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EDITOR AND PUBLISHER

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A MONTHLY JOURNAL OF
DIRECT THERAPEUTICS

VOL. III

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No. 1

Leading Articles

SPECIFIC INDICATIONS FOR LOBELIA INFLATA USED HYPODERMICALLY AND A STUDY OF ITS ACTION WHEN SO USED

E. JENTZSCH, M. D. C., M. D., CHICAGO

It is quite certain that the drug is non-poisonous when so given. In a series of experiments performed by me on dogs ranging in ages from a few weeks to twelve years, I failed to elicit any poisonous symptoms, giving it in two dram doses every three hours to the number of six injections. With these animals the first dose caused emesis, but it was not subsequently induced, and they were all well and hearty after thirty-six hours. During the period of lobelia administration, the only symptoms noted, besides the emesis after the first dose, were moderate increase in salivation, a slight reduction and softening of the pulse,

likewise a slowing of respiration. The animals were listless, bordering on hypnosis, but alert and conscious when spoken to.

This experiment was undertaken principally for the purpose of establishing the poisonous or nonpoisonous properties of the drug when so given. I am entirely satisfied that it is nonpoisonous. I give this information in good faith as I did the former in regard to lobelia in diphtheria, with a desire to benefit all who may be inclined to profit by it. Bearing in mind that I am only speaking of its hypodermic use.

The principal action of this drug so used is that of a restorative to the centers of circulation and enervation, primarily, and secondarily it acts as a cardiac and respiratory tonic. It quickly restores the powers of control to these centers, thereby equalizing the entire nervous and circulatory system. Especially is this liable to be found so

in those conditions, or diseases, where the cerebral circulation is notably affected. It is a mild hypnotic, which is ascribable to its power of relieving both cerebral congestion and anemia. Strictly speaking, it cannot be classed as a stimulant or as a sedative, but it will promptly act as either, according to whether sthenia or asthenia is present. It is an anodyne. This action is caused by the same phenomena as mentioned before; likewise its exhilarating and tonic effect. It is a relaxant only in so far as this influence is permitted by its equalizing action upon the circulation. In doses varying from one-half dram to one dram respectively, either for a child or adult, I have not found it either a depressant or an emetic. This I conclude from my personal, clinical observations of at least eight hundred injections.

So used this agent is a powerful antidote to poisoning of any sort, bacterial or otherwise, but especially to diphtheria. I have just now concluded the treatment of four cases of diphtheria in one family, where the mother and three children were affected. The history of this family affliction is interesting and deserves mention, because I am quite positive that without this lobelia treatment, it would have proven a calamity to that family. While on account of this treatment it can only be considered an inconvenience.

On October the fourteenth, last, Mr. Warner, the father of the child first affected came to my office inquiring if

I was the doctor that wrote about lobelia for diphtheria, to which I answered "Yes." He then told me that his little girl was sick with diphtheria. Another doctor having made the diagnosis and because I was so sure of curing diphtheria he would like to have me treat the child. I promptly consented, went to see the patient, a little girl 7 years old, and confirmed the diagnosis, which was unmistakable. I gave her one injection of lobelia and with the treatment mentioned before in a paper on the subject the child was well in four days. I so reported the case to the Health Department and all quarantine restrictions were removed within two weeks from the time the child was taken sick.

On Nov. 1st was again called and found the older child, a girl aged 13, affected. This proved to be one of my most virulent cases, from an objective point of view. This patient has a goitre which caused alarming tachycardia, that is alarming to me alone, because she did not complain much of anything, such as pain in the throat or dyspnea.

This is true of all patients in my experience, treated by this method. It not only saves the patient, but it spares the patient distressing pain, dyspnea and to a great extent post diphtheretic sequelæ.

Although there was extensive membranous involvement of the nose and throat she got along well at first, the deposits beginning to disappear on the third day, but they lingered until

the fifth day when the edema and deposit again became progressive with even greater virulence than before, to such an extent that the air passage was almost entirely occluded. In addition bloody serum dozed from her nose almost continuously, making it necessary to change the bed linen several times a day, besides she had several quite severe epistaxes. This was a genuine hemorrhagic case of diphtheria.

Here I might say, that although outwardly I was as confident as a confirmed republican was of the country's safety at the last election, inwardly I entertained the gravest misgivings that this might prove my first failure with lobelia. Not so much because it was a severe case of diphtheria, but because the goitre with the tachycardia was a dangerous complication. Several times I found myself arguing that it would be better for me to ask for consultation, with the view of dividing responsibility, but I knew that it would mean the cessation of my treatment and the administration of a big dose of serum-antitoxin, with the consequence that in this case, with the serious complications, death would have naturally followed. Likewise did I know that at this stage no matter whether the patient would have died with or without the serum-antitoxin, I was sure of the official and unofficial censure and criticism in whispers and shouts for daring to treat contrary to the official dictum. Besides. I was determined to give this patient the full benefit of the lobelia treatment,

therefore, I stuck to the ship and landed her safely in the harbor of health, and in such a short time that one not familiar with the usual outcome of this treatment might be prone to doubt. The girl was well within two weeks from the time she was taken sick.

This result was brought about by simply increasing the dose and frequency of the vegetable diphtheria antidote (sp. lobelia inflata.) This patient bears the distinction of receiving the most injections I have ever given in a single case. She received, within nine days, fourteen injections of seventy-five minims each, besides a few smaller doses. While this girl was sick the mother contracted the disease, in a moderately severe form and another boy with a mild form. They now are all well and none the worse for their experiences. I am citing the history of these cases on account of their recent occurrence and as part proof of my assertions.

The antidotal action of this remedy differs in many respects from the serum as follows:

It gives results quicker and with much greater certainty than the serum; its administration is not followed by a negative opsonic stage. (In other words by a depression.) It is a steady and reliable supportive. It prevents pain, and dyspnea, consistently, and to a large extent post diphtheritic sequelae. It causes no unpleasant symptoms, ascribable to the drug action, and last,

but not least, it has in my hands saved every diphtheria patient treated within the last four years.

As alluded to before the indications are principally where the vital centers (the governing centers) of enervation and circulation are impaired, in other words where these centers are losing control. This leads me to believe that diphtheria as it is now classified and considered is preceded by a pre-diphtheritic stage. A condition in which the system is a suitable culture medium for these bacteria, and that the development of these bacteria is a secondary stage of the disease. The primary stage is a disordered condition of the centers of enervation and circulation, whereby these centers are unable to properly perform their functions. That this is probably so is demonstrated by the fact that just as soon as this primary condition is treated, with a view to restoring the functions of these centers (which lobelia will do), the bacteria complication will yield and disappear.

In the infectious character of diphtheria the bacteria, being the primary cause of the disease, which statement, when qualified, I have no intention to dispute, I contend that only bacteria recently derived from suitable media are able to produce this result. To be plain only germs recently coming from diphtheria patients (or from the artificial culture media) act as contagion, and why? Because they are then immersed and carry with them the substance on which they nourish and

which is necessary for their propagation. I doubt if the impairment and death of bacteria is due so much to the excretion of an antitoxin emanated by these bacteria as to the exhaustion of the substance from which they nourish. It is not very likely that an immunizing antitoxin circulates throughout the system for seven years after an individual had the smallpox or cowpox, which is said to protect them for this length of time, but it is to me more rational to believe that the substance necessary for bacterial growth is exhausted.

Pronounced and acute loss of enervation by itself evidenced by cerebral disturbances is an important indication for this remedy. It is difficult to determine which of the two is primary. It is however certain that the remedy has a powerful and pronounced remedial action upon disorders of the centers of enervation, which I have observed in many such cases, particularly in the following which I have selected: First case, apoplexy. A man aged 61. Hemiplegia of the right side unconscious, unequal pupils, stertorous, breathing, inability to swallow, rectal temp. 103°. He was given half of a dram of specific lobelia every 10 minutes. The patient regained consciousness, was able to talk and swallow within an hour after receiving four doses. He made a complete recovery in about one year.

The second case was one of five cases of insulation, all recovering in a similar manner by the same treatment. Mr. C.,

aged 35, was overcome in the shop, but was prostrated in the street car, where he completely collapsed. After an hour's ride he was carried into a drug store and I was called. I found him literally in a dying condition, radial and carotid pulse, imperceptible, cardiac beat, elicited by the stethoscope about 30 per minute. No pupillary or ophthalmic reflex; no irritation reflex; respiration about ten per minute, cold sweat in patches, deathly pallor. I gave forty-five minims of specific lobelia with 1/30 of strychnine. The man was able to talk and gave his name and address in 30 minutes, when the ambulance arrived.

Third case. Man aged 33. A carpenter, fell off a building and sustained a fracture of the vault of the cranium, producing extensive bone compression, which I so diagnosed at my arrival. He was unconscious, bleeding from right ear, slight response to irritation. I gave one dram of lobelia, ordered him to be taken to the hospital and prepared for an immediate operation. There he was examined by several doctors, including the family physician, who then doubted my diagnosis, as the patient had regained almost complete consciousness from the lobelia, besides the pulse and respiration were nearly normal. However I knew this to be due to the action of lobelia, therefore I maintained my original diagnosis. I was retained in the case with the family doctor and advised operation as soon as pressure symptoms returned, which I knew would not be long in coming.

This happened in the morning. Towards evening I was called up from the hospital and informed that the patient was in a precarious condition. Responding to the call I found the patient unconscious, temperature 103°, stertrous breathing, etc. This time the interne agreed with my diagnosis. We decided that an immediation operation was imperative and so informed the family. While waiting for the family I gave another dose of lobelia, with the result that the patient again improved to such an extent that when the family doctor arrived it caused him to be still doubtful, counseling further delay. This time I made it plain that if I was not permitted to operate immediately I would not assume further responsibility. Thereupon I was dismissed from the case. After another twenty-four'hours' delay the patient was operated upon by some other surgeon who confirmed my diagnosis. The patient died shortly after the operation. This last case seems to me to be an exceptionally interesting one in so far as it shows the powerful actions of the drug.

Fearing to be too lengthy I will conclude by mentioning the diseases in which I have successfully used this remedy, and others where the indications for others were present and where this remedy should be remembered: Diphtheria, apoplexy, acute alcoholism, shock, emphysema, pneumonia, insolation, tetanus and embolism. I suggest this use of the remedy in acute insanity, hysteria, hydrophobia and meningitis. As a

precautionary measure, as a parturient in obstet-ric practice, in conjunction with Abbott's H-M-C tablets, with the view of avoiding any unpleasant symptoms from this anesthesia. I use it when indicated in every case of obstetrics with the H-M-C tablets in ten drops with the best results. I am writing this treatise at this time with a desire to aid those that are contemplating its use, and to save the lives of those who will be saved by it, because I believe there is no other remedy known which will do as much in this respect. I have not mentioned contra-indications for the simple reason that I have not discovered any as yet. This I think is not due to a lack of observation on my part, but because the remedy is so very harmless. Please take note of this last fact mentioned. The remedy is nonpoisonous, nonemetic, non-depressant of course, when given in rational doses as indicated. This is true, no matter what may be said about the action of this drug when given otherwise, whether you read it in the U. S. P. or any other book of authority. It is the peer of life savers and if the reader will bear this in mind it will, I am sure, often prove the means of rescuing a patient who would otherwise die. It is safe to say that where there is danger of impending death from acute conditions the remedy is indicated whether you think of it first or last.

ANESTHESIA IN THE FIELD

W. C. ABBOTT, M. D., CHICAGO, ILL.

During the past year a number of articles have appeared in the medical journals treating of the administration of the ordinary volatile anesthetics. The trend of these papers, without a solitary exception, has been to urge the limitation of these powerful agents to the hands of specially skilled administrators. Good! That is as it should be.

Dr. Littig, a distinguished surgeon of Iowa, in a detailed hunt for H-M-C mortality (which he did not find) last year, collected and published a list of seventy deaths occurring in that state from the use of these anesthetics. The occurrence of thirty-nine deaths out of about 100,000 administrations at Guy's Hospital, as reported sometime since, has led the British authorities to insist that the volatile anesthetics be restricted to professional specialists in their application. Certainly this can only be because the authorities consider these remedies perilous. While this is a mortality of but one in 2564, it is too large provided any of these patients could have been saved by the substitution of any other anesthetic.

My mail this morning brought me the following items from a clipping bureau: At Muskogee, Okla., F. V. Burtis died on the operating table while having a

broken leg reset. At Minot, N. Dakota, a chambermaid died from chloroform and the doctor was held to the district court on his own testimony. Prosecutor Heney at San Francisco was reported as suffering a setback due to the effect of the anesthetic on his kidneys. At Columbus, Ohio, Catherine Bobb, a child of eight years, died in the doctor's office shortly after the administration of an anesthetic preparatory to an operation. The doctor testified: "Death was due to anesthesia, which is apt to occur in the experience of any surgeon. There are many such cases on record, it is said, in which, for some unexplainable reason, the human organism yields to the anesthetic." At Sloan, Iowa, Mrs. A. M. Fecor died in the dentist's chair after having had teeth extracted under chloroform administered by a physician.

In addition, a Chicago paper states that two physicians of that city attended a woman for some ailment of the hand; they desired to employ an anesthetic which she refused, being afraid of it; and not availing themselves of the peculiar adaptability of the H-M-C tablets in just such emergencies, the results were such that the doctors are now defendants in a \$20,000 malpractice suit.

These are a few of the stray items that occasionally creep into the newspapers (not into the J. A.M. A. and her fearsome brood of course) and illustrate the true state of affairs that prompts this demand that these

anesthetics, ether and chloroform, should be exclusively administered by skilled specialists. But—while this may do for the big city hospitals and college clinics, what is the real doctor to do? He cannot lug a special anesthetist about with him on the chance that there may be an accident some day. When he is called to an accident he must grab his emergency bag (as his regular practice-case always should be) and run. It may be that a man has fallen against the circular saw at the sawmill; or a tree has fallen on somebody and crushed him; or the doctor may have on his hands a carload of wounded from a railway accident. Anyway, he is called on to give relief and that at once. The man may die of pain while being transported to a hospital—and after all is the American doctor so weak in professional attainments that he has to send all his surgery to the hospital? What shall he do?

Take the railway accident with a number of injured, all suffering, dying, clamorous for instant attention. Is the doctor to wait till he has a special anesthetist for each case? Not much—he takes out his hypodermic syringe and his vial of H-M-C tablets, and he gives every patient a "shot" that puts him at his ease; then he takes up the work, beginning with the worst cases while the rest wait contentedly now that they are relieved from pain and apprehension. He finds that the objections to whatever operative measures he counsels have subsided; there is no dread of anesthesia, or

terrified protests against "the knife;" no life-destroying delays.

The preeminent fitness of this anesthetic resource for accidental or emergency surgery is established by thousands of witnesses, men who have tried it themselves and are not to be scared away from a useful remedy by others who have not tried it but presume to speak from a *priori* reasoning that may or may not be correct. But—is the H-M-C safe?

