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Finley Ellingwood MD
EDITOR AND PUBLISHER
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Nov. 15, 1908

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To Apply the Truth. To Spread the Truth.

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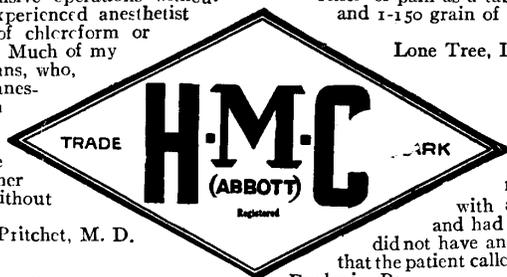
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Ellingwood's Therapist

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Leading Articles

CALENDULA OFFICINALIS—A STUDY, COMPARISON, AND LOCAL USES¹

DR. R. D. HOMSHER, DENVER, COLO.

Calendula officinalis belongs to the composite family, the hardiest of flowers. Dunglison mentions three varieties as very useful, viz.:

Single and double, which he calls *calendula officinalis*, and wild or *calendula arvensis*. The single corolla is sometimes variegated, while the leaves appear darker and richer in color than the double or old fashioned yellow marigold. The single makes as good if not a better medicine than the double. I consider the single richer in gum than the double. The leaves and flowers are the parts used. The green tincture should be the best; in my opinion it is the best. The dried leaves must lose

some of the aromatic or volatile properties when long kept, but a very satisfactory tincture from the dried plant one and one-half years old has been obtained.

My investigations of marigold for thirty years have led me to believe that it is non-toxic when used locally. I have not used it internally very much, as so little has been said of it, as an internal remedy. I used it for a pain, in the region of the liver, but it seemed to produce an astringent effect on the bowels, causing slight constipation. I have applied it in two cases to the base of the skull in cases of apoplexy, where hemorrhage into the brain was suspected. The cases improved, but as other remedies were used, I cannot say what effect it had. I am of the opinion, that absorption, through the skin, permits the remedy to act similarly to its application to exposed bleeding vessels, and is an indirect way of giving it internally.

¹ From Transactions National Association.

I would be pleased to read the results of calendula as an internal remedy, for I am convinced from its effects upon certain local conditions, some marvelous results may be obtained, some missing link in our materia medica may be discovered, in this old, but little understood plant. I sometimes think I have reached the limit with it as a local application, then shortly afterwards I get a happy effect in an extended use of it.

But there is another genus of the same family with leaf arrangement opposite, which is poisonous, and decidedly so to some individuals, when used topically, and to all individuals when used internally. I refer to calendula montana, or alpine. It is commonly known as arnica, and is extensively used as a liniment. Some people are so idiosyncratic to arnica, that whenever it is applied it affects them worse apparently than poison oak or ivy. One such case came under my care.

Dunghlison says, "arnica in large doses is deleterious." King says, "arnica in large doses causes heat in the throat, nausea, vomiting, spasmodic contraction of the limbs, difficulty of respiration, and sometimes inflammation of the alimentary canal, and coma. There is no known antidote to its poisonous influences."

If large doses of arnica do all these things, why would not the absorption of the drug, when locally applied, do the same thing. Every drug has its peculiar action. We are everlastingly

getting such undesirable, unknown, unexpected and unthought of results from drugs, owing to our ignorance, that when we have found something positive and safe, we should cling to it. Calendula may be not quite so narcotic, but it is more reliable and safe in every way as a lotion than arnica. Then, again, arnica is not classed as an antiseptic.

Hamamelis, as a lotion and as an internal remedy, parallels marigold in many ways. Ellingwood gives its symptomatology as follows: "Soreness of muscles, muscular aching, a bruised sensation, soreness from violent muscular exercise, soreness from muscular strains and bruises, soreness and muscular aching from cold and exposure, relaxed mucous membranes, dark blue membranes from venous stasis, veins dilated, relaxed, enlarged and full—varicosis."

Hamamelis is not classed as an antiseptic. It is a very safe and pleasant remedy and the best substitute for marigold I know. If it was antiseptic it would be nearly, but not quite, a substitute for calendula.

Arnica is a perennial, hamamelis is a small tree, while marigold is an annual. Arnica contains volatile oil, an acrid resin, yellow coloring matter, albumen, gum, muriate and phosphate of potassa, sulphate and carbonate of lime, and silica. Hamamelis contains tannin, a volatile oil and a bitter principle.

