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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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VOL. III

MARCH 15, 1909

No. 3

Leading Articles

CRATAEGUS OXYACANTHA

A. W. JERNIGAN, M. D., EVENING SHADE, ARK.

Although we are all familiar with the history of the introduction of this drug into this country, and with the reports of the wonderful cures effected by it in the practice of Eclectics, I am sure that Crataegus has not received the attention it deserves from the profession.

The majority of the profession is still ignorant of the qualities of this remedy, and many whom I meet, socially and professionally, have never heard of it. The Eclectic materia medica is rich in the abundance and variety of its resources. But while there are very few of our remedies that do not repay us for restudying them, I give it as my opinion that no remedy will more surely repay the observer for a careful, systematic study of its actions and uses, than Crataegus.

For the past three years I have used this drug extensively in many forms of cardiac troubles, functional and organic, acute and chronic, and with such gratifying results in most cases that I take this opportunity of presenting the conclusions formed from my observation of its action in my practice.

Clinical experience has convinced

me that Crataegus is the peer of many so-called heart remedies, because:

1. Its field of action is much broader than that of any other agent of this class.
2. It has no cumulative effect.
3. It is non-toxic.
4. It acts in harmony with any other indicated heart remedy.
5. It has no contra-indications.

In the study of drugs, we have always endeavored to ascertain as far as possible their specific action upon certain organs or parts of the body, and following this line of thought, to associate certain drugs with certain conditions.

Pursuing this method of study, we find that while Crataegus acts powerfully upon the heart, this is not its only field of usefulness.

My studies lead me to believe that Crataegus has a beneficial influence:

1. Upon every part of the circulatory apparatus, from the heart to the smallest capillary.
2. Upon the sympathetic nervous system.
3. Upon the central nervous system, especially upon the pneumogastric nerve.
4. Upon the urinary organs.
5. Upon the processes of metabolism.

Upon the administration of Crataegus, the pulse is noticeably lessened, and the impulse strengthened. The lack of equilibrium between the heart beat and the blood pressure is restored, and there is no doubt of the importance of the relation of the action of the heart to vascular pressure. This is exemplified when the characteristic, rapid, feeble heart action is present which follows hemorrhage and shock, the heart being over-worked in its efforts to fill the depleted vessels.

Soon after beginning the use of Crataegus, the patient invariably experiences what has been described as a sense of well-being. All his gloomy forebodings are gone, and he feels that he has a new lease of life. And allow me to insist that this is not the least important action of the drug. If your patient would get well, he must think healthy thoughts. We are all familiar with the mischief wrought in our heart cases, by the patient's mental condition. Have you not seen one, when he thought no one saw, counting his own pulse, with an expression of despair upon his face? But all this is soon overcome by the action of Crataegus, which is due, I believe, to the influence of the drug upon the central and sympathetic nervous systems, as well as to the actual improvement in the condition of the circulatory apparatus.

In this respect, Crataegus acts much as does Pulsatilla, and the two agents may be prescribed in combination, with very good results. Especially is this combination valuable with neurasthenic girls with a functional heart trouble, and menstrual irregularities, where the influence of Crataegus is not to be overlooked by the observing physician. Whether the heart be feeble from organic lesion or functional distress, with or without effusion, its wonderful curative

properties are apparent. The improved circulation, the unmistakable improvement in the condition of the blood vessels, show that the heart is not the only part of the circulatory system acted upon by the remedy. The appetite increases, assimilation and nutrition improve, showing its influence upon the sympathetic and upon the pneumogastric nerve; the diseased valves are repaired, the flabby, anemic heart is renewed, testifying to its influence upon waste and repair, and to the fact that the cells themselves feel its presence.

In all dropsical conditions, whether due to cardiac weakness or to some wrong of the kidneys, I have come to use Crataegus, associated with any other indicated remedy. It facilitates the action of Apocynum cannabinum in the albuminuria of pregnancy, with the consequent edema. Here I prescribe:

Sp. med. Apocynum cannabinum,
Sp. med. crataegus oxycantha,
aa fl. dr. ii

Syrup squills, q. s. ad fl. oz. iv

M. Sig. Take one teaspoonful every four hours during the day.

I have found Crataegus a valuable adjunct to the treatment of diabetes insipidus, especially when occurring in children.

Again, I believe that we have in this agent a most dependable remedy in the treatment of exophthalmic goitre. I am now treating a case of this malady which developed about one year ago. At the time the patient, a young woman of 23, very anemic, came to me, about three months ago, the symptoms were alarming. The pulse rate 140, vascular disturbance great, and dyspnea so great that the patient could not walk one hundred yards without great distress; the eyes were bright and bulging, and the thyroid enlarged to several times its normal size.

About six months before coming to me, periodic seizures had developed, resembling those of epilepsy. During these convulsions, she would lose consciousness for several hours.

I gave her 10-drop doses of sp. med. Crataegus, two hours apart, for several days, with appropriate tonic treatment. I then increased the interval to four hours.

Since she came under my care she has not had a convulsion, and her general condition is greatly improved. Pulse rate is now about 90, quality good. The eyes seem to have regained their normal position. There is no dyspnea, and the thyroid itself is greatly reduced in size. It is of course too early to be sure of a cure in this case, but I believe that the results obtained will be permanent. A similar case, excepting the convulsions, treated two years ago, has had no return of the trouble.

In my practice I have found Crataegus to be a sheet anchor in the treatment of angina pectoris.

A case of the nocturnal form of this disease, of five years' standing, was cured by the use of this drug. This patient's condition was pitiable. He was 53 years of age, and a neurasthenic. He lived in constant fear that he would not live through another paroxysm. During the first day, I gave him 10-drop doses of specific medicine Crataegus every hour. The paroxysm that night was not so severe, and was soon relieved by full doses of specific medicine Lobelia. I continued the Crataegus, gradually lengthening the interval. The patient's condition continued to improve, and at the end of the second week, the heart pang seemed to be gone for good. But I had him continue the remedy in 10-drop doses, three times per day, for three months. Two years have now elapsed since the treatment was discontinued, and there has

been no return of the difficulty.

I would not neglect to mention, however, that in this case, as should be done in every case, careful attention was given to the habits of the patient, and that other indicated remedies were not forgotten.

Here again, let me emphasize the fact that any other indicated remedy may be prescribed in conjunction or alternation with Crataegus. The indications should all be studied, and our medication directed toward the relief of the abnormal condition of which the symptoms are but the expression.

If there is any division of cardiac difficulties in which Crataegus acts more powerfully or promptly than another remedy, it is in endocarditis, and the subsequent valvular incompetency. To be able to appreciate fully the remarkable results following its administration in these conditions, you must have watched a patient whom YOU would expect to fill an early grave, under any other treatment, coming back to health with the cleaning up of the entire pathological condition. The following case in practice illustrates the action of Crataegus in the conditions just named.

On Jan. 17, 1906, I was called seven miles into the country by a farmer, to attend his daughter, aged 14. I found the patient suffering from inflammatory rheumatism, complicated with a severe case of chorea. The rheumatism affected the right hip, knees and ankles. There was great tenderness and swelling in these joints, and the pain occasioned by the spasmodic action of the limbs, induced by the chorea, was distressing. The patient was anemic and restless, temperature 103.8° F., pulse rate 135. There was considerable dyspnea, and she preferred to lie with head and shoulders elevated. The lower limbs were edematous.

The family history showed tuberculosis, a maternal uncle and an aunt having died with this disease. No history of venereal complications. Upon questioning the family, I learned that the patient had had two previous attacks of inflammatory rheumatism, and one of chorea, all within the past three years.

The strained, frightened expression of countenance caused me to think of cardiac lesion, even before I had felt the pulse. After examination I diagnosed an endocarditis with mitral incompetency and regurgitation, the mitral sound being very distinct. The bowels were constipated, the urine scant and highly acid. I gave:

Sodium salicylateoz. ss

Sp. med. Apocynum cannabinum
fl. drs. ii

Aromatic elixir, q. s., ad. .fl. ozs. iv

M. et Sig. One teaspoonful every four hours.

Also the following:

Sp. med. Gelsemiumgtt. xx

Sp. med. Macrotysfl. dr. i

Sp. med. Crataegusfl. drs. ii

Sp. med. Pulsatillafl. dr. ss

Aqua, q. s. ad.....fl. ozs. iv

M. et Sig. One teaspoonful every hour

For the constipation I gave small doses of Rhamnus purshiana, three times per day. I applied libradol to the affected joints, and gave directions concerning the diet.

On the 19th, her condition was greatly improved. The spasmodic action of the muscles was much less severe, and the patient was resting well, with kidneys acting freely, and bowels loose, but no diarrhea. Temperature 100.2° F.; pulse rate 110. With some slight alterations I continued this treatment until the 21st, when I found the patient still improving, with temperature normal, pulse go, no

pain and but little swelling in the joints, and but little evidence of the St. Vitus's dance. I then gave the following:

Sp. med. Crataegus oxyacantha
fl. drs. iii

Sp. med. Macrotys fl. drs. ii

Sp. med. Pulsatilla fl. dr. i

Aqua, q. s. ad fl. oz. iv

M. et Sig. One teaspoonful every three hours. Also:

Iron by hydrogen fl. dr. i

Ft. capsules No. xx

Sig. One capsule every four hours.

Not thinking it necessary to see her again, I explained to the father the condition of the heart, instructing him to come for more medicine as soon as the supply on hand was used. But by the time the medicine was taken, she had improved so much that he failed to return, and I heard nothing from her until March 29, when I was again summoned.

I found great dyspnea, lower limbs very edematous, pulse rate 145 and very feeble, irregular and tremulous, temperature 100, with mitral sound distinct, though the other heart sounds were muffled by a hydropericardium which was now present. The evidence of pulmonary conjection had increased apace, and a troublesome cough, with an expectoration of thick mucus streaked with blood, was now present.

The patient could remain in the recumbent position but a few moments at a time. She was hysterical, the voice shrill and bleating, and the expression of the face and eyes was one of fear and distress.

The evidences of sepsis present led me to believe that the endocarditis had now reached a suppurative stage, and for this reason I incorporated Echinacea and calcium sulphide into my treatment, which was, now as follows:

Sp. med. Echinacea angustifolium,

Sp. med. Crataegus oxyacantha,

aa fl. drs. ii
 Sp. med. Aconite gtt. vi
 Sp. med. Pulsatilla fl. dr. ss
 Aqua pura, q. s. ad fl. ozs. iv
 M. et Sig. One teaspoonful every
 hour. Also:

Sp. med. Convallaria fl. dr. i
 Sp. med. Apocynum fl. dr. i
 Syrup Scillae fl. ozs. iv
 M. et Sig. One teaspoonful every
 three hours. Then:

Calcium sulphide dr. ss
 Iron by hydrogen fl. drs. ii
 Ft. capsules No. xx
 Sig. One capsule every four hours.

I saw her again on March 31, when I found her more comfortable, with condition seemingly improved. My prognosis was unfavorable, however, and on April 3 the family called a regular physician of some years' experience, to meet me in consultation .

I could see still further improvement in her condition, but the consulting physician told the family there was no possible chance for her recovery, that no doctor could do her any good. This of course greatly distressed them, and on the next morning, April 4, I was notified that the case had been turned over to another physician. On the evening of this date I saw at the local drug store two prescriptions for the girl, one calling for strychnine and atropine, and the other for digitalis. I made a mental note of this. and waited.

I heard nothing more until April 16, when the father telephoned me to come at once. The physician who had been called in my stead had given up the case, and the girl was now dying.

There was no perceptible, radial impulse, and there was a faint flutter instead of a heart beat. The breathing was labored and very shallow, owing to the extreme anasarca now present. The skin

was greatly cyanosed, and the extremities cold.

I gave immediately a hypodermic injection of 10 drops of specific medicine Crataegus, and repeated it every thirty minutes until four doses had been given. I could then feel the pulse at the wrist, and she began to show signs of returning consciousness. I lengthened the intervals of the injection to one hour, for three hours, when she was able to swallow. I then gave the following:

Sp. med. Crataegus fl. oz. ss
 Sp. med. Convallaria fl. drs. ii
 Sp. med. Apocynum fl. dr. i
 Aqua, q. s. ad fl. ozs. iv

M. et Sig. One teaspoonful every three hours.

The patient's improvement was indeed remarkable, and, to the family, seemed little less than miraculous.

After a few days, I discontinued the Apocynum, and added Echinacea to the treatment. I also gave the combination of iron and calcium sulphide given above. I administered the Apocynum at intervals, as the gastro-intestinal irritation admitted, for three weeks, at which time there was no edema or anasarca present. At this time I discontinued all the medication except Crataegus and the above mentioned combination of iron and calcium sulphide, which was continued for one month.

On April 28 she could walk about the premises. She continued taking Crataegus in 10-drop doses, before meals and at bed time, until some time in the month of September. Today, the girl is strong and well, with no signs of valvular disease, or of other cardiac lesion. As far as I am able to discover, she has a perfectly sound heart— thanks to specific medication, and to the wonderful curative properties of Crataegus oxycantha.

It is results that we seek, and one

clinical fact is more valuable than ninety and nine fine-spun theories.

COMMENT: This is the first case in which I have known Crataegus to be given hypodermically and although other remedies were afterward given the immediate restorative effect must be attributed to this remedy, and it looks as if the general improvement was due to its influence. This is certainly an important report and adds some important facts to our rather meager knowledge of this remedy. I have always felt that it had an important place when that place was determined.

