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# Ellingwood's Therapeutist

*Fintley Ellingwood MD*

EDITOR AND PUBLISHER

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# Ellingwood's Therapist

## A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

VOL. II

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No. 10

### Leading Articles

#### THERAPEUTIC INDICATIONS FOR THE GENERAL PRACTITIONER IN OPHTHALMIC PRACTICE

CHARLES H. FRANCIS, M. D., CHICAGO,  
ILL.

In no other branch of medicine is a knowledge of specific medication of more value than in the treatment of diseases of the eye. A remedy prescribed without regard to its most direct indication, is here as elsewhere, destined to meet with failure.

"EYE WATERS."—Under this heading will be considered boracic acid, sodium boric acid, sterile water and normal salt solution, all of which are commonly used at different times in the preparation of so-called colyrii.

Briefly, the indications for these remedies, regardless of what the

disease may be, are:

redness or swelling of the conjunctiva of the globe or lids; or of the lids themselves, enlarged blood vessels, enlarged follicles in the conjunctivae, ulcer or injury of the cornea or conjunctivae; mucus; mucopurulent or purulent discharge; itching, smarting or burning of the "eyes," and increased or decreased lachrymation. One of these remedies should always be used freely after the removal of a foreign body, which has been imbedded in the cornea.

Boracic acid is more especially indicated in the *acute* cases, with a *discharge* from the conjunctival sac, and in ulceration or injury of the cornea or conjunctivae: It possesses more antiseptic power than the other remedies mentioned.

Borax solution is directly indicated in the *chronic* cases, with little or no discharge, with itching or burning, and

increased or decreased lachrymation. Boracic acid and sodium biborate should always be used in the strength of a saturated solution, and slightly warm. Normal salt solution and sterile water should only be used in the absence of the above remedies. The physician should always dispense these remedies himself. It is legitimate to color the solution with a few drops of a 1 to 2000 potassium permanganate solution, or with the same quantity of a 5 per cent argyrol solution.

The normal conjunctival sac, including the cornea, is constantly invaded by a variety of micro-organisms. These bacteria seem to do little or no harm, except when owing to "exposure to cold," certain forms of disease or traumatism, foreign bodies, etc., the conjunctivas is so changed that they find a point of entrance and soon produce some variety of inflammation or ulceration of, the conjunctivae or cornea.

Antiseptics and germicides of sufficient strength to destroy bacteria, cannot be used in the eye without injury to that organ. We must therefore use our solutions in such quantities, and often enough to wash away the germs, and to keep them washed away until such time as the tissues have sufficiently recovered to resist further invasion.

The use of large quantities of mild antiseptic solutions in the conjunctival sac at frequent intervals, is the key to successful treatment of many of the inflammatory diseases of the

conjunctivae and cornea; and is a method almost entirely neglected by a large majority of the physicians in general practice. It does not matter materially, whether we use boric acid, borax, normal salt solution or sterile water, provided the solution be sterile, and used in sufficient quantity, and used often.

We should get into the habit of *irrigating* the eye, instead of dropping in a few drops of "eye water." In acute catarrhal conjunctivitis of mild severity, I would say that the ordinary medicine dropper should be filled at least five or six times and poured "into the eye" every hour or two. In chronic cases this quantity used three times a day is sufficient. In purulent or gonorrhoeal ophthalmia, it often becomes necessary to direct that the eye be irrigated almost constantly with an irrigator or fountain syringe containing one of the above solutions. Too much force of the stream should be avoided by placing the irrigator not more than one or two feet above the patient's head.

MORPHINE.—This remedy is mentioned here simply to be condemned. I believe it should never be placed in any solution to be used in the eye.

COCAIN.—Cocain should never be used in the eye except when some operative procedure is to be undertaken, or for the purpose of examination. A four per cent solution is the proper strength to use. A few drops of this is sufficient for the removal of foreign bodies, etc.,

while for operations on the eye it is necessary to use six to eight drops each time and to repeat at intervals of from three to five minutes until it has been used three or four times. The anesthetic effect is greatest at the end of about ten minutes.

Cocain causes the patient to wink less frequently, thereby exposing the cornea to the air for longer periods of time with a tendency to dryness. The infrequent winking also permits bacteria to collect on the cornea which otherwise would be brushed away by the normal motion of the lids. The tendency to ulceration of the cornea is decidedly increased by the prolonged use of this remedy.

ATROPIN.—The indication above all others which calls for the use of atropin in the eye is the so-called "circumcorneal zone of redness." This may be described as a pinkish- or purplish-red flush, immediately surrounding the cornea and extending away from it but a short distance. It seems to be made up of very small, hair-like blood vessels which radiate in all directions from the margin of the cornea. They are more or less straight, deep seated, and do not move when the conjunctiva is moved.

This symptom does not occur in diseases of the conjunctiva alone, but is associated with disease of the cornea and sclera, and the deeper structures of the eye. The redness is not the brick-red color which is present in inflammation of the conjunctiva alone.

In that condition the blood vessels are large and tortuous and the redness more pronounced away from the cornea, and toward the fornix; and the blood vessels move when the conjunctiva is moved.

Other indications for atropin are: a contracted pupil which responds sluggishly or not at all to light; severe pain in the brow or parietal region, which is worse at night, and manifestly due to the inflammation in the eye. Atropin should always be used in perforating injuries of the eye-ball to place the eye at rest, and minimize the tendency to inflammation. Ordinarily a one per cent solution should be directed, using two or three drops every three to six hours as required.

The use of this remedy in refraction work, and to facilitate the examination of the fundus, is too well-known to *require mention here. Atropin is contraindicated whenever the tension of the eye-ball is above normal.*

ARGYROL.—For the man in general practice, I believe this remedy should displace nitrate of silver entirely in his eye work. The remedy may be used in almost any strength without injury to the eye. Argyrosis seldom ever occurs. For painting the con-junctivæ of the lids, or dropping into the eye, by the physician, a 20 per cent solution is the correct strength. After being allowed to remain on the conjunctiva for a few seconds or more, it should be freely washed away with boracic acid solution. When giving it to the patient

to be used at home, which should seldom, if ever be done, not more than half this strength should be used.

It is astringent and germicidal, and indicated in any disease of the conjunctivæ, where the papillæ or follicles are enlarged or the conjunctiva roughened. It is one of our very best remedies in purulent or gonorrhœal conjunctivitis. Use three or four drops in the eye three times a day. For painting the lids in trachoma, after the granules have been expressed, it should be used every second day.

**POTASSIUM PERMANGANATE.**—This remedy is indicated wherever the gonococcus is found. It should be used in a 1:3000 solution. In gonorrhœal conjunctivitis, the eye should be irrigated with this solution about every six hours. It undoubtedly has a marked effect in this disease.

**HOT WET DRESSINGS.**—These dressings changed every two hours during the day, and every four hours at night, are of great service in certain diseases of the eye. They are indicated in all cases where infection is pronounced, and the nutrition of the cornea is impaired; as indicated by haziness, inflammation, or ulceration of this tissue. They stimulate absorption and nutrition, and subdue swelling and inflammation.

Quite a large quantity of cotton is wet in a hot saturated solution of boric acid, wrung partially dry, and placed over the eye; this is covered with six or eight thicknesses of gauze and the

whole dressing quickly covered with oiled silk. When properly applied and used according to indications, it is a most reliable agent.

**COLD COMPRESSES.**—Cold is indicated in the early stage of eye disease. In acute inflammation of the conjunctiva and lids, with great swelling, heat and burning, it gives prompt relief. In penetrating wounds of the globe it should be applied early to lessen the liability to extension of inflammation. As a means to prevent “black eye” following a blow or other injury, it is excellent. In an effort to abort styes, it is sometimes of service. Since cold impairs the nutrition of the cornea, it should not be used too long at a time; particularly in those diseases where ulceration of the cornea is likely to occur.

The best method of applying cold is to use the so-called ice-compresses. These are made by shaping cotton into spheres about the size of a small orange and covering them with one thickness of gauze. Place a cake of ice in a bowl beside the patient's head, put about four of these compresses on the ice, first wetting them a little so they will not adhere to the ice, and, with the patient lying down, place one of these compresses over the closed lid for a minute or two, then place it back on the ice, putting another in its place, changing in this manner from one-half to an hour, then rest for two hours, when the process may be repeated.

**HYDRARGYRUM OXIDUM FLAVUM.**—The yellow oxide of mercury has acquired an enviable reputation in the treatment of blepharitis marginalis, and corneal scar. It is also used in follicular conjunctivitis and in thickening of the conjunctivae from any cause. Six grains of the powder should be placed in a glass mortar, and dissolved with half a dram of glycerin. To this, add one ounce of white vaselin and carefully work the mercury in, until the whole is a smooth yellow mass.

For corneal scar, place a quantity nearly the size of a lentil into the lower fornix, then, with the eye closed, massage the cornea gently through the upper lid. Use it once a day, at night. It should not be used in the eye until the acute stage of inflammation has subsided. In blepharitis marginalis the crusts should be carefully and thoroughly removed with warm water and warm borax solution, and the lids dried, after which a quantity of the salve should be thoroughly rubbed into the lid margins and hair follicles. This may be repeated twice daily. This remedy should never be used in the eye while the patient is taking any form of the iodides internally.

**ZINC SULPHATE.**—I use this remedy but little. There is one condition, however, which resists other lines of treatment very stubbornly but responds readily to zinc sulphate. I refer to an infection by the Morax-Axenfeld diplobacillus. This may be recognized microscopically with little difficulty. Clinically it

resembles ordinary acute catarrhal conjunctivitis, but is more persistent and inclined to chronicity unless treated by zinc. One symptom aids materially in the diagnosis; this is an erythema of the skin just at the lid margins, particularly at either angle of the palpebral fissure. One grain of sulphate to an ounce of boric solution, is the strength ordinarily prescribed. Of this solution two drops are used in the eye three times a day.

**ESERIN.**—Eserin solution, one-half grain to the ounce, is used to lower the tension of the globe when this is increased from any cause. It may also be used to draw the iris toward the pupillary space, where there is danger of perforation in marginal ulcer of the cornea. Use one drop every three to six hours. It is a remedy to be relied upon in chronic simple glaucoma. In acute inflammatory glaucoma, it will prevent injury to the nerve head until an iridectomy can be performed. It is often used to prevent prolapse of the iris into the wound during the first twenty-four hours; following the various operations necessitating the opening of the eye-ball.

The use of constitutional remedies in diseases of the eye often resolves itself into treating gout, rheumatism, nephritis, syphilis, anaemia, etc. It is a very important part of the daily work of the oculist and one too often neglected. Thorough examination should be made and the indicated remedy prescribed.

## SCARLET FEVER: ETIOLOGY, PATHOLOGY, SYMPTOMOLOGY, DIAGNOSIS

S. B. STRONG, M. D., CHICAGO, ILLINOIS

Scarlet fever, or scarlatina, is an acute infectious, self-limited disease, characterized in typical cases by sore throat, high temperature, a characteristic rash, desquamation and leucocytosis, one attack of which almost always gives immunity.

As more is known of the predisposing factors than of the exciting cause, predisposition will be first considered.

The most susceptible age is between two and six years, although no age seems to be immune. Cases of congenital scarlatina are reported in which the mother was suffering from the disease during the end of her pregnant period or at the time of her confinement, but cases are comparatively rare before one year of age or after puberty. The season of the year is quite an important factor, the early winter months showing a larger number of cases than other seasons, and it is a notable fact that the mortality is higher among those suffering from the disease in the winter than in the summer.

Individual susceptibility is another factor worthy of mention. Anyone who

has come in contact with contagious diseases to any extent has not failed to note the high susceptibility to scarlet fever of some individuals over others.

A child may contract a very virulent form of scarlet fever after one exposure, while the other members of the family may go unscathed after repeated exposures.

The presence of an epidemic of course predisposes, and different epidemics differ in virulence.

Women in childbed are said to be predisposed to the disease.

As to the source of infection, direct contact with the scarlet fever patient is not necessary, for the infection may extend through his personal emanations (nasal and oval excretions, sweat, dermal exfoliations, sputum, urine, feces, and perhaps the breath).

Scarlet fever is communicated to others through all stages of the disease from the incubation period to complete desquamation.

The mode of entrance of the contagion to the body is not very well known, but observation has led us to believe that it is usually through the upper respiratory passages, though it may be through the tonsils, gastro-intestinal tract or recent wounds either surgical or accidental. The period of incubation varies widely in different individuals and in different epidemics. Exceptionally it may be from twenty-

four hours to two weeks, but on an average it is from two to six days.

Regarding the exciting cause, nothing definite is known in spite of the almost endless research work that has been done by members of all schools in vain effort to discover the specific germ. One thing, however, is sure, and that is that the streptococcus pyogenes (as shown by the blood agar plate method of Schott, Müller and Rosenow) is almost always present in the throats of scarlet fever patients, and that while it may not be the specific cause, it is beyond doubt responsible for some of the symptoms and most of the complications, but there are objections to the theory of the streptococcus being the causative agent.

Agglutinins are formed in the blood of scarlet fever patients, for the streptococcus pyogenes taken, not only from other patients suffering from scarlet fever, but also patients suffering from such streptococcal infections as erysipelas, cellulitis, etc. Then again blood cultures differ widely in their results. A good culture of streptococci may be grown from the blood of one patient suffering with a mild form of the disease, while absolutely negative results may follow such experiments in a more severe or even fatal case; but still, as a rule, fatal cases show a streptococcaemia.

Another point against the streptococcus being the exciting cause is the fact that while one attack of scarlet fever usually gives immunity

from subsequent attacks, an attack of scarlet fever gives no immunity to other streptococcal infection, as erysipelas, etc.