Marigold contains volatile oil, an amorphous bitter principle, gum, sugar and calendulin. Calendulin contains a yellow coloring matter and a substance analogous to wax, which treated first by ether and then by hot water, yields a gelatinous substance. I would like to know if the gum of this plant resembles opium in its effects?

As you are aware, some drugs are of common and extensive use, others are used occasionally, while others are used and called for rarely. Calendula is the most in demand in my office. Wonderful claims have been made for it, time and again, but book writers, as a rule, give little credence to the reports except, perhaps, the homeopaths, who use it quite extensively, and the Eclectics who say more about it than any other class.

Dr. O. L. Potter's *Materia Medica, Pharmacy and Therapeutics*, Ninth Edition, London, says this of it: "The tincture 20 per cent alcohol, is also official, and is exclusively used as a local application to promote the healing process in wounds, ulcers, burns, and other breaches of tissue. Extravagant views of its powers as a vulnerary are promulgated by the so-called homeopathic surgeons, and serve as one of their excuses for proficiency, an exclusive position in surgery." That is all he says about it.

King's American Dispensatory, 10th edition, says of marigold: "Slightly stimulant, a diaphoretic. Used for similar purposes with saffron, but less

active. Has been reputed useful in spasmodic affections, strenuous maladies, icterus, suppressed menstruation, typhoid febrile conditions, cancer, etc. Used in infusion, in form of an extract, from four to six grains, three or four times a day; also applied locally to cancerous and other ulcers. Probably overestimated."

Dr. J. W. Clary, of Monroeville, Ohio, writes me as follows in relation to this plant:

"As a local remedy after surgical operations is has no equal in the materia medica. Its forte is its influence on lacerated wounds, without regard to the general health of the patient, or the weather. If applied constantly, gangrene will not follow, and I might say, there will be but little, if any, danger of tetanus. When applied to a wound it is seldom that any suppuration follows, the wound healing by first intention. It has been tested by several practitioners, and by one is used after every operation with the happiest effect. You need not fear to use it in wounds, and I would not be without it for a hundred times its cost. It is to be made into a saturated tincture with whisky diluted with one-third quantity of water. Lint is saturated with this, applied to the parts and renewed as often as it becomes dry."

So King did not know much about this remedy, but Dr. Clary knew a great deal as a local application, and what he

said in 1875 will be substantiated by a greater number today.

Lloyd's Chemistry of Medicine, 2d edition, 1881, does not mention calendula.

Ellingwood's Materia Medica, Therapeutics and Pharmacognosy says more about it than any author I have been able to consult. I here give verbatim what he puts down:

“This agent is used principally for its local influence. Internally it is given to assist its local action and to prevent suppuration in cases where there is a chronic tendency to such action. It is useful in varicose veins, chronic ulcers, capillary engorgements, and in hepatic and splenic congestions.

As arnica is applied to bruises and sprains, this agent is also applicable; and in addition it is of much service applied to recent wounds, cuts and open sores. It is antiseptic, preventing the formation of pus. It causes the scar or cicatrix to form without contraction of tissues, and in the simplest possible manner. It hastens the healing of wounds, and materially favors union of coapted surfaces by first intention. It relieves the pain in wounds, and if there are bad bruises it quickly relieves the soreness and favors the healing process. It is also applicable to catarrhal mucous surfaces, to festering sores, local swellings, glandular inflammations and to epithelioma and carcinoma, to correct the fetor. It is especially applicable to severe burns,

to promote healing and to prevent the formation of a contracting scar.”

Ellingwood classes marigold as a “specific alterative” along with hamamelis. I would like this explained. It does reduce enlarged glands by local application. I do not think it will act on the bowels to move them. I have not tested its internal administration. Applied on inflamed glands it reduces them. I want to make one more quotation because of the viewpoint; it approaches the scientific or physiological action of calendula. I think it is, in the main, correct. Anyhow it is interesting. The quotation is from Dr. Wm. H. Burt, 4th edition, 1888, Homeopathic Materia Medica:

“Through the cerebro-spinal vaso-motor nervous system, calendula has one special action, inducing paralysis in the arterial capillary vessels. Through it the vaso motor nerves, the capillary vessels, become partially paralyzed and consequently receive mere bleed than usual. From this increased irritation, which attracts a large amount of colorless corpuscles, together with the viscosity or adhesive qualities of these corpuscles, we get adhesive inflammation, that is most beautifully shown us in lacerated wounds, in which, when calendula is used, we get union by first intention without suppuration.

