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# Ellingwood's Therapist

*Finley Ellingwood MD*

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## OUR MOTTO

To Learn the Truth.    To Prove the Truth.  
To Apply the Truth.    To Spread the Truth.

## OUR CREED

The truth from all, for all, and to all, without regard to the creed of the individual.

## OUR FAITH

That all disease will ultimately be subdued, in whole or in part, by remedial measures;

That failure to cure disease is due to our lack of knowledge;

That Therapeutic nihilism is the deadly foe to Therapeutic progress;

That the study of the clinical action of the single drug is the true method of drug study;

That each drug acts directly and invariably upon one or more exact conditions of disease, and must be so studied and known;

That with such knowledge perfected, we can immediately and successfully prescribe for conditions of disease, with which we have not previously met.

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### THE TEXAS STATE ECLECTIC MEDICAL SOCIETY

# Ellingwood's Therapist

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## Leading Articles

### **THE ESSENTIAL PRINCIPLES OF NUTRITION, WITH REFERENCE TO THE DIETING OF PREGNANT WOMEN**

FINLEY ELLINGWOOD, M. D., CHICAGO, ILLINOIS.

In this article the writer undertakes to present, first: The essential facts concerning nutrition, and secondly, the part that specific foods take in the nutrition of the pregnant woman, with reference not only to the mother herself, but with especial reference to the construction and upbuilding of the various structures of the child's body, believing that by a proper adjustment of food many of the complications, dangers and pains of childbirth can be avoided.

From the observations which a very wide experience has enabled me to make, of the influence of the diet on pregnant women, I have been for many years convinced that many of the conditions which are present as symptoms of diseases, and which complicate the pregnant term are due to faults of diet.

I have recently found reports from two medical men who have spent their lives among savages which positively confirm this belief. One claimed that in twenty-eight consecutive years, and the observation of thousands of pregnant women among certain African tribes, where the women ate only of fruits and vegetables, complicated and severe conditions of labor were unknown. The other observer entirely unknown to the first, made the same observations and emphasized the fact that no meat whatever was eaten

In this article I shall present, first, the essential principles, of nutrition and the chemical character of foods, and second, I shall endeavor to show the influence of the foods upon the pregnant women, and upon the child, in a manner that I trust will assist the physician in selecting those which the condition of the patient demands.

**The Chemical Elements of the Body.**—The chemical elements of the human body are as follows: Oxygen, hydrogen, nitrogen, carbon, calcium, sodium, potassium, magnesium, phosphorus, sulphur, iodine, chlorine with iron and silicon. These are the essential elements. There are traces of a number of others, but they are not of practical importance in this consideration. The above elements are present in a large number of compounds; some of them may

number of compounds; some of them may exist freely while others are found only in small quantity, either in the system, or in the foods taken to supply them.

The mineral constituents of the system are made up of various compounds of the other of these elements upon the bases potassium, sodium, calcium and magnesium, or with oxygen and hydrogen.

At least 80 per cent of the entire mineral substance of the body is in the bones. Lime, soda, iron and phosphorus probably are the most important elements. The brain and the nervous system contain phosphorus in large quantity, and the tendons contain but little of it. Iron is found in the blood and is supposed to be present in large quantities, but the system demands but very little for its supply—less than one-fifth of a grain a day is sufficient. The entire intake of mineral matter each day should be about 400 grains.

Concerning the chemical elements that make up the human body, Moleshott in his "Cycle of Life" elucidates the theory that without a basis which will yield gelatin, there can be no true bone; that there can be no bone without bone earth, or cartilage without cartilage salts, or blood without iron, or saliva without potassium chloride.

**Specific Function of the Chemical Elements Within the Body.**—Various chemical analysis have proven that there are certain basic elements in the human body which enter into certain definite compounds. Schuessler claims that knowing definitely what these elements and their basic compounds are, all diseases can be cured by supplying that compound which is deficient, in that particular case. In the formation of the chemical structure of the various tissues,

solids and fluids of the body, he claims that calcium phosphate makes up the bone cells and is the principal element in the formation of bone—in the growth and development of bone. It forms new cells. He also claims that general cell structure depends upon this compound in the make up of the cell wall.

The phosphate of iron is concerned in the formation of red blood corpuscles, and is also an important constituent in other cells to an extent, in conjunction with the phosphate of lime. Potassium chloride enters into the formation of fibrin, and is also one of the cell salts. The phosphate of potassium, Schuessler claims, is the chief nerve salt, and is found in brain cells, and in the structure of the nerves and in the nerve fluids, in the white corpuscles, and in the cellular fluids.

The sulphate of potassium acts in conjunction with the phosphate of iron as a cell salt in the structure of those cells which carry oxygen. It is an oxygen carrier because of the character it imparts to the cell. Phosphate of magnesium is largely a nerve constituent, entering into the structure of the brain, the spinal marrow and the nerves. It is important, also in muscular structures, and to a certain extent with the calcium phosphate in the make-up of bones and teeth. Chloride of sodium influences the growth and development of cells, by affecting or controlling the endosmotic and exosmotic processes. Silica is a constituent of the connective tissues of the skin, hair and nails.

In addition to the substances named, the sulphate of sodium and the sulphate of calcium, as well as some other salts, and the fluorides, are found in the make-up of the tissues. These can be taken into consideration while presenting the subject of the nutrition, growth and development of the fetus. They will be

considered when we are studying the character of foods, with reference to their specific adaptability to the patient, or to certain conditions present in that patient.

**The Physiological Elements and Their Composition.**—Of the nutritive principles of food, protein is the name applied to the nitrogenous elements of the foods, such as albumin and the albuminoids. The albuminoids of lean meat, the casein of milk, the white of the egg and the gluten of wheat belong to this class. The principles which these contain are absolutely essential to life. In the building up and growth of the human body, in the repair of the waste tissues in adult life, they must be present in sufficient quantity. Active muscular effort demands them, and as muscular efforts stimulates excretion, thereby producing waste, waste products from these are freely thrown off.

As I shall show further, these substances produce a peculiar waste, and people of sedentary habits who take this class of foods freely, suffer from a long train of symptoms induced by the presence of these waste products, which, with their habits, the excretory organs of the body cannot get rid of.

Carbon, hydrogen and oxygen compounds are classed as carbohydrates. These are almost exclusively vegetable in their origin. The only exception being milk sugar and honey. They furnish the fuel principles of the body, producing animal heat and supplying, not muscular strength, but muscular energy. All starchy substances and sugar belong to this class with pectins and gums. Hydrocarbons, the fats and oils, both from animal and vegetable sources, supply this class of foods. The same chemical elements compose their structures as make up the carbohydrates, but they are not present in

the same relative proportion.

This class of foods is eaten freely by people who live in colder climates especially in the Arctic regions, and those who work all winter in the intense cold, because of their heat producing properties. Food of this character is not freely eaten in the subtropics and tropics, but fruits and vegetables are more freely subsisted upon, especially those that do not yield a large proportion of oil.

**Specific Function of the Foods.**—From the foregoing it will be seen that the function of the food is, first, to create, form and build up the various structural tissues of the body, and to repair them when broken down. Second, to supply energy, both for physical and mental effort. Third, to supply animal heat.

The first of these results is accomplished by protein. The foods which furnish this substance are meat, fish, eggs, milk, cheese, peas, beans, gelatin and the cereal foods. The second is accomplished by those foods which are of vegetable origin, largely those which contain starch, sugar and the gums. The third contains those substances which furnish fats and the oils. It has been found by careful analysis that a healthy, active adult, left to himself, will consume about thirteen ounces of meat, two ounces of butter, six ounces of potatoes and twenty ounces of bread in twenty-four hours. There is no doubt that food scientifically considered in relation to the actual demands of the body should be supplied in an entirely different proportion from this, if it be properly taken into the system and appropriated.

Fruits contain a large percentage of water, from one-half to one and one half percent of protein, from one-half to three per cent of fat, and from two to fifteen per cent of the carbohydrates, with a very

considerable percentage of fruit acid—from one-half to seven per cent. Considered from a chemical standpoint as a food product, they would not be rated very high, but because of their palatability, because of many side influences they exercise, their benefits are very large.

Fruits prevent excess of alkalinity in the blood; they preserve a normal acidity of the urine; they antagonize abnormal breaking down of the blood corpuscles, and powerfully stimulate elimination. Because of the large proportions of waste, they are useful laxatives, however, they stimulate the intestinal mucous glands also, in this influence. Fruits are rich in the normal mineral principles the body needs, thus building up to a sufficient extent the bony and muscular structures.

Commonly speaking, wheat foods of the cereal class contain the greatest amount of material from which bone is formed. If that fact be borne in mind the wheat product—white flour and graham—can be adjusted so that the bony structures may be more fully or less fully developed, as the prescriber desires. As bran contains the larger proportion of lime salts, the graham flour contains the most active bone constructors of the wheat. Corn-meal, oats, beans and peas contain less calcium salts, but peas are very strong in nitrogen and if these substances are depended upon their nitrogenous constituents must be estimated. Rice and vegetables will supply a food which contains a minimum of the bone forming elements.

**Appropriation of Foods.**—If the stomach be kept in proper condition to appropriate food, and the elimination of the waste products of the food be normal, the patient must have a supply of those up-building substances—those constructive elements which are essential

to the formation of the muscular and osseous systems, in reasonable quantity only, and with these every other condition must be taken into consideration also, that the whole be well balanced.

Because of the very common derangements of the stomach in these women from reflex action, it is well to consider those foods which digest most readily, or those that ferment easily, as fermentation from digestion is one of the common complications.

**Foods That Ferment Readily.**—Beans, bread, cereals, cornstarch, farina, fruits in general, grapes, milk, macaroni, rice, syrups, toast, sugar, oat meal.

**Foods That Ferment With Difficulty.** —Asparagus, beef, bacon, boiled milk, tomatoes, cabbage, cauliflower, celery, chicken, cod and other fish, eggs, hams, fruits, mutton.

Fermentation as the result of the decomposition of the food substances and of certain of the waste products of the food, improperly excreted, results in the formation of a pernicious series of gaseous, bacterial, and other toxins, which, from their free absorption, produce dire results in their acute intoxicating influence. I have watched these results in patients, for weeks, and have been able to trace the specific intoxicating influence of the fermentation of well-known foods, especially oatmeal and others of this class, when the conditions for fermentation were favor able.

**Diet for the Pregnant Woman.**—It is surprising how much can be done for the mother and the fetus by the proper adjustment of foods during pregnancy. As a nation, our eating habits are nearly all bad, however, there is a tendency toward improvement at the present time, which is

commendable, but in general our habits are bad, and the results tell upon the mother and unborn child, more than upon other individuals.

It is possible to make an adjustment of diet that will result in the mother bringing forth a tiny babe, with bones almost devoid of the calcareous principles, or the mother can be fed in such a manner that the osseous structures of the child develop to an unusual extent, and the child grows beyond normal limits, with a solid frame, with a compact and solid head, making labor difficult and even dangerous.

This same condition may occur from faults in the mother of the appropriation of the nutritive principles of her food. The system may give up the constituents of the muscular and bony structures, very freely to the child, at the expense of these structures on the part of the mother, leaving a weak, listless, exhausted, nervous mother to bring forth a strong, vigorous, overdeveloped child of excessive weight.

These patients may do this in every pregnancy, or on the other hand, the mother may retain all the nutrition, or in fact, may appropriate an excess of nutrition, taking up that which should be given to the child. When the time for delivery comes she brings forth a feeble, puny, emaciated and shriveled infant, with deficient vitality, which requires great care and skill to bring it up to a point where the vital forces will assume, unassisted, the development and growth of the infant.

I am confident that these conditions can be corrected by proper attention to the condition of the stomach and to the proper adjustment of foods, and while I do not feel competent to correctly advise concerning this matter, I shall present my ideas in the most practical form possible,

and leave others to point out their defects, or to show me in the future where my suggestions may be improved upon. By this means we will ultimately determine a correct course.