Gaburtitschewsky of Moscow claims to have made a vaccine from dead streptococci which causes an erythema to appear very similar to that of scarlet fever, and also other symptoms such as sore throat, high temperature, etc., running a course very similar to scarlet fever with the exception of there not being any complications, and also that it is not contagious; whether it gives immunity to scarlet fever or not remains yet to be seen.

Laboratory workers state that the opsonic index for the streptococcus pyogenes is much below normal during the incubation period and onset, but that it soon becomes high and remains so until the temperature is normal, when the index drops and fluctuates between normal and slightly above during convalescence.

The general conclusion of authors and men who have done extensive research along this line is that the exciting cause of scarlet fever is a yet unknown specific organism plus a streptococcal infection.

*Pathology:* There is no distinctive pathology, but the changes revealed by autopsy may be stated briefly as follows:

In cases that die early, the viscera (especially the brain) show deep

engorgement. Death at an advanced stage shows the lesions of nephritis, septicopyemia, and occasionally pleuritis, pericarditis, fatty degeneration of the myocardium, endocarditis and meningitis.

Bingel reports eight cases in which the early changes of cirrhosis of the liver were found.

The skin shows an acute hyperemia (dermatitis) with exudation of serum and sound cells in the corium, especially about the blood vessels and hair follicles. The epidermis dies and desquamates. The mucous membranes, particularly of the upper respiratory passage, show inflammation which may be catarrhal, membranous, phlegmonous, or gangrenous. The inflammatory process may travel up the eustachian tube to the middle ear, thence to the mastoid cells, and finally to the lateral sinuses or meninges brain. The liver may show areas of focal necrosis.

*Symptoms:*—The symptoms differ somewhat but in typical cases the onset is sudden, with nausea and vomiting, sore throat, high temperature (103° to 105°F.) and rapid pulse out of proportion to the temperature. There are quite often convulsions in infants and young children. The tongue is at first coated white but a few days later presents a clean red surface with swollen, elevated papillae, the typical raspberry tongue. Usually within twelve hours after the invasion, the characteristic eruption appears,

beginning first in the neck and spreading over the trunk and extremities until the entire body is covered with the exception of the chin and nose and around the mouth, which show a yellowish pallor in striking contradistinction to the bright scarlet color of the eruption.

The eruption may begin on the clavicles, in the axillae or over the groins, or in cases where wounds furnish the portal of entrance, it may begin at the wound and spread from there.

The cervical lymph glands are enlarged and tender. A white blood count shows leucocytosis 12,000 to 20,000 or even higher.

Desquamation usually begins about the 7th or 8th day, proceeding in the order of appearance, and is usually complete by the end of the sixth week, though it occasionally takes seven weeks or even longer for the heels to become entirely clean. Desquamation is in the form of scales, branny on the body, but larger on the hands and feet where the dead epidermis may come off in casts. In some cases the skin can be pulled off in large strips. As desquamation begins the temperature usually falls by lysis, the appetite improves and the child rebels most emphatically against the customary three weeks of liquid diet and four weeks being kept in bed.

In more severe cases, the temperature may go up higher (105 to 107°F.), with marked delirium, and finally in

eighteen to thirty-six hours the patient sinks into coma and dies.

The urine is high colored and may show albumin casts and red blood cells.

There is not infrequently cellulitis in the neck.

The nose often shows a purulent discharge, and the tongue, buccal mucous membrane and throat may show large patches of ulceration. Not infrequently a white streptococcic membrane is noted on the tonsils and pharynx at the onset of the disease. In the severer type just mentioned the child presents a picture of positive profound sepsis, and one complication follows another until the patient either dies or gets well after a long and tedious convalescence.

The lymphatic glands, principally the cervical, may break down and suppurate, but I have found that large prophylactic doses of phytolacca will nearly always abort this complication.

Other frequent complications are otitis, media and nephritis, but lack of time will not permit going extensively into the complications, so I will pass on to the diagnosis and differential diagnosis.

The cardinal points in the diagnosis of scarlet fever lie in the sudden onset with vomiting (sometimes without nausea), sore throat, high temperature, with rapid pulse out of proportion to

the temperature, cervical lymph adenopathy, appearance of the characteristic rash, leucocytosis, and later, the characteristic desquamation, and some observers claim that the finding of the class coccus is a good diagnostic point. My experience has been that this organism is fairly constant in the throats of scarlet fever patients, especially during the initial stages. I found it in about fifty out of a series of seventy-six cases examined.

As to the differential diagnosis the principal difficulty lies in distinguishing this disease from the scarlatinal form of rubeola known under the names of Duke's Disease and Fourth Disease.

In this disease (Duke's) the constitutional symptoms are much the same as in measles, although eruption very closely simulates that of scarlet fever but has more of a rose hue and is less punctate than scarlet fever. Close examination of the body may reveal the maculo papular eruption of measles and desquamation is not complete as in scarlet fever. A blood count will reveal leucopyemia, or at most no increase in the leucocytes, while scarlet fever shows a more or less marked leucocytosis. It may be necessary to wait for desquamation before an absolute diagnosis can be made.

## PHASEOLUS VULGARIS

DR. RAMM, PREETZ, GERMANY

*[Translated for Ellingwood's Therapeutist by Dr. C. D. Isenberg, Hamburg, Germany]*

For almost 25 years the tea from the pods of phaseolus vulgaris has been used with good success in different diseases. My own observations during this time and numerous communications on successful cures with it will be sufficient to allow us definite conclusions in regard to the value of this remedy.

My attention was called to the curative effect of the tea of bean-pods in the year 1881 by a woman who had suffered for several years from dropsy of the lower body in consequence of valvular disease. After accidentally drinking the warm water, in which she had boiled green young beans, she repeatedly felt a strong desire to urinate in the next hours and was surprised by the amount of clear, limpid urine which she evacuated. She then continued the drinking of bean water systematically, and when communicating with me she had been cured a long time of her dropsy.

Now I began to order the use of bean water, at first in cases of dropsy due to diseases of the heart and kidneys, and I was surprised to observe repeatedly, that enormous amounts of urine were evacuated, after very few days, and how quickly at times even the worst and most extended dropsy disappeared

entirely and stayed cured. Then I made the observation that the urine, which up to that time had been found to contain regularly a large amount of albumen, became entirely free from it even after using the bean water a few days only, and that it remained free from albumen.

Through these experiments which I made in cases of albuminuria, I gradually learned the favorable effect of the remedy on inflammatory processes in the kidney, has chronic kidney diseases, renal hemorrhage; in quickly dissolving and removing kidney stones and gravel, also in pyelitis, diseases of the ureters and the bladder. At the same time its surprising effect on acute and chronic gout and—at first in isolated cases, then as the years passed by, more frequently and without fail—on diabetes, was demonstrated.

As it was most difficult to get fresh young beans in the winter, and as preserved beans did not prove effective, I in time tried to use ripe beans with the pod instead of the fresh green ones, and had the satisfaction to find the remedial effect also in these. Still it was quite a while, and many experiments had to be made, before I could gain the experience and be quite sure, that the effective and curative substance is contained in the pods alone and not in the beans. Oft repeated control-experiments established the fact, that the tea made from the pods of ripe beans exercises a more constant, better and more lasting effect

than the decoction of young green beans. Therefore I have used for many years only the pods of ripe beans under the name of "Bohnenhülentee" (bean-pod-tea) .

As the experiments which were made in order to manufacture an extract from the bean pods, which would be equivalent in its curative effect to the fresh decoction, have not been successful so far, it is necessary always to prepare fresh tea from the pods. About 30-40-50 gramm (1 to 1 2/3 ounces) of bean pods are boiled slowly with 4 liters (4 quarts) of water for three to four hours down to 1 or 1 1/2 quarts; the decoction is then poured through a fine sieve or cloth into a high vessel which is kept in a cool place until the next morning or at least for a few hours when the tea is again poured through a fine cloth without having been stirred. It is now entirely clear and ready for use. It is necessary that all, even the smallest particles of the pods, are removed, because they spoil the taste and can give rise in rare instances, where the decoction is used for a considerable time, to slight intestinal disturbances. As the prepared tea will readily spoil, especially in the hot season, and its use then can produce violent diarrhea, it is necessary to prepare it fresh every day for the next one.

The tea is taken through the day, from morning to evening in small portions of 150 to 200 gramm (5 to 7 ounces) each. In order to improve the taste which will perhaps not be agreeable to

everybody, a little hot milk or meat extract can be added. It is an absolutely harmless remedy and can be taken for years without any disagreeable effect whatsoever. Many who have been under a doctor's care for kidney diseases and dropsical states, for kidney-stone-colic, gout or diabetes, drink the tea with the same good results for twenty years, some of them though with shorter or longer intervals.

In gout, rheumatism, kidney-stones, gravel and during the last years also in many cases of gallstones I order the daily use of 1 to 1 1/4 quarts of tea, made from 30 to 50 gramm (1 to 1 2/3 ounces) of the pods. In the most obstinate and intractable forms of gout a small addition of radix sambuci to the bean pods, when making the tea, increases its efficiency. The effect is generally slow in gout, rheumatism, and larger kidney stones. The improvement sets in very gradually, sometimes only after months of its use; smaller kidney stones and gravel are generally dissolved surprisingly quickly. After an improvement or a cure has been achieved, the continued use of the tea is sure to prevent a return of the affliction. In order to do this it is not necessary to drink the tea every day; it is sufficient to take it two or three times a week. It is also necessary to observe a strict diet and to regulate the mode of life according to the prescription of a physician.

In diabetes about a quart of tea made from 1 to 1 2/3 ounces of the pods should be taken. Even in the most

severe cases—with rare exceptions—the sugar disappears from the urine through the use of the tea after about three weeks until only traces are left, and later on generally altogether. The tea has to be taken continually, although later on a weaker decoction (1/2 to 2/3 ounce to 1/2 to 3/4 quart) will perhaps be sufficient. It is understood that during the first months a strict diabetic diet has to be kept, later on the sugar usually does not return, even without a strict diet, or merely in traces, if the use of the tea is continued.

Although two patients, who have been treated by me for diabetes twelve years ago, have not used the tea for many years, and have had no relapse, I strongly advise to continue for years to drink the tea every day even after a complete cure, as in cases, where the patient stopped the tea prematurely, the urine proved to contain a large amount of sugar after a few months.

In acute and chronic nephritis, hemorrhage of the kidneys, pyelitis, disease of the ureters and bladder, also in dropsical states, due to diseases of the heart and other causes, the patient ought to take daily 3/4 to 1 quart of tea made from 1 to 1 2/3 ounces of the pods. In some cases of dropsy enormous amounts of urine are voided after a few days, and the effusions disappear quickly and for good. In other cases especially where the cause has been a chronic disease of the kidneys of long standing or where the strength of the heart has greatly been

lowered, it takes from two to three weeks before a decrease of the dropsy is clearly evident. In rare cases, especially where a great accumulation of fluid in the abdomen impairs the function of the kidneys and ureters by mechanical pressure, the effect of the tea will only become apparent after the fluid has been removed to a large extent from the abdominal cavity through baths or an operation.

The albuminuria generally disappears quickly; in acute diseases of the kidney, especially in severe infectious diseases, in a few days, in chronic diseases of the kidneys more slowly, in incurable Bright's disease in small traces. In five cases of profuse hemorrhage from the kidney of long standing, also in one such case due to pregnancy, I have been able to effect a complete cure after a protracted use of the tea.

If it is impossible to drink the tea because of repugnance to its taste, vomiting, unconsciousness or uremic convulsions, the prepared decoction is given as an injection into the bowels in portions of 8 to 10 ounces with the addition of one per cent of salt, which dose is repeated every two to four hours as needed. This often directly saves the patient's life, for after twelve to eighteen hours an increased diuresis begins and then generally convulsions and vomiting cease. Even in cirrhosis of the kidney which as yet has not progressed too far, the use of the tea enables us to retard the progress of this incurable disease.

For children it suffices to give a decoction of one-third to two-thirds of an ounce of the pods to from 7 to 14 ounces of water according to their age. In one of my cases, a boy of three months, a universal dropsy caused by primary inflammation of the kidney, disappeared in a few days, after a decoction of one-third of an ounce to 7 ounces of water had been added every day to his milk instead of pure water.

In several cases of dropsy, where we want to bring about a quick decrease of the water by an increased secretion of urine, we can add to the pods 75 to 150 grains of *ilex (paraguaensis—C. D. I.)* when preparing the tea. In the treatment of dropsy due to heart disease I have noted that the symptoms which are produced by a beginning sclerosis of the heart-valves and arteries, are mitigated by the use of the tea and that the process of sclerosis is inhibited in its progress.

While the decoction of bean pods exerts a sure curative effect on the above named diseases of the kidneys, it can be used with the same, if not greater assurance as a preventive measure in all conditions where in consequence of general debility after protracted diseases like typhoid fever, scarlatina, diphtheria, etc., a disease of the kidneys with its deleterious consequences is imminent. But quite indispensable the decoction has proven to me during many years in the last months of pregnancy; in not a single case, where it was taken

conscientiously, have I observed albuminuria or a uremic state before, during or after the confinement.”

