

**TRANSACTIONS OF THE AMERICAN
HOMEOPATHIC,
OPHTHALMOLOGICAL, OTOLOGICAL
AND LARYNGOLOGICAL SOCIETY.
TWENTIETH ANNUAL MEETING**

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OPHTHALMOLOGICAL OTOLOGICAL AND LARYNGOLOGICAL SOCIETY**

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EUGENE L. MANN, M. D.
ST. PAUL, MINN.
PRESIDENT 1906-1907

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AMERICAN HOMŒOPATHIC
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AND
LARYNGOLOGICAL SOCIETY

TWENTIETH ANNUAL MEETING

JAMESTOWN EXPOSITION, VIRGINIA
JUNE, 1907

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PROCEEDINGS
OF THE
TWENTIETH ANNUAL MEETING
OF THE
American Homœopathic Ophthalmological, Oto-
logical, and Laryngological Society

Held at the Jamestown Exposition, Norfolk, Va.

June 18-20, 1907

President Eugene L. Mann called the meeting to order at 2:30 p. m., Tuesday, June 18, 1907, in the Inside Inn.

On motion the program was adopted as printed.

The following committees were appointed:

Committee on Attendance:—H. S. Weaver and Fred. D. Lewis.

Committee on Press:—W. R. King.

Auditing Committee:—R. S. Copeland, A. Worrall Palmer and D. A. MacLachlan.

Committee on President's Address:—C. Gurnee Fellows, Howard P. Bellows, J. A. Campbell.

On motion of Dr. Fellows, Dr. Linnell's discussion of Dr. Hallett's paper was read by title.

SECOND SESSION—TUESDAY EVENING.

Called to order at 8 p. m. in the same place.

Secretary Hoyt read his report, which—on motion—was accepted.

PRESIDENT'S ADDRESS.

EUGENE L. MANN, M. D.,

St. Paul, Minn.

HAVING in a prior address acknowledged our debt to general medicine the obverse of the proposition demands an equal share of attention. What does general medicine owe to the specialties, or what have the specialties accomplished for general medicine? The most obvious sign of our accomplishments in this respect is shown by the number of people wearing glasses with relief to certain symptoms of nerve strain peculiar to the individual and ranging from headaches to the most pronounced cases of nervous and even moral breakdown. A less obvious, but fully as important an accomplishment has been the decrease in the number of cases of catarrhal deafness in its various forms and of purulent middle ear conditions with their accompanying train of serious cerebral and vital symptoms and pathological changes, due to the removal of adenoid growths in children.

Neurasthenia, or "Americanitis," as it has been called, certainly has one of the legs necessary to make its stool stand resting on the specialties, and it is I believe a general rule among those supervising the rest cure for this complaint to first submit the patient to a thoro physical and special examination and to eliminate sources of nerve strain thereby detected.

In the field of diagnosis the debt of general medicine to the specialties is most frequently acknowledged.

I call to witness the examination of the fundus oculi in all cases of brain tumor and in the various forms of Bright's disease; the inspection of the membrana tympani in young babies with fever; the application of the tuning fork hearing tests in cases of projectile vomiting and dizziness; the value of nasal exploration in headaches, and the use of the laryngeal mirror in detecting nerve pressure from aneurism of the aorta or innominate arteries and solidified lung apices.

It has many times been hinted that the specialists have gone crazy

and that each one has attributed all ills of mankind to strain arising from the organs over which he presides as health director; and, in a modified sense, it may be true that we have looked at human ills and troubles too narrowly, thru the medium of the special organs.

An investigator along this line claims that he visited the consulting room of a prominent oculist and in some way unknown projected his sublime self into the personality of the specialist as he opened the door to his reception room. All that he saw was eyes waiting their turn in the consulting room. He then in the same way visited the office of a gynecologist and saw only disembodied uteri sitting in the chairs. Not many years ago it was announced that the cure of asthma lay entirely within the sphere of the rhinologist, and one of our graduates wrote me during the summer following his graduation that he had demonstrated this nasal origin of asthma in a patient, a farmer, suffering with that complaint who, on one of his visits to town, partook too freely of the spirits that cheer and inebriate. On the way home the old family horse, who on these occasions assumed the responsibility for the farmer's safe return, stopped rather suddenly at some obstruction in the road; the farmer went over the dashboard and landed in close proximity to the hind feet of old Faithful, was kicked in the face, and his nose broken; he wrote the young graduate that he has had no asthma since.

But the days of ultra enthusiasm have passed, and instead of attributing all ills to sources of irritation arising in the special organs, the specialist may perhaps be more justly criticized for confining his attention too closely to the eye, ear, throat or uterus, as the case may be, in disregard of the local effects of general constitutional diseases. In all new developments the pendulum of opinion and practice usually swings to the two extremes before reaching its stationary point and developing from that.

The most important service that the specialties have rendered general medicine, in my opinion, has been this assistance in a more accurate interpretation of symptoms. The good old fashioned country practitioner has been described as one to whom everything above the belt was pneumonia, and everything below the belt typhoid fever. The general trend of medical advance has been in determining the cause of disease and symptoms and their more accurate interpretation. In this the specialties have largely assisted. To paraphrase, and also complete: