

MISCELLANEOUS.

NORTHERN HOME FOR FRIENDLESS CHILDREN, Philadelphia. *Synopsis of Medical and Surgical Reports while under Homœopathic Treatment.* (Read before the American Institute of Homœopathy, June, 1865.). Having been professionally connected with this institution from the spring of 1857, when the system of Homœopathy was introduced, until the latter part of October, 1864, when the Board of Managers saw proper to change the practice back to allopathic, I deem it a matter of interest to present, in the shape of a report, a few of the facts connected with the matter, together with a statistical summary of the diseases treated while under homœopathic service, and likewise compare from the annual reports of the "Northern Home," the rates of mortality during the existence of the institution, under the two systems of medicine.

The inmates are composed of neglected and friendless children, varying in age from one to twelve years, that have been gathered up through the instrumentality of humanitarians from all parts of our large city—taken in many instances from wretched hovels and from crowded tenement houses and from unhealthy localities where destitution, neglect, contagious diseases, and in fact everything calculated to injure and enfeeble their constitutions surrounded them. Recently, in addition to these, who have been abandoned by their parents or are friendless, there have been admitted quite a number of soldiers' orphans, the managers of the Home having appropriated a special building to this object. These children are all included in the Report.

The sanitary regulations of the Home are good; the rooms are kept freely ventilated; and frequent ablutions, plenty of exercise, together with a nourishing dietetic fare, are furnished the children after they enter. The superintendent, being a man of considerable experience in the management of such institutions, maintains the rules with unwavering strictness, and thus the incursions of the prevalent diseases of the city are met, and, as far as can be, are warded off.

We have, with the exception of the few months in the latter part of our term of service, labored under the great disadvantage of having all the children, sick and healthy, in the same building, thus compelling us to exercise the most rigid care when epidemics or contagious diseases entered the institution, in order that the whole house might not become affected. During the homœopathic term of service, it must be borne in mind that two fearful epidemics—the Diphtheria and the Spotted Fever—have passed over our city.

The usual devastations of Scarlet fever, Typhoid fever, Dysentery, Small pox, etc., have likewise existed in the city, yet the reports will show a remarkable comparison in mortality in the Home under the two systems of practice. I frequently re-vaccinated the children and nurses, thus completely excluding the Variola, not one case having occurred during our term.

Under the report of Surgical cases will be found a large number of Purulent Ophthalmia cases. This was a contagious form of disease, usually known

by the name of Egyptian Ophthalmia. The nurses and children were alike affected with it. In attacking a patient it commenced with a congestion of the conjunctival membrane, at the inner or outer canthus of one or both eyes, which soon extended thence along the eyelids, generally the inferior lid first. This was accompanied with a sensation of itching, fullness and slight pricking at the canthi. On examining the eye at this incipient stage of the disease, nothing could be seen but a great redness of the inside of the eyelids, on their being everted. Soon, however, a few of the sclerotic arteries would be seen full and turgid, extending over the globe of the eye. This state would shortly be followed by conjunctivitis, with a sensation as if the eye was filled with sand, and as if there was something immediately in front of the eye, which the patient desired to push aside in order to allow of clearer vision, and on attempting to read, the letters appeared like a blurred line. Twenty-four or forty-eight hours later Photophobia sets in, and a thick copious secretion of a whitish or yellowish mucus and pus supervenes—the eyelids become much tumified, and there is a sensation of swelling in the globe of the eye, accompanied with an aching in the muscles of the eye. There is also in some cases an aching in the temporal region and through the head. There did not seem to be much general disturbance of the system—the digestive, respiratory and circulatory functions all remained in a normal condition.

In children of a scrofulous diathesis, or a syphilitic taint, the Ophthalmia assumed a most violent character, and not unfrequently these cases would take on a chronic form, after the severe symptoms were removed, and then most obstinately resist further treatment. Although some very unfavorable cases presented themselves for treatment while the disease was raging in the Home, yet it is gratifying to know that not one case of cataract, amaurosis or total blindness occurred. Several cases of Staphyloma and Leucoma did however result, but, by affecting only one eye, or by being only partial, did not entirely exclude vision. The disease was introduced into the Home through two children that had been inmates of an institution where it was prevailing. The Ophthalmia did not display itself in them until after they were admitted; and it was not until after a number of the other inmates had become affected with it that its true character was ascertained; and when the institution was thus once infected, it spread rapidly to a large majority of the children.