Note by C. D. I.—I wish to add to the above, the history of a case which I could examine a short time ago. I did not treat the case myself; the examination proved, though, that he was free from rheumatic trouble, although he did not live on a uric-acid-free diet. The history is translated from the gentleman's manuscript prepared at my request:

“About 9 years ago, in 1897, I began to suffer from a very disagreeable feeling of pressure in the region of the bladder, which increased to an intense pain through excitement, or psychic depression. In the course of the next years this state very slowly became worse, until in 1906 violent pains appeared in the right ureter. At the same time the pain in the bladder suddenly increased considerably. My physician diagnosed an inflammation of both organs, but none of all those I consulted were able to give me any relief. The urine showed pus, sometimes in considerable quantity. In 1905, some time before these last symptoms developed, others had appeared which consisted of severe pains in the small of the back (the so-called kidney pains— C. D. I.). They tormented me constantly, and often I could not fall asleep. Cold rubs and liniments only brought a temporary improvement. The pains constantly increased in the spring of 1906 and muscular rheumatism set in. This was

so violent, that I could hardly wash myself in the morning and evening. Rubbings with water and plasters hardly brought any relief. These various ailments finally became so very bad, that I was never free from pain; and they increased constantly in violence.

At this time—in the summer of 1906—the tea from ripe bean pods was recommended to me, and my attention was called to the pamphlet of Dr. Ramm of Preetz in Holstein. So I sent for five pounds of the bean pods and began the treatment according to directions. I did not have to wait long for results; large masses of uric acid crystals and albuminous matter were excreted, and that initiated a decrease of the pain in the bladder and kidneys. The pain in the bladder disappeared entirely in about three weeks, the muscular rheumatism also diminished in the next few weeks to disappear entirely in seven or eight weeks.

“I was soon entirely free from my very great sufferings, and have not had any trouble since, as I have been using the tea off and on. The enormous excretion of uric acid crystals during the use of the tea was really remarkable (they often covered the bottom of the night vessel) and also the very mild effect of the tea though its diuretic power is very great.”

It is very rare to find a practically unknown remedy the field of which has been worked out so thoroughly. Dr. Ramm gives perfectly definite

indications. There may be many American remedies, like for example eupatorium purpureum (gravel weed), which may be able to do the same as the bean pods, but for persistence in their use and sufficient dosage. But the bean pods are such a very simple remedy that I hope it may be tried in some indicated cases.

## GALL STONE—A CASE<sup>1</sup>

J. A. MCDONNEL, M. D., CHICAGO, ILL.

About Thanksgiving time, when one of the patriotic birds of America is seen on every table, this patient of mine ate two very large dinners, both of them turkey. He ate one about 2 o'clock and the other about 7 p. m. At one o'clock the following morning he was taken with intense abdominal pain. He simply rolled and tumbled and pitched and tossed around on the bed, and got no ease whatever. A physician was called, who gave him a hypodermic injection. The hypodermic did not appear to do much good, but he took a terrific vomiting spell. Immediately after that the pain stopped. He was then about 50 miles from home, and he returned to his home in Chicago. I was called to see him the next morning. He gave me the above history, as I have given it to you.

On putting my hand over the gastric region, it came in contact with a round, tolerably regular enlargement. A tumor of some sort seemed to be welling up from beneath the sheath of the liver.

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<sup>1</sup> Reported to the Illinois State Eclectic Medical Society.

This swelling was hard, but not very painful to the touch, but it did create a little reflex irritation in the stomach. I asked him a few questions in regard to his past history. He gave a negative history, with the exception of having had typhoid fever away back in the 50's. Now he is a man 73 years old, well preserved, never, you might say, had had any sickness. He always was a hearty eater.

Time rolled on. He got over his trouble for the time, until about one month ago. He came home one night, ate his usual dinner, took his paper and went up one flight of stairs to his room, lit his pipe, like all us good old men do before we retire. After he had smoked a little while he commenced to be nauseated. He felt, soon, as if there was a desire to defecate, and in attempting to retire to the closet, he staggered from one side of the hall to the other. He was conscious all the time, but could not control himself, and gradually slipped down on the floor. If a man ever thinks of his wife, it is at the time when he is sick, so he called his wife. She came up and got him off the floor, and got him to the closet. By this time another member of the family had called me.

I had to pass by the closet to go to his room. They told me downstairs that he was in the closet, but he had gone to his room. I looked into the bowl, and there found the bowl filled with blood. I came to the conclusion that he had a spontaneous rupture. I went and examined the man, and found him

bathed in cold, clammy perspiration, the lips livid, along the carotid I found that along the whole tract there was a livid condition. There was cold, clammy, sticky perspiration. The pulse was extremely slow, down almost to 20.

After seeing that he was restored and the circulation a little better, by giving him nothing but getting him down lower in the bed, I went to examine what was in the bowl in the closet.

After pouring, very gently, some cold water over it, in order to separate what little solid matter there was away from the debris, I think there was a good half cup full of stones. They were of all sizes and all shapes, from the ordinary gallstone up to the size of a hazelnut. I counted and they were so numerous I stopped. I counted over 500. For two weeks he still continued to pass stones. I had all the excrements emptied into a sieve, then put to dry on paper, so as to get some estimate if possible of the amount of weight.

Just about the time you think you have something of that sort completed, somebody that knows more about cleaning up than taking care of gallstones threw a good deal of my paper out, and they were lost; This is the history of the case.

The man did very well for the first two weeks. He had very little fever. Kept getting better. He walked about the house. He had no more hemorrhages; no pain. They finally gave him a steak,

some potatoes and such solid food. About 6 or 8 hours after, he was taken with a very severe chill, and this was followed by a second and third one, and the temperature went up to 105.5° F., and stayed along in the neighborhood of a degree lower for some days, then subsided a little until it reached 102°, then down to 101° F.

All the latter part of the trouble there was some albumen and some pus in the urine, and this developed after the severe chill and high temperature. The question that you might ask is, "Was there no condition existing before?" and I can answer you positively, there was not. I had a male nurse there, and every day saved the urine, and also the amount and kept a record. That is very necessary in these cases, especially in people in advanced life.

Of course he had that condition of the heart known as arteriosclerosis, which follows in aged people, and something relative to some disease of the bladder and the prostate that you meet with commonly in senility. Otherwise he was a healthy man.

## QUININE

FINLEY ELLINGWOOD, M. D., CHICAGO

Quinine is one of the most important remedies in materia medica, and yet, I am inclined to think, it is given with less discretion, with less thought, than almost any other one remedy. This may be due to the fact that it was at one

time one of perhaps a dozen remedies, which were well known to the profession, and this before anyone thought of applying a remedy specifically either with reference to its own influence or with reference to the conditions for which it was given.

The first of the salts of quinine used was the sulphate, and without investigation the profession fell into the habit of prescribing the sulphate, and no other form of quinine. Nearly all the observations have been made on the action of this salt. Thus a very bad habit has been formed. There is no doubt that several of the other compounds of this cinchona salt will work just as well as the sulphate, some will work better, and the most of them are more soluble and more pleasant of administration.

I discarded the sulphate years ago for everything except when a positive anti-periodic effect was immediately desired. Instead of this I have used the bisulphate, because of its greatly superior solubility.

The fact that I expected more of the sulphate as an anti-periodic, was largely because of its popularity in that field, and not from any observations I had made myself, as I am sure I have obtained just as good results in a quicker time from the bisulphate. I now find a slightly increased dose of the bisulphate superior in every way to the sulphate in every field in which I am inclined to use it.

The hydrochloride is a superior salt to the sulphate and will answer many purposes. The hydrobromate, the arsenate and the valerianate all have their special place. The tannate is used very commonly because it is comparatively tasteless. The taste of none of the salts is harder to disguise than that of the sulphate.

No specific remedy which we prescribe has plainer indications nor those more exact than this remedy, and unless the indications present be specific the remedy must not be given.

Quinine will act favorably upon the system if the skin be soft; if the mucous membranes of the mouth are moist and if the tongue is moist and inclined to clean; if the pulse is full and soft and the temperature declining or at normal. In other words, when the secretory functions of the body are in a working condition, quinine will produce no unpleasant results.

Quinine is specially an antiperiodic. It will overcome malarial periodicity, especially if the above named conditions are present when the agent is administered. It destroys the plasmodium malariae readily, even in the minute quantity of one part to twenty thousand of water. Its influence upon malarial conditions can thus be readily understood.

It is profoundly tonic; under limited conditions it is antipyretic and also antiseptic. It has specific oxytocic powers over the parturient uterus.

In the administration of quinine as an antiperiodic, the beneficial influences are not altogether in proportion to the size of the dose. Enormous doses may abort a chill if given during its course, or during the course of the fever. They are very likely, however, to increase the nervous erethism and the temperature; whereas, if proper doses be given during the intermission, from one to three hours preceding the anticipated attack, or at the time when the temperature has reached its lowest point, small doses will accomplish positive results.

In continued fever, with a sufficiently marked remission occurring at a given time each day, or on alternate days, the agent should be given during the remission, provided the temperature declines to a point sufficiently low to admit of a temporary restoration of the suspended secretions. This point is not usually above 100.5 degrees. If the remission be short, a single dose may be given. As a result the temperature does not run as high as on the previous day, and the next remission is more marked and of longer duration. At this time perhaps, two full doses, two hours apart, may be given. The fever is still lower and the remission so marked by the third day that the agent, in reasonable doses, may be continued through the exacerbation, the temperature at no time probably rising above 101 degrees and not increasing above normal after the third day.

The writer has adopted this course for

so many years, with perfectly satisfactory results, that the method is confirmed in his mind as the proper one in all cases where malaria is the cause.

Where continued fever exists, quinine is of no benefit if there is no marked remission or other evidences of malaria. It is thus of no use during the progress of typhus, typhoid and other protracted fevers. In such cases it causes nerve irritation and increased temperature, especially if there is deficient secretion.

When the fever is broken and there is a tendency towards a restoration of secretion, and the temperature is normal or subnormal, then this agent is a vitally important one. Here the bisulphate, being readily absorbed, produces the happiest results.

In intermittent fevers it is excellent practice to give the remedy in broken doses during the intermission. The absorption of the sulphate of quinine takes place so slowly that the period of between four and six hours is required, under favorable circumstances, to develop the full effect of the remedy. A dose of from two to four grains, given five hours before the expected paroxysm, will exercise its full influence upon the paroxysm when it should appear.

If another dose of two and one-half grains be given two hours after the first dose, and a third dose of the same size be administered after another period

of two hours, or one hour before the chill will occur, the effect of the agent will be uniformly continued during the time in which both the chill and the fever would have reached their highest point. The repetition of this course on the second and third days will usually be sufficient to overcome the most severe cases. It is well to adopt the same course on the seventh, fourteenth and twenty-first days following the attack.

The following formula is of excellent service in those cases in which the liver and other glandular organs have been profoundly influenced by the disease, and where the nervous system shows considerable depression.

Quiniae sulphat .....grs. 60  
Leptandrin .....grs. 4  
Capsici pulv.....grs. 4

Mix. Sig. Ft. capsulae, No. xii.

One capsule in the manner above specified every two hours until three are taken. When the paroxysms no longer appear, two or three grains of quinine may be given regularly every three hours during the day.

In the treatment of congestive chill, and in malignant conditions of malarial origin, quinine is specific, but should be given in much larger doses, and usually with some direct stimulant and in conjunction with the use of external heat. It may be given in doses of twenty grains preceding the attack, or with stimulants during the attack. If a severe

attack is fully anticipated, large doses should be repeated every two or three hours during the entire remission.

## TO INTRODUCE FLUID FOODS WHEN THE THROAT IS OBSTRUCTED

It is not an uncommon thing to meet with cases in which from local reasons, such as greatly enlarged tonsils, or a violently swollen tongue, or in conditions of unconsciousness, where medicine in the form of liquids, or liquid food cannot be introduced into the stomach.

This difficulty can be overcome and the patient can be fed readily by introducing a soft rubber catheter into the nostril and from a very small funnel introduced into the opening of the catheter, to pour warm liquid nutriment slowly into the funnel. It might be necessary to introduce medicines in this manner.

With the feeding of very small and feeble infants the liquid may be introduced into the nostril, warm, with the medicine dropper, with very good results.

In the use of castor oil with children, the taste is so objectionable as to prohibit its use in many cases. If the oil be poured freely over the abdomen warm, and a compress wrung out of hot water applied over this and covered with dry flannel the absorption is very rapid and highly satisfactory

results follow. It is a good plan to keep the application hot for some time by the use of the rubber water bag.

## Brief Contributed Articles

### A SPECIFIC INDICATION FOR COCCULUS INDICUS

F. C. HANEY, M. D., MILWAUKEE, WIS.

I have made one good proving lately, namely of cocculus indicus. In the first edition of Ellingwood's *Materia Medica and Therapeutics* the author says "it is suggested in all atonic conditions of the stomach, especially if due to lack of nerve power," etc'.

The case, a lady living in the other end of the city, came to me recommended by her mother (whom I had attended in a severe attack of gall-stones colic and had relieved her immediately with a ten minim dose of dioscorea in hot water). The patient had been under the care and observation of a regular physician for a number of years who diagnosed the case as gastric ulcer and refused to give any medicine whatever, only put her on a rigid diet and had her in the hospital at one time for close observation, evidently expecting a perforation and anticipating an operation. She complained of a severe pain in the epigastric region at intervals of a week or few weeks accompanied by a desire to vomit. Tongue coated slightly, indented by the teeth. Very severe headaches which

nothing seemed to relieve until she would lie down for several hours, when they gradually disappeared. *She could not ride on a train, street car or other conveyance without getting one of these severe headaches.* No history of coffee-ground vomit or tarry stools during an attack. Constipated as long as she could remember. I put her on gradually ascending doses of sodium bromide, with tincture nux vomica, 20 drops; sp. chionanthus, 1 dram; aromatic cascara, 4 drams; to 4 ounces of water. Occasionally used sodium sulphate or bicarbonate instead of the bromide. She improved a little but her headaches were as severe as ever. I prescribed:

Caffeine citrate.....dr. 1/2  
Phenacetin .....dr. 1  
Sodii bicarb .....dr. 1  
Pulv. aromat.....grs. 12  
M. et. ft. chartae No. 12.