Judge for yourselves. The Abbott Alkaloidal Company has placed in the hands of the medical profession more than six millions of these H-M-C compound anesthetic tablets. These have not gone largely to the skilled anesthetists, although many are using it to excellent satisfaction, but to the rank and file of our profession, the men who do its real live emergency work, men whose qualifications you all know to be pretty well mixed, but who meet the emergencies pertaining to our profession as creditably as those of any other, to say the least. Well, out of these millions of anesthetics, used for pain, etc., we have been able to collect just five instances in which deaths have occurred that have even been attributed to the H-M-C, and four were stoutly combated by some of the physicians connected with the cases, who maintained that the H-M-C had nothing to do with the deaths.

However, admitting for argument that all five were due to this agent, we have a mortality of one for every 1,200,000

tablets. That's (little) enough for all practical purposes, as Howard Rand said, when somebody told him the world was coming to an end in thirty thousand years. But where is the dreadful mortality predicted by young Wood and insisted upon by Simmons and his ilk? His estimate, based on the European use of scopolamine, not hyoscine, was one death in 221 cases. This calls for about 27,000 deaths from the six millions. Please Mr. Editor, I have no such private graveyard about my premises. Instead I have over 25,000 recorded users who have written me reams of encomiums with no word of kick except what was largely to be explained on the basis of faulty technique by the user.

This is not the only time in which Wood's propensity to theoretical a priori reasoning has led him into error, greatly to the detriment of his trustful, unthinking followers. Some years ago the claim was advanced that atropine was a valuable hemostatic. Wood at once said it was not true, because atropine increases vascular tension. Appeals made to the profession at large elicited numerous reports showing that atropine was a powerful, prompt and sure hemostatic, in every form of hemorrhage to which humanity is liable, with one exception, but including traumatic cases. Only two exceptions were found, both relating to cases where the bleeding was due to ulcerative erosion of large arteries. Now, Sollman, a member of the Council of Pharmacists and Chemists, tells us in his work on Pharmacology, that

atropine is only occasionally and slightly a vascular contractor, and this action is evanescent; while large doses strongly relax the arterial tension. Clinical testimony proved our contention to be correct, and then—the laboratory acknowledged it had made a mistake. Wood, so far as I know, (and as is the manner of the weakling positioned in so-called places of authority by chance) says nothing. If he has, if he has come out squarely and acknowledged his error, as his able father would have done, and will “show me,” I will apologize.

When you know you are right, when you know you know and know why you know, stick to it, and the other fellow will have to come in time or wear the brand. Atropine, rightly used, is a valuable physiological hemostatic and H-M-C is a winner.

H-M-C is a winner! 1. As a relief for pain and spasm, giving the maximum of desired morphine effect, with no disagreeable after-effect, and therefore efficient in much less than usual morphine dosage.

2. As a preliminary sedative and quieter of nervous apprehension when complete anesthesia is to be obtained with chloroform or ether, effectually preventing nausea and producing anesthesia in far less time and with much less anesthetic than is usually (otherwise) required.

3. To produce complete anesthesia, properly used, which effected is easily

sustained for operative hours and q. s., followed, without nausea and vomiting, by hours of restful sleep and quiet.

4. To quiet apprehension and relieve the pains of “labor,” properly used, rendering the process without essential suffering and with greater safety to both mother and child, the mother thus humanely treated expressing delight beyond compare.

This is H-M-C—what it does *cito tuto et jucunde*. It is purposefully criticized by theorists without experience and certain purposeful hypocrites who would impede, but cannot stop, its progress, while it is loved by those who, using and knowing, have faith in and satisfaction from its use that comes to the doctor and his patient all too seldom.

The profession is awakening. Right, truth and justice will presently prevail, and the real working doctor will in time come into his own.

PHYTOLACCA DECANDRA

M. F. BETTENCOURT, M. D.,
GLADEWATER, TEXAS

During the course of a medical career of but a meager three years, one can hardly state from experience much that is original with him, or much that he can vouch for as positive in medicine. He is merely a novice in the art, a typical medical tyro undergoing the

ups and downs of his probationary period. He sets out fresh from college on his life-saving mission, buoyant with pride, "medical wisdom" and egotism. Subsequent failure to fulfill his unreasonable promises and extravagant claims, soon makes him skeptical and dissatisfaction with his means and methods naturally results.

Thus this probationary period results finally in one of two things—it either makes us novices become more cautious in our promises; more studious in our own resources and methods; more observant in the action and adaptability of our remedies; and, above all, do things first and talk about them afterwards; or, it induces us, to our eternal detriment, to delve in the other fellow's fields rank with nihilism and neglect the immense resources of our own.

Possibly more than some others I have had my full share of disappointments and moments of discontent, but so far they have not impelled me to follow false gods. I have had also many little Tom Thumb successes, and to my share of these, *phytolacca decandra*, amongst a number of other drugs, has very materially lent its aid.

The old saying, "Familiarity breeds contempt," may serve to explain one of the reasons why the familiar poke-root is not lauded throughout medical journals considerably more than what it is. We find it growing practically throughout the United States. We see it flourishing along moist road-sides, at

the edges of cultivated fields and in fertile cleared lands. Yet, though so common, it is undoubtedly one of the leading success makers of the *materia medica*; but, one seemingly very little appreciated and used only to a very limited extent by other than our own physicians.

Guaiac for tonsillitis— "Guaiac!" the very name of which you can hardly say aloud without disgust, yet *phytolacca* within reach! Iodine tattooing and Indian war-painting for acutely swollen lymphatic glands when *phytolacca* would relieve that glandular blood-stasis and clean up and flush out the clogged lymphatic sieves with unexcelled rapidity. But then when you do an artistic piece of iodine mopping the people can see what you have done.

Fly-blisters for inflamed ovaries, or more likely ovariectomy or more likely still pan-hysterectomy for the poor, unpitied little descendant of Eve who must be thus tortured, scarred, butchered, unsexed, all because of downright criminal ignorance. Why shouldn't it be thus when *materia medica* and therapeutics are so insignificant in their minds as to have no consideration whatever in the examinations of "mixed" state examining boards.

Ignorance of *phytolacca* is only a sample of the general imperfect knowledge of really essential drugs made from American medicinal plants. On suggesting to one the use of *echinacea angustifolia* in a certain case,

he immediately with a contemptible air of superiority turned up his nose and stated that he wished it to be for ever clearly understood that he did not make a practice of doping his patients on the worthless patent medicines that flood the drug market.

Phytolacca is a member of a rather small family of plants. In our own country it is known in different parts by quite a variety of names, of which the most common are: poke-root, poke-weed, pigeon-berry, cancer root and American night-shade. The root is perennial, sprouting up year after year. The young spring shoots are edible but after the leaves have developed they assume a cathartic action which becomes more marked as the plant nears maturity. This cathartic action is one of the symptoms of its poisonous action. The ingestion of half an ounce of the berries or of the root has proved fatal. In large doses it is a depressant to the spinal cord affecting very markedly the medulla oblongata and causing death by carbonic acid poisoning, the result of cardiac depression and respiratory paralysis. The presence of carbonic acid in abundance in the blood is stimulative to the respiratory center in the medulla, but it fails to respond to the stimulation when depressed by a lethal dose of phytolacca.

The peculiarity of phosphorescence of the autumn phytolacca leaves when in the dark is claimed to be due not to the presence of phosphorus but to an oxidizing enzyme.

The extract of phytolacca berries is used for its claimed anti-fat properties, it being claimed a better preparation for fatty heart than a preparation from any other part of the plant. It is also claimed valuable in membranous croup. Steeped in gin or brandy the berries form a popular home remedy for chronic rheumatic affections. The inspissated juice from the leaves is preferred for local applications but the recent fall-gathered root carefully dried is the part usually employed.

The most direct action of phytolacca is upon inflamed glandular structures, especially the lymphatic glands. The more markedly lymphatic the structure, and the more acute the trouble, the more marked the action of phytolacca.

In acute tonsillar inflammation it is certainly as near a specific as there can be for any ill. It must however be given in larger doses than is usually recommended. A four ounce mixture containing twenty drops of phytolacca and administered in dram doses will not bring about the desired results. Our late Professor Foltz who was undoubtedly a master in his line would invariably treat tonsillitis by giving to an adult hourly doses of from three to five drops, and claimed that if the case was not of more than twenty-four hours duration and no additional cold was taken, the patient however bad would be practically well in twenty-four hours. I haven't yet had cause to disbelieve the statement.

With phytolacca, he almost invariably administered aconite because of its specific action upon acute inflammation of the naso-pharyngeal region. He gave this also in material hourly doses of from one-sixth to a half drop, always advising either the smaller dose or the same dose less often, if the characteristic tingling of the throat should develop. In chronic enlargement of the tonsils, unless hypertrophic, phytolacca is very useful; but, as in all other chronic troubles, it must be administered for a long time. (In these cases it may be used in conjunction with thuja.—ED.) In scarlet fever he used phytolacca throughout the entire course of the disease to prevent the suppurative otitis media which so commonly follows this disease if the drug is not given.

In acute mastitis of the nursing woman, if treatment is begun within the first twenty-four hours following the chill, phytolacca in appreciable doses, usually with the addition of aconite, will reduce the high fever and tenderness of the mammae with wonderful rapidity. The same medicament will be found beneficial for morbidly sensitive and tender breasts, occurring at menstruation, and for the swollen and tender breasts of infants it is equally efficacious.

In acute ovaritis phytolacca is directly indicated. Its action will be materially augmented by the use of the proper sedative with bryonia, macrotys or any other remedy for which there may be a

call.

In acute infection (so called blood-poisoning) characterized by the acutely swollen lymphatic glands, red cordy streaks, pyrexia, etc., incision at the point infected and the use of phytolacca and echinacea, both in full doses with the proper sedative, will reduce the entire train of symptoms in a most satisfying manner.

In acute orchitis, phytolacca and the small dose of pulsatilla with the appropriate sedative (which will usually be veratrum) with possibly the application of belladonna ointment, and firm strapping of the testicle will give very satisfactory results.

Phytolacca however does not affect only glandular structures; serous, cutaneous and mucous tissues are within range of its curative action. It is of material value in peritoneal inflammation. Its action upon cutaneous tissues is demonstrated by its effect upon old sores, cracked nipples and troubles of an epitheliomatous nature. We know that the different varieties of carcinoma are disseminated through the lymphatic system and the potent action of phytolacca upon this system may at least in part explain its action upon such troubles. Wonderful results are claimed from it especially upon epithelioma, one authority gives it the first place amongst all other remedies used for the malady. The juice expressed from the leaves is applied locally and a good preparation of the

root administered internally.

The effect of phytolacca upon mucous surfaces is manifested by its action upon the different forms of stomatitis, follicular and ulcerative troubles of the oro-pharyngeal region. Its action upon the mucous membrane is such as to lessen the tendency toward formation of false membranes. Recently great results have been claimed for it with other indicated remedies in conjunction with the hypodermic use of lobelia in diphtheria. The specific lobelia is administered in doses of from ten minims to a syringeful repeated as often as three hour intervals till relief. It does not act as a nauseant even in dram doses hypodermatically but acts as a powerful capillary stimulant, and while in proper doses it produces relaxation it does not act as a depressant and improves the action of the heart immediately.

Of phytolacca, Professor Foltz used to say that it is adapted to increase the activity of the mucous glands, therefore its usefulness in atrophic rhinitis and pharyngitis. He further stated that loaded mucous glands is as great a call for phytolacca as enlarged lymphatics and that its tendency is to bring about a normal state of the glands, it being equally useful in glandular enlargement as in atrophy.

It is a powerful eliminative agent and very potent in bringing about destructive metabolism, making it a useful adjuvant in the various dyscrasias. It thus renders good service

in so called scrofulous affections, in syphilitic troubles and in the different manifestations of chronic rheumatism. In rheumatic troubles it must be given in large doses. In chronic diseases in which the action of the skin is sluggish, the blood vitiated and the lymphatics inactive it is directly called for.

In skin troubles calling for it, which are usually of a scaly variety, the cuticle is not hypersensitive though it may be inflamed.

In threatened glandular suppuration it is very useful but after suppuration has taken place better results are obtainable from iris and baptisia or echinacea.

Phytolacca is not always the remedy when there are enlarged lymphatics. It is called for when the glands are swollen, hard and painful on pressure—a condition which exists chiefly in acute ills. When the glands are swollen but not painful, inclined to be soft or non-indurated with sluggish lymphatic circulation, as indicated by a chain of swollen lymphatics, iris is the remedy called for.

When the glands are chronically enlarged, not painful, indurated, the patient anemic, arsenic iodide should be used in preference. Such a condition exists in subjects of a "scrofulous" tendency. These are some of the things which phytolacca is capable of doing; is it worthy of study? We have numerous others equally as good.

GERANIUM IN SEVERE GASTRIC ULCER

S. B. PRATT, M. D., BOSTON, MASS.

Notwithstanding much has been written on the subject of gastric ulcer, its treatment is by no means simple, by the methods usually advised. This article is written in order to present to the readers of this journal the results of the action of geranium on a very severe case, which I have had under treatment for some time.

From childhood the patient had suffered from sensitiveness in the epigastric region, although the digestion had usually been good. She had craved not so much a large quantity of food, as tasty foods, condiments and coffee. At times she complained of an "all gone" sensation, as if all her strength was leaving her, the sensation originating in the stomach. This appears to be a case where for years the patient had depended upon her food to overcome what, under normal circumstances, psychic forces or the influence of the mind should easily have overcome.

The first symptoms for which I was called, was simple vomiting without nausea. That was perhaps two years ago. This symptom was checked by eupatorium. Later, as the symptoms of gastric ulcer developed, I gave her iris, xanthoxylum, arsenic, hydrastis and cannabis, as indicated. I found she could not take nux but would get along

well on ignatia nicely for three days, when it was necessary to omit three days before again exhibiting it.

About two months ago, she began to have agonizing pain in the region of the cardiac orifice of the stomach. She had got into the habit of eating something in the middle of the night, and these attacks would come on about half an hour after her midnight meal. The remedies usually advised were either without effect, or increased the difficulty.

I found that after taking a small dose of lycopodium, collinsonia and ignatia, combined, in as much hot water as she could drink, there would be an emesis of mucus, with considerable hydrochloric acid. (She would not submit to stomach lavage.)

After the emesis she generally remained easy until morning.

Usually in these cases the pain is present for a period of weeks, changing at times from severe spasmodic pains to a faint gnawing, deathly feeling, when the stomach is long empty. With this patient the greatest pain came on half an hour after meals, or at a time when a collection of undigested food had been retained by the stomach for many hours. The only food she could take without trouble was Eskay's Food, alternated at times with the white of an egg, bovine, panopepton and water, beaten up together, with a few drops of sherry wine.

The patient had a tumultuous, yet feeble heart action, cold sweats, and wandering, childlike talk, preceding these attacks of pain, especially when they were to be very severe. She had a habit of pulling at her underclothes in the region of her stomach, because of a sensation of tightness in that region. At times the vomitus would contain food, which she claimed she had eaten three days before. She refused to submit to enemas or rectal feeding and any mental irritation would, and will, to an extent, even now, bring on a return of the symptoms.

Before her sickness, she responded well to cactus; now a small dose of it, or of ipecac, will bring on the symptoms. Passiflora was of little value, either as a hypnotic or a sedative, although with hyoscine it would give good results, about every fifth evening. If given two evenings in succession, on the second, the patient would pass a restless and irritable night. If she followed her own desires, she would take food every hour, to relieve the gnawing and faintness at the seat of the ulcer.