Cuts and lacerated wounds heal by first intention, in a most wonderful manner, when the remedy is used locally and internally. Locally, the cerate will be

found of great value when calendula is indicated.

I do not think calendula could produce inflammation per se, but it may by its stimulating effect upon the nerve ends cause an extra deposit of plasma sufficient to cover up and unite the parts by first intention, which surely does occur. While it does this it as surely prevents true inflammation by its antiseptic properties and secondary sedative action, similarly to belladonna, the action of which it seems to simulate in several ways.

Burt makes two points to which I would like to call your attention, viz.: The effect upon the vaso motor nervous system and one of the best means of applying calendula; that is as a cerate. These points will be referred to hereafter.

I will now try to give the results of my inquiries, investigations and experiments with marigold. In the first place I generally make my own tincture by filling any desired bottle with the leaves and flowers, green plant when I can get it. When the vessel is packed, the bottle is filled, one part alcohol to four parts water, distilled water if handy. I let this set for two or three days. The tincture is then filtered into a stock bottle. After filtering off the first tincture I cover the same plant the second time with the same menstruum and set aside five or six days, when this is filtered into the stock bottle with the first filtration or tincture. For the third time I cover the plant, but not with

alcohol. I cover it with water, preferably distilled. This gives me what I call a non-alcoholic extract, or an extract with but little alcohol and little calendula.

The cases in which I use this are those where much alcohol might be deemed too irritating and cause smarting, as about the eyes. The smarting of calendula is transitory and generally comes from the alcohol in it. You will learn by use what strength will be proper. It will surprise you how little is required in some cases. I cannot recall any bad effects from calendula used in any strength. If bad effects occurred, I never knew it. Alcohol, while an antiseptic, if too often and too strongly used, causes irritation.

CALENDULA AS A HEMOSTATIC

Calendula is a hemostatic of pronounced efficiency in all those cases involving a division or exposure of the integrity of the capillaries. If you use a dram or two to the pint of cleansing water, you will find the bleeding checked by the time the wound is cleaned, and have in addition a healthy condition, without the toxic effects you get from carbolic acid or bichloride solutions, when improperly used. This last effect is much desired and pleasant to contemplate. If the wound bleeds from a depth you can inject the tincture or dilution by any small or properly proportioned syringe into the deep cavity, always assured you will do no harm, but on the contrary will most always, if not

always, get what you want and end the blood flow.

The most persistent office case of bleeding coming under my care was a broken matrix of a finger nail. As the vessels in the matrix fill the canaliculi of the matrix, and seem to be more or less adherent to their walls, there is not that opportunity to contraction of the capillaries as in the soft tissues. This case had been bleeding for half a day. Some of his friends stood by him valiantly with their sympathy as the life blood trickled away, drop by drop. The crimson went through wrappings without stopping. Washing the wound with tincture calendula did not stop this hemorrhage, but an injection by means of a hypodermic needle into the deep part of the broken matrix stopped it readily.

Used as a spray by a nebulizer or atomizer in epistaxis from habit or from a bump on the nose, it is effective. Used in a vaginal or uterine hotwater douche for post operative hemorrhage, it is hemostatic and antiseptic at the same time. I have used it in post partum hemorrhage, always with success. This hemostatic effect of calendula is brought about through its influence on the vaso-motor nervous system, causing contraction of both longitudinal and circular muscular fibres of the arterioles and capillaries, and not by the formation of a clot. It seems to close the smaller vessels as effectually as a ligature and in a physiological manner.

Now as to calendula's modis operandi in procuring healing by first intention, let me relate the best I can, the history of one of the most anxious cases that falls to the lot of medical humanity. It was a boy of eighteen years. He was run over, knocked down, caught-by the gear of an automobile and dragged at good speed across the street over two street railway lines in such a manner that his left knee had to stand the continuous impact of constant bumping and dragging. The resultant wound was a lacerated one of about three and one-half inches long above and diagonal to the transverse diameter of the knee. The derma had been stripped downward and half off the knee cap. The capsule of the joint was partly torn up and into shreds, and I think the capsule was ruptured, although the bulb of a probe one-sixteenth of an inch in diameter would not enter the capsule without using more force than I cared to exert for fear of tearing the synovial membrane, providing it was intact. Beside the torn ligament of the capsule the dermal wound was a fringe of shreds. The wound was thoroughly cleaned with calendula and water and when cleaned the hemorrhage had ceased. I attempted to trim the wound but it was so painful to the suffering and shocked boy, I desisted. Two stitches were put in and the wound dressed with—

Tincture calendula.....ozs. 2
Glycerinozs. 2
Mix.