The healthy inmates, and also newly admitted children, although kept isolated from the invalids, in different apartments of the building, and prevented from having any contact with their towels or garments, would, nevertheless, become affected with the disease. Persons entering the Infirmary rooms, and remaining a short time among the afflicted children, although they would not come in contact with them, or with anything in the room, would be subject to an attack of the Ophthalmia.

This would seem to indicate that some contagious matter or minute pus globules had impregnated the atmosphere of the rooms; and although they were freely and constantly ventilated and disinfecting means resorted to, yet the contaminating influence remained in force in spite of the utmost vigilance for its removal for a long time; and although the disease seemed, upon several

occasions, to have been eradicated, yet fresh cases would break out, and do even yet occur, although a separate building has been appropriated to the sick.

Homœopathy was introduced into the Home more as an experiment than otherwise, the believers in the allopathic system being in a majority in the Board of Managers. They however yielded to the desire of those who advocated the introduction of the homœopathic system, and consented to a trial of it, and especially so as the Allopathic school had been unfortunate in the management of an epidemic of Measles in the Home, of which several cases proved fatal. The result of the experiment can be seen in the summary below. It is a noticeable fact that, since the re-introduction of allopathic treatment, more cases have died in six months time than in any two successive years while under homœopathic treatment.

Comparison of Homœopathic with Allopathic Medical Service, from the Annual Reports of the Board of Managers.

	Received.	Died.
Children admitted from the opening of the Home, Aug. 3, 1853, to May 1, 1854.....	47	0
From May 1, 1854, to May 1, 1855.....	70	0
“ “ 1855, “ 1856.....	114	2
“ “ 1856, “ 1857.....	125	5
Number in Home Nov. 1 1864, when changed to Allopathic service.....	184	
From Oct., 30, 1864, to May 1, 1865.....	254	9
Total Inmates and deaths, while under Allopathic service.....	794	16

Number of Inmates when the Homœopathic service commenced.

	Received.	Died.
May 1, 1857.....	80	
From May 1, 1857, to May 1, 1858.....	155	0
“ “ 1858, “ 1859.....	192	1
“ “ 1859, “ 1860.....	190	4
“ “ 1860, “ 1861.....	178	2
“ “ 1861, “ 1862.....	239	4
“ “ 1862, “ 1863.....	225	0
“ “ 1863, “ 1864.....	204	2
“ “ 1864, to Oct. 24, 1864.....	186	3
Total Inmates and deaths, while under Homœopathic service.....	1,599	16

Summary.

Total number of Inmates while under Allopathic service, 794; deaths, 16.
 “ “ “ Homœopathic “ 1,599; “ 16.

Homœopathic service.....	7½ years.
Allopathic “.....	4¼ “
Difference in mortality.....	0.
Majority of Inmates, under Homœopathic service.....	805.

Statistical Report of Medical Cases treated from the Spring of 1857, to Oct. 25, 1864, under Homœopathic service, 7½ years.