BELL'S PARALYSIS: A COMPLICATED CASE— ASCENDING PARALYSIS

V. A. BAKER, M. D., ADRIAN, MICH.

Mr. A., a man 74 years of age, mental motive temperament, rather stout in make up, weight 190 pounds, was taken ill some two months since. He first noticed a slight puffiness of the left side of the face, which rapidly became swollen to tenseness; no pain but a feeling of discomfort.

The eye on that side of the face was firmly closed. There was no perceptible rise of temperature. He was able to protrude the tongue, speech and hearing were unaffected. This condition in a passive form continued several days. He had on the affected side of the face a decayed tooth, though it had troubled him none of late, but I attributed to it the exciting cause.

After remaining in the condition described for several days the swelling disappeared rapidly, but all the indications of Bell's paralysis were noticeable. The mouth was drawn to the reverse side, the speech was muffled, the tongue protruded with difficulty and imperfectly. After remaining in this condition several days, he was attacked by severe neuralgia involving the left hip and the groin and descending colon, which was most stubborn to treatment, although remedies specific to the

condition were resorted to.

This state of things kept up for three weeks. Occasionally the intense neuralgia like pain affected the stomach. The secretion from the kidneys was only slightly modified, they acted freely, considering his condition, and the bowels as a rule moved with regularity. During the worst of the neuralgia, he had some fever, followed by a very drenching perspiration. This was readily amenable to treatment.

I need state also that he was a subject of rheumatism for several years, some of the time severe, though as a rule he kept about his business, that of a carpenter. Never in my experience have I had just such a case. My opinion is that absorption of a putrefactive alkaloid affecting the nerve ganglia supplying the parts in an ascending manner, is, perhaps, explanatory, as the mind did not seem affected in the least, as I would expect if there was a lesion within the cranium. At this time, February 4, 1909, he is comparatively free from pain, though the facial muscles are distorted, mouth drawn and the speech thick.

A few years since I had a case of so called ascending paralysis which resulted from infection, starting after cutting a corn. The man was in middle life, healthy, of phlegmatic temperament, by occupation a farmer, married, having a family of three children. The foot began to swell soon after the accident, an abscess with but little pain forming, which on lancing (between the little toe and its neighbor) discharged but a little pus and that of a sanious character, the discharge stopping suddenly within two days after lancing and nothing would tempt its renewal. The parts seemed to heal kindly, with the exception of a feeling of numbness and a prickly sensation in both limbs extending to the knees.

He was about the house ten days after lancing the foot, before the morbid manifestations, just mentioned, became noticeable. It then gradually extended to both knees, creeping up as it were, steadily, the anesthesia becoming more and more in evidence as time passed. In ten weeks it had reached the gluteus muscles and gradually extended to the abdominal region, finally reaching the thoracic organs, inducing the symptoms of severe asthma, lividity of countenance, etc., death ensuing from apnea. His mind remained clear to the last, and, remarkably strange to say, the kidneys and bowels moved fairly well; digestion was painless, although he had an indifferent appetite; deglutition right until the very last. The emotional and secretory systems seeming comparatively unaffected. A case of superinduced ascending paralysis was my diagnosis.

LOBELIA HYPODERMICALLY IN DIPHTHERIA

MARGARETA WILKENLOH, M. D., CHICAGO

For years I have used Lobelia in large doses by the mouth, in croup, and have applied it externally in cases of blood poisoning. I have also used it hypodermically in pneumonia when near the stage of crisis, or when the plastic exudates are exceedingly adherent and there is labored breathing with great oppression in the chest. I am inclined to think that in such cases it is beneficial in assisting in the removal of the plastic deposits.

Until I read the article by Dr. Jentzsch in the June number of this journal, I had never used the remedy hypodermically in diphtheria. The first opportunity I had to try it in such a case, was on the third of December, when I was called to a case of malignant diphtheria in

a male child, 11 years old. I immediately concluded that this was an excellent opportunity to test Dr. Jentzsch's method. I therefore at once gave a hypodermic injection of 30 drops of specific Lobelia and repeated it twice a day for six days.

By mouth I gave the patient Phytolacca and echafoita. The throat and nasal passages were free from all diphtheritic deposits by the twelfth of December, and the child made a perfect recovery. There were three other children in the family and I gave these Lobelia by the mouth, alternating it with Phytolacca and echafoita. The second younger child, seven years of age, had considerable exudate in the throat, similar to the first case, but none of the other children were in bed during their illness, and in two weeks' time from the time I saw the first child all the children were free from the disease and the health department fumigated the rooms.

On the morning of the twenty-sixth of December I was called again; this time to attend the youngest child, who had vomited considerably during the night, had a temperature of 104.5° F., and the mucous membranes of the throat and tongue were covered with a dirty grayish coat. I immediately gave the child a hypodermic injection of twenty-five drops of Lobelia, and gave Phytolacca and echafoita by the mouth. On the twenty-seventh of December I gave thirty drops of Lobelia both morning and evening. On the twenty-eighth I increased the dose to thirty-five drops.

On the twenty-ninth the child was very sick. The throat and nasal passages seemed to be closed up, with a dirty greenish gray deposit, and it seemed to me that the child was at the point of death. That morning, to keep my conscience clear, I injected four thousand units of Stearns diphtheria antitoxin. Considerable

pain followed this injection and the stench from the child's mouth was unendurable. The next day the child was unconscious, and I concluded to go back to the Lobelia hypodermically again, and gave forty-five drops. I called again in four hours and found there was return of consciousness, the membranes of the throat and nasal passages were very dark colored and there was no abatement in the stench. I then sprayed the throat and nasal passages with a strong solution of asepsin, and much of the exudate came away. I continued the spray at intervals until the evening of the thirty-first, when a hemorrhage occurred from the throat. This I controlled by an application of Thuja. January 2, the membrane from the nasal passages came away, followed by a severe hemorrhage. To control this, I used a spray of Thuja, applying it thoroughly to all the passages. From December to up till January 7, I gave 45 drops of Lobelia, by injection, twice a day. On the seventh I stopped the Lobelia and gave Nux vomica and echafoita by the mouth. The child could swallow, but was somewhat nervous and could not sleep. I then gave Scutellaria with Nux vomica. After a day or two the child wanted to sleep all the time, apparently from pure exhaustion; did not want to be disturbed.

On the seventeenth, the house was again fumigated by the health department. The child is now well, except that she cannot speak clearly. The voice is husky, from injury to the vocal cords. This of course is due to the diphtheritic deposit, or through paralysis, and is not due to the action of either the Lobelia or the antitoxin. There seemed to be an atrophy of the entire structures of the throat. This case will probably be interesting to the readers of this journal.

On the *twenty-second* of December I had a microscopical examination made

from the throats of all of the children, and no bacilli were found. All the children were then in good condition. On December twenty-seventh, when I made the third visit to this last patient, I noticed a Christmas tree standing in the front parlor. I immediately remembered that three years before, a relative of theirs, a young lady, twenty-three years of age, who had just arrived from Europe, had a very severe attack of diphtheria three days after her arrival, which I was finally successful in curing. During her sickness, a Christmas tree had stood in the same spot. Ultimately the tree was destroyed, but the ornaments were packed away in a box. During her illness the children, ten in number, were kept downstairs, and with proper prevention none of them were attacked. I told them at the time that the tree and every thing on it must be destroyed.

It now occurred to me that there might be some relationship between that attack of diphtheria and this one. I found upon inquiry that there had been no Christmas tree at that house since that time, and that in the last of November, 1908, in cleaning house, the children had found the box of tree ornaments, and had played with them for a short time. That accounts for the first attack of diphtheria on the third of December. These were then put away again until the day before Christmas, when they were brought out and the tree was decorated with the result that Margaret came very near death, and one other child was slightly ill. I then demanded that the tree, its fixtures and everything pertaining to it be immediately burned, that there should be no farther recurrence of the disease.

The most of us are slow to believe that things sometimes are harmful, until the fact is demonstrated in some manner often serious, as this was.

WHISKY (?) AND CHLOROFORM IN CONGESTIVE CHILLS?

BY A. C. HEWETT, LL. B., M. D., CHICAGO

C. B. Dean, M. D., commends *spiritus frumenti*, drs. iv, chloroform (chlorine formyl), dr. ss, mixed, and given at a single dose in order to obtain prompt reaction when the chill is on.

His casual remark on page 384, "If brandy is not available, I use water with which to combine the chloroform," "mixes his babies" a little.

Spiritus frumenti is *whisky*, whether classified adjectively by proof-per-cent alcohol, or by links of surveyor's chain and vernacular "Forty Rod." (Dunlinson's Medical Dictionary and U. S. P.)

Brandy is a generic name given to distillates from different substances by the aid of heat; as that from French wine: *Spiritus Vini Gallici*: (U. S. P., P. Br.), apple brandy and peach brandy.

There are whiskies and whiskies, as there are brandies, varying greatly in stimulating and medicinal effects. It is to be regretted that Dr. Dean did not more accurately name what he used: especially, as he claimed, truthfully, without doubt, successes after "doing some thinking," and using said formula, *to abort chills*.

Pioneers blazing paths through wildernesses should "chip" deeply and broadly. The above is written in no spirit of technical criticism. Far from it. Dr. Dean is the pioneer, so far as I can learn, in this use of chloroform and the publishing of the same to abort congestive chills, thus lessening "shock." He is to be commended for possessing the courage of his convictions, and giving his treatment to the profession.

Dr. Finley Ellingwood in his "Eclectic Treatment of Disease," under the heading of "Pernicious Intermittent

Fever," gives as first synonym for that disease, *congestive chill*; and defining it says:

"A sudden, profound, general *congestion* exhibiting the phenomena of *surgical shock*. (Vide Vol. I, p. 46, under caption "Pernicious Fever.")

So far as I can recall, he is the first writer of prominence to note that important fact. Are not all chills consequential upon, or shadowed by congestion?

Dr. Ellingwood says of chloroform (what I have never seen elsewhere): "As a prompt solvent it is a valuable menstruum under important circumstances." Also, "Taken internally, being insoluble, and easily diffusible, it produces intense local effects rapidly." ("*Ellingwood's Materia Medica and Therapeutics*," p. 133.)

I trust I may add without offense to Dr. Ellingwood that so taken it produces marked general effects as a diffusible stimulant and neuropurpuric.

A case illustrative: More than fifty years ago, late in the first year of my medical practice (?), I was called to see a patient who (as per messenger) "had awful histrikes." Arrived, I found an Irish woman about 20 years old, weighing about 160 pounds. I diagnosed "Acute hysteropsychosis." When not kicking off the bed-clothing, and tearing out her hair, she seemed spasmodically suffering, but not unconsciously so. I was in the country, and had no bromides with me, or other appropriate sedatives for uterine neurostria, but I had chloroform, of which I put 20 drops on sugar, dissolved in a tablespoonful of warm water. Asking her to take the dose, she snapped her teeth together viciously, and with closed lips refused all coaxing, and buried her head back into the pillow, presenting two distended bell-shaped nostrils temptingly. Upon impulse I said: "Mouths were not

made for medicine—noses are better." Watching for the end of an inhalation, I tipped the contents of the spoon into one of the nasal funnels. Of course, there were sputterings and coughings, and immediate change from the prone to a sitting posture. After a catch of good breath, she turned a pair of "buttermilk blue" eyes upon me with glints like sun gleams on steel, and with a hibernio-celtic trill of r's said, "Doctor-r-r G——," turned her face to the wall and curled herself down. I noted that it was not a spasm that coiled her down, and left her.

The dose, or method, or both, acted as a prompt cure: perhaps a prophylactic; for during four years following she had no return of hysteria.

The chloroform and the questionable method caused notoriety that I did not seek, and the alliterative title, "Dare-devil Doctor," was the term applied to the prescriber.

Very soon thereafter, a hurry call took me to a severe case of pernicious fever. A farmer's wife, about 30, well built, well moulded; mother of four children. Two experienced, able doctors present. Congestive chills in that region were endemic. These doctors had lost cases. Patient shaking, surface and extremities cold, face of a grey pallor; retching, purging and cramps. The doctors said: "Cholera morbus;" I, "Congestive chill; Get hot water and mustard." The doctors: "No! Morphine and calomel." I, to husband: "First chill?" Husband: "No; second time." Husband to doctors: "Give the young man his way; you have lost several cases." To me, "Take care of her." The doctors left, and I, a boy, remained in charge. I took of chloroform 30 drops, and 20 drops of strong spirit of camphor, on sugar. Dissolved the sugar in one-half tumbler of hot water, and gave it. I ordered hot water and mustard.

Prepared a second dose, with chloroform 15 drops. Retching and shivering ceased. Fifteen minutes gone (with hot water to the feet and mustard to the back of neck.) I feared to give a second dose, and watched the color come to the cheeks and lips. In twenty minutes the patient opened her eyes, looked at her husband, and poor me, smiled wearily and dropped off into a quiet sleep.

I prepared of quinine 30 grs., leptandrin 9 grs., Capsicum 6 grs., divided into three powders, to be given, one powder every four hours, till her ears began to ring.

The recovery was rapid and uneventful. Before frost came, which seemed to end the endemic, I had over twenty cases to treat with no deaths to my record. This was favored, no doubt, by the lateness of my calls to battle with the already dying-out scourge. Since that "long ago," I have continued mentally and practically in the study and use of chloroform. I have not kept a record of the internal doses given, but they were many, and not one regretted.

