincture. It is, according to Clarke, a tissue remedy of great power and as such probably exerts its beneficial action in Graves' disease.

Iodine is a classical remedy for the exophthalmic variety; it has the exophthalmos, the thyroid enlargement, the tachycardia and the tremor. It is especially useful in cases with a good appetite and yet food seems not to nourish. It has served me well in many cases and I usually give it low. The iodine patient is irritable, nervous, has tremor, fainting and debility.

Spongia tosta, which also contains iodine, is a well-tried goiter remedy and most goiter powders contain burnt sponge. *Spongia* really suits Graves' disease very well. Its cardiac tremor is most similar.

Badiaga. The fresh water sponge should not be overlooked in treating exophthalmic goiter. It has as symptoms, aching in the eyeballs, tremulous palpitation of the heart, worse from any emotions, a vibratory tremor and glandular swellings. It does not seem to produce much exophthalmos, but it suits emotional erethistic cases and acts well in faulty nutrition.

Belladonna has cured several cases. It was highly esteemed by Hughes and Jousset, and the well-marked exophthalmos was the leading indication. Sixth to the 30th are preferable potencies.

Cactus grandiflorus is also useful in the exophthalmic variety of goiter where the heart symptoms correspond. *Digitalis*, *strophanthus*, *kali iodatum* are all useless in this affection.

Ferrum phosphoricum has many advocates.

Natrum muriaticum, palpitation of the heart; it seems to shake the body. Cachectic patients. It is often needed and most useful. Short breathing on least exertion.

Glonoïn and amył nitrite are possibly of service in certain cases, but my use of them has not given results.

Sulphur as an intercurrent will be useful in every case, indeed a dose now and then must be given.

The consensus of opinion seems to be against the use of thyroid extract. And the various so-called specifics such as thymus extract, parathyroid extract and pituitary extract are not at all specific, nor can they be compared with our well-tried homœopathic remedies.

Exophthalmic goiter will rarely be cured if we permit our patients to work and worry, the two best friends the disease has, and the two worst enemies of the suffering patient. Physical therapy in this disease is important and absolute rest is essential when it can be borne; failing this, relative rest is imperative; this, aided by our remedies and complete control of the patient to secure proper results, should yield about 100 per cent of cures.

Discussion

Dr. J. W. Means, Troy, Ohio: The Doctor has stated that this is not a disease of the eye, nor is it a disease of the thyroid gland. How, then, does the Doctor diagnose these cases prior to the manifestation of the eye symptoms and the enlargement of the thyroid gland? The indicated remedy is based upon the objective and subjective symptoms and if both are absent, we surely would be at a loss to prescribe the simillimum.

Dr. James C. Wood, Cleveland, Ohio: I am inspired, Mr. Chairman, by Dr. Dewey's hopefulness. I wish that I could feel as optimistic as does he regarding the therapeutics of exophthalmic goiter. In one respect, however, I quite agree with him, and that is that too many thyroidectomies for Graves' disease are being performed. I have held that view for many years and at least twelve or fourteen years ago I prepared a paper for the *North American Journal of Homœopathy* entitled "Exophthalmic Goiter as a Hysteroneurosis." If there is anything in medicine that is generally conceded by the pathologists, it is that Graves' disease is a disturbance of the internal secretions, especially of the thyroid gland. These secretions, coming as they do from the thyroids and the parathyroids, the pituitary, the suprarenals, the ovaries in women and the testicles in men, must be secreted in just the right proportions to maintain bodily health. When there is hypersecretion of the thyroid, or insufficiency of the other internal secreting glands to counteract that from the thyroid, there results a condition known as

Graves' disease. For many years the so-called "reflexes" have interested me intensely.

I have formulated the following dictum which has afforded at least a working hypothesis in dealing with the reflexes:

When a physiological change in an organ or organs is capable of affecting near or remote parts in a physiological way, pathological changes in the same organ or organs may, and frequently do, implicate the same parts.

Applying this dictum to Graves' disease: in women goiters of various kinds are more apt to occur during the three crises of her life,—puberty, pregnancy, and the menopause. It is, of course, not quite in harmony with the facts to say that there is *physiological* enlargement during these three crises, but it is more than probable that the enlargement and the hypersecretion serve a purpose at these particular periods in her life. Applying the dictum to the case in hand, we frequently find an enlargement of the thyroid and even Graves' disease where there is disease of the female pelvic organs. This being so, I have made it an invariable rule in all cases of goiter occurring in women who present themselves to me, to examine carefully the pelvic organs, as well as to look after the metabolism of the patient. I have placed on record a good many cases of Graves' disease cured by operations within the pelvis and the abdomen, as well as upon the rectum. I have, for instance, found goiters present in twenty-seven per cent of all my cases of fibroids and in a very large proportion of these cases the disease has subsided after removing the fibroid and after overcoming conditions producing stasis of the bowel.

As regards the homœopathic therapeutics of the disease, there is one remedy that I have successfully used for a good many years, and I have often wondered why it has never become a more popular remedy for the relief of the symptoms of exophthalmic goiter, and that remedy is *jaborandi*. It has the marked vasomotor disturbance of Graves' disease as manifested by the morbid perspirations, which is one of the keynote symptoms of the drug, the flushed face and the dilated pupils. It has in addition to this, tremors, diarrhea, the passage of large quantities of pale, colorless urine and many of the general nervous manifestations of the disease. I rarely use it lower than the sixth decimal dilution.

Dr. D. E. S. Coleman, New York: I would like to mention one remedy of which Dr. Dewey did not speak. That is *calcarea iod.* One of the patients to which I gave this remedy was an old lady who presented a *calcarea* temperament, that is, an over-development of the soft tissues, etc. *Calcarea iod.* produced marked results. The pulse grew less rapid and the gland diminished in size. Eventually she left the city, and is now under the care of an "old school" physician. The results which I had obtained were such that they led him to write to me and ask what remedy I had given her. I answered, *calcarea iod. 2x* trituration. After a week or so he wrote to say that he could not find it in any pharmacy in the country, and wanted to know where I got it. I told him he could secure it from Boerlecke & Tafel or any *homœopathic* pharmacy, and sent him some of my own.

Kali iod. is another remedy I have used with success.

Dr. George Royal, Des Moines, Iowa: Just one word in regard to Dr. Wood's remedy, jaborandi, which I have used frequently. Taking all the symptoms that he has given, there is no better remedy than jaborandi for the nervous disturbances and the flushed face at the climacteric, but very seldom has it carried my patient all the way through. There is no better remedy to follow jaborandi than ferrum phosphoricum.

Dr. R. F. Rabe, New York City: There is another point to be brought out. We must direct our treatment, not at the disease, but at the patient behind the disease, and I take it that that is what Dr. Dewey means when he gives us so many indications for the treatment of this condition. He also mentions the fact that psychic influences should be taken into consideration, such as mental shock, grief, fright, fear and worry. I think this is a very important point.

We should not forget in the earlier stages of this disease ignatia. Following ignatia is natrum muriaticum, a very important remedy, particularly when you have the general symptoms of this remedy. What are they? These patients have mental depression and grief worse before the menstrual period: menstruation late and rather scanty. You usually have increased thirst. You will find there is a craving for acid food and a craving for salt. When you get these symptoms, you may expect to get good results from this remedy. My observation has been that where you have these general symptoms of the patient well marked, you may expect more from your remedy than when you have a case in which the local or the pathological symptoms alone are emphasized. When you have a case in which the pathognomonic symptoms are in the ascendant or overshadow the general symptoms of the patient, you have a more difficult problem on your hands. It is those cases that will require such remedies as lycopus and jaborandi, which, after all, are the lesser remedies and which have not a deep constitutional action. *Whatever you do in these cases, do not forget the patient behind the disease.*

Dr. Dewey, in closing: Dr. Means asked the question as to how we diagnosed this condition. I think the disease would be diagnosed without other symptoms than tremor, the lack of nutrition and other general symptoms, such as are presented in these cases. I do not anticipate that one would have much difficulty in most cases.

Dr. Wood said that I did not definitely state what the disease was. I think he did not hear me when I said I considered it a trophoneurosis; this is in harmony with the remarks he made on its being a disturbance of nutrition. Nutrition is governed by the vasomotor system and the remedies applied are vasomotor remedies, but I do not believe that vasomotor remedies alone will cure every case, because oftentimes, after you have corrected the vasomotor disturbances, you have other disturbances. Now such remedies as natrum muriaticum and calcarea iodatum seem to be those which correspond both to the pathological changes and to the disturbance in nutrition. Nearly all of the remedies which have been mentioned contain iodine, which is pre-eminently a nutrition remedy.

SCIENTIFIC ACCURACY FUNDAMENTAL TO RELIABLE CLINICAL RESEARCH*

By Eldridge C. Price, M. D., Baltimore, Md.

In advancing a belief it is sometimes difficult to decide whether to couch one's views in definite statements, or in the form of interrogation. So little of our knowledge of medicine is positively demonstrable that when we enter this great field, we feel much like children groping for a light, and often we have "no language but a cry." We may know what we want, but we do not know how to get it.

In this comparatively new field of clinical research, we need accurate information and accurate methods of work. As I understand it, the desired result is a demonstration of the truth of homœopathy by actual experimentation at the bedside, which experiments must by force of their correctness carry conviction to the whole world of medicine, regardless of school. The intent of this effort is not to teach how to practice homœopathy, but to so fully establish its truth that all medical men will be compelled as a necessary result of such convincing knowledge, to qualify themselves for its practice.

To be in position to compel such results we must possess certain fundamentally accurate information; and such essential information is accurate knowledge of anatomy, physiology, pathology, medical chemistry, bacteriology, and drug pathogenesis.

In addition to a liberal medical education, we must also have at our command a number of factors for the solution of our problem, upon which we can depend for accuracy, and these are, briefly, the patient, the drug to be tested as to its curative effects, and not less than two trained observers to insure accurate conclusions from the experiments, to say nothing of a skillful prescriber of the drug to be tested.

Before beginning this experimental work, it becomes necessary that we secure drugs which have been tested in accordance with all the modern methods of science, that we may fully understand not only the subjective effects of the drug, and its objective symptomatology, but also whatever pathological tendency it may show. This, however, is not easy to accomplish,

*Bureau of Clinical Research, A. I. H., Baltimore, June, 1916.

as all who have undertaken to prove drugs may testify; but it is necessary if we wish reliable results.

Granted, however, that we have secured the patients, the properly proven drugs, the skillful prescriber, the experimenters for conjoined observation, and the institution willing to coöperate in the work, there is then no reason why this significant experiment should not begin. We must, however, have *all* the factors to which attention has been called.

Have we all these factors?

That we have enough thorough knowledge of drug effects upon the approximately healthy, to constitute information sufficiently reliable upon which to base a method of work for the purpose of scientific research, has been questioned. That we have drug pathogenetic material qualified to form a basis for our prescriptions is a very different matter, because in the average patient we are dealing with a complex organism capable of being affected by a variety of influences which we bring to bear at the same time the drug is given, e. g., suggestion, food, habits of life, etc., whereas, in the experiments proposed to establish the scientific status of homœopathy, we are endeavoring to bring about results solely through the agency of some one definite influence, unmodified by any other curative means.

Lest we may not grasp the full significance of the work preliminary to scientific clinical research, let us consider some of the preparatory details, and as the curative agents to be used are of prime importance in the problem, we will call attention to the material offered by our many works on alleged pathogenetic drug effects.

Laying all schools of medicine under contribution, beginning even back in the days of Albert Haller, and pushing our search through the intervening time up to the present day, we are doubtful if there is one drug whose reliable and exhaustive effects upon the healthy render it a candidate for the proposed work. Even that masterpiece of Dr. H. P. Bellows, brought forth through much mental travail, we are told by Dr. Krauss, lacks a well-balanced subjectivity.* And further, we are told that the old pathogeneses are just as unreliable because of the lack of objective symptomatology, and that our modern laboratory workers have produced no symmetrical drug pathogenetic work (resulting from both human and lower

*JOURNAL A. I. H., Nov., 1915, p. 488.

animal experimentation), in which pathological tendency and the double semeiology are in correct proportion. Not that what we have of drug pathogenesis is without value to the practitioner, but for such absolute, scientific experimentation as is proposed the existing drug pathogenetic material is not satisfactory.

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Nothing before nor since, has shown more conclusively the unreliability of much of our drug pathogenetic symptomatology, than the seven years of hard work of the Medical Investigation Club of Baltimore, which concluded with the publication of forty-seven drug records in a book issued in 1895. In revealing the great paucity of our symptomatology in dependable symptoms, the need for a careful re-proving of even our well-known drugs became obvious; but so difficult was the task generally considered that no one has yet had the temerity to undertake the work, excepting in the case of Dr. Bellows, who has given us a stupendous monument to persistency and thoroughness in his well-known "Belladonna."

The useful therapeutic knowledge of the average, earnest practitioner of homœopathy is not only based upon pathogenesis, but it is also inferential, and in many instances the result of his own personal experiences. This kind of information, however, while it may be all-sufficient for the individual practitioner, is of no value to the investigator in this field of research.

The greatest obstacle, therefore, to reliable clinical research is lack of satisfactory drug pathogenetic material; and for the benefit of those who may not be familiar with the necessities of accurate drug pathogenetic work, it will not be amiss to outline the requirements for drug proving in accord with modern scientific methods.

The requirements of such work are: first, a pharmaceutically pure specimen of the drug to be proved; second, properly trained special observers, e. g., adepts in a knowledge of normal physiology and the deviations from the line of health of all organs and tissues of the body; and, third, an approximately healthy subject upon whom the drug is to be tested. These factors having been secured, it is then necessary to become familiar with the normal manifestations of the health of the prover, which requires a period of about two weeks, during which time he is daily examined for symptomatic details; a placebo should then be administered for a period of from one

to two weeks, for the purpose of eliminating the imaginings of the experimenter due to his belief that the placebo is the drug; and finally, the agent to be tested should then be given, care being exercised to have it prepared to resemble as closely as possible the appearance of the placebo, that the prover may be ignorant of any change in the agent he is taking.

Having taken the foregoing precautions to secure accurate results, the test should reward the experimenters with a scientifically accurate and reliable record of the sick-making effects of the drug, which record should include both objective and subjective symptomatology and pathological tendency.

When such accurate drug pathogenetic information is secured there is no reason why it should not be utilized for any legitimate purpose, whether for every day therapeutics or for clinical research; but until such material is secured clinical research work will lack the accuracy which is its scientific necessity.

I trust no one will for one moment think I am opposed to the opening of this great field of investigation. I am simply calling attention to some of the difficulties which will confront the pioneers in this work. Having become familiar with the obstacles to be met, and recognizing the questionable scientific character of the work in which one of the important factors is so unreliable, there is no reason why systematic clinical research should not be instituted, but solely for the purpose of training the operators in critical observation.

Should the work, however, despite the fact of our unpreparedness for its prosecution in its broadest significance, be instituted, there is a possibility which should be understood, and that is the resulting effect upon the belief of the outside world in the truth of homœopathy, should the homœopathic prescriber in the conjoined-method test fail to select the drug homœopathic to the case under observation. Surely such a possibility should be considered, and if the contemplated research is to have any serious significance, then indeed, should we hesitate to give the plan official countenance.

It should be further remembered, whether our factors in the problem are flawless or not, that the "personal equation" must always be taken into consideration, this wonderful personal equation which individualizes both physician and patient, operator and subject; and we must further recognize that whether drugs be given for experimental or for curative pur-

poses, they will always furnish results which will be an element of doubt for the doubter, and of faith for the believer.

In the great field of bedside work investigation is something that falls to the lot of all conscientious medical practitioners, but with the dearth of reliable drug pathogenesis the proposition to formally www.libtool.com/en claim to provisional knowledge of the homœopathic relationship to the test, should cause us to gravely consider the situation; for imperfect knowledge always gives imperfect results.

In the future, even though all obstacles to accurate experimentation may be removed, we shall find it necessary to decide whether or not such experimentation would be of advantage beyond training the observer. Would it in any manner strengthen the belief of those who are already believers, or would it convince those who do not believe?

If the many illustrations of the truth of similia have produced no marked effect upon the unbelievers in the past, would such experiments do more than cause a possible temporary stir in the general medical world?

The adoption of great truths is rarely caused by any sudden startling occurrence, or by revolutionary events, but they come to be accepted through a long process of percolation down to the intelligence of the masses in the world which is concerned.

If the history of the past shows that the adoption of great truths requires the slow grinding of the years, as it does, and if all believers are satisfied that homœopathy is one of the eternal verities, then, would it not be wiser to teach this truth in a way that would convince the doubters, through painstaking education, rather than endeavor to show by additional demonstration that which has many times before been demonstrated without effect upon these doubters?

Experience should teach us that it is useless to attempt the education of those who think themselves educated; our colleges therefore normally offer the most promising field for such an effort.

Like charity covering a multitude of sins, so therapeutics covers a multitude of methods for healing the sick. Every medical practitioner encounters daily some of these various methods, and this encounter will continue through the time to come. The medical novitiate should therefore be taught what he is to expect when he enters the arena of private practice.

Not only should he be taught this, but he should also have these prevalent methods explained to him, and if there is virtue in any of them he should be shown how and when; and all this should be taught him in the light of the superior virtue of homœopathy.

Might not such a liberal method of instruction generate doubters? In unessentials it might; in essentials it would not.

Instead of such a method of preparation for the practice of medicine either making converts to other than homœopathic methods, or deterring students from attending colleges in which such curricula exist, the opposite result would pertain, and our colleges would annually graduate more than they do now. Medical practitioners thus educated would be prepared not only to compete with the practitioners of all other therapeutic methods, but they would be able to give such good reason for the faith that is in them, that because of their intelligent grasp of the general subject of therapeutics these very doubters, with whom the enlightened are thrown into contact, would be led to investigate and doubtless in many instances would become honest converts to homœopathy, from intelligent conviction. Furthermore, such scientifically educated physicians could and would do much to enlighten the laity, and through this enlightenment of the masses many young men would be impelled to enter the institutions in which such truth is taught.

If in addition to this undergraduate training it is deemed wise to prosecute the work of clinical research, then the first step should be to see that all the factors through which results are to be secured are reliable; for it is obvious that reliable work in this field of research can only be done when *all* the factors satisfy the scientific requirement of accuracy. While it may be possible to secure satisfactory cases for observation, well-trained diagnosticians and therapists, and the coöperation of hospitals, we are unfortunately not yet able to secure accurate drug pathogenesis. *Materia medica* is the factor which lacks accuracy; consequently, if reliable clinical research is to be instituted in an endeavor to develop trained observers, then reliable drug pathogenetic effects must be secured, and the logical necessity is the critical proving of all drugs that are to be used in this work. For tests of such character, organization offers the best promise of reliable results,

which organization would mean a realization of the dream of the late Dr. J. P. Daké,—a college of provers.

In conclusion, therefore, a college of provers may be regarded as the factor in the problem of clinical research which is lacking, and as the results of its work would doubtless be scientifically accurate, a college of provers becomes the fundamental necessity of reliable clinical research.

Discussion

Dr. Howard P. Bellows, Boston: In this able and comprehensive paper, to which we have just listened with so much interest, we have presented very plainly and with the utmost frankness the various factors which are essential to scientific accuracy in clinical research. It is understood that in this instance the object of the clinical research is to test the efficacy of the homœopathic therapeutic method in a manner which would be regarded as convincing by a rigidly scientific investigator. The one factor which is found to be scientifically defective is a sufficiently accurate and extensive knowledge of the pathogenic action of the drugs to be employed. Certainly no point can be more vital than this, and its acknowledgement is the first step to its correction.

So difficult is this obstacle to surmount that the question is raised whether it would not be more profitable, in the interest of the recognition of the practical efficiency of the homœopathic method of cure, to rely upon the effect of *education*, conducted upon broader therapeutic lines than heretofore, in our medical colleges, coupled with bedside observation of the results of various therapeutic methods as a basis of comparison, rather than to rely upon a more technically scientific demonstration in our laboratories and hospitals. Also the question is raised whether such demonstration, no matter how convincing to one who is inclined to belief, would really force conviction in one who is fixed in disbelief. The writer swings back, however, to the idea of attaining the degree of accuracy in our knowledge of drug pathogenesis which will ultimately make possible a scientifically convincing demonstration, and recognizes the establishment of a College of Provers as the only solution of the problem.

So thoroughly am I acquainted with the many practical difficulties which attend scientific drug proving that I agree most heartily with all the positions taken in this paper. I am ready to concede that as a means of securing the recognition of the efficiency of the homœopathic method of cure, and of extending its use among the practitioners of our country, the returns from the expenditure of a like amount of time and money and energy will be much greater when devoted to educational problems than when devoted to scientific demonstration. But true education is dependent upon scientific accuracy and future progress demands that both paths of development shall be followed.

I am also ready to concede that the complete scientific demonstration of the truth of the so-called homœopathic law is not likely to be followed by any prompt and general acceptance on the part of those

born and bred in other therapeutic faiths. It is peculiarly true in our profession that "a man convinced against his will is of the same opinion still." I think there would be much disappointment upon our part if we expected too much from human nature in this respect. Still truth, as we see it, demands of us that ultimately such demonstration shall be made upon truly and rigidly scientific lines, and many of us will never be content until that end is attained—no matter what the result may be if measured by utilitarian standards.

We must go on then with the task of extending and bettering our knowledge of drug pathogenesis. I have elsewhere expressed my conviction that the only efficient and satisfactory means of doing this is by a properly organized and supported Institute of Drug Proving—or College of Provers if you like. I again express my conviction that with such an institution, sufficiently endowed to enable members of the staff to devote their entire time and strength to the work if need be, the task of putting the materia medica upon a scientific working basis, though herculean, is wholly feasible, and that the results desired are absolutely attainable. It is not a difficult proposition to work out along paths not greatly different from those already blazed.

I would earnestly recommend, however, in case it is desired to effect a demonstration purely, previous to and aside from the subsequent development of our materia medica in the interest of general prescribing, that one, two, or, at most, three drugs be first developed for this purpose, all strength being first concentrated upon their perfection, as nearly as may be, before the scientific test is made. Belladonna is already well on towards such preparation. Given the objective and subjective symptomatology of the O. O. and L. proving, reënforced as far as is desirable by the subjective symptomatology of the older provings, plus the pathological tendencies worked out more completely, as is now being done by Dr. Hinsdale, the whole brought up to date by observations upon blood pressure, etc., and we have the pathogenic record of one drug already sufficiently extended and accurate for the purposes of the test. In my judgment it is not necessary to wait until more than three remedies have been brought up to the required standard before making the scientific test and the result, *as a test*, will probably be as conclusive when made with that number of remedies as they would be if made with the entire materia medica.

Dr. O. S. Haines, Philadelphia: Dr. Price's paper shows deep thought, but with all its many excellent points I don't believe it tells us quite everything that its author thinks and believes and hopes and knows.

I must have an irreverent mind, because I don't seem to get the thrill that some of you get when someone talks in awed tones about this thing which we term "modern scientific accuracy" and what it is going to do for *Homœopathy*. What is modern scientific research and modern scientific accuracy going to do for Homœopathy?

Is it going to explain Homœopathy? Homœopathy is a simple fact. You don't have to explain a fact. Water puts out fire, if the fire is not too big. A remedy selected according to the index of similia, puts out an illness, if the illness is not too big to be put out by a dynamic

remedy. Why explain. I know your answer to that. It is "to put the facts of Homœopathy upon a scientific basis." A scientific fact is a truth of nature, which once discovered, admits of repeated verification. I guess most of our facts are already scientific enough.

Is it going to verify and strengthen our pathogenesis; and give us new provings that will be more useful to us in our bedside worries? If it is, then I am for it with all my heart. Because that is the best reason for adopting it. But when it tells me that my materia medica and my pathogenetic records are simply rotten and won't work because they are not 1916 models, and when it tells me that I never relieved a heart case with Cactus because Cactus has no effect upon the heart; and when it says I never could have gotten any real action from a certain remedy in hemorrhages because that remedy does not influence the time of blood coagulation, why then—but never mind the rest.

I neither wish to offend, nor do I desire to leave the impression that I own a mind that does not wish to improve; but as far as I can see all that some of our modern scientific research and modern scientific accuracy has done for *homœopathy* thus far—is to take the "pep" out of it. Don't let's have that kind. The College of Provers of which Dr. Price speaks is one of the great things which I would like to live long enough to see in operation. Drug proving is such a big job that it must be done in a big way. Certainly by up-to-date methods, yet not solely for the purpose of attracting the attention and exciting the favorable comments of those who place modern scientific accuracy above and beyond everything else, but for results helpful to us. This thing is being carried so far in modern medical life, that nobody believes anything. If you get up to state a fact you must needs have an armful of scientific data to back you up. Even then, some fellow says, "I doubt the truth of what he says, because his statement is weakened by the lack of this or that which I think he has overlooked." If I say "I am hungry," some man replies, "Have you taken a vermifuge?" "It may be worms, you know." In short then I regret that much of the modern criticism of the pathogenesis of homœopathy, is simply animadversion.

I suppose my reputation has been jeopardized by what I have already said, so I might as well complete the ruin by my conclusion.

Another thing that this modern scientific accuracy has determined, is that you cannot make a good doctor out of a young man with a common school or even high school education. Notwithstanding the fact that thousands have been made. Some of you men here ought to know that. So we turn away from our colleges every year much good material out of which good all round doctors could be made. And a thousand cults welcome it and turn it out as half-baked practitioners of a single art. I tell you some young men have not the time to acquire a college degree. They have something more important before them than to learn how to parse a Greek verb or roll a cigarette with one hand, or stroke a bow oar, or jump twenty feet. *That* must also be thought out to a finish some day. Don't blame the medical colleges. Meanwhile our rural communities are crying for more good all round

homœopathic physicians; but, scientifically, I suppose they do not really know what they want.

Dr. W. A. Pearson, Philadelphia: Mr. Chairman and members of the Bureau: I assure you that it is a very difficult task to attempt to discuss this paper by Dr. Price after it has been so thoroughly discussed by such men as Dr. Bellows and Dr. Haines. However, I should like to present a different view-point entirely.

If we are to study the normal workings of the human body and also after the taking of a drug, nothing would give me greater pleasure than to spend five years in studying the action of the heart, or ten years in studying the metabolism, or fifteen years in studying some other phase of the problem. I realize, however, that in this world of ours, where we are destined to live only a reasonable number of years, that this is impractical. So far as scientific accuracy is concerned, I believe that it would be an advantage to learn the normal variations of a series of individuals by testing them with the finest respiration calorimeter in the world, and to use such other instruments of precision as the electromyocardiograph. I think data of this kind would be of practical use in the establishment of the scientific principles of homœopathy. It is not for a scientist to interpret these findings, any more than it is for a surgeon to do the work in the laboratory of pathology. However, I believe that a practical materia medicist with these data at his command, would be able to do much more than with any work that has been done in former years along this particular line.

In the city of Baltimore, within the last three months, there has died one of the greatest scientific men that this world has ever produced, Dr. Harry Jones, who devoted his life mainly to the study of solution. It was his life work. He was associated with the most famous physicalchemists of his time, and his knowledge of solutions is simply one stepping stone to scientific accuracy in the study of homœopathy. If you are going to analyze from a scientific standpoint drug proving, it is a tremendous task, which few realize. However, a practical materia medicist will be able to use all the data obtained from a laboratory of pathology, or biology, or any other science, and correlate this mass of information so as to bring to homœopathy still greater scientific accuracy.

Dr. Edwin Lightner Nesbit, Bryn Mawr, Pa.: The proving of drugs—academically—is easy. To reduce the theory to actual practice is a wholly different proposition—involving practical limitations not operative in the abstract. It becomes a highly technical and co-operative art, requiring scientific equipment and the services of many trained men. But it is an art—an applied science perhaps—the actual practice of which is indispensable to real progress in homœopathic therapeutics. Practical drug-proving is the real “joker” in Hahnemann’s remarkable therapeutic hypothesis. Without reliable data, which can be obtained only by systematic research in experimental pathogenesis conducted in our homœopathic institutions, the rank-and-file of the homœopathic profession will not be able hereafter to get noteworthy comparative successes at the bed-side. This is the acid test

of any therapeutic hypothesis. In order to get such data, it will be necessary first for us to devise and perfect a scientific and yet practicable technic for drug proving. Actual experience, year after year, is the key-note of the method of science—which is as applicable to the perfection of a technic as it is to the solution of an unknown chemical substance.

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The *rationale* of Hahnemann's *Similia similibus curentur* is not much disputed by advanced therapeutists in these days. But, its actual practical value hinges absolutely upon the technical accuracy and trustworthiness of a collateral applied science which we know as experimental pharmacodynamics. Dr. Price tacitly acknowledges the moral obligation that rests upon homœopathists to make some distinctive contributions to the theory and practice of contemporary medicine. Hence, he frankly addresses himself to the difficult but imperative "first step" to that end,—the device of a scientific and workable technic for studying the action of drugs and other medicinal substances experimentally upon healthy human subjects. His paper should draw out some serious and fearless discussion from our several viewpoints. One who is interested in my views as to such points as "controls"; physical and psychological artefacts; exactness in recording pathogenic strength and dosage; the prover's knowledge of the drug being proved; technical nomenclature; graphic representation of the data, etc., etc., can find them detailed in the February, 1915, number of the Institute JOURNAL. Those conclusions have grown out of three years of actual and personal experience in an attempt to work out some such technic. I should like to consider for a moment the suggestion frequently made that scientific work in pathogenesis in these days would require special buildings, equipment, trained experts, etc. I am convinced it is quite practicable to utilize resources and equipment now available in every homœopathic medical college, if that college is adequately prepared to teach a medical student what he should know today about the action of diseases upon the human being. There need be no more costly duplication to teach this subject practically and scientifically than we now have when we maintain nine separate medical colleges instead of one postgraduate school. The same objections that now obtain to consolidating all of these smaller and scattered colleges into one larger institution, which might be less expensive, apply with equal force to any such mythical institution for research in pathogenesis and therapeutics alone. We have no time to wait for such idealistic consummation. We must use what we have and begin where we are. With a workable technic, all we need to do acceptable work in this department today is a little interdepartmental and intercollegiate team work, and only such funds as legitimately belong to one major department of instruction among ten. Such requirements may be often used as shameless evasions of the real issue. They are lame apologies for our inactivity in the direct line of our professional pretensions. When we have gathered all homœopathic investigation and teaching in the laboratories and clinics of general medicine under one roof, we may consider the feasibility of housing all similar work in homœopathic pathogenesis and thera-

peutics under another one roof next door to it. I question the feasibility of this suggestion in Dr. Price's paper.

Personally, I have never been able to appreciate anything awe-inspiring or mystical in the word, "research," as used in either non-homœopathic or homœopathic education. In this connection search and research mean nothing but systematic and exact experimental observation, which may as reasonably have a useful and practical objective as not. We need not presuppose a great silent and sequestered vault or special laboratory, full of mechanical apparatus and one or two ultratechnical "scientists" immune to all practical significance of their work. Research, with much equipment but little gumption, may begin anywhere in the abstract, and finish nowhere in the end. Or, with little machinery and some modest intelligence, it may be made a fundamental, essential and inseparable function of any medical education. As a phase of an *homœopathic* medical education particularly it might be conceived as having a direct and practical application to applied therapeutics on the basis of Hahnemann's hypothesis. In other words it might be intentionally designed to produce real useful working stuff in the practical application of which to concrete cases of human diseases we might reasonably expect certain fine-spun theories and ancient traditions to be conclusively demonstrated or exploded. I have a feeling that some such homœopathic research would appeal more strongly than any other kind to the homœopathic profession and public right now; and, that it would go far to command a larger moral and financial support for our institutions.

In this last sentence lies the reason, it seems to me, why the resumption of *drug proving* by our colleges might be considered *the* research of imperative necessity at this time. When our financial hunger gets just a little bit keener the force of this suggestion will be more generally recognized, and there will be a sufficient support for such work as soon as drug proving is actually done by them. Within two years we have had some of this hard-headed and useful research. We have had some of another kind, also, which has tended to demonstrate with exact mechanical precision a fact long suspected by homœopaths that certain drugs under certain conditions *do* act upon the living human organism. Theoretically, such research is also interesting and technically excellent. It should make the confusion of non-homœopathic authorities worse confounded. It should even convert the most intellectual non-homœopathic skeptics. But, it does not and never has. So why waste good time and scarce ammunition on technical research to convert skeptics. In the desire to be polite, I would suggest that for even this altruistic purpose bed-side results have always served better than any other kind of scientific data. In pleading for some practicable homœopathic research work from our colleges, it has seemed to me that what our institutions need most right now is the enthusiastic support of the rank-and-file of the homœopathic profession. They are most likely to get this by producing applicable working data to show, not so much that drugs administered homœopathically *do* act, or even *why* they act, theoretically; but, *how* they have actually acted upon healthy human subjects; and,

upon *what indications* they may be reasonably expected to act therapeutically. For these reasons I may be expected to protest for another five years, if necessary, against the continued and increasing diversion of "homœopathic" effort and funds into channels that have no direct or practical bearing upon the practice of homœopathic therapeutics.

Dr. W. S. Hastings, Chicago, Ill. This subject has been very interesting to me, because I have been giving a course in materia medica by laboratory methods. I have been very much surprised to discover the amount of inaccuracy that exists. I have found that no reason can be given for many symptoms, from any experimental work that has been recorded.

Skepticism is one of the things that makes the world go around. If it were not for that, we should still be in the dark ages. The suspicion that certain parts of our pathology are questionable is reason enough for our doing the work over again, and doing it by methods which modern chemistry, pathology and biology have found to be necessary. The fact that homœopathy is something that we have demonstrated to our own satisfaction often in practice is all right, so far as it goes; but there again we have to do research work, and our research will require accurate data, because one of the duties of a scientific man is to explain facts. The facts may be recorded, but the reasons for them must be studied. We may explain the facts of homœopathy by conducting other observations; such explanation should be in terms of modern science. Scientific accuracy is necessary to scholarship.

Dr. Price (closing the discussion), *Mr. Chairman*, I have often been struck, in discussion on papers in which definite propositions are laid down, with the fact that everybody agrees on the main point at issue. I do not think that there is a man here who has spoken who did not agree that what we are after in our study of drugs is accurate results. Now how can we get these accurate results, if we do not adopt accurate methods? We cannot have accurate methods, unless the factors in the problem from which the method is constructed are also accurate. That is all that I am contending for. I am not saying a word against the truth in the old symptomatology; but Hahnemann himself, if he were living, would be in the fore-front of scientific movements, and would recognize the fact that science is nothing but formulated demonstrable knowledge. That is all it ever was or ever will be; and that is all we are trying to do, to get at the facts in the case.

We know that many of the provings of drugs made in the past are not reliable. Look at some of these, and what do we find? For instance, we find it stated that ulceration of the cornea is produced by apis; but when we come to investigate we learn that the prover was stung by a wasp. Such statements as that, therefore, are not correct.

The statements made in this paper are not mere theory. They are based on practical research made in the past. Take our drug, bryonia. I forget how long it took to prepare the synthetized record, but the

published record covers only ten pages. This was hard, practical work, and not mere theory.

We talk of the newer scientific methods, and they are merely an evolution of the methods of Hahnemann, his methods modernized. He speaks of "masters in observation" in his *Organon*, and what does he mean? He means men like Dr. Nesbit and others doing work by the most modern methods possible. There can be no possible quarrel with this idea.

The question is, what is the object of clinical research?

To me its purpose is the accurate demonstration of homœopathy from a modern scientific standpoint. That is its object, but all may not agree, for, as it is said of a woman, so, a man "convinced against his will is of the same opinion still." It is not always easy to convince the skeptical.

It is quite possible to benefit our undergraduate students by training in clinical research. Make this training broad enough to cover all practical therapeutic methods, so that the novice will be prepared to solve the problems he will encounter, and not be compelled to learn fundamental things by hard experience *after* his graduation.

What we need is *pre*-visional homœopathy. How many here are qualified to make a definite and effective *pre*-visional prescription? Not one of you here can do it homœopathically with strict scientific accuracy. We should strive to become *pre*-visional prescribers. This is theory; but it is the kind of theory worth trying to prove.

We may have different opinions about the subjects expressed in this paper, but we do not disagree on the vital points. No doubt Dr. Haines and I would agree on these vital points, though he might think some of my grains of wheat were chaff, and I might think some of his grains of wheat were chaff.

Finally, we need definite facts upon which to base this work of clinical research, facts which are the result of evolutionary work and not of revolutionary methods.

Lathyrus, a Remedy in Paralysis—A paralytic affection named *lathyrism* has been recognized from ancient times, and has been commonly attributed to poisoning with lathyrus, a species of pea. Our own sweet pea is lathyrus odoratus. The two varieties which have occasioned the poisonings are lathyrus sativus and lathyrus cicera. Both are cut green for fodder. . . . [In Algiers] when the wheat harvest is bad, lathyrus cicera is used by the poorer inhabitants in as high a proportion as three to one. The resulting disease is perfectly well known to the Algerians, who call it, from the Arabic name of the plant, *jilben*. These are the symptoms: (1) Lumbago; incontinence of urine; complete loss of sexual power; pains in lower and sometimes upper limbs; tremors. The invasion of the disease is sudden, often coming on *after a damp cold night*. (2) The lower limbs are affected with anesthesia and motor paralysis. After the lapse of some days or weeks, the patients can rise, and they show a characteristic gait; the heel in the air, foot in extension and abduction, with contraction of muscles of lower limbs, and exaggerated reflexes.—*Lathyrus*—*J. H. Clarke's Dict. of Mat. Med.* [Suggested by J. H. S. Johnson, M. D., as a remedy to be studied in infantile paralysis.]

CLINICAL REPORT—CANCER RESEARCH*

By H. W. Nowell, M. D., Boston, Mass.

In April, 1913, I read before the Massachusetts Homœopathic Society a paper entitled: An Etiological Factor in Carcinoma and Its Possible Influence on Treatment. This was published in the *Boston Medical and Surgical Journal* of June 5, 1913. Three years have now elapsed, during which time a great deal of the work has been duplicated and observations carefully made of cases treated. The scope of this paper is intentionally limited to a consideration of the value of the biochemical substance in treating carcinoma in all stages of the disease, with a few general considerations and summary.

Three classes of cases were treated as follows: Class I, patients treated immediately following recovery from operation for radical removal of carcinoma, they receiving ten consecutive treatments hypodermatically, at five-day intervals. Class II, patients who had been operated upon and had had a recurrence, they receiving treatments for a considerable length of time, the number varying with the different patients. Class III, primary inoperable cases, treated same as Class II.