The patient suffered at times from extreme eructation of gas. During the first two weeks of an acute attack these would succeed the pain, but during the latter part of a prolonged attack, they would appear before meals, probably from the presence of undigested food. The taking of warm food at this time would sometimes check the eructation.

In the treatment of the actual

underlying condition there were perhaps thirty remedies used during the progress of the case, that at first helped a little, but afterward failed. These were both approved eclectic remedies and other drugs. Morphine was of little avail after the first few doses. The patient could not be reasoned with concerning diet, and would insist upon eating prohibited food.

Of all the remedies I administered, it seemed that the most satisfactory benefit came from the use of geranium. I therefore made a stand on this remedy. At times I combined it with collinsonia, at other times with milk of magnesia, or the milk of bismuth, as the conditions indicated, the geranium being given continuously.

At this time the patient is able to eat sparingly of quite a generous diet, except fried foods, fats, much sugar or acid. This patient is 75 years old. She was a confirmed coffee fiend with sallow skin, trembling hands and liver proportionately pathological. I interdicted both tea and coffee from the beginning. I believe even a little coffee now would do considerable harm.

She can drink milk, whereas before it caused agony even when peptonized or in any form. Her complexion is clear now. That peculiar form of forgetfulness that accompanies some forms of liver degeneration (it is often mistaken for deliberate lying) has largely disappeared. Instead of being

continually hungry, even directly after a meal, and continually asking for something or accusing the nurse, doctor and relatives of endeavoring to kill her by starvation, she now eats four times a day and is satisfied. I attribute this largely to geranium. As to how geranium acts, I cannot even conjure up a glimpse of a theory. I do not think it acts simply as an astringent. I believe it acts chemically on some special tissues.

It may be that it acts upon the plasma circulating in the axis-cylinders of a certain grade of the sympathetic (trophic) nerve tissue, overcoming the toxic elements there, somewhat as echinacea does in the blood current. At least, however it acts, it acted well in this case. The ulceration of the stomach must have been quite extensive, as well as more or less chronic previous to this attack, for perhaps a year and a half.

Just recently I have added one and one-half grains of Metchnikoff's lactic acid bacillis once a day, which has induced a beneficial result, destroying apparently the pathogenic bacteria of the gastrointestinal tract.

Three months ago I used geranium on a gastrointestinal case which was accompanied with much diarrhea and vomiting. All the symptoms but the diarrhea have been satisfactorily controlled. The stomach has regained its normal tone but the diarrhea was not in the least checked until I added the arsenite of copper and bismuth. I

am sure geranium has a direct influence in curing conditions in the stomach which induce pain. Pain disappears entirely after it has been used for a time. It also restores the normal tone. I have theorized while writing here, that it may act upon some portion of the trophic nerve tissue in a more or less direct manner as above suggested.

ECHINACEA AND CRATAEGUS

E. B. DOAN, M. D.,
WEST CARROLLTON, O.

Echinacea is one of those good things which have come to us from our Eclectic friends. A Dr. Meyers, of Pawnee City, Neb., first used it and introduced it to the profession. Dr. Meyers in 1885 sent a specimen of the root of the plant from which the remedy is prepared, to Prof. John Uri Lloyd of Cincinnati, asking him to name the plant. Dr. Meyers had used echinacea in preparing "Meyers Blood Purifier" which he claimed much for, as an antidote to rattlesnake bite and a cure for typhoid conditions.

Soon after Prof. Lloyd had succeeded in classifying the plant, Dr. King of Cincinnati and Dr. Meyers of Nebraska called the attention of a number of eminent Eclectics in various parts of the country to the virtues of this truly grand remedy. It seems to have proven itself a foe to septic conditions wherever used and comes well nigh

being a specific in many of these conditions.

Dr. Fahnstock made a proving of echinacea, a report of which is given in the proceedings of the American Institute of Homeopathy for 1899. But many homeopaths are using echinacea almost daily and doubtless in the same way the Eclectics do. Possibly it will not be amiss to here state the conditions under which the Eclectics have found it most useful.

Lloyd and Felter say: "This agent is the most positive antagonist of blood depravation or blood dyscrasia. It antagonizes changes within the blood, or morbid accumulations, septic or otherwise, picked up by the blood in its course through the body. Autoinfection, whether acute or slowly progressive, well expresses one of the conditions met by this agent." Wounds which are prone to heal sluggishly are greatly helped by a twenty-five per cent moist dressing of echinacea. It can be depended upon in all typhoid conditions, or persistent febrile conditions, boils, carbuncles, abscesses and septic conditions generally. It is to be thought of in rhus tox poisoning both internally and as a local dressing, using it locally in about twenty-five per cent solution. In bites and stings of insects, a local dressing of echinacea of the above strength usually affords prompt relief. I knew of a druggist at a summer resort who dispensed two drachm vials of a great antidote for mosquito bites as a good round price per vial. This antidote consisted solely

of echinacea.

In my own experience, I have learned to rely much on echinacea in febrile conditions generally. In infected wounds from whatever cause where swelling and lymphangitis are marked, the remedy has never failed me. I never treat typhoid conditions without using echinacea.

In a case of typhoid fever treated several years ago in which the fever persisted for nearly eight weeks, the temperature dropped to normal in twenty-four hours after giving echinacea, and remained normal, the patient making a good recovery. In my own experience cases treated from the beginning with echinacea cause little trouble. The temperature if high at the beginning, that is

103 or 104 degrees, within a day or two will drop to 101 or 102 degrees, and rarely goes above that point again. In fact during the past two years I have not had but one case of suspected typhoid that developed into a true typhoid condition. No Widal tests were made and possibly these cases or some of them at least were not true typhoid fever. However that may be I am satisfied echinacea had much to do with the cure. I would like to add that the typhoid case just referred to was in my care but four or five days when the patient was sent to the hospital. The diagnosis of typhoid was confirmed by the staff physician and still further so by the death of the patient about two weeks later.

I do not wish to be understood as believing or stating that echinacea will cure all cases of typhoid, for I am convinced that some cases of typhoid are headed toward the cemetery from the very beginning, but I have better success with typhoid since I commenced using echinacea.

Echinacea is an excellent remedy in follicular tonsillitis and especially in those cases which are difficult to differentiate from diphtheria.

In dysentery I have found it a friend to be relied upon. My own experience summed up teaches me that the cardinal symptom or conditions calling for the administration of echinacea internally, locally or both, is injection from whatever cause or source.

CRATAEGUS OXYCANTHUS—THE ENGLISH HAWTHORN

The Eclectics have done much to introduce this remedy to the profession of America. However, the man who first prepared a tincture from the English hawthorn and made good use of it was an Irishman and a homeopath. The eclectic literature on the subject, states a well known physician, the late Dr. Greene, of Ennis, County Clare, Ireland, attained an extended reputation in the treatment of "Heart Disease" keeping the remedy a secret. Upon his death in 1894, his daughter revealed the fact that his famous cure was a tincture of the ripe berries of *crataegus oxycanthus*. In

1896 *The New York Medical Journal* published an article by Dr. J. C. Jennings of Chicago, on the use of *crataegus*, but neither of the authorities cited make any reference to Dr. Greene as a homeopath. Dr. Homedes of Barcelona, Spain, is responsible for the statement concerning the homeopathic origin of *crataegus*.

The ripe fruit of the hawthorn was the part used by Dr. Greene in preparing the tincture he used. The hawthorn or "haw" as it is generally called is native to this country, and one of the best preparations of *crataegus* obtainable is made from the ripe berries of one of the American species of hawthorn. Although first introduced by a homeopathic physician, I find no satisfactory proving of the drug. It seems to have been extensively used in Europe in recent years, and Dr. Homedes already referred to says of it: "This new remedy deserves better consideration by clinicians and provers in order to establish its pathogenesis on more solid bases."

It is a remedy well worth remembering in both functional and organic heart affections, especially when praecordial pain and oppression and dyspnoea are troublesome. The drug seems to have no cumulative action and can be given for an indefinite length of time, safely. Chronic sufferers from either functional or organic heart affections if treated with *crataegus* soon learn its value, and insist on having handy at all times "a bottle of that brown heart

medicine" as they are apt to call it.

Dr. Jennings, of Chicago, gives the physiological action of crataegus as follows:

From experiments on dogs and cats made by myself, it appears to influence the vagi and cardioinhibitory centers and diminishes the pulse rate, increases the intraventricular pressure, thus filling the heart with blood, causes retardation of the beat and an equilibrium between the general blood pressure and force of the beat. The cardiac impulse after a few days use of the crataegus is greatly strengthened and yields that low, soft tone, so characteristic of the first sound as shown by the cardiograph. The entire central nervous system seems to be influenced favorably by its use; the appetite increases and assimilation and nutrition improve, showing an influence over the sympathetic and the solar plexus. Also a sense of quietude and well being rests on the patient, and he who before its use was cross, melancholic and irritable, after a few days of its use shows marked signs of improvement in his mental state."

As this paper is designed to be short, I shall close without giving any cases in which I have found crataegus especially useful. In closing, however, let it be emphasized that nothing but the best preparations of crataegus and echinacea should be used. I think our homeopathic pharmacies dispense dependable preparations of both these drugs, but I have seen, and am sorry to

state have used, at least one preparation of echinacea from an old school drug house that was far below standard. I have always found Lloyd's preparations of these drugs excellent.

THUJA OCCIDENTALIS

I. N. BUSBY, M. D., BROOKLYN, IOWA

I would like to present some facts concerning my use of thuja occidentalis, which I believe will be of value to other readers of your journal. About twenty years ago I had a case of vaginal warts that I tried to remove with escharotics, but they persisted in coming back after I thought I had them removed. After several failures I applied a preparation of thuja which was manufactured at that time by a New York house. It was called ozonized oil of thuja. With this I saturated a pledget of cotton, applied it to the warts and caused it to be retained in contact with them. The effect was immediate. The warts were removed permanently in twenty-four hours.

A few years later an epidemic of smallpox broke out in my locality. The first case I treated was of the confluent variety and a severe case. It ran its course, however, and made a good recovery.

The second case was in the vesicular stage, was as severe as the first, but at the beginning of this stage I covered the vesicles with the oil of thuja and

gave this remedy internally. There was not a pustule formed and the patient made an excellent recovery in a very short time.

In the case of a little girl six years old I was called when the entire surface was covered with vesicles. I saturated these thoroughly with the oil of thuja, and two days later when I visited the patient the vesicles were gone, but the skin where each one had appeared had assumed a peculiar copper color. No fever or further trouble followed.

From my observation of the action of this remedy in smallpox I am convinced that if given at the beginning of the disease internally and applied externally as soon as any vesicles appear, it will abort this disease in a larger number of cases, and it will materially modify them all. In the first case referred to, the vesicles had reached full size and the pustules were beginning to form before I was called. In this case although thuja was used there was not such marked benefit. In all cases where the remedy is used right from the start the disease has plainly been aborted. I am convinced that the drug is to a degree a specific in smallpox.

SENECIO AUREUS

M. A. COOPER, M. D., SABINAL, TEXAS

I take pleasure in reporting the following case, which is especially

interesting, in that it is one more proof of the specific influence of one of our good remedies.

On the evening of the 7th of January, 1908, I was called to see a lady in the country, who upon my arrival I found to be having severe convulsions about every fifteen minutes. She was entirely unconscious between the spasms.

I found on examination that the patient was pregnant and lacked but three weeks of the completion of the full term. She was 22 years of age and a primipara. She was plainly at this time in the throes of labor which had been brought on prematurely by riding several miles in a wagon over a rocky road. The pains and the convulsions were occurring together. The os uteri was considerably dilated.

Morphine, chloroform and veratrum were used to stop the convulsions and in so doing the pains were stopped and the labor ceased. She was then put on gelsemium with nux to stimulate the kidneys and to help restore consciousness.

The gelsemium and nux were prescribed after the convulsions had ceased, but before consciousness was regained she took this combination for about three days until consciousness regained, then I gave her four drops of senecio every three hours alone, and kept her on this one drug until the day before she was confined, when she took about three doses of aletris in combination with the senecio. From the

time she regained consciousness until confinement her health was excellent. In fact she was up and about the house all the time, notwithstanding there was considerable albumin in the urine.

On the 29th, the symptoms of labor appeared and the patient was confined. She had rather a difficult labor, but the child was alive and in normal condition. There were no signs of convulsions during the labor nor subsequently. She had gone on to full term even after the os was somewhat dilated and made a normal recovery.

We would naturally expect the return of the convulsions, especially as albumin was present in the urine. The question arises did the senecio exercise an influence which prevented the convulsions or did it materially assist in preventing the expulsion of the child before full term ?

Ellingwood recommends senecio for albuminuria during pregnancy, and this was the cause of my using it in this case at this time, with what I am inclined to believe were wonderful results, and certainly with considerable gratification to myself and to the patient and to her family. If others have tried this remedy along this line, I hope they will report results. If it proves to be a potent remedy to prevent eclampsia, with albuminuria, it will certainly save many lives.

Brief Contributed Articles

LYCOPUS VIRGINICA IN THE TREATMENT OF DYSENTERY AND ENTEROCOLITIS

T. JENSEN, M. D., SPRING GROVE, MINN.

Twenty-five years ago I saw an article in *The Medical World* on the treatment of dysentery by the faithful use of *lycopus virginicus*. At that time I had a number of cases of this disease on hand that did not do as well as I wished with the treatment I employed at that time. Accordingly, I commenced the use of *lycopus* with all of my dysentery patients.

To the adults I gave a teaspoonful of the fluid extract of *lycopus*, every three hours. It did not make any difference whether it was of the acute or chronic form. All got the *lycopus* in the same manner, although I usually began the treatment by giving the patient a mild evacuant, such as castor oil or magnesium sulphate, and put them on a strict diet.

I remember one case, especially, a severe chronic case of several years standing, which had been under the care of several physicians without benefit. This patient improved from the first and got entirely well with one month's use of this remedy. The results in all cases were satisfactory.

After this there was no return of this disease in our locality for several years, hence *lycopus* was almost entirely

forgotten. I had a few sporadic cases during that time, especially in hot weather, probably due to errors of diet. These readily yielded to a simple evacuant, or I gave a prescription containing one grain of Podophyllum, two grains of ipecac, and ten grains of powdered opium, triturated with sugar of milk, divided into twenty powders of which one was given every two hours. With this treatment these simple cases recovered at once. In none of these cases was there the least tendency evident of the disease becoming epidemic.

During the past months of October and November I have had twelve cases of dysentery or enterocolitis of a most severe form to deal with. I began the treatment of these cases after the usual method. I evacuated the bowels freely and flushed them, using the high rectal tube and the normal salt solution freely. Afterwards introducing an antiseptic solution of thymol. Internally I gave aconite, ipecac, the salicylate of bismuth and the sulphocarbolates, but did not get good results.

Finally, there came to my memory the good results I had obtained twenty-five years ago, in treating dysentery with lycopus. Accordingly, I commenced giving this remedy at once. I began with a three year old patient giving her ten drop doses every three hours. In two days the improvement was a decided one. The lycopus was continued until the case was cured.