Besides saturating the wound with this,

cotton spread out sufficiently large to cover the wound was wet with the medicine and laid over the parts. This was held in place by a cotton bandage. It was ordered the coverings be watched closely and when approaching dryness that they be moistened by carefully rubbing the medicine in until again wet. It was only necessary to do this three times a day, as the glycerin in the prescription prevented rapid evaporation. The drawback to the tincture is the rapid evaporation and this alone may account for its neglect. The wound would soon be unprotected. The addition of glycerin overcomes this objection so thoroughly that I predict calendula will become a very common and favorite drug. The cerate would not have been so handy in this case as the solution for obvious reasons. As soon as the inflammatory tendency was reduced or controlled, the glycerin was reduced one-half and water substituted, because I find at certain stages glycerin becomes as unsuitable as boracic acid, that is irritating. The final prescription was something like this:

Tincture calendula.....oz. 1
Glycerinoz. 1
Waterozs. 2

Mix.

I dressed the injury every day for ten days, after that lengthened the time between visits. The second visit, which was the third day of the injury, I found the wound where it gaped between the stitches was filled with gelatinous

plasma and the shreds standing out in it like flowers in a cake of ice. The sides of the wound were held together by this substance. Underneath this provisional membrane, was what I took to be a body of synovial fluid. The patella was raised above the joint and the capsule distended with the fluid, all showing the joint and parts to be badly bruised and the synovial membrane injured and perforated as well, thus permitting communication between the capsule and the cavity formed by the provisional membrane uniting the edges of the wound. For fear there might be some foreign substance overlooked in the wound, and that the fluid might be infected by it, drainage was desirable.

By the use of the flat end of the probe the edges of the wound were carefully separated to the extent of about one-eighth of an inch, as one would separate the parts of an orange. Drainage occurred slowly and the excess of the fluid was discharged. But this first intention effect of calendula was so persistent that it closed the gap again. The force of the accumulation consequent upon this second closure and good intention of calendula was such that the wound was burst open by it, so the frequent companion of calendula, boric acid, was called in to curb the work of calendula. Boric acid is a mild escharotic and by dusting it sparingly over the edges of the wound, it was kept open and regular progress was made to the end of the case which was of six weeks duration.

Calendula kept up its antiseptic, healing and contra-inflammatory effect, without reverses. There was no pus in the case. The parts were somewhat swollen and had a pale color, the skin seemed thickened with serum, rather than blood. After the reaction fever which lasted probably a week or ten days the parts were so cool that I recommended a warm pack or sitting with the knee next to the stove, to stimulate healing. The leg was supported by a splint underneath and not permitted to be bent until the parts were nearly normal. I am inclined to think the parts were narcotized to some extent but not paralyzed. Narcosis simulates paralysis.

Calendula as a local anodyne is as positive as opium, if not more effectual. It apparently does not affect the sympathetic like opium. In this respect it resembles aconite, the most powerful local anodyne we have of that class. It also resembles belladonna in relieving pain, local congestion and inflammation, but not so dangerous.

One nice and quickly prepared cerate is made by incorporating one dram tincture calendula in one ounce of vaseline, thoroughly mixing the two. This is useful for sores and painful conditions where lotions would not be so handy. In painful piles it is prompt, relieving pain and removing the piles in many cases. It is also ideal in rectal ulcers, relieving and curing them. In burns, if you will add a little boric acid you will find it satisfactory. Or by adding a dram or two of tincture

calendula to four ounces of carron oil, you have a lotion for burns that cannot be excelled. The scars will be soft if you have scars at all. Calendula covers all the demands for hamamelis, except the color. But it more than makes up for this as an antiseptic. It guards against infection and suppuration, besides relieving the pain of bruises, cuts, sprains, contusions, extraction of teeth, and surgical operations. More than once have I relieved the bleeding and stopped the infection in a tooth cavity with tincture of calendula. Bleeding and painful gums it has always relieved promptly. I have used it in all painful conditions from a bruise to articular rheumatism, with good effect. It always helps. For gonorrhoeal rheumatism try tincture calendula, salicylate of soda and water and you will be surprised at the result. It is scientific. Try the same for bromidrosis of the feet with soreness of the joints, or seat disease and you will be equally pleased. As a collyrium for an injured conjunctiva from a mote or scratch, what is handier and better than five to ten drops. of tincture of calendula to the ounce of water ? Nothing that I know of is better or safer.