**An Observation on the Influence of Starvation.**—In the second year of my practice, which was among miners exclusively, a strike was declared and for nearly a year there was no work. After the first month extreme poverty settled down on the entire community, and for the intervening months, almost the entire food of five or six thousand people consisted of corn-meal and water, and but a limited supply of the meal. This gave me an opportunity to make an observation that was impossible under other circumstances. Strange as it may seem, but few if any of the women who became pregnant, brought forth their children in a normal condition. Only a small percentage of the infants were born alive, and these were in an extremely emaciated condition, and in a condition of very imperfect development.

I now regret exceedingly that I did not secure exact statistics, covering all cases which I could have readily done, had I then realized the importance of such knowledge. The percentage of miscarriages from intrauterine death of the fetus was very large.

**Food Adjustments for the Mother.**—In considering the adjustment of food, while it is necessary to take each patient into consideration as the above remarks will suggest, there are general rules that can be remembered which will assist materially in making these adjustments. In the first place there is nearly always a prevailing acid condition of the patient's stomach. This excess of acidity, however, is due usually to

hyperchlorhydria. By a process not yet satisfactorily explained, if fruit acids be administered in reasonable quantity, there will be a diminution of the secretion of hydrochloric acid, and a more normal balance of the entire acid constituents of the gastric fluids.

With those patients who are inclined to bring forth large children or over developed children, the nitrogenous foods must be avoided to a greater or less extent. While it is common to say that the patient shall avoid meat diet entirely, I would not lay this down as an arbitrary rule, however, in those well developed mothers who bring forth large children, it is a good plan to exclude meat entirely during the latter part of the pregnant period, but under ordinary circumstances I permit even these patients to take a small beefsteak, two or three times a week.

Those mothers whose infants are born with excessive bony development should avoid meat, beans, and other articles of diet which carry the earthy principles. Those mothers who tend to give up their nutrition to the children and become very feeble, should be fed on concentrated nutrition which does not contain any large percentage of earthy salts, such as rice, which contain a very small proportion if any of these salts, potatoes, eggs, the products of wheat flour, and milk. Fish makes a good article of food for this class of patients also, as it supplies a fair amount of nerve and brain food. Corn meal is a nutritious substance also, for these.

With those mothers who are abundantly supplied with nutrition at the expense of the child, it is difficult to lay down a course of feeding, but if they live upon simple diet of medium nutritive products, avoid condiments, and stimulants of all kinds, especially tea and coffee, drinking a sufficient quantity of

water between meals, with the proper medical course prescribed, there will be a correct adjustment between their own physical condition and that of the child.

Those substances which promote the secretion of large quantities of uric acid or the urates, should be avoided by all patients without regard to condition.

For those patients who are in the habit of drinking large quantities of coffee and tea, I prescribe these substances entirely, and advise hot water or hot milk. These will be found to do better on a diet composed largely of fruits, with the proper adjustment of the vegetable constituents.

A few years ago it became quite a fad to feed pregnant women on fruits exclusively. I am very much in favor of a general fruit diet, but it must not be carried to extreme. It must not be made a fad of, but the adjustment between fruits and vegetables with a proper supply of meat when it seems to be demanded is of much importance.

**Diet for Each Meal.**—In arranging the diet lists for these patients, simplicity must be always considered. From among fruits and cereals let there be, for breakfast, two or three articles selected, and let these be taken every morning for a period of from three to six weeks, according as they are pleasantly and agreeably received, and are correctly appropriated.

For lunch, adjust two or three other articles of diet avoiding much salt, nearly all condiments in fact, especially those of a stimulating character and let the selected articles be served every day for a period of from three to six weeks, as is agreeable to the patient. In every case the patient's taste must be taken into consideration, and foods that taste well and are readily appropriated without interfering in

anyway with the digestion, should have first consideration, and those that are unpleasantly received should in nearly every case be discarded.

It is best that the noon meal be the principal meal of the day, but so common is it to have dinner in the evening, that I have reserved the dinner meal until the last. It is better with most patients, to have the dinner at noon, and light supper in the evening composed of farinaceous substances and fruits. Dinner, whether it be at noon or night, should consist of the stronger carbonaceous foods. If any meat at all be eaten, it should be eaten at this time.

A good general rule in prescribing a meat diet, is to exclude salted and cured meats entirely, eating nothing but fresh juicy beef or mutton. I am radical enough to think that pork and veal should be excluded. Fowl and fish can be eaten sparingly, but it is surprising how well these patients will do in most cases, on a vegetable diet, with fresh fruits taken abundantly. It is a good plan to have the same articles also each day for dinner, for a period of three or four weeks, but if there is any variation in the eating, it may be at this meal. A large quantity of fluid should not be taken at meal time. The patient should not eat large quantities of fat, and but a limited quantity of sugar.

For breakfast, in very plain form, a cereal or dry toast buttered, with an orange or two, with coffee for those who have not a uric acid tendency, or hot milk to which a little coffee is added. This makes a very desirable morning meal. However, a breakfast of corn muffins with baked apples and some hot drink makes a good breakfast. I am not favorable to oat-meal unless it be long cooked, and the patient's digestion be in excellent condition. Corn-meal mush with cream is preferable to oat-meal.

For dinner, mashed potatoes, baked macaroni, fruit, meat if it be eaten at all, fish or fowl with some vegetable soup will be satisfactory. Beans should usually be avoided by all these patients. Peas occasionally, and corn, beets, turnips, sweet potatoes and cereals are all permissible.

The evening meal should be very light, but if the patient is inclined to feebleness, and especially if this be accompanied with sleeplessness, she should have something additional to eat upon retiring.

Soft boiled eggs, buttered toast, either dry or creamed, fruit sauce and weak tea will be acceptable in most cases, and probably sufficient. Other similar articles may be selected, and adjusted to the patient according to the conditions present.

**Control of the Development of the Foetus by the Mother's Diet.**—As I have stated, it is perfectly safe to diet the patient so as to control to an extent the growth and development of the foetus, keeping it within normal, reasonable limits. The muscular system must be normally developed, and the bony system need not be developed to more than a normal state, and if under-developed no harm whatever will accrue to the child, and these infants will be brought forth with much less pain. For years it has been a matter of rejoicing to fathers, to know that a child born to him is large and strong, and heavy. This is a very foolish notion. It means pain, sorrow and trouble to the mother, and carries no assurance whatever that the child will be any healthier, or will ultimately be stronger, than one born with normal medium development. Some of the largest specimens of manhood and womanhood have been born undersize, while some of the smallest specimen at

adult age, have been very large at birth.

As the fruit acids have a very desirable effect on the stomach, those fruits containing these acids can be selected and indulged in usually with great freedom. Apples, oranges and lemons have seemed to exercise a very desirable influence. Figs, raisins and grapes have also been beneficial with many patients, but these contain a large quantity of sugar, which with some is objectionable, however, this exception will show if it exists by imperfect digestion or fermentation. With a fruit diet the osseous development is the slowest.

**Elimination of the Waste Products of Food.**—An important consideration, as I have said, concerning the taking of food, is the elimination of its waste products. These products—both the detritus and the chemical waste—must be gotten rid of, and must be kept out of the system. If too much food be eaten, there will be very much greater waste of course, than if only the necessary amount be taken, and this thoroughly masticated and completely digested. The proper eating of a proper amount of food should be considered by the physician in the advice he gives his patients.

Nitrogen in its compounds is the most difficult of the chemical constituents to get rid of. The earthy substances unite with oxygen and escape in the form of soluble salts, which remain in solution in the urine and other fluids; the carbon products become oxidized and escape readily; the most of the carbonates passing out through the urine and perspiration. The nitrogen, however, passes through a variety of chemical changes, ultimately producing urea and uric acid. These more or less insoluble substances pass along from tissue to tissue, and from organ to organ and, not being freely thrown off,

will obstruct and interfere with the functional operations of these organs; will injure their structure, and will produce other physical and chemical results, which will induce pathological conditions, and auto-intoxication of a serious character. All flesh foods contain nitrogen, therefore, it is plain that elimination must be free in proportion as flesh foods are eaten.

During the pregnant state, a reasonable quantity of protein is needed. The carbohydrates will do a great deal toward sustaining proper balance if the digestion is perfect. As a large percentage of the protein necessary, can be obtained from fruits which yield a much less quantity of urea, and as this substance is the most toxic of any, during the pregnant state, and an avoidance of its accumulation is absolutely necessary, the protein should be obtained from vegetables and fruits.

With any patient, perfect elimination secures free action of every organ, a clean condition of the tissue and consequent vigor and endurance. As elimination is more or less imperfect under these circumstances, we must, therefore, keep out of the system those foods which will be likely to clog it.

It is a common error that has long been popular, that the use of cathartic remedies will keep the system free from disease. It is important to keep the gastrointestinal tract perfectly clean by the use of laxatives, and if there are disease germs in the intestinal tract, by intestinal antiseptics, but simple evacuation of the bowels is by no means complete elimination. The action of every other emunctory is as important as this. All elimination together must be considered. I, therefore, lay stress upon elimination from the skin, and from the kidneys as well.

## TYPHOID FEVER

F. O. HARRISON, M. D., CHRISTOPHER, ILLINOIS.

A good and safe treatment for the conditions of typhoid fever is that which every physician is interested in. One reading the different descriptive treatments as they are presented in our medical publications today, finds them almost enough to make one a nihilist, or at least a skeptic in medicine.

It is not my purpose to try to give an elaborate description of the causes of typhoid fever or of the bacillus of Eberth. The disease occurs in youth and adult life, and has no respect of persons. It occurs most frequently in the late summer and early autumn months, especially if the summer has been hot and dry.

The approach of typhoid fever is made known by a feeling of malaise, which may last several days. A short time before the attack there is severe headache each day; there is usually muscular aching, general dullness and disinclination to exertion, some deafness, and there may be nasal hemorrhage. There may also be nausea and diarrhea.

As the fever continues the symptoms are aggravated with increased irritation of the gastrointestinal canal. There is abdominal tenderness, although there is not always a relaxed condition of the bowels; sometimes there is constipation.

In this class of fevers we have a great variation in the pathological conditions. No two cases are exactly alike, and we cannot depend upon a routine treatment for all cases. Typhoid fever is a condition of great impairment. All ordinary cases will recover with the right medication and proper nursing and surroundings. This class of cases should get well; I do not include persons afflicted with tuberculosis, or those with other impairment of the health, or patients that are addicted to strong drink, and that have led a life of dissipation. I include only those of ordinary health and vitality.

Typhoid fever is a continued fever, not periodic, having a duration of about twenty-one days, and is characterized by a specific affection of Peyer's glands. I wish to say with emphasis, two things **must be avoided in the treatment of this fever**, and these two are large doses of quinine and cathartics. They both have killed and

will kill their thousands, because doctors will not learn that they can not clean coated tongues with cathartics. I sometimes advise my patients at the commencement of the treatment to take a dose of castor oil, syrup of figs, or senna, and I often do this with fear and trembling. What shall we do, you ask, to avoid auto-infection. I am not afraid of auto-infection. It is fully met and in a most successful manner by the treatment hereafter advised. As to medical treatment: we have no idea as to the medicine we will select until we have examined our patient, and we may not then be able to select the right treatment. There is surely a medicine, or medicines, or a remedy that is specific to the condition we will find, if we are able to make the selection. We must be on the alert for this remedy or these remedies, and just as sure as we can find an indication for a certain medicine, that medicine will be of great benefit in bringing about a cure. Indeed, the patient demands the indicated remedy.

I wish to say also that I do my own prescribing. I do not give compounds put up usually in tablet form to be given in typhoid fever as is the fashion of the day, nor do I recommend the active principles of the plants. What I want is the full plant tincture of a prime or fresh article, and the very best tinctures that can possibly be made by the best skilled chemists.

The specific medicines are not commended to cure disease by name, but to serve the medical profession desiring to use specific or definite preparations, to meet specific symptoms in disease expression, and we use them in the very small doses.