Enterocolitis as an acute inflammatory

condition may involve the larger portion of the alimentary canal, and as its symptoms are similar to ptomaine poisoning, I believe that it is caused by a ptomaine. The authorized treatment is to wash out the colon with a rectal tube and to cleanse the small intestine with the use of simple evacuants. Of the ten cases above referred to, treated with this remedy, I had difficulty with the diet, as milk could not be given. Even malted milk proved in'urious to some of them, and milk per rectum was injected. I depended largely on beef tea by the mouth.

Of all the remedies tried in this case, among which were ipecac, bryonia and colocynth, none acted as well as lycopus. This remedy seemed to exercise an anodyne influence, similar to that of opium, inducing a soothing and generally quieting influence, apparent after each dose. One of the first symptoms of improvement which I observed was the free discharge of gases after the use of this remedy. Other symptoms abated uniformly and steadily until the cure was complete. In conclusion, I wish the readers of this journal would try this remedy in dysentery and enterocolitis. If they have not used it for this purpose, I believe it would be well for them to report their cases through this journal.

COMMENT.—I believe this is the first article I have seen recommending this important remedy in the treatment of the above named disease. With the writer of the article, I sincerely hope that any one who has had any

experience with the use of the remedy as above suggested will report it. The American Dispensatory calls attention to its influence in improving the action of the stomach and increasing the appetite, and mentions that it has been used in dysentery and diarrhea with advantage, and that it allays irritation and inflammation in gastritis and enteritis, but does not in any way emphasize the statements.

ARNICA MONTANA

CHARLES DOWDELL, M. D., TEXAS

Concerning the physiological action of this remedy I will say briefly that it possesses acrid properties. In large doses, it causes burning or heat in the throat, nausea, vomiting, gastric pains and loss of appetite. It may excite diarrhea, spasmodic contractions of the limbs, difficulty of respiration, and depression of the heart's action. It dilates the pupils, interferes with the powers of locomotion, causes muscular paralysis, collapse, coma and even death. There is no known antidote to its poisonous influences.

In small doses it accelerates the pulse, by increasing the power and force of the heart's action, increases the activity of the capillary circulation; excites the flow of urine; increases respiration; promotes diaphoresis, and appears to exert a specific influence over the nervous system.

It is indicated in diseases characterized by debility, torpor, and inactivity. In low forms of fever, as typhoid or

typhus, with dry tongue and great depression; in prostrating diarrhea, if delirium of a low muttering character be present, it is a good remedy. It is a specific stimulant to the cerebro-spinal nervous system, and is of value in severe fevers where the nervous force has abated. In those cases where there is marked depression, it acts as a nerve restorative and tonic, and through this influence controls the fever.

In extreme prostration from fevers, or other diseases, where there is present excessive night sweats, colliquative diarrhea, or incontinence of urine or of the feces, feeble respiratory power, difficulty of sleeping from impeded respiration, it is a specific. In such cases its beneficial influence may be noticed in a few hours. It is useful in some forms of paralysis, some forms of mania, and delirium tremens. It is frequently prescribed for lame back, back-ache, and feeling of debility and soreness in the small of back, aching as from a severe cold, or as if bruised, or strained. It is only useful in those cases where there is feebleness, with deficient circulation; but in these cases the influence is direct and permanent. Where the patient has suffered an accident, and has been crushed or bruised, or the muscular structure injured, or when the soreness of violent and excessive muscular action is present, as that following excessive labor, if given internally, in connection with its local application, it will hasten the healing process most satisfactorily. Arnica has been employed in

pneumonia with good results. In typhoid-pneumonia, with dry tongue, great depression, and difficult expectoration it will be found valuable. In idiopathic anemia, with weak pulse and feeble circulation, arnica is indicated. In nervous headache, with marked debility, give it in small doses. In gout, with skin cool, pulse weak and slow, feeble circulation, arnica is one of the best remedies. In rheumatism with the above indications arnica will be found a good remedy; its direct influence over the eliminating and restorative functions of the system are of great service here. In exhaustion from sexual abuse, as a stimulant, where there is a weak pulse and feeble circulation, give arnica. It is contrarily indicated by increased temperature. Locally to injured parts arnica stimulates the removal of waste, and encourages repair. For sore nipples, take arnica, drs. 2; aqua, oz. 2. Mix and apply to the part several times per day.

Arnica is recommended as a stimulant to the vascular and secretory organs, when the action of these is languid and requires to have their energy increased.

It gives good results in prostration of the system from injuries and in concussion of the brain in promoting reaction. In fact it is a valuable remedy in many diseases, where there is debility, torpor or inactivity of functions.

MY EXPERIENCE WITH "INTRAUTERINE MEDICATION"

N. J. CARRIKER, M. D., KANSAS CITY,
Mo.

The treatment for the various forms of uterine diseases in the past has been very unsatisfactory; and it may be said that there are few things which embarrass the practitioner more than the attempt to cure female troubles with former methods that were never specifically adapted.

Filled with fear and prejudice from early instruction, physicians have considered it dangerous to introduce liquids into the uterus lest they cause colic, or after confinement that air might enter the veins and end in embolism. It is scarcely possible to estimate the advantages that have been established by Dr. Woodward's work entitled "Intra-Uterine Medication," which gives every detail regarding the practice of his simple method of uterine irrigation. My experience with this new method, however, soon convinced me that our fears were imaginative, arising through the practice of the old elevated douche method.

This new method has been the means of controlling for me a class of uterine diseases manifesting the results of chronic inflammation, such as: anti- and retro-version, prolapsus uteri, sanguineous exudations and semimonthly hemorrhages, infection before and during the menopause,

polypoid and fibroid growths, irritation resulting in reflex action, namely: pain in one or both sides, headache, backache and sciatica. The recital of one case will exemplify the efficacy of this modern method of uterine irrigation:

Mrs. C., age 26, mother of one child age four years. Examination disclosed the uterus three and a half inches deep, semi-everted and prolapsed, and a profuse, thick, white exudation; endometrium so extensively ulcerated as to exhibit, during the irrigation, sloughing membranes, followed with considerable hemorrhage after the first few treatments. She was troubled with headaches, backache, and a dull pain in the region of the left ovary; skin sallow, moist and relaxed; constipated and prostrated most of the time.

Treatment: To control the irritation and intra-utero infection her uterus was cleansed out every third day with two solutions: one, peroxide of hydrogen and the other a non-effervescing antiseptic, and the treatment finished with the insertion of a dehydrating and astringent pack against the os. Her bowels were stimulated to normal activity with the following remedies:

Distil, hamamelis.....oz. 1
Specific nux vomica.....drops 10
Specific belladonna.....drops 8
Aqua enough to make.....oz. 4

Sig.: One teaspoonful every three hours. The capillary circulation was

restored by inunctions following each bath. Eight weeks of this treatment effected not only a cure, but brought many women to my office who were in need of similar aid. In fact, the method has been the means of greatly increasing my office business.

THE OPERCULAR METHOD FOR THE CURE OF HERNIA

A. SCHREIBER, M. D., WAUMANDEE,
WiS.

It is conceded by most surgeons that the radical operation for hernia is the only course that should be advised. On the other hand the absolute horror of operations in general, entertained by the laity, prevents at least eighty per cent of the afflicted from seeking relief from the surgeon; consequently the truss manufacturer reaps the benefit.

The following procedure seems to me to eliminate the objectionable features of knife, chloroform and truss, bringing the patient to the physician, however, for relief and cure. This method includes the treatment of direct, indirect, femoral, inguinal and umbilical hernias. The operation requires no particular skill and can be performed in the office. The results were absolute in every one of my cases.

The method is to make use of the material which nature amply provides, by in-vaginating the integument into a cul de sac and plugging up, as it were, the internal ring with the fundus of this cul de sac, and retaining this plug in

position with the puckering ligature. Surgical asepsis is necessary, no matter how simple the operation. As a local anesthetic, ethyl chloride is sufficient, although phenol may be applied in a circular manner at the seat of the prospective operation with a swab or brush, or cocaine in two per cent solution can be used.

The operation is performed with a surgeon's straight needle, threaded with a heavy strand of silk worm gut, silk or silver wire. Proceed by pinching up the integument with the thumb and fore finger of the left hand. Pass the needle through the elevated skin, and continue in this manner around a circle, forming a loop with the ligature.

After phenol is used, if applied in full strength, it should be neutralized with alcohol before it destroys the cuticle, as that would permit of adhesion at the puckered orifice of the cul de sac, which would interfere with replacing the tampon, besides the danger of infection would increase.

With the ligature in place, you proceed with your little finger, or with a lead pencil for children, to invaginate the integument enclosed within the circle, into a cul de sac pushing the excess into the canal, and into the internal ring. A little traction on the suture will bring the integument around the finger, so as to retain the internal cul de sac in position. Remove the finger and tampon the cavity, with absorbent cotton.

With a little more traction, tie the ligature to hold the tampon in place, and finish with a bow knot, so as to admit of retampon-ing when necessary. Apply a wet antiseptic dressing continuously until all the irritation is subdued. The truss the patient formerly wore, can be utilized, if necessary, to retain the dressing in place, and the patient can go about his business with little or no inconvenience.

The ligature can be introduced so as to make the cul de sac circular, oval or oblong. The cul de sac can be pushed through the ring and tamponed, so as to have the largest diameter of the fungus within the abdominal cavity, thus buttoning-holing the internal ring. The pressure of the abdominal contents would retain it in juxtaposition to the internal abdominal wall and perfect adhesions would follow.

With the most of these patients it is desirable that they have internal tonic treatment or medicine to antagonize toxins. I prescribe one-fourth of a grain of calcium sulphide four times a day and an elixir of iron, quinin and strychnin after each meal.

It seems that the results of this method cannot be other than the best. I have operated on but one case. The results were simply perfect. I believe they would be equally perfect in any number of cases. I used the silk worm gut for ligature.

In summing up this method it has the following cardinal points to recommend it: If done away with the knife, with chloroform and with the truss; any physician can perform it; it can be performed in the office; its simplicity will make it popular.

“THE GREAT PROPAGANDA”

THOS. S. BLAIR, M. D., HARRISBURG,
PENN.

In a recent editorial in ELLINGWOOD'S THERAPEUTIST I have noticed some remarks relative to The Journal of the American Medical Association and therapeutic nihilism in general. As a member of this organization, I regret to say that what is said is a pretty fair estimate of conditions. But there are some extenuating circumstances to which I beg leave to direct attention. Really, there are a good many matters appearing in the J. A. M. A. not very much approved by the rank and file of the Association. The truth is, the organization has grown very large and, as is natural, the various specialists have monopolized matters and insist upon the section papers all appearing in the published transactions, viz. the journal.

As a matter of fact, they seriously cumber its pages, as viewed by the most of us; but the specialists do not look upon the matter in that light. But the journal does give the impression that the dominant section of the profession is much more ultra-

scientific than it really is. A forward movement is always apt to be crude. This applies to the Council on Pharmacy and Chemistry. We all know that all schools have been carrying along a lot of rubbish in our text books and more particularly so in materia-medica. Weeding it out is rather a thankless task, and it has been dreadfully hard to interest the right men, as most of them were either too busy or too much involved in various ways. I know perfectly well that more or less injustice has been done by this Council but I also know it has also done much good and has elevated standards. The end results promise to be satisfactory to all legitimate interests. As to certain attacks made, nearly all attacks are more or less unfair. Nevertheless, our good friend Dr. Abbott partly brought this upon himself and it has done him no real harm. It has only cleared the air a little.

As a disinterested observer, it impresses me that any man is at perfect liberty to use alkaloids in the place of the tinctures and fluid extracts if he so desires. No one doubts their activity. Neither will any reasonable man doubt the potency of a good fluid medicine. It is a matter of taste and the action one desires from the drug. But Dr. Abbott denounced the galenical in a manner quite beyond the mark, and of course he aroused the ire of certain gentlemen. Both have said every possible thing to say and honors are even. I hope they will call it quits.

Dr. Osier is a fine pathologist and has

been brought into unwonted prominence as a therapist. He is all right in his place but really we do not regard him as an authority upon therapeutics. He never claimed to be. That was newspaper booming and is another story.

As to all journals and all medical associations, it is very hard to get the best and the most practical men to come to the fore and make themselves heard. On the other hand, the fellow with an axe to grind comes early and sits up front.

SUGGESTIONS IN THE TREATMENT OF PHTHISIS

F. A. PINELES-MONTAGU, M. D., DRUEY, N. D.

No disease at the present time is attracting so much attention as pulmonary tuberculosis. It is not the intention of the writer to go fully into the causes or character of this serious disease but to state some simply practical facts concerning its treatment.

Much could be said concerning the causes. Suffice it to say that it occasionally follows croupous pneumonia, especially if that disease affects the apex of the lung, or if that disease terminates in abscess or in gangrene. It may also sometimes follow a protracted case of bronchitis. At other times the disease appears during an otherwise apparently favorable convalescence from some other

prolonged inflammatory disease.

Sedentary habits, masturbation, sexual excesses, intemperance, want of proper ventilation and fresh air, breathing impure air, materially assist in the production of phthisis. Dampness of the soil, a sudden change of climate from heat to cold, excessive moisture in the atmosphere, are predisposing causes to phthisis. Severe mental depression from worry, grief, anxiety or over-studying predispose to phthisis. Phthisis may follow pernicious anemia in girls, and it also may be caused by diabetes, or drinking the milk of animals affected with tubercle.

The constitutional symptoms of phthisis pulmonalis are persistent, although often there is but slight elevation of the temperature, anorexia, with general emaciation, indigestion, chills and in severe cases night sweats.

In any form of phthisis a most generous nutritious diet should be given. When fat is introduced into the stomach it is sent to the liver in a state of emulsion, and from there to the lungs, usually proves beneficial in supporting the action of the lungs. The best fats that I have found in this disease are cream in abundance, pure olive oil and pure unadulterated cod liver oil, and to the first two it is often beneficial to give in conjunction liquor arsenicalis.

With reference to cod liver oil, see that you obtain it pure. It should not fail to stand the undermentioned test.

Test: This is a reliable test that I have used for many years. Other liver oils would be almost impossible to detect; when, however, other oils of other than hepatic origin are present, they either will not yield with ac. sulphuric purif. C. P. the violet or red colors; or, these colors instantly become mingled with or obscured by a dark brown substance, the oil becoming charred. These results take place when whale oil and seal oil, or where olive oil and other vegetable oils are present. I have prescribed the following formulas for many years with excellent success in these cases for general medication:

- Specific lycopus.....drops. 30
- Specific baptisia.....drops. 30
- Specific cinnamon.....drops. 30
- Aqua dest.....ozs. 4

Sig.: One dram three, four or five times each day.

The above formula will reduce the temperature, keeping it near normal, will prevent palpitation and reduce the frequency of the pulse, which if feeble will become stronger under its use, will prevent hemorrhage and keep the bowels regular and will lessen and relieve the cough, especially in incipient phthisis.

- Ol. morrhuae.....ozs. 3
- Liquor potass.....drs. 2
- Liquor ammon. fort.....drops. 8
- Oil cassia.....drops. 4
- Syr. simplex.....oz. 1

Make an emulsion.

This emulsion must be mixed in a mortar with a pestle thoroughly, otherwise it is useless, and one drug at a time must be mixed taking two or three minutes for each, otherwise it will not emulsify properly and therefore will not benefit your patient.