As a general analgesic and anesthetic I have administered it more than twenty thousand times with not a death, or collapse consequent. I say this not boastfully, but reverently, grateful to a Benign Providence seemingly attendant and helpful. I chose the method of administration since advised by Dr. Ellingwood in his inspired choice of terms directing its administration, and in his cautions, precedent and following. He knew nothing of my theories or methods. Quoting: "A few breaths of dilute chloroform vapor taken . . . will often produce great relief in confinement with no apparent effect upon the consciousness of the patient" (Ellingwood's *Materia Medica and Therapeutics*, 6th ed., p. 137). When thus given, *method, method, method,*

in *congestive chills* in aid of the internal medicines a second dose internally is seldom, if ever, required. *Thus given*, it is always safe, and as an aid invaluable.

Apropos of the present prevalence of pneumonia, and of the fact that when ushered in, or attended by a chill, not followed by diaphoresis, the disease runs a much longer course, if death does not early occur; should there not be much more attention paid to the chill and to its speedy abortment than there is under the prevalent treatment?

Should there not be a special care that blood dyscrasia always consequent upon congestion and shock be abated, countervailed. What better, first, last and all the time, as a general dysthetica, than specific echafolta, no matter what other medicines and methods are called for. (Vide Ellingwood's treatises, in his *Materia Medica and Therapeutics*, page 444, et seq., and *idem*. 705.)

I cannot conscientiously close this article without urging my readers not only to carefully study the book referred to, but to possess it themselves and absorb the entire work.

Its lore and methods have prolonged my life beyond the "three score years and ten" limit, and in obedience to ordinary courtesy and every-day gratitude, I can say no less.

LOBELIA INFLATA

W. LEMING, M. D., LEXINGTON, KENTUCKY

The original study made by The Eclectic League for Drug Research of the State of Kentucky, on the drug Lobelia, confirms and suggests the following specific indications for its use:

1. A sense of dyspnea over the chest and heart.

2. A fulness and atonicity of tissue, doughyness.

3. Spasmodic and congestive conditions, local and general.

4. Cough, with or without glandular secretion, with above indications.

5. Shock to the vital forces; collapse (hypodermic use).

6. Toxemias, diphtheria, membranous croup, tetanus (hypodermic use).

7. Nerve excitation; morphinism (hypodermic use).

Administered hypodermically, not one report mentioned nausea or emesis as a result, only a salutary stimulation of forces and strengthening of the pulse.

In diphtheria, Dr. G. T. Fuller, Kentucky, considers it a coming drug, equal to and safer than antitoxin.

Dr. W. P. Best, Indianapolis, reports its hypodermic use in a child three days old (premature) apparently dying; resuscitation and improvement were immediate, but death occurred later from inanition.

Given hypodermically in a severe case of quinsy, the pain was relieved and the patient asleep in twenty minutes, the first rest in several days.

Dr. Ralph Taylor, Ohio, considers it a nerve sedative hypodermically, safe and unproductive of emesis in any dose.

One doctor claims it is valuable in morphinism.

Dr. G. W. Holmes, Florida, gave one dram with *Veratrum viride* night and morning, per rectum, in a child inoculated with tetanus, after chloral, bromides, and *Gelsemium* had failed. Improvement was marked in twenty-four hours with gradual recovery.

Dr. V. A. Baker, Michigan, regards it by mouth as a great febrifuge, a panacea, useful in fever complications. He depends upon it in syphilis.

It did no good in a case of collapse after an operation for purulent

appendicitis, but no nausea supervened.

It was successfully administered in a case of membranous croup.

Injections into inflamed inguinal buboes prevented suppuration in two or three instances, and limited the pus focus in the third. No nausea or after pain.

The pulse was strengthened and slowed for the time being in a case of tachycardia, effects from its continued use not being determined. Ten-drop doses by mouth stimulated labor pains rather than nausea. Dr. J. J. Morrill, Kentucky, uses one dram to a pint of hot water as a local agent to the perineum in the second stage of labor.

All reports speak of its usefulness in congestive and spasmodic conditions of the heart and lungs, accompanied by pain and unpleasant sensations. Not one bad effect was reported from its use hypodermically.

The dose hypodermically ranged from ten to sixty drops; by mouth, one to sixty, as indicated.

PRURITUS HIEMALIS

DANIEL G. LASS, M. D., OCHEYEDAN, IOWA

Pruritus is a functional affection of the skin, having as its sole symptom, itching, burning or pricking sensations. The forms of pruritus are many, but I shall speak only of pruritus hiemalis, known as winter itch, frost itch, etc.

The treatment advised in most of the textbooks for this disease includes nearly everything in the materia medica both for internal and external use. All of the authors finally concluded in their statements that each individual case must be studied by itself.

I desire to present a case that I studied a la Eclecticism, showing how physicians who preceded me in the case, during many years, failed to study the

symptom complex and therefore failed to cure the case.

Mrs. G., 53 years of age, mother of three boys, strong and vigorous, past the menopause, at which time and during the seventeen years which had past, she has suffered every winter, from the first frost in October until the May following, a most intolerable itching, a general pruritus.

During the warmer months of the year, she has been free from the disease. In that time she has employed a different physician each winter, with the results that the best they could do was to relieve her for perhaps half an hour at a time, by bathing with carbolated water, or some similar lotion,

So serious was the difficulty that it was impossible for her to attend to any social or religious duties, because of the necessity that seemed to be imperative for her to scratch, unless she would again bathe in carbolated water or apply a carbolated ointment.

This fall she came into my hands. I determined first that there was no diabetes, nor no albuminuria. She did not wear rough woolen garments, observed the laws of hygiene, was cleanly in every particular, temperate in all things, especially in her eating. There was no uterine trouble, and yet one would naturally think from the fact that the pruritus began when the menstruation ceased that the etiology of the condition might be uterine in character. She gave me the names of nearly one hundred different remedies that the different doctors had prescribed, which included most of the medicines mentioned by authors of diseases of the skin, besides external applications and a long list of soaps.

Aside from the pruritus, the patient felt exceedingly well, except that she was inclined to be a little nervous. After at least two hours spent in making a thorough

examination, I simply threw the name pruritus to the four winds of heaven, and discovered that I had two specific conditions left, which seemed to me the ones that should receive specific treatment. The first was the exceedingly dry skin. This made a distinct impression upon my mind. The next was nervousness. For these two conditions I prescribed:

Specific jaborandidrops 20

Specific Scutellaria ...drops. 2

Water, q. s., to make.....ozs. 8

A tablespoonful before each meal and at bedtime. She took this medicine during the month of October, 1908, and from that time until the present, January 25, 1909, she has not had the least suggestion of a return of the trouble. She is at the present time entirely free from the itching, and attends church, lodge-and all her other social duties.

I gave her no other medicine. I used nothing external, I made no change whatever in the diet or in the habits of life. I simply determined the two leading exact specific conditions, and applied to them the specific and exact Eclectic remedy which experience has taught us will cure such conditions, and by this method I cured my case of pruritus of seventeen years' standing.

ECHAFOLTA IN RENAL HEMORRHAGE

M. F. HALL, M. D., CLEARWATER, NEBRASKA

On November 5, 1908, Mr. S., aged 64 years, developed a case of hematuria. The quantity of urine was normal, acid in reaction, specific gravity 1024; it contained albumen, of course, as there was so much blood; it was indeed a decided hemorrhage, yet it does not require a very great amount of blood to give the normal urine passage quite a bloody appearance.

At times it was a bright red as if fresh from the arterial capillaries; at others it was dark from standing in the bladder and ureters. The patient was up and around the house six or seven hours every day. The temperature was normal or one-half degree subnormal, pulse rate 68; at times up to 96. A close physical examination failed to find any lesions in the bladder, prostate or ureters, he did not complain of any pain except a dull ache in the kidneys, especially the left, and upon palpation the kidneys were found to be quite sensitive, especially the left being considerably so. The temporal veins stood out in bold relief, the head throbbing with every heart beat.

Concluding from these symptoms that I was dealing with a case of passive congestion of the kidney or kidneys and that the hemorrhage was a capillary oozing from the engorgement, I studied over the treatment. Ergot, being a remedy preeminently for congestion, was employed in substantial doses for seven days with no relief whatever. Belladonna, belonging to this class, was also tried several days, with no permanent benefit. Gelsemium was used for throbbing in the head and veratrum to soften the bounding pulse, which was satisfactorily accomplished. About this time I wrote to Dr. Ellingwood for some suggestions, and being also desirous of further information, I sent a sample of urine to Dr. Crummer of Omaha for microscopical examination, which he said revealed considerable pus as well as blood; but no form of kidney elements could be recognized, to show that it might be of malignant origin.

Feeling now that I needed a harmless antiseptic for internal use and something which possessed astringent qualities as well, echafolta was immediately employed, as this remedy does have this effect in external contused

or lacerated wounds and capillary stasis. I gave 18-drop doses every three hours during the first twelve hours. The improvement was phenomenal, within the next twelve hours the hemorrhage had entirely ceased, the patient being very grateful, after five weeks' duration of the difficulty.

One pleasant thing about this is that I tried several good remedies, alone and in combination, and that the echafolta alone accomplished desired results in twenty four hours, not by its antiseptic qualities alone but by its effect on the congested capillaries as well. This remedy may be far more important in such cases than we think, and I will be glad to hear reports from readers of the THERAPEUTIST of any similar cases.

ICHTHYOL TO RESTRICT SUPPURATION

W. L. LANGFORD, M. D.

During the past year I have read in the THERAPEUTIST suggestions for the use of ichthyol to hasten the suppuration of boils, and I have used the remedy successfully for that purpose. This suggestion was the means of my using this remedy in the following interesting case of abscess of the liver.

Mrs. A. came to me with a two-year-old child, one of a pair of twins. She said the child had had fever for several days, which ran a little higher every second day. Several days previous the child had fallen out of a wagon, striking the right side on the beam of a plow. For a few days the immediately passed, the child had had a diarrhea with a greenish discharge.

Upon examination, I found that the liver was slightly enlarged, was very sensitive to the touch and rather hard on pressure. For the fever, I gave Aconite

and bryonia. In addition I gave Chionanthus and Fowler's solution, three times a day.

Fourteen days later I was called to see the baby again. For several days after taking the first medicine, the child was much better, but on the night previous to my call, it had slept not at all, and the fever and soreness were materially increased. Examination showed the liver area to be greatly inflamed. The child could scarcely bear the weight of the clothes or the least touch, but would lie upon the affected side.

In addition to the treatment, as above, which I continued, I took two strips of adhesive plaster, two inches wide, and six inches long, made a small cut or notch in one edge of each strip, about midway of the strip so that when they were placed side by side, they would make an inch hole in the center. Before applying these strips, I painted over the inflamed liver, an area about four inches in diameter, with a thick coat of ichthyol, leaving a small spot in the center. Over this I applied the plaster. I changed the plaster and reapplied the ichthoyl every fifth day, making three changes in ten days.

On the thirteenth day I was again called. The skin had kept rising and protruding like a boil through the opening in the plaster until this morning, it had broken and pus was discharging very profusely. I enlarged the opening with a knife, and an examination with a probe showed the cavity to extend from the liver and to be almost as large as an ordinary teacup. I used an injection of Echinacea and thuja, diluted, four times a day, into the cavity, and gave the child an iron tonic.

I saw the child today, twenty-one days since the opening of the abscess. It had a healthy appearance, was gaining in flesh very satisfactorily, and the side has

healed completely. I believe the ichthyol of important service in causing this abscess to discharge where I desired.

TUBERCULOSIS

W. S. GORDON, M. D.

In the treatment of tuberculosis, and in fact in any chronic condition of wasting disease, the physician should see to it that the intestinal canal is kept free from hardened feces, and that the bowels move freely, easily and kindly once or twice a day. This result can be accomplished by directing that from thirty to sixty grains of the sulphate of magnesium be dissolved in half a teacupful of hot water, and drunk half an hour before breakfast, followed by another cup of either hot or cold water, as preferred. For the purpose of keeping the skin in good active condition, dissolve an ounce of the sulphate of magnesium in a pint of water, and sponge the body, going over the entire surface three or four times in fifteen or twenty minutes. This will act somewhat as a laxative but more particularly as a stimulant to the skin, and will remove the cause of a great many little aches and pains which are commonly classed as rheumatic.

It is also advisable, in addition to the measures above suggested, to give the patient a good tonic, such as the hypophosphite of sodium and calcium compound. This will produce a gradual, but permanent improvement. It will produce a normal appetite, the night sweats will cease, and a general improvement will be plainly apparent.

TRITICUM REPENS

BY J. M. FRENCH, M. D., MILFORD, MASS.

Triticum repens, or *Agropyron repens*, known also by the common names

couchgrass, quick grass, doggrass, and belonging to the natural order of Gramineae, is a perennial herb with a very long-jointed, whitish underground stem or rhizome, with a tuft of fibrous roots at each joint. The culm grows from two to four feet high, and is surmounted by the spikes. These are compressed, and three or four inches long. The leaves are flat and rough. It is a native of Europe, but has been naturalized in this country. It grows commonly in yards, fields, and gardens, and along roadsides, and flowers in June and July. Wood terms it "a vile herb," and it is commonly regarded as a nuisance, yet it is of use in many cases.

Triticum is a good example of a common plant, growing wild and not highly thought of, which has yet a positive value in medicine, and is worthy of a more careful study and more extended use than it has received. My own attention was first called to it by the recommendation of Sir Henry Thompson, in his work on the diseases of the urinary organs, in which he advises its use in cystitis. He says "The underground stem of *Triticum repens*, or common couch grass, was introduced some years ago by myself. Of this I will only say, that it maintains its credit, and is undoubtedly useful in many cases. For use, boil slowly from two to four ounces in a quart of water until it is reduced to a pint. The strained liquor is to be taken by the patient in four doses in the twenty-four hours. It was a favorite remedy with the old herbals; and it formed the staple remedy against what was called strangury, which a few centuries ago meant everything like pain or difficulty in passing water, no matter what the cause."