We say for convenience that typhoid fever is a disease of sepsis. Therefore, antiseptics give us very reliable means to combat the disease. I will only

name five of these. Those I use are baptisia, chlorate of potash, muriatic acid, sulphurous acid and sulphite of soda. One or more of them if indicated would be a part of a good treatment during the progress of the disease. Following are the remedies with their indications:

**Baptisia.**—Fullness of the face, purplish, red-like, as if exposed to severe cold. Dusky coloration of the tongue and mucous membranes. **Dose:** Baptisia, from five to ten drops in four ounces of water; a teaspoonful every one or two hours.

**Chlorate of Potash.**—This is the antiseptic where there is a fetor resembling an unpleasant lochial discharge or decomposing animal matter. **Dose:** From one to five grains well diluted with water every three hours.

**Muriatic Acid.**—When the mucous membranes are dusky-red, and the coating of tongue brown, sordes on the teeth and lips, add to water in such quantity as will be pleasant to the patient, one drachm to water, four ounces, sweeten if desired, use as a drink until the indication is gone.

**Sulphite of Soda.**—Indicated when the tongue is broad, mucous tissue pallid, exudations light and pasty. **Dose:** Five to ten grains, dissolved in a tablespoonful of water taken every two or three hours. Sometimes a larger dose will be needed.

**Sulphurous Acid.**—Indicated when the tongue is of normal redness, coated with a glutinous, dirty coat, bad taste in mouth at times, a sweetish breath. **Dose:** Ten to thirty drops in four ounces of water, a teaspoonful every two or three hours.

In my neighborhood we have just passed through an epidemic of typhoid fever, though as a rule not of a very severe type, and with most of the patients that I have seen, sulphurous acid was indicated. They got the medicine, and they all got along nicely. Every one of them was

improving within three weeks and on the mend, and there was twenty-three of them.

After selecting the medicated antiseptic, we will proceed with the examination. We will examine the circulation; if the pulse is full, strong, frequent, surface flushed, we will give *Veratrum*, from five to ten drops in water, four ounces, a teaspoonful every hour. *Aconite*, if the pulse is small and frequent; from five to ten drops in four ounces of water, a teaspoonful every hour.

**Rhus:** Sharp stroke of the pulse, sharp burning pain, pain in the frontal region and over the left orbit, tongue showing small red points on the upper surface of the tip. When the patient is restless, cannot lay quiet, this is a splendid remedy. **Dose:** Five drops to four ounces of water; a teaspoonful every hour. We can give this with the *Aconite*, both in the same four ounces of water.

If the tongue is elongated, the edges and tip red, this shows irritation of the mucous membranes of the intestinal tract. We will give for this condition, *Ipecac*, a teaspoonful every hour; this is good for the diarrhea, if these symptoms are present; if there be tenderness or soreness of the bowels, as there usually is, we give for this condition, *Dioscorea*, from ten to twenty drops in four ounces of water, a teaspoonful every one or two hours. We may have hemorrhage of the bowels, but we are not apt to have this condition, if we do not give cathartics, or something that has disturbed the intestinal tract. If we should have hemorrhage we will give one grain of **vegetable charcoal** every one or two hours.

Another indication for charcoal is a pallid, expressionless tongue, a small feeble pulse, and a tendency to hemorrhage. *Epilobium* I have found to be a good remedy for hemorrhage of the

bowels, or for a profuse diarrhea with painful evacuations; dose, half to one drachm every two hours.

If the patient is restless, with flushed face, bright eyes, contracted pupils, increased heat of the head and general headache, we will give *Gelsemium* from ten to twenty drops in four ounces of water, a teaspoonful of the dilution every hour. Or if our patient has a dull face, dilated pupils, dullness of the mind and tendency to sleep, with impaired capillary circulation of the skin, or sweating too profusely, or the skin cool, I prepare for this condition, *Belladonna*, from five to ten drops to four ounces of water, a teaspoonful of the dilution every hour, and as long as this indication presents.

I will not say more at present as to the medical part of the treatment. I could mention other medicines and the indications, but this will suffice for a good treatment for typhoid conditions. We must not give too many medicines at one prescribing. Too much medication is bad treatment. It will not take much medicine if we select the right remedies.

I have said nothing as to the temperature. We take the temperature at every visit, but not as a guide to treatment. We only take the temperature to know as to how our patient is getting along. A high temperature is not an indication for depressants. The temperature is sometimes lowered by bathing the patient in cold ice water. This kind of bathing, I believe, to be very dangerous. We may cool the skin, yet we will bring about internal congestion. When the depressants are used the circulation is apt to become very weak. The rule is to give **strychnine** as a vital stimulant. This is not always good treatment. Nature causes the temperature to go down gradually and slowly. As to bathing, I have my patient's body and limbs sponged with pure, soft,

**lukewarm water**, with toilet soap. I do this to keep the patient clean, for cleanliness is the next thing to Godliness, and because the evaporation lowers the temperature with no shock. I have this kind of bathing done every day, slowly and by careful hands, as long as the fever is high, and have a change of the clothing every day. The gentle sponging with the warm water, as I have said, has a tendency to lower the temperature by evaporation in a satisfactory manner.

As to food, when the bowels are in a fair condition, and the patient begins to get hungry, I let them take some nourishment. If the tongue is red, I recommend that they take sour milk or buttermilk from start to finish. When they become tired of the buttermilk, I give them hot sweet-milk. Other nourishment is given in small quantities, selected with care. There is not much danger in permitting our patients to take a little nourishment when they are hungry if it is carefully administered. If the patient's bowels are tympanitic and sore or tender, I would have the abdomen thoroughly and gently bathed with a mixture of turpentine and sweet oil, equal parts, about every four hours, with the open hand, and sometimes better still, after the bathing saturate a flannel cloth with the mixture and lay it over the bowels. I allow my patients to drink all the **pure**, cool water they want, no ice water. I do not boil the water, and let it cool for them to drink. I have given an outline of the treatment that has been very successful with me. I imagine some who chance to read this article will not be impressed, and will say to themselves there is nothing to it. I will say if you have a better and more successful treatment, I want to know of it; if you have anything better I wish to learn it.

## **CAPSELLA BURSA PASTORIS**

G. F. PARKS, M. D., JUNCTION CITY, OREGON.

In perusing the October number of THE THERAPEUTIST I was forcibly impressed with the article on page 394 on the above named remedy. My experience with this remedy has been quite extensive, and I differ somewhat in my prescribing, even from the indications given by Lloyd Bros. on the bottle label. I use the remedy in cases of profuse discharges, —profuse menstrual discharge, where the menses come on too frequently, last too long, or the discharge is almost constant; profuse urinary discharges, where the urine is loaded with a thick, slimy sediment or of a brick dust deposit.

I think it works best in those women that are of a high-strung, ambitious nature, who generally do the work of two or three ordinary women. I say women, as it is a woman's remedy, although I have had good results with the remedy with some of my male patients. For these I give it in acute gonorrhoea, where they just slobber. But in these cases they must be of that high-strung nature, exceedingly anxious to get rid of that drain.

Some cases are passing large quantities of clear limpid urine, with no albumen. These cases you will find among those girls that are anxious to get out into the world to do something for themselves. I will present two or three cases to illustrate:

**Case I.**—Wife of a medical student that expected to graduate that spring came to me with the following history: In the second year of her husband's college course, they were burned out and lost everything they had. She at once took up her former trade—that of a milliner—and supported her husband in college. She had always been troubled with too

frequent and too profuse menstruation, and told me that they had paid out hundreds of dollars for her relief, but got no relief.

She said that while trying on ladies' hats, standing on her feet, she would flow so much that her clothes were soaked, and clots would drop to the floor. She was pale and thin, had never been pregnant on account of her excessive flowing, and her condition had been greatly increased by the excitement of being burned out, with the extra burden thrown on her to support and keep her husband in college.

I put her on ten-drop doses of Capsella, four times a day, with one grain of carboveg three or four times a day. The results were all the patient or myself could ask for. In June her husband graduated, and began his life's work. About a year after he wrote me that they had the finest little girl in the state, and wanted to ask me what I prescribed for his wife. (I had always put up my own medicines.) He said he showed the medicine to all of the professors and none of them could tell what it was (they were not Eclectics). I sent him one of Lloyd's little dose books, fifth edition. He afterward wrote me that he got more real pointers out of that little book than from all his college instruction.

**Case II.**—I was called to see a young lady of about eighteen years of age and found her with the following history: Pale, no color anywhere on her body, except a little red spot like a flea bite on the dorsum of one foot. This spot was sore, and that was what they called me in for. She was filling two large vessels with a clear, pale urine every night, and would go to the toilet about twenty times a day be sides, and sometimes she would faint from the excessive discharge of urine. The bowel discharges were also watery.

I told her parents that I did not think she would live a month. However I

would do what I could for her. I put her on ten drops of Capsella every three hours and small doses of Fragrant Sumach and Fowler's solution every three hours alternately with Capsella. The results were a perfect cure, and the next spring she walked to town every day and worked in a shop, afterwards was married and now has a family.

By the way, one of the best indications with me for Fragrant Sumach is a faint, all-gone feeling after a bowel movement, whether it is from the loss of blood or from the profuse discharge.

**Case III.**—Mrs. B. brought her girl, aged fifteen years, to me, also bringing a bottle of her urine, which contained at least two-thirds of its volume a thick, slimy sediment. She gave a history of menstruating every two weeks, which lasted each time five to seven days. She could not sleep, and they had to take her out of school.

I put her on five-drops doses of Capsella, four times a day, and was rewarded with a cure in a short time. I could go on in this same manner with other cases, but my article is too long already.

I graduated from the Detroit College of Medicine in 1886 (regular), but for over twenty years I have practiced and studied specific and direct medication.

My first years of practice I went to a town where there was an old German Eclectic and an excellent Homeopathist. I was the only Regular. I thought I would soon have the field all to myself, but I soon found I was not in it with their small doses fired straight at the mark.

However, they both took me under their wing and I soon began to learn things about medicine that I never dreamed of.

## **THE GALLBLADDER FROM A SURGICAL STANDPOINT**

R. O. BRASWELL, FORT WORTH, TEXAS.

Read at the Texas State Eclectic Medical Society.

It is often a difficult task to differentiate pathological lesions of the gall bladder, from these complex conditions of the liver and stomach, or any other organ located along the viscous circle. The gallbladder receives its nerve supply from the coeliac plexus, which is a very active part of this circle. It is not uncommon for the pain or sensation to be reflected away from the point of lesion to a sympathizing organ. We make mistakes oftener in diagnosing gallbladder troubles than any other lesion along the route. The revelations of autopsies show the astonishing fact that in one out of every ten, gallstones are found, while one out of every five reveal some pathological condition that existed during life.

The mortality of these cases is necessarily much higher than it would be could physicians more readily recognize the true existing conditions. Gallstones occur but rarely in the young; they are common in middle life, and exceedingly common in old age.

Gallstones consist of several ingredients: cholesterin, cholesterin with bile pigments, lime or a combination of these. They vary greatly in size and number. There may be but one or two stones, or there may be many small stones, even hundreds. As many as a thousand stones have been found in a single gallbladder. The size or number have but little bearing upon the symptoms; the accompanying inflammation and the position of the stones, such that they cause obstructive symptoms, are important.

Gallstones in the gallbladder are accompanied by cholecystitis; in the

simple cases there occur attacks of so called biliary colic. The patient is seized with a severe pain, usually felt in the middle line of the abdomen beneath the ensiform cartilage; there is often an accompanying spasm of the diaphragm, producing a feeling of cramp; the pain is apt to radiate to the right, and occasionally to the left side. It is often felt in the back beneath the shoulder blade; it may radiate upward beneath the sternum.

The attacks of pain last for a few minutes and sometimes linger for hours and suddenly cease. Upon the cessation of pain the patient usually vomits. The pulse remains normal and there is no rise of temperature. The absence of general symptoms of infection when the gallbladder only is involved, is due to the fact that the gallbladder possesses but few lymphatics, and readily distends as its contents accumulate and are dammed back by the combined influence of the inflammatory swelling of the mucous membrane, and the obturating effect of the stone, a point of great importance.