The cases treated in the three classes were not selected, but were taken for treatment as they were sent by the different physicians. The results were as follows: Out of 257 cases 30 were operable. Of these clinically there were 29 where there was a complete removal of carcinomatous tissue. These were treated prophylactically with the biochemical substance. Three out of this 29 have died; one lived two years; one lived for one year and eight months; and one three months. There has been one slight recurrence at the end of two years and eleven months. This patient is in good condition at the time of writing, and is receiving some additional treatment. One case missing, but showed no sign of recurrence at the end of two years. Twenty-five out of thirty remain in good health; time varying from two to three years. This shows 86.2 per cent living, of which 82.7 per cent are clinically cured. The one missing I have every reason to believe should come under the clinically cured.

You will note that this is an exceedingly large percentage in comparison with any other treatment ever offered to the medical world, especially when we take into consideration the time allowed before making this report. Previous reports showed 20

*Read before the Bureau of Clinical Research, A. I. H., 1916.

to 25 per cent of clinical cure, with one exception; 50 per cent was claimed following surgery alone.

These statistics should interest the surgeon and physician, for with this treatment added to the surgery, recurrence may be prevented. It should be but a short time, if the family physician makes plain to the patient that there is something to be administered immediately following surgery, before all those showing suspicious signs of malignancy would consent to operation in the earliest stage of the disease. This would be the first great step toward the elimination of the horrors of recurrence, which is bound to take place in a very large percentage of cases.

The results of the present findings open up a wide field for investigation, and a great amount of work must be carried on, such as reporting on classified groups of cases of the different histologic types. Up to the present time I have been unable to do this. Still further work must be done upon dosage.

In these cases reported under Class I, ten prophylactic treatments were administered, each case receiving .004 mg. at each treatment of the biochemical substance isolated from carcinomatous tissue. The remaining 219 cases were included in Classes II and III. In these cases came the great question of bodily resistance and each individual case presented a problem.

In at least 75 per cent of the cases it was definitely shown that the resistance was raised during periods of from one week to three months. This, however, I believe partly due to suggestion, the fact that a new treatment was begun; something to build hopes upon. Fifteen and four tenths per cent improved for more than six months; 1.7 per cent remained improved at the end of three years. In these cases antibodies must have been produced in sufficient numbers to overcome the toxic action upon the nerve centers, thus keeping the resistance of the body at its highest point. Whether these antibodies were produced within the body as the result of stimulation or whether they were introduced is a question not yet satisfactorily explained.

All of these cases included in Classes II and III were advanced and inoperable. The question arises whether in such cases the administration of this biochemical substance has a passive action in bringing about the protection or whether this resistance is active.

The method for obtaining the biochemical substance used in the treatment has been written in previous papers. While the exact nature of this substance is not known, this much is evi-

dent: that any results obtained by its use must be referable to its own inherent chemical nature and not to the presence of organized life.

Following the administration of this substance many clinical changes may be observed, such as absence of odor even in advanced cases with extensive areas of degeneration. This, however, may be explained by the fact that bodily resistance is raised and necrosis stopped, the material itself having no direct action upon the tumor mass. Other changes, such as may be seen in the blood; increased appetite; better elimination, etc.; the whole general condition of the patient improved. These changes, when they remain for more than six months show that the biochemical solution is increasing the resistance of the body and does have a specific action in these cases.

Case Reports:

No. 1. Operated April 23, 1913, for cancer of the mouth involving small portion of upper lip, four-fifths of lower lip and margin of lower jaw. Pathological diagnosis: carcinoma. Received ten prophylactic treatments immediately following operation. Patient clinically cured.

No. 2. Operated May 8, 1913. Removal of right breast, glands dissected from axilla and sub-clavicular region. Axilla drained. Ten prophylactic treatments immediately following operation. Slight recurrence January, 1916, in margin of scar; area 5 cm. in diameter. General condition of patient good. No evidence of further involvement. Patient receiving additional treatment.

No. 3. Operated Nov. 13, 1913. Posterior cervix removed. Operated for recurrence March 20, 1914. Vaginal hysterectomy; portion of vagina itself carried away. Patient received 10 prophylactic treatments immediately following operation of March 20th. Has since remained in good health. Clinically there is no evidence of the disease.

No. 4. Operated May 20, 1913. Vaginal hysterectomy. Diagnosis: carcinoma cervix uteri. Ten prophylactic treatments given. Patient clinically cured.

No. 5. Operated November, 1913. Extensive operation right breast and axillary gland. Axilla drained. Clinical and pathological diagnosis: Adeno-carcinoma. Patient received ten prophylactic treatments beginning Dec. 1, 1913. Patient clinically cured.

No. 6. Operated May 27, 1913. Extensive involvement

right mamma with inversion of nipple; very large tumor. Right mamma, glands in right axilla, pectoralis major and minor removed. Clinical diagnosis: adeno-carcinoma. Ten treatments administered. Patient clinically cured.

No. 7. Operated Jan. 4, 1913. Removal right mammary gland, pectoralis major and minor and axillary gland. Axillary gland drained. Clinical and pathological diagnosis: carcinoma. Patient received ten prophylactic treatments. Clinically cured.

No. 8. First operation April 22, 1912. Left breast removed. Pathological diagnosis: carcinoma. Nov. 1, 1912, operation for removal of gall stones and appendectomy. July 21, 1913, right breast removed. Pathological diagnosis: carcinoma. Began treatments with the biochemical solution Nov. 4, 1913. Received eight treatments. Clinically cured according to all evidence up to the present time.

No. 9. Operated May 23, 1913. Right breast, extensive operation. Pathological diagnosis, carcinoma. Was given ten prophylactic treatments. Died at end of four months. Necropsy revealed extensive metastases into pleura, liver and abdominal viscera.

No. 10. Operated April 7, 1913. Abdominal hysterectomy. Pathological diagnosis: carcinoma uteri. Examined by surgeon Aug. 11, 1913. Superior vaginal wall showed marked thickening, with evidence of recurrence; considerable foul discharge. Received 15 prophylactic treatments beginning Aug. 11, 1913. All discharge stopped. Clinically cured.

No. 11. Operated May 16, 1913. Abdominal hysterectomy. Pathological diagnosis: specimen from uterus, adeno-carcinoma. Received ten prophylactic treatments beginning May 29, 1913. Clinically cured at present writing.

No. 12. When 16 years old was thrown from a carriage, following which had a bad bladder discomfort. At the age of 20 had another severe attack and was operated. Adhesions broken up with some relief. Had a very hard time during pregnancy and birth following operation. On Feb. 24, 1906, operation as follows: Right tubo-ovariotomy, left salpingectomy, resection of left ovary, ventral suspension, appendectomy, trachelorrhaphy and cureting. June 3, 1913, operation for resection of bladder. Pathological diagnosis: carcinoma. Given eight prophylactic treatments. Clinically cured.

No. 13. Nov. 25, 1912, repaired for lacerated cervix. At that time an internal condition which was thought to be inflamma-

tion of left ovary. May 5, 1913, exploratory incision made. Carcinoma of intestines was found and resection of transverse colon made. Received eleven prophylactic treatments.

No. 14. Extensive operation right mamma, removal of pectoralis major and minor, axillary gland and infraclavicular gland. Diagnosis, clinical and pathological: adeno-carcinoma. Patient received ten prophylactic treatments. Clinically cured.

No. 15. Carcinoma of rectum and anus. When first seen had a recurrent condition following a previous operation. Another operation advised and subsequently performed. Wound did not heal until after treatment was begun. First treatment given Aug. 27, 1913; last treatment April 28th the following year. Pathological diagnosis: adeno-carcinoma. Patient clinically cured.

No. 16. Operated March 19, 1915. When first seen had left breast badly involved with extensive metastases into axilla; also extending down to 10th rib well over to left side. The breast and the condition in the region of the 10th rib badly degenerated; foul discharge. Wound did not seem to close; foul discharge continued until treatment was begun March 26th. The whole condition soon showed signs of improvement. Twenty-three treatments were given in all. Patient at the present time is clinically cured. Pathological diagnosis: carcinoma.

No. 17. First seen early part of June, 1913. Case very similar to No. 16. Extensive operation performed. Wound sloughed a few days after operation. Foul discharge. Seemed improbable that wound would ever heal. Pathological diagnosis: carcinoma. Treatment begun June 14, 1913, ending Sept. 19, 1913. Patient received twelve treatments. Patient at present time is in good health and would be considered clinically cured.

No. 18. First seen June 21, 1913. Operated four weeks previous for carcinoma of gall bladder with large mass involving surrounding tissue. Complete removal of mass. Received seven treatments, ending Aug. 19. Patient began to show improvement, such as being able to retain food; gradual decrease in size of tumor mass. This continued until patient was apparently clinically cured, and has remained so up to the present time. Pathological findings: carcinoma.

No. 19. First seen Feb. 11, 1914. Tumor mass in left groin; small glandular swellings in right groin which were apparently primarily in the left. These glands gradually increased in size and broke down, with a foul discharge. Sections of tissue made showed adeno-carcinoma. Extensive operation performed;

glands on the right side removed also. Patient treated during convalescence; treatment continued at weekly intervals until ten had been given. Good recovery; at the end of six months clinically cured. This patient has been lost sight of, so further report cannot be made.

No. 20. Removal of tumor from right breast in the fall of 1914. Pathological diagnosis: adeno-carcinoma. Patient received ten prophylactic treatments. Clinically cured. Report by telephone: unable to see patient.

No. 21. Operated for growth in right side involving cecum and ascending colon; mass extending into mesentery. Incomplete operation. Diagnosis: carcinoma. First treatment Nov. 15, 1913. Last treatment Nov. 1, 1915. Fifteen treatments in all. All signs and symptoms of tumor growth have disappeared. Great gain in weight. Patient apparently clinically cured.

No. 22. First seen Sept. 2, 1913, immediately following extensive operation left mammary gland. Pathological and clinical diagnosis: carcinoma. Patient received 25 treatments. Reason for increased number over ten was that there were symptoms of some internal disturbance. The question was whether there was metastasis or not. Patient shows no signs of recurrence or any disturbance, and is apparently clinically cured.

No. 23. First seen in the fall of 1913, following extensive operation right mammary gland. Clinical and pathological diagnosis: carcinoma. Patient received 10 prophylactic treatments. Remains clinically cured.

No. 24. Operated August, 1913. Removal of tumor right mammary gland. Pathological diagnosis: carcinoma. Patient received five prophylactic treatments. Recurrence one year later. Second operation performed. Extensive operation right breast. Patient died in the early winter of 1915.

No. 25. First seen June 6, 1914. Operation six months previous. Extensive operation right mammary gland. Diagnosis: adeno-carcinoma. Family physician suspicious of recurrence. Patient given ten prophylactic treatments. All symptoms disappeared, patient remaining clinically cured.

No. 26. Operated early part of June, 1914. Extensive growth involving cecum and ascending colon. Diagnosis: carcinoma. Incomplete removal. Patient first treated June 24, 1914. Nineteen treatments in all were given. Tumor mass disappeared. Patient in good health. Apparently clinically cured.

No. 27. Operated May, 1913. Extensive operation left

breast. Diagnosis: carcinoma. Given ten prophylactic treatments. Clinically cured.

No. 28. Operated Nov., 1913. Abdominal hysterectomy. Incomplete removal, pelvic tissue being involved. Extension into rectum. Received first treatment Nov. 7, 1913. Treatments continued to Sept. 8, 1914. Twelve treatments in all were given. Patient died Sept. 25, 1914, following severe attack of pleurisy.

No. 29. Operated Sept. 25, 1914. Removal of epithelioma from lower lip, right side. Treatment begun one month later. Four slight recurrences up to Dec. 7, 1914, during which time ten treatments were given. Five more treatments begun Dec. 14. No recurrence since that time. Patient in good health; has gained 7 lbs.

No. 30. Operated July, 1914, for removal of left mammary gland. Pathological and clinical diagnosis: carcinoma. Received ten prophylactic treatments. Remains clinically cured.

In Classes II and III some very interesting facts will be noted. In cases coming under the heading, "Primarily inoperable" there are at present living four who were considered at the time of their first coming under this treatment as being in the last stages, with a possibility of living six months at the most. One of these, a breast case, showing a large cauliflower mass extending over nearly the whole of the right side, up under the arm, on the arm and back to the scapula. Left breast involved but not so extensively. This patient has been constantly under treatment since May, 1913. Conditions at the present time very much improved over the condition when first seen. Patient's general health very much improved. She attends social functions and the ordinary duties of life; takes long automobile drives, etc.

Another case, first seen June 19, 1913, where there was constant vomiting following food. X-ray examination revealed no opening in pyloric end of stomach. Rectal feedings given. Patient began to improve under treatment. Soon became able to take food in the stomach and digest the same. At present writing is apparently clinically cured.

Another case, recurrent condition following extensive operation about the jaw and left ear. Ear partially removed, incision extending back into the hair on the scalp over the mastoid. Received treatment for several months; showed marked improvement, which has continued.

Another case involving the left mammary gland; also large

tumor mass in abdomen. Patient first seen July 11, 1913. Has received twenty-six treatments, and is in better condition at present writing than when first seen.

Under incomplete operations, advanced cases, there were nine, and out of this number there are two living at the end of three years. All of these cases lived more than one year following treatment. One was a colloidal carcinoma of the abdomen, operated in April, 1913, improved under treatment, getting up and about living nearly two years. Another case, a colostomy, sigmoid and rectum being filled with a carcinomatous mass. This mass disappeared under treatment, leaving a free opening down through the passage. This patient continued to improve and lived 15 months.

Another case involving the upper jaw, extending to the eye and side of nose and across the face nearly to the ear. This patient improved under treatment. All clinical evidence of malignancy has disappeared and patient remains perfectly well.

Recurrent carcinoma along line of scar extending up into axilla. Nodules disappeared under treatment. Patient lived nearly two years, dying of some internal metastasis.

Carcinoma of the stomach; jejunostomy performed. Following operation parotid gland became involved, giving a great deal of disturbance. This became infected, showing marked abscess formation; lowered patient's resistance to a considerable degree. Condition improved under treatment, patient remaining in perfect health up to time of death, which came suddenly from some heart disturbance.

Carcinoma lower left jaw involving cervical glands, operated several times; recurrence at the time of receiving first treatment. Patient responded; growths decreased in size; condition in the mouth healed. At the end of two years patient was apparently clinically cured; lost sight of since then.

Recurrent carcinoma of cervix and vagina apparently greatly benefited by treatment and is living at the present time, but in a very poor condition. (Patient died since writing.)

The other two cases were recurrent conditions following mammary gland operations, patients remaining improved following treatment for more than two years.

With the knowledge gained from this experimental research we have added to our armamentarium a valuable treatment for the prevention of cancer. Statistics show us that in 1915 there were eighty thousand deaths from cancer in the United States.

This alone should lead to the co-operation of every physician to further this work of prophylaxis. There must be series of cases of all types treated and watched for several years, also a vast amount of laboratory work must be carried on, for it is through the laboratory ultimately that this substance will be purified and made far more valuable.

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Summary

1. A procedure has been developed whereby a substance or substances may be isolated from carcinomata, the method precluding the presence of organic life in the end product.

2. This end product has been shown to be of a highly toxic character.

3. The peritoneal exudate produced by a fatal intoxication is far more toxic than the original substance.

4. The tumor substance has been shown to possess not only a general but also a specific toxicity, since on injection into rabbits in doses of less than lethal amount it will produce well-defined, well-characterized carcinomata, the site of the primary lesion being different from and independent of that of the injection.

5. The appearance of the primary lesion is followed by the development of numerous metastatic foci in different parts of the body, while the characteristic cachexia manifests itself.

6. The poisonous tumor preparation has been shown to be characteristic of carcinomata.

7. By the repeated injection of very small doses a large number of rabbits have been immunized.

8. The serum from the animals thus immunized possesses the power of antagonizing the toxic action of the tumor substance. This has been demonstrated by injections of the serum either previous to or simultaneous with that of the tumor poison. In both events no effect is observed from quantities of the poison which, if injected alone, would produce a rapidly fatal intoxication.

9. With the simultaneous injection of poison and antibody it has been shown that one part of the latter will effectually antagonize 99 parts of the former.

10. The biochemical substance does have specific action in human carcinoma.

THE CHEMICAL COMPOSITION OF SOME COMMON FOODS*

By William A. Pearson, Ph. C., Ph. D., M. D., Professor of Chemistry, Hahnemann Medical College of Philadelphia.

It is the purpose of this paper to give the analytic results obtained by students of The Hahnemann Medical College, Class 1919, upon the chemical analysis of some common foods.

Not only are the percentages of fat, carbohydrate and protein given, but the number of calories in definite amounts of food, and the amount of each food constituent obtained for ten cents.

All foods analyzed were purchased on the open market in Philadelphia in January 1916.

The prepared foods were obtained from Horn and Hardart's Automat Restaurant, Market Street and City Hall Plaza.

(Geckler)

CORN MEAL—Purchased at Acme Tea Company Stores, at 2½c per lb.

	Percent	Cal. per lb.	Cal. for 10c	Grams for 10c
Carbohydrate..	73	1357.32	5429.30	1324.22
Protein.....	9.2	171.06	684.24	166.88
Fat.....	7.7	295.22	1180.91	126.98
Ash.....	1.2	—	—	—
Total.....		1823.6	7294.45	1618.08

(Prugh)

COCOANUT—(grated)—2c per oz.

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	6.22	28.21	115.66	8.7	35.61
Carbohydrate.....	29.1	131.99	540.15	40.9	167.69
Fat.....	56.5	256.78	2388.05	79.6	740.28
Ash.....	1.5	6.8	—	—	—
Total.....		423.78	3043.85	129.2	943.58

(Vischer)

BANANAS

	Percent	Cal. per lb.	Gms. 10c	Cal. 10c
Carbohydrate.....	24.8	461.16	204.64	839.05
Protein.....	0.8	14.8	6.6	27.06
Ash.....	0.7	—	5.7	—
Fat.....	0.2	8.43	1.65	16.3
Total.....		484.39	218.59	882.41

*Read before the Bureau of Clinical Research, A. I. H., 1916. Published also in the *New England Medical Gazette*, Sept., 1916.

FRUIT JELLY—(Heinz)—Weight of Jelly 344.2 gms., price 30c (Taggart)
Weight of Jelly on label 11 ozs., amount for 10c 114.7 gms.

	Percent	Gms. per lb.	Cal. per lb.	Cal. for 10c
Fat.....	—	—	—	—
Carbohydrate.....	65	224.25	919.42	306.47
Protein.....	—	—	—	—
Ash.....	3.2	10.9	—	—
Total.....	—	235.15	919.42	—

WHOLE WHEAT BREAD (Holland)

	Percent	Gms. per lb	Cal. per lb.	Gms. 10c	Cals. 10c
Protein.....	9.8	44.4	182.04	73.5	301.35
Carbohydrate.....	42.4	192.0	787.2	318.0	1303.8
Fats.....	4.4	19.9	186.07	33.0	306.9
Ash.....	1.5	—	—	—	—
Total.....	—	256.3	1155.31	424.5	1912.05

CHOCOLATE CANDY—226 gms, for 10 cts. (Paxson)

	Percent	Gms. lb.	Cal. lb.
Ash.....	2	4.52	—
Protein.....	3.82	8.59	35
Carbohydrate.....	70.30	158.88	651
Fat.....	5.60	12.66	118
Total.....	—	184.65	804

NORWAY HERRING—Price 16c per lb. (O'Neill)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	23.3	106.688	437.42	72.18	273.38
Fat.....	12.4	56.246	523.08	35.128	326.929
Carbohydrate.....	—	—	—	—	—
Ash.....	10.7	48.535	—	—	—
Total.....	—	211.469	960.50	107.308	600.309

MACARONI—Price per lb. 13c—Amount received for 10c 12 ozs. (Kistler)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	13.32	60.3	247.2	44.3	181.6
Carbohydrate.....	73+	330.6	1355.4	245.2	1005.3
Fat.....	0.30	1	9.3	1.0	8
Ash.....	0.40	1	—	—	—
Total.....	—	392.9	1611.9	290.5	1194.9

PEANUT BUTTER—15c per lb. (Petler)

	Percent	Gms. lb	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	23.67	107.36	43.99	40.18	164.74
Fat.....	40.3	182.8	1701.00	58.42	543.3
Carbohydrate.....	16.4	74.4	305.17	27.85	114.18
Ash.....	7	364.56	2050.16	126.45	1322.22

DRIED BEANS—10c per lb. (*Wenert*)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	20.1	91.17	373.81	91.17	373.79
Ash.....	14.3				
Fat.....	1.05	4.76	442.84	4.76	44.26
Carbohydrate.....	57.50	260.82	962.27	260.82	1069.36
Total.....		356.75	1778.92	356.75	1487.41

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BUTTER—Gold Seal Brand sold by Robinson and Crawford—40c lb. (*Marbecker*)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	1.0	4.1	1859.76	1.022	1.02
Fat.....	84.67	383.66	1746.58	95.915	196.8
Carbohydrate.....					
Ash.....	3.33	1.13		.3776	
Total.....		389.07	3606.34	97.3146	197.82

CALIFORNIA FIGS—277 gms. for 10c. (*Ursprung*)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	3.5	15.87	65.06	9.70	39.77
Fat.....	0.8	3.63	33.75	2.21	20.55
Carbohydrate.....	63.5	288.00	1180.8	175.90	721.19
Ash.....	2.8	12.70			
Total.....		320.16	1279.61	187.81	781.51

BUCKWHEAT FLOUR—756 gms. or 1 $\frac{3}{4}$ lbs. (6c pound) cost 10 cents (*Hamer*)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	9.5	43.09	176.67	68.94	282.58
Carbohydrate.....	64.4	9.07	1197.68	467.38	2016.29
Fat.....	2.0	292.11	84.37	14.51	134.99
Ash.....	1.8				
Total.....		344.27	1458.72	550.83	2433.86

WHITE BREAD—(Jones) (*Hobart*)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	9	40.8	167.37	70.8	290.28
Fat.....	2.05	9.29	86.48	8.06	74.958
Carbohydrate.....	51.4	233.15	955.91	404.38	1657.958
Ash.....	.64				
Total.....		283.24	1209.76	483.24	3023.196

EGGS—45c dozen (*Banyard*)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	13				
Fat.....	11.5				
Carbohydrate.....					
Ash.....	.86				
Total.....		7.82	659.42	189	224.86

ICE CREAM

(Banyard)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	3.3				
Fat.....	4.5				
Carbohydrate.....	8				
Ash.....	—				
Total.....		115	395	424	195.1

RAISINS—"Sun Maid" Seeded Muscat—California Associated Raisin Co. 15oz. net for 12c—12.5 oz. for 10c or 354.37 gms.

(Sheaffer)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	2.11	9.59		7.48	30.67
Fat.....	3.10	14.06		10.98	102.11
Ash.....	2.86	12.97		10.13	—
Carbohydrate.....	69.06	313.25		244.73	1003.39
Total.....		349.87	1456.18	273.32	1136.17

CREAM CHEESE—Cost 28c per lb. or 7 cents for 102.9 gms.

(Kropp)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	25.6	105.2	431.32	37.5	153.75
Fat.....	34.1	140.0	1302.0	50.0	465.0
Carbohydrate.....	2.3	9.2	377.2	3.2	13.12
Ash.....	3.6	14.8	—	5.2	—
Total.....		269.2	2110.52	95.9	631.87

APPLE STRUDEL—Horn & Hardart—Total weight purchased 195.5 gms.

(Marbecker)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	7.3	34.19	140.17	24.62	100.94
Fat.....	9.4	38.92	361.95	32.84	305.41
Carbohydrate.....	35.4	140.32	575.31	118.40	485.44
Ash.....	.2	.90	—	.78	—
Total.....		214.33	1077.43	178.64	891.79

COCONUT PIE—Horn and Hardart, 5c per cut.—144 gms.

(Taggart)

	Percent	Gms. lb.	Cal. lb.	Cal. 10c
Fat.....	22	31.68	294.91	
Carbohydrate.....	35	50.4	206.64	
Protein.....	6.96	10.08	41.33	
Ash.....	2	2.88	—	
Total.....		95.04	542.78	1085.56

BEEF PIE—Horn and Hardart

(Hamer)

	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	3.1	14.06	57.05	5.87	24.07
Carbohydrate.....	15.3	69.4	284.54	28.97	118.77
Fat.....	2.0	9.07	84.36	3.78	35.22
Ash.....	1+				
Total.....		92.53	425.95	38.62	178.

ROMAN PUNCH—Horn and Hardart (Prugh)					
	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Fat.....	11.75	52.97	492.02	24.5	218.5
Carbohydrate.....	53.2	241.31	989.37	106.4	436.24
Protein.....	18.75	84.82	347.65	37.5	153.75
Ash.....	.75	3.4			
Total.....		382.50	1829.04	168.4	808.49

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CHOCOLATE ECLAIR—Horn and Hardart 5c. (Geckler)				
	Percent	Cal. lb.	Cal. 10c	Gms. 10c
Carbohydrate.....	25		173.23	42.25
Proteins.....	2.1		14.56	3.55
Fat.....	23.5		369.40	39.72
Total.....			557.19	85.52

CHEESE CAKE PIE—Horn and Hardart (Vischer)				
	Percent	Gms. 10c	Cal. 10c	Cal. lb.
Carbohydrate.....	.81	2.4	9.8	29.52
Protein.....	7.6	24.34	99.22	282.64
Fat.....	23.32	74.70	694.20	1967.30
Ash.....	6.2	19.8		
Total.....		121.24	703.22	2279.46

CHOCOLATE CORNSTARCH—260 gms. for 10c—Horn and Hardart (Paxson)				
	Percent	Gms. lb.	Cal. lb.	
Protein.....	0.94	2.44	10	
Carbohydrate.....	47.00	122.00	300	
Fat.....	8.00	20.80	193	
Total.....		145.24	503	

PEACH PIE—Horn and Hardart—130.5 gms. for 5c. (Ursprung)					
	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	6	27.2	97.52	15.6	63.9
Fat.....	7	31.75	295.27	18.27	169.9
Carbohydrate.....	31	140.6	576.46	80.91	331.7
Ash.....	1.5	6.8			
Total.....		206.35	969.25	114.78	565.5

LEMON MERINGUE PIE—Horn and Hardart (Pettler)					
	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	3.26	14.78	60.6	10.167	41.685
Fat.....	8.0	36.29	337.5	24.96	232.128
Carbohydrate.....	35.5	154.64	634.0	110.76	454.116
Ash.....	3.2				
Total.....		205.71	1032.1	145.887	727.929

FRENCH CREAM CAKE—Horn and Hardart		(Sheaffer)			
	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	11.91	54.02		21.44	87.90
Fat.....	6.25	28.35		11.25	104.62
Ash.....	3.15	14.29		5.67	—
Carbohydrate.....	49.40	224.08		88.92	364.57
Total.....		320.74	1403.95	128.28	557.09

APPLE DUMPLING—Horn and Hardart		(Kropp)			
	Percent	Gms. lb.	Cal. lb.	Gms. 10c	Cal. 10c
Protein.....	1.98	86.1	36.08	11.0	45.1
Fat.....	30.0	136.0	1265.54	166.8	1551.24
Carbohydrate.....	4.46	19.9	82.82	24.6	100.86
Ash.....	1.24	5.6	—	6.8	—
Total.....		247.6	1384.44	209.2	1697.20

VERATRUM ALBUM AND VERATRUM VIRIDE —A COMPARISON*

By Frank F. Casseday, Ph.B., M.D., Portland, Ore.

Veratrum viride, or green hellebore is a cerebro-spinal rem-cerebro-spinal system affecting the pneumogastric nerve and intestinal canal. Through the former it produces violent nausea and vomiting. It produces a sudden sinking of innervation, causing loss of power to control one's movements. Patient staggers about; feels dizzy; vision is obscured. In the intestinal tract, the extreme action of veratrum is choleraic; general coldness, prostration going on to collapse; embarrassed circulation; copious watery vomiting, and stools with spasmodic colic. *Veratrum album* does not produce gastro-enteritis, no inflammation, but an intense hyperemia. As some materia medicist has aptly put it, *veratrum album* strikes down the functions of that portion of the abdominal ganglionic system which presides over the vascular capillaries of the intestinal mucous membranes, causing serous diarrhea, which is a genuine sweating of the mucous membrane of the bowels. *Veratrum album* has cold sweat, anguish, fear of death, very taciturn; cold sweat especially on the forehead, exhausting diarrhea with colic and unquenchable thirst for cold drinks; complete collapse, cholera infantum. Adapted to young people and women of sanguine temperament; people who have poor circulation and are cold, with feeble reactive powers.

*Abstract of paper read before the Hahnemann Round Table, June 7, 1916.

Veratrum album, or white hellebore, acts through the edy. The action of *veratrum viride* upon the brain is to utterly paralyze its function. In puerperal convulsions having their origin in some emotional cause with cerebral hyperemia, *veratrum* is a very important remedy. In children also, for convulsions with cerebral hyperemia it is excellent. For inflammation of every organ under the control of par vagum *veratrum viride* must be thought of as a possible remedy, and carefully studied. For all inflammation of stomach, liver, bowels, with the characteristic hyperemic indications of *veratrum viride*, it is valuable.

With a pulse slow and weak, with a temperature below or above normal, scanty urine with cloudy sediment but showing neither albumin nor sugar, and with hot sweat, *veratrum viride* is very effective. A clinical verification often noted by Dr. Flora A. Casseday is scanty urine, cloudy, with pulse slow and weak with hot sweating. As a diuretic and aid in clearing up obscure congestions and inflammations of the urinary tract *veratrum viride* is most useful. Aconite with its hot dry burning skin and more intense action is the antithesis of *veratrum viride* with its hot sweating. In many congestive and inflammatory diseases of the female generative organs it is of great use. Menstrual colic, septic fever of the puerperium, are also noted where it may be indicated. In the first or congestive stage of pneumonia it resembles aconite. After the second stage it does not seem so useful, but there is no reason why it should not be used for the entire course of the disease if general indications call for it. It is worth remembering that *veratrum viride* is a remarkable antidote to strychnin. It will relax the fearful tetanic spasms of strychnin poisoning, and some desperate cases of strychnin poisoning have been completely cured by this remedy. For this purpose a beginning dose of a teaspoonful of the fluid extract, and subsequent doses of from two to ten drops every ten minutes until spasms relax. Its action is so marked in convulsive action that we naturally think of it as a prime remedy in chorea, where it is credited with many recoveries. The intense cerebral congestion and the other characteristics indicated lead us inevitably to this valuable drug.

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EDITORIAL

Medical Licensure. Everyone who has attended the February conference on Medical Education and Licensure, is interested in the various problems presented to the medical graduate and to the physician who desires to practice in more than one state. This issue of the JOURNAL presents a paper by Dr. Wilson on the subject and the discussion it evoked at the Baltimore session. There came to the editor's desk recently the announcement of "The National Board of Medical Examiners of the United States." This announcement is published in full, following Dr. Van Baun's comment thereupon. The JOURNAL also publishes this month, for the benefit of such practitioners as are particularly interested in examining boards, the name of the Secretary of the Examining Board in each state together with the names of such members of the boards as belong to the homœopathic fraternity.

Certainly our democratic government is lacking in unity of medical requirements. Since a democratic government is for and by the people, to be effective and efficient, the "peo-

ple" should be well-informed and fair-minded. If they are critical of existing regulations they should be willing to sacrifice some convenience to public service. *S. M. H.*

Infantile Paralysis. Late in July a message was sent to several members of the Institute at active work among children in Boston, New York, Philadelphia and Chicago, asking for personal experiences in connection with the scourge of the present summer. At the time of writing only three have replied. These comments are submitted in the Correspondence department. Members in New York are undoubtedly too busy *doing* to snatch time for *writing*. Surgeon General Blue has called a congress of representatives from the state boards of health to consider plans for securing the best state sanitary control. Dr. Arthur Carr, secretary of the Nebraska Board, passed through Chicago August 16th to this conference. Our attending staffs and interns in the New York hospitals are getting an experience from which we shall have a future report. Dr. St. Clair Drake of the Illinois State Board of Health, epitomizes what many men in private life are thinking: "a time for sanity and sanitation." Hysteria is not confined to the European war-lords. From all the records that bedside practitioners and laboratory workers can produce, infantile paralysis is known at present only as an acute infection, epidemic in hot, dry weather, *following main lines of travel*, characterized by sudden onset, general irritability, with some complaint of stiff neck, pain in the extremities, followed by impaired motion varying from a slight degree to widespread, pitiful paralysis. Under such conditions municipal health officers have every reason to utilize their authority to enforce existing ordinances for community cleanliness, and the family physician should emphasize personal hygiene, and be alert to meet the first indications of illness.

The United States Public Health Service is sending out valuable instruction. Their *clean hands* slogan is better than "My Symphony."

Wash the hands immediately.

Before eating,

Before handling, preparing or serving food,

After using the toilet,

After attending the sick, and

After handling anything dirty.

Dr. Drake sends out a July bulletin worthy quoting in its entirety. The following sentences indicate the tenor of the announcement. To the individual: "The mouth, throat and nasal passages should be kept clean and in healthy condition. This can best be accomplished under the advice of the family physician. The indiscriminate use of drugs, sprays and gargles for this purpose may do far more harm than good." To the physician: "Failure to diagnose abortive cases or cases in their early stages is excusable; but ability to diagnose cases early is highly creditable." To the public: "Even if the disease prevails in epidemic form elsewhere, there is no occasion for panic. *It is a time to place your trust in the physician in whom you have confidence; to exercise ordinary care without fear. It is a splendid time to sit tight and not rock the boat.*"

The beating of carpets and rugs in places near to human habitation should be forbidden by the local health authorities. Moving picture shows, baby shows, crowded street cars and unnecessary night railway travel sound their own warning.

Universal hospitalization is excellent for research work, but by no means is it always best for the child. The air space of a suite of rooms, a good nurse capable of maintaining a rigid quarantine, may not contribute material available for research, but the child escapes the possibility of encountering a more virulent infection than his own, or another infection.

Dr. Flexner recognizes the community problem when he says, "Protection to the public can be best secured through the discovery and isolation of those persons who have associated with the sick and whose business calls them away from home.

Both these conditions can be secured without too great interference with the comforts and the rights of individuals."

The Chicago Board of Health has had heretofore an excellent system of classified quarantine for other infectious diseases which may well be extended to every infection. If the mother or nurse gives evidence of ability to conduct a rigid quarantine, the Board co-operates to make the isolation as complete as possible. If there is little evidence of sanitary sense, the case is assigned to a follow-up course of instruction or removed to a public hospital.

At one big institution the treatment was frankly summarized, "hexamethylenamin, (urotropin) and *crowd it*." The homœopathic physician has the advantage of being willing to use urotropin so far as it avails as an antiseptic, and also to have at hand such a group of remedies as *veratrum viride*, *belladonna*, *gelsemium*, *nux vomica*, *cuprum* and *arsenic*. And the student of homœopathic therapeutics is not afraid to use them in sufficiently small doses to avert toxic results, or a larger dose in an emergency. *S. M. H.*

Alcoholic Beverages. A few years ago there was a rollicking good time over a dinner table with brilliant toasts. There was a goodly number of medical practitioners present. The glasses were kept filled. As toasts were drunk, some touched their wine glasses, some lifted and drank from their water glasses, a few drank not only their own supply, but laughingly exchanged their empty glasses for the untouched ones of their neighbors. There were three or four of the elder men whose wine glasses were untouched, who surveyed the frolic in kindly, uncritical but serious fashion.

Two of these men have been associated for a long time with the scientific study of alcoholism. These two men—Henry O. Marcy and T. D. Crothers, appear in the announcement of a "Research Foundation," with headquarters at Hartford, Conn. This new organization is to find the facts which

"every scientific man recognizes as essential before any remedial efforts can be determined."

Starting with the established fact that the physical "action of alcohol on the cell tissue is that of a narcotic rather than a tonic or stimulant," this Research Foundation proposes to study the causes that impel men to drink, the reason for the periodicity of alcoholic cases, the conditions of living that provoke these paroxysms, and the resulting degeneration transferred from parent to child.

An interesting parallel column may be cast by quoting from the "publicity" sheet of an association which "believes that the interests of labor are identical with liberal interests"; "that prohibition, by throwing out of work more than one million people employed by the liquor and allied industries, would spell widespread disaster."

In the same mail with this publicity sheet, a circular from the United States Public Health Department announces, "Vital Statistics—A Municipal Duty," citing the increasing prevalence of mental diseases:

- 1 in 444 in institutions of mental ailment,
- 15 per cent the direct result of alcoholism,
- 12 per cent direct result of paresis.

With data such as this, and with the experience of daily life, the chances of good citizenship are with work along the line of abolition of alcoholic beverages rather than with the "widespread disaster" occasioned by throwing out of work more than one million people employed by the liquor and allied industries. *S. M. H.*

A College of Provers. One of the papers given before the Bureau of Clinical Research presents a practicable field of activity for those members of the homœopathic craft who ardently desire a postgraduate school. The reader is referred to Dr. Price's paper in this issue and his suggestion. There is a considerable number of our Seniors who are financially independent. There are scores of fairly well educated youth, both men and women, lacking initiative necessary for a suc-

cessful career, and yet of sufficient refinement and intelligence to be good proving subjects. It would be an excellent opportunity for one group to do a piece of philanthropy by way of providing the wages for another group and incidentally giving to the medical profession a valuable body of accurate information. www.libtool.com.cn

Unsolved National Health Problems. The paper of Surgeon E. A. Sweet, guest of the Institute in the Bureau of Sanitary Science, is timely and suggestive. The Bureau extended a vote of thanks to the representative from the Public Health Service. The Institute membership stands ready to co-operate in every measure of preventive medicine.

Cancer Research. Dr. Nowell's paper on Cancer Research will be followed by three papers from the program in Radiology on work in physical therapeutics in this field of medicine.

Code of Ethics. According to the By-laws the Code of Ethics is published as a reminder of the reciprocal obligations of the medical profession and their clientele.

The Frontispiece. A photograph taken before the Hahne-mann Monument on July 1st, is presented as frontispiece in this issue. Dr. Walton was President the year the monument was unveiled. Dr. Custis is the father of Dr. J. B. Gregg Custis, a member of the committee whose untiring efforts secured the placing of this piece of statuary in the capital city.