DISEASE.	Number Treated.	Number Cured.	Number Relieved.	Number Died.
Abscess.....	16	16		
“ of Parotid Gland.....	2	2		
Amenorrhœa.....	2	2		
Anasarca.....	5	3		2
Angina Faucium and Tonsillaris.....	38	38		
Aphtha.....	9	9		
Ascites.....	1	1		
Bronchitis.....	7	7		
Carbuncle.....	1	1		
catarrhal Fever.....	26	26		
Cephalalgia.....	3	3		
Chorea.....	1	0	1	
Congestion of Liver.....	1	1		
“ “ Lungs.....	3	3		
Conjunctivitis.....	4	4		
Convulsions.....	5	5		
Cornetis.....	1	1		
Cough, Chronic.....	1	1		
Croup, Catarrhal.....	16	16		
“ with Measles.....	6	6		
“ Membranous.....	2	2		
Cyanosis.....	2	2		
Diarrhœa.....	34	34		
Diphtheria.....	22	22		
Disease of Heart.....	1	0		1
Dropsy, Sequela of Measles and Scarlatina.....	3	3		
Dysentery.....	23	22		1
Dysmenorrhœa.....	1	1		
Eczema.....	4	4		
Enuresis, Nocturna.....	13	10	3	
Epilepsy.....	1	1		
Emphysema.....	1	1		
Erysipelas.....	10	10		
Eruptions.....	99	99		
Fever, Catarrhal, Sequela of Measles.....	10	10		
“ Intermittent.....	4	4		
“ Irritative.....	3	3		

DISEASE.	Number Treated.	Number Cured.	Number Relieved.	Number Died.
Fever Nervous.....	1	1		
" Remittent	1	1		
" Typhoid.....	31	28		3
" Spotted (Typhus Petechialis) ..	16	15		1
" Typhus, Cerebralis.....	1	1		
Gastritis.....	16	16		
Gastrodynia.....	14	14		
Goitre.....	1	1		
Gonorrhœa.....	3	3		
Hœmatemesis.....	1	1		
Hæmorrhoids.....	1	1		
Herpes.....	20	20		
Helminthiasis.....	6	6		
Hip Joint Disease.....	1	0	1	
Hordeolum.....	1	1		
Hydrocephalus, Chronic.....	4	1	3	
Hydrops, Articuli.....	1	1		
Icthyosis.....	1	1		
Ileus.....	1	0		1
Impetigo.....	3	3		
Inflammation of Lungs.....	6	6		
" Meibomian Glands.....	2	2		
Indigestion.....	8	8		
Invermiation.....	2	2		
Jaundice.....	8	8		
Laryngitis.....	2	2		
Leucorrhœa.....	1	1		
Marasmus.....	18	16		2
Miliaria.....	1	1		
Ophthalmia, Catarrhal.....	15	15		
Orchitis, Traumatic.....	1	1		
Otorrhœa, Scrofulous.....	19	10	9	
" Sequela of Measles.....	5	3	2	
" " Scarlatina.....	3	3		
Parotitis.....	33	33		
Peritonitis, acute.....	2	2		
Pericarditis.....	1	1		
Periostitis.....	1	0	1	
Pertussis.....	17	17		
Phthisis, Pulmonalis.....	1	0		1
Pleurisy.....	4	4		
Pneumonia, Typhoid.....	13	13		
Prolapsus Ani.....	3	2	1	
Psoriasis.....	19	19		
Psorophthalmia.....	4	4		

DISEASE.	Number Treated.	Number Cured.	Number Relieved.	Number Died.
Purpura Hæmorrhagica.....	1	1		
Quinsy.....	1	1		
Repelled Eruptions.....	2	2		
Rheumatism.....	14	14		
Rubeola.....	60	60		
Rupia.....	3	3		
Scabies.....	8	8		
Scarlatina.....	9	9		
" Maligna.....	24	21		3
Scrofula.....	12	6	6	
Softening of the Brain.....	1	0		1
Tinea Capitis.....	66	66		
Tonsillitis.....	1	1		
Ulcerations, Chronic.....	11	11		
" Malignant.....	10	10		
Urticaria.....	1	1		
Varicella.....	6	6		
Zona.....	1	1		
Total.....	928	885	27	16

Surgical Cases treated during Homœopathic service of 7½ years, ending Oct. 24, 1864.

Abscess, (Lancing).....	8	8		
Anthrax.....	1	1		
Conical Cornea.....	2	1		1
Ectropion.....	4	3		1
Extraction of Tumors.....	2	2		
Fracture of the Arm.....	2	2		
" " Clavicle.....	1	1		
" " Nose.....	2	2		
" " Ribs.....	1	1		
Hernia.....	1	1		
Luxation of the Forearm.....	3	3		
Ophthalmia, Purulent or Ægyptian.....	561	541		20
Periostitis.....	2	2		
Poisoning with Rhus tox.....	1	1		
" " Stramonium.....	1	1		
Syphilis.....	9	9		
Wounds.....	7	7		
Total.....	608	586		22

BUSHROD W. JAMES, M. D.,

Recently Surgeon to the Institution.