Sig.: One powder when the headache comes on. If not relieved in two hours take another.

She never had to take more than one powder; but still her headaches always returned as soon as she rode on a car. I thought I was up against it, and was willing to try most anything. A homeopathic writer says of cocculus indicus among other things:

“Nausea or vomiting from riding in a carriage, boat or railroad car; seasickness, car-sickness or even looking at a boat in motion; sick headache from carriage, boat or train

riding; loss of appetite with aversion to food.” I procured some from Halsey Bros., Chicago, and gave her: Cocculus indicus, 1 dram; sp. chionanthus, 1 dram; sodii bicarb., 2 drachms; aromatic cascara, 4 drams, to enough water to make 4 fluidounces. M. Sig.: Teaspoonful four times a day. In a short time her headaches were less severe, and now after two months on the above formula she says she can ride on the cars all day without any discomfort whatever and has enjoyed many trips on the suburban lines. She eats anything she likes now.

I diagnosed the case as chronic gastritis on her first visit. Was the diagnosis correct?

## MITCHELLA AS A PARTURIENT

[The following brief reports of observations made on the action of mitchella in preparing a patient for labor, have been brought out by the excellent article from Dr. Quigg, which was published in the August number. I publish them all together here, under this title.—ED.]

J. S. NIEDERKORN, M.D., VERSAILLES,  
OHIO

Let me add my indorsement of what Dr. Quigg says of Mitchella in the August number of the THERAPEUTIST.

Mitchella certainly is a grand Partus Preparator, and can be relied upon for its efficiency before, during and after labor. I would rather my patient would take Mitchella than a course of

restricted diet, for I consider her safer from any unpleasant parturient and postpartum complications, and there will follow no uterine disorder to affect the subsequent health of the woman.

Digestion, and kidney elimination need be looked after, of course, but I find that when Mitchella is being taken there is no digestive trouble nor albuminuria nor auto-toxemia. Baths are always in order, pregnancy or no pregnancy. I have never used a drop of anything as a local application to the abdomen during pregnancy for the simple reason that there has been no reason for using it.

I give spec. med. Mitchella in five to ten drop doses three times daily for two months or even three months before confinement and continue its use up to the beginning of labor.

But, mitchella is not our only preparatory remedy; of that I am certain. In fact it is here just as it is in every other part of medical practice—use the indicated remedy.

In macrotis and helonias we have two remedies that are hard to beat. In fact I would not want to say that mitchella is better than macrotys, or macrotys better than mitchella or helonias, or helonias better than either of them. There is no need of giving all three of them; one will do all the three possibly can when correctly prescribed. With me the case before me decides which I shall give and the selection is made for the following reasons: I give macrotys

where the patient complains of soreness, backache, leg ache, with occasional pains through the lower part of the abdomen, especially during the latter month of pregnancy, and I give it in from three to five drop doses three or four times daily.

I give helonias where there is a history of some chronic uterine disorder and where there is a pelvic fullness and weight and a feeling as though the parts are about to fall out. The dose is ten drops every three to four hours.

I give mitchella where the woman complains of a dragging, heavy weight feeling over lower abdomen; or, as a uterine tonic in cases where there is no complaint, still the patient wants “some medicine to help her in her confinement.” Rather an indefinite indication I admit, but the results are definite and everything desirable.

In addition to the above we have other splendid remedies. Senecio, viburnum, cypripedium, aletris, caulophyllum, etc., to be selected as the case requires. If there is a physician who must use drugs in combination, as a uterine tonic or to prepare his patient for her accouchement, I suggest to him the Compound Syrup of Mitchella.

Let me add that any expectant mother who will take for two months previous to her confinement mitchella or the comp. syr. of mitchella, will be free from any of the un-pleasantries which so commonly attend, during the last few weeks previous to labor, and her

labor will be of shorter duration, free from erratic pains, and there will be no delay in her lying-in-period and no chronic painful uterine condition to follow. My use of mitchella and other preparatory remedies extends over a period of about twenty years, and I speak with confidence when I advocate their use.

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C. H. RIGG, M. D.

I saw in the last number of your journal an article from Dr. C. E. Quigg, Toma, Wis., on mitchella as a parturient, his observations extending over a period of fifteen years, and as you ask any others who have made observations to submit them, I want to say that for twenty-one years I have used mitchella as a preparatory remedy for pregnant women (usually syrup mitchella comp.) with cascara, nux, or such other remedy as I thought indicated in each individual case. I have used it in hundreds of cases and I unhesitatingly say it is our best remedy in these cases. I usually begin as Dr. Quigg does, six weeks prior to confinement, but in extreme cases I give it as much as three or four months with never bad results from its use, but not always with results desired.

I am very sure that women are better after confinement who have taken the mitchella, and it helps the child too, however, I think that Dr. Quigg's claims are excessive in part; for instance when the remedy is given six weeks prior to

the confinement, do you think that the child in utero, if malformed, would be changed of its malformation? I hardly think so and I surely think if a child has malformation, that malformation exists long before the beginning of the treatment. If a child has two heads, more or less fingers and toes, or any real malformation, you can readily see that no remedy can change it; but to sum up, I am certain that both mother and child are the better off if the above treatment be given.

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GEO. F. SAUTER, M. D.

I have read with interest the article on mitchella in the last number of your always welcome journal. Before entering the E. M. Institute I was practising hydro-therapy and at that time had very little faith in medicine. I began the study of medicine when I was 37 years of age. I attended Prof. Wintermute's lectures on obstetrics during my first year. During my sophomore term a lady asked me whether or not I would take a confinement case. Of course I took the case, but when I was told later on that she had two doctors at the last two confinements I felt as though I ought to give up the case.

Just at that time Prof. Bloyer lectured on mitchella and I made up my mind to stick to the case and try mitchella. The case came off without trouble. I have used the remedy in a few more cases where the preceding labors were

difficult or protracted—always with the same result—easy labor. In my last case the preceding labor lasted 18 hours and there was a torn perineum. Three months before the expected time I put this patient on mitchella. The duration of the labor was one hour and fifteen minutes.

Of course I cannot speak of more than about 14 cases, for I did not have yet the opportunity to try the remedy oftener. But I have made up my mind for the future to give mitchella during the last three months of every case, where I am engaged. I don't think I will find any contra-indications.

COMMENT:—I have always followed the rule that if there were no indications for treatment, no treatment should be given. There are patients who normally have speedy, almost painless and satisfactory labors. I should not prescribe for these at all, except some unusual condition should arise toward the end of the term—where the previous labors have been protracted or difficult, or with very young primipara or with primipara where I had reason to fear complications I should prescribe preparatory treatment. While I should want a reason for prescribing in each case, this remedy is so mild that no harm could come from its use, especially in primipara; where we do not know what the normal termination will be.

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A. L. RUSSELL, M. D., MIDWAY, PA.

For a number of years I have been accustomed to treat with medicines those pregnant women whom I had attended in previous labors where

uterin inertia, or slow or difficult labor had been experienced, either by reason of excessively large children or from any slight deformity in the pelvic outlet.

I am convinced that I have accomplished much. Those women who have taken the treatment once, always ask for it in succeeding pregnancies. I am convinced that I have fewer complications, and easier labors, where this treatment has been employed. I use the squaw vine, mitchella repens, and if there has been any deficiency in the expulsive force, or if there have been repeated pregnancies at short intervals, I give strychnine phosphate, in 1/20 grain doses, three times a day during the last two months.

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S. L. SEGRAVES, M. D., ERA, TEXAS

I take pleasure in giving to Dr. Ellingwood and the readers of THE THERAPEUTIST a few lines on the preparatory treatment of pregnant women. I have been using mitchella repens and macrotys combined for several years with the best of results. I always commence treatment at least eight weeks before confinement, giving the above medicine at each meal, and if there is any abnormal condition I will commence the treatment much sooner. I have given this course during the entire nine months. I always continue the same treatment a week or ten days after confinement. Of course I give other medicines as I find them

indicated.

I have given this treatment to very many ladies and without the least deleterious effect, always with good results as to mother and child, cutting the time of labor as compared with previous cases one half, and two-thirds of the time as when left to nature. I have had ladies say to me, after taking the medicine, "Doctor, I would not be without that medicine under any consideration." I have several ladies in the Panhandle region in Oklahoma and in various parts of Texas that use it before each confinement. As Dr. C. E. Quigg says, almost every lady to whom you have given the remedy once during pregnancy will insist upon taking it again. May be they have moved to some other part of the country, but they will write back requesting that I send them the medicine. Many times and wherever I have sent the treatment to one lady, her lady friends, seeing the good effects and easy labor, will wish for the same medicine when pregnant. I do not pay any attention to the diet of the patients unless digestive disturbances come up. I believe with Dr. Quigg that the remedy has a beneficial influence on the growth, nutrition and development of the child. I have never seen other than a healthy child when the mother has taken this treatment. I have never had a case of postpartum hemorrhage under this treatment. I have been in the practice about 30 years, and sometimes I tell my patients that I would rather give them the medicine free of charge than for them to be without it, especially if I

had to attend them, for I know they have a much easier and quicker time.

## RECURRENT CONVULSIONS

S. M. HENRY, M. D.

I desire to ask for some suggestions in the diagnosis and treatment of some peculiar conditions in my own son, a boy thirteen years of age. In February last, while I was away from home, my wife was awakened one night by a peculiar sound the boy was uttering in his sleep. On going to his room, she found him in a severe convulsion. She called in a nearby physician who told her that the difficulty was la grippe and prescribed for the boy accordingly. At least twice a week since that time, he has had an extremely severe convulsion, which involves all the muscles of the body. Almost every night he has spells when he awakens with a scream; there is severe cramping pain in his right side in the region of the liver; there is pain also in the right leg; this often in a form which resembles mild convulsions. All this wears off after a few moments.

I did not get home until April 4, some weeks after the first convulsion appeared. The doctor who had treated him advised circumcision, which was performed about April 10. This made no apparent difference with the general convulsive condition.

In the treatment that has been advised,

he has had bromides in full quantity, passiflora, saline laxatives, oenanthe, jacaranda, echinacea, verbenin, nux vomica and worm powders. In addition we have tried suggestion, massage, high enemas, and have paid a great deal of attention to hygiene and diet. All we have done, however, seems to have been of no effect whatever.

The boy is quite bright, is very active, but is not real strong. When he was an infant he had an attack of pneumonia, with some mild symptoms of meningitis, but have seen no evidence of any effects from this since. We have always lived in a malarial district, but I have seen no effects from that. His heart is slightly irregular, but I cannot distinguish any abnormal valvular sounds. The bowels are regular, but the tongue is frequently coated with a yellowish fur, at which time his breath smells badly. When this is the case his nervous spells are much worse. His temperature is usually normal. I shall be glad to have any suggestions from any reader of this journal either through the journal or by letter direct. This is an exceedingly trying case, but I have confidence that others have had an experience with such cases that may be beneficial to me in this.

COMMENT.—This is a case undoubtedly in which the closest scrutiny will detect exact specific conditions which refer directly to specific remedies which perhaps have not heretofore been used in epilepsy. Each condition must be met accurately with reference to the condition itself. Every possible cause of reflex irritation must be discovered and removed, A strict official

observation might reveal some hitherto overlooked cause. The stomach and intestinal tract must have close attention, general nutrition must be advanced and the nervous system must be built up. With epileptics, neurasthenics, those approaching insanity, and in others with a broken down nervous system, I have observed the foul breath and coated tongue, often only during and just following an attack. The indications the doctor has given are general and not sufficiently precise to suggest the exact remedy or remedies which must be found.

## A SPECIFIC INDICATION FOR BAPTISIA

F. C. HANEY, M. D., MILWAUKEE, Wis.

Your article on baptisia in the August number brought to my mind the following fact which I have proven.

The homeopaths say among other things of baptisia that the indications are: "Difficult respiration, *the lungs feel compressed*, is obliged to rise on account of *fear of going to sleep lest he suffocate.*"

During the past winter I had a case of influenza. On the second or third day the patient complained that the medicine she was taking was undoubtedly too strong, as she experienced a sinking feeling when about to go to sleep and therefore had propped herself up in bed to keep awake as she was afraid that she would suffocate. Some time prior to this I had read the homeopathic indications for baptisia and fortunately they left a strong impression, perhaps due to the

fact that I could find nothing similar in any eclectic books.

I added 15 drops of specific baptisia to the same remedies given before in order to see the result. On the next day the patient said she passed a good night, slept well and the sensations complained of were entirely gone; the baptisia was continued for some time with no return of these symptoms.

This may be “old” to most of your readers, but as I have found nothing like it in our literature I thought it might be of some little value, and would like to know whether any more doctors had the same experience, with this remedy.

I always await your journal with interest, and any new facts are noted on margins of my materia medica, so that it will soon look like a proof to be returned to the printer— but the looks don't count with me, it's what's contained between the covers that counts.

## THE TREATMENT OF DIPHTHERIA BY WHITE CLAY

*[Translated for Ellingwood's Therapeutist by  
Dr. Isenberg, of Hamburg.]*

After successfully treating inflammation of the intestinal canal with bolus alba (white clay) Prof. Dr. Stumpf recently tried the remedy in 15 cases of diphtheria of the throat. He took four ounces of fine white clay to eight ounces of water. The patient was

given one teaspoonful to one-half dessertspoonful every five minutes or oftener, after the mixture has been well shaken each time. The result depends on the frequent contact of the clay with the inflamed parts.