The gallbladder readily distends; its contents are under no great degree of tension, and before absorption has taken place the potency of the cystic duct has been established and the attack is over. Following it the patient resumes his former appetite, digests well, and assimilation assumes its normal function quickly. There may remain some soreness or tenderness on deep pressure in the region of the gall bladder, while the right rectus muscle remains tense and rigid. It is possible to differentiate gallstone colic from acute appendicitis because in appendicular colic the pain is referred to a lower point in the abdomen, to the umbilicus, or to the right iliac fossa, and there will be tenderness and rigidity over the base of the appendix. Often the history of previous attacks throw some

light on the diagnosis. In both conditions there may or there may not be vomiting, but usually it is present, and in many cases becomes a distressing symptom. One can usually differentiate gallstone from kidney stone. In the kidney stone there will be tenderness upon tapping the twelfth rib or just below the twelfth rib on the point of pressure, in the direction of the kidney. The radiation of the pain in renal colic is down into the groin along the course of the ureter into the testicle, the perineum or the end of the penis, and sometimes is reflected to the hip. There will be a history of urinary disturbances and frequent changes in the urine.

The conditions demand surgical interference. The kind of operation is the only question to settle. Many good men open the gallbladder, remove the stones and close with drainage. We take exception to this procedure because the operation does not remove the cause of the trouble and invariably the stones form again forcing the patient to undergo another operation or suffer the remainder of his life. The same pathological conditions remain after the operation that existed before. I have known gallstones to form in eight weeks after the gallbladder had been emptied of stones. This only unloads the rocks while the cholesterin, bile pigment and lime continue unabated to manufacture them at wholesale rate. The vessel has only been unloaded that it may be reloaded over and over again.

The logical thing to do is to remove the gallbladder together with the cystic duct, precluding all possibility of a return of the trouble. Why curette the mucous membrane of the gallbladder away, thereby destroying the function of the organ, producing adhesions and leaving a functionless organ for a perpetual source of annoyance, when the logical procedure would be to remove the gallbladder,

directing the bile from the hepatic duct through the common duct into the duodenum thereby forever precluding any possibility of future trouble with the offending gallbladder ?

If this operative procedure were adopted by all surgeons, many of those distressing cases that have been neglected, putting off the operation as a "last resort," for temporary relief, would drift to the surgeon at an earlier period, when a cure could be effected without a possibility of a return of the trouble. Most cases I have seen objected to an operation because they knew the majority of such cases returned for a secondary operation, as the stones invariably formed in from a few months to several years, giving the same trouble that originally caused the patient to employ the surgeon. My method after many years of work and close observation is to remove the gall bladder in every case of gallstones, regardless of the condition of the mucous or muscular layers of the bladder. None of these cases should be drained except where malignancy exists as a complication, or where the common duct is permanently closed. In that event the bladder had better be drained since the drainage relieves the engorgement of the liver, clearing up the accompanying jaundice that usually exists, thereby relieving the patient of much discomfort while they patiently await the inevitable.

In such classification of cases the object of the operation is to relieve and to prolong life with no thought of making a cure. In all non-malignant cases close the bladder without tubes or drainage of any kind. If the gallbladder is diseased to such an extent as to warrant the destruction of its function by drainage, why not remove it to begin with and avoid the long, tedious period of unsatisfactory drainage? Could you find a surgeon who would submit to having an artesian flow of bile

from his sacred anatomy, when the entire discomfort could be safely avoided? The removal of the gallbladder is a simple piece of surgery and is no more conducive to shock than an ordinary ovariectomy or appendectomy.

The delightful goal of the modern surgeon will never be realized until the surgeons quit the everlasting, eternal habit of draining gallbladders. It is the rarest thing possible to find a gall bladder that should be drained. The draining of a gallbladder for a simple catarrhal inflammation where the ducts are open, is truly unscientific and should not be tolerated by a scientific profession. There is no reason why a distended gallbladder should be drained if the common duct is free of obstruction. Remove the gallbladder and cystic duct, allowing the liver to free itself of its enlargement by throwing all the material directly into the bowel.

Bile is the best intestinal antiseptic known, and will correct many pathological conditions of the bowels, such as ulceration, catarrhal inflammation and constipation. I have my first case to see where the gallbladder has been removed and where the bile flowed into the gut instead of the outside of the belly, but what all the accompanying intestinal troubles together with the obstinate constipation was relieved simultaneously with the operation. A gut with plenty of bile is a perfectly healthy organ and performs its functions in a physiological way. Why leave a functionless organ with its atrophy and many adhesions when the organ can be removed with safety, leaving the surrounding parts in perfect physiological relations? The only two conditions making drainage logical is a permanent occlusion of the common duct and malignancy. All other cases can be cured by removing the gallbladder or they

are not surgical at all.

Can any scientific man, though living or dead, give a logical reason for opening the gallbladder, remove the stones, drain the bladder and leave the cause for the formation of the stones undisturbed, viz, cholesterin, bile pigments and lime, a veritable chemical laboratory, to manufacture stones in the same old way, depositing them in the same gallbladder to be removed at some future time or to remain a constant, persistent, pain-producing, nerve-wrecking, unbearable condition to the last river, called death, where all pain and misery give way to that eternal sleep that knows no waking ?

**EDITOR'S NOTE:**

This IS 1909, and not all Eclectic approaches stand the scrutiny of current opinion. The following reflects that peculiar attitude towards sexuality, masturbation and "Precious Bodily Fluids" that was canon virtually everywhere in medicine at the time.

**NOCTURNAL EMISSIONS—  
PSYCHIC METHODS**

GUSTAVE E. HENSCHEN, M. D.,  
GEORGETOWN, TEXAS.

Dr. Forbes in the October issue asks assistance in the treatment of nocturnal emissions. From a fairly large practice among the college boys of my town I have gotten the best results from psychic treatment, but psychic treatment must be addressed to the intelligence of the patient or it is worse than useless.

I explain to my patients that child hood is functionally sexless. Adolescence is a normal physiological development during which sex differentiation takes place, the child becoming either man or woman, and physiologic sex life commences to make itself felt. This development from a sexually functionless child to an actively sexually functioning adult is accompanied with a certain amount of disturbance. Strange new feelings, desires, longings are experienced. Often a feeling of despondency, the memory dull and the power of mental concentration lessened, the feeling of responsibility, the fear

of making life a failure—all these feelings are experienced. Then I explain that a girl suffers the same way, but that the relationship between mother and daughter is generally more confidential than between father and son, and that the mother explains to the daughter that all young people go through this stage; while the young man confides in no one, hence he does not know that all men go through these experiences.

Then I take up the matter of masturbation. It is disastrous to the mind, the body and the self respect. It increases the night losses and the mental distress. Still the outlook is not serious for one who discontinues it. Most men have fallen in this error, stopped the practice and are the successful business and professional men of today. Then I tell them of the dangers of exciting their passions by toying with females or by letting their lustful thoughts run rampant. When the thoughts come, displace them by going over carefully in the mind the day's occupation from arising, the people met, or go over the last sermon heard or book read. This develops memory and concentration.

I have my patients take a cold bath in the morning, care in eating, chewing carefully, deep breathing while walking with a brisk gait shoulders back, always go to bed with empty bowels and bladder, I also insist on them drinking eight glasses of water a day. If the foreskin is too tight, I slit it and show the patient if necessary how to clean the smegma from the glans.

In doing treatment I try to forget the seminal losses and treat a sick man. Laxatives, quinine, iron, nux, cactus, pulsatilla, etc. I have never used the bromides but would when needed. I have given results that have well repaid me for half an hour's serious, earnest heart to heart talk with these young men. At times just calling attention to the fact that quacks use the normal signs of adolescence to scare people with, and that normal urine has a slight mucous cloud in it after standing, has been enough to make them happy and have made cheerful, buoyant men of boys who were on the verge of despondency.

## APOCYNUM

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

It has been my fortune to have realized many splendid results from the administration of Apocynum, and I may say that my experience with the use of this drug has been extensive. A very recent experience with it confirms my confidence in its efficiency and further substantiates the doctrine of direct medication.

A weight of four hundred pounds fell across the thigh of a boy, fracturing the femur at its lower third, besides doing considerable damage to the tissues on the inner aspect of the thigh, with a resulting inflammatory condition of all the soft structures, including the knee joint. Subsequently, after union had taken place, the entire limb from the hip to the toes remained greatly swollen, and this swelling was oedematous—watery fullness—skin stretched seemingly to its fullest extent, glistening and pitting deeply on pressure—just as is noted in dropsy of the extremities, and this condition continued for months in spite of every treatment with which we had been repeatedly successful in previous apparent similar conditions. No swelling of uninjured limb, and chemical and microscopical examination of urine revealed nothing abnormal.

Here was a case stubbornly refusing to submit to carefully selected treatment; at least results were far from what we had good reasons to expect, and the feeling of “up and against it” wanted to crop out; and when this once comes is the time one does the hardest kind of thinking. We calculated that the extreme heavy weight did much laceration and bruising of the tissues; this, with the subsequent effect of cellular inflammation, together with probable local results of

applied bandages and non-use of the limb, was an impediment to the flow of blood through the capillaries; this obstruction and a weakened condition of the blood vessels created venous fullness which permitted exudation and infiltration, and, suddenly it occurred to me, and I wondered why I had not thought of Apocynum before. I gave the lad drop doses every two hours, with the result of having all swelling in that limb removed within three weeks' time. Apocynum, in addition to being a decided heart tonic, surely in some manner exercises a direct effect upon the smaller blood vessels and capillaries. We know that it will remove watery effusion into the cellular tissues not depended upon structural derangements, and even here it frequently proves to be a valuable auxiliary to other remedies. Lloyd's Specific Medicine Lobelia is the preparation of the drug always used.

### **SOME GENERAL FACTS IN DIAGNOSIS SHOWN BY THE TONGUE**

The dryness or moisture of the tongue denotes the extent of the disease of the intestines, and its influence on gastrointestinal secretion, and will point us in that direction.

A fissured tongue points to the kidneys; either an inflammation, or something is wrong with secretion.

Yellow coatings are usually associated with morbid liver, and a want of biliary secretions, and would indicate mild hepatics and tonics.

Raised papillae, bright red, denote irritation of the ganglionic nerves, and consequent irritation of stomach, especially of the mucous coatings. They show, also, exhaustion; no digestion. For this give *Nux vomica*, twenty drops, and the food to be warm and taken in small

quantities. Bismuth and pepsin after the food.

A broad, pallid tongue, with a loaded base, say atony, and excessive acidity, and refers us to a want of action of the entire viscera below. The remedial agents would be alkaline agents and tonics, especially those mild, but effectual in character.

A shrunken tongue, pinched in expression, indicates functional inactivity of digestion and requires great care in the choice of food, as well as in quantity. In this condition of the tongue we have atony also. It is the tongue of advanced fevers, inflammations of the mucous membranes, and want of assimilation, hence great caution must be exercised in both remedies and food. Here we must not use cathartics. Mild aperients may be carefully used.

A contracted, pointed tongue, with dryness and dark fur, is the usual tongue of typhoid fever—and other low grades of fever, when all thinking minds would use great care in the treatment and food also.

A broad, thick tongue, the papillae not visible, but looking raw, denotes a septic condition of blood, and favors typhoid fever. Indicates, if deep red, sulphuric acid; if pale, sulphite of soda.

Deep, dark red tongue and dark coating indicates a septic condition of the blood, as well as shades of dark brown and black, which denotes a typhoid or septic condition.

Pale, dirty fur on the tongue denotes acidity, and a septic condition of the system; indicates sulphite of soda; but if the membranes are deep red, sulphuric acid will be admissible, because it would show an alkaline condition of blood.

A contracted, pointed tongue, with inability to hold it still; the tongue drawn to one side of mouth, denotes trouble with the nervous system and perhaps the brain.



## **ECHINACEA IN SURGICAL CONDITIONS**

*Editor* ELLINGWOOD'S THERAPEUTIST:

The Therapist for October is at hand, and I have read it through several times with the greatest interest. I think the Journal is getting more interesting every month.