The above formula will relieve the cough, remove indigestion that is so prevalent in phthisis, cure night sweats and build up the system. The patient puts on flesh, becomes brighter and more cheerful and if taken for a very long period in a great many cases destroys the germs and helps to fill up the cavities. It is both a food and a germicide. It may be given in dram doses.

With reference to diet I have found the following of great benefit:

8 a. m. breakfast. Two large cups of coca, bread and butter and a lightly boiled egg.

At 11 a. m. The yolk of an egg beaten up in one-half pint of milk, one teaspoonful of good brandy or a little sugar to suit the taste.

12:30 p. m. dinner. Chicken broth with bread, boiled, not roasted, chicken with vegetables, rice, sago, tapioca, custard or boiled custard with plenty of milk or cream.

At 3 p. m. The same as 11 a. m.

5. p.m. tea. The same as breakfast with the addition of a little jam, sweet not sour, and a couple of large cups of weak tea with cream instead of cocoa.

At 8 p.m. The same as 3 p. m.

The patient should take walks in the sunshine in pleasant company or alone, and if it is impossible through weakness he should be kept out in the open air as much as possible.

The patient should wear flannel next to his skin the year round, and in addition a lung protector back and front, wollen stockings, and thick boots not shoes.

If emaciation, is extreme, 6 to 12 ounces of port wine or brandy is of great service given between meals. Beer, whisky and tobacco must be prohibited.

A MEDICAL VIEW OF PELVIC PERITONITIS

ELLA RICHARDSON COUTURE, B. S., M. D., AUBURN, CAL.

The gynecologist is seldom called upon until the case has become chronic. The patient has exhausted the skill of herself and all of her friends and all the proprietary remedies she ever heard of. She comes to the office hopeless and discouraged and always assures you she does not expect to be cured, but nevertheless proceeds with her "tale of woe." We will pass over that long familiar story so full of pain and woe to the patient and perplexity for

the physician, giving you a few of the remedies and the conditions for which we have used them. We assure you some of the results have been surprising. After a careful examination, noting the extent and results of the recurring inflammations, the general physical condition, the temperament and characteristics peculiar to the patient herself, we seek the remedy or combination of remedies suitable for *her* rather than her *disease*—for example.

Belladonna—For the quick, active brunette, jolly when well, a growler when ill, bright, shiny eyes, dilated pupil, quick, excitable pulse, throbbing carotids, pains come and go quickly, just darts, burning soreness, worse at night, delirious, may be better up to 11 a. m., then worse. Menstruation too profuse, bright red, comes in gushes that feel hot to the patient.

Pulsatilla—Light, fair, frivolous, flighty, easily swayed, bitter sour taste; flat, coated tongue, borrowing trouble, hysterical. Menstruation one day one way, one day another. Pains shift suddenly in character and locations. Thick, yellow, bland leucorrhea, chilly but better out doors in the open air.

Mitchella Repens—A splendid tonic where there is that anxious longing they know not for what.

Bryonia—Large, fat, fair, quick actioned women, thirsty for large quantities of water at a time. Pains sharp, cutting, stabbing in character. Does not want to be moved, must lie perfectly still. Constipated, with broad tongue, white or yellow coat.

Cantharis—Urine hot, comes in drops with great anguish. Bright specks before the eyes.

Mercurius Corrosivus 6x—After the inflammation of the acute attack is over to help absorption and it is wonderful what it will do. Low fever, chilly up and down back, creeps, sallow, dirty complexion. Perspiration, cold, clammy, sticky, which gives no relief.

Rhus Tox—Long pointed tongue, tip red. Restless, must be on the continual move. Pressing, cutting pains in the abdomen, worse at night especially toward evening.

Palladium—Sharp cutting pain in uterus as if a knife thrust through, aversion to any motion. Very proud and egotistical, fond of admiration. We once cured a case with the 6x that had a tumor, large as a small egg in left ovarian region, was hard, we were more than surprised to see it absorbed in two months' time as well as was the consultant who had expected to operate.

Platina—The haughty, scornful woman, better than any one else, sensitive to the least touch and terribly afraid to die, much trembling of limbs.

Echinacea—Twenty to thirty drop doses repeated every hour to three or four times daily is the king pin, and in septic form can not be equaled.

For the local treatment of these cases we use several tampons of wool that have been previously medicated with boro-glyceride, saturated solution; or ichthyol 10 to 20 per cent solution with glycerine. We place the tampons anteriorly, posteriorly and latterly also under the cervix, lifting the uterus, ovaries and adnexa, taking the weight off the ligaments, the medicament absorbing the adhesions. We direct in 48 hours the removal of the tampons, the taking of a vaginal douche consisting of three quarts of hot water, just as hot as can be borne, putting a tablespoon of boro-glyceride with last pint of hot water same to be retained as long as possible. The douche must be given with patient on her back, hips elevated and bed pan to receive tile overflow. The patient is directed to return twice a week for local treatment.

We insist upon our patient breathing properly, long and deep, of pure fresh air— for breath is life. We look after elimination, making sure the skin, liver and kidneys are doing their work.

Therapeutic Facts

Hematuria and Acid Urine

I desire to add to the therapeutic collection of valuable facts, one which seems to be overlooked by many physicians. It is a condition of the kidneys and urine from which women seem to be subjected more frequently than men. It seems to be caused by overwork or violent exertion, by overheating and subsequent exposure to extreme cold.

The first evidence of disease is blood in the urine, with severe smarting pain after urinating. The pain is sometimes so agonizing that an opiate is required. Upon examination the urine will be found to be extremely acid in reaction and often there is more or less pus in the urine. The treatment which is common by regular physicians I find to be alkalines for the acid reaction, with urotropin and cystogen. Eclectic physicians would give chimaphila, eucalyptus, corn silk and others of this list. If he should call counsel, santal oil, buchu, pareira brava, and kava kava might be suggested.

My method of treating these cases is based upon the acidity of the urine, upon possible ulceration and consequent hemorrhage. I have given the following formula with excellent results: Aromatic sulphuric acid, one ounce; mangifera indica and glycerin, of each half of an ounce. Mix. Take five

or six drops in water at each dose every two or three hours, according to the condition. Later three or four times a day will be sufficiently often. The aromatic sulphuric acid not only controls the hemorrhages, but it changes the character of the urine, reducing the excessive acidity.

Mangifera has its specific influence upon the bladder walls, controlling inflammatory conditions there. In 24 hours the reaction of the urine is normal and the case proceeds rapidly to a happy termination. Acid urine can be made alkaline with potassium or sodium bicarbonate in a test tube, but not in the human body. In these cases I believe the acidity is due to the products of the ulceration, which is immediately corrected by the above treatment.

FREDERICK A. REW, M. D.

Erigeron in Tympanites

For the treatment of tympanites, I have depended upon the following formula for nearly thirty years. The results of its action have been highly satisfactory. Several old school physicians to whom I have given the formula have been enthusiastic in praising its effects: Beat together, thoroughly, the yolk of one egg, a pint of milk warm, and half of a dram of the oil of erigeron. This is to be used as an enema in any case of tympanites. I obtained this prescription from the materia medica of the late I. J. M. Goss, M. D., of Atlanta, Ga. He gave credit for the formula to the late E. M. Hale, M. D., of Chicago, a very

prominent and successful
homeopathist.

WM. M. GREGORY, M. D.

J. A. HUTCHINSON, M. D.

The Method that Cures

I am an enthusiast in the study and development of the Materia Medica and Therapeutics. I do not believe our vegetable materia medica is understood nearly as well as it ought to be.

I began the study of medicine in a homeopathic college, obtained my diploma and practiced four years. Then I took a course in a regular college and graduated with honors. Since then I have been patiently and diligently working up my knowledge of Eclectic materia medica. I have been using normal and specific tinctures only, for several years. I have come to the conclusion that any man who knows much about these good drugs and their uses cannot remain a therapeutic nihilist, unless he has had his work spoiled by a substituting druggist.

I owe very much indeed of my knowledge of Eclectic medicine to Ellingwood's materia medica and therapeutics. I am trying as much as I can to get my friends in the profession to see that we should have no sects in medicine. That all schools have good things. If medicine can be taught and practiced on this basis, proprietary medicine men will have to go out of business.

Turpentine in Typhoid

In the treatment of typhoid fever, don't forget when the indications for turpentine are present that this remedy will sometimes do wonders. In these cases when there is a sudden rise in the temperature that is not readily subdued by bathing, all indications being right, I make it a practice to give castor oil freely, following which there is often a speedy and satisfactory decline in the temperature.

E. B. GREGORY, M. D.

Thuja in Incontinence

For nocturnal incontinence of urine in children and for frequency of urination, passing only in drops, in adults, I have given thuja with better results than any other remedy I have been able to find. For me it has stopped the condition more quickly than others.

C. L. WAKEMAN, M. D.

Veratrum in Puerperal Convulsions

I recently had in my care a young pregnant woman, sixteen years of age, primipara, who was having a great deal of regular pain much like labor pains; supposed to be such, as full term had expired. I determined upon examination that the pains were not of labor. I gave some preparatory

medicine and advised concerning the care of the patient, until labor would occur, which was nearly a week. I was finally called in great haste and was notified that the patient had a "fit," and before I reached her there were four severe convulsions. I immediately gave her 25 drops of specific veratrum, hypodermically, and in half an hour ten drops more.

On my arrival the os was neither dilated nor dilatable, but in a short time after giving the second injection the entire condition changed and labor came on in a natural and satisfactory manner. There was no return of the convulsions, no complications of any kind, but after a rather tedious labor of perhaps twelve hours duration, the patient made an excellent recovery. It seemed strange to me, afterward, to find out that the mother had no knowledge of my having been in the case in any way, and no recollection of anything that happened, or of any pain that she had from the time of the occurrence of the first convulsion.

J. C. ANDREWS, M. D.

Treatment of Syphilis

I notice you took up the treatment of syphilis in the last issue of THE THERAPEUTIST. I had one case that proved to me the superiority of the specifics. A man came to me with a mixed infection nearly two years ago. I fixed the chancroids and told him he had better take some medicine for the other infection. He seemed to doubt

my diagnosis and let it go. In about six weeks he had the finest specimen you ever saw. I put him on mercury and potassium iodide, giving all he would stand. He had several mucous patches and they would not heal. After having kept him on this treatment for a number of weeks and until we were both getting discouraged, I gave him the following: Sp. veratrum, two drachms; sp. phytolacca, four drachms; sp. echafolta, one ounce; syr. trifolium compound q. s., eight ounces. Sig.: Teaspoonful in water four times a day. He took the first bottle and when he came back he said it was the best medicine I had given him and to fill it up again. I kept him on it for several months and he improved steadily, the mucous patches healed nicely and quickly. I saw him several months after he stopped taking treatment and there was not a sign of any eruption on him anywhere. This case alone was enough to convince me of the efficacy of the specifics in this disease.

I find that I get much better and quicker results by giving the remedies in larger doses than is printed on the bottle. I have had several cases in children where there was glandular enlargements under the scalp and around the neck. I give them four to six drachms of spec. phytolacca in four ounces of water and order a teaspoonful every one or two hours and it fixes them every time, they very seldom need but the one bottle.

I have a case of itching in a pregnant woman that is worrying me, there is

not a sign of anything anywhere but the itching at times is terrible, is apt to come on any time but seems to be worse at night. There is no eruption, skin nice and smooth, bowels normal, kidneys acting freely. I have diagnosed it as a terminal nerve irritation. Am I right and what will stop it? Thanking you in advance for your kindness, I remain, Yours very truly,

R. G. GRESSMAN, M. D.

Treatment of Tonsillitis

I have been noting with great interest the different treatments recommended for tonsillitis in the past several numbers of THE THERAPEUTIST and wish to give one which has served me so well for the past ten years, and has won for me more good families than anything I know to attribute my practice of today too. This treatment has a tendency to overcome the predisposition to future attacks. When I first came here people were used to having their throats lanced and were laboring under the impression that there was not anything else for them to do only let the throat go and burst of its own accord, or send for the doctor to open it. I have changed this idea with most of them now.

I first make application to the tonsils of fl. gum guaiac and give internally the following:

Sp. m. phytolaccadr. 1/2
Sp. m. echinaceadr. 2

Baryta carb. 3x.....gr. 32
Glycerinoz. 1
Aqua q. s.....oz. 6

Misce et sig.: Teaspoonful every hour. Calcium sulphide ix. Sig.: One grain every two hours in between other medicine. In the follicular form or diphtheric I use mere. iodid 2x, one grain every two hours with the calc. sulph. if the tongue has a yellow coating, if it is bluish like in form I substitute lachesis 6x in the same size dose. These are the only cases where I use a local application, and then only with an atomizer.

With this treatment I have been able to relieve all of my cases in twelve to seventy-two hours without lancing or allowing the tonsils to burst.

F. J. LONGFIELD.

Eclampsia Treated Specifically

In the treatment of post partum eclampsia I am positively in favor of giving the case a rapid survey in order to determine exactly the specific indications present at that time and to treat those indications in a specific manner. In one severe case I had, the flushed face, contracted pupils and small pulse were plainly present. I gave only five drops of gelsemium, hypodermically, and followed this treatment with gelsemium by the mouth and there was no return of the spasms.

In another case there was a hard full

bounding pulse running 130 per minute. I gave five drops of veratrum, hypodermically, and repeated the dose in half an hour and there was no return of the spasms.

H. C. HART, M. D.

COMMENT.—The doctor's suggestions are indeed excellent. It is common to treat the fact that the patient has spasms, with some remedy advised for spasms, making no study whatever of the specific conditions. I am certain that the fact that the doctor prescribed the remedies named in accordance with their indications, accounts fully for the fact that he obtained satisfactory results from very much smaller doses of each remedy than those usually advised. We must impress upon our minds the importance of looking for the exact indications and meeting them. The doctor probably refers to puerperal eclampsias in general, although his cases were postpartem. In either case the suggestions would apply.

Eryngium

I have found Lloyd's specific eryngium to be a valuable remedy in irritable conditions of the bladder. I first used it personally with a great deal of relief. I have prescribed it in such cases often since, and so far have not been disappointed in its action. In fact I have used it sufficiently often to convince me that it has a specific influence in a certain class of these distressing cases.

GUY HUTCHINGS.

COMMENT.—The specific indications for this remedy are irritability either renal, vesical, or urethral, which is accompanied with

burning pain, sometimes sharp and cutting. There is frequent desire to urinate; frequent, scanty urination, accompanied with scalding and burning. A sensation of uneasiness in the bladder or pain and severe aching, which extends up to the loins; scanty urine, passed after frequent ineffectual attempts to empty the bladder. It relieves disorders of the bladder and urinary irritability, which are caused by uterine irritation.

Queries

What is the best method of removing particles of black powder or coal, or their stains, from the skin of the face? Where can I find in literature a description of the technique of their removal?

Can I truthfully promise my patient a satisfactory result? I would like a reply to these questions through the pages of this journal.

T. J. WEST, M. D.

COMMENT.—In different cases, different methods have been advised for the removal of powder after an explosion, or after having been blown into the skin. I would like the readers to reply fully to this request from their own experiences. Once in my early practice, I applied a large poultice of ulmus over the entire face, when it had been blown full of powder the day before. Suppuration around each particle took place. I then washed the suppuration surfaces with an antiseptic wash and obtained perfect results. I have not had just such a recent case since, in which to apply this method and have never heard of any one else using a similar course.