HERING'S NEW MATERIA MEDICA.—That one should collect and collect, his whole life long, and at last, in his old age, should offer his collection for the mere cost of publication—this has perhaps happened before the present time—but that those to whom the collection could not fail to afford the most important help should be unwilling to possess it, this has probably never happened before.

That they who are busying themselves with the so-called "purification" should neither tolerate nor be willing to promote the publication of our *Materia Medica*, with all of its suspected and inevitable impurities, is very credible, but that the rest should consider it suitable to wait for the *great wash*, is very hard to believe. Therefore, a few words more, not only for the impartial, but rather for the partisans, for all who wait for the "sifting and criticism."

Every one must see thus much. If we should publish ever so many different purified editions of the *Materia Medica*, either each one would result in something different and always different from the others (somewhat as the *Repertories* hitherto published, in which we find, under each important symptom, the name of the different remedies inserted in the different books),—one would treat the subject in one way, another in another, etc.—or else, if the plan were carried out by several persons associated together, as in the sometime Hahnemann *Materia Medica* of the English, each remedy would be worked out on a different plan. If, then, one of the remedies is treated to our satisfaction, the others are not; in the eyes of many, indeed, they are none of them right.

That fermentation is going on in our school every one will concede; if, however, in so many different mixtures, there is fermentation, some will ferment upwards, some downwards; here the fermentation will be *vinous*, there it will be *acetous*. Even the *putrid* fermentation will show itself. But enough has already been often said of this elsewhere. But how can we reasonably expect ever to see a healthy criticism arise, without a complete collection? A work made up of the original materials (*Quellenwerk*), which comprises the entire great product of a half century, and which treats of remedy after remedy, and which, under each remedy in a systematic organic arrangement, makes the knowledge that has been hitherto gained accessible, and moreover susceptible of comparison with other remedies, and all this in the cheapest way, how could we expect that the dicta of the hitherto criticism, which rests upon works that are in the possession of hardly one person in a hundred—yes, which emanates from people who, as though they were trifling with the multitude, refer to old editions, and do not even themselves possess the new editions, wherefore they quote the old ones—how could we expect that these dicta would be received with such credence, in a matter so important, in which every one would wish to examine and search for himself!

This criticism can only obtain a *foundation* by this, that everything shall be accessible to everybody; only by this, that a complete collection be in the hands of all. Whoever knows only so much as this, that just because all of our provings, yes, even all of our cures, furnish altogether only *probabilities*, therefore that only repeated and continued comparisons can lead to an increasing cer-

tainty—he who knows this must, before all things, wish to be placed in a position to be able himself, on every occasion, to make these investigations.

If, for example, a symptom is suspicious by reason of its origin, and has, with the greatest propriety, been pronounced very doubtful, but it appears that other provers report the same or a similar one; that it contributed, in more than one cure, to lead to the selection of this remedy;—if, by comparison with corresponding disturbances of other organs, physiological and pathological confirmations are found in abundance—and thus and not otherwise must we act, if we will form a judgment respecting the value of a symptom—why should we then strike it out? Have we ever, hitherto, obtained in this way any essentially various characteristics of any remedy? It is to be hoped that no one will allege that *Dulcamara* is not suitable for the effects of taking cold, because the pair of symptoms by Carrere (38, 48, 52), in the first edition, have no so great surplus of ability to stand the test [of criticism.] But is it this, and nothing else, that may sometimes determine us to give the preference to *Dulcamara* in colds, of course when the symptoms correspond? Is it not rather the symptoms of Wahle's provings? Or should we allow ourselves to assume that Wahle only imagined these, in consequence of Carrere's untrustworthy symptoms? Or that Hahnemann who, in 1811, had already inserted the symptoms of Carrere in the *Materia Medica*, only eleven years afterwards, in 1822, mentioned that "we should find it curative in many maladies resulting from taking cold;" and eight years thereafter repeated it in the third edition, "in acute diseases resulting from taking cold;" which, in the second edition of the *Chronic Diseases* he still allowed to remain, although he struck out so much else. Is all this to be counted for nothing, and must it be thrown overboard, because the above three symptoms of Carrere will not stand the test?