The therapeutics of Echinacea of which there are a number of contributions this month is very interesting, and I can verify from my own experience a great deal that is said about this valuable remedy. In my locality there have been several cases of severe injuries, both to hands and feet of the farmers, from machinery, and there have been several cases of blood poisoning, all of which have been treated with this remedy.

One farmer had his right hand caught in the mowing machine, and severely crushed on its palmar surface. At first he paid but little attention to it, merely applying some liniment without washing the injured parts clean. The dirt and oil of the machine were wrapped into the wound, with the liniment. In the course of a few days the hand became inflamed and very painful. Later the entire arm was swollen, and the lymphatic glands in the axilla were swollen and very painful.

In this condition he came to me. I cleansed the whole thoroughly with a strong antiseptic solution. There was as yet no appearance of pus. I made incisions into the most prominent parts, and dressed the whole with a preparation made by dissolving two ounces of Echinacea in fourteen ounces of alcohol, to which a dram of the oil of Bergamot was

added. This was applied on absorbent gauze to the inflamed hand, and inserted into all the incisions. It was kept wet and covered with absorbent cotton, the whole covered with oiled silk. The next day the swelling of the lymphatic glands was gone and the arm was very much less painful. There was no change in this treatment until the inflammation had entirely abated.

This was the worst of six cases, all similar in many particulars, and all of which were treated with Echinacea as above and all with the same satisfactory results. Gauze wet with this solution of Echinacea is in my opinion in every way superior to Iodoform gauze which I previously used.

A boy, six years of age, when riding horseback was violently thrown to the ground, and was caught during the fall on a rusty barb wire on the fence at the right angle of the mouth. The mouth through the cheek was torn back to the last molar tooth; a horrible sight. This child was chloroformed and I inserted eleven catgut sutures into the wall of the cheek and used externally the wet dressing of Echinacea. The wound healed very rapidly and in ten days the dressings were removed and the scar was very much less than I expected.

I had a case of dysentery in which I used Echinacea in conjunction with other remedies. This was a severe case, indeed. There was persistent temperature of 102° F., with frequently bloody stools. I began this treatment with a tablespoonful of castor oil, I then put two drams of Echinacea and ten drops of Aconite in four ounces of water and gave a teaspoonful every hour. I wrote a prescription for pulverized Ipecac, five grains; Podophyllum, one grain; pulverized Opium, ten grains; sugar of milk, thirty grains, to be triturated thoroughly and made up into twenty five powders, one of

which was to be given every three hours. She could not take milk because the aroma produced nausea. I fed her on beef soup and brandy. The improvement was slow but satisfactory.

T. JENSEN, M. D.

Spring Grove, Minn.

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## TREATING APPENDICITIS

*Editor* ELLINGWOOD'S THERAPEUTIST:

Your journal came to hand today, and as usual I lost no time in getting into it. I soon found your editorial on Appendicitis. This did my soul good, because I observed that at least one authority could be found who was willing to speak up against the evils of this fad, which in some localities amounts to an insane one.

This section has been so deluded that a doctor who advocates anything but sure and quick surgery for the disease was at once accounted a party to the crime of negligence. It is refreshing to know that there is an inclination to return to rational, saner methods, doing away with an arbitrary method for every case, and leaving the judgment and discretion of an intelligent, experienced physician free, that he may decide for himself what should be done in every individual case.

E. P. WHITFORD, M. D.

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## EPILEPSY, ITS CAUSE AND TREATMENT

With a disease, the pathology of which is as obscure as that of epilepsy, any observations that will throw light upon the cause of the disorder are valuable indeed. Some neurologists have long claimed that the cause of epilepsy was largely a nutritional one, and where the

patient has been properly nourished there have been less frequent manifestations of the paroxysms. Recent observations have been made to determine how large an influence toxins exercise in a causative relation to the disease. One observer finds that in quite a large number of cases auto intoxication seems to exercise a very important influence. It would seem natural then that the system be thoroughly cleansed and the blood put into the most perfect condition; the opsonic index raised to a normal point and the proper number of both red corpuscles and leukocytes be supplied and maintained. While this is being done it would seem reasonable to prescribe those remedies which, in a superlative sense, exercise a blood purifying influence. Without doubt if these observations have any basis of truth, this course will prove more satisfactory.

In the adaptation of this course the nutrition of the patient should receive careful attention, but while high nutritious foods are supplied those that are most difficult of elimination—like the nitrogenous foods, should be supplied carefully, and the elimination of these products should be constantly encouraged. This rule of elimination, however, should be applied to all waste and morbid products.

It will be at once seen that our course of treatment of this disease is faulty because the sedatives we prescribe act upon the manifestations of the disease—would exercise a symptomatic influence only, and have but little influence on the actual underlying cause of the trouble.

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SINGLE TRUTHS FROM MANY DOCTORS AND MANY TRUTHS FOR EACH DOCTOR

## Ptelea

I desire to call the attention of the readers of this journal to the value of this remedy in asthma. I had a case recently that went north for relief of this distressing malady, and while he was free from it for the time being, as soon as he returned his affliction grew worse. I put him on the remedy, giving him ten drops three times a day, using glycerine and water as a menstruum for my mixture. He expressed himself as being relieved shortly after each dose of the medicine. He carried it with him constantly and took a dose whenever he had a paroxysm. Before using the remedy he could not sleep at night except in a sitting posture, but by the use of a dose at bedtime, he could rest comfortably all night. I used the specific medicine.

H. H. HELBING, M. D.

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## Facial Neuralgia

In regard to your medical journal I would not exchange it for ten times the amount it cost me. It is the best, the most useful, the most instructive magazine I have yet seen. I receive it each month with genuine pleasure.

I have treated two cases of facial neuralgia successfully with *Gelsemium*. The first had continued for a time believing there was no relief for the pain. I dropped eighteen drops of specific gelsemium into two ounces of the equal parts of lactated pepsin and water, and gave a teaspoonful every hour. In six hours she was so relieved from the pain that she discontinued the medicine.

The other patient had two drops of gelsemium every hour and liberal

externally, later I applied a spray of ethyl chloride. To this patient I gave also tonics and digestives to make a permanent cure as she was weak and anemic.

I have not been using specific medicines a great while, but I find them very satisfactory because of the precision with which we may prescribe and the certainty of results.

FRED H. CARTER, M. D.

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### **The Dose of Echinacea**

I noticed in your October journal a number of articles on Echinacea, all of which give the dose from twenty to sixty minims. I think these doctors are extravagant with the use of this remedy, to say the least. I use Echinacea freely and shall continue to use it as long as I obtain the excellent results that I have had in the past, but I give it in from three to five-drop doses of the specific medicine every hour, both in my puerperal and typhoid fever cases. I repeat the dose every hour and I think I get all the results required of the remedy in the small doses.

This remedy is my sheet-anchor in all septic troubles. Too much could hardly be said of its value, but I think too much can be given. What we desire is the full action of the drug, with the least possible amount. I do not believe in overtaxing the stomach or any other organ with more medicine than is necessary to obtain results.

L. H. MONTGOMERY, M. D.

COMMENT: The doctor is right in favoring small doses in fevers, but in cases of severe sepsis with extreme intoxication, it has been not only my own observation, but that of a great many who have written me, that better results with no harm has come from larger doses of this remedy. However, the total quantity the doctor would give in twenty-four hours is not so very different from that which others advice, as five drops every hour is equal to fifteen drops every three hours, and, in fact, would Produce more marked results

### **Nocturnal Emissions**

In reply to Dr. F. L. Forbes, I would say that all the young men during callow youth, who abuse themselves sexually, have seminal emissions during maturer years that often last a long time. They have coaxed the secretion of the testicles from the *vesicals seminales* where it is stored for legitimate use. That bad habit causes an irritable sub-inflammatory condition of the urethra, where the seminal ducts discharge into that channel, which abnormal conditions remains a long time after the practice of masturbation has been discontinued, and it is the chief cause of nocturnal emissions as well as of premature ejaculation during lawful cohabitation, giving rise to much connubial infelicity, especially to wives who become pregnant minus the marital sexual gratification they have sought, and which is a wife's due. These emissions often deter young men from matrimony, fearing that their sexual powers will fail at the connubial act.

There is an instrument made with which to treat these cases. It is a silver catheter having on the proximal end a small syringe. Let the doctor draw up into this ten to twelve drops of a solution of nitrate of silver, 1 to 1000, pass it down the point near the bladder neck, and inject the solution once a week for two, three or four weeks, and he will get curative results that will please him and his patients.

DAVID WARK, M. D.

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### **Locomotor Ataxia**

In two cases where this condition was diagnosed early I have put the patient upon drop doses of the tincture of phosphorus and continued this remedy three or four times daily, even while giving other indicated remedies for a long time. With this I give five drop doses of

the tincture of calabar bean, three or four times a day, with good results. At the same time I have persisted in the use of dry cups over the lower portion of the back, or even severe counter-irritation occasionally. Two cases improved under this treatment and all active symptoms of the disease disappeared.

C. G. SHAVER, M. D.

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### Nocturnal Emissions

In your October number, Dr. F. L. Forbes asks for help in nocturnal emissions. With your permission I will tell the Doctor my method which has as yet not failed for me.

I give 1/100 grain hyoscin hydrobromate three times each day and two of Abbott's granules of the Momobromate of camphor every four hours for three days, then two times a day for a week; then one three times a day for thirty days. I place the patient on the following:

**Sp. Passiflora.....drams 2**  
**Bromide Potash .....drams 2**  
**Simple syrup, q. s.....ozs. 4**

**M. Sig.—One dram three times daily.**

This is the medicinal treatment. Of course if there are any defects with the penis, such as long foreskin or very small meatus then surgical measures are indicated. Sometimes it helps to dilate the sphincter if it is excessively tight. Please report the results, doctor.

W. HERINGTON, M. D.

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### Monobromate of Camphor

In certain cases of insanity, accompanied by mild excitement, with perversion of the sexual instinct; also in certain cases of hysteria where there is mental weakness, with a great deal of emotional disturbance, I have given the monobromate of camphor in pretty full doses, with excellent results. It is a soothing remedy to all the irritable conditions, but it does not irritate the stomach or produce other disturbances. I am sure its sedative influence in these cases is superior to any other remedy I have used, and am also sure that it is not properly appreciated.

T. F. WILLIAMS, M. D.

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### Nocturnal Emissions.

In a recent issue of the Therapeutist I noticed the article recommending ergot for

nocturnal emissions. I used it for years in connection with *Salix nigra*, but a few years ago I was given a formula that works so nicely that I have discarded all others. In asthma where there is a history of venereal excess, and the patient is compelled to get out of bed and sit at an open window to obtain relief, it will prove invaluable.

**Fluid extract ergot.**

**Tinc. hyoscyamus, aa..drs. 4**

**Tinc. gelsemium.....drs.1 1/2**

**Peacock's Bromides,....q. s.**

**ad .....ozs. 2**

M. Sig.—Teaspoonful at bedtime.

This is a full dose.

A. O. REPPETO, M. D.

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### Echinacea as a Local Anesthetic

I notice in your October journal quite a few good articles on echinacea, but one fact brought out at our state meeting in the discussion of echinacea, was new and good to me. It was told by Dr. W. D. Holmes of Nashville, Tenn., who spoke very entertainingly of the local use of this remedy as an anesthetic, for cancers and for pain generally, and recommended it for the toeaches of rheumatism, boils, etc. In less than a week I had a chance to try it myself for a painful pustule on the forehead and two applications did the work. It stopped the pain at once and aborted the pustule. I shall try it again.

H. H. BLANKMEYER, M. D.

Secretary Texas State Society.

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### Macrotys—Recurrent Boils

Macrotys did good work recently, for our college football squad in lessening muscular aching. I have used it in all cases where violent excessive muscular exercise has produced soreness or aching in the muscular structures. Two brothers—professors at our college—had recurrent attacks of boils. One I put on echinacea, the other I vaccinated with staphylococcus vaccine. I obtained perfect results in both cases.