To Abort a Cold—Urinary Incontinence

When I have a patient who is just beginning to complain that he has caught cold, I give him fifteen drops each of gelsemium and jaborandi. If he remains quiet and in a warm place, the condition is usually aborted at once.

C. L. WAKEMAN, M. D.

COMMENT.—In the dose mentioned above, the combination would be safe in sthenic cases with most adults. For feeble patients and children or those who suffer from heart trouble it might produce considerable depression. In any case it must be watched very closely and the dose repeated only with great care. There is a similar depressing influence possessed by each of these remedies, which might be exercised unduly when given together.

Permanganate of Potassium in Septic Fever

I should like to present the following as my method of treating those cases of blood poisoning in which there is a high temperature. The reader will probably give vera-trum and echinacea in these cases, but I have found the temperature to drop much more quickly by using this method in addition.

I make a solution of the permanganate of potassium and use this as a rectal enema, insisting upon the patient holding it as long as possible. The enema may be repeated three or four times a day. You will find that the

temperature goes down very rapidly.

C. L. WAKEMAN, M. D.

COMMENT.—Theoretically this agent would be decomposed as soon as it comes in contact with the secretions and excretions of the intestinal tract. If there was organic infection there to be destroyed by the nascent oxygen that is supposed to be freed by the decomposition we could understand its action. How it would influence toxins in the blood would have to be explained. Clinical results, however, are very potent in demolishing theory, and the doctor says the results can be obtained.

Coryza

The following method has been a successful one with me, in the treatment at the beginning of a cold, or during the earliest symptoms of coryza. I have used from fifteen to twenty drops of avena sativa, in hot wa'er every two or three hours during the developing stages of this disorder.

As a result of this simple treatment the symptoms disappear and the disease is aborted.

J. A. W.

Bandaging Tibial Ulcers

For many years I have treated tibial ulcers with the use of bandages, after the method taught when I was in college, by Prof. A. J. Howe, M. D. He advised that the bandage be made from white flannel—that which is called baby flannel. The bandage is made after the

form of an ordinary roller bandage, two and a half inches wide and from fifteen to eighteen feet in each roller, rolled up close and tight. The application is made after the method of an ordinary roller bandage. The ulcers are first cleansed with some antiseptic lotion, such as a solution of asepsin, or a lotion made from combining one dram of echafolta and half of a dram of calendula to a pint of water. The bandage is applied from the toe to the knee, once each day until the ulcers are healed. This simple course has been very satisfactory with me. I have treated ulcers that have existed for years and in patients between 75 and 80 years of age, with complete cures.

J. C. ANDREWS, M. D.

COMMENT.—The method of treating tibial ulcers by bandaging has been in vogue for perhaps thirty years. But few physicians, however, have found the method applicable to all cases indiscriminately. While many cases are benefited by it, and a number of cases are cured, provided all other conditions abnormal are corrected, there are still other cases that may be successfully treated without it.

A rubber bandage made of very thin rubber has proved successful in many cases, when properly applied, but the objections to its use are that it confines the excretions and is difficult of application, by which uniform pressure can be made. Bandages made of an elastic mesh are satisfactory in some cases.

Gargling

In a recent issue one of your correspondents speaks of gargling and

then he says:

“The medicine is allowed to trickle down the throat.” I can drink even standing on my head but for the life of me I can't “trickle.” Will you have your correspondent explain how he gets a patient lying down to trickle anything down his throat. He had better look up the subject of deglutition. Then the same article goes on to speak of gargling by the writer's method, intimating that in it the patient does not absolutely close the pharynx. The brother should look up the physiology of this matter.

JAMES LONG, M. D.

Specific Indication for Sodium Phosphate

The phosphate of sodium is a valuable remedy, but mild in its action and somewhat slow in accomplishing results. Its field is similar to that of other liver remedies generally considered, that is, it is beneficial

where the liver is inactive, where the skin is sallow, where the bowel movements are pale or clay colored.

In the following conditions it is also a specific. In catarrhal conditions of the upper bowels, with colicky pains in the abdomen; where there is irregular action of the bowels with sour or acrid eructations three or four hours after eating; where there is a sensation of weight and fullness in the region of the liver, with great discomfort when lying

on the left side, which is described as a dragging or pulling sensation in the region of the liver.

Also, in summer diarrheas, where there is large, colorless, watery discharges, with a chalky like deposit on napkins upon drying; or where the discharges are greenish or feculent. If cystitic irritation is present with the above named symptoms, or if such irritation is induced by the presence of uric acid, this agent is curative.

To an adult, from fifteen to thirty grains in a half a glass of hot water before meals is a satisfactory method of administration. To infants, from ten grains to a dram in three ounces of water, a teaspoonful every three hours is the proper dose.

At various times suggestions have been made in favor of the use of cranberries in the treatment of both acute and chronic rheu-tism. It has been suggested as positively an anti-rheumatic remedy. A decoction is made of the berries in conjunction with both the leaves, the stalk and the root of the plant, in the proportion of two ounces to six ounces of water. The above quantity is drunk every 24 hours, from four to ten weeks, this time required to cure chronic cases. Acute cases will yield readily if at all. The influence of the agent is slow and increases gradually from time to time, and it is advisable to continue the agent quite a little time after the symptoms have disappeared.

Choice Gleanings

LYCOPUS VIRGINICUS

A note on *lycopus europaeus* in the May number of the Summary reminds me of *lycopus virginicus* used by our school of practice. The remedy is a valuable one in conditions not amenable to other treatment.

The drug produces a rapid, tumultuous, weakened heart action, with venous stasis. Rheumatic pains involving the heart, hemoptysis, and hemorrhoidal bleeding are also symptoms developed in the proving.

The remedial action of *lycopus virginicus* is especially marked in exophthalmus, goiter and conditions simulating that without the goiter. It is said we have Graves's disease with any two of the three prominent symptoms (rapid pulse, exophthalmus, goiter) present. I have seen cases which seemed to be Graves's disease, but the two most diagnostic symptoms—exophthalmus and goiter—were absent. The heart symptoms are the same as produced by *lycopus virginicus*, and that remedy is, therefore, curative. Indeed, severe cases of Graves's disease have been cured or greatly benefited by this remedy under my personal observation.

The symptoms which specifically indicate the use of this remedy are

those mentioned above, with dyspnoea, wheezing, cough, anemia, palpitation, rheumatic pains, and great nervousness.

The condition of the circulation is such as to suggest the use of digitalis, but it does little or no good—surely no permanent good. The pains about the heart remind us of aconite, kalmia latifolia, rhus tox., and spigelia. Intercostal pains remind us of cimicifuga, ranunculus, rhododendron and rhus tox. The condition of the venous system leads us to compare collinsonia, hama-melis, pulsatilla and carbo veg. An extreme condition would require the consideration of veratrum album and hydrocyanic acid. The cause of a similar condition might be such that we would select arnica instead of lycopus.

Not that these remedies can be used interchangeably or together, but the one right remedy must be selected according to specific conditions, comprising all of the symptoms present. A choice must be made between lycopus virginicus and the remedies mentioned in the foregoing list which have similar symptoms. If spigelia is the right remedy lycopus virginicus will do no good. If lycopus is the right remedy, the drug that would produce a similar condition in a healthy person, then it is the only one which will act curatively.—*Homeopathic Recorder*.

THE TISSUE REMEDIES

Polychrest Salts.

Ferrum phosphoricum.—The anti-fever and muscle salt.

Calcarea phosphorica.—The cell wall salt.

Kali phosphoricum.—The nerve tissue salt.

Natrum muriaticum.—The great assimilation salt.

Magnesia phosphorica.—The anti-pain and anti spasm salt.

Silicea.—The anti-cold salt.

Natrum sulphuricum.—The anti-wet salt.

Natrum phosphoricum.—The anti-acid salt.

Calcarea sulphurica.—The anti-suppuration salt.

Kali sulphuricum.—The anti-catarrh salt.

Kali muriaticum.—The anti-false membrane salt.

Calcarea fluorica.—The elastic tissue salt.

If a human body weighing one hundred and fifty pounds were cremated and perfect combustion obtained, the ashes

would weigh about one and one-half pounds. This represents the mineral constituents of the body, the rest comprising water, oil, albumen, starch and sugar. These ashes are composed of twelve mineral salts, three salts of potash, three salts of soda, three salts of lime, one each of magnesia and iron, and the remaining one silica.

Aside from the salts, the tissues seem to differ little from each other. With their addition, each tissue seems to possess a distinct individuality, so that to a certain extent the mineral constituents seem to give the tissues each its stamnia, its durability, its functional power, its stability, its color, solidity, strength, permanency.

Nearly all of the tissues have nearly all of these tissue salts in some proportion, but certain tissues seem to depend for their necessary qualities upon the presence of some one salt in definite quantities, notable instances being as follows: Iron in blood and muscle, lime in cell wall and bone, potash in gray matter of nerve and brain, magnesia in neu-rilemma. In all four of these notable instances you will notice that the salt (or metal) is present. in the form of the phosphate.

And to simplify the study of these tissue salts in their relation to biochemistry, so-called, or, in other words, to simplify their study as therapeutic agents, one has to keep these four biochemical polychrests in mind and add to that, a study of natrum muriati-cum, the great “hod

carrier;” as well is this necessary to learn most of what we now know of the so-called tissue remedies as clinical agents.

It was Dr. Schussler, a German Homeopathist, who first attempted to found a therapeutic system, upon the use of these tissue salts alone. Though in a crude way physicians have been prescribing some of them for many years, notably, different preparations of iron and lime as tissue fortifiers in wasting disease, Dr. Schussler's theory was that all curable diseases could be successfully treated by their scientific application.

His theory was that all disease is dependent upon the disturbance of the equilibrium normally existing between these salts—these dominant factors of the human organism. And that health could be re-established by the administration of such salt or salts as will restore biochemical equilibrium between the tissues, harmonious atonic vibration, so to speak; others think that the cure is wrought simply because the needed tissue salt is supplied in assimilable form.

As bearing upon this last thought, it is certain that these salts, in solution or in the highly comminuted form obtained by trituration for hours with sugar-of-milk crystals can pass through animal membrane by osmosis and become incorporated with the tissue needing it.

True, only small quantities of such

substances as iron and silica can be absorbed in this way, but as they exist in such small proportion, each tissue approximately one-twelfth of one per cent—a microscopic quantity—is all that is necessary.—*Med. Century*.

A CASE OF ACONITE POISONING

Homer Hollinger, age 26, 2012 Prospect Ave., Cleveland, Ohio, drank about three-fourths of an ounce of the tincture of aconite. This occurred on Friday afternoon, August 21st, about twenty-five minutes after 2 o'clock. He immediately discovered his mistake, and took about a tablespoonful of ground mustard in water, but couldn't vomit. His sister, who lives with him, being frightened, could not phone me. She finally did succeed in finding my number and told him. He says that by this time his memory was so affected he could not retain the number, and she repeated it to him over and over.

When he got the connection I asked him what the matter was. He told me. I ran over with a bottle of the tincture of belladonna, which is said to be an antidote. Before reaching the house I decided belladonna, was dangerous. The man was frantic, sitting down, getting up, pacing the floor, pulse weak and irregular, intense burning in throat and stomach. He told me how much he had taken, and showed me the bottle with some of the "real thing" in it.

All this occurred in one-tenth the time it takes to write it. "Have you any vinegar?" I asked. In response he

brought a glass jar with about a quart of excellent cider vinegar. A half teaspoonful was about all I cared for. "Drink, drink!" said I. He drank about a half pint. "I don't taste it at all," said he. "It doesn't matter; drink some more," I replied. He drank another half pint right out of the quart jar. In fewer than five minutes he was greatly relieved, and his pulse was much better. Then having watched him about twenty minutes I went home across the street, thinking I would read up, leaving orders for my patient to take a half cup of vinegar, diluted with water, every half hour.

Having looked up the subject hurriedly, I called up Dr. J. A. Lytle, registrar of the Cleveland Homeopathic College, and several other doctors. Every one said, "Your patient will die." This was rather discouraging. I hurried back to find my patient somewhat weak in the legs and back, and his sense of smell so acute that he held his nose while drinking the vinegar. The muscles about his eyes, too, were somewhat drawn. Otherwise he was feeling fine. He took no more vinegar after 4 o'clock, and in all took almost a quart, the first dose about fifteen minutes after taking the aconite.

The vinegar almost immediately relieved the burning and choking sensation in his throat. His saliva, which was thick and stringy (hanging down three or four feet, at my arrival, on his attempting to spit), did not change its character for at least half an hour. It gradually became normal. All

the symptoms gradually subsided, and there were no others except that he says: "About midnight my head felt very strange and flighty, but it lasted only a few minutes." This was probably due to the vinegar. Next day he was ravenously hungry.— *Homeopathic Recorder*.

RHUS TOXICODENDRON

The skin symptoms, so easily excited in susceptible persons by the emanations of the poison ivy, are but one phase of an action remarkable for its ability to induce a wonderful sensitiveness to those external influences which diminish mobility by quickly abstracting heat. Weather capable of bringing about this result is so common in America that it often corresponds to the genus epidemicus. Sudden changes of temperature, dampness, cold rains, getting wet or chilled while sweating, cold baths, cold applications, uncovering, etc., are but a few of the things which may excite rhus symptoms. Conversely, warmth and motion, which of itself evolves heat, have a relaxing and, therefore, distinctly modifying effect.

Rhus causes the skin to break out in burning, itching vesicles which spread by means of their acrid contents or harden into thick crusts. The eruptions are more likely to attack the hairy parts and are frequently accompanied by heat, erysipelatous redness, swelling and stiffness. In older cases the skin thickens, forms moist, eczematous eruptions or breaks down into weeping

ulcers. It often has an unhealthy look and is slow to heal and again it is the seat of itching, crawling, prickling sensations which scratching converts into burning, humid, sore spots. Such effects should remind you of milk crust, erysipelas, intercostal neuralgia and some other diseases. In rhus poisoning a very high potency in the single dose is the most efficient remedy.

Repose is just as unendurable to the rhus patient as it is grateful to the bryonia subject. Rest brings no relief, on the contrary the complaints reappear or are worse then; the bed soon begins to feel hard, tearing, shooting or other pains come on and torment the sufferer until he moves again and again. The pains impel him to move (arsenicum); the physical restlessness reaches its acme in the hours after midnight, greatly disturbing sleep, causing laborious dreams and an un-refreshed awakening. Prolonged rest is followed by slow action and stiffness particularly in the morning; the latter is combined with a desire for motion which, however, is difficult and painful at first, but after becoming warmed up the patient goes along easily enough until weakness overtakes him. The typical rhus state finds expression in a desire for relief from physical rather than mental suffering.

In the deeper tissues a soreness as if the part had lain in an uncomfortable position too long or a feeling of being torn or beaten loose is a rather common occurrence, and has among

other things led to its use in sprains and the after effects of violent muscular exertion. It is characteristic of rhus that it affects the left side more, or the symptoms move from left to right. The progression or sequence of symptoms can have little or no meaning for the materialist, but the observer of small things and the student of nature gets hints from them which help him to maintain the delicate balance of the vital forces.