“After a very short time the bad odor disappears from the mouth, after two or three hours the fever and frequency of pulse begin to decrease slowly, at the same time the glandular swelling recedes, and often with surprising rapidity. Corresponding with this decrease of the disease symptoms, the growth of the membranes is stopped; after about ten hours the diphtheric exudate breaks apart in several places, splits, and between the islands of the membrane, the mucous membrane of the throat, which appears peculiarly glossy and intensely red, comes into view. After a treatment of only 36 to 48 hours, if it is not interrupted prematurely, a complete cure is observed.”

Prof. Stumpf treated 15 patients from one and one-half to 11 years old with the clay, and used nothing else. All of them were pure cases of diphtheria and showed rather severe throat symptoms; in the majority there was very strong foetor exore —considerable swelling of the submaxillary and retromaxillary glands with very severe general symptoms. All of them were cured. In one case, that of a girl 10 years old, who was severely infected, a diphtheria paralysis (myopia, throaty speech, paralytic gait, etc.) developed after 17 days; but this complication

disappeared in 9, remarkably short time without any treatment.

Another physician, Dr. Kreutz, tried the white clay in a very severe case, a boy six years old, after he had given him without success a serum injection about 10 hours before. The boy died from heart failure.—*Münchener Medicinische Wochenschrift*, 1908, page 1181.

## TETANUS

Dr. P. J. Stoffer claims to have had a successful experience during a long practice in the treatment of tetanus. An article on this subject from his pen is published in *The Eclectic Review* of New York. While he formerly used capsicum and lobelia externally and internally, he now uses a combination of the methods which I have published in this journal several times during the past two years. He now evacuates the bowels of the patient thoroughly, and to a six ounce mixture he adds two drams of specific gelsemium and two drams of echinacea. Of this he gives a teaspoonful every thirty, forty or fifty minutes. If the patient cannot sleep he gives a half dram of passiflora as often as needed. The wound is opened and thoroughly irrigated.

I think the doctor will certainly find cases in which he would get much better results if the doses were four, five or even six times as strong as those he gives here. I believe hypodermic injections of twenty drops each of

gelsemium and of echinacea every two hours would be safer.

## FISTULOUS ABSCESSSES

There was at one time a method adopted for the treatment of fistulous abscesses, which I have not seen mentioned for many years, and which was of such excellent service that its use should be revived, especially in carbuncles. A sponge large enough to cover all the openings was thoroughly boiled in an antiseptic solution and deprived of any foreign or irritating particles. It was then compressed under a heavy weight and dried, its antiseptic and aseptic properties being preserved. A piece of gauze was then spread over the inflamed part and the compressed sponge was applied over the gauze and bound firmly against the parts. It was then saturated with a little warm water sterilized. The power of this expanding sponge to absorb the contents of abscesses and to thoroughly evacuate all cavities is but little short of marvelous. The sponge is removed after a few hours and destroyed, the parts are thoroughly cleansed, and if necessary another sponge prepared in the same manner, is applied.

With the present advance of surgical methods it is seldom that we find the very extreme cases of abscess that were known thirty years ago. Occasionally, however, a carbuncle or a chronic indurated and fistulated breast will be found among the

ignorant poor, for which surgical measures are now commonly advised, where this measure will be found in every way satisfactory.

“Let us think, then, of the end point of this drama. Since none can foresee just where the tread on the life-line will falter, let us accept that it matters little whether in the morning or the evening it be that we take the awful plunge. Today, never tomorrow, loosens our hold of earthly problems.”—JOHN URI LLOYD, in “Stringtown On The Pike.”



### Summer Diarrhea

There have been, this season, two remedies that have given me entire satisfaction in the treatment of summer diarrheas.

There have been two distinct types of this disease in my locality, viz., the atonic and the irritative.

In the first, or atonic, where the tongue is broad and pallid, often coated white, and the stools are watery and light colored, no pain either preceding or accompanying them, nux vomica has been the remedy.

Sp. med. nux .....6 drops  
Glyconda .....ozs. 2  
Aqua, q. s. ....ozs. 4

Sig.: Teaspoonful every hour. In the second or irritative type, where the tongue was narrow, pointed and red at

the tip and edges, and the stools were colored, greenish or brownish, with pain both preceding and accompanying them, bismuth subnitrate has controlled the condition immediately.

Bismuth subnitrate .....drs. 3  
Elix. lact. pepsin .....ozs. 4

Sig.: Teaspoonful every hour for a few doses, then every two to three hours.

CARLE W. BEANE, M. D.

COMMENT:—In the courses above, advised by the doctor there is an opportunity to bring out a distinction between this course which is the usual manner in which cases by the most of the physicians in general practice are successfully treated. The results are satisfactory and the course is impressed upon the mind of the doctor as one he can depend upon in future cases, but a real close diagnosis will prove to the doctor that the combination as much if not more than the individual remedy should have credit for the cure, and the combination might not be applicable in another case apparently very similar.

In the first class of cases, while there was atonicity there was also acidity, and the glyconda was a very important element in the cure. In the latter case there was a deficiency of acid and the elixir of pepsin was probably of strongly acid reaction and supplied that deficiency. These indications are among those that must be observed and specifically treated in all cases.

I am not criticizing the doctor's method. It was very good. I simply desire to show, what I am constantly trying to keep before the minds of the readers, the necessity of a close observance of the exact conditions.

## Hysterical Enuresis

I have an exceedingly troublesome case of enuresis which possesses some very peculiar properties. The loss of control seems to be a mental one, as there is but little local cause for the irritation, the patient is free from any trouble when the mental condition is right. If the patient makes up her mind that she is going to be troubled with frequency of urination, or that she is going to be embarrassed in places where there are no conveniences, or if she loses confidence in her power to control herself, then she will surely be affected in the extreme. There will be a frequency amounting to every half hour and a large quantity of urine will be passed at each time. This loss of control extends to the bowels frequently, and causing great inconvenience and serious embarrassment by the necessity for frequent bowel movements.

I have not been able to find any local conditions to blame for this. She is, however, inclined to be much worse, and even hysterical at the regular time of her 'monthly sickness. If any one has had a similar experience and can make any suggestions as to permanent cure, I should like to have them do so. So far, remedies directed to the cure of renal or cystic conditions or conditions of the urine itself, have no influence whatever upon this trouble.

C. G. HICKS, M. D.

COMMENT:—The above comes nearly being a case for the nerve specialist. If the doctor is sure that there is no local cause of irritation, the nervous system must receive almost the entire attention in the process of cure. However, I remember an article which was written a number of years ago by Dr. Fisk, of Nashville, Tenn., in which he mentioned some cases the conditions of which were almost precisely the same as those mentioned above, with the addition that the nervous condition was much worse at the menstrual epoch and consequently at that time the enuresis was more troublesome. He claimed that he cured his cases very satisfactorily with the following formula:

Specific agrimony.....drams. 2 1/2  
Specific macrotys.....drops 40  
Specific pulsatilla.....drops 40  
Specific cannabis indica.....drops 40  
Cinnamon water q. s.....ounces 4

Mix. Sig.: A teaspoonful every two or three hours.

As the symptoms of the above patient are worse at the menstrual time some such prescription as the above might meet her indications. The doctor believed the agrimony to be the potent remedy, but the macrotys and pulsatilla will probably be indicated if a close diagnosis be made.

## Treatment of a Red Nose

There is a condition quite common with some patients, which quite a number of physicians I have known have not been able to correct. This is the occurrence of local areas of redness on the face, or an extremely red nose. I have been able to cure a great many of these cases completely by the use of a solution of the subacetate of lead. This according to the U. S. P. is made by dissolving six ounces

of lead acetate, and three and one-half ounces of lead oxide, in enough distilled water to make thirty-five ounces by weight. This is known as Goulard's extract and can be so obtained, at any good pharmacy. This should be applied to the red area at least three times a day. A case must have been extreme indeed, that has not been relieved for me, by this old fashioned preparation.

H. K. WHITFORD, M. D.

### A Chance for an Error in Diagnosis

I notice in some recent numbers of the THERAPEUTIST quite a good deal said about "gall-stones" and the treatment for their removal. I have treated several cases said to be of this class of diseases, but as I have never seen the stones, am doubtful of the correctness of the diagnosis, and am somewhat like the Missourians, "have to be shown."

A case in point, to illustrate what I am attempting to demonstrate to the profession, recently happened in a near-by river city. The patient, a lady, age about forty-two, afflicted for two years, attended by nine physicians, some of them of national reputation, and all diagnosed "gall-stones." Very recently the tenth was called, and disagreeing with the nine, diagnosed dislocated or floating kidney.

The diagnosis was made on Friday and the following Monday an operation was performed; the kidney was found four

inches below its normal position, and turned over. Both conditions are rare and the symptoms of the two conditions have much in common, so, when we think we have a case of "gall stones," it is well to look for floating kidney. Moral.—Be extremely exact in your diagnosis.

J. M. WELLS, M. D.

### Thuja and Echinacea in Tonsillitis

In response to an editorial on page 252 of August issue of THERAPEUTIST I wish to say that the use of thuja in combination with echinacea has come to be the ideal treatment with me for irritated and ulcerated tonsils. My plan for using is as follows:

Specific thuja.....drops 20  
Specific echinacea.....drops 20  
Aqua q. s.....ozs. 3

M. Sig.: One teaspoonful gargled and swallowed every hour.

It is absolutely essential that the patient lie down, and while in supine position, take the teaspoonful of the mixture, gargle a minute, take the breath (which can be much easier done than while standing) and repeat the process eight or ten times, after which the medicine is allowed to trickle slowly down the throat. No drinks to be allowed for 15 minutes afterward. I hope the doctors will try using a gargle while in this position. They will concede that the customary method of standing erect, throwing the head

backward and absolutely closing the pharynx, thus permitting no medicine to get further than the root of the tongue, is a very imperfect method of attempting to treat a diseased tonsil or pharynx. By this plan one is able to get both local and systemic results. The local effect is instantly recognized "by the cooling and soothing sensation imparted to the throat. The above combination is the best cure for that dry rasping feeling so common to sore throats, if applied as I have indicated, that I have ever been able to obtain. The THERAPEUTIST is the best of all medical journals. That is saying enough, isn't it? Respectfully,

W. H. YOUNG, M. D.

### Compounds for Saturating Tampons

I wish the editor would answer through the department of queries concerning the following combinations: In the treatment of uterine cases where medicated tampons are indicated I have used the following combination with good results: Ichthyol, 1 ounce, glycerin, 7 ounces, mix. While this acts nicely it has the serious objection that it possesses a disagreeable odor and stains the clothing. I would like to know if the following would make a good substitute: Oil of cassia, oil of gaultheria, 1 dram each, Lloyd's hydrastis, 8 ounces, glyceratrum, boro glycerin, U. S. P., q. s. one pint. Is the above a good formula? I find when a tampon is saturated with this that it seems very hard like a wet snowball. Is this an objection?

A PLEASED SUBSCRIBER.

COMMENT.—A combination of ichthyol and glycerin is a common one with gynecologists. It is a good plan to follow the medicated tampon with a dry tampon through the speculum. This absorbs all the excess of discharge for the time being. It has been my custom to use the extract of pinus canadensis, with glycerin or fluid extract of geranium. After obtaining a thorough dehydrating influence from the glycerin, in cases of deep ulceration I thoroughly cleanse the parts and apply a powder of boric acid and bismuth, equal parts.

I think the latter prescription is unnecessarily complicated. If any have used this combination I wish they would write concerning it. I have had no experience with it. A good vegetable astringent, such as I have already named, with Lloyd's hydrastis and glycerin, have been very satisfactory with me.

### Belladonna in Whooping Cough

In the use of belladonna in the treatment of whooping cough, I have been able to modify the larger number of cases treated in an extensive practice of at least fifty years, and many indeed have been cured. My commonest method consists in combining one dram of the fluid extract of belladonna, three drams of the fluid extract of wild cherry, and sufficient syrup of tolu to make three ounces. Of this I give according to the age of the patient from five to thirty drops every three hours. If the case be a stubborn one, I make it a point to increase the dose one drop at a time until I have produced the physiological

action of the remedy—until the throat becomes dry, or there is some dilatation of the pupils, or until there is the characteristic redness of the neck and face which resembles the scarlet fever rash.—This effect, however, should not be sustained, but the remedy be reduced as indicated.

H. K. WHITFORD, M. D.

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In regard to the cause of rickets, osteomalacia, and other disease of the bones, Stoeltzner thinks he has discovered a cause in insufficient action of the suprarenal glands. This idea will certainly serve as a suggestion in the treatment of this class of diseases.

\* \* \* \* \*

A foreign writer is using glycerine with which to expel an excess of uric acid from the system. He gives it in large quantity, about fourteen grains for every pound of the body's weight in twenty-four hours, taken in divided doses in seltzer water, milk or tea, and repeating the treatment only about once a month.

\* \* \* \* \*

With other changes of opinion resulting from experience, a marked change is taking place concerning operations on the prostate gland. Perineal prostatectomy is a very severe operation, and applied in cases of the aged and infirm, is not justified by the results. General anesthesia also is not safe with these patients. A recent writer has been using local anesthesia of — a very weak solution of cocaine and the suprarenal extract in

performing these operations when necessitated, and finds the results much better than the severe measures.

## Choice Gleanings

### THE INDICATED REMEDY—VIBURNUM

Viburnum, better known as black haw, to distinguish it from its related plant—the cramp bark or high cranberry—is a very popular remedy with Eclectic physicians. It is also one that was appropriated with avidity by our old school rivals, who have praised it, perhaps, as lustily as have its Eclectic introducers. Viburnum is tonic and antispasmodic, well sustaining the time honored meaning of such therapeutic terms. While a tonic to the gastrointestinal tract and a good one, viburnum is better adapted to atonic conditions of the female reproductive tract, and as an agent for pain and weakness in female disease it has been most largely employed.