Were it not much more appropriate to have these reports, together with all the others, in such a manner that they can all be looked over and compared? Were it not proper again to submit to the judgment of experience an opinion which Hahnemann first expressed after eleven years [of observation], and then repeated eight years afterwards, and then again seven years after that—which he thus adhered to for fifteen years? All works upon our *Materia Medica*, all studies of remedies, all opinions concerning them, may indeed shake the confidence of those who are weak, or at least of those who are not fortified in the whole, but yet no one can properly form an opinion respecting them, unless he is in possession of these works, comprising the original materials. A uniting of all original works, like the collection which it is proposed to print, would not only take the place of these, but, through the orderly arrangement of the individual subjects, it would enable each one to see more himself with a single glance than hitherto the entire half dozen of critics have been able to bring before him, and which does not come to view without a guide.

Our great remedy, Sulphur, if we have all its symptoms together, and work them through, comparing symptom with symptom, all with each and each with all, has an altogether different aspect; it stands before us like a living man; like one whom, when the eye has once taken him in, we shall never, our whole life long, forget. But in our literature everything is scattered about.

There are some works upon Sulphur in which symptoms produced by the

crude substance, or by the first triturations, have been compared with symptoms that have been observed from the potencies. A complete edition of the Sulphur symptoms would make the communication of such works possible and useful; otherwise it would be only one of those sand-heaps, such as we have already paid dearly enough for, and would be useless, unless we really expect only literal imitators and believers in the numbers alone.

As concerns, however, the really scientific compilation, which was proposed at the same time with the collection of symptoms (*Allg. Hom. Zeit.*, 69, 12), this would be entirely independent of the arrangement of symptoms, and could be worked out by several persons jointly, of course, in the form of monographs. In it would be given—

1. The History.
2. Poisonings.
3. Proving, in so far only as the records of the provers are accessible to us for the subsequent reuniting of the chain that has once been sundered is too wretched and too utterly useless a beginning.
4. Cures; where the remedy in question has acted alone, or at least decidedly and essentially; and,
5. Nothing more, except a condensed Review, or what many Germans call a Resume.

If this work is to become a real collection of the Original Sources, we must spare the purchasers all theories of every sort, and all criticism stalking in on stilts; likewise all defamation of Hahnemann may very well be left out. Such a collection needs no dalliance with the old schools.

If we had these two collections as complete as possible—and we might have them both constructed within five years, like the two towers of Cologne cathedral—then would be the time for elaborations, epitomes, theories and criticisms: then let them come forth by the dozen, each after his kind. Until then, everything of the sort that is undertaken merely “sways in the air without a foundation”—that is to say, it is WIND!

This is what there was to be said, but of course it is not for the critics of the *Materia Medica* nor their believers, but for all who do not belong to them. For whoever would speak to these must close his speech as whilom Ritter Lang did: Dixie! *i. e.*, I have spoke, namely, to the wind!—[*Allg. Hom. Zeit.*, 71, 49.

A NEW FEATURE IN LIFE INSURANCE.—Within a few days past there has been organized a new Life Insurance Company, with its principal office in this city, having, besides the usual forms of the old companies, a special section to take risks upon the lives of patrons of Homœopathy, at ten per cent. lower premium rates than those upon other lives.

The “Hahnemannian Life Insurance Company” has been duly organized under

a perpetual charter, with a present capital stock of \$200,000, and the privilege of increasing the same to \$1,000,000. It has a board of fifteen directors, selected from among its heaviest stockholders, all gentlemen of the highest standing in Ohio as business men and capitalists.

No Life Insurance Company in this country has ever started upon a firmer foundation, or with brighter prospects. Although not local in its character or field of operations, our community will look upon its career with feelings of pride.

As to the new and peculiar feature of this Company, in regard to kinds of medical practice, we can not be expected to say much, since we know so little about it. The statistics and tables, upon the figures of which the ten per cent. discount is made in favor of patrons of Homœopathy, are not before us. But we can see no reason why Life Insurance Companies should not take into their calculations the *medical* causes that may tend to shorten or lengthen human life, as well as those of *climate, business or habits.*

If the chances for the life, or as insurance men say, “the expectancy,” is greater among the patrons of Homœopathy, we can imagine no good reason for their being compelled to pay the higher rates, fixed for such as depend upon more hazardous modes of medical treatment.

For our own part, we are glad to have sharp-eyed financiers look into these questions, that we may attain to some satisfactory knowledge of such occult and generally mystified arts as that of healing. Ultimately we may hope to learn, with some good degree of certainty, what is best for us when sick, as we have, for the most part, already learned what ways and means are best for us when well. As yet we venture no opinions upon the new distinctions made in the subjects of insurance by the “Hahnemannian,” but shall always endeavor to favor every effort that in any wise promises to elicit knowledge and good for the human race.

Among the stockholders we notice such names as Hon. B. F. Wade, and other prominent men throughout the State.

Of the character and strength of this new Company, however, we wish to speak in decided terms, to do which most effectually we present a list of its Board and officers:—

H. M. Chapin, Mayor of Cleveland; Wm. Hewitt, Superintendent of Union Line Express Company; S. L. Mather, Cleveland Iron Mining Company; D. P. Eells, Vice President of the Commercial National Bank; J. P. Dake, President of the Dover Bay Grape and Wine Company; S. R. Beckwith, S. F. Lester & Co., Cleveland; H. C. Blossom, Wm. Bingham & Co., Cleveland; Geo. Sprague, Geo. Sprague & Co., Cleveland; Wm. Edwards, Edwards, Townsend & Co., Cleveland; R. F. Paine, Attorney, of Payne & Wade, Cleveland; A. S. Sanford, Sanford & Hayward, Cleveland; W. A. Fisher, H. Garrettsen & Co., Cleveland; W. D. McBride, Hussey & McBride, Cleveland; H. G. Cleveland, Cleveland, Brown & Co., Cleveland; James Barnett, Geo. Worthington & Co., Cleveland.

Officers.—H. M. Chapin, President; Wm. Hewitt, Vice President; S. S. Coe, Secretary; J. P. Dake, Actuary; S. R. Beckwith, General Agent; D. H. Beckwith, M. D., Medical Examiner; Payne & Wade, Attorneys.

Executive Committee.—H. M. Chapin, S. L. Mather, D. P. Eells.

[*Cleveland Herald*, Sept. 29.

MEDICAL FEES.—Some difficulty is occasionally felt by medical men in deciding as to the charges they should make for professional attendance. This arises from several causes. Medical advice, unlike an article of commerce, cannot have a determinate value assigned to it. Relief from pain and restoration to health are priceless boons. It is impossible to place a mere money value on the study, experience and ability the medical attendant brings to bear upon a case during a long and serious illness. Patients, therefore, are expected to pay such fees as their circumstances in life enable them to do. This is both just and necessary. All classes of society require medical aid, but all cannot possibly remunerate the doctor sufficiently to enable him to maintain the position he is bound to occupy. Moreover, the time occupied in seeing persons of wealth is much greater than that demanded by the poorer classes. In the former cases visits are often made by appointment—an arrangement frequently creating inconvenience and loss of time; while they are expected to be much protracted beyond the time really necessary for a full investigation of a patient's state. In the latter, the visits are made when the practitioner is going his round, and are limited to the interrogation of the sick.

The customs in various parts of the country differ so widely in the matter of medical fees, that it is almost impossible to make out a scale that shall be suitable for all districts; but the Manchester Medico-Ethical Association has endeavored, and successfully as we think, to form a tariff which will in a large proportion of instances, in country practice at least, be a fair and suitable one to adopt. They gauge the capacity of a patient to remunerate his doctor by the rental he pays for his house. It is easier of discovery than the income, of which, however, it is a fair test. Certain exceptional cases will inevitably arise, where the practitioner must use his discretion.

"Thus, in the case of lodgers, he can only estimate their probable style of life if they were in an establishment of their own, and those who occupy an extensive house for the purpose of letting lodgings must also be left to his discrimination. In the case of notoriously men of penurious wealthy habits, he must decide for himself what class befits them; and in the case of shopkeepers, residing in premises where trade is carried on, a liberal deduction may be made from a rental not incurred solely for personal or family convenience."

The Association divide the community into four classes:—

CLASS I.	When the house rental is from	£10 to £25	per annum.
" II.	" " " "	£25 to £50	"
" III.	" " " "	£50 to £100	"
" IV.	" " " "	£100 and upwards	"

This division, though well suited for some country districts, would not be so for Metropolitan practice.

NOTE.—In New York the rental is much greater, in proportion to the income, than in London. A physician who pays £80 (\$450) rent for a house in London, would be obliged to pay in this city, for a house as eligibly situated, and equally as commodious, at least \$1,500.—Eds. A. H. R.

The tariff is as follows:—

A.—General Practitioners.	Class 1.	Class 2.	Class 3.	Class 4.
	<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>
1. Ordinary visit.	2 6 to 3 6	3 6 to 5 0	5 0 to 7 6	7 6 to 10 6
2. Special visit.	A visit and a half.			
3. Night visit.	Double an ordinary visit.			
4. Mileage beyond two miles from home.	1 6	2 0	2 6	3 0
5. Detention per hour.	2 6 to 3 6	3 6 to 5 0	5 0 to 7 6	7 6 to 10 6
6. Advice at Practitioner's house.	2 6 to 3 6	3 6 to 5 0	5 0 to 7 6	7 6 to 10 6
7. Letters of advice.	2 6 to 3 6	3 6 to 5 0	5 0 to 7 6	7 6 to 10 6
8. Consultations.	See explanatory tariff.			
9. Attend. on servants.	2 6	2 6 to 3 6	3 6 to 5 0	5 0 to 7 6
10. Two or more patients in one house.	See explanatory tariff.			
11. Midwifery.	21 0	21 0 to 63 0	42 0 to 105 0	105 0 and up
12. Abortions.	See explanatory tariff. [wards.			
13. Vaccination.	"	"	"	"
14. Cert. of health, etc.	"	"	"	"
B.—Consultants.	Class 1.	Class 2.	Class 3.	Class 4.
	<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>
1. Advice or visit alone.	21 0	21 0	21 0	21 0
2. Advice or visit with a practitioner.	21 0	21 0 to 42 0	21 0 to 42 0	21 0 to 42 0
3. Mileage beyond two miles from home.	10 6	10 6	10 6	10 6

Explanatory Notes to Tariff

The numbers refer to the corresponding ones on the condensed tariff.

A.—GENERAL PRACTITIONERS.

- 1. Ordinary Visit.**—Requires no explanation.
- 2. Special Visit.**—This is a visit of, which notification is not given before 10 A.M., when the Practitioner has commenced his daily round, such visits almost always involve increased trouble or expense; also whenever immediate attendance is requested. The latter circumstance often embarrasses the Practitioner, and entitles him to an increased fee.
- 3. Night Visit.**—One made between 10 P.M. and 7 A.M.
- 4. Mileage.**—This commences at two miles from the Practitioner's house, and is added to the visit, according to class.
- 5. Detention.**—When, at the desire of the patient, or from the urgency of the case, the Practitioner is detained more than an hour, he is entitled to additional remuneration, at the rate per hour, or part of an hour, of an ordinary visit. This does not apply to attendance in midwifery.
- 6. Advice at Practitioner's House.**—The same charge as for an ordinary visit. The same addition would be applicable for detention beyond an hour.
- 7. Letters of Advice.**—The same as *viva voce* advice.
- 8. Consultations.**—When the ordinary attendant has to meet another medical man in consultation, he is fully entitled, from loss and disarrangement of time,