Autotherapy. Dr. Duncan of New York is coming into his own—in the matter of acknowledgment of his work in autotherapy. One of the latest acknowledgments is that of the *Southern Medical Journal*, which publishes a paper on Autotherapy by John C. Parham, Passed Assistant Surgeon, U. S. Navy. Dr. Parham gives full credit to Dr. Duncan and expressly states that the object of his paper is to "direct attention to the procedure in order that it may gain the wider employment its merit deserves."

SPECIAL MEETING OF THE BOARD OF TRUSTEES

Tuesday, September 26, 1916

A special meeting of the Board of Trustees is called for Tuesday, 10:00 a. m., September 26th, 1916, at the office of the Institute, 829 Marshall Field Building, Chicago.

The following business is to be transacted:

1. To inaugurate new officers and new members of the Board of Trustees.

2. To inaugurate the change in organization involved by the vote of the Institute in annual session at Baltimore, June 26-30, 1916, comprising a report from the Executive Committee, Dr. Sawyer, chairman, and other standing or special committees, and executive officers.

3. To define the duties of the Secretary-Treasurer, and the duties of the General Manager.

4. To revise the list of committees in accord with the plan for reorganization.

5. To receive a report from the President-elect, including:

a. Announcements of committees of the Board of Trustees.

b. Announcements of committees of the American Institute of Homœopathy.

6. To determine the precise date of the 1917 session.

7. To execute any other business which may properly come before the Board at this time.

In accord with a standing resolution (Dec. 11, 1914) an invitation is extended to the president of each allied society, as well as to the chairman and secretary of the Council on Medical Education, to meet with the trustees.

By Order of the President.

THE NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES

By William W. Van Baun, M. D.

The following circular is interesting. It announces the formation of "The National Board of Medical Examiners of the United States."www.libtool.com.cn

It is of no consequence that Congress has not authorized, or that the Constitution does not provide for it. "What is the Constitution between friends?" when we wish to usurp the privileges and prerogatives of government. The need of a standard medical examining body for the whole United States and its Territories being recognized by a body of Old School physicians and their friends, The Carnegie Foundation,—“The National Board of Medical Examiners of the United States” is established, self-appointed; and another step in Old School monopoly in medicine is undertaken.

An astonishing fact is to find the three Surgeon Generals, of the Army, Navy and Health Service, and their assistants, associated with The Carnegie Foundation in an effort to dominate and control medicine in the various States and nullify the Constitution. For Congress to create a “National Board of Medical Examiners of the United States,” as this self-appointed body is constituted, would be the rankest kind of special privilege.

Soon “Somebody’s Foundation” will be encouraging the “Chief Chaplains” in the Government’s employ and their friends, to band themselves together and establish a board of examiners to standardize the examining and licensing of clergymen, priests and ministers of the various religious bodies, to which their candidates for orders can come for voluntary test as to their fitness.

The circular shows that the Army, Navy and Health authorities of the United States, with their friends and The Carnegie Foundation, have seized this opportunity to forward the interests of sectarian medicine, and to clothe themselves with arbitrary and irresponsible power.

There is no provision for the proper examination of the graduates of the Homœopathic and Eclectic schools of medicine. This is directly in line with the last thirty years’ systematic effort of The American Medical Association to control and monopolize medicine.

The circular distinctly explains that the examination is voluntary and that the certificate to be issued to the successful candidate is not a license to practice medicine, nor does it exempt the holders thereof from complying with the legal requirements of the states in which they desire to practice.

They hope sooner or later to persuade the various state boards of medical examiners to accept their certificates in lieu of an examination and then to issue a license to practice to the holder.

When the state boards are lulled into accepting their certificates, the next step will be to induce Congress to make their "National Board" legal and binding. To create a "National Board" as this is now made would practically establish a permanent and powerful medical monopoly of the licensing franchise, under the immediate control of one school of medicine, thereby constituting an exceedingly objectionable form of class legislation. This would be pernicious and un-American. The function of an Examining Board is strictly administrative, and the basis of representation therein of the different schools of medicine must of necessity be equal, in order that the judicial powers of each school may be no greater than those of the other two. Any step like this, tending to create a medical monopoly by one school of medicine, must of necessity be met by the most determined opposition on the part of all who desire to promote entire liberty of opinion and freedom of action among educated medical men.

If the time shall come to establish a real National Board of Medical Examiners—not a make-believe—let us see to it that we have a definite purpose, clear in our mind, that its provisions shall be absolutely equal in bearing upon all schools of medicine, thoroughly effective in its methods and safe in its application, and that the Homœopathic School shall have equal representation with all other schools of medicine.

Meanwhile it will be well to petition Congress to investigate this so-called "National Board of Medical Examiners of the United States" and The Carnegie Foundation, and ascertain by and through what authority they set themselves up as the National Guardians of the Medical Examining and Licensing Boards of the States; and when we find our State Boards are accepting these certificates in lieu of examination, to request our State Legislatures to investigate our Boards of Examiners, and find out why they have delegated and intrusted

their duties to this self-appointed and irresponsible "National Board of Medical Examiners of the United States."

The National Board of Medical Examiners of the United States

Founded 1915, by W. L. Rodman, M. D.

The need of a standard medical examining body for the whole United States and its Territories (Tributary thereto) has occasioned the organization of The National Board of Medical Examiners. It is a *voluntary board*, the members of which are selected from the *Medical Corps of the Army*, the *Navy* and the *Public Health Service*, the *Federation of State Examining Boards*, and other representative organizations, and the medical profession of the United States.

The aim of this Board is to establish a standard of examination and certification of graduates in medicine, through which by the co-operation of the individual Boards of Medical Examiners, the recipients of the certificates of the National Board of Medical Examiners may be recognized for licensure to practice medicine.

The policy of the Board is to conduct its examinations on a broad scientific basis of such a high yet practicable standard that the holders of its certificates will receive universal recognition.

The independent action by the Board is furthered by the financial and moral support of the Carnegie Foundation.

The original Board consisted of fifteen members, as follows, and remains unchanged, except for the loss of the founder and secretary, Dr. Rodman, who died on March 8, 1916. At a meeting June 13, 1916, Dr. W. L. Bierring of Des Moines, Iowa, was elected to the Board.

Surgeon-General W. C. Braisted, U. S. N., President.

Dr. W. L. Rodman, Secretary.

Colonel Louis A. LaGarde, U. S. A., Ret., Treasurer.

Surgeon-General W. C. Gorgas, U. S. A.

Surgeon-General Rupert Blue, U. S. P. H. S.

Medical Director E. R. Stitt, U. S. N.

Assistant Surgeon-General W. C. Rucker, U. S. P. H. S.

Dr. Herbert Harlan, Federation of State Medical Examining Boards.

Dr. Isadore Dyer, New Orleans, La.

Dr. Victor C. Vaughan, Ann Arbor, Mich.

Dr. Henry Sewall, Denver, Col.

Dr. Louis B. Wilson, Rochester, Minn.

Dr. E. Wyllys Andrews, Chicago, Ill.

Dr. Horace D. Arnold, Boston, Mass.

Dr. Austin Flint, New York, N. Y.

The permanent organization of the Board will consist of the *three Surgeon-Generals* and one other representative from each of the Government Medical Services, three representatives of the Federation of State Medical Examining Boards and six members chosen at large from the medical profession by the National Board of Medical Examiners.

The official domicile of the Board is Washington, District of Columbia.

REQUIREMENTS

Requirements for Admission to the Examination

Satisfactory completion of

- (a) *High School.* A four-year high school course.
- (b) *College.* Two years of acceptable college work, including physics, chemistry, biology, and a modern language.
- (c) *Medical School.* Graduation from a Class "A" medical school. (American Medical Association classification.)
- (d) *Hospital Training.* One year as interne in an acceptable hospital or laboratory.

The above requirements apply to graduates of medical schools in 1912 and thereafter. The Board may accept equivalent credentials in the case of graduates previous to 1912.

EXAMINATIONS

The Board has been given spacious rooms in the Army Medical Museum for conducting its examinations. They will be conducted primarily by members of the Board, and will be written, oral, and practical, including the examination of cases. In addition to the written examinations held in the Army Medical Museum, oral, written, and laboratory examinations will be held also in the Army and Navy Medical Schools, and in the Hygienic Laboratory of the Public Health Services, these facilities, as well as the Government Hospitals wherein will be held clinical examinations, having been placed at the disposal of the Board for the purpose.

Credentials must be presented to the Board sufficiently early for investigation. If adequate time is not allowed for this purpose, credentials may be rejected.

The following subjects will be included:

- | | |
|---------------------------------------|--|
| 1. <i>Anatomy:</i> | Surgical Pathology. |
| Microscopic. | 5. <i>Materia Medica, Pharmacology and Therapeutics:</i> |
| Embryology. | Materia Medica. |
| Histology and Organology. | Pharmacology. |
| Neurology. | Therapeutics and Prescription writing. |
| Gross. | Electrotherapeutics, including Radiotherapy. |
| Osteology. | 6. <i>Medicine:</i> |
| Dissection. | Theory and Practice. |
| Applied. | Physical Diagnosis. |
| Regional, Topographical, Surgical. | Laboratory Diagnosis. |
| 2. <i>Physiology:</i> | Diseases of Nervous System, including Psychiatry. |
| 3. <i>Chemistry and Physics:</i> | Diseases of Children. |
| Organic. | Tropical Medicine. |
| Physiological. | 7. <i>Surgery:</i> |
| Physics. | General, including Minor Surgery. |
| 4. <i>Pathology and Bacteriology:</i> | |
| Bacteriology. | |
| Microscopic Pathology. | |
| Gross Pathology. | |

Operative Surgery.	Syphilis and Venereal Dis-
Special Surgery.	eases.
Ear, Nose and Throat.	8. <i>Obstetrics and Gynecology.</i>
Eye.	9. <i>Hygiene and Sanitation:</i>
Genito-urinary.	Sanitary Science.
Orthopedics.	Epidemiology.
Radiology.	Vital Statistics.
Skin Diseases.	State Medicine.
	10. <i>Medical Jurisprudence.</i>

SUBJECT VALUES

1. Anatomy	100
2. Physiology	75
3. Chemistry and Physics	75
4. Pathology and Bacteriology	100
5. Materia Medica, Pharmacology, and Therapeutics	75
6. Medicine	200
7. Surgery	200
8. Obstetrics and Gynecology	100
9. Hygiene and Sanitation	50
10. Medical Jurisprudence	25
<hr/>	
Total	1,000

Passing grade is an average of 75 per cent.

A candidate receiving a mark below 50 per cent in one subject or below 65 per cent in two subjects, fails.

Candidates failing at the first examination may register for a second examination at the end of one year. A third examination will not be allowed.

It is expected that the examination will cover about one week.

No fee is charged for the examination itself, but a registration fee of Five Dollars will be required.

The first examination will be held in Washington, beginning October 16, 1916.

CERTIFICATION

Candidates who have been successful in passing the examination and are approved by the Board, will be granted certificates.

This certificate is not a license to practice medicine, nor does it exempt the holders thereof from complying with the legal requirements of the states in which they desire to practice; but it will be evidence of high attainment in medical knowledge; and will, the Board believes, soon be accepted by State Boards as evidence of qualification for licensure.

Resolutions endorsing the National Board of Medical Examiners have been passed by the following:

The American Medical Association.

The Council on Medical Education of the American Medical Association.

The American Association of Military Surgeons.
 The American Roentgenological Association.
 Southwestern Medical Association.
 Mississippi Valley Medical Association.
 Southern Medical Association.
 Clinical Congress of Surgeons of North America.
 Western Surgical Association.
 St. Louis Medical Association.
 Milwaukee Surgical Association.
 Seaboard Medical Association.
 Harrisburg Academy of Medicine, etc.
 Southern Surgical and Gynecological Association.
 Southern Medical Association.

Further information and application blanks may be obtained from the Secretary,

DR. J. S. RODMAN,
 2106 Walnut Street, Philadelphia, Pa.

ANNOUNCEMENTS

American College of Surgeons

President Aldrich has appointed Dr. G. Forrest Martin, of Lowell, Mass., on the Committee of American College of Surgeons, in place of Dr. H. D. Schenck, resigned.

By order of the Institute, Drs. James C. Wood, William B. Van Lennep and Henry A. Whitmarsh were nominated Governors from the Institute to the American College of Surgeons.

Committee on International Congress

A. B. Norton, 30 E. 55th St., New York.
 W. R. King, Washington.
 Frederick Dearborn, New York.

Committee on Health Insurance

Hills Cole, 1748 Broadway, New York.
 Edward Beecher Hooker, Hartford, Conn.
 Frank Wieland, Chicago.

Officers of the Institute Fraternity

President, Dr. Margaret Schantz, Reading, Pa.
 First Vice-President, Dr. Florence Richardson, Minneapolis, Minn.
 Second Vice-President, Dr. Harriet Hale, Brooklyn, N. Y.
 Secretary-Treasurer, Dr. Marie Hunt, Hyde Park Hotel, Chicago, Ill.

Applications for Membership

- Walter A. Andrews, 736 Winona Ave., Pasadena, Calif.
 Lillian Rue LeKites, 1801 Calvert St., Washington, D. C.
 Amon T. Noe, 507 Central Ave., Pacific Grove, Calif.
 Clifton Richards, Glasgow, Ky.
 Alvin H. Seibert, 709 Starks Bldg., Louisville, Ky.
 Charles L. Town, 243 Fourth Ave., San Francisco, Calif.
 Marcia L. Young, 706 N. Crawford Ave., Dixon, Ill.

CORRESPONDENCE

Some Observations Concerning Acute Poliomyelitis

August 1, 1916.

To the Journal of the American Institute of Homœopathy:

Up to the present time Chicago has been very fortunate in not having been visited by any of the various epidemics of acute poliomyelitis. While there were a good many cases in the state, in the epidemic that swept around us eight years ago, Chicago only had an occasional sporadic case and so far has had only a small increase in the usual number of cases.

Since the New York epidemic began, there have probably been less than 30 genuine cases recognized in the State of Illinois, and of these about half were in Chicago. Owing to the unusual apprehension, a good many suspected cases have been reported, which fortunately have belied the suspicion. It is not possible, therefore, for me to give any conclusions drawn from any extensive personal observation. My observations have been confined to the study of the occasional cases, as they appear from year to year.

It is encouraging to note the very careful means that are being taken to prevent the spread of the disease from one infected district to another; even though there are many things yet to be learned in the etiology of poliomyelitis, it is reasonably certain that the disease is conveyed by contact, by germ laden dust, and by the excretions of the infected individual. Recent observations would indicate that all of the excretions are capable of carrying the infection, but that the excretions from the nasopharyngeal tract are the more dangerous. The conclusions drawn several years ago, that the principal route of invasion was through the nasopharynx, seems also to be borne out by the present study.

In spite of all of the promises, we are unable to discover that any important results have been obtained in the way of treatment from vaccines or serums. The changes in the cerebrospinal fluid, however, seem to have more diagnostic value than was at first attributed to them. The recommendations made some years ago, to use urotropin persistently, in large doses, both for prevention and to limit the extent of the in-

flammatory action, seems to have been discarded as of little value. Rest, dietary measures and ordinary antiphlogistic treatment seem to constitute all that is offered in the treatment, during the acute stage, even after the extensive investigations that have been carried on.

Prevention demands early recognition and quarantine, of suspects as well as of typical cases. Since carriers not themselves ill are possible, children must be kept in the best condition to withstand infection. Nasopharyngeal inflammations probably invite infection, and anything which lowers the resistance also makes infection more probable. Dietary errors are to be avoided. When any epidemic prevails, or even when individual cases of suspects are known in any neighborhood, every effort should be made to prevent the inhalation of dust by children.

It is much safer to keep them at home, and off the street, than to take them off for outings, either by street car or automobile rides over dusty roads.

The hopeful part in the present estimate of the disease is the realization that carefully conducted treatment, in the early stages, will limit the extent of infection and the amount of inflammation, and consequently the extent of the paralysis; that many cases can be managed so that there will be little or no permanent paralysis; that early orthopedic and surgical attention (after recovery from the acute disease) can very markedly modify otherwise serious permanent disabilities.

Joseph P. Cobb.

No Alarm in Boston, July 27, 1916

19 Joy St., Boston, July 27, 1916.

To the Editor:

Answering your note of July 25th, there is no infantile paralysis in Boston. There are no cases in our hospital, and out of all the babies and children I have examined at hospital, dispensary and nursery, since returning from Baltimore July 5th, I have not seen one that even resembled it.

Sincerely,

F. H. MacCarthy.

No Cases at Chicago Home for the Friendless, August 1, 1916

To the Editor:

Up to the present time, there have been no cases of infantile paralysis in this institution.

Agnes V. Fuller.

Are We Prepared?

Chicago.

To the Journal of the American Institute of Homœopathy:

We have read in the August number the "Declaration of Independence" by Dr. Royal S. Copeland of New York with much interest, but in considering the practicability of his advice [to resist every act and plan having to do with the supervision of our colleges] we must bear in mind our present helpless position.

The edict has gone forth that the university shall dominate in medical education. Boston, "the wise virgin," prepared for it. Why did not New York, Philadelphia and Chicago?

If we are to "resist," the best way to do it is by establishing our own universities or schools of science. The name "independent" will be a misnomer, if we are to be absolutely dependent for our students upon universities controlled by the dominant school.

Fraternally,

Clifford Mitchell.

GENERAL NEWS

Alabama. Dr. Alfred M. Duffield, formerly of Huntsville, announces removal to Citronelle, where he will open his house and receive a few patients. Citronelle has the reputation of possessing the finest climate for respiratory, rheumatic and alimentary ailments. Dr. Duffield is a painstaking homœopathic prescriber and is one of the propagandistic workers of the South.

California. Dr. Frank D. Bishop, formerly of Long Beach, announces removal to Palmdale.

Delaware. Extensive alterations are being made to the Homœopathic Hospital in Wilmington. Many new features will be added, including a solarium.

Illinois. Dr. Edgar J. George, president of the Chicago Homœopathic Society, is preparing the year's program. This will be announced in the October JOURNAL. The general plan is a symposium, led by a master in his department, one subject to occupy each evening.

Dr. Ben Huggins (Hahn. Chic., 1916,) has received an appointment to the Metropolitan Hospital of New York.

The trustees of the Hahnemann College have appropriated eight thousand dollars for building repairs, to be completed for the 1916-17 session. The old amphitheatre will give place to laboratories and lecture rooms. New office quarters will also be built.

Dr. Schofield, Chief of Dispensary, submits the following report for July:

Medical		Surgical		Gynecological		Pediatrics		Mental and Nervous	
New	Old	New	Old	New	Old	New	Old	New	Old
73	158	59	123	23	100	28	63	7	25
Eye and Ear		Nose and Throat		Venereal		Dermatology		Obstetrical	
New	Old	New	Old	New	Old	New	Old	New	Old
81	138	68	41	8	26	20	32	4	17
New patients									371
Old patients									725
Total									1,096

Dr. W. W. Sherwood of Wynne, Ark., announces removal to 718 S. Harvey Ave., Oak Park.

Dr. John J. McDermott (American Institute of Homœopathy, 1915; University of Michigan, 1912,) has finished a long service in the New York Ophthalmic Hospital as Resident Surgeon, and received in May his degree, O. and A. Chir. Dr. McDermott has become associated in Chicago with Dr. C. Gurnee Fellows in the Michigan Boulevard Building.

Dr. A. A. O'Neill, President of the Chicago Medical Society, and Dr. John Dill Robertson, Commissioner of Health of Chicago, have appointed Dr. Clifford Mitchell a member of the advisory committee to the commission recently named for the study of infantile paralysis.

Indiana. Dr. Harry E. Koons, formerly of Danville, Va., announces removal to The Pennway, Indianapolis, where he will practice his specialty, eye, ear, nose and throat.

Louisiana. Dr. E. R. Bowie announces change of address to Touro Infirmary, New Orleans.

Maryland. On July 20th the Local Committee of Arrangements in Baltimore gave a complimentary dinner to Dr. Eldridge C. Price, in acknowledgment of his executive work during the Institute session, or as the announcement phrases the motive, "as an expression of sincere appreciation for the ability and untiring effort of Dr. Price."

Other guests were Drs. George T. Shower, John Hood, Clarence K. Jump. Dr. H. M. Stevenson was toastmaster. The toasts were: "Our Chairman," by Dr. Catlin; "The American Institute of Homœopathy," Dr. Thomas; "Maryland Homœopathic Society," Dr. Hood; "Hahnemann General Hospital," Dr. Shamer; "The Local Committee," Dr. Evans; with responses from Dr. Price and Dr. Shower.

As a further evidence of a permanent value of having had a session of the Institute in Baltimore, the Local Committee

appointed a permanent committee under the same efficient chairman to work as a body for all of the homœopathic interests of the State of Maryland.

The Board of Public Works, consisting of Governor Harrington, Comptroller McMullen and Prosecutor Dennis, have a project under way for the appropriation of public money to charitable institutions in accord with which free service in the hospitals shall be paid for from the municipal treasury at per capita rates. The rates in the hospital vary from \$1.00 to \$2.00 per day.

Massachusetts. The Talitha Cumi Maternity Hospital School for Nurses offers a valuable three months' course of instruction under a corps of physicians, most of whom are associated with the faculty of the Boston University Medical School.

Dr. Jacob J. Golub announces removal to 857 Blue Hill Ave., Dorchester, where he will continue general practice.

Michigan. The Homœopathic Hospital Guild of the University of Michigan has taken on a new form of activity in the form of a loan fund for worthy and deserving pupils. Not only the women of Ann Arbor, but the medical profession are subscribers to this fund. The investment in an ambitious medical student gives the best sort of interest. Mrs. Louise Clark, 418 Kingsbury St., Ann Arbor, is secretary and will be glad to furnish further information to subscribers or to other hospital guilds.

A petition has been filed with the County Clerk in Kent County for an appropriation of \$100,000 for the maintenance of the County Tuberculosis Sanatorium.

Dr. Don H. Silsby, University of Michigan, 1916, has succeeded to the practice of Dr. J. B. Dodge, Spaulding Block, St. Johns, Mich.

Dr. Eugene S. Thornton is associated with Dr. Geo. L. LeFevre of Muskegon, Mich.

New Hampshire. Dr. Martha Isabel Boger announces removal to 32 Middle St., Portsmouth, as successor to Dr. Benjamin C. Woodbury, who has gone to Honolulu, Hawaii.

New York. Mrs. Annie T. Knapp of Union offers for sale the library of the late T. P. Knapp. This library includes transactions of the American Institute of Homœopathy, *Hahnemannian Monthly*, *North American Journal of Homœopathy* and *Homœopathic Recorder*.

Dr. John B. Garrison spent the latter part of August at Walters Park.

Ohio. The new Homœopathic Hospital on the Ohio State University campus approaches completion. It will have fifty-two beds and complete laboratory, with clinical facilities.

Dr. Thomas Stewart announces removal from Oconomowoc, Wis., to the Union Trust Building, Cincinnati, Ohio, where he will devote himself to the diseases of the eye, ear, nose and throat.

Dr. R. O. Keiser is reported to be making steady although slow improvement. www.libtool.com.cn

Pennsylvania. The State Homœopathic Medical Society will be held on September 12, 13 and 14, Berkshire Hotel, Reading.

Dr. Van Baun is spending his three weeks' vacation in the White Mountains.

Texas. Dr. T. J. Crowe, for fifteen years a member of the Examining Board of Texas, reports that the Texas State Board of Medical Examiners has "a broad gauged, liberal and harmonious membership and no conflict of any kind. Also the best law in the Union."

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1915.

Moved to

Barhour, Nathan R.....240 Stockton St., San Francisco, Calif.
 Bishop, Frank D.....Palmdale, Calif.
 Boger, Martha Isabel.....32 Middle St., Portsmouth, N. H.
 Bowie, Eleazar R.....Touro Infirmary, New Orleans, La.
 Clarke, Charles P.....Janesville, Wis.
 Conley, Harry D.....1823 Chestnut St., Philadelphia, Pa.
 Darling, Milton A.....914 Hill St., Ann Arbor, Mich.
 Duffield, Alfred M.....Citronelle, Ala.
 Fisher, Hart E.....1057 Wilson Ave., Chicago, Ill.
 Ford, John E.....Grand Junction, Colo.
 Golub, Jacob J.....857 Blue Hill Ave., Dorchester, Mass.
 Hedges, Albert P.....5733 Kenmore Ave., Chicago, Ill.
 Hyatt, C. Inez.....13547 Euclid Ave., East Cleveland, O.
 Koons, Harry E.....The Pennway, Indianapolis, Ind.
 Majumdar, P. C.....34 Theatre Road, Calcutta, India.
 McDermott, John J.....30 N. Michigan Ave., Chicago, Ill.
 Peters, Chester M.....Waynesburg, O.
 Pond, Issi O.....Perry, Ia.
 Potter, Mary E.....305 Washington Ave., Brooklyn, N. Y.
 Roush, Dwight I.....Meade, Kans.
 Sturges, Gertrude E.....Idlewild, Fourth Lake, Old Forge, N. Y.
 Wallace, M. Edna.....Stafford, Kans.
 Wood, Louis F.....22d & San Bruno Ave., San Francisco, Cal.

OBITUARY

Happiness lies in breadth of heart. And breadth of heart is that inward freedom which has the power to understand, feel with, and, if need be, help others.

—Galsworthy.

Harris H. Baxter, M. D., Cleveland, Ohio. In the death of Dr. Baxter, which occurred suddenly on the morning of July 9, 1916, the Institute has lost another of her staunch, loyal and scholarly members who has been a conspicuous figure in its history and development since 1868, when he became a member.

Dr. Baxter was born near Mount Vernon, Ohio, August 15, 1846, a son of Dr. John Baxter and Cassadana Hodges Baxter. Like so many successful business and professional men who find their way to the city, his early manhood was spent on a farm and in his reminiscences of later years, especially during the periods of physical depression which characterized his last months, his mind reverted to those rural scenes, the memory of which bringing him untold happiness.

Dr. Baxter was educated in the public schools of Mount Vernon, Ohio, and the Highland Military Academy of Worcester, Massachusetts. Early in 1865 he came to Cleveland and entered the College of Homœopathic Medicine, which later became the Cleveland Homœopathic Hospital College, the Cleveland Homœopathic Medical College, the Cleveland-Pulte Medical College, and which is now affiliated with the Ohio State University. He received his medical degree in 1867 and, except for two years, during which time he was located in Columbus, lived and practiced medicine in Cleveland, being intimately identified with the city's growth and industrial development. For more than forty years he was a faithful and conspicuous member of the faculty of his Alma Mater, serving as Professor of Materia Medica. He was a charter member of the Huron Road Hospital and its early success and popularity was in no small degree due to his enthusiasm and financial support. For more than thirty years he gave his time and skill to the hospital as a staff member. In 1914 he was elected vice-president of the Institute. He has also served as president of the Cleveland Homœopathic Medical Society and the State Homœopathic Medical Society. He was for fourteen years a member of the Ohio State Board of Medical Registration and Examination and for several years president of that board. He was a member of several of the prominent business and social clubs of Cleveland.

One need only glance through the Transactions of the Institute to see that Dr. Baxter's long membership has not been a quiescent one, for he has been a constant contributor to the scientific side of the Institute, as well as being most active in all pertaining to its policy and its financial welfare. When any important question came up there was never any doubt as to where to find him. There were few physicians ever more beloved by their patients than was Dr. Baxter, which is the final test of a physician's character. In the City of Cleveland he was looked upon as friend and counselor by his brother physicians

who, when the word went out that he was gone, spoke in tremulous voices of their great loss. He was held in equally great esteem by his hundreds of students for his high ideals and scholarly attributes. When he was finally laid away there came from all parts of the country patients and students and professional associates whose lives had been touched by his life, that they might for the last time do honor to their physician and friend. The floral tributes were most elaborate and beautiful.

Dr. Baxter was married in 1888 to Miss Ellen Sackett, who survives him. One of his chief characteristics was his affection and love for young men, and one of his greatest pleasures was to entertain them in his happy and hospitable home.

James C. Wood.

Resolutions passed by the Cleveland Homœopathic Medical Society at a special meeting held July 8th, 1916:

Whereas, it has pleased the All Loving Father to call from his earthly labors our *confreere* and brother, Dr. Harris H. Baxter; therefore be it

Resolved, that in the death of Dr. Baxter the medical profession has lost a scholarly member, an able teacher, and a wise counselor; the community a loyal citizen and a devout patriot, possessing the highest ideals of citizenship; and his clientele a devoted physician who for nearly fifty years faithfully cared for them during sickness, sorrow and affliction.

Resolved, that this Society extend to his family its profound and sincere sympathy for their irreparable loss;

Resolved further, that a copy of these resolutions be incorporated in the minutes of this Society.

Henry Chandlee, M. D., Baltimore, Maryland. Dr. Henry Chandlee, the eldest son of Edwin and Cassandra Turner Chandlee, was born in Baltimore, Dec. 4, 1853, and died April 19, 1916.

When he was but fourteen years old his father died, followed a year later by his mother, leaving the boy the head of a family of five orphans.

He attended Lamb's School, and later Swarthmore College, but in his third year was withdrawn to enter a machine shop in Wilmington. After completing his training there, he engaged in the lumber business in Baltimore, which was terminated by a fire, after which he aided his grandfather in the management of a farm and other interests at Sandy Spring. He graduated from the University of Maryland in 1882, and a year later from Hahnemann Medical College, Philadelphia. He at once entered upon general practice in Baltimore, taking an active interest in all the organized agencies for the promotion of Homœopathy in the State. For a while he aided in the conduct of the *American Medical Monthly*, and later was sole manager. He helped to organize the Southern Homœopathic Medical College and the Maryland Homœopathic Hospital, was Professor of Physiology, later of Obstetrics, finally of Surgery, and for six years was Dean of the College, taking a promi-

ment part in hospital work and in the proceedings of the State Medical Society.

He constructed one of the first wireless stations, and was associated with Professor Rowland of Johns Hopkins University in making the first X-Ray picture in Baltimore.

During the Boer war his services were accepted by the English government, but peace was declared soon after he reached Europe. Pursuing his studies in radiography in Paris, London and Berlin where he consulted Professor Roentgen, he returned to devote himself to surgery and radio-therapy, and at the time of his death was Assistant Professor of Roentgenology in the University of Maryland; Radiologist of the Kernan Hospital for Crippled Children; also conducted a private laboratory with two assistants, having applied himself exclusively to this specialty during the latter part of his life.

The varied character of his business pursuits, his proficiency in music, and the eminence achieved in the wide scope of his activities in physics and medical practice amply testify to the versatility of his talents.

Dr. Chandlee was twice married: in 1878 to Anna Betterton Turner of Maryland, who died in 1897, leaving a daughter who survives her father, and in 1907 to Frances Elizabeth Carneal of Virginia, who survives him.

Dr. Chandlee was an enthusiastic motorist and canoeist, for the past twelve years spending two of the summer months on an island in the St. Lawrence river. A large measure of his enjoyment was derived from his violin, his passion for music having induced his guardian to attempt to suppress it in the Wilmington machine shop.

To the dismay of his colleagues and patrons his brilliant career was abruptly terminated by a carbuncle, evidently induced through his zealous devotion to his duties.

George T. Shower.

AMERICAN INSTITUTE OF HOMŒOPATHY
BUSINESS SESSION, JUNE 26-30, 1916

Hotel Emerson, Baltimore, Maryland
Monday Morning, June 26th, 1916

President Aldrich: I now declare the Seventy-second Annual Session of the American Institute of Homœopathy open and ready for the transaction of business.

President Aldrich then read his Business Address, Vice-President T. Edward Costain presiding. [Published in the J. A. I. H., June, 1916.]

Dr. Costain: As committee on the President's address I appoint Drs. Gilbert FitzPatrick of Chicago, G. Forrest Martin of Lowell, Mass., and J. B. Garrison of New York.

President Aldrich: What is your wish in regard to the adoption of the order of business as printed in the program?

On motion of Dr. Krauss, seconded by Dr. Copeland, ordered that the report of the Committee on Amendment, Art. I, precede the report of the Committee on General Revision of the Constitution and By-laws on Tuesday morning.

On motion of Dr. Cobb, ordered that the program as printed be considered the order of business with the one change that Dr. Krauss' report on the Amendment come before the report of the Committee on Revision.

President Aldrich: To fill the vacancies on standing committees, I appoint on the Board of Censors to fill two vacancies, Dr. Nichols of Pasadena, and Dr. Carmichael of Philadelphia.

Secretary's Report from the Board of Trustees

The following is a summary of work done by the Trustees, June, 1915, and December, 1915.

June 28,—July 2, 1915.

Finance: Dr. Sawyer reported an operating expense of approximately \$14,012.94 with budget estimate of \$12,536.00, and asked that further report be deferred.

The Treasurer reported total receipts on all accounts \$21,971.66, with total expenditures on all accounts \$16,937.57; giving total balance on hand, \$5,034.09.

JOURNAL Committee reported total receipts \$8,578.93, total expenditures \$7,714.26, giving balance \$864.67.

On motion, ordered:

1. That names of members resigning be removed from membership list without publicity.
2. That Publication Committee be discontinued and its work assumed by the JOURNAL management.

3. That an accounting be obtained from the Local Committee in Kansas City, a sub-committee of the Council on Medical Education, with transfer of moneys.

4. That one thousand dollars (\$1,000) be placed to the credit of the Council on Medical Education, to carry on its work, with the understanding that when the resources of the Council materialize, this amount shall be refunded as far as may be done without impairing the work of the Council.

5. That the Institute operate under the budget of last year, until a new budget is prepared.

6. That the business management of the JOURNAL shall be in the hands of the Editor temporarily, or until such arrangement as the Finance Committee may effect.

December 18, 1915

Treasurer's report of total balance December 18, 1915, \$7,403.28.

JOURNAL Committee reported a total balance to the credit of the JOURNAL account, July 1-November 30, \$1,456.76.

On motion ordered:

1. That the five hundred dollar (\$500.00) legacy from Dr. Sarah J. Millsop be credited to the Endowment Fund.

2. That the fiscal year of the Institute begin September 26.

3. That the Editor be appointed for a term of three years from September 26, 1915.

4. That Dr. Hobson be made official Editor of the Institute.

5. That the June decision to meet in Baltimore in 1916 be reaffirmed.

6. That an allowance not to exceed fifty dollars (\$50.00) be appropriated to the expenses of the Committee on New Members, with the recommendation that the Chairman of the Committee on New Members be a somewhat permanent appointment.

7. That one hundred dollars (\$100.00) be appropriated to the Council on Medical Education for the expenses of reprints and distribution of the Educational Report.

8. That fifty dollars (\$50.00) be utilized by the Finance Committee to look up the property rights in the Buffalo and Detroit hospitals.

9. That two hundred dollars (\$200.00) be appropriated to the Council on Medical Education to continue the work of hospital inspection.

10. That the Council on Medical Education continue the work on Federation.

11. That activity in raising the Endowment Fund be discontinued until ordered by the Trustees.

12. That the session of 1916 be held during the week beginning June 25th.

Respectfully submitted,

Sarah M. Hobson, Secretary.

On motion of Dr. Wood, seconded by Dr. Cobb, ordered adopted.

Report of the Treasurer

June 23, 1916.

GENERAL ACCOUNT

Receipts

Balance from Old Account.....	\$ 3,694.21	
Received from Dues to date.....	5,833.35	
" " Interest on Deposits.....	110.16	
" " Exhibits	1,485.50	
Total Receipts.....	\$11,123.22	\$11,123.22

Disbursements

Cash Paid—Treasurer—Salary of Assistant.....	\$ 780.00
" " " —Postage	175.00
" " " —Monthly Sundries	79.20
" " " —Sundry Printing	41.50
" " " —Treas. and Asst., traveling expenses to Chicago and return	173.19
" " " —Safe Deposit Co., Rent of Room	50.00
" " " —American Surety Co., Bond	25.00
" " " —Exchange on checks.....	13.46
" " " —Freight on Box, Chicago and return	18.94
" " —Secretary—Salary	499.92
" " " —½ Stenographer's Salary.	390.00
" " " —½ Office Rent.....	275.00
" " " —Postage	82.56
" " " —Expressage	19.51
" " " —Sundries	213.38
" " —Printing—Stationery	132.90
" " " —Programs	81.20
" " —Sundry Printing	249.75
" " —Membership Badges	140.00
" " —Stenographers' Salary at Meeting....	279.16
" " —Traveling Expenses of Trustees.....	459.22
" " —Emergency	59.46
" " —Committee Org., Reg. and Statistics.	25.75
" " " on New Members.....	43.15
" " —Press Committee	160.15
" " —Exhibits—Printing	9.00
" " " —Commission	165.61
" " —Registrar—Services	25.00
" " —Expenses of Chicago Meeting.....	201.04
" " —Special—Cash Transferred to Council Medical Education—for reprint ex- pense on report.....	100.00

Cash Paid—Special—Cash Transferred to Council Medical Education—for investiga- tion of property rights.....	50.00	
“ “ —Special—Cash Transferred to Council Medical Education—for hospital in- spection	200.00	
“ “ —Special—Cash Transferred to Council Medical Education by order of the Trustees, July 2, 1915.....	1,000.00	
“ “ —Special—Cash Transferred to Journal Account for 176 unpaid Senior Sub., \$2.00 each	352.00	
“ “ —Special—Henry C. Aldrich—Printing and Postage	219.50	
“ “ —Special—Sarah M. Hobson—Expenses to Baltimore for arrangement of program	36.00	
“ “ —Special—C. H. Killough—furniture for Secretary	40.00	
	<hr/>	
Total Disbursements	\$ 6,865.55	
BALANCE TO NEW ACCOUNT.....	4,257.67	
	<hr/>	\$11,123.22

JOURNAL ACCOUNT

Receipts

Balance from Old Account	\$ 864.67	
Received from Advertisements	4,973.55	
“ “ Subscriptions	4,104.91	
	<hr/>	
Total Receipts	\$ 9,943.13	\$ 9,943.13

Disbursements

Cash Paid—Editor—Salary	\$ 1,500.00	
“ “ “ —½ Stenographer's Salary....	390.00	
“ “ “ —½ Office Rent.....	275.00	
“ “ “ —Postage	63.59	
“ “ “ —Expressage	13.05	
“ “ “ —Sundries	205.20	
“ “ —Printing Journal	5,014.13	
“ “ “ Stationery	7.00	
“ “ —Sundry Printing (including Press Clipping)	69.75	
“ “ —Commission on Advertising.....	382.33	
“ “ —Postage—Advertising	25.49	
“ “ —Special—C. H. Killough—furniture for Editor	9.60	
	<hr/>	
Total Disbursements	\$ 7,955.14	
BALANCE TO NEW ACCOUNT.....	1,987.99	
	<hr/>	\$ 9,943.13

March	286.53	120.00	396.41	212.27
April	251.52	116.00	496.98	252.87
May	443.09	332.00	410.44	242.47
June	260.28	150.00	463.85	221.97

Total	\$4,745.63	\$2,938.15	\$5,078.29	\$2,682.67
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The total receipts amount to.....\$7,683.78

The total expenditures amount to..... 7,760.96

Making an apparent deficiency of.....\$ 77.18

Against which should be placed the sum of \$352.00 from 176 subscriptions from Seniors, and the sum of \$49.00 account of our Medical School graduates of 1915-16, which sums are not included in the above, thus making \$401.00 to offset the deficiency of \$77.18.