Viburnum is a fairly good agent to restrain abortion and has been most successfully employed where the tendency to abort is habitual. It will not, however, prevent all cases from this accident. It is adapted to cases showing functional debility of the female reproductive organs and should not be expected to prevent abortion due to syphilis or other inherited taints.

As a uterine tonic it restores normal

innervation, improves the circulation, and corrects faulty nutrition of the womb and ovaries. It is called for where the menstrual function is weak and painfully performed. Indeed, it is one of the best of agents for dysmenorrhea when due to debility. In severe lumbar and bearing down pelvic pains, and in uterine colic, so-called, it is a remedy of first importance. The keynote to its use is cramp-like or intermittent pains with painful contraction of the pelvic muscles.

It is a remedy for uterine bleeding, in spasmodic dysmenorrhea, with excessive flow, in menorrhagia, and in metrorrhagia of functional character. It finds a good field in the hemorrhages of the menopause.

On the other hand, its service in amenorrhea is grateful, being adapted to pale subjects apparently lacking in sufficient blood and subject to cramping pain. Nocturnal cramping in the muscles of the leg, not due to pregnancy, is quickly relieved by viburnum. It should be thought of in treating uterine subinvolution.

As a uterine tonic during pregnancy, it has earned a good reputation, and is not without value in afterpains, to arrest leucorrhea; in debility of the menopause; and in chlorosis, chorea and hysteria, all when due to uterine irritation. Briefly, viburnum is indicated by uterine irritability and hyperesthesia; in threatened abortion; dysmenorrhea with scanty menses; uterine colic; severe lumbar and

bearing down pelvic pains; intermittent, painful contraction of the pelvic structures; cramping-like expulsive menstrual pains; after-pains; false pains of pregnancy; obstinate hiccough.

—Editorial, *Eclectic Med. Gleaner*.

### FORMIC ACID IN TUBERCULOSIS

Francis, in *The Medical Herald*, describes the following method of treating tuberculosis:

He begins by flushing the bowels with a dose of castor oil before breakfast (per os). When action has stopped use the following:

Mag. phos.....grs. 100  
 Calcium phos.....grs. 160  
 Sodium phos.....grs. 320  
 Sodium chloride.....grs. 480  
 Aqua bulliens, add q. s....oz. 8

Directions for preparing, dissolve sodium salts in boiling water, filter, then add the others; do not use any suspending material as it interferes with action. Sig.: Give drachms 2 in water before meals and at bedtime; patients being advised to produce digestion at that time, as food seems to assist assimilation.

Formic acid  
 (spec. gravity 1060).....oz. 1  
 Aqua .....ozs. 3

Sig.: Drachm 1 in water after meals and at bedtime.

As these patients show symptoms of bowel indigestion, the author gives inspissated bile, grs. 2, at 11 a. m. and 4 p. m. Milk with some disagrees when in contact with the. acid, if so interdict it. Ordinarily plain diet seems to have done most for these cases (meat, eggs, etc.).

The cases treated have been those that have had poor surroundings, working at laborious labor during treatment in close rooms, and whose food has not been of the very best. The average length of time of treatment was three months for those whose sputa showed more than five bacilli to a field, and two months for those that showed less than five. The number of treated cases were ten, covering a period of observation of three years. All were well from last reports and patients are heard from once or twice a year.—Medical Standard.

#### **ACUTE INTERIC INTUSSUSCEPTION WITH APPARENT REDUCTION BY IRRIGATION**

William Templeton, in *The British Medical Journal*, reports this interesting case. A boy three years old had an Acute enteric intussusception. There was a slight general swelling of the abdomen and tympanites, with a quite definite elongated swelling, not at all sausage-shaped, about two inches long and one inch broad, lying obliquely downward and inward in the left iliac region, dull on percussion. Rectal examination showed nothing

abnormal. A pint of warm water was gradually injected into the bowel, which was followed by a disappearance of the tumor.

On the day following, the abdomen was found to be again distended and tympanitic; and the tumor was again present as before; it was hard and dull on percussion, but not tender. A large enema of warm water was injected, and the tumor again disappeared completely. Three hours later it reappeared.

While the child was being prepared for abdominal section and while he was under chloroform, and enema was again injected, with a complete disappearance of the tumor.

In a few moments it reappeared. At the operation an invagination of the bowel was found, about two inches or so in length. This was easily reduced. The child recovered well from the operation and passed a large distinctly fecal motion; but 36 hours after the operation he became collapsed and died.

This case is interesting in relation to the question whether cases of acute intussusception should be operated upon as soon as definite diagnosis is established, or whether irrigation or inflation of the bowel should first be tried. In the enteric variety, which forms about thirty per cent of all cases, irrigation cannot possibly be of any use, and may, as in this case, cause delay in resorting to abdominal

section.

*Charlotte Med. Jour.*

\* \* \* \* \*

Fifty-three cases of operations on the pubic bone in deformed pregnant women are reported from Bumm's service in a Berlin hospital. The sawing of the bone is not the danger, but the too rapid passage of the head in delivery where there are complications the operation is contraindicated. Thirty-four of the women were free from unpleasant results. There was permanent enlargement of the pelvis, and in nine cases there was subsequent, uncomplicated childbirth. This method is seldom found necessary except in hospital practice.

\* \* \* \* \*

Years ago in active practice I found many cases where the injection of the hydrate of chloral per rectum was of immense service. If dissolved in water alone and administered in concentrated form from thirty to forty grains only should be given. This produces some irritation and may not be retained. If one dram be beaten up with a yolk of an egg and mixed with half of a pint of milk, and injected carefully with a rubber syringe, a double effect will be accomplished, which will be very desirable. I have used this remedy by injection to produce immediate dilation of the os uteri.

## Ellingwood's Therapeutist

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### A JOURNAL OF THERAPEUTIC ADVANCEMENT

As I look back over the history of the progress of Therapeutics in the past thirty years, I am struck with the fact that at a number of times there has been an effort made to produce a general revival, a cooperative action in the study of therapeutics. This has been constantly and universally met with coldness and unconcern. The general lack of interest from the dominant school as a body has been very marked. The introduction of serums and synthetics, has been pushed by manufacturers for their individual interests. No general effort by the profession for the advancement of therapeutics as an important branch of the service has been made outside of these. There has been an urgency, however, on the part of a few who have been interested, as well as a growing demand from both the profession and from the laity, which is now developing

an interest in this study that is more widespread, more earnest and likely to produce better results than any previous effort. This we certainly hail with delight.

It now remains for us to engage all of these observers in a harmonious co-operative line of research in this investigation; which will enable all to work together, and at the same time to be benefited as fully as possible by the research that has been made, that as little time as possible be lost in going over and over ground that has once been well covered.

I am very anxious to make this journal the journal of such investigation, and I want it so understood, and I want every one who is interested in therapeutic lines to feel that the entire work in therapeutic advancement will be more largely presented in this journal than in those which cover the larger field of medicine in all its branches. I want my readers to advertise this fact concerning this journal and to help me place it in such a position that it will be known as the journal of advancement in therapeutic study—not only in new fields but in the proving or disproving of the work of the past, until we get the whole on an exact basis.

### SYNTHETIC MONSTROSITIES

When looked at from a rational, unprejudiced standpoint, a standpoint not influenced by the prestige of foreign authority, I believe I am safe in saying there has been presented to the

profession, at no time, anything that has had so few grounds for practical general adoption, or that has been so clearly dominated by commercialism as the synthetic remedies. The general acceptance of these on the mere suggestion of the name of a new remedy is really in itself a shame to the profession.

I have decried against this time and time again. No physician was more willing to look into the character of these remedies than I was in the early eighties, when we were getting some of the best of them. A careless, a superficial observer, even at that time, could easily see that a class of remedies with so little to recommend them, with so few fixed or permanent qualities exhibited in their influence on disease, could never have a fixed place in therapeutics.

Professor Lloyd, in *The Eclectic Medical Journal*, says very pointedly, "From the very beginning of the synthetic craze until the present, eclectic authorities have protested against the theoretical therapeutic invasion attempted by modern synthetic chemistry. It started in Germany by the discovery of a method of making salicylic acid from carbolic acid, and the world was soon flooded with artificial salicylic acid, made by a patented process that could be employed only in Germany. Quickly following, came successively other products, new in structure, and absolutely untried in medicine or in pharmacy. These, as a rule, were introduced by laboratory experi-

menters who practised on frogs, dogs, rabbits and such.

University professors united their efforts to displace well known and tried remedies by these too often untried monstrosities. To even give the names of these substances, enthusiastically forced upon the world, and artfully advocated, even in the editorial pages of state medical journals, would fill volumes. The leaders in eclecticism alone met this invasion, in a dignified and effective manner. They maintained their position as therapeutic expounders of the axiom, "hold fast that which is good."

It would seem that the time must come in the dominant school, when their leaders would rebel against this host of synthetic monstrosities hurled into their ranks. It looks as if there was now a little inclination in that direction. The *American Phar. Record* makes the following strong statement: "Everywhere there are signs of a revolt against the cult of the synthetic. We in America have suffered long in silence from the invasion of the robber barons of modern synthetic chemistry, with their cohorts of new and wonderful organic compounds, the latest sure cures for the various diseases of the human corpus. The neglect of the older remedies has become notorious. It would seem as if the modern physician was ashamed to be found using any of the old fashioned drugs or combinations of drugs, when a new and more expensive novelty might be employed instead."

"The note of revolt against the subserviency of medicine to the manufacturers of chemical compounds has been sounded recently by the pharmacists of Germany, the home of the synthetic, who protest with good reason against the increasing expense to which they are put by the multiplication of new remedies and the necessity for burdening their already overloaded shelves with the ounces, quarter ounces, and drams of substances which may be called for once in quantities of a grain or more, never afterward ordered, the place of the marvelous compound of today being taken by the equally wonderful discovery of tomorrow."

It is certainly to be hoped that this unaccountable and unprecedented spell with which the German manufacturers have been able to keep almost the entire dominant school spellbound, for twenty years, was about to be broken. It is certainly a disgrace to the profession that they have been so bound, because these remedies, one after another, have been necessarily discarded, either because of their inertness or because of their injurious effects, or because of their almost entire failure in the therapeutic lines suggested, until at the present time it is exceedingly doubtful if two per cent of those which have been so extravagantly praised by the manufacturers, and accepted by the profession because they were made in Germany, are still in common use.

## THE TREATMENT OF UTERINE DISPLACEMENTS

Concerning the commoner displacements and malpositions of the uterus which are a source of perplexity, annoyance and discouragement to every physician, the following summary might be made:

Displacements occurring immediately after confinement should be discovered, diagnosed and treated at once, at which time they are readily curable.

Displacements recent in character which have occurred from any cause, if treated with confidence, are permanently curable in the large majority of cases. In all cases the cause should be removed. Chronic displacements, those that have stood for perhaps a year or more, may be relieved, but complete permanent cures are very rare, as tissue metamorphosis occurs by this time, and if there is any degree of inflammation, adhesions are likely to form.

A long train of symptoms resulting from the changed position, reflex nervous irritation, constipation, etc., follow these displacements. Acute manifestations of these symptoms may be relieved by proper treatment and the displacement remain and become chronic. After special causes of irritation and local engorgement, these symptoms may return to again be

removed by proper treatment, the real condition still remaining.

Pessaries were at one time very popular. They have proved to be of questionable efficacy, and in no case should they be allowed to remain in more than a few days. They exercise their best influence in contributing to the relief of chronic conditions while other treatment is being instituted, their influence to be dispensed with as soon as the influence from the other treatment is apparent.

The use of tampons properly medicated is adjustable to a wider range of conditions with better results than any other course of treatment. Cures in a number- of cases have been accomplished by their careful use.

Dr. Woodward's method of intrauterine medication contributes very satisfactorily to the correction of misplacements, and to the cure of chronic conditions which have been induced by the misplacements.

The use of electricity, especially the faradic current, will be found of great service in reducing enlargements, especially those from chronic nephritis, or from sub-involution of recent origin. The use of glycerin tampons for enlargements in conjunction with electricity is important.

Whatever method is adopted it must be persisted in for months, and the general tone of the patient must be

improved by every available indicated measure.

### **THE BROMIDES SPECIFICALLY APPLIED**

The following suggestions concerning the use of the bromides will be found of value. When a bromide should be given for any indicated cause. Too much carelessness is exercised in selecting that compounds with an alkaline earths which is indicated in that particular case. The potassium bromide is an active muscular sedative, as well as a nerve sedative. It suspends the action of the muscular structures by a direct action on the contractile power of the muscle. It acts on the stomach by inducing loss of muscular power and of tone. It suspends peristaltic action of the intestinal muscles, and thus produces debility of the bowels as well. It creates pain in these organs from irritation. In an occasional case in small doses it promotes an appetite, but in large doses it diminishes the appetite.

Sodium bromide has but little influence upon the stomach or intestinal tract. When needed for nervous irritation where these organs are weak this agent is preferable. It should be selected usually for infants, and for those aged and feeble.

Ammonium bromide should not be prolonged for any great period. It should be given when a sedative to the nervous system is needed in conjunction with a powerful general

stimulant at a time of weakness or general prostration, and when an alkaline remedy is not contraindicated.

Strontium bromide is a comparatively new remedy which seems to exercise both a soothing and tonic influence upon the stomach and intestinal tract. Its sedative influence on the central nervous system is fully equal to that of any of the other bromides. -It is very kindly received, and exercises but few undesirable influences even in large doses. It is especially useful, I find, in chronic stomach disorder in conjunction with other indicated remedies.

The bromide of lithium is indicated when, in conjunction with a nerve sedative, a sedative to the kidneys is desired, which will increase their action, or when nerve irritation is due to lithemia.