Potter calls it a demulcent, emollient, and feeble diuretic, and says it is chiefly used in irritable bladder. The infusion is a popular fever-drink in Europe, and has had a considerable

reputation n dysuria.

Petersen says it is a mild, non-irritating diuretic, which allays urinary irritation and increases urinary secretion. It is thought of in prostatitis, pyelitis, purulent or catarrhal cystitis, irritable conditions of the bladder, gonorrhoea, and in fevers where a mild diuretic is desirable to increase the secretion of urine.

Blair says that it increases the flow of the watery portion of the urine, and is of positive value when the urine is dense and causes irritation of the mucous surfaces. Since it is non-irritating and entirely harmless, it can be given freely in irritable bladder, dysuria, cystitis, gonorrhoea, lithemia, prostatitis, and many other conditions.

Felter and Lloyd consider that it is diuretic and slightly aperient. They recommend it in excessive irritability of the bladder, cystitis, dysuria due to chronic cystic irritability, and incipient nephritis. They regard the infusion as the best preparation, and their directions for preparing the infusion are similar to those of Sir Henry Thompson, save that the official strength is one ounce to a pint. They give as the specific indications for its use, irritation of the urinary apparatus, pain in the back, frequent and difficult or painful urination, gravelly deposits in the urine, catarrhal and purulent discharges from the urethra.

Shoemaker recommends the use of *Triticum* in irritable bladder and chronic cystitis. In combination with *Belladonna* and bicarbonate of soda, he advises it in gleet and irritable prostate.

Ellingwood gives as the constituents of *Triticum*, tritacin, silica, glucose, inosite, and mucilage. He considers that its action is solely on the urinary apparatus, and that it greatly increases the water portion of the urine without to same extent influencing the

actual renal secretion. He says the infusion not only quiets thirst, but keeps up free secretion of the kidneys, and hence is a good drink in fevers. He considers that while this agent is less powerful than many others, yet its influence in the proper cases is often more satisfactory.

I have used this remedy to a considerable extent in old men with irritable bladder and difficult urination, and have found it a very satisfactory drug. It is safe and harmless, and by its sedative action on the mucous membrane of the bladder, it relieves the irritation, and adds greatly to the comfort of the patient. It increases the flow of urine, lessens the specific gravity, clears up cloudy urine, and relieves undue acidity. In all these ways it is of great benefit to the patient. In enlarged prostate it has done me good service by its soothing qualities. I have found the infusion to act more satisfactorily than the fluid extract.

The infusion is prepared by pouring boiling water, one pint, on an ounce of the rhizome or underground stems, and letting it stand for an hour. It should then be strained and given in the dose of a wine glassful several times a day. The fluid extract is given in doses of from one dram to one ounce, well diluted with water.

The specific medicine, or specific *Triticum*, is used in doses of five to sixty drops in water.

It may also be prepared in the form of a syrup.

It seems to impart its virtues quite as freely to water as to alcohol, and the addition of alcohol is certainly not desirable or beneficial to the action of the remedy.

It will be observed that there is a general agreement as to all the many actions of this plant. It is a safe and helpful drug.



AN ANTIDOTE TO MALARIAL AND YELLOW FEVER INFECTION

Editor Ellingwood's Therapeutist:

I ask your pardon for being so dilatory in sending my therapeutic fact. I find a great many good things in your journal, and take pleasure in extending my best wishes to you for its prosperity in the future. I have long been a reader of medical articles from your pen and always with profit to me, but have never given back anything except the dollars I have sent you for subscriptions. I apologize for this also.

I have been a reader of medical journals since 1854. Since 1865 they have been a continued post-graduate school to me in therapeutics, and in keeping me in close touch with the rise and progress of medicine during the last half century. Notwithstanding this fact, you will doubtless smile when I tell you that during this long professional career you are the first man that has been able to draw out my effort in writing for a medical journal; to send in even one therapeutic fact. This is my very first effort.

Chloroform Solution of Menthol

As an immediate and effectual antidote to the bite of poisonous insects, and especially to the mosquito bite, to prevent its infecting the system, I have great confidence in the following:

Mentholdrs. 2

Chloroformoz. 1

Mix. Sig. Apply into and over the wound as soon as possible after being bitten, and repeat the application every ten or fifteen minutes, for a short time.

Some twelve or fifteen years ago, I was bitten by a mosquito on my left thumb, the bite causing at once most severe pain, as though the thumb had been pierced through with a sharp knife. In the watch pocket of my vest, I had an ounce bottle of the above solution. I immediately bathed the wound with this, rubbing it in freely. It was not ten seconds until all the pain had ceased. This bite never gave me any further trouble, and from that day to this, I have used this combination for poisonous insect bites with complete success.

I always carry this vial in my vest pocket for emergencies. I believe this of special value since we have learned that the mosquito bite carries infectious disease, such as malaria and yellow fever. I believe the infected material is destroyed and the bite is rendered innocuous if the application is made promptly. I believe the combination of rare merit and great power in these cases if applied at once. I send this up for you to pass on through THE THERAPEUTIST to the medical profession at large, especially to those in yellow fever and malarial districts, for further experimentation, and for the benefit of scientific research.

WM. HILL, M. D.

COMMENT: We have not as yet considered the importance of treating these bites to prevent the development of the infection as we would at once treat an infected wound or the bite of a rabid dog, and the doctor's suggestion is perhaps the first in this very important field. Malarial manifestations are readily induced in this climate by mosquito bites, and in any location an efficient antidote ready of application will prove of immense value.

IMPROVEMENT IN METHOD

Editor Ellingwood's Therapeutist:

At the beginning of this another year I am trying to decide whether I am improving or not in my methods of practice as the years go by. In my own

practice within the last sixteen years, there have some changes and improvements which I consider very important. I have grown into the practice of prescribing single remedies for exact conditions. I remember years ago, when the traveling salesman for some drug house called, I would order compound cough mixtures, compound tonics, and compounds of other kinds, and would not succeed in collecting enough money from the medicine to pay for the order, before he would call again. The bills would increase faster than the cash came in to pay them. Often there would be an accumulation of these remedies that would be a dead loss to me.

Later I began to study each case with reference to the exact factors present, and to prescribe only that remedy or those remedies which were plainly indicated. This course has proved in every way the most satisfactory. I could give the histories of many cases that would prove the benefits of this course.

In a case of albuminuria a man thirty years of age, who had long complained of feeling languid and weary, with persistent weakness of the back, I prescribed calcium phosphate, 3X, and with the persistent use of this remedy for three months, the albumin gradually disappeared from the urine and the patient made a satisfactory recovery. This was perhaps five years ago, and there has been no return of the symptoms.

Another case, similar in some particulars, was that of a boy of 15, who three years ago was brought to my office with face bloated, limbs swollen, appetite poor, and generally debilitated. There was a very large quantity of albumen in the urine. I put this patient upon the same treatment as the above, and within a very few weeks the characteristic symptoms had all disappeared, and in a short time

longer he was apparently well, and has so remained.

I am interested in the articles on the use of Lobelia hypodermically. I shall be glad to see more of them, though there has not been a case of diphtheria come under my observation in this locality for years.

B. L. GORDON, M. D.

COMMENT: It looks as if the discovery of the powerful stimulant and restorative influence of Lobelia in collapse or when everything else has failed and death is imminent, will prove to be as important as its use in diphtheria. In the above influence it seems to be wider in its action than any remedy or combination we now have access to.

INVERSION IN CHLOROFORM ASPHYXIATION

Editor Ellingwood.'s Therapeutist.

Upon reading an article in the last number of THE THERAPEUTIST on the serious results of anesthesia, I recalled the following case: Thirty years ago, I read in a medical journal the account of a method for the restoration of patients overcome by chloroform, which consisted of the physician or attendant taking the man by the feet and with the man's knees flexed over his shoulders, the attendant and the patient back to back, the patient's head downward, effort was made to cause the blood to gravitate in full quantity to the brain, thus stimulating the pneumogastric nerve, inducing a return of the respiration and heart action and restoring the patient to life.

It was but a few days after reading this, when this matter was still in my mind (this was at a time when we knew much less about chloroform anesthesia and its dangers than we do now), that I was called by a dentist to administer chloroform to a lady about thirty years of age, while he should extract some teeth. I administered the chloroform with great care, and the patient took it well at first, but just at the

time when I thought her ready for the extraction, her face blanched, the breathing and pulse stopped, and to all appearance she was dead.

Recalling the method I had read of a few days before, we took her immediately from the chair, laid her upon the sofa, well to the bottom, with her feet fastened to that end. We then stood the sofa upon end, thus inverting the patient. The dentist held the sofa and patient in position, and I watched for results, frequently applying to her nostrils the carbonate of ammonium from a bottle. Finally, in less than five minutes, a red spot formed on her left cheek. That was the first sign of returning life. After a few seconds she gasped for breath, and very soon the breathing and pulse returned regularly. We lowered the sofa slowly, but there was no return of the dangerous symptoms. The nausea and vomiting were extreme for two hours. The recovery was very rapid.

A LITHEMIC CASE

Editor Ellingwood's Therapeutist:

I have under treatment a man from 45 to 50 years of age. The only symptom of disease he said he noticed was just a little backache, occasionally. He said he felt well, slept and ate fine, but from this backache, which was present only occasionally, he wondered if there was anything wrong.

I had him measure the amount of urine passed in twenty-four hours, and upon examination I found that he passed three pints of urine with a specific gravity of 1035, it was slightly acid in reaction. When passed the color was normal, but when cold, it looked like coffee with considerable milk in it. On warming it, this would quickly clear up, and assume a normal color. There was no albumen, but

I obtained a slight reaction for sugar.

Now after having had the patient under treatment for some time, this reaction is gradually becoming less, but the specific gravity varies from 1028 to 1030, although the urine now remains clear, when it is cold. The odor is normal. Everything now seems to be about normal, except the specific gravity. Is this an incipient case of diabetes mellitus, or what is it?

The tongue is very broad, but of normal color, though perhaps at times a little pallid; somewhat toothmarked. The skin is somewhat sallow, appetite is good, patient sleeps well. The bowels are regular. I gave the following prescription, and so far it has seemed to be a good one:

Nux vomica	drops 15
Hydrastis	dr. 1/2
Pulsatilla	dr. 1/2
Kava kava	drs. 4
Phytolacca	dr. 1
Glycerin	oz. 1/2
Water, q. s. ad	ozs. 4

Give a teaspoonful before each meal and at bedtime, in one-third of a glass of water.

The condition of the tongue seemed to indicate the Nux and Hydrastis. I gave the Pulsatilla for its influence on the sugar. The other two remedies were given for their diuretic influence, and for their influence upon the glandular structure. The only change I have made in the diet was to cut out all sweets.

F. A. H.

COMMENT: Replying to the above query, this is probably one of those cases in which an extreme lithemic condition will induce a reaction similar to that of sugar, although it is not impossible that there was a little sugar temporarily present, however, it is certainly not an incipient case of diabetes. The backache is common to lithemic patients, where a large quantity of solids to a small quantity of water are passing through

the kidney structures. The color of seasoned coffee is characteristic of urine in which the urates, especially sodium urate, with an excess of uric acid are precipitated on cooling. These remain in solution in urine at the body temperature. If there was diabetes there would be an increased quantity of water.

In the treatment of these cases it is necessary to discontinue all nitrogenous food, for a short period, usually tea and coffee, and always alcohol and tobacco. A vegetable diet, and the very free ingestion of water at the time when digestion has been completed, will soon give evidences of improvement. If medicine is then necessary, Macrotys and Gelsemium in proper doses and one grain of the acetate of potassium four or five times a day will bring about good results in a short time if no sugar is present. In my cases the reaction for sugar has disappeared with the excess of urates. The doctor's prescription, although but mildly indicated, should, if prescribed, be divided. The first two remedies given after meals, and the remainder, if given at all, before meals.

A COMBINATION OF GELSEMIUM AND MORPHINE

Editor Ellingwood's Therapeutist:

I have made a combination of Gelsemium and morphine in certain conditions and I have found it exceedingly valuable. I combine one grain of morphine with four drams of specific Gelsemium. To arrest premature labor pains, this combination has no equal. I give it in doses of from ten to fifteen drops, and repeat it every hour or two hours, until the patient is resting easily and comfortably.

In certain forms of lumbago, where the muscles are swollen and sensitive, and where the patient cannot bear to be moved, I have never found anything equal to this combination. I give it here in doses of from ten to twenty drops, repeated every hour or two, provided, of course, that Gelsemium is not contraindicated, which usually is not the case.

In prostatitis in old men,

complicated with spasmodic stricture where a catheter cannot be introduced, this combination, given from ten to twenty drops every hour, will soon relieve the condition, and the catheter can be introduced with all ease. Recently I had a patient under treatment, a man 75 years of age, who took fifteen drops of this combination every hour for six hours, making ninety drops in all of the Gelsemium and three-tenths of a grain of morphine. when the stricture became relaxed, and the urine was readily drawn off. No unpleasant effects followed.

It should be borne in mind that Gelsemium is a powerful drug, and the well known influence of morphine makes this an active combination, quieting the motor nerves, and relaxing muscular spasm. It is useful in many conditions. It has something of an anesthetic effect, making the patient feel comfortable and pleasant.