The credit balance, therefore, at the JOURNAL office is \$323.82. Among the incidentals is an expense of \$58.83 for cuts to illustrate articles.

It is interesting to note that, in spite of "business depression" in medical advertising, a steady increase occurred in the advertisements placed. For instance, in January, 1916, the advertising pages of the JOURNAL represented a value of.....\$334.60 In April, 1916, the value had reached the sum of..... 392.76 And in June, the current issue, the sum of..... 434.59 A very substantial increase.

During the year 262 personal letters were sent to members of the Institute who were delinquent in regard to their subscriptions. Within a month's time, as a result of these reminders, there came in to the Institute Treasury \$150 for subscriptions and membership dues. Some of the members were in arrears for the period of two years, and special attention is called to the fact that the delinquents still number 115. This is of importance in connection with the regulations of the Post Office Department, which permit the mailing of journals and magazines only to *bona fide* subscribers; that is, to those who have paid their subscriptions. The JOURNAL Committee therefore pleads for the prompt payment of all dues.

Attention is once more called to the fact that the business of the Institute is so conducted that the Treasurer's report and the JOURNAL records do not agree when presented at the annual sessions. This is due to the fact that the years do not synchronize. The discrepancy is shown by the following figures taken from the Treasurer's report just presented to you:

The total receipts credited to the JOURNAL account amounted	
to	\$9,943.13
The disbursements to	7,955.14

Giving a balance to the credit side of.....\$1,987.99 which is considerably more than the JOURNAL claims for itself. This lack of agreement can be done away with by having the fiscal year of

all the department of Institute work begin on the 26th day of September, when the newly elected officers assume their official responsibilities, and the new year of the Institute begins.

John P. Sutherland,
C. E. Sawyer,
Sarah M. Hobson,
JOURNAL Committee.

On motion of Dr. Cobb, seconded by Dr. Hooker, ordered that the report be approved and accepted.

Report on Reorganization and Institute Finances

Dr. Sawyer: Mr. Chairman, Fellows of the Institute, as Dr. Sutherland has just said, there are some discrepancies in the accounts of the various departments of the Institute due to the fact that they are not all adjusted at one time in the year. Because of that I find a discrepancy in the Finance Committee's report as compared with that of the Treasurer. For that reason I shall not attempt to go into details in any way regarding the matter of dollars and cents as they would appear in a strict account. I can only say for the Finance Committee, Mr. President, that we have for some time been operating under a budget system of expense, and that system has not been equal to the requirements and demands of the Institute. Because of that it seems necessary that we should adopt some different plan, or enlarge somewhat upon the plan that we have in order to meet the actual expenses.

The business of the American Institute, like any other business has grown in the matter of expense, and for that reason it seems necessary that we should make some change in the general plan of operation of the Institute, so I have taken upon myself to offer what I consider a better plan for the operation of matters pertaining to the general Institute work.

You will excuse me, Mr. Chairman, but it is hardly possible to give you this as a written report. The matters of business concerning the American Institute, consist of two specific conditions: one having to do with the resources, with the keeping of records, with the income, and with matters which have to do entirely with what we would denominate the Business of the Institute. I am speaking of this now in the terms of business sense. I am trying to keep myself as free as possible from anything that will bring argument as to what I mean. If I am not able to make myself clear as I proceed I will be happy to answer any questions which may arise.

I am convinced after two years as Chairman of the Finance Committee that it is a very poor policy to have the matters of the Institute scattered and distributed throughout the country as at present. There is no business organization that ever succeeded under the operation of a Board of Trustees, such as our Board of Trustees, only meeting once or twice a year, and taking up the business of this great organization

which implies the expenditure of sixteen thousand dollars or more, without having some more careful personal consideration.

To that end I have to suggest, Sir, that we adopt a plan similar to this: I would suggest that we have a General Manager of the business affairs of the American Institute. I would suggest first, however, that we should establish for ourselves an office or offices, sufficiently and thoroughly equipped in the city of Chicago, in which the business of this Institute may be properly conducted. It would be useless, however, to have this outfit unless we had the administration or the management of it in the hands of some few individuals. It is necessary in conducting the financial side of this great question that we have it in the hands of people who can get together oftener, and give it more personal attention. After having established ourselves in offices appropriate, sufficient, and complete, I think we should arrange to have a General Manager. It does not necessarily imply that this General Manager should be a Doctor of Medicine. Some of the best organizations in the country (I could name them in our own State of Ohio), some of the best medical organizations are conducted by men not medical. Therefore it is not necessary that we should depend upon medical men for the conduct of these particular things. It would be highly necessary in any event, to have this General Manager surrounded by a board of individuals who would be in complete touch, and could be brought quickly into action in case any question whatsoever might come up. I would suggest that you have a Board of Control. You may call it what you please—it may be the Executive Committee, or may be known by any other name you wish. This particular board of three, perhaps, should have to do with things that pertain to the Administrative Department. In this board of control I should have each member have charge of certain particular things. One member should be required to have charge particularly of the things that are related to Colleges, Hospitals, Training Schools. His entire attention, so far as conference, consultation, and things of that sort are concerned, should be related to these particular matters. Now as to the importance of this move. Our colleges at present number ten in the United States. We originally had twenty-one. We must admit that we have lost in that regard, and consequently must feel that there has been something wrong with the plan of operation through the American Institute, in the conduct of this particular part of the business. Our colleges are particularly important at this time, because out of our colleges must come the influence and force that says whether we are to remain and exist as an active body, or whether we are to pass out of existence as such a body. I would not offer the suggestion for a single moment that there is a possibility of the law of similars ever losing its place in the world. There is

a possibility of a loss of prestige and force unless we are thoroughly and competently organized as a business body.

In regard to the matter of colleges at this time, I might relate that during the last week I sat for the first time as a member of the Examining Board of the State of Ohio. I must say to you that any classification instituted by the old school is entirely unfair to us. It is essential to us, as I see it, as a member of the Board of Trustees, and as a member of the Ohio Examining Board—it is essential that we should establish a standard, not an A, B, C, classification, but one standard that will be superior to that of any standard established by any body that makes good doctors. We should have but one classification in the Homœopathic school, and that should be one that avails us beyond question when our students apply anywhere for the privilege of practicing medicine, whether in Ohio, Indiana, on the Pacific Coast, or in the New England States. In order to accomplish that, it will be necessary that one individual give particular attention to these things. There are differences existing between our curricula, between the plans of operation in the various colleges, which should be corrected, and out of this work would come that correction.

Dr. Dewey will show you what has been accomplished in the matter of hospitals. The same things pertain to hospitals that pertain to colleges. We want to be known as producing and guaranteeing to the public the best hospitals under the best management that can be obtained and given. We can hope to hold our place only by providing a little better than any one else provides, and that should be the idea that prompts us in whatever we do. The same thing applies to training schools. Every state in the Union is adopting laws for the control of nurses, and our nurses play a very important part. We have paid entirely too little attention to this important question as a fraternity, so that the individual on this board who would give his attention to this particular thing should co-operate in every way, and gain co-operation throughout the country, and thus establish a powerful department.

As to societies, state and local, it is important that we federate. There is no reason why we should not co-operate throughout the country. We are losing ground. I do not believe in pessimism, but I do believe in the truth. Let's look at the facts as they present themselves. Before this Institute has adjourned there will be a plan presented whereby we may carry out a reorganization that will surprise us all in consequences and benefits. I would suggest that the societies, state and local, be under the supervision and control of one member.

As to propaganda and endowments, that is an entirely different subject. Allow me to express to you the things that have occurred in my own state, with whose happenings I am more familiar than with any other.

In the State of Ohio, the Homœopathic fraternity, in look-

ing over matters, unearthed \$36,000 in money, \$15,000 in Cleveland, \$15,000 in Cincinnati, and a thousand dollars from a local society in Columbus. Out of this money we have been able to establish and build for ourselves on the campus of the Ohio State University one of the most promising hospitals under Homœopathic control in the United States. Pardon me for bragging. Had it not been for the fact that personal attention was given to the matter of this money, the whole thing would have been passed by. In Detroit today we have a property which cost the Homœopathic fraternity two or three hundred thousand dollars. I refer to Grace Hospital. My observation, experience and investigation show that we are practically without authority in Grace Hospital of Detroit. I feel certain if we could get down into this matter, with sufficient force at our command, we could combat the influence which is unhorsing us in that institution, and get back what belongs to us. I believe Grace Hospital, of Detroit, belongs to the Homœopathic fraternity. So I feel with many different colleges and hospitals: if we could only get behind them with an organized force we would be able to accomplish a great deal more.

Our Secretary's office at present is only a nominal one, apologizing to the present Secretary. It is not her fault. The fault is that she has no place in which to properly do the business that applies to the Secretary's office. The record of membership shows how indefinite and incomplete are the relationships between the various operating departments of this organization. The Secretary should be the liveliest member of the whole force, and out of that office should come a complete record of membership, a complete account of all things material to the collection of records. As for the records of this Institute today, if it were not for the charity of one single member we would practically be without very important vital records of this great American Institute. I am going to talk right out, and say, were it not for Dr. Dewey, and what his offices contain, we would be without records which would substantiate us as a live organization. Those records should be accumulated in a central office, under the control and observation of a special individual, who could have charge and could give information frequently sought. I would say by all means it is highly important that we have an active Secretary, unlimited as to necessary support, and necessary employees, in carrying on the business interest of this American Institute. There is no member of this entire board who should be more active than the Secretary.

I never could reconcile myself to the idea that the Treasurer should have charge of collecting details and data that belong to the Secretary's office. The Treasurer should have charge of the money, and this should be kept under certain specific economy, so that it would be easy at all moments to

get information desired. That information ought to be as readily obtainable by the editor of the JOURNAL, and the other members of the Institute, as it would be in your own private business. What would I do if I knew my business was expending more than it earned? I would certainly change the plan of operation. This is not to take out of the hands of this great Institute body, any of its influence, power, advice or control.

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I would have in connection with the General Manager's office, the Editor of the JOURNAL, who should have charge of subscriptions, and know definitely and positively each night how many subscriptions were unpaid, how and where there might be possibilities of getting new subscribers, and all the details of operation of the JOURNAL, and that would make her a very busy individual.

Another important thing is publicity. One of the things that ails us today is that we allow our light to be hidden under a bushel. We have not thought, acted, and done the things that we should to impress upon the American public and laity the importance of the things we are doing. We are promoting some of the greatest things ever promoted in this great country, and yet we are allowing ourselves to be submerged by conditions of modesty, or are too busy, or too self-satisfied. Consequently we are losing a lot of prestige in the things that we should have and should maintain. I would say that by all means we should have a liberal lot of money expended in the matter of publicity. There is no reason why Homœopathy should not advertise. All other schools do. We can demonstrate what we are doing in the matter of experiments, what we are doing in the way of public health. By the way, Dr. Dewey is demonstrating this in one of the most interesting pamphlets ever published. My contention is that there is something wrong with our plan of operation. I am suggesting a definite plan, and sincerely hope that the American Institute as a body will adopt it before we leave Baltimore.

I may state that this proposition has nothing to do with matters professional. I will agree, as will be stated on this floor, before this argument is over, that our aim is to promote things technical. That is true, but you cannot promote a matter by simply talking about it. You must necessarily do things to bring them to the attention of the public, and interest members in coming to your meetings. We have a membership in the Homœopathic fraternity of over ten thousand men. We have an attendance of about four hundred at our meetings. We are a great representative national body, and there is something wrong on the professional side, and it is necessary that we be awake to its particular needs.

In order to do that I should say that the present Board of Trustees is entirely too unwieldy in this regard as in the administrative side. I would suggest that the Board of Trustees

be made up of men selected for the business, if we expect to adopt this policy and carry it into execution. As to the present policy, it seems to me unwise, that the officers of the American Institute should be a part of this Board of Trustees, for this reason: no man can do justice to the business of this great organization who only has the experience of a single year's observation, and that practically is the case of the President. He is elected in June, and takes his office on the 26th of September, and closes the annual session in the following June. It would require a very smart man to have thorough knowledge of these various matters in this space of time. We should concentrate the working affairs and the general management of this business in the hands of fewer men in order to conduct it in the most successful manner.

These Trustees, or this board, would have to do with particular things. The President, the Vice-Presidents, the Secretary and Registrar will take charge of all matters relating to the professional matters of the Institute. I am sure the affairs of the Institute can be conducted at much less expense, as well as in a more productive way.

One member of the board should have supervision of the place of meeting, and let me say that is one of the most important things we should consider. We are making a mistake if we allow ourselves to hurry out of this convention before we adopt a better method as to where we should go. The American Institute of this great United States should not be begging charity of any locality. It should be big enough, and broad enough to go anywhere. We should simply say, "We are coming to your section of the world to hold our Institute meeting. We are going to hold something that will help uplift humanity, and will help the fraternity wherever they may come from." The time of the meeting is vastly important. We have given too little consideration to these things. They are all co-related, and if we could only think of them as attached to each other we would find that a specific and definite policy is a fortunate thing.

One member should have charge of transportation; one should have charge of the affiliated societies; one should have charge of all things Homœopathic, drug proving, etc.; one should have control of special committees; one should have general supervision of Bureaus that present technical papers, and things of that sort in convention. If these things are designated to one particular head, and he is made responsible for the conduct of this special line of business, I feel sure we will be much better off.

I am reminded at this particular time of a farmer who engaged an Irishman to work for him. The farmer said, "Mike, I want you to go out and do the chores." Mike says, "Chores, and what might that be?" The farmer said, "I want you to feed the horses, the cows, and the pigs." Well Mike went out

and followed instructions to the best of his ability, and as he came back he found some geese in the yard. He thought it only proper that they, too, should be fed, so he gets loose straw and throws it to them. You can imagine what happened. The geese began to squawk and flap their wings, and make a terrible fuss. Mike went on into the house, and the farmer asked him if he had done his work. "Yes," says Mike. "I fed the horses, the cows, and the pigs, and as I came along I fed the geese." "What did you feed them?" asked the farmer. "Shure, I fed them straw," says Mike. "Did they eat it?" asked the farmer. "Well," says Mike, "they had not eat it when I came away, but they were talkin' about it."

The one thing that the American Institute has been doing is too much talking. I am urging you sincerely to do the things actually necessary to do. We do not want any frills about this, and no red tape, but we certainly do want some active system. We need execution. Resolution is of no good whatever. What we want is some plan, some definite policy worked out. Self-satisfaction and complacency are the arteriosclerosis of any organization. Let's not fall into that particular condition. I might say that it is the opinion of one member of the Institute that we have been a little too well satisfied with what we have been doing. I am ready as best I can to assist in some way. This plan is feasible, because it will cost less money than the old; it is feasible because the material to carry it out is obtainable; and it recommends itself because it will accomplish a great deal more than has ever been accomplished.

Dr. Krauss: Mr. President, it is very unfortunate that the Constitution has no provision for receiving a report not written, and Dr. Sawyer's forcible argument makes that important. I move that a committee of three be appointed, which will make two statements: First, the express statement of the main idea underlying Dr. Sawyer's proposition; and secondly, the details worked out in a simply consecutive, effective manner, and that this be proposed for action in 1917.

Motion seconded.

Dr. Cobb: I move to amend the motion that the committee report tomorrow morning. [Amendment accepted.]

President Aldrich: The question is on Dr. Krauss' motion as amended by Dr. Cobb, that a committee of three report tomorrow morning. Are you ready for the question? Those in favor signify by saying, "aye." Contrary, "no."

Motion is carried.

President Aldrich: Dr. Krauss' motion as amended is now before the House. Is there any discussion?

Dr. Costain: I am thoroughly in accord and sympathy with Dr. Sawyer's plan, except I believe we should be very careful not to get more committees within the Institute than we have already. In thinking the matter

over, and discussing it with Dr. Sawyer, I have taken the liberty of making a very brief outline, along the same line as Dr. Sawyer's report, which I wish to offer as an amendment to Dr. Sawyer's report.

Dr. Costain's Recommendation

In behalf of efficient reorganization, the following recommendations are made to the Revision Committee:

1. That the work of the Secretary, Treasurer and Registrar be divided between the Secretary-Treasurer (which officer shall also be General Business Manager) and the Editor of the JOURNAL, with a central office for the executive work of the Institute.
2. That the Chairman of the Finance, of the JOURNAL, and of the Publicity committees of the Board of Trustees, together with the President and the Secretary-Treasurer, ex-officio, constitute the Executive Committee, or Board of Control.
3. That the Vice-Presidents be elected with the intention of advance to the office of the President.
4. That the candidate for Second Vice-President be chosen, when practicable, from the retiring trustees, thus making it possible to round out a service of six years, during which well-formulated plans of work could be executed.
5. That there be a definite effort to enroll among the trustees the younger members of the Institute, both men and women.
6. That the Secretary-Treasurer, as well as the Editor, be
 - a. Elected by the Board of Trustees.
 - b. Salaried by the Board, and
 - c. Confirmed by the Institute.
8. That the entire Board of President, First Vice-President, Second Vice-President, Secretary-Treasurer, Editor of JOURNAL, and nine Trustees meet in annual session in the month of October to outline the work of the year.
9. That the Executive Committee, or Board of Control, meet at least four times a year to prosecute the business and professional work of the Institute.
10. That remission of dues of Seniors or of other members be granted only upon specific individual recommendation of the Senate of Seniors.

Dr. Costain: I wish to offer this as an amendment.

Dr. Cobb: I move that this amendment be referred with the original motion to a committee of three.

Seconded.

On motion, ordered that Dr. Sawyer's report, together with the suggestions of Dr. Costain, be referred to a committee of three, this committee to report on Tuesday morning at 8:30.

Report of the Board of Censors

Dr. Reily: Mr. President, members of the Institute, I have to report the names of thirty-six applicants who applied in the interval during the last meeting. The names have been pub-

lished in the JOURNAL, and you have all had the opportunity of seeing them. I move that they be elected to membership. Seconded. Carried.

Dr. Reily: I have to further report the receipt of fifty-nine applications. These have been received since the last list published in the JOURNAL, and will be posted for the next twenty-four hours where you can all see them, to be acted upon tomorrow morning.

I also have to recommend for Honorary Associate membership in the American Institute of Homœopathy, a very distinguished patron of Homœopathy, Benjamin Ide Wheeler, President of the University of California, for his magnificent assistance and co-operation in the creation of a Department in Homœopathy in the University of California. This recommendation is signed by no less eminent members of the Institute than James W. Ward, Byron E. Miller, and Henry C. Aldrich. In my opinion no further recommendation is necessary. I move that the report of the Board of Censors be approved and that Dr. Wheeler be made Honorary Associate Member of the Institute.

Dr. Krauss: Seconded. Carried.

President Aldrich appointed committee on Reorganization, Drs. Carmichael, Sawyer and Burrett.

Report of the Committee on Local Arrangements

Dr. Price: Our Local Committee has a great deal that might be reported, but as the time is so short I will make my report as brief as possible. We have done the best we could to lay the foundation for a successful meeting. You will find the different committees posted at various points in the building. The chief points to which I will call your attention are certain announcements of interest to all concerned. First as to the golfers. If you will register at the Bureau of Information you will be taken care of, and you will be given information as to how to proceed. If you wish to visit Annapolis, please register at the Bureau of Information and procure the tickets before that day. If you wish to visit points in or around the city, when not engaged in committee or bureau work, register at the Bureau of Information and automobiles will be assigned to you.

The annual Presidential address will be delivered tonight in the Roof Garden. Following the preliminary part of the program there will be a reception, dancing and refreshments. The acting officers of the Institute will be seated on the platform. The ex-Presidents and other officials, Chairmen of Bureaus, etc., will be seated on the west side. On the east side the Local Committee.

Tomorrow evening there will be a Sea Food Dinner at Bayshore. The cars leave at 6:15. Wednesday there will be

various dinners, smokers, and all sorts of entertainments in the evening. Thursday evening there will be an entertainment in one of the halls about which you will hear more later. Friday there will be a steamboat excursion. The boat will leave at 4:30. It will touch at Ft. McHenry, where the Institute will be divided into squads and shown through the Fort. Returning from Ft. McHenry we will take you down the bay. There will be refreshments, dancing and a Negro minstrel entertainment. Register at the earliest possible moment for the various trips.

Dr. Sawyer: Mr. President, members of the Institute, within the last few days the American Institute has met with an irreparable loss in the death of one of the grandest men this Institute has ever known—that dear grand companion and comrade of ours—Dr. T. Franklin Smith. On receiving the news of Dr. Smith's death, the Secretary at once forwarded a telegram of condolence, but it seems proper at this time that we should take some action. I have to offer the following motion: That the President appoint a committee of two Trustees, Seniors in the Institute, to draw up appropriate resolutions, submit them to the Institute members for endorsement, and forward them to the family of Dr. Smith.

Dr. Krauss: Seconded. Carried.

President Aldrich: I will appoint on that Committee, Drs. Sawyer and Sutherland.

Announcements

Dr. Sutherland: Mr. President, I would like to announce a meeting of the Seniors tonight at six o'clock in the Trustees' Room.

Dr. Parsons: Those who have not yet turned in their papers at Press headquarters should do so at as early a date as possible. At the Congress of States tomorrow morning there will be printed pamphlets giving the precise explanation as to the matter of federating our societies. The pamphlets have been printed, and will be distributed among the members and delegates to the Congress of States. If you will read the pamphlets over today you will be prepared tomorrow to discuss the matter.

Adjourned till Tuesday, 8:30 a. m.

Tuesday, 8:30 a. m., June 27, 1916

Tuesday morning session called to order by President Aldrich.

Report of Special Committee on Reorganization

Your Committee would respectfully report that it has considered the various plans proposed for the reorganization of the working of

the Institute and would suggest the following as a suitable plan for promoting its general efficiency in all departments:

First—That the work of the Institute be considered under two headings or departments to be known as the Administrative and Professional Departments under the control of a Board of Trustees, consisting of nine members.

Second—That the Administrative Department, which shall have control of the business affairs of the Institute, shall consist of a *Board of Control* or Executive Committee of three members of the Board of Trustees, who shall employ a General Manager, a Secretary-Treasurer and an Editor, who shall be preferably members of the Institute.

This *Board of Control* or Executive Committee shall be empowered to secure suitable offices to meet the requirements of the Administrative Department.

Third—That the Professional Department shall have charge of the scientific work of the Institute and be under the administration of the President, two Vice-Presidents, Recording Secretary, Registrar and the Board of Trustees.

Your Committee is convinced that this plan can be put into practical operation within the present expense account of the Institute.

We believe that it will add to the efficiency and prestige and therefore would recommend its adoption and that suitable changes be made in the Constitution and By-Laws to make it effective at the beginning of the next fiscal year, September 26, 1916.

T. H. Carmichael, Chairman,
C. E. Sawyer,
Claude A. Burrett

President Aldrich: You have heard the report of the Committee. What is your wish?

Dr. Young: I think you will all agree that this is a wise thing, and I am glad to have the opportunity to make a motion that this report be received and adopted, and that the Trustees be instructed by the Institute to put into effect the recommendation of this committee on or before September 26, 1916.

Dr. Ward: Seconded.

President Aldrich: You have heard the motion—that the report of this committee be received and adopted, and that the Trustees be instructed to enforce its provisions on or before the beginning of the next fiscal year. Is there any discussion?

Dr. Krauss: I would amend that motion to this effect: that the Administrative Department should be under the head of Executive Committee, because the American Institute as a whole is the Board of Control. Secondly, that the offices of Secretary, Treasurer and Editor are not administrative but

co-ordinate with other members of the Board of Trustees. I would make this amendment that the Administrative Department be known as the Executive Committee of the Board of Trustees, for the consultation and dispatch of business of the American Institute of Homœopathy, and for the federation of the Homœopathic interests of the United States.

Dr. Carmichael: You will notice in the report that we used the term "Executive Committee or Board of Control," with the thought that the Institute could select whatever term it pleased. It will be perfectly satisfactory to the committee to accept that part of Dr. Krauss' amendment. We simply scratch out "Board of Control," leaving "Executive Committee."

Dr. Sutherland: As I understand it the Board of Trustees by this resolution is empowered to modify the By-laws of the Institute. I do not think that is possible.

Dr. Costain: I believe, Mr. Chairman, that the revision of the By-Laws will take into consideration the reorganization plan, if this revision is carried at this session.

Dr. Krauss: The report of this committee is merely a suggestive report, as a basis for the proposed revision of the Constitution and By-laws. It cannot be anything else than suggestive, a basis upon which we can proceed to the revision of the Constitution and By-laws.

Dr. Carmichael: It seems to me that the Committee on Revision of the Constitution and By-laws expect their report to be acted upon at this meeting. They are perfectly willing to modify or amend their reports in certain instances so as to correspond with this proposed action, and that is entirely legitimate, so that the whole matter can be acted upon at this meeting, decided upon, and put into effect on the 26th of September. I may say that that committee has worked in conjunction with this committee, so that if Dr. Copeland were present now he could make his report.

President Aldrich: Dr. Carmichael will you kindly read again your report.

[Report again read by Dr. Carmichael.]

Dr. Young: I hoped that this report would be accepted. The Committee has given the matter careful consideration, and if we are not careful, we shall get into interminable confusion and not arrive anywhere. I call for the question.

President Aldrich: The question before the house is that

the report of the committee be received and adopted, and the Board of Trustees be instructed to put it into effect on or before the beginning of the next fiscal year, September 26th, 1916. Are you ready for the question? Those in favor signify by saying "aye." Contrary "no."

The motion is carried. www.libtool.com.cn

Resolutions—Thos. Franklin Smith

Whereas, for the first time in many years, Thomas Franklin Smith, M. D., our friend and colleague, respectfully and affectionately called and known as "Uncle Frank" by many, is not present with us in our annual session:—

Whereas, his long and honorable earthly career has been terminated by what is called death, and we his survivors and friends attempt in this our humble way to pay a tribute to his memory:—

Whereas, for a period of fifty-six years he had been a loyal and active member of the Institute, ever watchful of its best interests, jealous of its fair reputation, and an ardent supporter of the principles it represents:—

Whereas, for a quarter of a century he had served the Institute as assistant treasurer and treasurer and performed in a scrupulously faithful manner the functions of his trusted office:—therefore,

Resolved, that we, the members of the American Institute of Homœopathy here present, register ourselves as inexpressibly appreciative of our great loss in the removal of Dr. T. Franklin Smith from our midst; of our lasting and affectionate esteem of his unselfish patriotism which prompted him to offer and expose his life for his country in the time of its great need, for his loyalty to any trust imposed in and accepted by him, for his faithfulness in the discharge of all his duties, religious, civic, social and professional:—

Resolved, that we deeply appreciate his simple, unostentatious life; his directness, honesty, and upright character; his childlike faith and confidence in immortal life that would but enlarge his sphere of usefulness; and his deeply religious convictions and life in accordance therewith:—

Resolved, that we offer our sympathy and consolation to his family and relatives in their bereavement, and that we rejoice with them that he has run his race and triumphantly reached his goal, leaving as a record and example such a wealth of good works faithfully and unselfishly done.

John P. Sutherland,
C. E. Sawyer,
Committee.

Dr. Wood: I move the adoption of these resolutions by a rising vote. Seconded. Unanimously carried.

Dr. Ward: I move that these resolutions be spread upon the minutes, and that they be engrossed and presented to the family of Dr. Smith. Seconded. Carried.

Communications read by the Secretary

Los Angeles, Cal., June 12, 1916.

To the Members of the American Institute of Homœopathy:—

I sincerely regret that I cannot be present at the meeting in Baltimore. This year rounds out thirty-five years of consecutive service for me on the Board of Censors, not including the period when I was President of the Institute. I have learned that my friends propose to nominate me this year for another five-year term. I should highly appreciate such an honor, and were I still residing in Chicago should certainly raise no objections. However, the interests of the Institute have with me always been paramount to any personal ambitions. When Dr. E. P. Mills, of Ogden, Utah, was elected on the Board of Censors last year it placed three of the five members of the Board west of the Mississippi River, one in Pennsylvania and one in New York. This is not a proper geographical distribution, and is not for the best interests of the Institute. The Middle West should be represented. I therefore request that my name be not placed on the ballot for that office and that it go to some one residing in the Middle West.

A. C. Cowperthwaite,
Chairman Board of Censors.

Cedar Rapids, Iowa, June 22, 1916.

Dr. Sarah M. Hobson, Sec. A. I. of H.,
Baltimore, Md.

Dear Doctor: Trouble on our southern border prevents my attendance at the coming meeting of the Institute, which is a source of sincere regret, as I will be unable to sit with you and the other officers at the opening meeting, this being my 50th anniversary of membership. Please express to President Aldrich my regrets.

Faternally yours,

C. H. Cogswell.

Pittsburgh, Pa., June 26, 1916.

Dr. Sarah M. Hobson,
Secretary of the American Institute of Homœopathy,
Baltimore, Md.

Dr. Varner died this evening from septic endocarditis.

Julia Loos.

Report of the Committee on Amendment Article I of the Constitution

Mr. President:

The committee of four, Doctors Boericke, Dewey, Whitmarsh and myself, have published their complete study on the definition of the proposed amendment in two reports,—one signed by Doctors Boericke and Dewey and the chairman, the other signed by Doctor Whitmarsh,—on pages 1338 to 1356 of the May JOURNAL of 1915. Doctors Boericke and Dewey and the chairman recommend in their report the adoption of the proposed amendment. Doctor Whitmarsh recommends in his report the consideration of three modifications of the amendment,

although he admits on page 1355 that Doctor Krauss's definition of "homœopathy as the therapeutic method of symptomsimilarity indicated in medically curable constitutional diseases" is "etymologically and logically correct."

It must be pointed out that this committee was specifically appointed to study the proposed amendment and to report on that amendment; not to propose new amendments or modifications of the proposed amendment. www.libtool.com.cn

It must also be pointed out that no committee, not even the committee on the Revision of the Constitution and By-Laws, was appointed by the Institute to displace the proposed amendment by proposing other amendments, that there is no constitutional obstacle to the fair and impartial consideration of the proposed amendment by the American Institute of Homœopathy, a body constituted for the scientific study and practice and dissemination of what may be correctly given as homœopathy, that there can be no constitutional obstacle to the adoption of the proposed amendment, but that there is a scientific, a vital urgency for its immediate and complete and final adoption.

All the hostility to the adoption of this amendment has been developed mainly on three lines of argument:

1. That the proposed definition of homœopathy will confuse. There is not a man living who can prove that there is an error of logic or fact, an insufficiency or superfluity or obscurity in the expression of the proposed definition of "homœopathy as the therapeutic method of symptomsimilarity;" and surely no men and women devoted to science and imbued with the spirit that the integrity of science must be maintained will be confused by the plain, simple, concise scientific truth.

2. That the proposed definition of homœopathy does not belong in the constitution of the Institute. From this argument, it appears that, since this definition was proposed to take the place of the present false definition, the constitution of the American Institute of Homœopathy is the proper place for false definitions of homœopathy but is not the proper place for the true definition of homœopathy. By a process of convenient but illogical extension of this absurd argument, the further argument has been advanced that no definition of homœopathy whatever belongs in the constitution of the American Institute of Homœopathy, a body whose specific existence is for no other object than the study, the practice and the dissemination of what may be correctly given as homœopathy. All the falsities and crudities of what is usually given as homœopathy have resulted from false definitions of homœopathy. Medicine is no exception to the rule applying to all science that, consciously or unconsciously, the start is made with a definition; and homœopathy is no exception to the rule of logic applying to all science that, starting with a false definition, we are quite sure to advance in our proofs that the false is true and the absurd is the legitimate. If the American Institute of Homœopathy is to exist for the study, the practice and the dissemination of what may be given as homœopathy, the Institute must define the object of its existence and must define its object of existence in the constitution which alone specifies the object for which the Institute is to exist. This the Institute must do in

its own vital interest, for how can the Institute propose to study, practice, disseminate; how can it know that it studies correctly, practises correctly, that the product it disseminates is the correct product to disseminate, if the Institute refuses to know what it is actually to study, practice, disseminate?

3. That the proposed definition of homœopathy ought to have the "imprimatur" of the International Congress of Homœopathy because the adoption of the definition would have an effect that would be felt beyond the boundaries of the United States of America. There can be no question that the adoption of the proposed definition by the Institute would have its effect even beyond the boundaries of America. The adoption of that definition will give every man and every woman the fundamental fact wherewith to prove with absolute certainty whether a medical treatment in issue is homœopathic. There is only one possible true definition of homœopathy and that is the one now for action before the Institute. I am perfectly willing to serve the Institute and to go, if it be the desire of the Institute, before the International Congress of Homœopathy or any other congress of impartial, scientific men and women in defense or for the elucidation of that definition; but there is no necessity or even cogent argument for such a step. The amendment is for the constitution of the American Institute of Homœopathy. The Institute reached its majority many years ago, and ought to be strong enough to accept truth of its own accord. It may be a fact that the men and women of the American Institute of Homœopathy are no more scientific than the men and women of the British, German, French, Spanish, Italian Institutes of Homœopathy; but it is also a fact that the British, German, French, Spanish, Italian homœopathic physicians are no more scientific than their American kinsmen. A reference to the International Congress would simply mean delay. All the matter that we have threshed through these last few years would have to be gone over anew; and even after adoption by the International Congress, the American Institute would still have to act upon the adoption of the proposition. Nothing would be gained except the repetition of arguments. The American Institute is old enough, strong enough to attend to its own business; and the men and women of the Institute, devoted to science and imbued with the spirit that the integrity of science must be maintained, at home as abroad, now as later, will not defer action on the most vital matter of the American Institute of Homœopathy, the expression of its object of existence:

"to secure the general recognition and acceptance of homœopathy as the therapeutic method of symptom-similarity indicated in medically curable constitutional diseases."

Respectfully submitted,

James Krauss, Chairman.

Dr. Krauss: I move, therefore, Mr. President, that the rules be suspended and that the proposed amendment

"to secure the general recognition and acceptance of homœopathy as the therapeutic method of symptom-similarity indicated in medically curable constitutional diseases"

be now adopted and ordered incorporated, in full, in Article One of the Constitution of the American Institute of Homœopathy, present or revised.

Dr. Boericke: I second that motion, and in doing so I see no escape from the irresistible logic of the presentation of this definition. It is precise, clear, and to the point.

After a long discussion by Drs. Copeland, Krauss, Sutherland, Wood, Miller, Carmichael, Hooker, Walton, with appeal from the Chair by Dr. Krauss (Chair sustained),—

President Aldrich: Dr. Krauss, I must decide against you, for this reason: On the program of the Institute the preliminary meeting of the Congress of States is an order of business for nine o'clock. It is now 9:30. I will entertain a motion to defer further discussion on this question until some later time, and we will then take up the matter of the Congress of States, with the report of Dr. Parsons of St. Louis.

Dr. Hooker: I move that Dr. Krauss' motion on the amendment be laid on the table.

Seconded.

Dr. Krauss: I am here—

Dr. Hooker: Motion to lay on the table is not debatable.

Dr. Krauss: My original motion was not debatable. It is all out of order what you have been saying.

President Aldrich: You have heard the motion by Dr. Hooker to lay this motion of Dr. Krauss on the table. Those in favor signify by saying "aye." Contrary "no."

It is so ordered. The motion is carried.

Scheme of Federation by Scott Parsons

In considering a federative scheme for the American Institute and the state and local societies it perhaps will be interesting to review a few statistics of these societies. There are 174 homœopathic organizations in the United States. We have 9 national societies with 1,176 members; 3 sectional or interstate societies with 600 members; 32 state societies with 4,160 members; 82 local societies with 3,380 members; 35 clubs with 722 members; 7 alumni associations with 3,055 members. The sum total of all these societies represents over 13,000 members. Of this number 3,000 or 25% belong to the American Institute. 7,000 or 58%, beside 3,000 in the Institute, belong to some state or local society, and some 2,000 or 16% do not belong to any society. Therefore there are 9,000 or 75% of the homœopathic profession of the country who are not members of the Institute and who could be approached for membership.

A review of the state fields shows that less than 25% of the homœopathic physicians belong to the Institute while the state societies average about 33%.

The American Institute is an independent organization with a distinct individuality. It labors in behalf of homœopathic interests of a professional and legal status. It acts voluntarily as a guardian to our numerous institutions and is the watch dog of national legisla-

tion. These acts have been in defense and protection of us all, and yet our state societies have been and are now indifferent and inactive toward this parent body.

Our late President McClelland once said "The cause of homœopathy has not been organized as one and indivisible, but as a series of sub-causes, each hedged around by its geographical limitations."

Dr. Burford says "Homœopathy can no longer be continued with any prospect of success on the water-tight compartment system. The compact whole is always greater than the constituent parts in a state of separatism." Ex-President DeWitt Wilcox wrote, "There must be a systematic effort to unify the homœopathic profession of the United States and bring all of its splendid units of societies, hospitals and colleges into one strong unassailable whole; a unit which not only will make itself impregnable but will at the same time make the individual homœopathic physician forever secure in his field of endeavor. Until we do so federate our institutions the Institute will remain an uncrowned ruler with few subjects and circumscribed power. The signs of the times are set for concentration of effort, unification of forces, continuity of purpose, and centralization of power."

Federation has been the means of developing small, widely separated organizations into one large homogeneous mass, rendering one subordinate to the other, yet all working in unison and harmony as a wheel within a wheel. The American Federation of Labor, the General Federation of Women's Clubs and the A. M. A. have developed power and influence in this way.