### **AN EXCELLENT FORMULA WHEN INDICATED**

One of the most popular of formulas that I have ever published is one that I have advised for many years in the treatment of that form of cystitis in which there is a quantity of pale urine, often large, passed frequently, with a very strong ammoniacal odor, alkaline in reaction, and usually heavily loaded with mucus and perhaps some pus. It is as follows:

Benzoic acid .....drs. 4  
Borate of soda .....drs. 6  
Cinnamon water .....ozs. 6

Of this give a half of an ounce every two hours.

This prescription is not only of benefit in the above condition, which is usually subacute or chronic, but it will be found of much service in the beginning stages of cystitis, where the urine is neutral or alkaline, and where there is frequency with irritating pains in urinating.

I am not able to explain the benefit derived by combining these two substances in this form, over a solution of the ordinary benzoate of sodium, but this compound is certainly in every way superior. It may be modified by adding other well known indicated remedies which influence cystitis. A form of general application for adults which is of wide service, is to give from five to ten grains of each of these substances in from one to two ounces of the official infusion of buchu, giving this three or four or five times a day.

### **HYDROBROMIC ACID IN FEVERS**

In line with my frequent suggestions concerning the superior sedative action of hydrobromic acid, is the suggestion of Fothergill to give large doses of this remedy every hour in simple, uncomplicated fevers. He says it is especially indicated where there was cerebral disturbance.

When making this statement the doctor was in no way specific. The remedy is indicated in that form of nervous

fevers in which while there is cerebral irritation and a certain amount of cerebral excitement, there is a deficiency of acids in the system as indicated by dark mucous membranes of the mouth and thin, pointed and dry tongue with or without a brown coating.

### **SULPHUROUS ACID IN EXUDATIVE DISORDERS**

I have frequently called attention to the use of sulphurous acid in the treatment of exudative throat disorders of all kinds and especially in diphtheria. I have used this remedy for almost thirty years to clear up and remove exudations in the throat and mouth. I long ago ceased trying in the simple cases to determine what the character of the exudate was. I felt confident that this remedy would remove it, and destroy the toxins generated by its development.

It may be used by mixing a quantity of the dilute acid with equal parts of glycerine, and giving this in doses of from ten to thirty drops every hour in a little water. It can be mixed also with syrup, when it becomes very palatable and is not objected to by any child. I have combined it with mucilage of acacia and have added enough sulphur to give from two to five grains at a dose.

The preparation can be used also as a spray with fine results. In an epidemic of diphtheria in 1878 and 79, I depended upon this remedy almost

alone to remove the external evidences of the disease, giving other remedies as indicated subsequently.

### CASCARA AMARGA IN SYPHILIS

While we have some excellent and satisfactory vegetable remedies with which to combat syphilis, there is certainly room for enlargement in this field. The above remedy commonly known as Honduras bark, was brought out a few years ago as one especially adapted to 'the treatment of the advanced stages of syphilis.

This remedy was thought to be especially indicated where there was chronic skin affections or where the pustular variety of syphiloderm prevailed, and especially where the condition had apparently induced debility, as it was claimed that there, was a combined alterative and tonic effect that were especially desirable.

It seemed also to exercise a soothing influence on the stomach in those cases where there was no appetite, or where there was an inclination to ready irritability and nausea. This is certainly an important field for a specific remedy. If this remedy will prove beneficial in this field, we ought to use it. I shall be pleased to hear from any who may have had experience with this remedy in this line.

### PICHI

This remedy was introduced from South America about twenty-five years

ago, by Parke Davis and Co. It has an active influence in the treatment of diseases of the bladder. It should be more generally used. It belongs to the solanacea, and is terebinthinate, markedly resinous in character, and precipitates readily in water. It should be prescribed in glycerine, usually, and not in combination with earthy or saline constituents. Its influence seems to impart tone to the entire urinary tract. It relieves irritation and inflammation of the bladder, especially when due to mechanical causes.

This agent gives tone to the whole genito-urinary tract. It is especially valuable in cases where old people are troubled with inactivity of the kidneys with a tendency to feebleness of the muscular structure of the bladder. It acts in those cases of gravel where the irritation is marked. It is thought to assist in the disintegration of the stone until so reduced that it may be passed through the urethra. The urine will assume the characteristic odor of the drug, especially if it be given in overdoses. It may be given with other common remedies of this character. Its best field is in those cases of chronic inflammation of the kidneys or bladder, where there is a persistent discharge of large quantities of blood, pus, mucous and calculi in the urine. It should be given in full doses, from twenty to forty-five minims of a strong fluid extract.

It is also useful where there is biliary calculi, as well as in the renal and vesicle forms. It allays urinary

tenesmus, in those cases of cystitis which are of mechanical or traumatic origin. In acute urethritis it has accomplished some good results. In some cases of protracted Bright's disease, however, the albumen has been increased by the use of this remedy.

Fifteen minims of the fluid extract every three hours has proved serviceable in the treatment of acute prostatitis, seminal vesiculitis, and in the subsidiary stage of orchitis, and epididymitis. In some cases the remedy is best given with an alkali. In those cases where the urine smells foully and is alkaline in its reaction, it may be given in conjunction with borax and benzoic acid, with excellent results. Some forms of painful disease of the pelvic organs have been relieved by it. It is useful in dysmenorrhea, and acts in harmony with virburnum.

### **COTO BARK**

We have, among our list of tried remedies, a number of excellent, intestinal astringents notable among which is geranium, a remedy of wide and effective influence. The addition of another will increase our resources, especially if the other be found as it is claimed to control pain present in diarrhea, cholera and dysentery.

The above remedy, coto bark, was introduced from Boliva twenty-five years ago, and notwithstanding the fact, that very many have obtained excellent results from it, it has never

come into general use. I used it in my practice with good results at that time, and was convinced then that it was a superior remedy. I am confident that we have done wrong in neglecting to thoroughly investigate it.

The remedy may be given in the form of a fluid extract, or the powdered bark. The fluid extract may be given in doses in from five to twenty minims; it is a good plan to combine, for children especially, two drams of the fluid extract, with six drams of simple syrup or glycerine. This may be given in sufficient doses to equal the above, but the best results will be obtained when the remedy is given every hour especially in severe cases.

The most of our astringents are advised when no acute inflammatory condition is present. The original investigators gave this remedy during the entire course of acute inflammatory disease. They claimed the best of results. While we have no definite, or thoroughly proved symptomatology, the following will serve as specific indications to guide the observations of those inexperienced, but it must be borne in mind that this remedy is not to be given to cover all the indications present, as that would deprive us of some specific remedies, which must not be overlooked.

It is indicated in attacks of epidemic diarrhea, those which occur suddenly in the night or in the early morning, where the stools are very large or frequent, where there are colloquative

rice water stools, with nausea, vomiting and especially with great distress, sharp cutting pain in the bowels. Later there are involuntary evacuations, extreme prostration, cold and clammy perspiration with a tendency to collapse.

The remedy is also useful in typhoid fever, and in the diarrhea of other prostrating disease. There is no doubt that given with other indicated remedies, for the diarrhea of septic infections, septic fever, that it will in a majority of cases exercise a restraining influence.

A few of our writers have been very enthusiastic in the action of this remedy. I remember Dr. Edison of Indiana, in an article written some years ago, gave some very marked cases where the influence of this remedy was highly beneficial. He claimed then that there seemed to be a nerve sedative influence in conjunction with its astringent effect. That while controlling intestinal pain, it soothed the nervous system, and in one case, he thought it produced actual, temporary, paralysis.

I should like very much to have reports from any of our readers as to the peculiar action of this remedy to determine whether its influence is superior or different in any essential particular from those we have under observation.

## GERANIUM

*Geranium maculatum* has really accomplished such marked results for me in cases where but little action from any remedy would have been anticipated, that I have grown into the belief that it possesses virtues not credited to it. In ulceration of the stomach, it certainly has a marvelous influence. I am very anxious to obtain reports from those of our readers who have depended upon this remedy with good results. The following was the statement of its action by Dr. King, in the American Dispensatory, and these suggestions should be kept in mind now, in studying the use of this remedy.

*Geranium* is a powerful astringent, used in the second stages of dysentery, diarrhoea, and cholera infantum, in infusion or in milk. Both internally and externally it may be used wherever astringents are indicated, in hemorrhages, indolent ulcers, aphthous sore mouth, ophthalmia, leucorrhoea, gleet, hematuria, menorrhagia, diabetes, and all excessive chronic mucous discharges; also to cure mercurial salivation. Relaxation of the uvula may be benefited by gargling with a decoction of the root, as well as aphthous ulceration of the mouth and throat.

From its freedom from any nauseous or unpleasant qualities, it is well adapted to infants and persons with fastidious stomachs.

In cases of bleeding piles, a strong decoction of the root may be injected into the rectum, and this should be retained as long as possible. Piles are said to be cured by adding of the root in fine powder two ounces to tobacco ointment seven ounces. This should be applied to the parts three or four times a day. Troublesome epistaxis, bleeding from wounds or small vessels, and bleeding from the extraction of teeth may be checked effectually by applying the powder to the bleeding orifice, and if possible, covering with a compress of cotton. With *aletris farinosa* in decoction, and taken internally, it has proven of superior efficacy in diabetes and Bright's disease of the kidney. A mixture or solution of two parts of hydrochlorate of berberin and one part of extract of geranium will be found of unrivaled efficacy in all chronic mucous diseases, as in gleet, leucorrhoea, ophthalmia, gastric affections, catarrh, and ulceration of the bladder, etc., etc. A decoction of two parts of geranium and one of *sanguinaria* forms an excellent injection for gleet and leucorrhoea. Dose of the powder from twenty to thirty grains; of the decoction from one to two fluid ounces.

### SOME GOOD THINGS ABOUT CAPSICUM

Among the remedies which the early physicians of our school considered highly valuable, was capsicum. As a local stimulant to the gastrointestinal tract, it is of great service but is not appreciated by the present

practitioners. One of the old physicians years ago made the following statements concerning this remedy which, although true, are new to most of us. We have overlooked many of these facts. He said:

“Capsicum is in my opinion the purest stimulant in the materia medica. It possesses the properties of ergot and *nux vomica* combined. It is a pure stimulant to the ganglionic system of nerves and acts on unstriated muscular tissue. It increases arterial tension by stimulating the vaso-motor centre. It is at the same time a sedative and stimulant to the stomach and intestines: one action is on the mucous membrane, the other on the unstriated muscular tissue, and the third on the glands of these organs.

Its action is both direct and reflex. Capsicum increases peristaltic action by stimulating the filaments of the sympathetic and the unstriated muscular fibres of the intestines. In this way it cures chronic constipation. I have cured many severe cases of this trouble, the atonic, with infusion of capsicum. I know of no medicament that can be any more relied upon in atonic dyspepsia caused by catarrh of the stomach and duodenum, than infusion of capsicum. Its action is direct on the catarrhal mucous membrane and glands, and on the nerve endings within the mucous membrane, acting on them as a tonic stimulant and thus controlling the secretion of these glands. It contracts the arterioles of the mucous membrane

in virtue of its action on unstripped muscular tissue. In all probability it acts on the local vaso-motor mechanism of the parts, stimulating them to a greater functional activity, by virtue of which the nutrition of these structures is enhanced.

In some cases of adynamic fever and inflammation, capsicum is the remedy to wake up the latent energies of the ganglionic nervous system, and to keep the forces of organic life joggling on until the crisis is passed. It slows the heart and firms the pulse and strengthens the respiratory centers, a failure of which is often a slow, yet certain decline toward the grave. In delirium tremens we have seen a very strong tea of capsicum steady the shattered nervous system, stop the delirium and restore the appetite.

In all cholera and cholera morbus formulae, capsicum holds a conspicuous place. The old Eclectics used it freely and liberally in the treatment of cholera with remarkable success. They gave it by the mouth and by the rectum. It was surprising how rapidly it brought many apparently hopeless cases out of the jaws of death. In the congestion of the pelvic organs of women, capsicum tea restores the equilibrium of the circulation and removes the pathological state.

Nothing in my experience is equal to a half pint of capsicum tea drunk hot to break up a cold. It stops rigors removes the aching from the bones and restores the patient to health. It is the

best of remedies to be given after an emetic, to break up a coming acute inflammation on an attack of fever.

The old fashioned No. 6 is a wonderfully good medicament. The third preparation of lobelia, composed of capsicum, lobelia, and ladies' slipper root, as used by Thompson, is the most perfect antispasmodic and relaxant we have. We have reduced strangulated hernia while the patient was fully under its influence, and have cured cases of intussusception with it.

Capsicum tea has cured uterine hemorrhages—postpartum and other kinds, when other medicaments have failed. It was the main element in all the gargles the old Eclectics used for throat affections of all forms of scarlet fever, and with unbounded success. We have seen it applied to indolent ulcers in infusion, with immediate good results. Capsicum tea seldom fails to cure bilious colic.

When your fever patient is very low, pulse weak and quick, first sound of heart hardly audible, delirious, sordes on the teeth and on mucous membranes, remember capsicum. Externally it is a most valuable agent for the cure of boils and painful swellings, using the strong tincture painted on the parts. A cloth wrung out of a hot infusion of capsicum and applied to the swollen breast of a parturient woman seldom fails to abort a threatened suppuration of the gland, at the same time she drinks the capsicum tea. A strong tincture painted

over neuralgic spots often cures the case. We have seen purulent ophthalmia cured by dropping No. 6 into the suppurating eyes. The effect was excellent and the cure rapid.

However, do not forget it, capsicum and lobelia go together. I recall a desperate epidemic of puerperal fever that swept through a neighborhood many years ago. The disease followed the practice of every doctor. All the regulars lost every case they had, the eclectics cured nearly every case they had if they relied on capsicum, lobelia and bay-berry.