to double his ordinary fee. If such consultations are very frequent, this may be occasionally remitted at his discretion. When a general Practitioner is himself called in consultation, he is entitled to the Consultant's *minimum* fee of 21s.; but this may be relaxed at the desire of the Practitioner previously in attendance. Midwifery consultations among Class 1 of patients, should be charged according to arrangement between the patient and Practitioners. Among the other classes, the second Practitioner is entitled to the same fee as the first, independently of the length of time he is detained.

9. *Attendance on Domestic Servants.*—When paid for by their employer, they should be charged as per Tariff. When paying for themselves, they may be charged as if belonging to Class 1 or 2. If the employer send for the practitioner himself, or distinctly avails himself of his advice, he is to be considered as the responsible person.

10. *Two or more Patients in one House.*—When these are members of one family, and paid for by one person, half a visit is chargeable for each beyond the first. When this is not the case, the full charge should be made for each.

11. *Midwifery.*—From use and wont, the fee for Class 1 is generally understood to cover the after visits, when those are few and all goes well; also, with those toward the bottom of this class, it may be reduced to 15s., if paid within a month. In the other classes the after visits are not included, unless previously arranged otherwise. When operations, such as the use of forceps, turning, &c., are required, the Practitioner is entitled to an additional half fee. The Tariff allows considerable latitude in the Midwifery fee, owing to the very great diversity of charges hitherto usual with different Practitioners.

12. *Abortions.*—In ordinary premature labor the same charge is allowable as in midwifery. In attendance on abortions, the visits required should be charged as such, *plus* an additional charge for detention, according to No. 5.

13. *Vaccination.*—This is not included in the midwifery fee. It may be charged according to the visit or visits required, if performed by the regular medical attendant; otherwise, as a special visit.

14. *Certificates.*—Simple certificates may be charged as ordinary visits or letters of advice. When special investigation or responsibility is involved, as in Life Assurance or Lunacy Certificates, 10s. 6d. to 42s. should be charged, according to circumstances.

We re-publish this tariff here because we think with those who have issued it that "it may serve as a reference in case of disputed charges, and thus prevent litigation, and promote a friendly settlement. It will also be a useful guide to the junior Practitioner, who is often in doubt as to the proper remuneration to which he is entitled for his services."

But while it is only just that pecuniary remuneration for medical services should be demanded of all who are able to make them, let us, as a profession, never forget that humanity compels us to go as readily and cheerfully to the aid of the sick poor who cannot, as to that of the richer man who can pay us. As homœopaths, it is our duty to spread our system among the poor to the very utmost. To this end our Hospitals and Dispensaries are established. The work they have accomplished is great. More zeal in sustaining them, more care in prescribing at them, may render this work greater still.—*Monthly (London) Homœopathic Review.*

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SIFTING THE DRUG SYMPTOMS.

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In Vienna and in Prague, according to Heyne (page 36), the *cæsarling*, *Agaricus cæsareus*, is not allowed to be brought to market; it is forbidden by an order of the police. Why forbidden? Because the *cæsarling* has a red hat, and so also has the *Agaricus muscarius*, and because the former might be confounded with the latter! The ordinance is certainly a well-meaning, paternal one, and likewise judicious. In the first place, by means of it the ignorant are protected from injury; in the second place, by means of it this noble fungus is protected and preserved for him who alone deserves to enjoy it. The solitary connoisseur knows that the spatheous naked *pileus*, the yellow flesh on the outer circumference of the *stipes* distinguish the prince of the fungi. But above all, he is made certain, by the pure yellow color of the *lamellæ*, that there stands before him the most complete of all the agarics—the noblest, the fairest, the one in flavor all others surpassing, the one highly-renowned since the earliest ages—of which even Pliny speaks as that to be preferred (Hist. Nat. c. 22)—that the imperial agaric stands before his eyes, and is in his hands, and is thus worthy to reward