When you consider the vast homœopathic interests of our country represented by 174 societies with a total membership of 13,000, 10 medical colleges, 184 hospitals and sanatoria with a valuation exceeding \$37,000,000, and 18 medical journals, all operating and playing to local interests with little or no regard to national affairs, is it any wonder that the cry of despair occasionally reaches our ears. All our societies are kindred in that they are working in the interests of homœopathy to promote the science and art of medicine, to encourage friendly intercourse among physicians, to safeguard the material interests of the homœopathic profession and to represent to the world the practical and scientific truth of the homœopathic law. All this has a local phase and rightly too, for every community must foster its individual interests. But why stop there? It is not difficult to see what might be accomplished if there were a community of interests; a welding of forces; and a unification of power.

Ladies and gentlemen, just think for one moment what the united forces of homœopathy could do. See what has been accomplished by the individual or local interests. Look at the colleges, hospitals and sanatoria that have been built and are today operating successfully in the face of the strongest opposition. See how these institutions have reared their heads, upheld the doctrines of Hahnemann and survived the maelstrom of medical standardization, and yet no two organizations or institutions have a combined interest or agreement except by sectarian affiliation.

Now, if all these societies and colleges, hospitals, sanatoria and

journals were federated with the National Body, bound by oath and agreement, and in a Congress of States represented by the delegates of these various and varied constituent interests, these delegates having a power in the Institute and the Institute exercising a power and influence over the constituent interests through the delegates, would not mutual advantage accrue through the interchange of such interests?

If we have accomplished these things by divided and segregated interests, if we have won our way so far successfully by small armies, and have driven a wedge through medical prejudice, split asunder the doctrines of empiricism and are forcing the truth down the throats of the "scientific" medical world, if all this has been accomplished by a divided, unorganized, heterogeneous profession, what could we accomplish with a unionized, homogeneous, homœopathic fraternity? We have stood and intend to stand and hold our ground, but we must have a united effort. Federation of our interests will bring that united effort. Let us federate our societies and institutions. Let us have a commingling of interests. Let us have a common meeting ground. Let us have a community of interests and responsibilities, and last but not least let us have a national clearing house for things homœopathic, where our forces from the four points of the compass can unite and by concerted action focus the converging rays of homœopathy to a brilliancy and intensity heretofore unsurpassed.

Now the question arises, How shall we federate? Many organizations have federated by the step plan, dividing the state into district, county and local societies, each society subordinate to the state society, and the state society subordinate to the National. In joining the local, county or district society you become automatically a member of the state and National society. That works well where there is a large state field, but is not applicable to a small and limited field, such as medicine represents. It might work out well in the East or around the center of population, but is utterly impractical in the central West, West and South, where physicians are few and far between, local and county societies scarce, and even state societies unheard of. In the more densely populated districts where medical societies flourish by grace of numbers, even here, a step plan of federation would mean disorganizing of numerous time-honored societies, and the developing, up-building and re-corralling of the forces under a new *regime*. This would be a serious and arduous task and a hazardous step to take at this time. Would it not be better to harness our forces as they are, than to attempt an intricate step plan of federation which may result in disorganization rather than organization. It is the latter we need right now and the quicker we can get it, the better.

A simple, quick and effective federation scheme can be carried out by a direct plan. By that I mean, federate every society, be it national, interstate, sectional, state, county or local, direct with the American Institute. This will not disturb nor interfere with the present operative plans of the various societies, and can be accomplished by a slight change in the constitution and by-laws, consisting of an oath or agreement to stand by the constitution and by-laws of the American Insti-

tute, and with other constituent societies, swear their allegiance to the plans of organization of said Institute.

It is not the intention to go into detail as to the plans and issues of federation, in this report, as the pamphlets distributed here, cover the ground more or less thoroughly. You will please bear in mind that this synopsis contains ideas and suggestions for your consideration and are in no wise complete or final. You may find many corrections, omissions or additions advisable or necessary. We are here to launch federation. If you have objections, state them. If you have improvements to offer, give us your advice. If you have ideas or suggestions for the furtherance, stability and perpetuity of federation, loan us the treasures of your mind. If it does not meet with your approval, in part or whole, do not stop at mere opposition, but show us a better way.

Let us build an organization along some such lines as given in the synopsis and we will not have to beg nor plead with our affiliates to join with us for the inducements would be such that they could not afford to stay out.

Every homœopathic society, every homœopathic physician should welcome and encourage federation. It is the duty and obligation they owe to homœopathy. The differences that have divided homœopathy in the past sink into nothing when compared with the issues now demanding decision, for these issues are vital to the life of homœopathy. They are the issues of a unified profession and of preparedness. If we have not the foresight and courage to protect our ranks, individually and collectively making a sacrifice for a minority cause, then the American Institute and the homœopathic profession will crumble into dust. If we have not prepared and developed a strength which respects the rights of others, but which is also ready to enforce from others respect for our own rights, then sooner or later we shall have to submit to the will of a conquerer.

We are building big things and need the material for constructive work, and if our state and local societies will rally to the call, homœopathy will present a solidarity which will fortify our forces, inject new life into our societies, stiffen the backs of our pussy footing adherents, and prove to the world that we are no longer a scattered, un-united, unorganized profession, but a band of 10,000 with a centralized, systematized, well-poised business-like backbone, a unit of power and a powerful unit.

There is no autocracy in this plan of the American Institute, it is Federation of the Homœopaths, by the Homœopaths and for the Homœopaths.

Dr. Royal: As has been stated—this is for us and all of us together, and I believe Homœopathy would be benefited if we suspended here for a few minutes and adopted the report of the Committee on Revision of the Constitution; because we must before tomorrow morning know something about what officers shall be elected. I move, Mr. President, that we take up at this time the report of the Committee on Revision of the Constitution.

Dr. Sawyer: I second that motion. This matter of federation is one of the most important matters ever before this Institute. In order to make it a working part of this Institute it is necessary that we have changes in the Constitution and By-laws. Therefore, it seems evident at this particular time, that the proper way is to adopt the report of these gentlemen who have given such serious thought and admirable consideration to this matter. www.libtool.com CD Dr. Royal.

President Aldrich: Are you ready for the question? Those in favor signify by saying "aye." Contrary "no." Motion carried.

Report of the Committee on General Revision of the Constitution and By-Laws

Dr. Copeland: Mr. President, and members of the Institute. I am somewhat at a loss to know how to present this report. It has been printed and every member has had a copy. In order to have this report synchronize and harmonize with the changes recommended by the committee on Dr. Sawyer's report, a few changes are necessary.

Page 1 of the printed report is not changed.

When we come to page 2, it is necessary to make a change in title. You will remember that Dr. Sawyer's plan contemplates a division of the work, into the administrative work and the professional work. The administrative work is looked after by a committee of the Board of Trustees. I did not understand this yesterday when Dr. Sawyer made his report. I thought this Board of Control was entirely different, and that the number of trustees was cut to six. That is not true. The number of trustees remains the same as before, nine, but three act as a board of control. That particular three might be called the executive committee having charge of the business administration of the Institute, and that involves the Secretary-Treasurer. The Secretary-Treasurer is a paid individual, so that the Secretary of the Institute will be known as the Recording Secretary. We shall then elect a President, two Vice-Presidents, Recording Secretary and Registrar.

In the last paragraph of Article IV: "It shall be the duty of the Board of Trustees to elect a Board of Control." We wish to change that to make it conform to this report, so that it will read "a Board of Control of three persons, Trustees of the Institute." As put here, these persons might or might not be Trustees of the Institute.

Dr. Carmichael: It was decided to change the term "Board of Control" to "Executive Committee."

Dr. Copeland: The last paragraph of Article IV would then read: "It shall be the duty of the Board of Trustees to elect an Executive Committee consisting of three persons, Trustees of the Institute. This Executive Committee, together

with the President, shall direct and control the administrative department."

On page 3, simply insert the word "Recording" before Secretary, in Article 1.

Page 4, Section 3, we request the addition of the following sentence:

"The Trustees shall make a report to the Institute at its annual session." It is the feeling that under the present Constitution there is no provision for a report of the Trustees to anybody. If you vote this change it will be necessary for the Trustees to report to the Institute at its annual session! It seemed proper to the committee that this should be made.

Section 4, change to "The Executive Committee shall have power to equip and maintain suitable offices, and to employ a general manager, a secretary-treasurer, an editor and such assistants as are needed to conduct the work of the administrative department." It is proposed for the administrative side to have a general manager, and a secretary-treasurer. It was thought that those two offices (secretary and treasurer) might be combined, and after conference with the various officers of the Institute it seemed possible to do so. It will lessen book-keeping, and improve the efficiency of the administrative side. This will consist of a general manager, a secretary-treasurer and an editor. It is proposed by the committee that these persons shall if possible be members of the Institute. So that Section 4 will read: "The Executive Committee shall have power to equip and maintain suitable offices and to employ a general manager, a secretary-treasurer and an editor, who shall, if possible, be members of the Institute." If we can possibly find members of the Institute to take these places we would much prefer to have them in power rather than laymen.

Dr. Hooker: Would it be possible for the term "members of the Institute" to apply to all the offices or only to the editor?

Dr. Copeland: It applies to the manager, to the secretary-treasurer and to the editor.

Dr. Hobson: That would be made perfectly clear by "all of whom if possible." [Accepted by Dr. Copeland.]

Dr. Copeland: In section 5, "It shall be the especial duty of the Recording Secretary to make or provide stenographic reports of all scientific discussions of the Institute and of its bureaus." On page 5, first paragraph insert word "Recording" before Secretary.

Section 6, "The Recording Secretary shall keep a record of the proceedings of the session, and conduct the correspondence of the Institute relating to the professional department." Omit "notices of meetings," and cut out the rest of the paragraph from the word "direct."

Section 7, last sentence, use the term "Recording Secretary."

Article III, section 5, page 5. "The Board of Censors shall

consist of five members." Omit "the President and the Secretary." We do not see why they should be members of the Board of Censors.

At the bottom of page 6, section 3, should read "Secretary-Treasurer," because the matter of payment of dues comes under the administrative department. It should read "from the Secretary-Treasurer, may have their names dropped from the roll of membership." www.libtool.com.cn

There are no changes on page 7.

Dr. Hooker: Is it proper here to suggest a change?

President Aldrich: Perfectly proper, Dr. Hooker.

Dr. Hooker: I would like to suggest a change in regard to the payment of dues by the Seniors.

Dr. Copeland: We would be very glad to have that considered, Dr. Hooker.

Dr. Hooker: On page 7, Section 4, of the By-laws, I would suggest that we add "after reaching the age of 65 years," so that it will read, "shall be exempt from annual dues after reaching the age of 65 years." The idea is that many men in the prime of life become Seniors, who are perfectly able to pay dues. When they get on toward old age it might not be so easy. I do not insist that the age shall be 65. You might substitute 70. I make a motion that the words "after reaching the age of 65 years" be added to Section 4.

Dr. Royal: Make it 70 years.

Dr. Hooker: I am willing to accept any age. It is the principle I am after. We should support the Institute as long as we are able.

Dr. Budlong: I would like to second that.

President Aldrich: You have heard the motion of Dr. Hooker as amended (amendment accepted) that the words "after reaching the age of 70" be added to Section 4. Is there any discussion? If not those in favor signify by saying "aye." Contrary "no." Motion carried.

Dr. Copeland: Dr. Parsons, I wish you would note this matter. It has to do with the Congress of States.

On page 8, we propose to leave it as it is, that the membership shall consist of one delegate from each Homœopathic Hospital, Hospital for the Insane, and Homœopathic Dispensary; one delegate from each Homœopathic journal, and from the different societies. Will that be agreeable to you?

Dr. Parsons: Yes.

Dr. Copeland: And that each such delegate shall be a member of the Institute. Will that be satisfactory?

Dr. Parsons: Yes.

Dr. Copeland: Furthermore, its functions shall be not "to establish" but "to recommend" uniform standards of membership.

In Section 3, bottom of page 8, once more make it Recording Secretary.

Page 9, top paragraph, make it "Recording Secretary."
Section 4, make it read "Recording Secretary."

On page 10, it is proposed to add to the committees, Art. VII, "Committee (g) Pharmacopœia," and at the bottom of that page, "Committee (g) on Pharmacopœia shall consist of five members, one to serve five, one to serve four, one to serve three, one to serve two, one to serve one year, and thereafter one member appointed each year to serve five years. The duties of this committee shall be to take charge of all matters pertaining to the Homœopathic Pharmacopœia of the United States; to collect data in reference to new proving or re-proving and to suggest periodical revision of the work. Reports of all provings should be made to this Committee which shall sift the evidence in favor of the admission of new remedies to a place in the Pharmacopœia. No remedy shall be admitted to the Pharmacopœia unless by vote of the Pharmacopœia Committee."

On page 11, to make it synchronize, use the words "Recording Secretary."

Article VIII, page 11, we thought it wise to strike out "a committee from the Board of Trustees," and make it read, "The Journal of the American Institute of Homœopathy—under the control of the Board of Trustees."

Section 2, in the last paragraph, "the transactions shall be issued by the Administrative Department." It is once more a matter of business that should not be done by the Secretary.

Page 12, Article X, Section 4, have it read "Recording Secretary."

Page 13, Section 8, should read "Recording Secretary."

Page 14, "These papers shall immediately be placed in charge of a committee of three, to be appointed by the President, to which shall be added the Treasurer and Registrar," change the last clause to read "to which shall be added the Recording Secretary and Registrar, *ex officio*."

On the last page, page 15, Article XI, Adjustments, second paragraph, strike out the words "in dispute." We thought that was rather indefinite. It might involve ethical matters, and it might perhaps bring up the idea that all ethical matters might be considered by the Congress of States, and that is being done by the Seniors. All questions having a bearing upon the general good of Homœopathy, shall be referred to the Congress of States for consideration and report.

Dr. Carmichael calls my attention to the fact that I omitted a correction on page 14, in the middle of the page, where it begins after a semicolon, "third, in conjunction with the Secretary and the Treasurer," that is a matter of the Administrative side. Strike out "and the" and insert a hyphen, "Secretary-Treasurer."

In order to get this properly before the Society, I move

that the report of the Committee on Revision, as amended by the supplementary report of this morning, be adopted.

Seconded.

During the discussion that followed Dr. Krauss moved to vote on the revision, article by article; Dr. Miller begged that business be facilitated; Dr. Martin suggested change of phraseology, Dr. Dieffenbach and Dr. Bert Clark rose to a point of order, Dr. Sutherland recalled the provision for amendment to the Constitution and By-laws, also the provision for the suspension of the By-laws; Dr. Hooker characterized the subject under discussion as a "new constitution." A vote was taken to adopt the report of the committee, as amended by the supplementary report. After considerable discussion, Dr. Copeland moved a reconsideration, which was seconded and carried. He then moved the adoption of the Constitution as printed in the proposed revision. Seconded and carried.

He then moved that the By-laws be suspended for the purpose of adopting the changes in the proposed By-laws as amended. Seconded and carried. He then moved the adoption of the By-laws as amended by the report of the Committee. Seconded and carried.

Report on Illustrated Hospital Pamphlet

Dr. Dewey: The pamphlet which we are distributing relates to hospitals, sanitariums and homœopathic colleges. The finances for this pamphlet were provided for by the Board of Trustees. Owing to the high price of printing, the high price of paper and especially the advance of 40 per cent in photo-gravure work, we, the Council on Medical Education, are unable to distribute this pamphlet as freely as we would like. Therefore, we come to the Institute to ask that the members themselves take up the distribution of the pamphlet. We have had them printed for preservation in libraries, and for presentation copies to such of your patrons as may be interested, and may value the same. We have fixed the price at actual cost. They could not be reproduced today, owing to advance in paper, for what we have paid. Each member can have one copy free. Additional copies are supplied in any quantity at a low figure: a thousand at ten cents each; a single copy at twenty-five cents; five for a dollar. We are holding it in type and can have only one more edition. Now is the time to speak. So far we have received orders for 5,385 copies; 81 to be in cloth binding, at one dollar each.

Nomination of Officers read by the Secretary

President, Jno. M. Lee.

President, Wm. Van Baun.

President, Henry A. Whitmarsh.

First Vice-President, H. M. Stevenson.

Second Vice-President (two nomination cards), Florence N. Ward.

Recording Secretary (two cards), Sarah M. Hobson.

Registrar (two cards), W. O. Forbes.

Trustees, Burton Haseltine, W. B. Hinsdale, Scott Parsons, J. P. Sutherland, James W. Ward.

Censor, Anna Johnston.

President Aldrich: I will appoint as Election Inspectors, T. H. Carmichael, C. A. Burrett, R. Milton Richards.

On motion, ordered that the Congress of States should be the first order of business Wednesday morning.

Announcements

Dr. Parsons announced a roll call of delegates at 8:30 Wednesday morning.

Dr. Price made the request that members register early for the various entertainments.

Report from the Board of Censors

Dr. Reily: The Board of Censors report seventy-five names that have been posted. I move their election to membership. Seconded by Dr. Miller. Carried.

Dr. Reily: The Board of Censors also recommends the election to Honorary Associate membership of Dr. William O. Thompson, President of the Ohio State University, for his distinctive and eminent service rendered the cause of Homœopathy in the creation of the Homœopathic School of Medicine of the Ohio State University. This name is proposed by James W. Ward, Joseph P. Cobb, C. E. Sawyer. I move his election. Seconded by Dr. Miller. Carried by unanimous vote.

Adjourned till Wednesday, 8:30 a. m.

Wednesday, 8:30 A. M., June 28, 1916

Wednesday morning session called to order by President Aldrich.

Report of the Press Committee

Mr. President and Members of the American Institute:

The Press Committee beg leave to submit the following report:

In January, 1916, your chairman contracted with Mr. Paul J. McGahan of the *Philadelphia Inquirer* to handle our press copy for the Baltimore session. Mr. McGahan agreed to give us the entire week of continuous service, to be stationed at the Institute Press Headquarters, Hotel Emerson; to excerpt all papers received before and during the meeting; distribute copies to the Associated Press and International News and local papers, for which he is to receive \$100 and expenses.

Beginning February, 1916, press notices have been published monthly in the Institute Journal, besides similar notices sent to the various homœopathic journals throughout the country. These in effect, were

pleas to the members to prepare their papers early and to send carbon copies to the chairman of the press committee before June 10th. Circular letters and personal correspondence addressed to the essayists and also to the presidents of the sectional societies and bureau chairmen, added considerably to the publicity of the press work. Up to date 35 copies have been received. The full Institute program contains 131 papers, about 27% of which have been received by your chairman. Your committee has employed every means to bring the Institute members to the realization of the importance, nay, the necessity for publicity, particularly at this time. This does not mean advertising, but rather broadcast, ethical, legitimate publicity for homœopathy, the Institute and the essayist. This cannot be done thoroughly and satisfactorily at the meeting. While we may get some local and national publicity, it is late to push the stories through the Associated Press and International News which control the telegraphic service to nearly every newspaper in the United States. It is difficult to get stories through these offices when the wires are hot, but if we get the material into their hands not later than two weeks before the meeting, multi-graph copies are made and distributed through the mails.

In the interest of this department of the Institute, your chairman wishes to call your attention to a plank in the federation scheme which is an issue of vital importance to this body. It concerns an Institute (National) Press Bureau, and will come up for discussion at the Congress of States.

The Press Headquarters will be found in the lobby of this hotel. If you have not already handed in your paper for the press service, kindly do so at once.

Respectfully submitted,

Scott Parsons,
Chairman Press Committee.

St. Louis, June 24, 1916.

Total expenses of Press Committee follows:

Paul J. McGahan	\$100.00
“ “ “ Expenses to Baltimore and return.....	42.40
Stenographic service	8.00
Armet Printing Co., stationery, circulars, etc.....	6.00
Postage	4.20
Press badges75
Total	\$161.35

Dr. Parsons (continuing): I wish to state, Mr. President, that we have made clippings up to date, in order to show you what the Press Committee has been doing. Up to the present time we have had twenty columns in our local papers, besides preliminary notices sent in two weeks before the meeting, which appeared in the Baltimore and Philadelphia papers. These clippings which I have here are all stories of the meeting. Some of these were in the hands of the Press two months before the meeting opened. That is the reason we can accomplish this. The papers we get now we take chances on getting

through. We have today some twenty columns of stories in the local papers. These stories appear in over two thousand newspapers. This is only the third day of the meeting. In Atlantic City we got ninety-eight columns; in Chicago we had sixty-five, which was pretty good for Chicago. We have twenty columns to date, and will probably have twenty more before the meeting is over.

Report accepted and bill of expense referred to the Finance Committee.

President Aldrich: The next order of business is the discussion of the matter of Federation, which was deferred from yesterday. Dr. Parsons will present the matter.

Dr. Parsons: Mr. President, Members of the Institute. I would like to have a roll call of delegates. This is simply going to be a call for the representatives of the different societies. The work has not been systematized. We did not know surely that we were going to have federation—we do not know now, but we hope that if it goes through the work will be so systematized that we shall have blanks for credentials.

Federation—Roll Call and Presentation

<i>International Hahn. Association</i>	Dr. Geo. Dienst, Aurora, Ill.
<i>College Alliance</i>	
<i>O. O. and L. Society</i>	
<i>Obstetrical Society</i>	
<i>National Society of Physical Therapeutics</i> ...	A. E. Smith, Freeport, Ill.
<i>New England Hahnemann Association</i>	
<i>S. and G. Society</i>	
<i>Southern Homoeopathic Society</i>	H. E. Beebe, J. L. Jennings

STATE SOCIETIES

<i>Arkansas</i>	Ida J. Brooks
<i>California</i>	Drs. Manning, Ward and Boericke
<i>Colorado</i>	Drs. Brown and Burnham
<i>Connecticut</i>	
<i>Delaware</i>	Dr. Washburn
<i>Illinois</i>	Drs. Cobb and Gordon
<i>Indiana</i>	C. R. Armstrong
<i>Iowa</i>	G. A. Huntoon, Geo. M. Royal
<i>Kansas</i>	
<i>Kentucky</i>	
<i>Louisiana</i>	
<i>Maine</i>	Drs. Ferguson and Harvey
<i>Maryland</i>	
<i>Massachusetts</i>	G. Forrest Martin
<i>Michigan</i>	R. M. Richards, D. W. Myers
<i>Minnesota</i>	Drs. Mann, Roberts, Hubbell
<i>Missouri</i>	Drs. Rely and Parsons
<i>New Jersey</i>	Drs. Hadley, Wintsch, Youngman
<i>Nebraska</i>	Dr. Wood

<i>New Hampshire</i>	
<i>New York</i>	Drs. Rabe, Dieffenbach, Lewis
<i>North Dakota</i>	
<i>Ohio</i>	J. G. Keiser, J. W. Means
<i>Oklahoma</i>	
<i>Oregon</i>	Drs. Miller and Besson
<i>Pennsylvania</i>	Drs. Wells, Heimbach and Maddux
<i>Rhode Island</i>	Drs. Whitmarsh, Budlong, Muncy
<i>South Dakota</i>	
<i>Texas</i>	
<i>Vermont</i>	
<i>Virginia</i>	H. S. Corey
<i>Washington</i>	Drs. Young and Kendall
<i>Wisconsin</i>	Drs. Hopkins and Bartlett

LOCAL SOCIETIES -

<i>Chicago Homœopathic Society</i>	Drs. Costain, FitzPatrick
<i>Allegheny Medical Society</i>	W. J. Martin
<i>Institute Fraternity</i>	Cora S. King
<i>Westchester County Medical Society, N. Y.</i> ..	Drs. Roberts and Wheaton
<i>Utica Homœopathic Medical Club</i>	C. E. Alliaume
<i>Minneapolis Homœopathic Medical Club</i>	A. E. Booth
<i>Lehigh Valley Homœopathic Medical Society</i> ..	Drs. McKinstry, Seibert
<i>Northwestern Homœopathic Society, Illinois</i> ..	A. E. Smith, Freeport
<i>Kings County Society, New York</i>	H. D. Schenck
<i>North Pennsylvania Homœopathic Medical Society</i> ..	E. M. Landis
<i>Cincinnati Homœopathic Lyceum</i>	C. E. Walton
<i>Virginia Homœopathic Medical Society</i>	G. W. Johnson, Danville
<i>After Dinner Club, Chicago</i>	Drs. Hobson and Hanks
<i>Society Homœopathic Practitioners, Chicago</i> ..	G. E. Dienst
<i>Dunham Club of New York</i>	W. G. Crump
<i>Unanimous Club of the United States</i>	J. B. Garrison
<i>Central Illinois Club</i>	H. P. Moulton of Petersburg
<i>Northeastern Ohio</i>	Drs. Damon and Rowland
<i>Miami Valley Homœopathic Society</i>	H. E. Beebe
<i>Tri-County Medical Society, Pennsylvania</i> ..	Drs. Nesbit and Crowther
<i>Cleveland Homœopathic Society</i>	Drs. Wood and Siemon
<i>York and Cumberland County Medical Society, Maine</i> ..	John T. Palmer

Dr. Parsons: Members of the Institute, and Delegates from the various Homœopathic Societies, it is very gratifying to see the interest shown in Federation. I begin to see light through the darkness. We are going to wind the societies around the American Institute. I appreciate the interest shown, and can state further for the delegates not present, that all the societies have returned names, or have answered correspondence relative to federation, every society in the United States, not only state, but every local, every club, every Greek fraternity. One word on the plan of Federation. For the purpose of creating interest some one had to give ideas, and

the ideas are practically mine. This plan is not final. We cannot adopt a plan of federation without the consent of the state societies which will be a part of the American Institute. There is nothing autocratic about it. The Institute cannot dictate to the state societies what they shall do. It is going to be a free-for-all; equal rights to all and special privileges to none. There must be some plan for federation. It is impossible to perfect that plan at this particular time. We cannot do it in one day, one month, or one year, but it will take several years to work it out. A start was made yesterday by adopting the revision of the Constitution and By-laws, and the reorganization plan as suggested by Dr. Sawyer. What we are here for this morning is to legalize this matter by action of the American Institute. It must start here in the Institute and then progress to the societies. We want to know if you want federation. If you do, we want to adopt federation right now. A specific plan is impossible. We must consider the interest of every state society first. We cannot just now adopt a plan by the American Institute that will meet all the needs of Pennsylvania, New York or California. We must consider the needs of these particular societies, and their needs are varied. The needs of Kansas or Oklahoma are not the same as New York or Pennsylvania. The plan for federation must be so broad that it will take them all in. The American Institute cannot work that out alone, but the delegates of the different societies must help. What we want to do this morning is to adopt federation and put it on record. The delegates can help work out the plan.

1. How shall it be done, by charter or agreement?
2. Membership—whether optional or obligatory.
3. How shall we federate? Direct? Or shall it be by the step plan—the local and district to the state, and the state to the national?
4. Regulation of dues. There should be some regulation of dues, and that is a difficult matter. Some societies have five dollar dues, some one dollar. It is not for us to dictate what the societies shall charge their members for dues. We must get together, meet on a common ground, and agree as to the regulation of dues.
5. Collection of dues.
6. Apportionment of delegates. The number will depend on what the Congress of States will mean to the American Institute. As stated in the pamphlet, one delegate for every twenty-five members would make a Congress of 400; one delegate for every fifty members would make a Congress of 200; one delegate for every seventy-five members would make a Congress of 133; one delegate for every one hundred members would make a Congress of 100.
7. Journal Subscription.

8. Per capita tax. There must be a per capita tax to support us.

9. Institute Press Bureau. That is a very important thing. I think it is vital to Homœopathy for this reason; that we have been getting sporadic, spasmodic or intermittent publicity at our annual meetings. We place this upon the shoulders of someone who will do the work, and I assure you it is not an easy task. It starts six months before the meeting takes place, and lasts throughout the meeting. We get fairly good publicity, but not what we should get in the interest of Homœopathy if we had an Institute Press Bureau in the Institute headquarters, run by practical and capable newspaper men, or else put in the hands of some publicity operator. We shall have to spend money on that. We need advertising by publicity. The Christian Scientists, the Osteopaths, the American Medical Association, spend from ten, twenty, to thirty thousand dollars a year on publicity. I am stating facts. What do we spend? They get the returns right along. Their men are on the job all the time, and they have articles on different theories, sects, or whatever it is, all the time in the papers. This is the year round, and that is what we should have in the American Institute—publicity, to show what is being done in our line. I want to show you what is being done by the highest standard medical institution in this country, the peer it will be some day of Johns Hopkins. Here is a press sheet gotten out by the Western University of St. Louis, a page advertisement. It describes the institution and shows pictures of the various buildings. This was sent to 200 newspapers in southern Illinois, Missouri, Kansas, Oklahoma, Nebraska, and Iowa, and paid for from the funds of the Western University. This University is an ethical high grade medical institution. This is being done all over the country by other ethical institutions, and I want to tell you it brings results.

Here is another thing. They are undertaking in Chicago to make that city the postgraduate center of the United States, and they are going to do it. It will be the peer of Vienna and Berlin in the future. The European war will interfere with travel to that part of the world, and Chicago will take that matter up in the United States. They have the men and the money. They have already spent ten thousand dollars on advertising, and this will go all over the United States.

One other thing about the Congress of States. In my opinion if we federate our state societies with the American Institute, we must have something more than delegates coming to the American Institute, as they have come for the Interstate Committee. Our delegates must have some power in the American Institute. I do not mean that they are to be the executive body. That impression has gotten out, but that is an impossibility. No large body of men or women can run the Institute. That must be in the hands of a few, as it has

been all these years. The President, the officers, the Board of Trustees, the Executive Committee must handle the reins of government, and must administer the affairs of the Institute. The Congress of States cannot do that, but they must have power. What should that power be? We could allow them to elect the officers. I would suggest that they be a nominating body, and make up the tickets. I would suggest three nominees for each office, and then the Institute as a whole vote on these nominees. The Congress of States would then be similar to the political conventions which met in Chicago and St. Louis during the past weeks. This is vital, because these delegates must have some reason for coming to the American Institute, otherwise why should societies federate? You must throw out bait, if you will excuse the expression. Say to these societies, "We want you, and will give you something for coming with us." If you do not give them something to do you will not create any interest, and it will be like the Interstate Committee.

That is my idea of function. Then there are other little items, such as federation for medical defense. The Illinois State Society, I believe, has come prepared to give some plan of defense fund.

These are merely suggestions and we have asked you to come here with ideas. This plan is not complete; it is not perfect, but we want to get together and help to make it perfect. What is the best plan of federation? The first thing is to legalize federation in the American Institute, and then urge it, and go back and help to start the plan in our state societies.

Dr. Royal: As Chairman of the Council on Medical Education I want to say that Dr. Parsons is strictly within the truth when he says that this is his opinion. I also want to state that the Council on Medical Education approves of his suggestions.

President Aldrich: Dr. Parsons has presented the matter of Federation very succinctly. Dr. Royal, as Chairman of the Council on Medical Education has endorsed it. What is your pleasure?

After a discussion on control of homœopathic institutions by Drs. Harris, Beebe and Royal, on motion duly seconded, ordered

That the Institute go on record by vote to federate.

Dr. Maddux: The delegates from Pennsylvania have conferred upon this matter, and desire to present the following conclusions:

Report from Pennsylvania

The Pennsylvania delegates to the Congress of States cordially approve the principle of Federating and Articulating all the medical organizations of our school.

They are a unit in desiring that Federation be based upon territorial representation.

In the present state of organization of our school, we regard the only plan as ready for immediate adoption is that based upon representatives elected from the state societies alone.

Our state societies are now the only organizations available that are territorially representative.

We regard the voluntary medical societies and clubs, not sustaining any definite official relation to the territory where they exist, as ineligible to elect delegates.

That the body thus created should nominate the officers of the Institute.

The plans outlined, if executed, would greatly interfere with the plans of organization of local societies, which our state is trying to establish.

We regard each state capable of best determining the scheme of local organization most suitable to its needs.

With all the merits of the general system outlined, we cannot regard the complete scheme as ripe for immediate acceptance.

We feel that this subject has been insufficiently considered and discussed by the various units it desires to weld together.

We would recommend that it be referred back to each of our state societies, requesting that they elect official delegates, who, at the next meeting of the Institute, shall be empowered to express the opinions of the state.

We further recommend that the Institute send to the secretary of every Homœopathic Medical Society a copy of Dr. Parsons' tentative report upon the Federation of Homœopathic Societies with the request that the society make its consideration an order of business at an early meeting.

President Aldrich: You have heard what Dr. Maddux has to say, and as I understand it he puts his remarks in the form of two or three motions: to the effect that there be federation of the state societies alone; that the functions of the state society be to nominate for the Institute; and that certain kinds of business be controlled by the state societies.

Dr. Maddux: I did not intend to put these statements as motions, but I thought that each state would outline through the delegates what they felt would best apply to the different conditions, and this represents the report of the Pennsylvania delegates.

Dr. Carmichael: Would it not be better to have a committee to whom all these various suggestions should come? I would like to make a motion that a committee on Federation be appointed to prepare during this session a form of federation, which the delegates can take back to the various societies for action.

Dr. Sutherland: Seconded.

President Aldrich: To report at the meeting next year?

Dr. Carmichael: To report tomorrow morning. Say, one delegate from each state.

Dr. Parsons: I would like to amend the motion by placing it as a call for the preliminary Congress of States for a certain set time and place.

Drs. Carmichael and Sutherland accepted amendment.

President Aldrich: You have heard the motion as amended. What is your pleasure?

Dr. Sutherland: My understanding is that the amendment is to the effect that there should be a preliminary Congress of States, to meet today and report to the Institute tomorrow.

Dr. Miller: We should state some definite time. Immediately after this meeting the Trustees meet.

During the discussion of the report from Pennsylvania, Dr. Carmichael arose to a question of privilege relative to the hour for the election of officers.

Dr. Costain called for a rising vote.

President Aldrich: It has been moved and seconded that the By-Laws be suspended, and the election be held between ten and twelve. Are you ready for the question? All in favor rise. Those opposed, rise.

Motion is carried. The election will be between 10 and 12.

On motion of Dr. Costain, amended by Dr. Hooker, and seconded by Dr. Sawyer, ordered

That the result of the election be not only given to the Press, but be disclosed to the members of the Institute as soon as known.

President Aldrich: Owing to the fact that the candidate for the 1st Vice-President has not been a member of the Institute for five years, as is required by the Constitution, we have had to withdraw his name for that office. Another name had been signed up and prepared, but at the request of the party had been withdrawn. Consequently owing to the fact that we could not present the name of Dr. Stevenson for 1st Vice-President, the Trustees present the name of Claude A. Burrett, Columbus, Ohio, for 1st Vice-President. Dr. Burrett had been named as one of the Election Inspectors. In view of the fact that he is a candidate for 1st Vice-President, I will withdraw his name from the list of Inspectors, to be replaced by Dr. A. H. Gordon of Chicago. The election will take place from ten to twelve.

[Discussion on Federation resumed.]

On motion of Dr. Parsons, seconded by Drs. Norton and Budlong, ordered.

That the preliminary Congress of States, represented by one delegate from each state, meet in the Board of Trustees Room this afternoon at 4 o'clock, to formulate a plan of federation, and to accomplish as much as possible along that line.

Report of the Board of Censors Continued

Report of the Committee on Resolutions

Dr. Norton: Several resolutions have been referred to this committee. The first is in regard to the International Homœopathic Congress.

International Homœopathic Congress

Resolved, that the American Institute of Homœopathy in its 72nd annual session now being held at Baltimore, Maryland, receives with appreciation the accompanying brief reports of the work done by the International Homœopathic Council during the years 1912, 1913, 1914, 1915, and commend the work of said Council in its propagandistic efforts since the International Homœopathic Congress which was held in London in 1911.

Resolved, that a committee of three be appointed by our President, empowered to make arrangements in conjunction with the International Homœopathic Council for an International Homœopathic Congress at as early a date as may be consistent with the politico-economic condition of the world.

Précis of Work of the International Homœopathic Council, 1911-1915

1912. Meeting of Council at Zurich in August: President McClelland in the chair. Dr. Hoyle appointed Traveling Secretary for International work. Dr. Hoyle, on the Council's instructions, visited Sweden and co-operated with the homœopathic physicians there in an active propagandism.

1913. A well attended and most profitable Annual Meeting of the Council was held at Ghent, in August. Besides a public assembly, presided over by the Governor of the Province, the official meetings of the Council covered a period of three days, and much important work was satisfactorily done.

The Berlin Homœopathic Society sent an invitation for the Traveling Secretary to address an open meeting on the subject of Homœopathy. Dr. Hoyle visited not only Berlin, but also the towns of Magdeburg, Darmstadt and Frankfurt, carrying out a successful and interesting propagandistic work.

1914. Through Dr. Leon Brasol, a similar request was proffered to the International Council, and Dr. Hoyle was commissioned to journey to Petrograd, at an important juncture in the history of Homœopathy in Russia. This visit was made with official sanction, and resulted in a considerable activation of the influence of Homœopathy in that country.

Every arrangement had been made for a largely at-

tended annual meeting at The Hague, Holland, in August, 1914. The First Vice-President of the Council, Dr. George Burford, had visited this famous city and conferred with Dr. Voorhoeve and with Dr. Tuinzing of Rotterdam, regarding public and private arrangements for the reception of the delegates.

Suddenly, like a bolt from the blue, came the declaration of war, three days before the proposed meeting. This was necessarily cancelled, and as several leading American homœopathic *confreres* were in England *en route* for The Hague, a meeting of available delegates was called in London at the London Homœopathic Hospital, and the official business destined for The Hague meeting considered.

Dr. John Preston Sutherland was appointed President of the Council in place of Dr. J. H. McClelland, of splendid memory. It was decided to continue the work of the Council; and recognizing the difficulty of any International meeting until the advent of peace, it was further agreed that the British officers and delegates, working with an Advisory Committee appointed by the British Homœopathic Society (the President of the Society being *ex-officio* on the Committee) should be constituted an interim body to carry on the Council work.

April, 1916.

The Committee on Resolutions recommend the adoption of this resolution.

Seconded. Carried.

Dr. Norton: The next resolution is in regard to the American Orthopedic Association, in reference to crippled and deformed children.

Crippled Children

Whereas, The crippled and deformed children of the nation constitute a class among whom there are many neglected, dependent and defective, and only a few private institutions provide adequate care;

Whereas, The work that is done in their behalf proves that from 40 to 50 per cent of them, if taken in time, may be wholly cured and made self-supporting, independent citizens, while an additional 25 per cent may be made self-supporting;

Whereas, It is estimated that there are at least 300,000 crippled children in the United States, with proper institutional provision provided for less than 3,000;

Be it resolved, that this association urge that the various state superintendents of education take the proper steps to take a census of crippled and deformed children under 18 years of age, with a view to ascertaining their number, in order to provide proper hospital school facilities for their care and conservation.