GUSTAV E. HENSCHEN, M. D.

## Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.



### A MATTER OF FAITH AND ACTION

With this number the third year of this Journal ends. These years have brought so much satisfaction and pleasure in the rapid growth of the Journal; in the knowledge of the wide acceptance of its principles; and in the constant assurances of its value, that they have passed rapidly.

For the coming year there will be no change of principle in THE THERAPEUTIST. It will continue on the same ground, with the same persistent effort, but with increased zeal and co-operation.

I have faith in the principles we are all working for; for the facts I am giving you; faith in their ability to get results.

I have faith in the sincerity of our subscribers, and in the fact that they have faith in these principles, and in these methods.

All together we have faith in persistent work, and individual observation. We are getting pleasure, and satisfaction from this method of practice. We are going to quit knocking, and give every man a boost.

We have faith that the man who applies these principles will "get there." He will get what he goes after, and getting it, he obtains a new faith in himself, a new faith in his principles, and new faith in his method of practice.

This faith reacts upon his patrons, and give them faith in him, and faith in the method he uses, and this faith helps the cure.

With this faith and universal co-operation, every man a booster and every man with a keen eye to the latest fact, we expect to take another big jump during the coming year.

Come with us, Doctor; be one of us; write for us; observe for us; boost for us, and watch the inevitable reaction for yourself. Don't fail to come and COME NOW

## THE LIVER AND PANCREAS IN DIABETES

Since making the statements I have recently made concerning the possibility of the liver being as much to blame for the fault in the utilization of sugar, perhaps, as the pancreas, I have found some reliable authorities on the same subject. Rosslein in a German exchange published an article in 1907 in which he argued that attention enough has not been paid to the pathology of the liver, while examining the pancreas. The liver in diabetes is enlarged, of a rosy color and with a transparent or homogeneous parenchyma. It is much heavier than usual. Other observations upon dogs have determined that the liver is usually enlarged when the pancreas is diseased. Microscopically the diabetic liver shows interesting changes including constant fatty changes in the stellate cells of Knoffen, and the nearly constant presence of peculiar, homogeneous refractile bands along the capillaries.

Other authorities agree that there are variations in the pathological conditions of the pancreas as often as there are variations in the condition of the liver in this disease. Sauerbeck in reports of 176 cases in 1902 found pathological appearances in 62% of the cases in the pancreas. Cecil a little later in ninety cases macroscopically and microscopically examined, found only eleven normal pancreas, although in many of those abnormal the lesions were not extensive.

The little research that I have made in the literature of this subject, and the observation I have made myself convinces me that we must make a wider study of the pathology of the liver in these cases and that we must determine the relation of the pathology of this organ to that of the pancreas before we are enabled to correctly determine the underlying causes of diabetes.

There is no question about the influence of the liver upon carbohydrate metabolism while there is considerable question among pathologists, not only as to whether the islands of Langerhans in their functions have any influence upon the metabolism, but whether these have any right to independent existence or not. The mass of evidence confirms the influence of these organs, however, upon the changes that take place in the carbohydrates, and this fact in conjunction with our knowledge of the action of the liver in its glycogenic function, should confirm our belief in the fact that both of these organs are implicated in this important disease.

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### **THE REFLEXES IN ANESTHESIA**

Death during the influence of an anesthetic, has been attributed almost universally to the direct depressing influence of the anesthetic, upon the heart or upon the respiratory apparatus. Some observers have mildly interrogated this common opinion, but few have gone into the subject to any extent, to determine whether or no the influences exercised might be other than those caused directly by the anesthetics.

Quite commonly has it been observed that operations upon the urethral mucous membranes, or the extraction of teeth under chloroform, has resulted in serious collapse when some other more formidable operations have been quickly recovered from. This has been in nearly every case attributed to the anesthetic, through some influence that was supposed to exist at the particular time which made the patient especially susceptible to it, without regard to the locality or to any reflex influence that might have been brought to bear.

An Italian observer has been studying the action of the reflexes in

patients anesthetized, and he believes after careful observation, that there are respiratory disturbances and functional irregularities of the heart that are not directly due to the action of the chloroform or ether, but that they are due to reflex irritation, from the point on which the operation is performed.

This opinion opens an entirely new and exceedingly important field of observation. It makes it necessary to study the reflexes in a new light. Certain regions seem to be more liable to elicit these reflexes than others. Among these are the urethra, the spermatic cord, the testicles, hernias, the peritoneum, and, especially those points where the mucous membranes are connected or attached to the skin of the exterior, especially the anus.

This observer, also, believes that the intensity of the reflex condition may vary as the general irritability of the nervous system of that particular individual varies, when patients suffer from auto-intoxication, general nervous excitability, infections and also anemia. He believes that the reflex excitability should be carefully tested before the patient is anesthetized, and if this excitability is at all exaggerated the anesthetics should be administered with the utmost care, and very closely watched.

While to a certain extent reflex irritability is abolished by an anesthetic, at no time even under the deepest anesthesia, is it possible to do away with it entirely, especially in those portions remote from the nervous centers. That time in which from reflex irritation the patient is especially liable to be overcome by the anesthetic, is at the end of the operation, when the general depression is the greatest. It is but natural then for us to suppose that the less the depression, and the less the shock there is, the less danger

there is, and measures adopted to prevent shock and depression will do away to a certain extent with the danger of serious collapse.

This same observer believes that the hypodermic injection of a medium dose of morphine, administered an hour or more before the operation, does a great deal toward inhibiting this action of the reflexes. He claims that since he has given morphine for this purpose to those especially excitable, or to those in whom the region of operation was in a locality which was particularly liable to reflex influence, that he has had no accident either from chloroform or ether, and that with the action of morphine, a smaller amount of the general anesthetic is required.

While the larger part of his observation has been made under chloroform it is more than likely that they will apply to a greater or less extent to the use of other anesthetics.

It is more than likely in the light of these observations that there would be much less danger of complications from reflex irritation, if morphine, hyoscine and cactin by hypodermic injection be used in proper doses, either alone, or in combination with a small quantity of the volatile anesthetic, especially in questionable cases.

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## **NEW THEORIES ON CATCHING COLD**

I have had occasion recently to write and to present the comment of physicians, on the matter of catching cold. The influence of acute cold in inducing local congestion and closing the excretory ducts of the different organs of the body, and the disease which follows as accepted by the profession before the days of germs, is widely in contrast with the effort that is

now made to explain all of the pathological conditions that follow the contraction of a cold, as the result of bacilli.

In the series of papers published in the London Lancet by Allen, the subject is presented in the light of modern scientific observation and conclusion. The author shows that there are five organisms at least that produces at tacks of nasal catarrh. These are, (a) bacillus influenza, (b) the bacillus septicus, (c) Friedlander bacillus, (d) micrococcus catarrhalis, and (e) micrococcus paratetrigenus. The author claims that in a certain percent of cases in which there is no disease, these are found present in the naso-pharynx, but when from any reason the vitality of the tissue is lowered and their resistance is reduced, then there is an increase of virulence, although how they manifested virulence without activity previously, is not shown. Occasionally the infection occurs from without.

The author believes that each of these organisms produce a type of cold characteristic of itself, which may be recognized from the manifestations. This recognition is difficult, if the infection is a multiple one. He considers the deferential diagnosis of considerable value, both in prognosis and in treatment.

He believes that chronic nasal catarrh is probably always due to the bacillis of Friedlander unless the micrococcus catarrhalis has previously caused inflammation of the middle ear. Chronic catarrh of the trachea, he believes, is caused usually by the micrococcus catarrhalis. These conditions can all be made complex by the presence of infection by staphylococci, streptococci, pneumococci and other pathogenic micro-organisms.

The author advises that the opsonic index be sustained as means of cure.

It seems a "far cry," indeed, from treating these conditions symptomatically, with those remedies which experience has proven to be eminently successful, to the ultra-scientific method of the injection of the corresponding bacterial vaccines as a cure for a simple attack of acute cold; to undertake to differentiate as to just which organism is the cause of that particular condition, and to secure by complex methods the essential vaccine, when according to the experience, not only of the best of practical physicians, but of even the old grandmothers, a cup of hot ginger tea and a thorough sweat with a hot mustard food bath, will secure as complete a cure, will "knock out" the entire condition effectually, if not classed as scientific.

This unlocks the secretions, unloads the congestion, gives the *vis medicatrix naturae*, a chance, and this of its own inherent power give the opsonins an upward hitch. Is not this then scientific?

The writer thinks it is more than likely that the use of these specific vaccines for the specific infections may render the patient immune to future attacks of acute cold, and he advises that those who are susceptible to frequent colds should take a systematic course of immunization every four or six months against all the cold organisms, and especially immunization against the particular organisms that may be responsible for his or her condition. This, indeed, is ultra-scientific, but the future will prove whether or not the theory is tenable.

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## PHOSPHORUS ELIMINATION

In the examination of many thousand specimens of urine I have never met a case of genuine occipital headache, persistent and racking, but that I found that that patient was passing a very great

excess of the phosphates in the urine. On the other hand I have found many patients who would not exercise the mind to any degree, who were mentally sluggish and somewhat dull naturally without disease of the nervous system, who passed but a small quantity of the phosphates in the urine.

For years I have been impressed with the importance of the phosphorous content of the urine, and have realized that by making a study of the existing conditions, and an exact estimate of the amount of phosphorous that was present or absent in these conditions, much could be determined as to the character of the disease, and to its method of cure. It has been easy to see in my cases that when the phosphates increased, the disease increased, and when the phosphates diminished the condition of the patient improved. This can also be observed in acute disease, as in many cases it is very conspicuous.

A German writer claims that in diseases of children the quantity of phosphorous in the urine is an excellent indication as to the nutrition, growth and proper development of the infant and is an index to conditions of disease.

The tolerance for food can be determined from the urine phosphorous findings which are thus a reliable index for the diet. As the proportion of phosphates declines, the clinical picture improves. In acute gastroenteritis, if the proportion of phosphates in the urine is not materially reduced by a day or two of fasting, the prognosis is bad. He is convinced that the presence of organic phosphorous in the urine of breast-fed children must be regarded as a pathognomonic sign. In his six cases of acute gastroenteritis with fatal outcome, the proportion of phosphates showed no decline during from two to five days of fasting or merely weak tea diet.

The proportion of phosphorus in the urine should be determined frequently, and at different hours in the day and night, estimating it in relation to the amount of urine, obtaining a total oversight by comparing the various findings. They will reveal sometimes a rise or fall in the proportion of phosphorus indicating that something is wrong before it is suggested by any other sign.

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## HEALTH IN THE PHILIPPINES

The influence of the national supervision of health in the Philippines, is shown by a recent report in which it is stated that of eight hundred American teachers in the Philippines, there has been, in the past year, an average of but six days' illness for every teacher in the service, and there has been for every successive year of the past four or five years, a steady decrease in all of the infective disease throughout the island, with tuberculosis in the front rank.

The bubonic plague has entirely disappeared from the islands. No case has been reported for two years. There has not been a death reported of small pox, where thousands formerly died each year. There has been no case of loss of life and no serious infection in three and a half millions of people who have been vaccinated. It is thought that the establishment of the leper colony affords a final complete solution of the leprosy problem. The health of the white race seems to be even better than that of the darker races.

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## TREATING CHRONIC CONDITIONS

In studying specific methods, without realizing it we find that we are meeting the indications of acute disease, oftener than those of chronic disorders. We find ourselves educating the profession in the treatment of acute

disease to a much larger extent than in chronic disease. The treatment of old standing chronic conditions is not only the bug-bear of the experienced physician, but it is a great stumbling block to the young physician.

He can attack an acute case with the expectation of accomplishing immediate results, which will impress the patient with confidence in his methods and ability. But in the treatment of chronic cases he is impatient of results, and his impatience is soon conveyed to the patient, who soon becomes impatient also, and consequently dissatisfied because the results promised are not obtained. This impatience induces the doctor to make frequent changes in his medicines, thus not giving proper time for the action of any remedy.