The above statements were written 38 years ago by a physician who had been in practice 40 years. At the present time we have so many improved remedies, and our patients so dislike to take nauseating and "hot" remedies that we have largely dropped capsicum from our list, notwithstanding the old doctors' statements are true in the main.

A French writer, Cheron, made some valuable observations concerning the use of capsicum some years ago. He found that it was of special service in hemorrhoids. He then conducted a large number of physiological experiments which convinced him that it had a special action on the vascular system and on organs very rich in blood vessels, such as the pelvic organs, and the brain.

Our own observations have convinced us that it exercises a remedial influence

upon the conditions above described when influenced by disease or when there is atony or a plethoric or dilated and weakened state of the walls of these vessels.

Cheron claimed that it acted like ergot on the nonstriated muscular fibres of these vessels, either directly or through the vaso-motor system. He found it to be well received by the stomach, as on that organ and on the intestinal tract it exercised a directly tonic influence. He gave it in the form of pills, from two to four grains before each meal. If fluid preparations were given they were diluted and given more frequently.

Dr. Starrett, of Elgin, Ill., recently dead, told me in 1890 that he had confirmed conclusions very similar but he gave the remedy in much larger doses. He depended on it for piles when there was atonicity and extreme sluggishness of the capillary circulation in the lower bowel.

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We have received some clippings from a Cincinnati paper which proves that as usual Dr. John Uri Lloyd's influence is being exercised in favor of everything being shown up in its true light. He has been greatly interested in the pure food law, which insists on all goods being labeled with the names of their constituents. The distillers of whiskies represented in Cincinnati, have filed an injunction which if sustained would permit them to label imitation whisky so that it cannot be distinguished from the true article. Prof. Lloyd's evidence in these cases before the courts has been very decisive in favor of the distinction being plainly shown.



Published by C. V. Mosby Medical Book Co., St. Louis, Mo.

- **ANALYSIS OF THE SEXUAL IMPULSE—LOVE AND PAIN—THE SEXUAL IMPULSE IN WOMEN—Third volume in series—STUDIES IN THE PSYCHOLOGY OF SEX.** By Havelock Ellis, L. S. A. (England); Extra cloth, \$2.00 net, delivered. Sold only to physicians, lawyers, clergymen, advanced teachers and scientists. Philadelphia, Pa. F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This work is one of the volumes of Ellis's studies in the psychology of sex. This author has gone into this subject in a way altogether unnecessarily thorough and definite, even for a specialist. There is a great deal said that can be of no benefit whatever to anybody. The only practical use that could be made of much of this knowledge is in the medico-legal consideration of criminality, and its causes, and it seems to go into unnecessary detail even for that purpose. From a scientific standpoint these works are probably of some value. A comparison is made by the author of conditions of individuals of all nationalities and under conditions both of civilized peoples and those of uncivilized, of those in high life and of those degraded. The works would be entertaining reading to some because of their unusual characteristics.

- **A HAND BOOK OF SUGGESTIVE THERAPEUTICS, APPLIED HYPNOTISM AND PSYCHIC SCIENCE.** By Henry S. Monroe, M. D., Americus, Ga.

The author presents his subject in a unique manner, not only in the general consideration but typographically. Continually in the text throughout the book he emphasizes certain phrases in black face type. It is difficult to see in many cases the necessity of this emphasis while in other cases the emphasis would increase the force of the statement. Suggestion is clearly defined and its application demonstrated. The distinction between suggestion and hypnotism is made. Philosophy and religion in reference to their relation to health, are presented. Physical exercise and its import; analogy as a factor in therapeutics; the influence of environment; the brutality of frankness; and moral stamina as a therapeutic power are among the many excellent topics considered. The book is really an interesting one. It is full of practical suggestions from cover to cover.

- **NASAL SINUS SURGERY, WITH OPERATIONS ON THE NOSE AND THROAT.**—By Beaman Douglas, M. D., New York. Illustrated with 67 full page, half tone plates, including nearly 100 figures. Published by the F. A. Davis Co., Philadelphia, Pa.

The clearness of the text and adaptation of illustrations to the text which are executed in half tones photographed from life, has made this book very valuable. The transverse section of the bones, showing the chambers, passages and structures that are contiguous to the nasal passages

are unusually fine. The bones in disease show plainly the necessity for operation and define clearly the course and character of an operation in connection with the text. This work has already sustained an enviable position. It is a valuable addition to the library of any surgeon, and will be of much assistance to the physician.

- **ESSAYS IN PASTORAL MEDICINE.** By Austen O'Malley, M. D., Ph. D., and James J. Walsh, M. D., Ph. D. Published by Longmans Green and Co., 91 5th Ave., New York, N. Y.

The term involved in the title of this book is not common in medicine and might need to many an explanation. The author in the preface says that it presents that part of medicine which is of import to a Pastor in his cure and those division of ethics and moral physiology which concern a physician in his practice. It shows the relation between the physician and priest. Some of the topics considered are the following: Ectopic Gestation, Maternal Impressions, Social Medicine, Hereditary and Moral Weakness, The Moment of Death, The Priest in Infectious Disease, Psychic Epilepsy and Secondary Personality, Impulse and Responsibility, Social Diseases, Bloody Sweat. This partial list will give an idea of the subjects which are treated in this work, in an interesting and profitable manner.

- **LECTURES ON AUTO-INTOXICATION IN DISEASE OR SELF POISONING OR THE INDIVIDUAL.** By Charles Bouchard, translated by Thomas Oliver, A. M., M. D., F. R. C. P.

Published by the F. A. Davis Co., Philadelphia. Second edition.

The thoroughness with which the work treats this important subject and the laboratory and clinical experiments that have been made by the author, who possesses a far reaching insight into the causes of these conditions, have made this a valuable work. In my first review a few years ago, I called attention to these superior characteristics. This second volume has brought the subject up to the date of issue, enabling the reader to estimate the correct position of this condition in pathology in the light of the most modern investigations. The work is certainly a commendable one and occupies an important place in the medical library.

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The latest number of *McClure's Magazine* is an especially attractive one. Among the articles of general interest are the article by Munsterburg on "Prohibition and Social Psychology," the one on the paintings of the Far North made by the Russian artist Borrisoff, and the one by Dr. Cabott, of Boston, on Christian science cures. The fiction attractions of the number are unusually good, making it especially adapted to the vacation period. Too much cannot be said in favor of this popular monthly journal.

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Cactus which has been found excellent

for functional palpitation during the menopause, will be found equally good for this form of palpitation which occurs during dysmenorrhea.

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The inhalation of the vapor of camphor will relieve acute cold in the head, if ten drops of the spirits of camphor be taken in half of an ounce of water at the beginning of a general cold, it will sometimes break it up completely.

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Bier's artificial hyperemia has been applied with marked improvement in the treatment of chronic otitis media. A suction bell is applied over the ear.

### THE PSYCHIC ELEMENT IN PRACTICE

Emerson, in a paper before the Medical Society of New Jersey, said that most practitioners were grossly and harmfully ignorant not only of the subject of psychology, but of all the sciences which at best could be said to be in their infancy. The science of medicine had but recently emerged from the ignorance and superstition of the dark ages. There had always been associated with the healing art a certain mysticism.

The unprincipled quack, by the very emphasis of pretended knowledge and promises of cure, often brought about a restoration to health where the more skilled but more conscientious

practitioner had failed. If the ignorant irregular could bring about so many cures by these methods, how much more should be accomplished by the scientific, careful, conscientious man. Many physicians refused to avail themselves of these means at their disposal, having no desire to be designated either a quack or a liar.

The truth should be spoken at all times, and the successful physician must sometimes be a most skillful prevaricator. A promise to benefit or cure made in all hope and sincerity might eventuate a falsehood but not necessarily a lie. Many practitioners who were taking advantage of mental therapeutics and getting wonderful results thereby, were doing it unconsciously.

The results accomplished by electrotherapeutic measures, massage, vibrators, fitting of glasses, gynecological tinkering, or even by some operations, were as much due to psychic as to material methods. The success of Christian Science and mental healing was undeniable, and the neglect of this phase of the healing art on the physician's part was in some measure responsible for their existence. The remedy would seem to be higher educational requirements for admission to the medical ranks and a more careful study of psychic phenomena by all members of the profession.—*Medical Standard*.

## Miscellaneous

- Truth is as indifferent to public opinion, as public opinion is to truth.
- For persistent hiccup I have given small, frequent sips of a hot infusion of capsicum.
- In violent hysterical paroxysms large doses of gelsemium will sometimes produce quick results.
- Theoretically considered the salicylate of lithium should be an excellent remedy for muscular rheumatism.
- The proportionate number of deaths from chloroform is very much greater among dentists than among physicians.
- In acute spasmodic stricture of the urethra, ten drops of gelsemium and five drops of macrotys every half hour will give relief after a few doses.
- I have observed a similar delirium to follow the conjoint use of quinine and opium, and have relieved it quickly with one or two doses of this sedative acid.
- For flatulence, fluttering and palpitation during the menopause, give the one-fiftieth of a grain of the extract of calabar bean every half hour for six or eight hours.
- Patients suffering from acute dilatation of the heart, should be treated immediately with full doses of strychnine, if the remedy is not otherwise contra indicated.
- In cases of alopecia, have any of our readers observed that there seems to be an inclination during the period of pregnancy for the hair to take on a new growth.
- If difficulty in swallowing occurs early with the development of goitre, the probabilities are that the case is a malignant one, and should be treated with that idea.
- In the development of erysipelas especially severe, it is quite common to observe the presence of albumin in the urine, which should always be examined in these cases.
- A physician in Quebec reported that he treated seven cases of uncomplicated goitre, successfully, by the administration of ten grains of ammonium chloride three times a day.
- Ten drops of the fluid extract of boneset given frequently in hot water overcomes that peculiar tendency to regurgitation of food which occasionally occurs with neurasthenic or hysterical women.
- At various times during the past ten years reports have been made of the

hypodermic injection of ergotin in cases of prolapse of the rectum. Usually the results were reported as satisfactory.

- A well known cancer paste is made by combining powder sanguinaria and zinc chlorid equal parts, with as much flour, the whole to be moistened with a small quantity of aromatic sulphuric acid.
- Years ago I used chrysophanic acid, dissolved in chloroform, for the treatment of ringworm. The method is severe, but very successful. I have seen no reference made to the method in recent years.
- Byrd claims that very satisfactory results are obtained from the use of eight or ten drops of sp. cactus every three hours in the treatment of subacute or chronic rheumatism. He has used it in many cases.
- An enema of hot water during tedious labor will usually produce dilatation of the os and remove erratic pains and facilitate delivery, perhaps hot sweet oil would produce better results than hot water.
- From half a grain to a grain of the bromide of sodium, every fifteen or twenty minutes for a short time, will quiet the restlessness of teething infants, and will sometimes control fever depending upon those disturbances.
- A method was in vogue at one time in India in which the leaves of Indian hemp were smoked in a pipe like tobacco, by patients threatened with tetanus. It is reported that the convulsive paroxysms were greatly modified.
- There are quite a number of cases of severe and persistent eczema in children, where recovery has occurred spontaneously after the child has been vaccinated. This is a suggestion that might prove worth considering.
- The occurrence of cholecystitis as a result of general infection of the liver is like some other chronic disorders, notably salpingitis, which persists after the acute difficulty which it follows has long subsided.
- Ergotin has been used in delirium tremens. It was suggested by its action when prescribed for a drunkard with delirium who had hemorrhage from the lungs. The remedy not only stopped the bleeding but controlled the brain symptoms.
- In collapse following acute, rapid, prostrating disease, as cholera or cholera morbus, or prostrating diarrhea, prepare'^, saturated solution of gum camphor in absolute alcohol and give from five to ten drops on sugar every half hour until reaction occurs.
- An old doctor says he has cured

chronic tibial ulcers by wrapping them thoroughly in a roller bandage which has been dipped in melted paraffin after properly cleansing the sores. At first thought this would seem to be a reasonable suggestion. Any one who has adopted this or a similar method should report.

- In the treatment of melena neonatrum it is seldom that medicine is advised. The prognosis is usually bad from the first. Legge of England advised giving calcium chlorid in solution to these infants as he had seen excellent results from its use. From fifteen to twenty grains may be given in 24 hours.
- One of our older writers treated many cases of whooping cough with the fluid extract of ergot. To small children he would give four drops every three or four hours for two or three weeks, with older children he would increase the dose to fourteen or fifteen drops. It is claimed that there are some cases of nasal catarrh that this remedy will benefit.
- When constant dragging pain is present under the ribs on the left side, let the intestinal canal be thoroughly evacuated by a high flushing, and attend closely to the bowel movements, and that pain will disappear in many cases. It is caused by the dragging weight of the feces in the sigmoid flexure or contiguous to it.

- A German investigator has made a large number of autopsies to determine in how large a number of his hospital patients there are evidences of tuberculosis, whatever condition caused the death. He found some evidence in ninety-one per cent examined, including adults and children, and in thirty-eight per cent of the children alone.
- In the treatment of goitre especially in the early stages the application of the oil of erigeron has been very beneficial. One-half ounce of erigeron oil is dissolved in one and one half ounces of alcohol, and this is painted freely over the enlargement. In some cases this has been improved by adding to the two ounce mixture twenty grains of powdered iodide of potassium or by using the oil solution in conjunction with the tincture of iodine. The results of its use have been very satisfactory.

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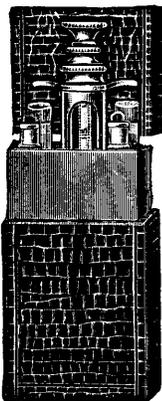
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