The Committee recommends the adoption of this resolution.

Dr. Sutherland: Seconded. Carried.

Dr. Norton: The third resolution is one presented by Dr. Hills Cole as to Health Insurance.

Health Insurance

1. *Whereas*, the fact that health insurance has been so generally adopted in European countries as a solution of the problem of the wage earner's health suggests its serious consideration in this country as a measure for the relief and prevention of sickness, and

2. *Whereas*, at present each of the 30,000,000 wage earners in the United States, according to available data, loses about nine days each year on account of sickness, and, estimating the loss in wages at \$2 a day and the cost of medical attention at \$1 a day, the total loss to the wage earners of the nation is approximately three-quarters of a billion dollars annually; and

3. *Whereas*, in addition to conditions which affect the health of the population as a whole, some of the most important economic factors which increase the health hazard of the wage-working population are: (a) occupational hazards; (b) irregularity of employment; (c) unhealthful conditions of living; (d) employment of women under modern conditions of work, particularly of married women; and (e) economic disadvantages at which a large proportion of wage workers (particularly unskilled) and their families are placed as the result of low wages and insufficient annual income; and

4. *Whereas*, underlying all of the economic factors is the fact of poverty and the partnership of poverty and disease; and

5. *Whereas*, three groups, employers, the public and employes, are responsible for conditions causing sickness among wage earners and their families; and

6. *Whereas*, with few exceptions, the responsibility of employers for the health of employes is limited to places of employment and working conditions; and

7. *Whereas*, the public is responsible for community conditions or conditions common to all classes of citizens; and

8. *Whereas*, the greatest share of responsibility rests upon the individual wage earner and, under present conditions, a large number are unable to meet this responsibility, especially the unskilled, low-paid workers; and

9. *Whereas*, the inability of the wage earner to meet the cost of sickness places a serious handicap upon the medical profession in its efforts for the relief and prevention of disease; and

10. *Whereas*, there is an increasing need for a more effective method of dealing with the problem of the wage earner's health, one which will place the burden of responsibility where it belongs and stimulate the co-operation of all concerned in its solution; and

11. *Whereas*, health insurance is the most feasible measure because (a) it is a method by which the cost of sickness is distributed

among those responsible for conditions causing sickness and whereby the burden upon the individual is lightened, and (b) it gives a financial incentive for the prevention of sickness to those who are responsible for conditions causing sickness; and

12. *Whereas*, health insurance in its most highly developed form (a) provides for adequate cash and medical benefits to all wage earners in time of sickness; (b) distributes the cost among employers, the public and wage earners according to their responsibilities; (c) becomes an effective health measure by stimulating the co-operative efforts of the three responsible groups and, by linking their efforts with those of national, state and local health agencies, (d) correlates all the forces at work in the prevention of disease, and (e) affords a better basis for the co-operation of the medical profession; and

13. *Whereas*, the American Association for Labor Legislation, after several years of study of the problem, has drafted a model Health Insurance Bill, which was introduced into a number of state legislatures last spring, and, in seeking the enactment of this legislation, has asked the counsel and co-operation of the medical profession in perfecting those details which affect the terms of employment of physicians under the act; and

14. *Whereas*, the American Medical Association has appointed a special committee to confer with the American Association for Labor Legislation; and

15. *Whereas*, the Secretary of the American Association for Labor Legislation, in a letter addressed to Dr. Hills Cole, New York, and dated February 7, 1916, stated that the Association was not promoting health insurance in the interest of any one school and would be glad to have its medical associates enlarged by representatives of the homœopathic physicians of this county;

16. *Therefore, Be It Resolved*, that the American Institute of Homœopathy approves the principles of health insurance for low-paid wage earners as advocated by the American Association for Labor Legislation; and

17. *Be It Further Resolved*, that the President be instructed to appoint a special committee on Health Insurance, the chairman of which shall be a resident of Greater New York, for the purpose of conferring with the American Association for Labor Legislation and protecting the interests of the medical profession in general and the homœopathic profession in particular.

Your Committee recommends this resolution for adoption.
Dr. Walton: Seconded.

President Aldrich: It has been moved and seconded that the resolution as read be adopted. Are there any remarks?

Dr. Hooker: Mr. President, this is an exceedingly important matter, health insurance and legislation. This is a form of legislation which is going to come sooner or later, and it will be enacted in every state. It is highly important that we as physicians assume the right attitude toward it, and that we do not oppose, but rather that we approve of it, and

endeavor to shape it so that it shall be just to all parties concerned. Now, there is a great deal of misunderstanding on that subject and it is highly important that we put ourselves right. I feel that we are under great obligation to Dr. Cole for formulating this resolution at such length and so explicitly that we can act upon it intelligently. I am heartily in favor of the resolution and I hope that an efficient committee will be appointed to perform the duties suggested in this resolution.

President Aldrich: Are there any further remarks? Are you ready for the question? Those in favor signify by saying, "aye." Those opposed, "no."

The motion is carried.

I will appoint on that committee Hills Cole, E. B. Hooker, and Frank Wieland.

It is now ten o'clock, and the election is about to take place on the first floor, at the Registrar's desk.

Dr. Norton: The Committee on Resolutions has another resolution to report on, in regard to Homœopathic Medical Education and Propaganda. We recommend that this resolution be referred to the Council on Medical Education for action.

Dr. Sutherland: Seconded. Carried.

Announcements

Dr. Price: The Greek Letter fraternities have a gathering at 8:30 p. m., in the Exhibition Room this evening. The Alumni will meet in the Chesapeake Room at 6 p. m.

Dr. Walton: The Seniors have their dinner at 12 in North Hall.

Dr. Burrett: The Alumni of the Ohio State University will have their luncheon at 12:30 in the Chesapeake Room.

Report of the Auditing Committee

To the Officers and Members of the Institute of Homœopathy:

We, your Auditing Committee, appointed by the President, to audit the report of our late Treasurer, Dr. T. Franklin Smith, as presented to the Institute by the Assistant Treasurer, Dr. Bert B. Clark, under date of June 23, 1916, beg leave to report that we have examined said report and find it correct, and we are pleased to congratulate this body upon the substantial increase over that of last year of the balance of cash on hand as shown by said report. In auditing this, the last report of the stewardship of one of the most faithful, most honorable and best beloved of our members, Dr. T. Franklin Smith of New York, we feel it is due him and due the strict integrity that characterized his every act that his honorable service as Treasurer for so many years should be closed by those who knew and trusted him most, ordering this Institute or its Trustees to have his accounts as Treasurer examined and reported upon by a competent expert, thus recording for all time our faith in him as an official of this body; and we further recommend that said report shall be filed with the Board of Trustees

on or before their first meeting following this session of the Institute and later incorporated in its Transactions. We also recommend that it should be a fixed custom of the Institute to have the books of the Treasurer audited at the close of each fiscal year.

Respectfully submitted,

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 E. Vernon Young, Chairman.
 James C. Wood.
 Florence N. Ward.

On motion of Dr. Miller, seconded by Dr. Hooker, ordered adopted.

Adjourned to Thursday morning at nine o'clock.

Thursday, 9 A. M., June 29, 1916

Called to order by President Aldrich.

President Aldrich: We will now hear the report of the election.

Report of Election Inspectors

President, W. W. Van Baun, 185 votes; J. M. Lee, 75 votes; H. A. Whitmarsh, 47 votes. First Vice-President, C. A. Burrett. Second Vice-President, Florence N. Ward. Recording Secretary, Sarah M. Hobson. Registrar, W. O. Forbes. Censor, Anna Johnston. Trustees, W. B. Hinsdale, 215 votes; Scott Parsons, 209 votes; J. P. Sutherland, 199 votes; J. W. Ward, 166 votes; Burton Haseltine, 118 votes. Total number of votes cast, 308. Necessary to a choice, 155.

T. H. Carmichael,
 W. O. Forbes,
 A. H. Gordon,
 Bert B. Clark,
 R. Milton Richards.

Dr. Whitmarsh: As the worst licked man today, I claim the privilege of moving that the election be made unanimous for Dr. Van Baun. Yesterday my vessel bumped on the Lee shore, and the waters of the Van Baun submerged me. I thank my adherents who voted for me, and I ask as good support on their behalf for Dr. Van Baun as I shall give him myself the coming year.

Dr. Lee: Mr. President, Ladies and Gentlemen. The invitation to become a candidate came to me only a few days ago before the meeting was called, and I accepted it very reluctantly. I did not feel that it would be opportune for me to be President of the American Institute at this time. My able friends did all the work. I am indeed thankful to them for the

splendid showing which they made. It was not due to anything on my part that I received these seventy-five votes. I thank you, gentlemen, and I thank you ladies. And that makes me think of a story. A school teacher said to Johnny one day: "Johnny, can you correct this sentence, 'The horse and the cow is in the pasture.'" "Oh, yes," says Johnny. "The cow and the horse is in the pasture. Ladies first." I have not the slightest antagonism to Dr. Van Baun. We have always been the warmest friends. I met my distinguished friend, Dr. Carmichael, and said, "Doctor, how many votes have you pledged?" He said, "One hundred and fifty." I started to congratulate him, but I could see nothing but his coat tail disappearing in the distance. Now I congratulate him on his splendid work. When we got down here we found all the New York fellows pledged. The New York fellows were loyal, and not one would change his vote. Even my old friend, Dr. Copeland, told me that the New York fellows had decided to run Dr. Whitmarsh for President a good many months ago, and that they intended to stick to him. I honor them for their loyalty. And then the Unanimous Club! You know they have a way of having a conference, and they have a fine dinner. I had the honor of being a member of that Club once. I like those fellows. There is not one but is all right, and when they set their faces toward Jerusalem they are going to Jerusalem and not to Jericho. I understand they went to Jerusalem.

One thing more. Last year at Chicago a number of the Institute fellows came to Dr. Adams and myself and said: "Why don't you fellows invite us to come to Rochester?" We thought the matter over, but we did not think we had the right, without consulting our *confrères* in Rochester, to extend an invitation. We told them we would go home, and if the boys were favorable we would send them an invitation. We went home, and at the meeting of our County Society they voted unanimously to invite the Institute to Rochester. Everybody subscribed, and we were anxious to have the Institute. We got invitations from the Mayor and the Chamber of Commerce. We entertained Dr. Miller, and everything was favorable to Rochester. In the meantime the Board of Trustees voted to come to Baltimore. Last November I was in Cincinnati, and our most able Secretary suggested that we extend the invitation to Rochester for 1917. I said, "Of course we will invite you for 1917." Now the boys have all renewed their subscriptions for 1917, and we want you all to come to Rochester. I hope my distinguished friends, Drs. Van Lennep and Carmichael, will come. If Dr. Carmichael will join Dr. Van Lennep, they will carry Philadelphia. Mr. President, Rochester extends to the American Institute a renewal of the invitation of 1916 to come to Rochester for 1917.

I want to thank those gentlemen who worked so hard and

so efficiently for my election. I want to extend to them my sincere thanks, and say to them I hope they will never do it again.

Dr. Norton: As a member of the Unanimous Club I desire the opportunity to state to this body, in answer to Dr. Lee, that the Unanimous Club has never, but in one single instance had the subject of politics come up. That was raised by Dr. Hooker. The Unanimous Club has always held its meeting after the election until night before last, and that was because of the Alumni meetings. I defy any one to prove the statement that the Unanimous Club has ever used its influence in the matter of politics. The only member of the Unanimous Club defeated was Dr. Whitmarsh.

President Aldrich: It has been moved by Dr. Whitmarsh, seconded by Dr. Lee, that the election of Dr. Van Baum be made unanimous. Those in favor say "aye." Contrary "no." Motion carried.

In accord with the report of the Election Inspectors, I declare the following officers elected:

President, William W. Van Baum.

First Vice-President, Claude A. Burrett.

Second Vice-President, Florence N. Ward.

Recording Secretary, Sarah M. Hobson.

Registrar, Wm. O. Forbes.

Censor, Anna Johnston.

Trustees, W. B. Hinsdale, Scott Parsons, J. P. Sutherland.

Report of the Committee on International Homœopathy

[Read by Dr. King]

Mr. President:

As Chairman of the Committee on International Homœopathy I have the honor to report:

1. When informed of its constitution I referred its several members to the By-Laws for a knowledge of their duties, made such additional suggestions as experience had taught me are wise and then requested that a paper on some one of the topics indicated be mailed to my address so that it might come to hand not later than June 1st. The only response has been from our honored and venerable Corresponding Member, C. Knox-Shaw of London, stating that he had retired from active hospital practice and consequently has very little experience in war surgery. He promised, however, to forward such material as should come to his notice that he believed would interest our members.

2. Desiring to make prominent mention to this Institute of any advance in surgical art occasioned by the European war, application was made for the requisite information to a gentleman, admittedly the best medico-legal expert in Rhode Island and as well (character, knowledge and technical skill being considered) the peer of any surgeon in the state, J. C. Rutherford, M. D., a "regular" of the most liberal type. He informed me no new measure or device has been in-

roduced but that a number of operations that had previously fallen into disuse had been rejuvenated.

3. As stated one year ago it will be impossible, until long after the cessation of hostilities, to obtain reliable evidence as to the degree of superiority possessed by homœopathy over allopathy in the treatment of diseases (so called) and of the pathological conditions resulting from external violence, it being understood the former term signifies "a system of medicine that prescribes, usually in minute doses, such remedial agents as would produce in health symptoms *similar* to those manifested in the disease to be treated," and by the latter "that system of medical practice which aims to combat disease by the use of remedies producing effects *different* from those produced by the special disease treated." *But,*

4. It can *now, confidently* be affirmed that, through the experiences of this war, isopathy has been placed upon as strong and as abiding a foundation as homœopathy. This fact should not disturb us, but is rather a matter of self-gratulation, for not a few of the nosodes were introduced into our materia medica by the most devoted disciples of Hahnemann before the germ theory of disease was dreamed of, much less formulated. And they who once scoffed at the use, by a portion of our school, of certain "vile and filthy remedies," even though presented in a form that could not offend the most fastidious, now regularly employ the same in a crude, painful and dangerous manner! Never fail to remember that isopathy is "the theory that it is possible to cure a disease by means of the virus of the same disease" and that a nosode is "an isopathic remedy consisting of the product of some specific disease administered in minute doses for the cure of the same disease." Variolinum is ordinarily administered isopathically, it may be given homœopathically: intelligently, lac caninum can only be used homœopathically.

5. Twenty-three years ago at the Columbian World's Homœopathic Congress held at Chicago the statement was made that bacteriology had so completely revealed the nature of the group of phenomena ordinarily termed diseases that the burden of proof rests upon him who denies that *all* diseases should be treated homœopathically. Of course it was severely criticized, but since then that science has progressed so rapidly and so far as amply to vindicate that remark and to render today far more conservative the assertion that no person was ever cured of anything through treatment on the principle of *contraria contrariis*. The doctrine of cure enunciated by Samuel Hahnemann (and it is only in that sense that we as homœopaths should use that word) differs in no essential particular from that of immunity as taught by the bacteriologists. They have sufficiently indicated the latter condition cannot be secured by anti-pathology. They have demonstrated that there is a deeper, broader, more fundamental principle underlying the art of healing than any that has hitherto been proclaimed and to which the maxim *similia similibus curentur* (Let likes be treated by likes—a command) bears approximately the same relation that a corollary does to a proposition in geometry. Should their science advance as rapidly in the ensu-

ing decade as in the past two, said principle will be voiced by them prior to its termination, its foundations be established beyond question and the world at large be made as clearly to see that hitherto the regulars have slain one-half their patrons as it now knows Washington was killed by his doctors.

6. Internal medication has been declared by an eminent German to be the hypodermic administration of vaccines and serums. Of course that definition is authoritative! Three decades ago a bright Providence physician, so bright he tarried not overlong on this terrestrial sphere (being assisted in his removal very possibly by over-auto-indulgence in the system of applied therapeutics he adored) declared that the medication of the future would be hypodermic. His prophecy has been fulfilled more liberally than I then could have dreamed, but so surely as human beings shall continue to be blessed or cursed with nerves, so certainly, later if not sooner, that diminutive squirtgun will be resorted to as frequently as the lancet now is and no more! The regulars will be compelled by public opinion to present their nosodes in as palatable and innocuous a form as ours.

7. While the antitetanic, the antityphoid and the anticholera serums, as at present manipulated, have wrought incalculable good their administration has not been unattended with unpleasant results, more or less serious, too numerous now to be mentioned. The assistance of adjuvants seems to be required by the first, magnesium sulphate and phenol being the most prominent. Each of these, by the way, have been credited with cures unaided. Two injections of the third have promptly eradicated epidemics combatted therewith, although the second insertion of the needle has not seemed materially to diminish the mortality of those afflicted despite treatment. The fractional doses of the second, essential to securing the best results, emphasizes the importance of moderation in all things, while its transitory accomplishments fully attest the evanescence of all earthly things. Switzerland has not found it necessary to adopt its use: enteric fever still abounds in the protected region of southwestern Prussia, despite the energetic utilization of all conceivable means of eradication through an entire decade, though the mortality therefrom has been reduced two-thirds.

8. Since all the so-called infallible tests for the existence of any given disease have been proven to be broken reeds and since living bacteria have been found in and within persons who possessed not a single ailment, while none could be detected in the vicinage of persons apparently and even actually at death's door, because of their supposed superabounding presence, it follows that the only safe way of diagnosing, not to say of treating, any given pathological condition is by a careful and unprejudiced consideration of all symptoms, howsoever discerned or discernible, according to the directions laid down by Hahnemann a century ago.

9. Since tetanus is liable to supervene after injuries in civil life, more especially in rural districts, it behooves all to watch keenly for *first symptoms* where there is the least likelihood of its appearance. Its victim is most liable to consider them too trivial to mention. They

may include dizziness, heavy sweats, slight difficulty in urination, a feeling of tightness in the muscles of the jaws or back of the neck or brief spasms of the chest or diaphragm. The latter are apt to be mistaken for pleurisy pains.

10. Few of us need to be reminded that the extermination of vermin, including body lice, is one of the most vital problems that confront us, for they are found alike in the trench, the field and the mansion and are the prolific disseminators of infectious diseases.

11. Dysentery can be diagnosed only by rectal examination. That is true for a German declares it, and was not Hahnemann a German?

12. The German gospel farther teaches that constipation, refractory for years and even for decades, can be conquered at once and for all, in from one to four days, by the elimination from the diet of all meat, fish and poultry and the substitution of milk, cocoa, milk-soups, etc. . . Meat soups and broths, however, can be taken, for they aid in the digestion of the vegetables. Flaxseed tea or other mucilaginous beverages containing seeds are useful adjuvants, but the seeds must not be bitten.

13. The possibility of auto-infection is conceded now by eminent German authority. Sad experience taught me the fact a quarter century ago, but its statement elicited only derisive smiles from the fellows of my state society.

Finally: Since England's Premier has urged upon the attention of British women the opportunities offered by the London School of Medicine for Women, which has recently doubled its plant, our sisters may well consider their position social and professional, alike most precarious within my recollection, as established beyond peradventure, for Britain's influence sways the world!

Respectfully submitted,

Geo. B. Peck.

On motion of Dr. Cole, seconded by Dr. Sutherland, ordered to accept the report.

Dr. Sutherland: I would like to read brief extracts from letters, received from the other side from some of our colleagues who are well known to you. I want to call your attention to the little leaflet in reference to the work done by the International Homœopathic Council. The first letter is from Dr. Burford received last evening.

35 Queen Anne St., Cavendish Square, W.

June 13, 1916.

Dear Dr. Sutherland:

May I ask you to convey to The American Institute of Homœopathy now in session, our most cordial fraternal greetings: our admiration for the abounding vitality of Homœopathy in the Great Republic: and, our assurance that yet wider and greater things will issue for our common cause, out of the annual deliberations of the assembled Institute.

To this same end—the all-necessary one of assembling members together—the International Congress had been planned for the pres-

ent year. Of its impracticability, nothing need here be said. But whatever may be consumed in the vast, seething melting-pot, one thing will be preserved, refined and purified—that, Homœopathy. As a humanitarian bond, it knows no limit of race or nation. And we have been glad, as representing the First Law of the Healing Art, to carry the beneficence of Homœopathy to those engaged in warfare, to whom access could be attained. And greatly have our powers for this good work been enhanced by the benefactions from our Homœopathic colleagues across the Atlantic. May God be with them!

I am sure I thus convey the sentiment of my British colleagues, though I personally take the responsibility for this communication.

With kind regards,

Very faithfully yours,

George Burford,

President of the London International Congress 1911.

I would like to move, Mr. President, that this letter from Dr. Burford be placed on file, and the Secretary be requested to make suitable acknowledgment of it.

President Aldrich: Unless objection be raised that will be done.

Dr. Sutherland: You will remember that a sum of money was collected last year and sent to Drs. Burford and Hoyle, and this has helped them in carrying on the work during the year. In the letter sent by Dr. Leon Brasol of Petrograd, I think some very interesting things have been cut out by the Censor. I would like to call attention to the fact that the Petrograd Homœopathic Hospital has been doing work recognized by the Red Cross. From September, 1914, to November, 1915, it has had forty beds well filled. Three hundred sick and wounded soldiers have passed through its wards. The patients are sent by the Petrograd Military Distributing Hospital, which is of course wholly allopathic. This may be looked upon as a signal acknowledgment of the efficacy of the work done by the homœopaths in this hospital. Another acknowledgment of Dr. Brasol's services is to the effect that in December, 1915, he was promoted to what would correspond to a Major Generalship in the Army.

Recognition of Dr. Brasol

[*Extract from letter to Dr. Brasol.*]

His Imperial Majesty, in view of the services rendered by you to the Red Cross Society in the present war, has been graciously pleased on the 14th day of November, 1915, to make you a Knight of the Order of St. Vladimir of the 4th degree. Congratulating you on this Imperial Act of Grace, I have the honor to inform your Excellency that the cross and patent will be dispatched later.

That is an honor to Homœopathy.

Another message is from Dr. Hoyle. Since November,

1914, Dr. Hoyle has been giving his services wherever needed and has furnished remedies and other adjuvants.

These things he was able to buy with the money sent by American friends. He is now with the Ulster Volunteer Hospital at Lyons. They would be glad to get a little more help. There is need for it. Dr. Hoyle has a nephew who was born in Los Angeles. This nephew has just been badly wounded. His wounds will lay him up for about six months, but he expects to go back to the front. He has had one nephew killed, and he has three other nephews somewhere with the Artillery or Engineers. As I stated, Dr. Hoyle has given his services gratuitously to the Allies since 1914. His professional income has been wholly cut off. I know he would appreciate any efforts we might make. It has been my pleasure and privilege to send him something, and I hope to do something more. If any of you care to join me I shall be pleased to have you.

Report of the Hahnemann Monument Committee

The chairmanship of this once important committee has for some years been but an empty honor, and the reports have naturally been either perfunctory, or humorous. Fortune has favored your chairman of the current year, in the fact that the meeting of the Institute was so near the national capital as to permit an automobile tour of Washington to be arranged for. The Washington local committee, Dr. Richard Kingsman, Chairman, has graciously co-operated with your chairman, and together they have arranged for a pause in the sight-seeing tour of July 1st, to permit a brief ceremony at the Monument.

The War Department, office of the Superintendent of Buildings and Grounds, Col. W. W. Harts, Officer in charge, and Mr. Francis F. Gillen, Superintendent, have also aided your committee and in so doing have established a precedent. The elders in the Institute state that this is the first instance of the United States spending a dollar, or assigning any of their paid employes, to benefit the Monument itself. This year, at the request of your chairman, they have agreed to clean and "point" the Monument, just before your arrival, and definitely in honor of your visit. Further than that, as the letter from the War Department, filed herewith, shows, the Officer of Buildings and Grounds has given permission to your chairman of the Hahnemann Monument Committee, as such, to decorate with flags both the plot of ground and the monument on that day.

The plan for the ceremony is as follows:

The automobile tour proffered by the Washington Homœopathic Medical Society, to the Institute, will halt at the Monument long enough to let you pay homage at the shrine of Hahnemann. Dr. F. W. Swartwout, President of the local Society, will call upon Dr. H. C. Aldrich, President of the Institute, for a brief speech. After the speeches, everyone present, including members and visitors, will be given red and white carnations, to lay at the feet of Hahnemann. The flowers will be received in a silk flag, held by four white-clad nurses from the

National Homœopathic Hospital, in Washington, and when the ceremony ends, the nurses will take the flowers to the free wards of their hospital.

A picture of the group at the Monument will be taken, and it is hoped the event may carry a "story" in the press for the good of the Cause.

Although this is the first instance of the United States Government bestowing care on the Monument itself, the government has shown due diligence in beautifying the half acre plot in which the Monument stands. Uncle Sam's head gardener, Mr. Charles Henlock, who has charge of the White House grounds, the Capitol grounds and all other government parks in the District of Columbia, met your chairman at the Monument and made an inventory of the plants, shrubs, and trees on the plot, and thanked her for the privilege of putting into the record here submitted their common names, and their technical names. There are about 30 different species of flora, with duplicates, making about 75 shrubs and trees.

You will not fail to be charmed with the setting. You will see an irregular rectangle, the Monument in the center. The front, or west, half is outlined with a mat of English ivy a foot and a half wide, with a Japanese weeping cherry at the right, and at the left stately American lindens guard the south side, in the parking strip, and the tall spreading tulip poplar the north side. On the east, far behind the Monument, are the handsome Kentucky coffee trees. Grading down in height toward the Monument, making a green background, are the gingers, or "maiden hair fern" trees, Japanese varnish trees, double flowering peach, cornelian cherry, red bud, crepe myrtle, Japanese privet, Forsythia, pearl bush, dogwood, southern magnolia, fern leaved English beech, Japanese maple (a purple dwarf variety) and bridal wreath; then the evergreens,—hemlock, cedar, southern cypress, and rhododendron. So that all the year round there is green, and all spring and summer there are blooming, around the shrine of the homœopaths, flowers planted and tended by the Federal Government, while the District of Columbia cares for the parking strip around the plot. Children and birds play all day at the fountain in the rear, and the chief reason the Monument needs cleaning before your coming is these happy little visitors who have preceded you.

The Chairman of the Hahnemann Monument Committee urges you all to accept the invitation of the Washington Homœopathic Medical Society, and to be a part of the picture when we lay flowers at the feet of Hahnemann on Saturday, July 1st, 1916.

Cora Smith King, Chairman,
Washington, D. C.
T. Franklin Smith, New York.
(Deceased.)
O. S. Runnels, Indianapolis, Ind.
Wm. R. King, Washington, D. C.
Harry E. Koons, Danville, Va.

June 29, 1916.

[*Letter from the War Department.*]

Washington, D. C., June 27, 1916.

Dr. Cora Smith King,
The Emerson,
Baltimore, Md.

Dear Dr. King:

Mr. Gillen has handed me your letter of June 26th and in accordance with your request permission is hereby granted you as the Chairman of the Hahnemann Monument Committee to plant small flags in the Hahnemann triangle in this city, in connection with the ceremonies that are to be held at that Monument on July 1st.

This permission is granted with the understanding that the poles of these flags shall be small and that they will be so inserted in the ground as to do no damage to the turf, the plantings, or any other of the public property within the triangle.

Very truly yours,

Wm. W. Harts,
Colonel, U. S. Army.

President Aldrich: You have heard the report. Unless objections be raised it will be received and spread upon the minutes. Hearing none it is so ordered.

Report on Pharmacopœia

To the President and Members of the American Institute of Homœopathy:

The European war by cutting off the supply of German tinctures, has drawn attention to the large demand for fresh plant tinctures and incidentally to their therapeutic value over those made from dried plants.

It would seem to be an opportune time to endeavor to have these tinctures standardized and your Pharmacopœia Committee has begun another attempt to have the Homœopathic Pharmacopœia of the United States named in the Food and Drugs act as such standard.

It so happens that, independent of school, this Pharmacopœia is the only work that provides for an uniform strength of tincture where the fresh plant is used.

In taking up this work, your Committee, as its first step, solicited the endorsement and aid of the various Homœopathic Pharmacists throughout the United States and letters were sent to them all, asking for their "approval and aid in securing recognition by Congress of the Homœopathic Pharmacopœia of the United States in the Pure Food and Drug laws as the standard of strength for fresh plant tinctures."

This letter was signed by the President of the Institute, the Chairman of the Committee on National Legislation, the Chairman of the Committee on Medical Legislation and the Chairman and Secretary of the Committee on Pharmacopœia.

It was sent from the President's office and (up to date) replies have been received by him from the following pharmacists who have signed the letter expressing approval of the effort:

List of Pharmacists that have signed letter expressing approval of effort to make the Homœopathic Pharmacopœia of the United States

the standard for fresh plant tinctures in the National Pure Food and Drug Law:

Boericke and Tafel.....	Philadelphia, New York and other cities
Boericke and Runyon.....	New York and Philadelphia
Boericke and Runyon.....	San Francisco
Halsey Brothers.....	Chicago and St. Paul
Otis Clapp and Son.....	Boston and Providence
John J. Mitchell.....	Detroit, Mich.
Smith's Homœopathic Pharmacy.....	New York
A. E. Boericke.....	Philadelphia, Pa.
C. A. Dimon.....	Philadelphia, Pa.
C. A. Vischer.....	Philadelphia, Pa.
P. H. Mallen Co.....	Chicago, Ill.
George E. Halsey.....	Chicago, Ill.
John P. Sobey.....	Cleveland, Ohio
Standard Homœopathic Pharmacy.....	Los Angeles, Calif.
South Western Homœopathic Pharmacy.....	Louisville, Ky.
Red Cross Homœopathic Pharmacy.....	New Orleans, La.
Richmond Pharmacy.....	Richmond, Va.
Geo. W. Smith Homœopathic Pharmacy.....	Cleveland, Ohio

The following Homœopathic Pharmacists have refused to aid in the work:

L. H. Witte.....	Cleveland, Ohio
Ehrhart & Karl.....	Chicago, Ill.

It is hoped that, with the aid of the majority of the pharmacists and the personal efforts of our physicians, that success will this time crown our efforts and to this end we would urge individual personal work on the part of every member to reach his Congressman and call his attention to this important matter. Due notice of the introduction of the Bill will be given through the JOURNAL of the Institute.

The following is the report of the publishers of the Homœopathic Pharmacopœia of the United States for the year ending May 31, 1916:

	On hand June 1, 1915	On hand June 1, 1916	Sold during year
Sheets	250	250	...
Bound in Cloth.....	61	40	21
Bound in ½ Morocco.....	25	24	1

Your Committee would also recommend that reports of all provings should be made to it as soon as the proving has been completed, so that evidence may be collected regarding the value of such drugs with the view to their insertion in the Pharmacopœia. It should be the aim of the Institute to make the publication of a drug in the Pharmacopœia a guarantee of its usefulness.

Respectfully,

T. H. Carmichael, Chairman.

Dr. Carmichael: I would like to make a motion for endorsement on the part of the Institute of the effort to place the Pharmacopœia in the Pure Food Law.

Seconded. Carried.

Report ordered placed on file.

Report of Committee on New Members

To the Members of the American Institute of Homœopathy:

Your committee has to report that its work during the past year has been confined particularly to a canvass of the homœopathic gradu-

ates of the last five years—viz, 1910 to 1915, inclusive. Tabulating the same from the lists sent us from the deans of our various colleges, we have the following:

	Members of A. I. H.	Non- members
Chicago	19	48
California	10	25
Cleveland	39	57
Kansas City	19	19
New York	53	142
University of Michigan.....	38	50
Philadelphia	56	105
	—	—
	234	446

To those who had not joined, we sent the following letter:

My Dear Doctor:—

Examination of the list of graduates of your College does not reveal your name as a member of the American Institute of Homœopathy.

The committee of which I am chairman is making a strenuous effort to enlist every graduate of the past five years in Institute membership. The Institute JOURNAL, which is sent to all members, is worth the price of membership, and in addition you have the satisfaction of aiding our Society in furthering the interests of Homœopathy throughout the country.

Please sign the enclosed blank and return it to me with a check for \$5. If possible, arrange to attend the Annual Meeting at the Hotel Emerson, Baltimore, June 25th to July 1st.

If you cannot see your way clear to join, please reply anyway, that I may keep my card index fully posted.

Fraternally,

R. Milton Richards,

Chairman of Committee on New Members.

April 20th, 1916.

In reply to this letter, I received about 20 applications. A number were sent direct to the Secretary, all of which were turned over to the consideration of the Board of Censors.

Your committee recommends that more persistent efforts be made each year by the various deans to enlist each graduate before he leaves college, for once on our roll of membership, it will be easier to hold him and his interests in Homœopathy through the agency of the JOURNAL than if he is allowed to drift, not so much into other societies, but into *no* society and thus become unidentified with *organized* medical efforts. The trustees appropriated for the expense of this committee the sum of fifty dollars, \$34.25 of which has been expended, a bill for which is hereto attached.

R. Milton Richards, Chairman.

June 28, 1916.

Ordered accepted, placed on file, and bill referred to finance committee.

Report of the Permanent Endowment Committee

Your chairman had prepared a report of the work of the committee embodying suggestions for a plan successfully utilized in other

organizations, particularly the Y. M. C. A. canvasses. The report also contained a frank criticism of the Board of Trustees for its action in chloroforming the articles of this committee on two occasions when it was ready to inaugurate an active canvass.

In view of the fact that the new Constitution and By-Laws provide for the question of Endowment as a branch of the business end of the Institute, these suggestions and criticisms will be omitted.

During the year the activities of the committee were necessarily negative, owing to the restrictions placed upon it by the Board of Trustees. The estate of Sarah J. Millsop willed \$500 to the Institute, which has been placed to the credit of the fund. Dr. George W. Mackenzie sent in a check for \$25 and Dr. George Royal sent his annual subscription of \$25. A former president of the Institute informs your chairman that he had made the Institute a beneficiary in his will to the extent of \$1,000. May his example find many imitators.

Respectfully submitted,

W. H. Dieffenbach, Chairman.

Ordered accepted and filed.

President Aldrich: Dr. Dearborn has something of interest to the Institute.

Dr. Dearborn: Two years ago you elected me a delegate to the Hahnemann Institute of Brazil, to present your compliments, which were delivered in due time to the Faculty of the Hahnemann School of Medicine. This School has 150 members, consisting of medical students, pharmacists, and doctors. It is well to understand that in Brazil pharmacy is well developed, and the pharmacists form a portion of the membership of the various homœopathic organizations. I was much surprised at the fact that the School is quite militant in Brazil. In this College they have six years for medicine, and four for pharmacy. They expect to graduate their first class two years from now. I was given a royal good time, and they assured me that they would have a representative at our Institute meeting in two years from that time. Their Secretary arrived in New York in February, not taking the trouble to find out when the Institute met. Expected of course that we would be in the middle of everything about that time. We were in the middle of winter. We offered him snow for six weeks. He had never seen snow before. We gave him a good time in New York, introduced him to everybody and entertained him. He presented a formal letter from the Institute of Brazil, which I will read with your permission. He asked that I present it to the Institute publicly.

The Instituto Hahnemanniano do Brazil takes pleasure in greeting the American Institute of Homœopathy, and, at the same time, in introducing its first Secretary, Dr. Alcides Nogueira da Silva, who is going to North America to further his studies on Homœopathy.

The undersigned members of the Directory of the Instituto Hahne-

mannlano do Brazil particularly offer their greetings to the Directory of the American Institute of Homœopathy.

Licinio Cardoza, Presidente.
Marquis de Oliveri, 2nd Secretaire.

Rio de Janeiro, January 21st, 1916.

In Brazil, under the leadership of Dr. Martino, corresponding member of the Institute for many years, the homœopaths accomplished great things, and were in a fair way to get everything they wanted when he untimely died, and things became somewhat lax. They have developed in Cardoza a very intelligent man. Last year he got an appropriation through the Legislature for the building of a new College and Hospital. I hope it will be possible for some of the members to be present at their graduating exercises two years hence.

Dr. Sutherland: I think we ought to take some formal notice of the activities of our colleagues in South America. I would move, Mr. President, that the Secretary be instructed to acknowledge receipt of the fraternal greetings from the Hahnemann Institute of Brazil, express our gratitude for the same, and offer the congratulations of the American Institute of Homœopathy to the Hahnemann Faculty of Brazil upon the formal dedication of their new buildings.

Dr. Dearborn: Seconded. Carried.

Report of the Board of Censors

Dr. Reily: We recommend for Corresponding Membership, Dr. Licinio Cardoza, President of the Hahnemann Faculty, and Dr. A. Nogueira da Silva, 1st Secretary.

Dr. Costain: Seconded.

President Aldrich: You have heard the report of the Board of Censors, with their recommendation on Corresponding Members. Unless objections are raised we will consider them duly elected. It is so ordered.

(Report on active members continued.)

Report of the Committee on National Legislation

Your Legislative Committee beg to report that we have maintained a representative of the homœopathic interests at Washington during the entire time of the present Congress, and it is our purpose to continue the same. This representative is to keep the Legislative Committee apprised of any and all legislative matters which in any way affect our profession. So far there has been nothing offered to the National Congress of a questionable kind, therefore no specific detailed report is to be made. We realize the importance of this committee and assure the Institute of our continued vigilance and our careful consideration of any and all legislative matters affecting homœopathy.

Respectfully submitted,

C. E. Sawyer.
E. Weldon Young.

Baltimore, Md., June 28, 1916.

Dr. Young: Dr. Sawyer, who is unavoidably absent, asked me to make this statement. He is fortunate in having a warm personal friend in the upper branch of Congress, who has instructed his private secretary to carefully examine all bills presented to see that no jokers are injected that will in anyway affect this School.

Ordered accepted and filed.

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Report of the Joint Conference Committee

Fellow Members: Your Conference Committee with the American Medical Association begs to report that they have confirmed the statements made by the Secretary of the American Medical Association that there were no research laboratories willing to undertake the work. The director of the Rockefeller Institute in New York said they had carefully considered this matter when it was presented, and their scientific committee had decided that they could not undertake the work.

First, because it was an investigation requiring human subjects and they had only animal;

Second, it was an investigation that had no end and one that would be very expensive. The Institute did not undertake to investigate such subjects;

Third, it required a conclusion to be reached and stated, and that was contrary to their rules.

Dr. Flexner stated that he thought the matter was one that *could and ought* to be investigated by the colleges of our school as their particular province.