The changes that have slowly taken place within the system, inducing chronic pathological conditions, must take a correspondingly longer time to be corrected than those which occur quickly.

It is a mistake to be too hopeful in the expressions of a prognosis, in these cases. It is much better to say: "The patient can be cured, if he follows the advice given, and **persists** in the treatment **long enough.**"

Persistency is the great essential. Cases of syphilis often demand treatment for a year, especially if they come to us after having been treated with mercurials. In one case the treatment was continued for two and one-half years.

I was consulted two years ago by a patient with interstitial nephritis. I told him his only chance, which was a slim one, was in his persisting in the treatment. He promised to be persistent, and actually took one remedy every four hours for six months with but little perceptible benefit. He then began to slowly improve and recovered completely.

But persistency is of no avail unless the diagnosis is correct, and the correct remedies correctly directed. The principles of specific medication may be applied in these, as well as in acute cases, but there must be more — a grouping of indications, and a thoughtful consideration of causes, and of the changes in structure of the fluids or solids.

Single indications, perhaps, will hardly demand a single remedy, but a single remedy can be directed to a pathological condition which is evidenced by a number of symptoms.

To illustrate: The persistent use of proper doses of leptandrin or podophyllin will correct, in some cases, a fault of the liver which shows itself in a long train of disagreeable symptoms. The administration of minute doses of *Cactus grandiflorus*, to improve the nutrition of the heart, and to thus regulate its action, is the only remedy needed in some cases where the disordered digestion, dyspnea, vertigo, headaches, feebleness, constipation, cold extremities and various other symptoms had been long treated without results.

A patient presents herself for advice with a train of symptoms that apparently involve every organ in the body. At first thought, it would seem that the case was hopeless, but after a careful grouping of the symptoms — a thoughtful consideration of the actual conditions involved, which would possibly exercise an etiological influence, we finally decide nervous exhaustion — neurasthenia to be the cause, and forced nutrition and the introduction of the direct essential chemical constituents of the nervous system to supply the waste, is all the treatment advised, with proper hygienic and dietary precautions, and the improvement is rapid.

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## **BICHROMATE OF POTASSIUM**

The bicronmate of potash has been used for several years by homeopaths in the treatment of bronchial coughs and spasmodic croup. If any of the readers of this journal have had any experience at all with the use of this remedy in any form, either in the condition named, or in any other condition in which it seems to be specific, I wish they would report their experiences to me. I have long been convinced that the remedy is a good one, but I have never tested it, although I will not say I have had no opportunity.

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## **RATIONAL DRUG THERAPY**

There is a rapidly increasing sentiment in favor of the importance and more thorough study of therapeutics. The entire profession is waking up to this importance. The Journal A. M. A., quotes Dr. Zemp of Knoxville, Tenn., as making the following statement at the Tennessee State Medical meeting, this year. This statement is very expressive, concise, comprehensive at the same time, and shows that the doctor knows what he is talking about. He certainly states the facts in the case.

He says, "Therapeutics is the key stone to the arch of medical science. It is the one branch to which all other branches must come for help. Many of its inefficiencies are due, not to the importance of drugs, but to a failure to master its principles. Improper teachings and later, neglect in its study are responsible for many of its short comings. Rational drug therapy is impossible without a knowledge of the physiologic action of drugs. The use of proprietaries continually makes us hopeless cripples; routine prescribing is no better, as in both we lose sight of the fact that it is the

patient and not the disease that needs attention. Erroneous ideas concerning drugs are numerous. The therapeutic nihilist is as pitiful as the therapeutic egotist is ridiculous. After years of vain efforts to discover other therapeutic means better than our drugs a great revival wave is sweeping over the profession, and we who believe in them are coming into our own"

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### **DIET IN ALBUMINURIA**

In my experience in the treatment of albuminuria and kidney disorders I devised the following diet list, which I found to be as practical as any I have ever used for patients suffering from conditions which induce albuminuria. I do not think any list can be arbitrarily applied. It must be adjusted to the individual patient; but I found this one of more general application than any other.

**Must not eat** — Pies, pastry, spices, rich food, greasy food, fats, butter, sugar, potatoes, rice, corn, beans, corn starch.

**May eat** — Fish, poultry, raw eggs, eggs rare, cooked; juicy rare beef, custards, bread, fruit, if no diarrhea; skimmed milk, tomatoes, apple sauce, buckwheat.

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 nearly to the exclusion of all other drinks as possible, especially tea and coffee.

### **EDITORIAL BREVITIES**

**The Advance in Therapeutics** — A writer in the Pennsylvania Medical Journal claims that one of the causes of the slow advancement of the knowledge of therapeutics is due to the use of non-official drugs. If the doctor would look at the matter in an unprejudiced light he would find that the use of a large number

of non-official plant drugs would greatly advance the present knowledge of therapeutics, and he would also find that a large part of the advancement that has been made is due to the use of drugs not authorized by the faculty.

He is correct in saying that the use of nostrum is a disgrace to science and ethics. The profession is very slow to discover that a large number of remedies that are used that are brought forward by great manufacturers, especially those of Germany, are irrational, often impracticable, very narrow and unsatisfactory in their field and have not in their introduction advanced our knowledge of correct therapy.

\* \*

**Removal of the Healthy Appendix.**— In the discussion of a paper on appendicitis, presented at the meeting of the American Gynecological Society this past winter, many physicians objected to removing the appendix, unless it was diseased. Courier, of New York, said. "We should remove nothing but diseased tissues; that which is not diseased should be left." Peterson of Ann Arbor, said, "earlier in his practice in two hundred cases where he had opened the abdomen, the appendix was removed. In half of these cases only, the appendix was diseased." Later he refused to remove the appendix, except when it was plainly diseased, and in not one case in some years, in which he has adopted this course, has there been any subsequent disease in the appendix.

Baldy of Philadelphia invariably examines the appendix when the abdomen is opened, but has rarely found it diseased. Johnson of Washington lets a healthy appendix entirely alone. He sees no excuse for nor any ethical right to remove a healthy appendix.

\* \*

**Pellagra.**—In a number of the prominent cities in Austria efforts are being made to thoroughly study this disease, and in some of them a post-graduate instruction for research into the character, the prevention and cure of the disease, is being made, with some success. Prizes are offered by the government for observations that can be utilized in the knowledge of these disorders. Efforts are made to educate the people to substitute other grain for corn, and prizes are offered to the farmers to raise other cereals. One fact has been determined; in a locality where corn is very generally used, that is that the altitude is so great that the corn never comes to maturity and is eaten before it is ripe.

In one city of 38,000 inhabitants nearly three per cent have pellagra, and there are seventeen institutions that are supplying them with proper food.

\* \*

#### **A New Remedy for Tuberculosis.**

— A French physician noticed that many individuals who work in a factory which produces verdigris-subacetate of copper were immune to tuberculosis, and that several who were said to have consumption after going there to work recovered quite rapidly. He discovered that they inhale the dust of this copper salt, and that it had a direct influence in the lungs. He obtained a quantity of the powder and treated thirty patients systematically by allowing them to inhale this dust at given intervals, usually twice each day.

In every case there was a plainly apparent influence upon the cough and expectoration. All were benefited some what and some were very materially benefited by the treatment.

\* \*

#### **The Temperature in Anesthesia.** —

Surgeons as a rule are very careless, in many cases criminally careless, concerning the temperature of patients exposed for an operation. The anesthesia in every case reduces the temperature; the exposure reduces the temperature; so does also the shock, and all of these influences are increased by applying wet applications around the seat of operation. The reduction from ether alone is very great, and that from chloroform is only second to it.

The patient should be kept covered, warm applications should be made in stead of cold, and the time will come when the anesthetic will be given with warm air. If the temperature is sustained, there is much less shock, less danger of other kinds, and a much more rapid restoration. An excellent article on this subject appeared in the April number of the Johns Hopkins Bulletin.

\* \*

#### **Inherited Syphilis.** —

An investigator in Breslau has been watching the history of one hundred and one children who inherited syphilis. Seventy-six have lived; one third of these have shown persistent manifestation of syphilis. In only seven cases has the treatment been unsatisfactory. The children have developed as normal as other children, and the opinion of the investigator is that under appropriate treatment the prognosis is not as unfavorable as it is generally considered. The general condition in these he reported as being excellent in forty percent, and fair in thirty-seven percent of the cases.

\* \*

**Restoration from Drowning.** — I am anxious to collect statistics of those cases of restoration in which heat has been used, as in the method of Professor Whitford. Quite a large number of physicians have for several years been determined to follow the doctor's suggestions, whenever an opportunity was afforded and I would like to obtain reports from those who having taken their patients directly from the water, have either put them into a hot bath or wrapped them in a hot blanket or have poured a stream of very warm water over the surface of the body, according to the doctor's method.

He claims that there is immediate spasm of the glottis, and that there is no water in the lungs, but that the patient suffocates, and that the carbonic acid poisoning and very rapid reduction of the temperature, are the conditions to be contended with, and that no effort need be made to empty the lungs of water as there is no water in the lungs, unless the patient has been many hours under water. No one has ever used the doctor's method without recognizing the extreme rational character of the treatment.

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**Justifiable Abortion.**—It is common for some physicians to try to make themselves believe that they are justified in producing an abortion because of some minor condition or some condition of environment or of circumstance with which the patient has to contend.

A German writer claims that only two or three conditions justifies interruption of pregnancy. One is uncontrollable vomiting, the other is tuberculosis, and the last is a condition of deformity which would interfere with natural expulsion. But with many this last

is no longer considered justifiable, because the Cesarean operation has been so greatly simplified, and the mortality when skillfully performed, is so very low that it is counted as a justifiable and dependable procedure.

\* \*

**Heredity of Sudden death.** — Among the many conditions that have been attributed to heredity that of a tendency to sudden death has previously been included. In a paper published in the Medical Press, Paris, an observation is reported on six families in which there were fourteen members that died suddenly, three only of these were women. In every one of these cases there was a history of the occurrence of periods in which syncope occurred, in some of them greatly prolonged. Every case was instantaneous from the interruption of the heart's action.

The probabilities are that stimulated by this report other observations will be reported which will establish the fact that there may be a hereditary inclination to such a condition as this.

A French writer claims that since 1890 in his obstetrical practice he has had about two hundred cases of deformed pelvis, where surgical operation was unavoidable. This is an exceedingly unusual experience and would probably be received with incredulity. The observer, Pinard, claims that he has performed symphyseotomy in 141 cases, the Porro operation in twenty two cases and the Caesarean section in thirty cases. He believes the latter operation is justifiable in all cases of extreme deformity, but not until labor begins. It is best done before the cervix is fully dilated. In every one of his thirty cases both the child and the mother were saved. This

certainly is an unusual experience, and it seems doubtful if it would be borne out by the experience of other observers.

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**Epsom Salts as a Hypnotic.**—Our friend, Dr. Vogler, writing in the Journal of Clinical Medicine, says a friend of his told him that on several occasions, of which he had known, where there was constipation or indigestion, with sleeplessness, especially if there was flatulence, one teaspoonful of the sulphate of magnesium in a glass of water, taken at bed-time, or at the time the inconvenience was observed, was followed in a very short time by quiet and restful sleep. Dr. Vogler claims that this remedy has been tried often enough to confirm this influence, when the conditions are right.

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**Hematuria** in its pathology is obscure. There have been a number of cases in which the kidney post-mortem seemed normal. In others where the kidney was exposed to determine the cause in persistent cases, nothing pathological was found. These are now classed as idiopathic, but the difficulty in controlling the hemorrhage is not lessened by our ignorance of the causes.

In a wide experience, in the treatment of these cases, I have found some which seem to depend upon apparently severe causes, to be readily controlled, while others, in which there was no apparent cause were extremely persistent. One case was apparently, correctly diagnosed as tubercular; the hemorrhage had persisted for eighteen months, when it was controlled by simple measures, the patient recovering her health.

In another case, there was nothing whatever to excuse or to account for the persistent hemorrhage which every

remedy that had ever been used for that purpose failed to even temporarily relieve. This, however, was a rare case, the only one of its kind I have ever met. Most of these can be controlled by the proper application of remedies.