In treating lumbago, we frequently find that the patient was taken suddenly with a sharp stitch in the back, so severe that he had to be helped into bed; he cannot move without great pain. Ordinary treatment does but little good in such cases, but if twenty drops of specific Gelsemium and one-sixth of a grain of morphine be given in combination, repeating the dose every two hours, until the patient is relieved, a quick and satisfactory cure results. The patient will often be up the next day.

F. W. OWEN, M. D.
Lamasco, Texas.

COMMENT: A number of our writers advise Gelsemium for the same conditions advised by Dr. Owen, but seldom, however, in as large doses. Personally, I have avoided combining Gelsemium with morphine. In many particulars their action is harmonious, and I am convinced that the doctor is perfectly correct in stating that this combination overcomes pain quickly. It seems to

me reasonable to believe that there is pain from neuralgic conditions, from nerve irritation, and from spasms, where both an antispasmodic, as Gelsemium, and a pain-relieving remedy, as morphine will work better together than either will alone.

I give morphine in combination with a bromide and obtain splendid results, just as the doctor claims he obtains from very small doses of morphine with Gelsemium. I trust that others will give us the reports of their observations from this combination. I am satisfied that there are conditions of feebleness, where this combination could be given with perfect safety, if combined with capsicum or some other similar stimulant, or with cactus to support the heart. There are some of our readers who will consider this dose of Gelsemium very large. We are all learning that we have been giving Gelsemium in doses too small to obtain the best results, and as any unpleasant effect is quickly announced, we are justified in pushing it strongly in many cases.

DIAGNOSIS OR THERAPEUTICS

In our study of therapeutics we may arrive at a point, where we can truly claim to be specialists in therapeutics. Dr. Abbott, in *The American Journal of Clinical Medicine*, reproduced the following item from *The Journal of Therapeutics and Dietetics*:

"In this day of specialism, in all the various branches of human work, there is a crying need that more of the medical fraternity fit themselves to become therapeutic specialists. A number of years ago the writer took a patient to a leading specialist in a large eastern city. We spent an hour together going over the case and fixed the diagnosis to the satisfaction of all concerned. Then I said to the specialist, 'What are we going to do about it?' The great specialist threw up his hands and exclaimed, 'Good Heavens, I have not thought of treatment for the last fifteen years.' I said to him, 'This patient has come five hundred miles not to get a diagnosis, but to be cured. Can you make me no suggestions whatever in the treatment of this case?' He could not. That was entirely out of his line. He was a diagnostician."

It is almost impossible to conceive a condition existing among us similar to the one described, and yet a therapeutic specialist at this day and age of the world is a rarity indeed, at a time when such are greatly needed. I say, let there be more therapeutic specialists. [F. E.]

Therapeutic Facts

Local Treatment of Hemorrhoids

For the local treatment of piles, where there is swelling with ulceration and often extreme itching, the following application will be found a satisfactory one.

Fluid ext. stramonium...drs. 1 1/2

Balsam of Peru.....dr. 1

Carbolic aciddrops 20

Castor oil, q. s.....ozs. 4

Mix. Apply the above warm over the entire inflamed area, both internal and external, as demanded.

C. L. HUDSON, M. D.

Pain and Smothering in the Heart

There is present often in very fleshy people, a pain just above the heart which is accompanied with a smothering sensation and considerable anxiety. If the pulse is above normal, give 40 drops of specific Lobelia, and repeat the dose if necessary in thirty or forty minutes. In some cases the addition of the same amount of aromatic spirits of ammonia will cause the Lobelia to act much better, and especially if the pulse is a trifle weak or irregular. These are facts that I have demonstrated many times in my practice.

C. L. HUDSON, M. D.

The Throat Tickling

In the January THERAPEUTIST, P. 26, one doctor makes reference to my article in the October THERAPEUTIST, P. 309, and offers a very sarcastic criticism on my suggestion to allow medicine to trickle down the throat.

The writer has in a few instances heard the laity call everything between the chin and the knees "the stomach," but this is his first time to have any one who posed as a physiologist, anatomist and physician, to intimate that everything from stem to stern was the throat.

Gray's Anatomy, p. 950, 1897 edition, says, "At the back of the mouth is seen the isthmus of the fauces, or as it is popularly called, 'the throat.' This is the space between the pillars of the fauces on either side, and is the means by which the mouth communicates with the pharynx."

Now if this wise doctor will take just a little of his brotherly advice home to himself and dig up his own anatomy text and learn that the throat is the "means by which the mouth communicates with the pharynx," he will not need to stand on his head to learn how to trickle without closing the pharynx. In fact it is such a simple fact that most three- or four-year-old children accomplish it without the least difficulty.

W. H. YOUNG, M. D.

Herpes Zoster

In treatment of herpes zoster, in perhaps over a hundred trials, zinc phosphide, in doses of 1-8 grain every three hours, did not once fail to cure. I call this almost a specific.

G. C. HORNE, M. D.

COMMENT: But little is written in our medical journals concerning the treatment of this disorder. It sometimes proves intractable, and always demands careful management. In some cases the patients becomes greatly prostrated, and there is more or less weakness of the nervous system, bordering on neurasthenia. It is probably this condition that is materially improved by the phosphide. Any physician having an experience similar to that of Dr. Horne, should report it through this journal.

Abortion of Pneumonia

I believe that pneumonia can be aborted about nine times out of ten. My way of doing it is to give aconitine and digitalin, and to push them to effect, and to thoroughly cleanse the gastro-intestinal tract with calomel and podophyllin.

W. HERINGTON, M. D.

COMMENT: For the coming year, I purpose making a stronger fight for exactness in writing, on the part of our contributors, than I have previously made. The doctor's method above, while popular with those who use it, and often advised is stated in a very general manner. There is hardly any one acute disease that can present such a variety of manifestations as pneumonia, and to lay down a single course of treatment as a hard and fast method, is the rock that has wrecked the study of therapeutics for the last hundred years. There is undoubtedly a certain class of cases in which this method would be good, and the manifestations of this class should be presented in careful detail.

Some Clinical Suggestions

The following are a few facts proven thoroughly in my own experience; you may use them as you think best.

For a local application in erysipelas, I depend upon the tincture of veratrum.

As a general application in disease of the skin, I dissolve an ounce of sulphate of magnesium and a dram of carbolic acid in a pint of water, and apply this freely.

For the cure of lumbago, I use the sinusoidal current; it has proven curative in a very short time in all my cases.

In the treatment of menstrual colic, I have relieved the pain more quickly with the use of the violet light, even, than with morphine.

C. M. DEEM, M. D.

Conjunctivitis

In the treatment of conjunctivitis, I have found that ichthyol in a from one-half to one per cent solution with or without boric acid gives quicker results than anything else I have used. I instill a few drops into the eye every three or four hours. If the congestion is very severe, I first use a few instillations of adrenalin chloride, in the one, two or three thousandth solution. This treatment will give quick relief, and will hasten a cure.

L. M. WRIGHT, M. D.

My First Use of Lobelia Hypodermically

The case was that of catarrhal pneumonia in a weakly infant, four months old. So severe was the case that on the fourth day the pulse could not be numerated; the respirations were 50, temperature 104° F.; sleep impossible, because of the constant cough; the head was rolled from side to side continually; the face was blanched and expressionless, the end certainly seemed to be near.

At three o'clock a. m. I injected ten drops of Lobelia, over the short ribs; at six a. m. I injected fifteen drops; at noon, 25 drops. At six p. m. the respiration was 35, pulse 100. Temperature 100.5° F., the cough was very much less. The child was sleeping quietly, no emesis, nor even an indication of nausea. This to me was very surprising, as was the total satisfactory result, as I certainly expected the babe to die.

J. M. WELLS, M. D.

Spasm of the Glottis

For the cure of spasm of the glottis when caused by eructations from the stomach, I have found the following prescription to be satisfactory. It is

necessary that the underlying conditions in the stomach be entirely removed. At the same time, an antispasmodic must be given to relieve the existing conditions, which are in themselves very distressing:

Specific Hydrastis dr. 1

Specific Gelsemium dr. 1

Specific Collinsonia drs. 2

Specific Arctium drs. 4

Elixir, q. s ozs. 4

Mix. Sig. Take a teaspoonful after each meal and at bedtime.

W. W. FRASER, M. D.

Appendicitis

During the course of an attack of appendicitis, I advise that the patient have absolutely no food by the mouth, until the temperature and pulse are about normal. My experience teaches me that no cathartics which will disturb the parts which we seek to put to rest, should be given after the intestinal canal is once properly cleansed.

E. L. HOBSON, M. D.

Powder Marks

In reply to the request presented by Dr. T. J. West, in the January number, for a method which will remove powder stains from the face, I advise the use of the following: scrape a cake of castile soap, and mix the scrapings thoroughly with an equal part of antiphlogistine. Apply this about one-fourth of an inch thick. Renew this dressing each day, as needed. This can be used in the form of a mask if desired.

C. S. GRABIN, M. D.

Warts

My sure cure for warts is to apply fuming nitric acid from the end of a

toothpick once a day. By this method small warts are effectually removed in two or three days, and larger ones in five or six days. While this method is severe, it is very effectual. I removed fifty-four warts from one hand by this course, and there was not a sign of a scar remained.

W. J. KIDD, M. D.

To Stiffen Surgical Dressings

Take celluloid collars and cuffs that have been worn out and discarded, put them in a stoppered jar and pour on a little ether. This will dissolve them completely. This solution, which should be kept closely stoppered, will be found of excellent service to apply to bandages, with which to stiffen them. It should be painted on to the bandages by means of a brush.

W. J. KIDD, M. D.

COMMENT: I wish the doctor had been a little more explicit in telling us whether the liquid should be applied to each layer as the bandages are applied, or to the whole after the entire bandage is on, or why could not the bandage be soaked in the solution and so applied. This solution will be found to be very combustible, and must be kept from fire.

Kava Kava for Pruritus

I have not previously considered that I was able to contribute to the pages of the THERAPEUTIST any fact that would be of value to other physicians, but after reading some of the very practical "little things" from the experiences of others of the family, I began to realize that it is these little things that help the physician and help to make this journal valuable, so I herewith contribute my mite.

I had a case of incontinence of urine in a middle-aged woman, which I treated

successfully with internal medicine, all but an intolerable itching of the vulva, which was not controlled. When she asked for relief from this, I reasoned a little from the standpoint of the physiological action of the drugs, and mixed one part of specific Piper methysticum with two parts of glycerin, and this I applied to the parts with the finger, and in the vagina on a pledget of cotton. The result was almost instant relief. Later, used in a similar case, it gave relief in the same satisfactory manner.

In a case of itching of the meatus and deep parts in a diabetic female, I obtained just as good results. I do not know whether this is a new use for this drug or not, but it was new to me, and it worked so satisfactorily in these cases that I am convinced that it will work equally well in other cases of itching, and especially in itching piles.

I wish the editor and his journal every success possible.

W. W. CLEARY, M. D.

COMMENT: The treatment of the various forms of pruritis, especially those of the vulva and anus, are often intractable to common measures. The use of Kava kava for this purpose has not, to my knowledge, been previously suggested; perhaps the doctor has made an important discovery. I have opportunities to make immediate observation of the action of this remedy and will report later on. I trust others will do the same.

Cold Extremities

A patient who is troubled with cold feet should take a hot foot and leg bath, up to the knees, for ten minutes before going to bed. On taking the feet out of the bath, he should have some one immediately pour a gallon of cold water slowly over the feet and legs from the knees down. He should then put on a dry pair of stockings without wiping the feet or legs and should

get into bed and cover up warmly. The feet will soon feel as if held close to a warm stove, and after two or three repetitions the patient will enjoy this foot bath exceedingly well.

It will be a sorry time for the doctors when people will learn to keep the bowels free from accumulation; the skin normally active; the feet warm. The white plague and other plagues will then be shorn of their terrors.

W. S. GORDON, M. D.

DIAGNOSIS

POINTS IN DIAGNOSIS

Swelling under the eyes, greyish white or waxy color of the skin, denote granular disease of the kidneys.

Swelling of the labia, on one or both sides, will accompany inflammation of the kidneys.

Carbuncles on the shoulders, or scapular region, are frequent accompaniments of diabetes.

Pain referred to the meatus urinarius is sure to be the result of cystitis, prostatitis or nephritis.

Pruritus of the anus will be the only evidence, often, of disease of the prostate.

Sciatic neuralgia often depends, in females, on inflammation of the ovary, in men, on irritation of lumbar or sacral nerves.

Pain in the heels, in females, may be the only evidence of ovarian abscess, while pain and swelling in the mammae will evince some trouble in the same side of the uterus or fallopian tube.

An affection of the sensory nerves of the outside of the thighs in the male is an evidence of irritation in the spermatic ducts, or in the vesiculae seminales. This area may be exquisitely sensitive—hyperesthetic— or it may be anesthetic and cold.

Severe occipital headache is almost invariably accompanied with an extreme output of the phosphates in the urine. I have not yet found an exception.

THE SYMPTOMATOLOGY AND DIAGNOSIS OF THE ENLARGED PROSTATE

H. M. CHRISTIAN, M. D.

Clinically speaking, I believe that the cases of enlargement of the prostate that are forced to consult the physician will be found in one of the following classes:

1. Prostate moderately enlarged; some increased urinary frequency; nocturnal and diurnal; little or no residual urine; urine sterile.

2. Prostate decidedly enlarged; marked increased urinary frequency; two to four ounces of residual urine; urine sterile.

3. Same condition as just described, with a more or less infected bladder.

4. Enlargement with chronic retention either complete or with overflow.

5. Marked enlargement with large amount of residual urine; atony of bladder and chronic cystitis, causing frequent and painful urination both night and day.