Your Committee feel that, while it is impossible to have this investigation made in the comprehensive way originally planned, it ought to be begun vigorously by our colleges and plans should be made by the Alliance for team work along the line of investigating and demonstrating *Similia Similibus Curentur*.

Your Committee also feel that the connection of several of our colleges with old school institutions makes it important to try and secure the co-operation of some of their laboratories along this line.

We, therefore, recommend that the Committee be continued and during the next year endeavor to obtain a Conference Committee looking to the closer affiliation of the schools.

We have asked heretofore for a committee to investigate our law for the administration of drugs, not for a conference. We feel we may be more successful in getting a conference for the consideration of matters that are mutually interesting and in need of co-operation.

Herbert D. Schenck, Chairman.

Benjamin F. Bailey.

Royal S. Copeland.

W. Henry Wilson.

On motion of Dr. Schenck, seconded by Dr. Hooker, report filed and committee continued.

Report of the Committee on Conference with the Eclectic Medical Association

Mr. President and Members American Institute of Homœopathy:

Your committee would respectfully report that, after correspondence between your Chairman and Dr. J. M. Scudder of Cincinnati, Chairman of the Conference committee of the National Eclectic Medical Association, a joint conference was agreed upon to be held in Chicago at the close of the sessions of the College Alliance.

The meeting was attended by all the members of your committee except the Chairman, who was unavoidably absent. A full report of the proceedings by Dr. Gilbert FitzPatrick, Secretary of the joint conference, was published in the March number of the JOURNAL of the A. I. H.

The following resolutions were adopted by the joint committee and are now recommended for confirmation or adoption by the Institute:

1. That we recommend to the A. I. H. and Nat. Eclectic Med. Assn. that as nearly as possible, in the appointment of the Conference committees that have to do with the interests of our respective schools, as they relate to general medical interests, the principle be followed, that fitness and willingness to serve, rather than geographical and personal reasons obtain, said committee to be composed of not less than ten from each of the two associations.

2. That as there are non-members of the national societies holding positions upon the state examining boards as representatives of these two schools, that they be investigated and an effort be made to rectify this deplorable situation.

3. That as a joint conference of committees representing the American Institute of Homœopathy and the National Eclectic Medical Association, we agree to recommend to these respective national societies that, upon matters brought before this joint conference which have been discussed and adopted, each of the above named societies shall work in conjunction with the other as a unit.

In addition there were two suggestions adopted:

1. That the Conference Committee draw up a Medical Practice Act, to be submitted to the Federation of State Medical Examining Boards of the United States.

2. That the American Institute of Homœopathy and the National Eclectic Medical Association each appoint a committee for the purpose of inspecting, valuing and classifying their own medical colleges and hospitals with a view to manifesting our independence of the A. M. A. Council of Medical Education.

This year's conference was a success and proved that these two schools have interests in common, in the furtherance of which they can do better work together than either can accomplish alone.

Respectfully,

T. H. Carmichael, Chairman.

Dr. Carmichael: In addition to this, Mr. President, I received during the year some correspondence from a similar committee that had been appointed by the National Oste-

opathic Association for participation in this conference. I replied that so far as this Committee was concerned we had no authority to enter into relations with any other than the National Eclectic Association. That personally I would be very glad to meet them as individuals if I went to the meeting with the Eclectic Association. I have a communication signed by their committee from which I would like to read certain portions. It produces a platform upon which we can at least meet with them to our advantage.

Extract from a Letter

To

THE AMERICAN INSTITUTE OF HOMŒOPATHY
and

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

From

THE AMERICAN OSTEOPATHIC ASSOCIATION

This body, The American Osteopathic Association, has established certain standards of preliminary education and of professional training which the graduates of our colleges must meet in order to be eligible for membership. These are a standard high school education on an accredited four-year basis, and four years of professional training of not less than eight months each in four separate calendar years.

This professional training includes all the subjects given in a standard medical college, except *Materia Medica* and *Medical Therapeutics*, instead of which *Osteopathic Principles*, *Therapeutics* and *Technic* are taught. The number of hours required are essentially the same as those given in the best medical colleges. (Catalogue of the Chicago College of Osteopathy and table of comparative subjects enclosed herewith.)

* * * * *

We believe that the three Minor Schools can work in harmony, or at least refrain from working against each other, in legislative matters, to the advantage of all. To the end that there may finally be uniform laws throughout the United States in these matters; and also that there may finally be universal reciprocity between the states, so that a medical license shall be acceptable, not merely in one state, but in all the states.

We believe that the three Minor Schools can work in harmony in the matter of establishing and maintaining a reasonable standard of preliminary education and professional training. We believe that the standard already adopted by the Osteopathic profession should be satisfactory for this purpose, as it is the standard generally accepted in such matters. We should resolutely oppose any effort to increase this to five, six, or seven years, as is indicated in the program of the dominant School. An exception should be made in the case of those wishing to practice major surgery by requiring a year's internship in a hospital.

We believe that the three Schools can work in harmony in demand-

ing that due recognition be given to our systems in the Federal Medical Service and in Municipal, County and State Institutions.

* * * * *

The details of this co-operation may be left to our joint committees. Our object is to present only those points which will make the general objects of the plan clear to our organizations.

Finally, we are not merely seeking your aid. We are seeking to aid you, because we believe that in this stage of medical progress it is necessary that there should be an effectual opposition to the power of the dominant School. We believe this is desirable, not merely from a political point of view, but also from a scientific standpoint.

Any organization which is established and dominant in its field tends to become fixed in its methods and to close its senses to new thoughts and methods of procedure. Intelligent and forceful opposition compels the recognition of new facts and new principles. The result is beneficial to all schools.

We are hoping for your favorable consideration.

Yours fraternally,

Walter E. Elfrink, 27 E. Monroe St., Chicago.

E. J. Breitzman, Fond du Lac, Wis.

C. B. Altzen, Omaha, Neb.

I will submit this not as a part of my report exactly, but as a matter which you can take up, of course, if you see fit. I move that the report of the Committee be adopted.

Dr. Copeland: Seconded.

President Aldrich: You have heard the motion made and seconded. Are there any remarks?

Dr. Copeland: Mr. Chairman: If Dr. Carmichael himself had written and signed the letter that came from the Osteopathic Society, I would be standing on a chair waving a flag, because I certainly believe all the strong language presented in that letter. I must confess that I have a prejudice to any sort of an alliance with the osteopathic profession. Regardless of what my own personal convictions may be I know that prejudice exists in educational circles regarding that particular profession. I do think, however, it would be a perfectly safe thing to empower our committee on Conference with the Eclectic Association, provided further that the conference is agreeable to the eclectics, I think it would be perfectly safe to empower the committee to enter into a discussion with the osteopaths as to the questions mentioned in this letter. I do not mean by that that we would empower our committee to form an affiliation with the osteopathic profession, but simply to have conference relating to matters of joint interest which might be considered. To that end I move to amend the motion, or offer as a substitute for it, that we receive the report of the Conference committee, continue the committee, and give it power to enter into an informal discussion with the osteopaths, provided it is agreeable to the eclectics, who are of

course involved in the matter. In other words, to widen the influence of the committee.

Dr. Carmichael accepted the substitute.

Seconded. Carried.

Report of the Committee on American College of Surgeons

Gentlemen: Your committee has but a very brief report to make at this meeting. The last convocation of the College for the installation of members was held in Boston on October 29, 1915. The following members of the Homœopathic school were admitted to fellowship in the College:

Herbert C. Allen, Hugh W. Beebe, Claude A. Burrett, Norman S. Betts, J. H. Carmichael, Melville L. Casselberry, M. W. Conrow, J. I. Dowling, Judson A. Ferree, Richard F. Hovey, Albert W. Horr, Frederick W. Halsey, Gove S. Harrington, Charles B. Kern, Frank A. Kelly, Edwin M. Kellogg, C. B. Kinyon, Ralph I. Lloyd, George L. LeFevre, Herbert P. Leopold, Dean W. Myers, Warren C. Mercer, John L. Peck, Walter E. Reily, Richard Street, Zuber Short, Orrin L. Smith, Erdix T. Smith, Gustave A. Van Lennep, Florence N. Ward, John K. Warren, Robert V. White, Horace B. Ware.

The following communication was received on April 8, 1916, by your secretary, Dr. Hobson, which reads as follows:

My Dear Dr. Hobson:—The American Institute of Homœopathy, of which you are Secretary, is entitled to select three names as Governors of the American College of Surgeons. Will you please see to it that your executive committee carries out this formality? After the meeting will you kindly send us the names of the nominees?

Enclosed is a list of the Fellows of the American College of Surgeons who are also members of your society; also a list of the men who are already on the list of Governors, with the dates of retirement. I am

Faithfully yours,

(Signed) **John G. Bowman.**

The following is a list of the Board of Governors from the American Institute of Homœopathy:

Term Expiring 1916

William B. Van Lennep.....Philadelphia, Pa.
James C. Wood.....Cleveland, Ohio

Term Expiring 1917

Royal S. Copeland.....New York City
Burton Haseltine.....Chicago, Ill.
Charles E. Sawyer.....Marion, Ohio
George R. Southwick.....Boston, Mass.
De Witt G. Wilcox.....Boston, Mass.
W. G. Crump.....New York City

Term Expiring 1918

Howard R. Chislett.....Chicago, Ill.
Charles E. Kahlke.....Chicago, Ill.
Herbert S. Nichols.....Portland, Oregon
Horace Packard.....Boston, Mass.

It will be seen from Dr. Bowman's letter that we are entitled to three members this year. Those whose terms expire this year are Wm. B. Van Lennep and James C. Wood.

Your committee has to report, in addition to the foregoing, that at the last election held to fill the vacancies on the Board of Regents those members whose terms had expired were re-elected. Therefore, as yet the Homœopathic School has no representative on the Board of Regents. There has, however, been the most complete and cordial relationship existing between the Homœopathic members of the American College of Surgeons and its officials.

Respectfully submitted,

James C. Wood, Chairman.

Walter Gray Crump.

Herbert D. Schenck.

C. E. Sawyer.

Dr. Wood: I would like to say in addition, Mr. Chairman, that your committee, as a committee was nominated for one year. Your committee has no desire to shirk responsibility. While we have had at times some pretty stormy weather, we have had on the whole a pretty good time, but it would perhaps be better to appoint an entirely new committee. I say that for the simple reason that it is perhaps hard for members of the Institute to understand our limitations of power. We are simply a nominating or advisory committee. Every candidate nominated for membership in the American College of Surgeons, as I stated last year, has to pass through the scrutiny of the State committee. We have no means of knowing why they are held up. For that reason various men throughout the country are disposed to criticise us. We have done everything in our power that is possible to get men into the organization if we think they are thoroughly entitled. Some of the best men and best women we have we have not been able to get into the organization. We cannot state why, except that they do not get through these various State committees.

Dr. Crump: According to the report of Dr. Wood we have two men whose terms expire, Drs. Wood and Van Lennep. We also have the opportunity to place another name in nomination. I think it would be a great mistake if we did not return both Dr. Wood and Dr. Van Lennep to the Board of Governors. I would like to place in nomination then, for the three positions which we can fill, Dr. James C. Wood, Dr. W. B. Van Lennep, and Dr. Henry Whitmarsh.

President Aldrich: You have heard the report from Dr. Wood, and unless objections be raised it will take the regular course.

You have heard the motion by Dr. Crump, to the effect that Drs. Wood, Van Lennep and Whitmarsh be recommended to the College of Surgeons as members to fill the vacancies on the Board of Governors. What is your pleasure?

Dr. Martin: I want to second Dr. Crump's nominations, and I would like the privilege of saying a word. It was my pleasure to be present in Chicago when the committee representing this Institute had most strenuous and difficult duties to perform, and I think we would be derelict in our duty if we did not openly in this meeting pay a tribute to the magnificent work which Dr. Wood in particular did on behalf of the homœopathic members of the profession. I know from personal conversation, not alone from homœopathic members, from men active in the council of the American College of Surgeons, the respect in which Dr. Wood is held, his reputation for integrity, and his loyalty to his School. He had a great deal to do in obtaining for us the rights we now enjoy. I want to pay this tribute on the floor to Dr. Wood's magnificent work, without in any way pretending to belittle the work of the other members of the committee.

President Aldrich: In conversation with Dr. Wood yesterday this matter came up as he has outlined it. I told him then that owing to the magnificent work which he had done for the benefit of the cause, I should feel it incumbent upon me to reappoint not only himself, but the other member of the committee. The question is on the election of Drs. Wood, Van Lennep, and Whitmarsh as nominees for the Board of Governors, to the American College of Surgeons. Unless objection be raised that shall be considered the action of the Institute.

It is so ordered.

Dr. Wood: I would like to call your attention to one thing. Those who have been nominated, and have not yet received notice of rejection, in fact no notice whatever, may feel that their application is still under consideration. The officers of the American College of Surgeons have had no easy time with something like four thousand applicants. If applicants have received no notification it means that no final action has been taken regarding their application.

Report of the Committee on Homœopathic Hand Book

Your committee regrets to state that little progress has been made this year. At the season when such work should be accomplished, the illness of your chairman and serious sickness in his family precluded any labor on this project. As we reported last year, several chapters have been completed and the plan is in hand for the finished book. We shall be glad to be continued as a committee, but will be reconciled to any other action the Institute may deem it wise to take.

Respectfully submitted,

June 29, 1916.

Royal S. Copeland, Chairman.

On motion of Dr. Copeland, ordered the report be received and the committee continued.

Report of the Committee of Council on Medical Education

Mr. President, our report is the report of progress. It cannot be otherwise, because the tasks you have imposed upon us are such that they can never be completed.

1. *Colleges.* We made a revision, and each Dean was asked to sign an acceptance of that revision. We had pamphlets printed, and a copy sent to the secretary of every state licensing board, to each member of the board, to the dean and secretary of each one of our medical colleges, to the presidents and secretaries of all our affiliated societies. We have been criticised somewhat because our colleges have not been classified, as are the colleges of the American Medical Association, that is, "A," "B," "C." The Council on Medical Education recognize none but the "A" class college. We do not have any other classification. The reason is this: The secretary of one of the examining boards wrote me as chairman of this committee, asking in which class a certain college was. According to our rule, I replied, "Class A." He accepted the applicant, gave a license. He wrote afterwards that he was glad that the young man was in "A" class, as they did not examine any others. That is the reason why we are determined to put all our colleges in "A" class.

2. *Federation.* You placed the duty upon us of attempting to formulate a plan for federation. This was turned over to Dr. Scott Parsons, as our agent. He made a preliminary report to the Board of Trustees in December. This report was accepted by the Trustees, and he was authorized to continue the work. After consulting with many officers of other societies, the pamphlet which has been presented to you contains a report of a tentative plan. We consider this work of federation the most important work of the Council today, because I thoroughly believe that upon the result of that will depend either the growth or decline of Homœopathy in this country. We want you to give us of your wisdom, and enthusiasm, and we want you to go back to your state societies and help federate.

3. *Hospital Work.* The object of this hospital investigation report was three fold: (a), to make an estimate, if I may use that term, of the possessions of the homœopathic fraternity in this country; (b), to help us to standardize, if you please, the work of these hospitals so that we might get a record upon which we could tabulate facts as to results; (c), and most important of all, was the fact that in two years I think we shall be obliged in most states to have our graduates present a certificate of having served one year as interns in an accredited hospital. As I see it, it is a most important work, and yet the most difficult step is yet to come. It is necessary to have such hospitals as the licensing boards will accept. It is necessary, therefore, that we have an accurate description of what we possess in those hospitals for interns; if not, these hospitals will at once be discredited. They must be such hospitals as the deans can accept and recommend to the graduates who are compelled to take a year of internship. We hope to have by January such a class of hospitals that we can present them to the licensing boards and to the deans as thoroughly competent to give one year in postgraduate work. This

work is important. We ask your co-operation. We shall be sending you letters in regard to these hospitals to get all the information we can. We want nothing but the absolute facts.

Now in regard to the booklet we have published. We have already disposed of 5,658 copies. Your Board of Trustees has authorized us to publish 5,000 more. Of these we have a pretty large percentage asked for, so that if any of you wish more, I hope you will let us know as soon as possible, because this will be the last order of printing.

Your Council has also done everything in its power to perfect the work in *Materia Medica*. We are demanding as largely as possible that the laboratory work, concerning which so much has been said during the last few days, be made an important part of this curriculum.

Respectfully submitted,

George Royal,
J. W. Ward,
J. B. Garrison,
W. A. Dewey.

Dr. Wood: I move that the report be accepted and the committee continued.

Dr. Copeland: It is an extremely unfortunate thing that the important report of this important committee comes to us at so late an hour that we cannot give it the discussion it deserves. To my mind there is nothing more closely related to the future of Homœopathy than the work of this Council on Medical Education. It is the most important committee we have in the Institute, and upon its skillful management of college affairs depends the growth and prosperity of Homœopathy. I wish this Institute might sometime give the consideration it ought to this subject, and to have the backbone to declare that from this time onward no classification will be permitted, or in any way endorsed, except the classification made by our own Council on Medical Education. It is a crime against Homœopathy, and against its future, for the homœopathic profession supinely to submit to the standardization of our medical colleges as made by the American Medical Association. It is not their business to examine and classify the colleges of Homœopathy. It is the business of the Institute of Homœopathy through its Council to do that work, and I think the Institute ought to arise in its might, and take that stand, and make the declaration which will be heard the world around.

Dr. Hooker: We all appreciate this work of the Council on Medical Education, especially the arduous and unselfish labors of Dr. Royal. I want to ask him in regard to the statement which he makes as to the classification of medical colleges. What would happen if the college did not come up to class "A?"

Dr. Royal: We would not recognize it at all. If we can-

not have class "A" we will have nothing. Kansas City was an example.

Dr. Hooker: Kansas City was not in class "A?"

Dr. Royal: Do not misunderstand me. Any college which this Council recognizes is in class "A." When the conditions and surroundings of a college are such that we do not think it can give first class education we have nothing to do with it.

Dr. Hooker: What is the status of Kansas City?

Dr. Royal: I do not know anything about it.

Dr. Hooker: Is it recognized by the Institute?

Dr. Royal: We do not recognize it in the list of colleges. A mistake was made in the program, but the Council on Medical Education is not responsible for that.

Dr. Hooker: I was trying simply to learn what the action of the Council was in regard to this college.

Dr. Royal: They died last year. There is only one derelict among our number. There were ten colleges. We recognize nine. We have said this to Kansas City, as we would say to any other body of men who would get a charter: If you will get suitable buildings, and will equip such buildings with suitable laboratories, fill them with proper professors, and have the proper clinical material, we will gladly put you in class "A."

Dr. Metzger: I would like to make a statement in regard to the classification of colleges. It seems to me the purpose of this classification is to set some standard upon graduates from colleges so that the state boards may be able to judge what training the graduates have had. At the Federation of Medical Boards which met in Chicago in February, there was submitted a resolution which stated that hereafter classification from no sectarian school would be accepted by the Federation as the classification for medical colleges, but in place of that there should be appointed a committee by the president of the Federation, which committee would have a representative from each School, and this committee was to use the data already collected, and other data as they might see fit, and then pass upon colleges as to their standing and classification. At that same meeting a member of our own School was elected president, Dr. Strickler of Denver, Colorado. At the next annual meeting of this Federation this resolution will come up for final action. In the event of its passage, a member of our own School will have the power to appoint the committee which will act definitely upon the colleges and schools hereafter.

President Aldrich: If there are no further remarks, the motion by Dr. Wood will take the regular course, and will be considered the action of the Institute. Report accepted and committee continued.

Report of the Committee on Resolutions

Whereas, the seventy-second annual session of the American Institute of Homœopathy is assembled in the city of Baltimore for the purpose of advancing the science and art of medicine and surgery in all of its departments; and

Whereas, the United States is threatened with a war not of its own seeking, but which it has in every honorable way endeavored to avoid: Therefore be it

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Resolved that the American Institute of Homœopathy pledge its undivided loyalty to the President of the United States and to our government in the crisis impending; and be it further

Resolved that the Institute as the central organized body of the Homœopathic Medical Profession in America earnestly recommend and urge that in case of war the various and numerous hospital organizations throughout the United States under homœopathic control immediately tender to the Government the use of its hospitals for the care of the sick and the wounded.

Resolved further that the Institute urge all individual members of the homœopathic school who are not physically disqualified and who can possibly make the sacrifice to proffer their services as physicians, surgeons and sanitarians to the country.

On motion of Dr. Norton, seconded by Dr. Sutherland, unanimously adopted by rising vote.

Dr. Norton: Attached to that resolution, prepared by Dr. James C. Wood, is the following:

"We, the undersigned, members of the American Institute, proffer our services as physicians and surgeons in the event of war between Mexico and the United States Government."

Another resolution along the same line is by Dr. Hills Cole:

Resolved that the Board of Trustees of the American Institute of Homœopathy be asked to consider the feasibility of the establishment of a Red Cross Hospital Unit under homœopathic auspices and management, and be authorized to take whatever steps may be necessary and advisable for the establishment, operation and maintenance of the same.

We recommend the adoption of this resolution, and ask for a rising vote.

Unanimously adopted by rising vote.

Announcements

Dr. Price: I wish to announce that the Meissen will give an entertainment at 8:30 this evening in the Exhibition Room. It will be a delightful occasion and you are all heartily welcome.

At the Bureau of Information are unclaimed letters, telegrams, and some packages.

Kindly register at once for the steamboat excursion tomorrow afternoon at 4:30; also for the Washington function on Saturday.

Dr. Hooker: I would like to read the following, at the re-

quest of Dr. Terry, and move that a telegram be sent Mrs. Helmuth.

"Resolved that the American Institute of Homœopathy send greetings and best wishes to Mrs. Wm. Tod Helmuth, whose husband will always be held in mind as one of the most distinguished surgeons of our school of medicine."

President Aldrich: Unless objection be raised, such will be considered the action of the Institute.

The Secretary: At the close of this session, you are requested to go to the Exhibition Room, to give audience to our guest from the Public Health Service in Washington, Surgeon E. A. Sweet.

On account of the weather conditions which we could not control, special permission has been given to the D. and G. U. Bureau to meet this morning instead of tomorrow afternoon.

Meeting of the Trustees immediately on adjournment.

Adjourned to 9 a. m. Friday.

Friday, 9 A. M., June 30, 1916

Called to order by President Aldrich.

President Aldrich: I wish to announce the appointment of Drs. Mann and Dienst to act as Censors in conjunction with Dr. Carmichael.

I also announce that the Senate of Seniors report that they have elected Reuben A. Adams, Rochester, N. Y., as Honorary President.

Communications

Kansas City, Mo.

Very sorry I shall not be able to attend the Baltimore meeting. Trust the sessions may be largely attended, prove interesting and enjoyable.

William Davis Foster.

London, England.

British Homœopathic Society send sympathy on death of Dr. Kent. Sandberg.

Report of the Board of Censors

Dr. Carmichael: I have six names to report, Mr. President, to be voted upon this morning: F. H. Lovell, Newark, N. J.; George P. Olcott, Jr., New York City; Nathan R. Sylvester, Jr., West Somerville, Mass.; George Everhart, Baltimore; Noah Jackson, West Palm Beach, Florida; Logan T. Pryor, Eaton, Ohio.

On motion of Dr. Carmichael, ordered that list of candidates read be elected to membership.

(Final Report of the Board of Censors)

Elected to Honorary Associate Membership.....	2
Elected to Corresponding Membership.....	2
Elected to Active Membership.....	154
	<hr/>
Total	158

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Report of Transportation Committee

Ladies and Gentlemen: As chairman of the Transportation Committee I desire to report as follows:

After careful consideration it was decided wise to again arrange for a special train from Chicago to Baltimore and after going over the proposition offered by the various railroads it seemed best to use the Baltimore & Ohio road. The considerations entering into this decision were the quality of service, the kind of a train promised, the rates and the help offered in securing a large number to go on the train. We found that the road selected best fulfilled these conditions. We knew from past experience that the equipment would be the best that could be secured and the fare was the lowest of any road going direct to Baltimore. The road has also supported the Institute JOURNAL in the advertising columns, although this was not done in consideration of our choosing this line.

Some features of the work may be of interest to you, and I believe that there are some things that should be considered by the members of the Institute or the trustees.

There has never been definite appropriation for the transportation committee. It seems to us that there should be. I have personally sent out over one hundred letters to people, urging them to attend the meeting of the Institute. In addition the railroad officials have sent out 1,000 booklets and three hundred circular letters. They have also written many letters in reply to inquiries, as have I. Had there been definite allowance for this work we could have probably reached many more and perhaps increased not only the number in attendance at the meeting, but also increased the membership of the society. Without this we were necessarily compelled to limit our efforts to securing a good number for the train from the membership of the Institute. We could hardly ask the railroad to solicit people not members of our organization.

In addition to the work done from Chicago, Dr. Gammage has written a large number of letters to those in the southwest and the Burlington railroad circularized the west and southwest thoroughly in order to get the business from that section for their road, which was designated as the official western road.

To us it seems as if the best advertising medium the Institute has is its special train. It brings us before the general public and also impresses our own members with our importance. It brings the members together and promotes good fellowship. With a stated fund we could impress lukewarm homeopaths with the fact that we are not dead and that they have no reason to be ashamed of their school of

practice. I feel that the transportation committee has become one of the most important means of keeping up the interest of the members of the society and of increasing this membership. This latter cannot be done, however, unless some actual appropriation is made so as to send literature to the people not now members.

The JOURNAL of the Institute only reaches the members. Judging from some of the letters received, many do not read it, but depend on the transportation committee for their information in regard to the meetings. Will you not consider this matter carefully and next year give your committee more power and a definite expense account?

Respectfully submitted,

C. A. Harkness,
Chairman Transportation Committee.

Dr. Harkness: Since writing my report, the Committee, with the assistance of the B. & O. railroad, have brought ninety-two people on the Institute Special to Baltimore. The trip was made in record time, the train arriving about forty minutes ahead of its schedule. The officials of the road did everything to make the trip a pleasant one. If at any time there has been cause for censure of the railroad management, their care this year, the equipment of the train and the attention of their representatives have removed it. Particular mention should be made of the work done before we left Chicago by Mr. Picking and Mr. Benedict, District Passenger Agents, and of the kindness and attention to every desire by Mr. Taylor and Mr. Strickenburg, the traveling Passenger Agents on the train with us.

On motion of Dr. Miller, ordered to adopt the report, and to refer the suggestions to the Board of Trustees.

Report of the Committee on the President's Address

[The Secretary took the Chair during the reading of the report.]

We commend the President upon his very scholarly and able review of the biography of Hahnemann, and the development of Homœopathy.

The review is timely, in that it brings to our attention, over again, facts that escape us in daily toil.

As the younger generation appear in medicine they should be made familiar with the lives and history of those who are responsible for its growth and development.

We therefore recommend that reprints in pamphlet form be wisely distributed to students and prospective students of medicine as well as to lay patrons, especially to board, trustee and auxiliary members of our hospitals and colleges.

The other recommendations are now before you and in process of debate. To all of which we subscribe and bespeak earnest attention until their solution is established.

We commend President Aldrich for his loyal and businesslike ad-

ministration, for his faithful attention to the duties of his office, and for the high plane upon which he has conducted the affairs of the Institute.

Respectfully submitted,

Gilbert FitzPatrick, Chairman,
G. Forrest Martin.

June 29, 1916.

On motion of Dr. Hooker, ordered to adopt the report.

Report of the College Alliance

Dr. Copeland: In the absence of the responsible trustee, I would report that the College Alliance is alive and active, and had a very interesting meeting at this session of the Institute. We report progress, and ask for continuance.

Ordered continued.

Report of the Committee on Drug Proving

To the American Institute of Homœopathy, in Annual Session:

The Board of Trustees of the Institute of Drug Proving desire to make to you the following annual report:

Whatever work might possibly have been accomplished during the past year, was cut short by the untimely death of the Chairman, Dr. J. B. Gregg Custis. The Board of Trustees did not have at their command the books, papers and other necessary items for the prompt execution of business.

On June 28th, 1916, in Baltimore, Maryland, the Board held a meeting and elected, to fill the place of Dr. Custis, Dr. Oliver S. Haines of Philadelphia. They then voted that the Board reorganize, which they did by the election of Dr. R. F. Rabe as secretary-treasurer, and Dr. Benjamin F. Bailey as chairman. The future work of the Board was then actively and enthusiastically discussed during the time at the disposal of the Board and an adjournment was taken to some day in the last week of September or first week of October, 1916, in the city of Cleveland, subject to the call of the Chairman and Secretary, at which time it is the determination of the members of the Board to take sufficient time uninterrupted by other matters to definitely determine places and methods for the active prosecution of the work for which they were long ago selected.

The Board of Trustees of the Institute of Drug Proving.

Benj. F. Bailey, Chairman.

June 30, 1916.

Dr. Bailey: I have the report of the Treasurer which the Board of Trustees have never seen before.

REPORT OF FINANCIAL CONDITION

of

The American Institute for Drug Proving of the American Institute of Homœopathy.

June 1st, 1915—Cash in Security Trust Co.....	\$1,363.56
Oct. 1st, 1915—Deposited 3 coupons, Reading Bonds.....	60.00
Dec. 1st, 1916—Interest	24.70

April 4th, 1916—Deposited 3 coupons, Reading Bonds.....	60.00
June 1st, 1916—Interest	22.42
	<hr/>
Total	\$1,530.68

Disbursements.

Aug. 6th, 1915—R. F. Rahe, M. D., expenses of drug proving as per voucher on file.....	\$ 292.20
Oct. 29th, 1915—M. E. Wolf Co., Renewal of Indemnity Bond (Premium)	12.50
April 8th, 1916—Geo. Royal, Des Moines, Iowa, for expenses of drug proving as per voucher on file.....	125.00

Total disbursements\$ 429.70

Balance in Security Trust Co., interest at four per cent,
June 1st, 1916\$1,100.98

Note.—In addition to this money, the Institute for Drug Proving
owns three Reading bonds, par value One Thousand Dollars each,
which are in my safe.

Respectfully submitted,

Edwin H. Wolcott,
Secretary-Treasurer.

June 1st, 1916.

This is a report of the financial condition of the Institute of
Drug Proving of the American Institute. We are very glad
to receive this report, and to know how much we have in the
treasury. I make this a part of the report. Mr. President, I
move you, sir, the adoption of this report.

Seconded.

President Aldrich: You have heard the motion made and
seconded that we adopt the report of the Committee on Drug
Proving. Are there any remarks?

Dr. Carmichael: I do not know whether it would be
proper to offer a suggestion to the Committee on Drug Proving,
but it seems to me that this money, as well as all other
moneys, should be in the treasury of the Institute. We have
no control over it. Under this new reorganization plan all
moneys which have been collected in the American Institute
should be in the treasury of the Institute. There would be no
disposition on the part of the Institute to use that money ex-
cept as a separate fund, and it would still be under the control
of the Committee on Drug Proving. It is simply a technical
business form that all moneys of the American Institute should
be in its treasury. Of course, I suppose, technically speaking,
this is not the money of the American Institute. It is money
for the purpose of Drug Proving, and as such is subject to dis-
bursement by order of the Committee on Drug Proving. But
it would be more satisfactory to the members of the Institute
if that money were kept in the Institute treasury rather than
in a separate treasury.

Dr. Bailey: Mr. President, members of the Institute, this

is not merely a technical matter. The Institute of Drug Proving acts under a Federal article of incorporation. As a result the money is invested legitimately, and their treasurer is under bond. Whether or not this could in any way be transferred to the treasury of the Institute is a question which would require consultation with legal talent. I hope the Institute will not lose sight of the fact that we are absolutely responsible to the Federal government, and not to any one else. On the other hand I hope they will not lose sight of the fact that our loyalty is to the Institute, and to the Homœopathic School; and thirdly, that they will please not criticize us until we have had at least a year to see whether we can do anything.

President Aldrich: Is there any further discussion? If not, those in favor of adoption of the report will please say "aye." Contrary, "no."

Motion is carried.

Report of the Interstate Committee

[Dr. Carr was not present. Report passed.]

Report of Committee on Place of Meeting, 1917

Dr. Miller: The Trustees have selected Rochester, N. Y., as the place of meeting for 1917.

Report from the League to Enforce Peace

The League to Enforce Peace was not organized to attempt to enforce peace at this time or at any time upon the present warring nations, nor is it a factor of those who believe in peace at any price. It seems to be the product of the individual desire upon the part of a number of individuals to bring about that condition among nations, whereby there can never occur another war such as is devastating the nations at the present time. The idea of the League seemed to come spontaneously from a number of great men at once. These men had been considering the matter for some time, feeling that at this stage of the world's civilization, there should be some compact between the nations whereby they should be enforced to abstain from warfare, a position which I am sure every member of the American Institute of Homœopathy heartily commends.

We being appointed representatives of the Institute by the President, Dr. Aldrich, will try to give an idea of the meeting and the scope of the League. In the first place, the people who represent the membership of the League, and the speakers at the various meetings are people who are recognized the world over as leaders. They are statesmen, educators, philanthropists, and business men from all the nations of the world. The President of the League is Wm. H. Taft, former President of the United States. He is not a figure head, but is actively and energetically engaged in the work, and presided at the sessions. Some of the persons who addressed the League are Thomas R. White, a noted statesman of Philadelphia, Oscar S. Straus, formerly ambassador to Turkey and a member of the Hague tribunal; Edward A. Filene, a Boston merchant and leader in commercial affairs;

Hamilton Holt, editor of the *Independent*; Wm. H. Taft; George G. Wilson, professor of international law at Harvard; Talcott Williams, director of the school of journalism at Columbia University; Professor John Bates Clark of the Carnegie Endowment for International Peace; Newton D. Baker, Secretary of War; Samuel Gompers, president of the American Federation of Labor; R. G. Rhett, president of the Chamber of Commerce of the United States; Theodore Marburg of Baltimore, former American minister to Belgium; President Wheeler of the University of California; President Lowell of Harvard University; Shailer Matthews, president of the Federal Council of Churches, and of the Divinity school of the University of Chicago; and Woodrow Wilson, President of the United States.

The Platform of the League to Enforce Peace

It is desirable for the United States to join a league of nations binding the signatories to the following:

First. All justifiable questions arising between the signatory powers, not settled by negotiation, shall, subject to the limitations of treaties, be submitted to a judicial tribunal for hearing and judgment, both upon the merits and upon any issue as to its jurisdiction of the question.

Second. All other questions arising between the signatories and not settled by negotiation shall be submitted to a council of conciliation for hearing, consideration and recommendation.

Third. The signatory powers shall jointly use forthwith both their economic and military forces against any one of their number that goes to war, or commits acts of hostility against another of the signatories before any question arising shall be submitted as provided in the foregoing.

Fourth. Conference between the signatory powers shall be held from time to time to formulate and codify rules of international law, which, unless some signatory shall signify its dissent within a stated period, shall thereafter govern in the decisions of the judicial tribunal mentioned in article one.

The plan, as we see from the outline of the platform, is the formation of a league of nations to submit all international disputes to arbitration and establishment of a joint police force to guarantee that no nation will violate the agreements.

President Taft explained that the constitutional authority of the President and Congress to declare war would not be violated by the League's plan. Speakers referred only incidentally to methods of ending the present war, since the League's program includes only the minimizing of future conflicts over questions which might be adjudicated by an international court. All speakers urged that the United States become a party to the suggested agreement. They pointed out that war might not be abolished, but it would be curtailed, for the International League would allow combat only if the court's decree were not accepted by any nation.

Acceptance of membership by the United States in a world court in which the joint powers would use their armed and economic forces to enforce its decrees in the interests of international peace, was urged by Former President Taft. While he advocated the future formation of such a world court, he refrained from discussing the causes of the present war or the part this nation may take in the attainment of

peace. His address was closely confined to the technical legal questions involved in joinder by the United States in such an international tribunal.

Mr. Taft explained that the League's platform proposes compulsory submission to the world court of an international dispute not settled by diplomatic negotiations and which are "justifiable questions." He explained many legal points which might be introduced by opponents to the League and went to considerable length in considering the question of the duty of a nation belonging to the proposed world court to use its army and navy in enforcing its decree upon other members that should go to war in defiance of the court's decrees.

Dr. Talcott Williams, dean of the school of journalism in Columbia University, answered objections to the League's program on the ground of Washington's advice against entangling alliances: "When Washington in his farewell address gave this advice, he looked upon a world of many lands, none dominant, none acting alone. All Europe, strong or weak, had to accept alliances which entangled their policy and strangled their freedom, because only by this path could safety be secured by the weak and power by the strong. Today in all the world there are less than fifty states which possess independence, and eight of these hold the world's destinies, six in Europe—Austria-Hungary, England, France, Germany, Italy and Russia—and two in the rest of the world—Japan and the United States. United for peace, these could control the world and stop war. Seven of them divided have brought the worst war in history, the worst in origin, in extent and in the evil wrought."

Oscar S. Straus, former ambassador to Turkey, warned that the war has let loose throughout the world the spirit of conquest and that the United States is envied, distrusted and by some nations hated. He said, "Let us not deceive ourselves by failing to see that this war has let loose throughout the world the spirit of conquest, the hunger for territory and the rivalry for domination on land and sea. Even our efforts to maintain our neutrality, instead of making for us friends, have us envied, distrusted and by some nations hated. It is said by some that to enlarge our naval and military forces will of itself be provocative of war, in that it will prompt the spirit of militarism. This is not true where armaments for defense—subordinated as they always must be under our form of government to the civil power—are not the promoters of militarism, but a bulwark for the maintenance of law and of justice, and for the security of all those ideals which constitute the elements of enlightened and progressive civilization. It is a mistake to believe that armies and navies lie useless when not engaged in war. As a matter of fact, armies and navies are the potential forces behind diplomacy when vital interests are at stake, and their potentiality is in the background and often the controlling factors in obviating the development of conditions that lead to war or that project nations into war at times against their will."

Mr. Straus encouraged the idea of the League to Enforce Peace, which contemplates a union of the leading nations of the world, pledged to accept the principle of arbitration in all international disputes. He

urged that preparation for peace must be made with the same thoroughness as the nations have hitherto given to the preparations for war.