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**Injection of Ergot into the Muscular Structures of the Womb.**—Some of our writers have reported to us results obtained from this use of Ergot when the hypodermic action and every other known remedy had failed to produce uterine contractions. The needle of the hypodermic syringe is plunged through the abdominal walls and into the wall of the uterus. The fluid is then expelled into that structure. This is undertaken at a time of severe hemorrhage. It may be necessary to introduce the fingers or the hand into the uterine cavity and to push the relaxed wall of the structure up against the point of the needle in order to determine when the needle has properly entered the wall of the womb. Uterine contractions under this process are said to be immediate and much more permanent.

\* \*

**Increase of Cancer.**—It is surprising how public sentiment has changed in the last few years concerning this malignant disease. It is plain that the disease is becoming more common. In the last decade up to 1900 there was an increase in the United States of twelve cases per 1,000. In six years up to 1906 there was a plain increase in all the common forms of cancer.

It is now estimated that in England, one person out of eleven and one woman out of eight, past thirty-five years, die of cancer, and in the United States, one man out of thirty-two, and one woman out of

eleven is said to die of this disease. More women die of this disease than of phthisis. This seems incredible. The statistics were given in a paper, read at the Philadelphia County Medical Society.

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**Veratrum.** — One writer has recently brought out an important fact concerning this remedy that it provides for its own elimination. He claims it is not a dangerous drug, and if obtained in good active state it can be used safely not only in Eclampsia, but in localized inflammation, active congestion, and in sthenic fevers in larger doses than have been usually advised.

I have told my students for years, that it is the safest of the heart sedatives, because it is absolutely devoid of erratic properties, and that it can be adjusted to every patient, in such a way as to obtain its fullest medicinal effect without unpleasant symptoms. However, when given in very large doses for its immediate influence, the physician must stay by and watch the results and discontinue at the proper moment.

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**Restriction of the Pelvic Circulation in Operations.** — In operations upon the uterus and upon the rectum or other structures within the pelvis, Momberg has recently advised the application of a stout rubber tube to be wound around the waist and drawn tight enough to stop pulsation in the femoral arteries. By so doing the upper portion of the body in its circulation and especially the upper portion of the abdomen is shut off, and by raising the pelvis high, the circulation in the pelvis is so retarded that but little blood is lost. By protecting the body against chill, the shock as well as the danger of infection, he claims, is very greatly reduced.

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**Importance of Diagnosis.** — To those who are anxious to make a success of the specific method of applying drugs to the exact conditions, I would impress upon their minds the fact that they must recognize the exact conditions in all of their exactness; in other words, exact diagnosis of conditions with this method is just as important as an exact knowledge of the exact action of drugs upon that condition. It will be noticed that I lay a great deal of stress upon the presentation of small items which contain a diagnostic fact. I desire to keep these positive and reliable facts constantly before the minds of the readers.

Our department of diagnosis will be found always to present more or less detail that is very apt to be over looked. We must attend to detail in diagnosis. We must get down to the fundamental facts; we must pay attention to little symptoms, that some times seem to have no significance when in reality they are very important, as they may point to important conditions.

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**Ustilago Madis.** — Since I first used this remedy in 1882 I have been confident that it has a place in Therapeutics, definite and distinct from that of the ergot of rye. Corn ergot is mild in its action, but positive and reliable when given for exact conditions. Unlike the rye ergot it increases uterine pains in an intermittent manner, and operates somewhat like Macrotys in overcoming the tendency to persistent contractions, with great irritability. It relieves the irritable conditions to a degree but increases the expulsive character of the pains.

Its tonic influence upon the muscular fiber of the womb, will be found

to be considerable and when prescribed with reference to this effect with any other indicated remedy it will produce good results. It influences the circulation of the cerebrospinal centers much as the ergot of rye, but is rather more manageable.

A mild current of electricity passed through the stomach will increase the digestive power of the stomach and stimulate the absorption of the food products. There are many cases in which a pain in the stomach, especially that due to nervous conditions is quickly relieved by electricity.

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**To Prevent Eclampsia.** — It is but reasonable to believe that if puerperal convulsions can be anticipated, that remedy which soothes the irritation of the nervous system will prevent the convulsive attack.

A Russian writer has had hospital experience with 360 cases in St. Petersburg, and reduced the mortality to six percent, by keeping a vigilant watch for every indication that would point to uremia and the danger of convulsions. In suspicious cases he gave the patient strong nerve sedatives whether the immediate indications pointed to them or not. He gave chloral and small doses of morphine and had the patient inhale oxygen freely, hastening the delivery in those cases where the convulsions appeared early. He is very enthusiastic as to the advisability of this course.

Many of those who have had experience in the treatment of acne in girls, will find that in nearly every case there is a fault with the pelvic circulation. When this difficulty can be overcome, the eruption if it does not heal spontaneously, become very amenable to treatment; on the other hand it is very difficult to cure the condition until pelvic irritation and especially uterine displacements are entirely corrected.

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**Prevention of Tonsillitis.** — A French writer claims that chronic tonsillitis can be prevented by keeping the teeth and gums and even the tongue thoroughly

scrubbed with dry bicarbonate of soda, applying the remedy in this thorough manner, just before retiring each night. He believes the germs that produce the disease accumulate in these localities while the patient is asleep.

Another French writer gives yeast internally to cure otitis and abscess that forms in the ear and persists in the use of this remedy where there is a tendency for these to recur.

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#### **Medical Treatment for Wounds.** —

It is not generally known that the iodide of potassium in five grain doses, three times a day, given to patients who have suffered from deep and severe wounds, will materially assist in the healing of these wounds—will promote a more rapid cure.

Where a patient has been poisoned by hydrocyanic acid, hydrogen peroxide given in the stomach in full quantities will antagonize the effect of this poisoning.

In persistent cases of chronic cystitis, one ounce of each of the fluid extracts of corn ergot and *Mitchella* in a decoction of *Triticum*, six ounces, given a tablespoonful every three or four hours will produce very satisfactory cures.

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**Gelsemium in Colds.** — So prompt is the effect of *Gelsemium* upon the nervous structures of the head, and through these upon the circulation, not only of the post-nasal passages, but of the entire body, that a few doses of this remedy every hour or two, to a patient who has contracted a severe cold, will produce very satisfactory results. For all we know this remedy so well, but few of our physicians realize how many unpleasant conditions which result from acute cold in the winter can be headed off by this course. A dram of the medicine in

three ounces of water, in teaspoonful doses every one-half hour given through the early stage of this condition, produces a general soothing effect and a quick restoration.

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**Migraine.**—The stomach can be justly charged with many headaches. Disorders of this organ so directly influence the condition of the central nervous system and the general circulation, that headaches are commonly induced. Two French authorities have written extensively on the fact that too rapid eating is the commonest cause of migraine. They express themselves in the following words: "Migraine is a crisis of objective hyperesthesia of the brain substance, especially of the cortex, with variable nervous radiations, all under the dependence of stimuli emanating from various organs, chiefly from the stomach, irritated by imperfectly masticated foods swallowed in too short a time, inducing overfunctioning." Gastric acidity induced by the above faults of eating must be neutralized and ultimately corrected.

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**Cardioptosis.**—This condition, while seldom found, is probably often overlooked. Downward displacement of the heart has been found in a number of cases, to occur from relaxation and weakening of the supports of the heart, without apparent change in its size, or with but few symptoms within the chest, of its displacement. A case has recently been described in a Naples journal in which a girl of seven suffering from acute bronchitis was found to present the symptoms of this disorder. In nearly every case it presents irregularity of the pulse with a retarded heart beat. So far no suggestions are made as to the alleviation or cure of the condition.

## THE TEXAS STATE ECLECTIC MEDICAL SOCIETY

The twenty-sixth annual convention of the Eclectic Medical Association of Texas convened at Dallas, Texas, Hotel Southland, October 26, 27, 1909. Second Vice President M. F. Bettencourt, presiding.

New constitution, changing the dues to \$4 per year and showing Texas an auxiliary to the National, ratified and adopted. One hundred and ten dollars was voted as the proportion of the Eclectics of the \$1,000 fund to enforce the new medical laws of Texas, raised by all the physicians.

Professor John Uri Lloyd, Cincinnati, Ohio; Dr. D. W. Holmes, Nashville, Tenn.; Dr. R. E. Sawyer, president of the Oklahoma Eclectic Medical Society; Dr. J. D. Mitchell, president Texas Homeopathic Society and member State Examining Board; Drs. R. O. Braswell and T. J. Crow, two other members of the board, were distinguished visitors.

Professor Lloyd was requested to address the students of the Baylor College, for which occasion our society adjourned to accompany Professor Lloyd and accept the invitation to come with him and inspect the magnificent college and hospital which is the finest in the state. Special cars were furnished free of cost and a nice lunch provided at the hospital.

Professor Lloyd made one of his best talks which was enthusiastically received and published in full in the press.

The following eight new members were received: Drs. W. W. Wimer, Honey Grove; Anna B. Bonebrake, Dallas; Sarah Phillip, Plano; E. F. Heard, Goree; W. E. Morrow, Trenton; E. H. Bellamy, Dallas and A. L. Henderson, Fort Worth.

San Antonio was chosen for the next place of meeting.

## EDITOR'S POSTSCRIPT

I would like to thank Frank Ervolino, N.D. for the loan of these journals, part of the library of the late John Bastyr, M.D. They were scanned with a UMAX S8 scanner, using OmniPage Pro by Caere for Optical Character Recognition.

They are offered up to the Alternative Medicine and Herbalist community so that I may learn, you may learn, and we won't have to keep reinventing the wheel. The Eclectic Movement survived for 100 years, the M.D.s that trained in the Eclectic Medical Schools were Vitalists, and prolific writers that shared their observations in the dozens of Eclectic Medical Journals that flourished in the 19th and early 20th century.

Because Eclecticism was a populist medical reform movement, arising out of the milieu and ferment of 19th century expansionism and egalitarian populism, there was a long-standing tradition of posting observations for the WHOLE medical community to ponder and comment on. Wild-eyed observations from isolated rural physicians (perhaps suffering from Medical Cabin Fever) were gleefully mixed with cautious and cogent clinical monographs from elegant silver-backed Old Pros.

One must remember that the Eclectics were a Populist Reform movement in Medicine, who took pride in their anti-authoritarian stance, rebelling against the "regulars" that trained at Harvard, Yale, and Princeton. An editor of the typical Eclectic Journal had to be careful to not over-impose an editorial posture that disallowed the more rabid physician in favor of the conservative essayist.

OUR present concept of a Peer-Reviewed Journal presumes that an editorial committee has passed careful judgment on submitted papers, and only accepted those for publication that meet its narrow field of approval. The Eclectics, for a great part, presumed that the READERS, those practicing M.D.s that read the journals, were the PEERS...and cursed by any prissy editor that prevented the readership from stomping in fierce glee on the inept letter or the ill-conceived premise. Further, Eclectics were famous for keeping EVERY issue of EVERY journal. In such a time of robust clinical experimentation, one NEVER knew when a clinical tidbit posted in the back pages of the Gleaner or the California Eclectic Journal from 16 years ago might supply the PERFECT clinical tip for a problem patient.

We too, must approach an Eclectic Journal with similar expectations: the dumb will be mixed with the brilliant insight, and WE are expected to be the Peer Review. Ellingwood, of course, was an exception in many ways, being considered to be one of the premier clinicians of his day, he put his name on the journal, filled its pages with his observations, and he seemed to have used a heavier editorial hand than many editors. A physician subscribed to the Texas Eclectic in order to join the clinical fray, but subscribed to Ellingwood's Therapeutics in order to see what far-flung wisdom the Old Man was writing about lately.

Remember...Doc (from Gunsmoke) would have been an Eclectic Physician, and such an improbable character as "Dr.Quinn, Medicine Woman" would have most definitely been an Eclectic...Eclectic Medical Schools encouraged women physicians...most of the "regular" schools grimly discouraged such abominations.

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