1. Increased urinary frequency, chiefly nocturnal in character, is the earliest and most frequently encountered symptom of the affection. There can be no doubt that many cases of hypertrophied prostate never develop beyond this point. Just what percentage of old men are living useful and comfortable lives, save for the fact that they are compelled to rise two or three times at night to urinate, it is almost impossible to estimate.

In many patients enlargement of the prostate never causes any but these slight symptoms of increased urinary

frequency. Deaver states that about seven per cent of prostatiques are forced to seek the aid of a physician.

Many, I believe, live their lives through without the knowledge of the existence of a prostate gland, the nocturnal urinations being performed in an automatic manner and hardly, in most cases, disturbing their sleep. In the early stages of hypertrophied prostate, where there is little or no residual urine, the increased urinary frequency is in all probability due to the intense hyperemia and hyperesthesia of the posterior urethra, and the mucous membrane of the trigone of the bladder, due, in large part, to mechanical obstruction.

It has always been supposed that these factors are more in evidence when the patient is in the recumbent position, owing to the force of gravity, hence, the well recognized significance of nocturnal urinary frequency as a symptom of prostatic enlargement. I am not so sure that this is a convincing explanation of a well known clinical phenomenon.

2. Difficulty in starting the stream is a common symptom, many patients stating that the only satisfactory act of urination that they have is that obtained in the morning at the usual stool. It is easy to understand why this should be so. In the normal act of urination, at such time as the bladder becomes full, the posterior urethra dilates and for the time being becomes part of the bladder itself. This condition of affairs cannot of course obtain where the posterior urethra is bound down hand and foot by a prostatic overgrowth. The character of the stream is very much altered. There is inability to project the stream from the body, i. e., there is loss of the so-called parabolic curve. Along with this is persistent dribbling after urination, a most annoying symptom, I find, to men of a

temperamental mind, as the persistent and increasing staining of their trouser flies is only another forcible evidence of the passing of time.

This dribbling, of course, is a mechanical proposition and is due to the inability of the bladder, owing to the resistance at its neck, to empty itself promptly. As pointed out by Mansen Moulin, the voluntary muscles dealing with the act of urination are not at fault, but the bladder, as a matter of fact, is unable to pass the urine along into their hands.

3. Complete or partial retention of urine. Incontinence of urine with retention.

Where retention of urine depends upon the presence of an enlarged prostate it will occur in one of two forms, viz.: (1) acute complete retention; (2) chronic incomplete retention.

In the first variety the retention occurs suddenly, and is complete—no urine being voided. The patient is seized with the attack in the midst of apparently perfect health, after exposure to cold or damp; or perhaps after excessive drinking of gin or whisky.

Constipation is not an unusual occurrence, and is an important factor in these cases.

Examination of the rectum will show in all instances marked enlargement of the prostate, but the gland will feel soft, as if very considerably congested. In fact, acute complete retention occurs most frequently in those cases where the hypertrophy is of the glandular or soft variety, such a prostate being especially prone to congestion, as a result of exposure to cold, intemperance or constipation.

In the second form, that of chronic incomplete retention, the retention does not occur suddenly, nor is it complete, the

patient being able to pass some little urine, but in small quantities at frequent intervals.

The causes operating to bring about chronic retention are (1) gradually increasing obstruction to flow of urine produced by growth of the gland, and (2) corresponding loss of power in the detrusor muscles of the bladder, with consequent inability to empty the bladder, the result being the gradual accumulation in the bladder of residual urine. As this residuum increases in amount the atony of the muscular coat of the bladder becomes more and more marked until finally all power to expel the urine being lost, the bladder overflows and there results a constant dribbling of urine, the condition known as the incontinence of retention.

Regarding chronic infection of the bladder there is little to be said save that it is the sword of Damocles hanging over the head of every man with enlargement of the prostate gland.

There is, of course, here the large and potent element of immunity. Many cases, of course, go through their lives without any infection, and I might remark right here that it is not the size of the hypertrophy that determines a prostatic's health and happiness as much as the question as to whether his bladder is or is not infected. The man with a fairly high degree of hypertrophied prostate is capable of leading a fairly comfortable and useful life, so long as his bladder remains free from infection.

Diagnosis.—It would not seem as if the diagnosis of enlargement of the prostate should prove to be a very difficult matter. When a man over sixty complains of nocturnal and diurnal frequency of urination, with difficulty in starting the stream and with considerable dribbling and loss of force in projecting the stream, one is almost of necessity led to the

conclusion that he is dealing with a case of hypertrophical prostate. A physical examination will determine the true character of the case.

There is, in the first place, the examination by the rectum. This will, in a majority of cases, not only show approximately the amount of the enlargement, but also its character, whether it is small and hard or large and soft. In this connection, it must be borne in mind that many cases exhibiting most active symptoms of urinary obstruction fail to show any or but little enlargement upon rectal examination. In these cases we are probably dealing with an intravesical projection of the so-called middle lobe. Here the length of the urethra along with the determination of the residual urine, if any, becomes an important factor. The examination of the rectum with the left forefinger while a stone searcher is held in an inverted position against the prostate with the right hand, gives a most excellent method of determining both the urethral length and also the thickness and general character of the hypertrophy.

While it is a well known fact that stone in the bladder is often found associated with enlargement of the prostate the physical signs and symptoms presented by the two diseases are so dissimilar that I can hardly consider the possibility of their being confounded.

In calculus there is pain connected with the urinary act; in addition to this there is hematuria, there is no failure in the force of the stream and the frequency of urination is greatest during the day time and is increased by motion.

The diagnosis between benign enlargement of the prostate and malignant disease of that organ is often a most difficult if not impossible question to decide prior to operative procedure.

Possibly the impression received by

digital examination through the rectum should be of some aid. As a general rule I think that it can be stated that in malignant disease the prostate is somewhat irregular in contour and of stony hardness a condition rarely met with in the non-malignant enlargement. Hematuria is a most common symptom and what I have noted in the two or three cases I have encountered is an obstinate sciatica, extending along the whole length of the nerve.

DIAGNOSIS OF SCROTAL TUMORS

In the diagnosis of scrotal tumors, bear in mind that hernia is sausage shaped, hydrocele is pear shaped, hematocele is globular, sarcocele and varicocele are irregular in shape. All are dull on percussion, except hernia of the intestine, which is resonant, omental hernia is dull. All are opaque, except hydrocele, which is translucent. Reducible hernia and large varicocele receive an impulse in coughing, and yield to pressure, the other varieties do not. Hernia and hematocele come on suddenly. The others are of slow development.

Pneumonia may occur in infants without any cough. The rapid breathing and a little catch in the inspiration are diagnostic indications that should never be overlooked.

In all cases of spasmodic croup be on the lookout for bronchitis as a sequel, especially if the attack be preceded by a hoarse cough.

Probably the larger proportion of uterine displacement and pelvic disorders take their start from childbirth. I am confident that there is not care enough taken of patients during the first month subsequent to labor.

Ellingwood's Therapist

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A LEAGUE FOR DRUG RESEARCH

The State Medical Society of Kentucky have established a plan of drug study which involved an operation of the action of each drug, with reference to a confirmation of the specific indications, as now understood; or to the proving of new indications for old remedies; or an original proving of new remedies. Each doctor sends his report to the secretary, who arranges them in order, and sends them to the different medical journals for publication. On page 88 (12) is their first report. This is upon the action of Lobelia.

This is an important work on the part of the society and I sincerely hope every society will take up the work in the same manner. They call themselves "The Eclectic League for Drug Research." There is such a general inquiry on the part of the old school now for the facts that we have proven, that every member of each society should make a renewed effort to confirm all of our past provings.

OBSTETRICAL TRAINING AND OBSTETRICAL METHODS

Thoroughness in training, in obstetrical matters, was never more essential than at the present time. But some of we old "mossbacks" are inclined to think that the younger generation are

sticking too closely to appearances in some particulars, are being guided by scientific (so-called) theories and are forgetting some of the practical essentials. Those of us who have attended from 1,500 to 2,500 cases of confinement have kept ourselves strictly clean, but have conserved the natural forces of our patients and have tried to work in harmony with natural conditions, and yet have perhaps lost no mothers or maybe one, and have had not to exceed two cases of puerperal fever, if any. We are inclined to think that some of the extreme measures that are now advocated, and the scares that have been made of the extreme danger of sepsis, are not always justifiable.

The practice of using vaginal douches before birth, always useless and often injurious, is not now considered necessary. That is one fortunate return to the methods of the fathers. The routine practice of vaginal douches in every case has had several shocks and many physicians consider the common sense course of using douches when they are indicated as the most justifiable.

I have had a good many reports from a great many obstetricians, who considered four hours of labor from the beginning—from the first pain—a protracted labor, and have felt impelled, from the teachings they had received, to apply forceps at that time and deliver the patient, when a normal labor was not yet well under way. The shock, laceration, hemorrhages, subsequent depression, protracted convalescence, and serious chronic and often incurable uterine troubles, or subsequent surgical operations, protracted ill health, all leave their permanent impression upon the patient, and are all chargeable to misconduct on the part of the inexperienced and to improper teachings, after the manner of the highly scientific.

I especially raise my voice against the absolutely unnecessary exposure of patients. A physician who from his first experience has been taught to make his examinations under cover, and has educated himself to depend upon sensation and the feel, becomes more expert than one ever can who uses his eyes or his eyes and fingers conjunctly. Acuteness of sensibility develops rapidly, and facility of observation is widened as the acuteness develops.

At one time under my observation the attending physicians declared that it would be absolutely impossible to apply the forceps, in a protracted and severe case in hand. An advocate of the other method was called in, and found the patient shivering from protracted exposure, and in great agony. He covered her up warmly, made his examination, and applied the forceps under cover, extracted the child, and passed out of the door on his way home just twenty minutes after entering the house, with no accident whatever to the patient and no exposure. Many patients dread the exposure, and the coarse, rough handling, with no regard whatever to her feelings, as the most serious part of the labor.

A few years ago, this subject was being discussed in the current periodicals, with a great deal of feeling on both sides, and very radical views concerning the use of forceps, inter-vaginal injections, and the making of various inspections, measurements and scientific observations on each patient. Dr. Corsen, the Nestor of the profession in Pennsylvania—above 80 years of age—wrote a very telling article, giving his experience in the attendance of 3,000 confinements with not a single case of puerperal fever, with less than half a dozen cases of postpartum hemorrhage, and with having used the forceps in the entire number of cases less

than twenty times, all this with absolute cleanliness, with the exercise of careful judgment, but without any antiseptics whatever.

In this article, which was read before a session of the American Medical Association, the old doctor said:

"In 1863 I published a history of 2337 cases of confinement, afterwards swelled to 3,036, in each while in profound ignorance of disease germs, and the possibility of carrying infection in my clothes or in the dirt, when there was any, under my fingernails, I commonly went from a house where patients were suffering from now-called infectious disease, to patients in confinement, and never once in sixty years carried an infectious disease. I feel that I might rest my case here. But I will add the experience of some well known experienced physicians of my time.

"Dr. Traill Greene, when asked by me concerning the dreaded puerperal fever, replied, 'I have been happy in fifty years to have no case of puerperal fever, and I think it is rare in the practice of other doctors.'

"Another friend of mine of thirty-five years' experience writes me: 'What nonsense is all this about perineal pads, douching the vagina before labor, antiseptics, etc. I have never had a fatal case of puerperal disease, and have seen but three or four.'

"Another doctor says that in 1,500 cases he has never lost a woman, has not paid any attention to antiseptics, but has looked upon labor as a physiological process.

"Dr. J. B. Walters says: 'In twenty-two years' experience I have had considerable obstetrical practice, and have only seen two cases of peritonitis.'

"Dr. Calvin, of Clyde, N. Y., says: 'Out of 1,279 cases, I have never lost but

one woman. I never had a case of puerperal peritonitis and never used antiseptics. My father,' he said, 'was in practice for sixty years and never had but one case in his practice.'

It would seem that many of the opinions expressed at the present time, some of which carry much weight, are not verified by the experiences of these careful practitioners of the past. It would look as if some of our present notions would bear revision. How many young physicians are there that expect to use instruments in every slow case, and look upon instrumental labor as the rule, rather than the exception? How many men will we find of fifteen years, experience, or less, who do not feel confident that some of the serious lacerations, some of their appallingly severe cases, would have terminated much more favorably, if they had been handled differently. How many times has impatience been to blame for a so-called accident?

Those of us, who have had an opportunity to see both sides of the case, have long ago decided strongly in favor of the older methods. These with the present methods of the use of pain-relieving and anesthetic measures, and with the adoption of a course through the later months of pregnancy, calculated to prepare the patient for labor, will, I think, prove to be by far the most satisfactory method.

SUBNORMAL TEMPERATURES

As I have previously stated, I am convinced that subnormal temperatures are receiving too little attention. I have recently had an unusual opportunity to make some observations in that matter. In the last six weeks there has been a prevailing inclination among my patients to low temperatures.

There were no marked similarities between the symptoms that existed in each case. In five cases one was recovering from tonsillitis, another had subnormal temperature, running as low as 96.5° F. in the morning, with a little elevation of temperature in the afternoon. The third complained of general chilliness, but there was no fever at any time, the temperature remaining from 96.5° to 97.5°F.

The fourth was a pregnant woman with inclination to sick headache. The most remarkable of the five cases was that of a young man of 19 years, who felt greatly depressed for a week. He then had a chill and sudden elevation of temperature and some symptoms of developing pneumonia, which was actively combated, the symptoms disappearing. The temperature dropped to 95° F., and notwithstanding the use of strychnine, quinine, stimulants of other kinds and hot applications, the only day in which I succeeded in getting the temperature up to 98° for five or six days, was one day when I gave him two drops of cactus every hour.