I have given rather in detail a comprehensive report of the three leading lines of addresses at the meetings held at the Belasco Theatre. It would take hours to give a complete report of the splendid addresses of the great speakers at this meeting, which, I have no doubt, will go down in history as an epoch maker. There were over 2,000 people gathered at these meetings, including President of Universities, and of railroads, heads of commercial, labor and farm organizations. The deduction which is to be drawn from these meetings is that this great country with its extensive boundary lines, greater by far than many other nations combined, and the great resources of the nation, resources so great that we can build all the houses necessary to house the peoples of the world, resources that can clothe the peoples of the world, resources that can furnish all the implements necessary for the peaceful pursuits of the world, as well as the implements of warfare needed by the whole world, and the great wealth of this country, greater by billions of dollars than the combined wealth of some of the leading nations of the world, puts us into the place where we are envied, and considered a rich prize. It behooves us, then, to join with the other nations to aid in enforcing peace, and to be ready, if necessary, to whip them into line. It is not always necessary to use all the force at our command, but it is a mighty good thing to have it on tap when needed.

Frank A. Swartwout.

Louise Ross.

On motion of Dr. Carmichael, ordered that the report be adopted and the committee continued.

Final Reports of Completed Bureaus

Report of Bureau of Homœopathy

Twenty-nine names appeared on our program, but one was by error, which leaves twenty-eight.

All but one of the ten having the principal papers were present, and all but four of the eighteen who led in discussion or made reports were ready for duty.

This makes a total of twenty-three present out of a possible twenty-eight. This was a very creditable showing.

Owing to the unusual response of our essayists, we were embarrassed with riches, and your chairman regrets that the question of time compelled too frequent a cutting off of discussion that was important and edifying.

All of the nine colleges recognized by the Council on Medical Education were represented, and the reports were exceptionally interesting and educative. It was gratifying to see the result of persistent and organized effort, and it is good to believe that this same rate of progress may be maintained now that we know how to proceed. The universal answer to the question, "What is the matter?" has been "Money." But I am convinced that "Men" would be a better answer. We need big,

broad-minded, prophetic men, with ideas important enough and ideals high enough, that they *compel money*.

I want to thank each participant in our program. The high grade of papers, the excellent enthusiastic spirit throughout, are things that I shall not soon forget.

Respectfully submitted,

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Mary Elizabeth Hanks, Chairman.

No report from Bureau of Clinical Medicine.

No report from Bureau of Clinical Research.

President Aldrich: The Bureau of Dermatology and Genito-Urinary Diseases have finished their deliberations, the papers have been left with the Secretary, and the Chairman has gone home.

Report from the Bureau of Pedology

Dr. Hooker: The Chairman of this Bureau is not here, but the papers were all presented, read and discussed, and the Bureau closed yesterday afternoon.

Resolutions in regard to "States' Rights," read by the Secretary at the request of a member.

Referred to the Committee on Resolutions. In the absence of Dr. Norton, Dr. Hooker appointed to serve on this committee.

Dr. Copeland: Would it be proper at this time to present a resolution on the death of Dr. Custis?

President Aldrich: Yes.

Dr. Copeland: It is unfortunate that up to this time we have forgotten, or at least have not had time to consider the fact that we have lost this year, Dr. J. B. Gregg Custis. Having so recently lost Dr. Smith, this was temporarily crowded from our minds. But our sympathy is none the less sincere, I am sure. I wish to present for adoption by the Institute, Mr. President, the following:

J. B. Gregg Custis

Whereas, The American Institute of Homœopathy has suffered the loss of one of its long time and faithful members, Dr. J. B. Gregg Custis, it is appropriate that this organization spread upon its records suitable testimony of the signal service rendered by Doctor Custis to the cause of Homœopathy.

A graduate of the New York Homœopathic Medical College, Doctor Custis joined the Institute in 1879. From the first day of his membership, our friend showed his devotion by faithful attendance upon its business and scientific sessions. That his work was appreciated is shown by his repeated appointments to important committees and, finally, by his election to the Presidency.

Perhaps Dr. Custis' most conspicuous service to the cause was his activity in the movement to erect in the National Capital a monument to Samuel Hahnemann. The arrangements for the dedication of that

beautiful structure were in his hands and there can never be effaced from the memory of those who participated in the wonderful events of that occasion, the joy and pride of that red letter day.

Homœopathy has lost a staunch supporter, a militant disputant, a convincing advocate and a marvelously accurate prescriber. We mourn his death.

Therefore Be It Resolved, That this expression of our loss be engrossed upon our records and a copy sent to the family of Doctor Custis.

This resolution, offered by Dr. Royal S. Copeland, was unanimously adopted by a silent standing vote.

President Aldrich: Is there any unfinished business?

Dr. Miller: I move when we adjourn, we adjourn to meet at 3:30 in the North Hall.

Dr. Copeland: Seconded. Carried.

Report on Medical Examining Boards

President Aldrich: In view of the fact that Dr. McCann, who is Chairman of the Examining Board's committee, has not been present, and has sent in no report, I will call on Dr. Perkins to make some statement in reference to this work.

Dr. Perkins: Mr. President, and members of the Institute, we have in New England what is known as the Federation of Examining and Licensing Boards. I do not speak of reciprocity. That is flaunting a red flag in the face of the Board, and we do not want to be the red flag. At the recent meeting of Federation I had the honor of presenting a paper on Conjoined Examination. The plan I presented was something like this: In all states that have examinations the same day, we ask each examiner to present to the committee a list of ten questions; ten on *Materia Medica*, ten on Anatomy, and so on through the list. The committee is to select from those questions ten which are used in each state having the same examination day. That makes a conjoined examination. For instance, a doctor takes an examination in Vermont in July on these questions that have been submitted. If he passes the Vermont board, and later wishes to go to Connecticut, he asks the Vermont board for a copy of his paper. This is submitted to the Connecticut board. If satisfactory he is registered. That has been presented and will be tried out in New England probably sometime this fall. I look upon that as practical reciprocity, but I call it "conjoined examination." If it is applicable to New England, it will be applicable to any group of states. I believe it is applicable to the United States. It is something to think about, something to work out, and we are going to try to work it out. Our Secretary asked that I present this matter to the American Institute. I trust I have made it clear what we are trying to do. I hope it is something that others will try.

Dr. Copeland: I should like to inquire from Dr. Perkins how he is going to get around the fact that two of the New

England States, New Hampshire and Rhode Island, prejudice the possibility of a man taking the examination under any classification but that of the American Medical Association. Unless a student graduates from a College recognized as a class "A" college, the Council of Medical Education of the A. M. A. will not recognize him.

Dr. Perkins: This scheme is in its inception. I believe there is something in it, that can be adopted and worked out. If one of the states of New England cannot accept this, what is the difference? Others can take this conjoined examination and use it. It is not obligatory. I believe that every examiner, if he knows that his papers are to be reviewed by the examining board of another state, will do better work.

Dr. Hooker: Whether an examining board accepts a college or not has nothing to do with this scheme. It will work out in this way: Suppose a young man takes an examination in Massachusetts, we will say in November of this year, and on that same day all New England States hold examinations and ask identical questions. That young man passes in Massachusetts. He practices ten years in Massachusetts, then determines to move to Hartford. If this scheme goes through all he has to do is to file his paper, get a copy of the questions asked him ten years ago in Massachusetts, with his answers. These questions were exactly the same as asked in Connecticut that same day. The questions are then rated in Connecticut, and if the Connecticut board decides that those questions were sufficiently well answered, he is admitted to Connecticut practice. It seems to me eminently fair to test a man on his knowledge when fresh from medical school and able to answer questions, rather than put him through another examination later in life, when he has forgotten a good many technical facts.

Dr. Copeland: I would not be thought an opponent to this very excellent plan. Anything that looks to reciprocity, or more universal reciprocity, the better. You remember that Cato of old was so filled with the idea that Carthage must be destroyed, that no matter on what subject he was speaking he always wound up with "delenda est Carthago—" ("Carthage must be destroyed"). I cannot resist the temptation when reference is made to any examining board, to call attention to the fact that many homœopathic institutions are being unjustly discriminated against by the attitude of various state laws, not represented by Dr. Perkins by any means, as his state is perfectly fair. New Hampshire and Rhode Island have discriminated against homœopathy. It seems to me that examiners everywhere should be impressed with the idea that we are on the job, and are watching out for the interest of our cause; otherwise, I say to you frankly, my friends, I think we are bound to suffer in many states of the Union.

Dr. Perkins: This paper will be published in full in the

JOURNAL of the National Examining Board. This is simply a *résumé* I have given. The Rhode Island Secretary was very much in favor of this plan.

Report on Congress of States

Baltimore Session, 1916

The Congress of States this day in session beg. leave to submit to this honorable body, the American Institute of Homœopathy, the following report which outlines in the rough, the cardinal issues concerning federation of our state societies with the American Institute.

It has been deemed advisable to develop federation territorially, using the state societies as the first step and later extending the plan to the local, district and county societies through state jurisdiction.

In order that the plan be not too cumbersome and unwieldy to begin with, we have considered at this time only those features necessary to putting federation into action.

A committee of four was appointed by the Chairman of the Congress with instructions to draft a simple plan of federation. This report follows:

REPORT ON FEDERATION

First: That federation must originate in the parent body, the American Institute of Homœopathy, and that the state societies receive first consideration as a basic principle upon which to work. When this is completed federation be extended to the local, district, and county societies and clubs. That the step plan of federation uniting the smaller societies with the state, and the state with the national or parent body be adopted.

Second: That federation be by a form of agreement, that is, that the state societies adopt federation by resolution changing their constitution and by-laws to conform to the constitution and by-laws of the American Institute of Homœopathy. That they agree to stand by the plan of organization of said Institute and with other constituent societies unite in federation to form the American Institute of Homœopathy.

Third: That the apportionment of delegates be one delegate for each state society. One additional delegate for each one hundred members or fraction thereof exceeding 50 per cent, but in no case shall any state delegation exceed four members. These delegates to be elected annually at the annual sessions of the state societies.

Fourth: That each state society voting to federate with the Institute thereby automatically bring its entire membership into the Institute.

Fifth: We recommend that the Congress of States be given the power to nominate all elective officers of the Institute and for this purpose it shall annually present the names of at least two, but not over three members of the Institute for each elective office.

Sixth: That under the federated plan the dues in the Institute be reduced to four dollars (\$4.00), including the JOURNAL, and this

amount be collected through the treasurers of the state societies, and remitted to the Institute.

Seventh: That this Congress of States endorse the suggestions which have been made by the Council on Medical Education, that the Institute at an early date establish a permanent press bureau, that this bureau is essential to the success of federation of the Homœopathic bodies of the United States, and vital to the perpetuity of Homœopathy.

G. FORREST MARTIN, Chairman, Massachusetts.

DANIEL P. MADDUX, Pennsylvania.

SARAH N. KENDALL, Washington.

SCOTT PARSONS, Missouri.

This report was presented at a called meeting of the Congress, and adopted unanimously and the Chairman was instructed to present the plan to the Institute for its consideration.

The features suggested in the tentative plan as presented under the direction of the Council on Medical Education, such as *Section 3. Regulation of Dues*. . . . *Section 7. Per Capita Tax*. . . . *Section 9. Medical Defense* . . . and *Section 12. Fellowship*, we consider of great importance to the federative scheme, but are of the opinion that they are matters that should be promoted and developed at a later date. Let us federate first.

The Congress is pleased to state that out of 32 state societies, 24 have delegates and representation at this preliminary meeting. The vote for federation was unanimous.

SCOTT PARSONS,

Chairman, Congress of States.

Baltimore, June 30, 1916.

President Aldrich: You have heard the report. What is your wish?

Dr. Young: I move that the report be adopted and the suggestions carried out.

Seconded.

President Aldrich: It has been moved and seconded that the report be adopted and the suggestions carried out. Are there any remarks?

Dr. Copeland: Does that mean if we adopt the report we reduce the fees to four dollars, and do the other things recommended? I move to amend the motion that we *receive* the report.

Dr. Krauss: Mr. Chairman, is it really in the interest of the Institute that we delegate the rights of nominating, and electing officers and deciding the policy of the Institute to a body of men who hardly ever come to the Institute meetings?

Dr. Parsons: Did I understand Dr. Krauss to say that this Congress of States would elect officers?

Dr. Krauss: I understand that you nominate for the Institute.

Dr. Parsons: The Congress would nominate the officers. They must present not less than two, nor more than three candidates for each office. These are presented to the Institute, and the Institute as a body votes. No member loses his vote.

Dr. Krauss: I do not want to be misunderstood. I am in favor of Federation, and perhaps in favor of all the recommendations made, but we cannot, by the adoption of this report, change our Constitution and By-Laws, because we have now in our Constitution a statement as to the dues. We have also a statement as to the method of nominating officers, and that sort of thing. There are many things in this report which must be given consideration and be made to harmonize with the organic law. I think it is perfectly proper to receive and accept such parts of the report as do not conflict with the law as it is at present. Then we can proceed with Federation, but if the adoption of this report means to bring about all these revolutionary things mentioned in the report of the sub-committee, I do not think it is a suitable time or place for such action.

Dr. Hanchette: I am heartily in favor of Federation, but fear we are making too sweeping rules for the Society in the resolutions as presented. I have talked this over very carefully with Dr. Parsons. I think he has originated, or helped to originate a wonderful scheme that will be of great value to us, but I think we should be extremely careful. We have a lot of members who attend meetings regularly. There are many of us who have been members for twenty-five years, and who have attended three-fourths of the meetings. We must be careful that the mass of members scattered throughout the United States do not feel that the power is becoming so concentrated and crystallized into the hands of a few that the American Institute is not a democratic organization. I want to make my protest here and now against putting the nominating of officers in the hands of a few. It will hurt us if you concentrate too much. The plan is a splendid one. Dr. Parsons deserves a great deal of credit.

Dr. Sutherland: There is only one thing to do this morning, and that is to accept with favor, and approve of the general ideas embraced in the report. This is as far as we can go. Accept the report and express ourselves as in favor of Federation. The next step is to refer the matter to a special committee, consisting perhaps of the four who have already made this report and empower them to communicate with the different state societies, either by circular letter or by delegate. If we express ourselves as willing to federate, willing to take in the different state societies, then it is for the state societies to express their opinion as to whether they wish to come in or not. It is a co-operative scheme. All that we have to do at the present time is to express ourselves in favor. So far as

the modification of the Constitution and By-Laws may be concerned, that can be taken up in due course, but we are absolutely not empowered at the present time to modify the Constitution and By-Laws of the American Institute. If there is no motion before the Institute I would move that the report be favorably accepted, and that we refer the matter to a committee consisting of Drs. Parsons, Martin, Kendall and Mad-dux. They have done good work, and this matter should be referred back to them to communicate with the state societies, and ascertain the opinion of these societies so as to push things along as rapidly as possible.

Drs. Krauss and Copeland: Seconded.

President Aldrich: Will Dr. Young accept the substitute motion made by Dr. Sutherland?

Dr. Young: I made the motion *to adopt*, but because of the objections I am willing with the consent of my second to withdraw. [Consent.]

Dr. Lee: Dr. Sutherland used the words "favorably accepted." I think he meant "favorably received." If we "accept" favorably, we are liable to get into trouble later on.

Dr. Sutherland: It is the idea I am after, not the word.

President Aldrich: The motion is that the report be accepted, and referred to the committee to work out a scheme.

Dr. Lee: I move to amend Dr. Sutherland's motion to "favorably receive," instead of "favorably accept."

Dr. Krauss: Seconded.

Dr. Sutherland accepted the amendment.

President Aldrich: The motion as amended is that the report be favorably received, and referred to the committee. Are there any further remarks?

Dr. Barnard: Federation is all right, but I fear there are some "riders" attached that will lead us into pretty serious trouble.

Dr. Hooker: I would like to ask Dr. Sutherland if in his opinion it would not be wiser to refer this to the Board of Trustees, and let them handle it? Would not that be better than to have it handled by a committee, whose members live in different parts of the United States and could not easily act together?

Dr. Sutherland: If that is an amendment I would be glad to accept; namely, that the matter be referred to the Board of Trustees. So far as the different parts of the country are concerned, I think they should be represented on the committee.

Dr. Hanchette: We should be extremely careful. There are comparatively few of us present now. We should go cautiously in making such radical and sweeping changes.

Dr. Parsons: There seems to be a misunderstanding as to what this report means. Receiving report does not mean that the American Institute commits itself in any way, nor does it commit the state societies. The delegates have no authority

to create laws or to change the By-Laws of the state societies. They will simply go back with instructions. That matter has to go through the regular routine of the state societies, and through the regular routine of the American Institute. These are simply suggestions. The American Institute cannot change the Constitution and By-Laws to reduce dues, and the delegates have no authority to vote for what their state societies will do. They are merely instructions to the delegates. There is a misunderstanding as to the definition of Congress of States. There seems to be an idea that the Congress will run the Institute. Now we all know that the organization of any Society must be in the control of a few, and there the power remains. The power of the Congress of States consists in nominating and preparing tickets. The men elected will run the Institute. The power of the delegate ceases, with the nomination of officers, except for such matters as may be turned over for the special consideration of the Congress.

Dr. Hooker: Do you mean by this plan that not only shall the Congress of States nominate officers, but that no one else shall have the power to make nominating tickets?

Dr. Parsons: Yes, sir. They will be practically the Nominating Committee of the Institute.

Dr. Hooker: What would be the difficulty in making other nominations as before?

Dr. Parsons: The point is this: If we are going to federate the state societies, and we want to bring in all the members, we must offer them something for federating with us. We cannot ask them to come here as delegates as we have for the Interstate Committee. We must give the delegates some power in the Institute. This does not take the vote from the individual members. It does not take the executive power from the Board of Trustees. The delegates of such societies are a part and parcel of the American Institute, and have a right to say who the officers and trustees shall be.

Dr. Hooker: That is giving pretty nearly the power of election.

Dr. Hanks: It occurs to me that we must be careful also not to give the impression to the state societies that we are giving grudgingly to them. They are not going to rush into our arms. We must give them something to make them feel that they have some part in this matter. Dr. Parsons' idea is good, and I think it will cut out those criticisms that the American Institute is being run by the few who attend every year. The state societies have their rights.

President Aldrich: Dr. Sutherland, will you state your motion again?

Dr. Sutherland: That we receive with favor the report of this committee, and that the business of Federation be referred

to the Trustees to appoint a committee to communicate with the state societies for further action.

President Aldrich: You have heard the motion as stated by Dr. Sutherland. Are you ready for the question? Those in favor signify by saying, "aye." Contrary, "no."

Motion carried unanimously.

After further discussion by Drs. Hooker, Krauss, Metzger, Miller, on motion of Dr. Hooker, ordered that the Board of Trustees be requested to send copies of this report to the members of the state societies.

President Aldrich: You have heard the motion by Dr. Hooker—that the Board of Trustees be requested to send copies of this report to the members of the State Societies. Are you ready for the question? Those in favor say, "aye." Those opposed, "no."

Motion carried.

Dr. Nesbit: I rise to ask the privilege of presenting a series of resolutions, for the consideration of the Institute. I represent the largest constituency of homœopathic physicians in the country, that is, seventy-five per cent who are not members of the American Institute of Homœopathy. I am a self-appointed delegate from the State of Indifference. I have never spoken for this Silent House before, but this body of men, this seventy-five per cent, are more interested in the principles of Homœopathy than in the politics of homœopathy. They are not here for the latter reason. We must make our Institute an object of practical utility and usefulness to them. We must make it a practical necessity. We have struck a new note at this meeting of the Institute. Year after year some of us younger men and women have come here at a considerable sacrifice of time and money. We have listened to the perennial review of the history of Homœopathy, we have seen politics played, but the facts remain—we must get the support of that seventy-five per cent. A new note has been struck this year. We have sanctioned reorganization; we have endorsed federation—hesitatingly, but we have endorsed it. We have struck a new note of independence without concession. We have burned our bridges behind us. Our institutions are crying for support. To get that support we must have that seventy-five per cent who are now in the State of Indifference. The American Medical Association is holding out powerful inducements to every man of the rank and file on the firing line. Our organization must go one step further. These resolutions have been prepared definitely and deliberately, with a constructive as well as a critical purpose, and I advise you not to ignore this constituency that I represent. If they are committed to the Committee on Resolutions for another year of inactivity, we shall suffer in the doing.

After discussion by Drs. Krauss, Hooker, Nesbit, Sutherland and Miller on parliamentary order, and the relation of

the resolutions to administrative affairs of the colleges, Dr. Nesbit emphasized his object in presenting the resolutions.

Dr. Nesbit: We have a situation here that demands action by the Institute. It does not reflect upon the colleges, but simply requires that the colleges will, as a minimum requirement of the American Institute of Homœopathy, devote at least one-tenth of their total budget to the purposes for which they were created. www.libtool.com.cn

Dr. Hooker: The Committee on Resolutions is about to make a report. It moves that the resolutions offered by Dr. Nesbit be referred back to the Council on Medical Education.

Seconded. Carried.

Announcements

Dr. Price announced the afternoon steamboat ride down the Bay and the trip to Washington on Saturday.

Dr. Young announced the meeting of the Surgical and Gynecological Society in the Exhibition Room, immediately upon adjournment.

The Secretary announced the continuance of the Bureau of Sanitary Science in North Hall at 2 p. m.

Adjourned to 3:30 p. m. in North Hall.

Friday Afternoon, 3:30 P. M., June 30, 1916

Called to order by President Aldrich.

Final Report of the Bureau of Sanitary Science

The Bureau met yesterday morning and this afternoon, and we have just completed the discussion of the last paper. There were seven essayists. Four were present, the other three unavoidably absent. The Secretary, Dr. Sylvis, was unable to be present, owing to an important call to his Regiment. The discussions were omitted yesterday. All the papers were read and then discussed together today. I experienced great difficulty in finding just what the Institute might be interested in, in the way of public health work. I shall always answer any letter I may receive in future in regard to the work of the Institute. The replies were very unsatisfactory. Less than half the letters were answered at all. I presume, however, every Chairman has similar experiences.

Florence A. Richardson, Chairman.

Report from the Surgical and Gynecological Society

We have had a wonderful session. We have had not only a large attendance at all our meetings, but exceptionally high class papers have been presented. All but three of the essayists were present. Considering the length of the program that is a remarkably good record. There is a strong undercurrent of feeling that the S. and G. Society should affiliate with the Obstetrical Society. The Obstetrical Society desires to come into the S. and G., feeling that their

interests will be advanced and ours will not be injured in any way. This matter will be taken up at a succeeding meeting. We have elected as officers of the Society exceptionally high grade men, and we look for a very strong year.

E. Weldon Young, Pres. S. and G.

Report from Committee on Resolutions

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Resolved:

First: That the American Institute of Homœopathy desires to express to the Local Committee their appreciation of the very complete plans made by them for the entertainment of the Institute at its 72nd annual session.

Second: That we extend to the Hotel Emerson and its management our thanks for their patience and persistent efforts in our behalf.

Third: That we commend the Press Committee and its local representatives and especially the Chairman, Dr. Scott Parsons, for their efficient work in our behalf.

Fourth: That we extend to our President, Dr. H. C. Aldrich, of Minneapolis our acknowledgment of his arduous labors of his uniform courtesy, and his eminently impartial rulings, and that we extend to him our best wishes for his future.

(Signed) Resolutions Committee,

By Jos. P. Cobb.

Dr. Cobb: Mr. President, I move the adoption of these resolutions.

Seconded. Carried.

Report of Registrar

Baltimore Meeting—June, 1916.

Total registration	598
Junior Members.....	315
Senior Members	83
	— 398
Visitors	166
Exhibitors	34
	— 200

W. O. Forbes, Registrar.

Adjourned sine die.

Sarah M. Hobson, Secretary.

NEW MEMBERS—1915-1916—A. I. H.

Elected to Honorary Associate Membership

- William O. Thompson, President of the Ohio State University, Columbus, O.
Benjamin Ide Wheeler, President of the University of California, Berkeley, Cal.

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Elected to Corresponding Membership

- Licínio Cardoso, Dean of the Hahnemann Faculty, Rio de Janeiro, Brazil, President of the Hahnemann Institute of Brazil.
A. Nogueira da Silva, Professor on Hahnemann Faculty, Rio de Janeiro, Brazil, First Secretary of the Hahnemann Institute of Brazil.

Elected to Active Membership

- Henry C. Allen (Mich. 1916), 179 Lake Ave., Rochester, N. Y.
Jesse Wm. Allen (Mich. 1915), 4414 N. Broad St., Philadelphia, Pa.
William Altman (Ohio 1916), 81 Emily Ave., E. C., Cleveland, Ohio.
August Anderson (Chic. 1916), 6610 Newgard Ave., Chicago, Ill.
Eleanor M. Anderson (B. U. 1916), 80 West 40th St., New York, N. Y.
James H. Appleman (Chic. 1911), 1919 Prairie Ave., Chicago, Ill.
Frederick J. Auwers (Chic. 1915), 1637 S. Hamlin Ave., Chicago.
Joseph T. Auwers (Chic. 1915), 2921 W. Harrison St., Chicago, Ill.
Minnie W. Bazely (Chic. 1916), St. Stephen's Hospital, Delhi, India.
Norman L. Beale (Atl. 1909), N. Broad St., Middletown, Del.
John C. Bialas (B. U. 1916), 627 Kirkland St., Utica, N. Y.
George H. Bickley (Phil. 1894), 1429 S. Broad St., Philadelphia, Pa.
Alma A. Binasco (B. U. 1916), 5 Pratt St., Allston, Mass.
Harry G. C. Boge (Pac. 1916), 3028 Capp St., Oakland, Cal.
Frank V. Boyle (C. P. 1912), 121 N. Main St., Bowling Green, Ohio.
Edwin C. Braynard (N. Y. F. 1910), Sea Cliff Ave., Sea Cliff, N. Y.
Guy L. Breon (Chic. 1915), Canton, Kans.
William H. Caine (Ohio 1916), Willoughby, Ohio.
David P. Caldwell (Chic. 1916), Buffalo Homo. Hosp., Buffalo, N. Y.
Nettie Campbell (Chic. Her. 1905), 1411 Le Claire St., Davenport, Ia.
Richard C. Casselberry (Phil. 1903), 700 Madison St., Chester, Pa.
Ettore Ciampolini (B. U. 1916), Cullis Hospital, 560 Blue Hill Ave., Boston, Mass.
Leon Clemmer (Phil. 1912), 906 69th Ave., Oak Lane, Philadelphia, Pa.
Harold D. Cochrane (N. Y. F. 1898), 4 So. Hawk St., Albany, N. Y.
Bessie Coffin (Mich. 1914), Addison, Mich.
Frank B. Cogswell (Chic. Her. 1908), 1908 1st St., N. W., Washington, D. C.
Edward H. Condon (Phil. 1886), 750 W. North Ave., Baltimore, Md.
James J. Conlon (Mich. 1915), 456 Broadway, Buffalo, N. Y.
Rosetta A. Cootner (N. Y. W. 1916), 19 W. 101st St., New York, N. Y.
Wm. Harris Corson, Jr. (Phil. 1909), Collegeville, Pa.
Milton B. Crafts (Ohio 1916), Chagrin Falls, Ohio.
Charles A. Croissant (N. Y. F. 1905), 10 High St., Worcester, Mass.
John W. Crumbaugh (Pa. Univ. 1878), 1321 West 8th St., Wilmington, Del.
J. Elmer Cummins (N. Y. F. 1911), 2109 Garrison Ave., Baltimore, Md.
Arthur J. Davies (Atl. 1910), 800 W. 33d St., Baltimore, Md.
George W. DeHoff (Sou. Hom. 1905), 2020 N. Charles St., Baltimore, Md.
William Dew (Atl. 1910), 211 W. Mosher St., Baltimore, Md.
William C. Dieterich (Mo. 1895), Waverly, Minn.
Gilbert L. Doxey (Chic. 1905), 616 Masonic Temple, Minneapolis, Minn.
Thomas L. Doyle (Phil. 1916), Tremont, Pa.
Edgar C. Dunning (Chic. Hom. 1901), Cassopolis, Mich.

- Arthur M. Eastman (Phil. 1879), 410 Groveland Ave., Minneapolis, Minn.
- Earl H. Eaton (N. Y. F. 1916), 837 Madison Ave., New York, N. Y.
- John A. Evans (Phil. 1895), 101 N. Carey St., Baltimore, Md.
- George H. Everhart (Md. Univ. 1890), 100 W. 25th St., Baltimore, Md.
- G. Latrobe Ewalt (Md. Univ. 1900), 905 N. Gilmore St., Baltimore, Md.
- George H. Fay (Chic. Her. 1913), 209 Maine St., Whitewater, Wis.
- Donald R. Ferguson (Phil. 1916), 1937 N. 32nd St., Philadelphia, Pa.
- Herbert E. Fernald (B. U. 1895), North Main St., Cohasset, Mass.
- Ira L. Fetterhoff (Phil. 1886), 2042 Eutaw Place, Baltimore, Md.
- Ralph G. Follansbee (Ohio 1916), Cleveland, Ohio.
- David I. Frankel (B. U. 1916), 82 East Concord St., Boston, Mass.
- Wm. A. Frascolla (N. Y. F. 1915), 663 E. 165th St., New York, N. Y.
- Silas C. Frederick (Sou. Hom. 1895), 402 Delaware Ave., Wilmington, Del.
- Charles L. Fulmer (Phil. 1916), 1211 W. Allegheny Ave., Philadelphia, Pa.
- Bartholomew Gattuccio (Pac. 1916), Hah. Med. Coll. of Pac., San Francisco, Cal.
- Cleon A. Giles (Ohio 1915), Leesville, Ohio.
- William B. Griggs (Phil. 1894), 1326 N. 12th St., Philadelphia, Pa.
- Joseph B. Haines (Phil. 1904), Moores, Pa.
- Cornelius Ham (Atl. 1910), 1234 Light St., Baltimore, Md.
- Harry H. Hammel (Mich. 1915), Tecumseh, Mich.
- Asa J. Hammond (Minn. 1896), 616 Masonic Temple, Minneapolis, Minn.
- Clara E. Hanstrom (Chic. 1915), 514 6th St., East Rockford, Ill.
- Gove S. Harrington (Phil. 1892), 487 W. 145th St., New York, N. Y.
- Arthur B. Hawes (Chic. 1890), Ravinia, S. D.
- Alphons J. Hertel (N. Y. F. 1915), 2999 Perry Ave., New York, N. Y.
- Herman O. Hodson (Ohio 1916), Washington C. H., Ohio.
- M. Bowman Hood (Balt. 1900), 626 N. Gilmore St., Baltimore, Md.
- Robin Hood (N. Y. F. 1915), Locust Valley, N. Y.
- Clayton E. Hoover (B. U. 1916), 333 E. Chestnut St., Lancaster, Pa.
- George E. Houck (Phil. 1898), 212 W. Madison St., Baltimore, Md.
- Ben H. Huggins (Chic. 1916), Metropolitan Hosp., New York, N. Y.
- Wm. J. Hultenschmitt (Ohio 1915), 11 Taylor Arcade, Cleveland, Ohio.
- Marie L. Ingram (Sou. Hom. 1907), 2439 N. Charles St., Baltimore, Md.
- Noah Jackson (Phil. 1892), 306 Clematis Ave., West Palm Beach, Fla.
- John L. Jennings (Sou. Hom. 1900), 728 Main St., Danville, Va.
- Charles E. Johnson (Cin. Pul. 1881), 203 E. Mulberry St., Sherman, Texas.
- Nat L. Johnson (K. C. 1915), South Gifford, Mo.
- Calvin C. Jordan (Mich. 1916), 331 Pilgrim Ave., Highland Park, Mich.
- John F. Keenan (How. 1885), Rhode I. Ave. and 38th St., N. E. Brentwood, Md.
- A. Richard Kent (N. Y. F. 1915), 218 E. High St., Springfield, Ohio.
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<i>Chic.</i>Hahnemann of Chicago.
<i>Chic. Her.</i>Hering of Chicago.
<i>Chic. Hom.</i>Chicago Homœopathic.
<i>Cin. Pul.</i>Pulte Med. College of Cincinnati.
<i>C. P.</i>Cleveland Pulte Med. Coll.
<i>Cleve. Univ.</i>University of Med. and Sur., Cleveland.
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<i>K. C.</i>Hahn. Med. Coll. of Kansas City Univ.
<i>Md. Univ.</i>University of Maryland.
<i>Mich.</i>Hom. Med. Coll. Univ. of Mich.
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<i>Pa. Wom.</i>Women's Med. Coll. of Pa.
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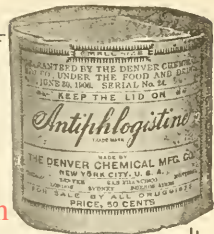
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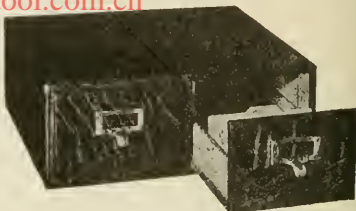
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(Continued from Page 20)

**CASE REPORT—THE PINE
SANITARIUM**

Case No. 9,798. Male. Age 55 yrs. Physician. Admitted May 1, 1916. Has used morphine and cocain hypodermically for 16 years. Hypertrophy of nasal mucous membrane caused the cocain habit. Daily amount of morphin gr. x-xv; cocain gr. x-xxx. Has taken two gradual reduction treatments with negative results.

Family History—Father died, aged 70 years. Acute bronchitis. Mother living and well, aged 78 years.

Physical Examination—Very nervous and excitable. Lungs, negative. Heart,

negative. Arteries, hardened. Systolic pressure 160 mm. Liver, tenderness. Severe degree constipation, takes 5 or 6 pills every night and Mg SO₄ every morning. Weight, 161 pounds. Active treatment started May 3rd, 1916, 11 a. m. Discontinued May 6th, 9 p. m. Patient suffered no inconvenience during or following this period. Slight auto-intoxication followed active treatment but cleared up in few days. Discharged May 16th in good condition. Appetite fine, sleeping 5 to 7 hours each night. Bowels, regular. Weight, 158 pounds.

After History, August 14th—Patient phones today that he feels fine and well and weighs 175 pounds. Had had no trouble since leaving.

(Continued on Page 26)

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Diphtheria Antitoxin has reduced the mortality of diphtheria from 40 per cent to less than 10 per cent.*

This mortality may be still further reduced

By using **Diphtheria Antitoxin** earlier.

By giving larger doses—5000 to 10,000 units.

By intravenous injections in severe or late-treated cases.

The Time of Administering Antitoxin is Vital.—In the Philadelphia Hospital for Contagious Diseases, from 1904 to 1910, 256 diphtheria patients were treated on the **first day of the disease and all recovered.**

Patients treated on the **second day** the mortality was 5.4 per cent.

In those treated on and after the **third day** the mortality was much higher.

The early administration of Antitoxin is imperative.



Larger Doses are Necessary.—The object in administering Diphtheria Antitoxin is to neutralize, in the shortest possible time, the poison (toxin) circulating in the blood stream and tissue fluids. Dr. William H. Park advises 10,000 units in severe cases for little children, and 20,000 units in severe cases for adults. This is practiced in many leading hospitals.

Intravenous Injection.—No case should be considered hopeless. In malignant cases

and late stages of diphtheria recovery may be brought about by the intravenous use of Antitoxin in large doses. The Antitoxin is thus carried directly into the circulation and its activity exerted at once, whereas, if given subcutaneously, only one-tenth of the amount reaches the blood stream at the end of 24 hours.

The importance of large doses is appreciated when we consider the impossibility of ascertaining the amount of toxin circulating in the patient's blood. The only safe rule is to give **sufficient antitoxin.** The giving of larger doses than are necessary does no harm; but an insufficient first dose, and in some cases the lack of intravenous injection, may be serious mistakes.

Diphtheria Antitoxin Mulford is accurately standardized and repeatedly tested. It is supplied in the Mulford aseptic antitoxin syringes, ready for immediate use, containing 1000, 3000, 5000 and 10,000 units. 20,000 units supplied on special request.

* Osler states: In 183,526 cases of diphtheria treated in 150 cities previous to the use of antitoxin, the mortality was 38.4. Since the introduction of the antitoxin treatment, records of 132,548 cases show a mortality of 14.6; and leaving out those cases which did not receive serum injection, the mortality is reduced to 9.8. It is estimated that without antitoxin there would be, in the United States, over 64,000 deaths yearly from diphtheria, while the mortality has been reduced by the use of antitoxin to less than 15,000 in the United States alone. This means a saving of over 49,000 lives a year.

Literature Supplied on Request.



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Publishers' Department

(Continued from Page 22)

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California—Phillip Rice, Pres., Physicians Bldg., San Francisco. Guy E. Manning, Sec., 391 Sutter St., San Francisco. May, 1917, at Oakland.

Colorado—Carl D. Fisher, Pres., 633 Mack Block, Denver. J. C. Hornecker, Sec., 21 Nevada Bldg., Denver.

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Maine—H. H. Plumer, Pres., Union. John A. Hayward, Sec., Camden. June, 1916. Second Tuesday in June, at Augusta.

Maryland—M. Bowman Hood, Pres., 626 No. Gilmor St., Baltimore. Wm. D. Thomas, Sec., 330 N. Charles St., Baltimore.

Massachusetts—J. Emmons Briggs, Pres., 477 Beacon St., Boston. Edw. S. Calderwood, Sec., 223 Warren St., Roxbury.

Michigan—Luther Peck, Pres., Plymouth. A. E. Smith, Sec., Grand Rapids. Detroit in May, 1917.

Minnesota—A. G. Moffat, Pres., Howard Lake. Herman Kesting, Sec., St. Paul. Third Tuesday in May in Minneapolis or St. Paul.

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South Dakota—E. W. Felge, Pres., Huron. George H. Fulford, Sec., Sioux Falls. June 1916.

Texas—D. B. Morrow, Pres., Dallas. Julla H. Bass, Sec., Austin.

Vermont—G. G. Hall, Pres., South Woodbury. George I. Forbes, Sec., 215 Pearl St., Burlington. The 4th Wednesday in May, at Montpelier.

Virginia—J. Leonard Jennings, Pres., Danville. Garnette W. Johnson, Sec., Danville. Next meeting, Dec., 1916.

Washington—Geo. W. Beeler, Pres. Chas. P. Bryant, Sec., 904 Cobb Bldg., Seattle. 1917 meeting at Bellingham in June.

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- International Hahnemannian Association,** Edwin A. Taylor, President, Chicago; Henry Becker, Sec., 1330 King St., Toronto, Canada; Philadelphia in 1916.
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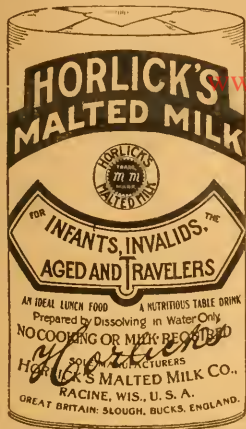
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