We are accustomed to see tonsillitis, erysipelas and rheumatism attack one side, and when this happens to be the left one, lachesis and rhus come prominently into view. In all throat diseases rhus is to be chosen in preference to lachesis when the attack has been brought on by exposure to dampness, is better from heat and is either eased or not affected by repeated swallowing. Herpetic eruptions are very apt to accompany them. In hemiplegia it is also necessary to make a differentiation, but the sleep symptoms of the snake venom lighten the task very materially.

A strand of red runs through its symptomatology. It is not a rare thing to see the urine leaving a red stain or stools that are brick red from blood, when it is indicated. In pneumonia when the expectoration is rusty red it is one of the most useful remedies. Then we have dysentery with its red, mucous stools and puerpural fever with muddy, red lochia. A tongue which is dry and red or has a triangular red tip is frequently found in any or all

of the above mentioned diseases.' Sometimes a bloody, red saliva runs from the mouth during sleep. There is much craving for cold drinks, particularly in fevers, although they may sometimes increase the cough, the chill or the diarrhea.

The circulatory manifestations are more evident during rest. The pulse is mostly soft and sleeplessness is prominent.

The chill is remarkable for the large number of its concomitants, among which rheumatic pains in the limbs are much in evidence. Sometimes it is right sided while the heat is left sided. During the heat thirst for little and often, especially at night, comes on, a triangular redness appears on the tip of the tongue and a regular typhoid state with sordes on the teeth, diarrhea, restlessness

and increased distress after midnight supervenes.

The sweat is often critical but seldom debilitating. There are times when it has a musty odor or causes itching of the skin. It may cover the whole body except the head, or the affected part only, and is more profuse on falling to sleep, during pain and from exertion. This musty or mouldy odor is not confined to the sweat by any means, for it is present in the expectoration and other secretions. Occasionally it takes the form of an illusion of smell or taste.

In the typhoid state it stands pre-eminent. The tongue may present the classical triangular red tip so indicative of this drug, simply being red at the point.

There are two diseases which so often depict rhus that they deserve especial mention. The first of these is lumbago, which as you know belongs to the rheumatic group. The cases for which it is suitable are often caused by getting wet and are relieved by continued motion or lying on a hard surface. Then we also have sciatica, so often brought about by exposure combined with imperfect elimination, with its pains, which are relieved by rubbing, heat and exercise.

To sum up we have:

1. Affections caused by exposure to cold, wet or getting drenched while sweating, cold baths, etc. Effects of hard labor and exposure. Laborious dreams.

2. Symptoms which appear on the left side or move from left to right.

2. Rusty red secretions.

3. Stiffness and soreness of the affected parts. Sensation of something tearing loose.

3. Vesiculo-erysipelatous eruptions with stiffness of the skin. Humid eruptions. Vesicles about the mouth.

4. Extreme restlessness, can not find a comfortable position; must move to get relief. Inclination for motion, which brings relief, is the great characteristic.

5. Triangular red spots on tip of tongue, or a dry stripe down center.

6. Aggravation on beginning to move but amelioration from continued motion.— *Homeopathic Recorder*.

Ellingwood's Therapeutist

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FOR ESSENTIAL COOPERATION

With the opening of the year there is born in all a desire to "make good" for the year to come; a desire to forget the mistakes of the past—to make no more of them; to improve upon every good effort we have made, and to be more successful in them. Resolutions, though often broken, if they are good ones, leave an influence which surely stimulates effort for the coming year.

In the field of th's journal, while opportunities have been many in the past, they were never so great as at present. There is certainly a renaissance of the study of therapeutics. The Council of Pharmacy and Chemistry have sent out letters to the members of the American Medical Association endeavoring to inspire

them with a zeal in observing the clinical action of drugs. We might say that it is remarkable that they are using, for the first time, by their school, the exact words with which our teachers have urged the observation and study of drug action in the past. In their letter of Dec. 2nd, they urge that the individual physician "observe and report the specific, the direct action of single drugs upon conditions of disease."

It is certainly time that the regular school was taking this up. It is almost unaccountable that it has been neglected so completely in the past. Our work is pioneer work in this line. The results of our work are on record and will be taken as a guide in their observation. It remains for us to perfect our observations, to reconfirm them, and to hold to the truths we have proven. Let us work in this line more diligently in 1909 than ever before and let every reader of this journal cooperate for the accomplishment of splendid results.

EATING AND SLEEPING

Arbitrary hygienic rules are as apt to be wrong as right when indiscriminately applied. It is a very common thing to say, that it is injurious to eat before going to bed. This statement has become commonly accepted as applicable in all cases. In cases where there is faulty digestion, where the patient is inclined to plethora with no nervous symptoms, the advice is proper. It is also proper

after great muscular exhaustion. In the latter case the patient should be well fed with highly nutritious food, but it should be eaten from an hour and a half to two hours before sleeping.

There are however many cases of nervous exhaustion and mental overwork where constant nutrition are essential. In these cases, if the patient desires to sleep well and be refreshed by the sleep, he must take some nutritious, easily digested and easily assimilated food, and sleep with his head low. A few dry crackers, a bowl of bread and milk slowly eaten, a bowl of hot beef tea or rice, will secure a refreshing night's sleep, much better than any known hypnotic. A tablespoonful of bovine will often do more than a quarter of a grain of morphin.

Apropos with this is the custom of riding in a sleeping car. We are constantly informed that it is necessary to sleep with the head toward the engine. In the first class of cases above mentioned, or where there is a tendency to cerebral hyperaemia this is the proper method, but where the latter condition is observed, or where there is insomnia from cerebral anaemia, or where there is brain exhaustion or nervous irritation, most generally speaking, very desirable results and a refreshing night's sleep can be obtained by sleeping with the feet toward the engine. The reasons for this are plainly apparent to any thinking individual.

THE CRY OF THE CHILD

In the diagnosis of diseases of children, the closest observation possible is essential. It is necessary to note every expression, every muscular movement. The cry, the respiration, and certain appearances are indications of importance in the diagnosis of obscure cases.

The cry of a child has more in it than a careless observer would suppose. In some cases of croup the condition actually develops without cough. In these cases the cry will suggest to the physician the actual condition. It has a peculiar metallic sound, is uttered with unusual force, and is followed by a crowing inspiration. The crowing inspiration will sometimes be observed forty-eight hours before the cough is particularly croupal in character.

The sharp, quick, sudden cry, or the scream when the patient is in apparent health or when awakened out of sleep, indicates acute cutting pain. If attended with tossing of the head, or pulling at the ears,

will indicate earache, if attended with drawing up of the limbs, will indicate colic. Continued, severe crying indicates a persistent cause of pain, which may be located by other symptoms. A constant worry denotes an irritability such as exists in teething.

The cry in pneumonia is severe after an effort at cough, and more or less constant and muffled between the

coughing spells when awake, with a little catch at the end of the inspiratory effort in the respiration when asleep.

The cry of meningitis, and in every acute inflammation of the nerve structure and in hydrocephalis is a short, sharp cry, preceded by a moment of quiet, with an expression of pain on the countenance. The pain in pleurisy is evidenced by a sharp cry with nearly every inspiration.

In any condition that induces general wasting of the body, there is continual fretfulness, accompanied with moaning, and the patient cries as if exhausted.

These evidences, as we have said, are important and should impress themselves upon the mind of the physician, as the cry alone, will enable the physician at times to determine the seat of the malady.

CANNABIS INDICA

To relieve pain in the pelvic region, and to allay certain forms of neuralgia and headache, cannabis indica is highly prized by certain physicians. One writer claims that it is not a poison, as he does not know of any serious cases on record, but that to obtain its full effect it must be given in full doses. Small doses are stimulating and exciting, large doses are required to obtain a sedative effect. He gave the tincture in from twenty to sixty minims at a dose, and the solid extract in doses from one-half to two grains.

He has found it useful in dysmenorrhea, especially the spasmodic variety and in painful chronic nephritis. In many cases of uterine cancer it has either prevented the pain entirely, or satisfactorily allayed it. In anemic headaches, while the anemia is being overcome, the headache is controlled by this remedy.

It is a safe and excellent hypnotic in insomnia. Where the pain is persistent in dysmenorrhea a suppository made of the extracts of cannabis indica and belladonna, one grain each with a dram or a dram and one-half of the oil of the obraoma may be introduced each night, beginning two, three or four nights in advance.

ACUTE LOCOMOTOR ATAXIA

While locomotor ataxia usually develops slowly from gradually increasing causes in the cell structure of the spinal cord, there are cases which develop more or less abruptly with but few, if any, premonitory evidences.

There is a variety due to cellular change in the structure of the brain, which produces disturbances of speech and psychical symptoms in addition to the ataxic phenomena. The commoner form is marked by the presence of various anesthetics and paresthesias without psychical complications. In either case paralysis may be absent or present.

Among those which occur abruptly and unannounced are those which follow certain infectious diseases, such as typhus or typhoid, or diphtheria. Clinically considered these can hardly be distinguished from the ordinary ataxic conditions—tabes dorsalis, but are readily separated by the history and progress of the attack. There is the same peculiar gait, the same characteristic stepping with pounding of the feet and the in-coordination and local anesthetics. The major symptoms are identical in both cases. These acute cases are usually more amenable to treatment, often recovering in a few weeks, or they may enter upon a chronic stage. They are seldom fatal.

I have had under observation for seven or eight years a case which developed in the course of two or three days and at first was rapidly progressive in character. There might have been a psychic element involved in the cause of this case, as there was an operation performed on the rectum without an anesthetic and entirely unexpected and unannounced to the patient. The ataxic symptoms were quite fully developed within twelve hours after the operation and the patient was mentally depressed to an extreme degree.

This case as stated progressed rapidly at first but the progress was finally retarded by treatment and the case assumed a chronic form. There are few cases that received a greater variety of treatment than this had, but I am bound to credit the action of the Roberts-Hawley lymph compound with

stopping the progress of the disease and adding five or six years to the life of the patient. This preserved intact, also, the condition of the mind of the patient, enabling him to attend to the details of his business.

ALOES

In its influence upon the intestinal tract this remedy has long been considered an important one.

Many of our own physicians use it in sluggish conditions of the bowels. Its influence when properly guarded is different from that of any other laxative remedy, and in some cases is superior.

Our writers have not paid sufficient attention to it. Because it is one of the older remedies, it should not be discarded, but its exact place in our therapeutics should be determined. The aloe plant grows in the tropics in the East Indies and tropical islands. For several years it has been cultivated in the West Indies.

The older works describe it as tonic, purgative, emmenagogue and anthelmintic. Because of its unpleasant taste and irritating properties, its tonic influence is seldom utilized. In sufficient dosage it is a powerful purgative. This principle is thought to be present principally in an active derivative called emodin. But this principle and another derivative called aloin are less reliable in their effects than the total aloes properly purified.

A writer in the Journal of the A. M. A. claims that this remedy stimulates the activities of the muscular coat of the intestinal tract, increasing peristalsis principally of the large intestine. The movements that aloes causes are soft and dark colored and, ordinarily, not watery. Aloes seems to have a predilection for irritating or congesting the rectum and causes congestion generally of the pelvic organs, therefore, it is inadvisable to use aloes as a laxative when there are hemorrhoids, rectal or colon irritation or inflammation of the pelvic organs, or in pregnancy.

Its stimulant action to the mucous membranes of the intestines, probably reflex, increases the secretion of the liver and pancreas and the intestinal glands. The griping caused by aloes is referred to the umbilical region.

The most important therapeutic use for which it is recommended is as a laxative. On account of its especial action on the mucous membrane of the intestines, it causes a griping and congestion which necessitates combining it with other drugs that correct the unpleasant action, such as belladonna, colocynth and hyoscyamus.

Among the diseases for which this remedy is administered by the old school, and advised by their leading authorities, is simple jaundice with lack of tone; constipation depending upon weakness of the intestinal tract;

amenorrhoea with deficient capillary circulation, in which case it stimulates the circulation in the capillaries of the pelvic organs, and determines an afflux of blood to the uterine system. This is accomplished, only, however, in doses that are apt to be toxic, producing other pathological conditions.

It is used, also, in the treatment of hemorrhoids, due to a sluggish condition of the circulation of the inferior hemorrhoidal veins. Where this remedy is used for constipation, the indications are, plainly, deficient peristaltic action; the tongue is coated; the breath is foul; the abdomen is full and tumid; and there is more or less inclination to im-paction of the colon.

The homeopaths have a very definite line of indications, among which are the following, which are taken from a paper in *The Medical Century*: Headache across the forehead, with heaviness of the eyes and nausea; incapacity for mental work; gastro-intestinal irritation, with coldness of the lower limbs from afflux of blood to the cerebral centers; bitter, sour, metallic taste; tongue coated yellowish white, stiff, dry and red; aversion to meat; thirst with dryness of mouth; eructations bitter, acid or sour; heaviness in the hepatic region; pulsation in the region of the naval; distention of the abdomen, especially with flatus.

Constipation of hypochondriasis and melancholia is best overcome by aloes. The homeopathic indications for the

use of the drug in mental derangements are anxiety; patient is ill-humored, hates people and repels everybody; vertigo, etc.

Menorrhagia occurring in debilitated and relaxed subjects. The symptoms attending a case of this variety which would call for aloes, homeopathically prescribed, are fullness and heaviness in uterine region, with labor-like pains in loins and groin, worse on standing; menses too early and too profuse. Barker advocated the use of aloes in non-puerperal hemorrhoids; but says the local condition must be suitable for the use, or the disease will be aggravated; that is, a sluggish state of the circulation in the hemorrhoidal veins.

The recommendations for the use of aloes in hemorrhoids are practically homeopathic for its use. Some of its characteristic symptoms and indications in hemorrhoids, or in any other disturbance of that portion of the alimentary canal, are, heat and soreness in the rectum; urging to stool, especially in the morning; hemorrhoids protruding like grapes, with constant bearing down in the rectum; weakness or loss of power of the sphincter ani; itching and burning in the anus, etc. .

The comparison shows that Barker recognizes the possibility of an aggravation if the indications are not present, for this use of this especial drug. His indications include many of the homeopathic indications. The latter shows a much more exhaustive study

which the experience of a hundred years has proven valuable.

Barker again advocates the use of aloes when hemorrhoids are associated with an irritable rectum, accompanied by frequent, teasing, thin evacuations, but gives a much smaller dose. In these conditions, Bartholow says it is generally better to give aloes by itself and in small doses.

When the drug is used in doses sufficient to get the active effects desired in the above conditions, other drugs are used in combination to overcome the unpleasant and even injurious or poisonous effects, as the following prescriptions will illustrate:

Aloes socc., ext. opii aq., sapo. cast, 10 grains each. Mix, ft., pil. No. xx. Sig. One pill morning and evening.

This prescription is used for hemorrhoids associated with an irritable rectum. The so-called officinal pill contains asafetida, to diminish the drastic effects, while it increases the effic'ency of the purgative action.

On the other hand, experience has taught that, although contra-indicated when there is congestion of the pelvic viscera and the existence of hemorrhoids, or when the hemorrhoids are associated with an irritable rectum and with frequent small, teasing, thin evacuations, aloes in small doses is a very efficient remedy.