These patients exhibited the following symptoms in common: They complained of feeling very badly. The physical and mental depression in each case, was out of all proportion to any apparent pathological condition. As the temperature would approach the normal, in each case, these symptoms would disappear, and the patient would become more cheerful, and the strength would gradually return.

I observed that the symptoms improved only when I treated the condition of depression the most actively, and in each case the improvement was apparent only as the temperature was influenced by the treatment and approached the normal. In fact, in at least

three of the cases there seemed to be nothing else to treat, but the physical and mental depression, which seemed to depend upon the low temperature.

As I have previously stated this subject of subnormal temperature must have more attention. I am confident that many patients complain bitterly of being out of health, are in low spirits, and very deficient in physical strength, all of which symptoms are attributed to other causes. I have no doubt that in some cases they depend upon causes which depress the temperature, but I have invariably obtained better results from my efforts to elevate the temperature, than I have to hope to remove causes which I could not discover nor define.

USTILAGO MAYDIS

This remedy, the product of corn smut, acts in some particulars like ergot, but has an influence of its own which has been overlooked. It will prove a useful remedy in conditions otherwise intractable.

It is advised in the treatment of chronic metritis or in any condition that induces hypertrophy of the womb, acting beneficially, also, in all fibroids that are not extraperitoneal. It will expel hydatids, moles and polypi. Its action on the womb is thought to be as great as that of ergot, but without irritating or uncomfortable effect. I depended upon it in one case of uterine cancer, where the pain and hemorrhage were extreme. Its influence over the pain was as satisfactory as its control of the hemorrhage.

It will, in some cases, regulate irregular menses if given between the regular periods. In small doses—one drop three times a day—it has been thought to cure amenorrhea. It checks vicarious menstruation and is beneficial in the

various forms of uterine hemorrhage.

The remedy is also valuable in combination with Hamamelis and Collinsonia in the treatment of piles and varicoses. It can also be used in enlarged spleen and in exophthalmic goitre. It is an excellent remedy for sunstroke with cerebral engorgement, as it unloads the engorged capillaries, will ward off apoplexy and is of much value in the treatment of meningitis. In that form of impotence or in spermatorrhea where there is intense engorgement of the parts, those who have used it claim that it is a most efficient remedy. There are some forms of acute insanity in which dram doses were given every five or six hours with good results.

BURDOCK SEED IN UTERINE DISORDERS

I have not recently seen any recommendation of the use of burdock seed in the treatment of amenorrhea, but a few years ago some very excellent articles appeared on this subject. The remedy was not only advised for amenorrhea, but it was recommended in dysmenorrhea, and as a general uterine tonic.

The best authorities claim that in chloritic girls, suffering from amenorrhea, a tea made of burdock seeds, drank hot, would prove an effectual remedy in bringing on the menses. A saturated tincture or a reliable fluid extract, or the specific Lappa by other writers was claimed to be a certain safe and pleasant emmenagogue. Other writers claim that no preparation works as well as the hot tea, unless some stimulant be given in conjunction with it, such as capsicum. If any reader has used this remedy or can give us reliable suggestions for the specific treatment of amenorrhea or dysmenorrhea we shall be very glad to publish the suggestions.

Viburnum—BLACK HAW

In a recent Gleaner editorial on the uses of this old Eclectic remedy, Dr. H. W. Felter says:

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

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

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

“It is a remedy for uterine bleeding, in spasmodic dysmenorrhea, and in metrorrhagia of functional character. It

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

"As a uterine tonic during pregnancy it has earned a good reputation, and is not without value in afterpains, to arrest leucorrhœa; in debility of the menopause; and in chlorosis, chorea and hysteria, all when due to uterine irritation. Briefly, Viburnum is indicated by uterine irritability and hyperesthesia; in threatened abortion; dysmenorrhœa with scanty menses; uterine colic; severe lumbar and bearing down pelvic pains; intermittent, painful contraction of the pelvic structures; cramping-like expulsive menstrual pains; after-pains; false pains of pregnancy; obstinate hiccough."— *The Eclectic Review*.

SOME GENERAL SUGGESTIONS

After reading the interesting article by Dr. Yost, in the December number, on "Eczema," one of our subscribers in Pennsylvania writes us that twelve years ago he had a case apparently similar, which had lasted for twenty-five years, and was complicated with valvular disease. The patient was 76 years old. He put the patient on a vegetable and fruit diet, took care that the bowels were in a normal condition, and washed the surface frequently with an antiseptic solution, made by combining one and one-fourth of the tablets of D. & Co.'s mercuric chloride and sodium chloride with glycerin, one ounce, water q. s. to four ounces, making about a 5:1000 solution. This method is routine treatment with him in all cases of

eczema.

In his treatment of severe stomach troubles the doctor also has a course which he believes will cure about ninety-five per cent of the cases, without regard to the conditions present. This, of course, is not specific medication, but I give the doctor's method, and later he will define the precise conditions under which it is successful.

The doctor advises the patient to eat bread, butter, beef, potatoes, and absolutely nothing else, until improvement is established, and then gradually adds other plain articles of diet. He avoids the use of milk. He gives jellies and breakfast foods and does not allow any drinking from one half to two hours after the meals. The following is the principal prescription:

Sulphocarbonate of sodium...drs. 4
Bicarbonate of sodium.....drs. 4
Specific panaxdrs. 4
Oil of peppermintdrops 6
Chloroformdrops 40
Waterpint 1

Give a tablespoonful after each meal, and repeat the dose as often as it is necessary to allay the distress. This becomes a very popular preparation with those patients who have simple disorders of the stomach.

The doctor cured a case of diabetes in a young man, 19 years of age. He fed him on vegetables and raw tomatoes, the latter in very large quantity. He began the treatment by giving him one-tenth of a grain of calomel, until the condition of the bowels was satisfactory. Then the only medicine he gave was the arsenite of copper in 1-100 grain doses, three times a day. This he kept up for nearly one year. When the patient was apparently cured of the diabetes, he was attacked with influenza in a very severe form, and died in a few days.

TREATMENT OF ALBUMINURIA OF PREGNANCY

The occurrence of albuminuria with threatened nephritis in the early stage of pregnancy, or before the fifth or sixth month, will be found occasionally to be amenable to treatment, and should never be neglected. It should be treated with the positive expectation of making a complete cure. For the pain, if present, in the kidneys and for the primary congestion, if there is no pain, there should be persistent application of heat, for from two to five days, or until urine of nearly normal consistence is excreted in sufficient quantity. If there is any fever, full doses of Aconite should be given. For the pain and suppression, full doses of Macrotys and Gelsemium will be found of excellent service. This course should be persisted in until the symptoms have disappeared.

ON THE USE OF MERCURY

In an argument at one time upon the use of mercury, Dr. John M. Scudder made the following statements: "I have traveled over this ground for thirty-five years, with a larger business than falls to the lot of most men. I know that I have treated and cured my patients without the use of mercury in any form, much better than others have with it. I have seen all phases of mercurial disease, even from its judicious use, in the hands of my competitors. I have known death to result from its homeopathic use. I remember my personal sufferings from mercurials. I would not take it under any circumstances. I would not give it. I have made it a rule in my practice not to prescribe a remedy that will produce disease."

Miscellaneous

The free hypodermic use of a one percent solution of chromic acid injected around a snake bite is said to be of much value in neutralizing the poison.

A simple resource in case of severe paroxysms of coughing, for immediate relief, is the administration of two or three teaspoonfuls of glycerin in a little hot milk.

A very complete local anesthesia can be secured by throwing on the part a strong spray made by combining ten parts of chloroform, fifteen parts of ether, and one part of menthol.

Many forms of muscular cramp will be relieved by the use of Viburnum. In some cases it may be combined with Gelsemium, in others, with Macrotys, and in uterine difficulties, with both.

Caffeine, as a heart stimulant, must be carefully studied. Its present use is largely empirical. We have reasons to believe that it would be a most efficient remedy when its specific indications are determined.

A London writer uses the juice of the papaw or some preparation made from it to dissipate tumors of probable cancerous development in the first stages. He claims that it acts with great certainty on indurated tissues of cancer.

At one time in an eastern city there was a simultaneous occurrence of an epidemic of smallpox and of la grippe. It was quickly observed that every individual who was effectually vaccinated

for smallpox escaped la grippe. This might be a very important observation.

A teaspoonful of the tincture of Sanguinaria, three times a day, is said to be a good emmenagogue.

Strong, hot coffee, drank without seasoning, will in some cases be found to be a most powerful stimulant in uterine inertia.

The influence of Kava Kava to increase and sustain a good appetite, has received but little attention. There are many cases in which this remedy is most reliable for this purpose.

For the cure of that form of diarrhea which occurs from the taking of food into the stomach, especially that following dinner, give from five to eight drops of Fowler's solution in a teaspoonful of water, immediately after eating.

Dr. Wythe claimed at one time that gonorrhoea could be cured most satisfactorily, by the use of six drops of the oil of wintergreen, taken internally three or four times a day. No injections were to be used.

One of the great manufacturing institutions of the East in their emergency instructions to their surgeons, advise hot coffee and aromatic spirits of ammonia alone, as stimulants, when immediate active stimulation is imperative.

A large tampon, saturated with glycerine and introduced firmly against the os, will in some cases of vomiting of pregnancy produce local depletion through its dehydrating influence and satisfactorily and permanently relieve the vomiting.

A month or two ago, Dr. Hewitt gave us some excellent advice for the internal use of cocaine. If this substance, in from one-fourth- to half-grain doses, be given every four hours in extreme cases of gastralgia or in cases of extreme gastric irritability, a writer in the Lancet claims that its influence is highly satisfactory.

Ten drops of the fluid extract of Hyoscyamus and eight grains of the monobromate of camphor in four ounces of the syrup of Lactucaria, will serve the purpose of an excellent sedative for children when a soothing preparation is desired, given in half teaspoonful or teaspoonful doses, frequently repeated according to the age of the child.

Prof. A. J. Howe, at one time the Nestor of Eclectic therapeutics, treated diphtheria successfully with the use of Veratrum internally for the fever, and with Thuja, diluted, for the throat wash. He claimed to have the best success with these two remedies alone. Selecting Veratrum or Aconite according to their indications and adding Phytolacca, I would say that in the mild cases this treatment can be made an unusually good one.

Insanity in women due to mental worry or mental shock will occasionally be satisfactorily relieved if not completely cured by the use of cannabis indica, ten-minim doses of the tincture being given three times a day. It will be found also of much value in the treatment of mania and melancholia. In the treatment of chorea it is sometimes useful, combined or given in conjunction with Macrotys. In cases of gastric ulcer, where there is persistent pain in the stomach from any cause, it is of special service. The indicated tonics and restorative measures must not be

neglected.

In determining the specific indications for Saw almetto, a homeopathic authority states that they are in the male an enlargement of the prostate gland, with throbbing, aching, dull pain, occasional discharge of prostatic fluid, or a discharge of mucus, weakened sexual power; epididymitis and orchitis when accompanied with enlarged prostate. In women the indications are dull, aching pains in the region of the ovaries, with ovarian enlargement and tenderness; small, undeveloped mammary glands. It is also indicated in chronic bronchitis, with a wheezing, hard cough which is worse in cool, damp weather, and upon lying down.

CIMICIFUGA RACEMOSA IN PLEURISY AND RHEUMATISM

This is a very useful remedy in pleurisy after the alternate administration of Aconite and Bryonia. It is one of the best remedies we possess for lumbago and in spinal myalgia, when there is soreness, pain and a feeling of tenderness along the spinal column. It is effectual in both muscular and articular rheumatism, but its action is most pronounced in those cases in which the left side is most affected—Frederick Kopp, in the *Homeopathic World*, November 2, 1908.

ACTION OF MENISPERMUM CANADENSE ON THE MIND

The mental symptoms of *Menispermum canadense* are that the patient is very low spirited, absent-minded, stubborn, ill-natured, surly, irritable and of a hasty temper.

—*Homeopathic World*.

It is not generally known that the application of the simple tincture of Eucalyptus will arrest local hemorrhage, whether it be hemorrhage of the nose, or hemorrhage from the extraction of a tooth, or hemorrhages from an incised or lacerated wound. The benefit will be immediate. The agent can be applied undiluted.

THE BANEFUL INFLUENCE OF TOBACCO

I am confident that there is no greater menace to the health of young men of this country than the use of tobacco. I believe it is the duty of the medical profession to use as much effort in stamping out this evil as any other evil we have to contend with. Many prominent members of the profession have declared that the numerous mental wrecks among young men, whom they have observed or young men who have lost all interest in life, and whose lives have been failures or who have become suicides has impressed them with the fact that this evil is a most formidable one. So insidious is it, and so common is the habit among older men and so difficult is it to persuade many of these that their influence is vicious upon younger men and boys, that the physician has a double duty in the matter.

Among the baneful influences of nicotine suggested by a recent writer are those of vertigo, tremor, general weariness, weakness in the limbs, pain in the nerve centers, aphasia, amnesia and various faults due to spinal and cerebral irritation. There are vasomotor paralysis, resulting in cold extremities, excessive sweating and anemia. The digestion is impaired and in some cases there is nausea, vomiting and stomach disorders.

More serious than these, however, is the influence of the agent upon the

heart. A weak, dilated heart, with imperfect compensation, is among the commonest observed difficulties. Palpitation, some difficult breathing and function disturbances are very common.