THE NIHILOPATHIST

In line with the position taken by this journal in favor of clinical drug study and faith in medicine the following from the pen of Dr. Jos. R. Hawley of Chicago, editor of *The Bulletin of Animal Therapy*, is indeed refreshing:

“There is a new school of medicine with a large membership and with as sharply defined tenets as those of erstwhile allopathy, homeopathy, and eclecticism. It is just as worthy of a distinct name as any pathy or ism of history. It has originated almost wholly from the regular school of practice. Its title, as usual, must be taken from its therapeutic beliefs. I suggest the name ot *Nihilopathy*.

It is an outgrowth of the revolution that has occurred in theoretical medicine during the last half-century. The ultra-scientific and their apes (more numerous) appear to have been overwhelmed by the radical reconstruction of non-therapeutic medicine and now demand that therapeutics be equally scientific or they will have none of it. If they stopped with the demand their influence would be all constructive, but when they go farther and become therapeutic nihilists their influence becomes exactly the opposite. They have allowed the destruction of a few ancient therapeutic dogmas to make them general therapeutic iconoclasts.

The new school will live but it cannot dominate because it is based on a

fallacy. It interdicts empiricism, which generated and developed therapy, and is today responsible for practically all of our remedial equipment. It not only generated treatment but medicine itself. While the physiological action of many empirically-born agents has been scientifically explained, exactly how they act in a given disease has been conclusively established regarding very few.

Practical experience alone begot, and practical experience alone explains the specific value of iodides, mercurials, quinine, colchicum, salicylates, and many less specific equipments of practical medicine.

The new school glories in its rigid theoretic tenets, refuses to recognize experience, and *ridicules clinical data* unsupported by plausible or at least finely drawn theories, and *a thousand clinical results weigh nothing* when apparently controverted by an abstract theory or even a tenable hypothesis.

The *damage* this school has done *to therapeutic advance* is immensely greater than the good it may have done or may do. It was not necessary to evolute therapeutic nihilism in order to encourage scientific therapy. The scientific study of known therapeutic agents and search for the unknown were progressing much more rapidly before the days of the nihilist than since.

No nihilist has ever discovered anything in treatment and never will,

but his influence is unfortunately not negative. He, with his apes, and his friends the mugwumps, are responsible for the present unpopularity of any but the most ultra-scientific research. Empiric developments of unusual merit in therapy have been practically unknown for twenty years, and this period covers the life history of the school in question.

Its baleful influence has not been entirely obstructive. Because of the diginty and prestige which ultra-conservatism seems always to emanate, this school has destroyed the confidence of many of the other school (the optimists) in remedials invaluable but proven so by experience alone, and they unconsciously prescribe the remedies of empiric origin half-heartedly and with corresponding success.

Not only is their culpability found in their obstructive and destructive effects but likewise in their constructive. These super-scientists who cannot tolerate the least breath of empiricism, faith or unanalyzed experience, have done more than any other single or combined cause to fill the ranks of the direct antithesis of their creed—the Christian Scientists and their correlated offshoots and copyists. It is needless to itemize the many other illicit profit takers of medical misanthropy.

While this school comprises many eminent educators, it is largely constructed of gab, or pen-gifted

pseudos, who view this school as the en route to the faculty and fame, and of fledgeling medicos who recently left a hospital and welcome therapeutic nihilism as they know nothing about therapeutics.

MORAL—If it is right for one school of medicine to refuse to consult with another, *why isn't it infinitely more right for a real physician to refuse to consult with a nihilo-pathist?*

* * * * *

Chorea predisposes to epilepsy and epilepsy to chorea, the former being the most frequent condition. It has been stated that patients suffering from severe forms of chorea will transmit a neurotic taint to their children, which will result in epilepsy in the next generation; or that chorea in the child may follow epilepsy in the previous generation; or a neurotic taint in the parent may result in chorea in one child and epilepsy in another. In a very few cases both chorea and epilepsy have been discovered in the same child.

GELSEMIUM IN LA GRIPPE

Gelsemium.— “The typical gelsemium fever, however, comes in that condition which we call, correctly or incorrectly, but certainly with great frequency, ‘grippe.’ That catarrhal fever which steals upon you with chilliness and vertigo, perhaps a little sore throat; which makes you too tired to breathe; you feel sleepy but you

can't sleep, for every muscle feels as though it had been pounded.

Your face is hot and your nose runs but your back is chilly and you feel miserable. Your mouth is dry but you don't want to drink; you want to be let alone. You know the condition—If you have never tried gelsemium for this before, give it the next time you get a chance. Give a drop or two of the tincture every hour if you can't get relief with less, and I think you will not be disappointed.”—*The Clinique*.

THE DIAGNOSIS OF APPENDICITIS

Following up an experience of operating in more than 2,000 cases Dr. J. B. Murphy is reported, as saying: “The symptoms of acute appendicitis are in my experience in the order of their occurrence: 1. Pain in the abdomen, sudden and severe. 2. Followed by nausea or vomiting. 3. General abdominal sensitiveness. 4. Elevation of the temperature, beginning from two to twenty-four hours after the onset of pain. These symptoms occur almost without exception in the above order, and when that order varies I always question the diagnosis.” Concerning elevated temperature he says, in acute appendicitis it must always be present;

it never precedes the pain. In 2,000 cases it was present in the early stage.—*Med. Summary*.

THE TREATMENT OF TOOTHACHE

A shamefully large number of physicians still relieve toothache by extracting the tooth. It is easier to extract than to spend time in giving medicine or advice. The average layman does not know how great is the value of a tooth and how hard it is to properly replace it when gone. The following formula will relieve any toothache which will succumb to medicines:

- Creosote10.00
- Chloroform.....10.00
- Oil of cloves.....10.00
- Camphor7.00
- Phenol2.00

Apply.—Med. *Summary.*

A DIET LIST IN ALBUMINURIA

In the treatment of albuminuria, where the urine has a low specific gravity, the following diet list has been arranged by this editor for his patients, and has been found to give satisfactory results.

- | | |
|---------------|-----------------------|
| Must Not Eat: | May Eat: |
| Pies | Fish |
| Pastry | Poultry |
| Spices | Raw Eggs |
| Rich Food | Eggs Rare, Cooked |
| Greasy Food | Juicy Rare Beef |
| Fats | Custards |
| Butter | Bread |
| Sugar | Fruit, if no Diarrhea |
| Potatoes | Skimmed Milk |
| Rice | Tomatoes |
| Corn | Apple Sauce |

Beans

Buckwheat

Corn Starch

Drink no liquors nor wines, eat one kind of meat only once each day, cooked without grease or fats, preferably rare broiled beef. Drink skimmed milk as near to the exclusion of all other drinks as possible.

In one case where the specific gravity was only 10.08, where this diet was rigidly adhered to, the change was so marked that in six months it was necessary to reverse the treatment and diet for a short time, as the specific gravity increased to 10.32, the urine containing large quantities of urates and uric acid.

A REMEDY FOR ALBUMINURIA

Early in the past year Dr. Farquhar of Newark, Ohio, asked the readers of this journal for their experiences in the use of *rubus odoratus*, the rose flowering raspberry. He had seen two cases of albuminuria treated with it, successfully. One of these was a case of anasarca, and the other was a case where the urine was loaded with albumin. He was anxious to know more of the remedy especially if there were cases of albuminuria which it would cure.

We certainly need no single remedy more than this. If this influence is exercised by it I have not been able to obtain many facts concerning it, but it is possible that others have used it with good results. I sincerely hope that

some one who has used this remedy will reply to this request. The remedy is not mentioned in the U. S. P. I find no reference made to it in Foster's Encyclopedic dictionary.

SYMPHORICARPUS

Symphoricarpus belongs to the genus of caprifoliaceous shrubs which grow in the southern portion of the United States, but little is said about their medicinal properties by writers on medicine. A homeopathic writer for many years used a tincture of the symphoricarpus racemosus, with remarkable success in the vomiting of pregnancy, and in all gastric derangements dependent upon ovarian or uterine irritation. Another writer found that it gave prompt relief where there was an unsettled condition of the stomach with nausea at the menstrual epoch. If any reader knows of the action of this remedy he should immediately report it because we are greatly in need of specific remedies for the above conditions.

In the treatment of albuminuria a trial should be made of the bromide of strontium; theoretically it should favorably impress cases of parenchymatous nephritis occurring in conjunction with rheumatism or gout. It should benefit the nephritis of pregnancy, but I should give it in these cases in conjunction with gelsemium and macrotys with some counter irritation.

* * * * *

Two grains of ergotin given in pill form, three or four times a day, will materially assist in reducing the size of uterine fibroids provided these are within the structure of the womb and are not simply sub-peritoneal. I have combined ergotine with hydra stin and nux vomica with most excellent results in these cases.



THE EXPLOITS OF A PHYSICIAN DETECTIVE. By George F. Butler, M. D., Professor of Therapeutics in the Chicago College of Medicine and Surgery. Published by the Clinic Publishing Company, Chicago.

I have taken great pleasure in reading this interesting book of Dr. Butler's. The stories all contain an ingenious plot and there is sufficient variety in the style and character of the stories. The method is the same as that involved in other detective tales. The peculiarity of the book lies in the power the principal character, Dr Furnivall, has of hypnotising the individual whom he finally decides by adroit process of reasoning, is the guilty party and thus causing him or her to lay bare in the straightest possible manner the whole truth whatever relation the truth sustains to the accusers. In some of these stories it is especially interesting to follow the process by which the complainant is

involved in the crime when he had no thought that his connection with it could ever be brought out. In the stories of Conan Doyle there is extreme interest in following the processes by which Sherlock Holmes ultimately develops the proofs that incriminate the guilty party. We rather lose this pleasure in this book by the apparent ease with which the hypnotising causes the guilty party to disclose the truth.

Miscellaneous

The Abbott Alkaloidal Company have issued a very handsome little pamphlet entitled "Helpful Hints to the Busy Doctor." It contains very many practical facts. While the work is an announcement of their products and a fair showing of their progress in the business, it is a monograph that will be found of much benefit to every reader.

* * * * *

Five grains of sulphite of soda, three or four times a day, where the tongue is broad and pale, and covered with a yellowish white coat, will cure severe headache.

ARSENITE OF COPPER

The arsenite of copper as a remedy for diarrhea is reliable and satisfactory when properly indicated and is in quite common use. This agent, however, must be given for its own specific indications. That form of diarrhea in

which it exercises its specific influence is that in which there is excessive thirst and excessive watery discharges from the stomach and bowels; the skin is soft and doughy, the pulse feeble and frequent and the skin and extremities cool or cold. This form of diarrhea will yield very quickly to this remedy. It makes no difference whether it is present as cholera infantum, cholera morbus, winter cholera, or other forms of epidemic diarrhea, or whether the diarrhea may be chronic in character with these indications. From the one-fiftieth to the one one-hundredth of a grain dissolved in a half a glass of water, a teaspoonful given every ten, twenty or thirty minutes, is the proper sized dose.

* * * * *

But little has been written recently concerning the medicinal action of barium chloride. Bartholow recommended it for uterine disease where there was congestion and hemorrhage. In one case of abdominal aneurism in a woman of 65, one-fifth of a grain was given three times a day and gradually increased to two-fifths. This was continued for five months with steady and satisfactory reduction of the tumor. One-twelfth of a grain is about the average dose.

* * * * *

Twenty-five years ago, German authorities were enthusiastic in the treatment of cancer by the internal use of the tincture of cantharides. It was

prepared in the wine of camphor with mucilage of gum arabic and given in small doses carefully increased. A number of cases were reported cured at that time, but I have seen little reference to it in later years.

* * * * *

WANTED:—A Location. One in Southern Kansas, in Southwestern Missouri, in Oklahoma or Arkansas preferred.

Address

Drug Store, Lost Springs, Kansas

* * * * *

We have been presenting various cures for dropsy recently, especially the pods of the bean, phaseolus. A few years ago, the garden artichoke (cynara scolymus) was recommended highly for general dropsy. It was prepared in gin and given in wine glassfull doses.

* * * * *

The use of jaborandi in small doses in scarlet fever is recommended as advantageous in a certain class of cases.

* * * * *

I have treated many cases of chronic diar-rhea where there was semi-solid stools, with epilobium in five drop doses every two or three hours. The indications for this remedy in diarrhea are widely different from those of arsenite of copper.

* * * * *

Hegar's early sign of pregnancy is a softening of the middle section of the lower segment of the body of the womb just above the cervix, determined by passing the index finger into the rectum and the thumb in the vagina.

* * * * *

The condition of sleek red tongue, without coat, is corrected by sulphurous acid if there is no nausea. If nausea is present with elongated papilla, nitric acid is the better remedy.

* * * * *

Uric-Antagon is what its name implies, a true antagonist of the uric acid poison. It contains only the active principles of vegetable products that have a definite action in promoting the absorption and elimination of the toxic products which are the basis for the uric acid conditions. The hepatic and renal cells are stimulated in a normal manner, and poisons that are not thrown out of the system are neutralized. It does not impair the digestion or disturb secretion in any way, nor has it any other untoward action. It relieves immediate symptoms and is curative in its ultimate results. The clinical results are very gratifying, indeed, and can be furnished on application.

(From The Medical Summary.)

* * * * *

Phosphorus given during the course of a case of diabetes will occasionally retard materially the progress of the disease and promote a cure.

* * * * *

Diarrhea with clay colored discharges, semi-solid in character and of light weight, floating on water, is corrected with the phosphate of soda.

* * * * *

The tincture of kino is recommended as a cure for diabetes. Thirty drops every four hours has materially lessened the quantity of water in some cases, within a short time.

* * * * *

Arsenicum in the third decimal trituration is the homeopathic remedy for diarrhea, with fetid discharges, semi-fluid in character and of greenish tinge; acrid and irritating.

* * * * *

A case of rapidly advancing purpura in a man 25 years old, with violent hemorrhages from all mucous surfaces was controlled in two hours and cured within a few days with 20 drop doses of turpentine given every two or three hours.

* * * * *

Excessive sweating of the hands and feet may be materially benefited, if not cured, by bathing them three times a day with a mixture of one part of the tincture of belladonna and four parts of cologne water.

* * * * *

There was a theory propounded a few years ago, which is still entertained by some, that there is an intimate relationship between chorea and epilepsy, both being due to disturbances of the motor and intellectual centers, differing however in degree.

*29 thousand feet higher
than Pike's Peak*



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(Magnesium Sulphate, 60%, in Effervescent Combination)

If piled in a single column of one pound cans would tower forty-three thousand, seven hundred feet into the clouds—higher than the highest mountain peak in the world and 29 thousand feet higher than Pike's Peak. If piled **three deep** (as illustrated) this column would still top this famous peak by over 1,000 feet.

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Standard, uniform packages at the same price: Per dozen, in not less than half dozen quantities, \$4.00; Singles, 35c; usual retail price, 50c. Samples on request.

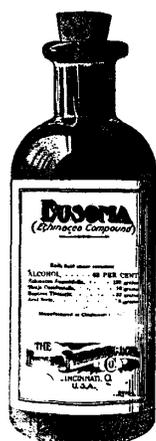
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When given internally and applied locally, in *stings* and *bites* of *poisonous insects*, in *boils*, *eczema*, and other *diseases* of the *blood*, good results are, in most cases, quickly apparent.

The local application of *Eusoma* materially lessens the itching of *eczema* and the pain of *burns* and other lesions of the *skin*.

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