I have long been confident that tobacco had to its credit as many cases of locomotor ataxia as syphilis. I think the two conditions operate together, very often, when the entire charge is made against syphilis. I have under observation a patient who has suffered from ataxia for ten years and has now probably but few months more to live, whom I am confident brought the disease on by the excessive use of tobacco alone. I have known the man since boyhood, and have had opportunity to watch him closely and feel that I am not mis taken.

I repeat that I am confident the medical profession should take a much more active stand against the use of tobacco, especially on the part of boys and young men. In the treatment of chronic disease there are many that are declared to be incurable in the patient treated that would yield readily if the patient would cease the use of tobacco. It took the profession more than a century to discover that alcoholism was a disease; it ought to take us very little time to discover that the tobacco habit is a serious disease also.

Reynolds of London reports the beneficial effects of sulphuric acid internally in the treatment of those infections of the skin and subcutaneous tissue which result in the formation of boils and carbuncles. He administers from twenty to thirty minims of dilute sulphuric acid. It should be taken regularly every four hours. It requires about two weeks to accomplish a satisfactory result.

The cases under treatment are in no way disturbed by the medicine. It does

not interfere with the digestion. After the first twelve or eighteen hours, the affected area becomes distinctly circumscribed, the lesion ceases to extend, softening of the tissues takes place, suppuration follows. Very quickly healthy granulations begin, that form at the base, and the process of repair goes on uninterruptedly. Cutting or surgical interference is unnecessary.

The dehydrating influence and antiphlogistic effect induced by the application of antiphlogistine in cases of acute inflammation are now recognized and depended upon by all physicians. The agent contributes immediately to the dissipation of an excess of blood in acute determination, abstracts the excess of heat, promotes normal restoration of function. It is easy of application, cleanly assists in retaining heat in contact with the part, often so essential, and is readily removed.

CHOICE GLEANINGS

DIET IN TYPHOID FEVER

BY C. O. MUNNS, M. D., OXFORD, O.

Today the medical profession agree that typhoid fever is an acute infectious disease caused by the invasion of the "bacillus typhosus," which produces inflammation and ulceration of the lymph follicles of the intestines, and swelling of the mesenteric lymph nodes and the spleen. Other microorganisms than the specific germ play an important part in determining the extent and character of the bowel lesions and in the production of the general toxic infection, which should receive careful attention in treatment of the disease. Since typhoid patients must contend with the toxins generated by the invading micro-organisms as well as the

body toxins, it seems rational that it is our duty to select a diet that will not favor the life and development of the bacteria and their toxins. We all recognize that the digestive secretions are not freely active in this disease; and I believe that the most of us will admit that meat broths and milk are excellent culture mediums for bacterial life. Then why feed our patients during the progressive period of this disease, as recommended by nearly all of our medical writers of today ?

I contend that typhoid patients, as a rule, require very little food during the first two weeks or more of the fever. More patients are killed by over-feeding than under-feeding.

When a case of typhoid fever comes under my care, I thoroughly clear the bowels with castor oil to which has been added a few drops of the oil of cinnamon, then prescribe the free consumption of pure water and pure, fresh fruit juices, often allowing the patient to consume the soft pulp of the fruit in a finely divided state. The pulp of ripe apples, pears, peaches, and grapes can be safely given in this manner; also the pulp of perfectly ripe melons is often relished by the patient, and seems to cause no irritation. The juices of ripe pine apples, oranges, lemons, grape-fruit, grapes, and of all succulent, edible fruits and berries are permissible; should diarrhea be present, blackberry, raspberry, and grape juices are best adapted to this condition.

Should the fruits and fruit juices not satisfy the hunger of the patient, egg albumen can be dissolved in the fruit juices, or a whole egg can be dissolved in water and lemon juice, sweetened to suit the taste, and given. Barley-water, rice-water, malted milk, buttermilk, milk-whey, uncooked oatmeal water safely meet the emergency; pea broth, made from the mature pea, is excellent when

food richer in nitrogenous material seems to be indicated.

I reserve the use of sweet milk and animal broths until the third week, when the fever begins to subside and the patient manifests a returning appetite and relish for food. At this time modified milk and animal broths can be given safely with caution; and our patients will relish the milk during convalescence, thus making the return to gruels and more solid food more easily and safely brought about.

Sudden rise of temperature, due to accumulate waste in the bowels, is easily combatted by giving a small dose of the castor oil with cinnamon, which I do not hesitate to give in any stage of the fever, and I regard it as the best and safest agent with which we can clear the intestines of waste.

The advantages claimed for this treatment are:

Freedom from the severe complications produced by the toxemia under the old regime, e. g., high temperature, severe diarrhea, tympanitis, hemorrhages, delirium, etc.

Comfort and safety of the patient.

Shorter and milder course of fever.

Conservation of patient's strength, and rapid recovery.

Very little medicine is required, and much better results are obtained from medicine given.—*Medical Century*.

AVENA SATIVA

E. E. BECHTEL, M. D., DAYTON

Avena is obtained from Avena sativa, or common oats. It is a marked nerve stimulant and tonic, an admirable equilibrant and nerve nutrient, and as such deserves to be better known.

In order to get the best results from Avena it must be given in appreciable doses, say ten to thirty minims, and if it is

administered in hot water its effect is much more prompt and increased. It has a selective action on the brain and nervous system, influencing the nutritive function of these organs.

Given in full doses, its physiological effect is announced by a pain at the base of the brain, and should this occur the remedy should be discontinued and in a short time begun in smaller doses.

As a stimulant it combines well with strychnine, the effect of which it serves to prolong, but when used alone it is more permanent than strychnia.

As a tonic there is no better remedy, especially in the convalescences from exanthematous and prostrating diseases. It is a positive equilibrant in nerve storm, worry, sexual neurasthenia, and all cases of nervous irritability induced by anxiety, prostration or exhaustion. Avena should be used in the nerve tremors of the aged, in chorea, paralysis agitans and epilepsy.

No remedy has given such good results in post diphtheritic paralysis, and in general paralysis it is most certainly very effectual.

In uterine and ovarian diseases with a tendency to hysteria it is indicated, and in a case of nervous headache at the menstrual period when there is burning at the top of the head, Avena will give good results. In amenorrhea and dysmenorrhea, with a weak circulation, it is a positive agent.

Its use in impotency and the nervous disorders of the sexual indulgent will convince the most skeptical of its value. Doctors, use Avena with Saw palmetto or Staphysagria as indicated, and your cases of spermatorrhea and emission will not fall into the hands of the charlatan.

In the insomnia of the nervous, Avena will produce rest and sleep. In occipital headache small doses will give

good results, especially those cases where the urine is loaded with phosphates. In cases of nervous break-down in brain workers, Avena will be found of much value.

Of its use in overcoming the habits of alcohol and opium, Avena has been overestimated, yet if the right conditions of the nerves exist, Avena will prove to be of value.

In rheumatism of the heart, Avena is of especial value in giving tone to the cardiac muscle, and in debilitated conditions it will positively prevent relapse by fortifying the heart muscle and improving its energy.

Hence, in summing up the uses of Avena, we will find it indicated as a nerve stimulant and tonic, and by its influence on the nutritive function as an equilibrant a positive agent in nervous prostration and in all spasmodic conditions induced by worry, excitement, or exhaustion. —*Eclectic Medical Journal*.

SCUTELLARIA LATERIFOLIA

J. J. BROWER, M. D., COSHOCTON, OHIO

Blue skullcap, hoodwort, mad dog weed, Sid's flowering skullcap, etc. The whole plant is officinal, and should be gathered when in flower, as it has about all the strength in the plant then, and the leaves and the flowers are the parts most generally used, although the whole plant has medical properties in it. It should be dried in the shade and kept well closed from the air, and especially from the sun and light. It is inodorous. It is said to contain essential oil, a fixed oil, yellowish green, and is soluble in ether; a bitter principle, soluble in alcohol or ether; a peculiar volatile matter, a sweet mucous substance, a peculiar astringent principle, together with various other salts.

Description.—*Scutellaria laterifolia*

has a small fibrous yellow perennial root, with an erect, very branching, diffuse, quadrangular, nearly glabrous stem, from one to three or four feet in height. The branches are opposite. The leaves are on petioles about an inch long, opposite, thin, entire nearly membranous, subcordate on the stem, ovate on the branches, coarsely serrate and slightly rugose. The flowers are small and of pale blue color, and are deposited in long lateral axillary racemes, with ovate acute bracts. The calyx has an entire margin, which, after the corolla has fallen, is closed, with a helmet-shaped lid, which looks very much like the old soldier's skullcap, from which it is probable the plant derived the name of skullcap.

Medical Properties.—It is a nerve tonic, astringent and stimulant. The whole plant is officinal, and should be gathered when in flower. Generally the leaves and the flowers are the only parts used, as the roots have but little strength in them, and is more astringent than the other parts. The leaves and the flowers are one of the best known tonics. Take the green leaves and flowers, and when partly dried, make a tincture of eight ounces to the pound, and then give from five to ten drops every two to four hours. In all cases of debility, or in any case where the patient is weak and lacks an appetite, you will get good results. In all cases where old people are run down, cannot eat, have pains in the limbs and all over the body, it is far superior to pepsin or any other remedy that I have ever found, and I have had a large practice for the last fifty years, and have usually treated chronic diseases. This has given the best results of all remedies. It quickens the force of the pulse, gives tone to the heart; quiets the nerves, causing the patient to rest, and then to sleep in a natural way, which is one of the things beyond all others, in the

old or young patient. Good sleep is far better than medicine. In cases of delirium tremens it is a remedy *par excellence*, destroying the effects of liquor and giving tone to the nerves; increasing the appetite, causing the patient to sleep, and in that way giving nature a chance to build up the broken-down system. It acts similar to Nux vomica in the destruction of the liquor power over the blood and the nerve forces. It acts much in the same way in the drug habit, breaking down the effects of the drug.

Three years ago I treated a case of opium habit. The case was a man some fifty years of age. He had taken morphine by hypodermic injections for over twenty years, using twenty-five grains daily. I gave him nothing but Skullcap and tincture of passiflora, and had him drop a tablet once or twice each day, and we had a complete cure. The patient did not lose a day's work on account of the treatment. In this case the Scutellaria, or skullcap, made the cure.

In St. Vitus' dance it will act well, and will do more than any other remedy that I have ever used.

In cases of anemia in young girls it is the best remedy we have, giving strength to the stomach, causing a good appetite, giving strength to the nerves, causing the digestive nerves to act to their full capacity, thereby causing good blood and the building up of the entire system, and in that way causing new blood for the patient.

Skullcap given to the young and to the old, as a tonic in the spring or fall, is one of the best things that a physician can give. The old can be kept strong and firm, and able to do all their business the longer.— *Eclectic Medical Journal*.

OLIVE OIL IN THE DISEASES OF THE STOMACH

The following is an abstract of a paper by Dr. L. Rutimeyer that appeared in the *Correspondenz-Blatt fuer Schweizer Aertze*:

"In some cases of hypersecretion and hyperacidity, with or without neurasthenia, the secretion was reduced when 30 gm. butter or 100 gm. warmed oil was taken, fasting in the morning. In another case of threatening post-operative spasm of the pylorus, with extreme dilatation of the stomach, 100 gm. of oil poured into the stomach each morning, with lavage of the stomach twice a day, promptly cured the spasm. In one case a merchant of 41 presented signs of chronic ulcer and spasm of the pylorus with excessive secretion and intense pains; only partial and transient benefit was obtained during two years of various measures. The old troubles returned at every excessive effort or excitement or dietetic error, and finally an operation was proposed. A systematic course of oil was instituted as a last resort, with brilliant success. The patient rinsed out his stomach every morning and then took 100 gm. of oil, and in two weeks the pains and spasms had vanished. The man gained rapidly in weight and was soon able to eat any ordinary food. During the five years since he still occasionally takes a little oil after some gross dietetic error, and it promptly relieves any slight disturbance. The most striking benefit of the oil treatment is in its influence on the subjective disturbance. The oil banishes the pain and restores the earning capacity, even although the objective findings may occasionally persist unmodified."

J. A. M.

WORDS OF WISDOM

The practice of medicine will be very much as you make it.—*Cryptic Osler Aphorism*.

Editorials in which the mantle of dignity conceals vast intellectual abysses.—*Dr. Lydston*.

To men who work in the open air the chemistry of food is an unnecessary nuisance. —*Critic and Guide*.

Whoever writes the full story of the sharp curette will open a chamber of horrors that has few, if any, equals in the annals of surgical blundering.

—*Dr. Coleman*. —*Homo Recorder*.

Xanthoxylum is one of the best stimulants to the gastric mucous membranes that we have. In pyrosis of old people it is unequaled. In dilation of the stomach, where the functional activity is decreased, Xanthoxylum in twenty-drop doses of the specific medicine is excellent. It is best given in hot water.

ATROPINE AS A HEMOSTATIC

Editor Ellingwood's Therapeutist:

I am collecting material for a paper upon atropine as a hemostatic, and would be obliged to any of your readers who would send me notes of their experience with this remedy. I am particularly anxious to receive adverse reports, as well as those favoring the remedy.

Thanking you for the courtesy of inserting this note, I remain,

WILLIAM F. WAUGH

1424 E. Ravenswood Park, Ravenswood, Chicago.

COMMENT:—I desire to urge the importance of replying to Dr. Waugh's request. I have had reports in this line concerning atropine from a number of our readers, and I am assured that very many can give the doctor some personal experiences that he may be able to use to good advantage. Please don't neglect to attend to this, if you have had opportunity to take the necessary observations.

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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