As a catarrhal remedy for mucous membranes, reached by hand or swab, or nebulizer, it is a most appreciated remedy.

In a three branched fractured cornea, discharging pus, lachrymal fluid, aqueous humor, all the contents of orbicular cavity inflamed and the mass bulging beyond the orbit, pronounced

irremediable, and enucleation advised, calendula removed the unpleasant train of symptoms, healed the cornea, restored some vision and saved the eyeball. It proved to me the antiseptic local anodyne and healing virtues of calendula. Calendula is an antiseptic of great efficiency, working in harmony with the natural laws of life, that one is constrained to call it a physiological antiseptic so compounded by the Almighty that given a proper vehicle and timely application, it seems complete. No suppuration occurs when promptly used. It holds in abeyance the sensory nerves; it stimulates the vaso-motor nervous system to clear the way and bring on reparative materials; it stands guard over the injured part to destroy the septic enemy if it should threaten to interfere, while the great sympathetic with God-like omniscience, hastily closes the breach and restores the citadel to safety, comfort and peace.

“And the leaves shall be for the healing of the nations.”

CONSERVATIVE TREATMENT OF PELVIC INFECTIONS²

J. C. MITCHELL, M. D., LOUISVILLE, KY.

This paper will deal with those inflammatory troubles, due to an infection, following child-birth, abortion, or miscarriage. I will not mention the well known symptoms.

Treatment.—First be sure that the uterus is completely free from all decomposing material, such as remains of placenta or secundines. If any are present, remove them by a thorough curettage.

Next clean the bowels out very thoroughly. If the rectum is very full, use repeated enemata. Give small doses of calomel—1/10 grain hourly for ten or fifteen doses. If vomiting is present, add two to five grains of cerium oxalate to each dose. Or you may give any cathartic you wish, just so you get the desired effect. Then give small repeated doses of magnesium sulphate every hour or two until the bowel movements are very watery.

In giving epsom salts, if you will add 25 per cent of soda bicarbonate and thoroughly dissolve in a glass of water, your patient will not taste either. The nasty taste of the soda seems to neutralize the horrible taste of the salts.

Your patient may be suffering with sharp, stabbing, lancinating pains through the lower abdomen. She is so tender that she cannot bear the weight of the bed-clothes. The least movement of the body or even of the bed causes her to cry out in agony. Turpentine and heat, usually moist heat, will relieve until your remedies have a chance to act. You can put the turpentine in the hot water, out of which you wring the cloths, or you can mix up equal parts of lard and turpentine and rub over the bowels and then apply the hot, wet

² From Transactions National Association.

cloths. It is desirable to stimulate absorption of the turpentine with the heat. After the tenderness is relieved some, you may use a hot plate, stovelid, or hot water-bottle to continue the heat, so that the cloths will not have to be changed so frequently.

The sharp cutting pain in a serous membrane, aggravated by motion, calls unmistakably for bryonia. Veratrum is called for by a full, tense pulse with dry, hot skin. I usually combine these two unless marked asthenia is present, when I use aconite. If to these two drugs is added colocynth, for the stabbing pains that cause the patient to draw up the knees, or nux for the intermittent pains around the navel, we will usually relieve our patient rapidly and effectively. But some patients can stand so little pain that they insist on something being done quickly. But never accede to their almost universal demand for morphine or any other form of opiate. Take the sharp edge off the pain with atropine or hyoscine hydro-bro-mate or a combination of the two may be more effective.

Opium, while it will certainly relieve the pain, paralyzes the bowels, locks up the secretions, and worst of all, masks the symptoms. I have seen cases of peritonitis doing well until some idiot gave them morphine, when their abdomen would swell up like a drumhead, pulse run up, and death close the scene.

Hot frequent copious douching will aid

materially in relieving pain and reducing the inflammation. Carbolic acid, lysol, or creo-line may be added to the douche with much benefit. The douches should be hot and re-repeated every three or four hours, using a half or a gallon of water each time. After the acute stage has passed they may be used one to four times daily.

The use of depleting suppositories frequently produces profuse watery discharges, thereby reducing the inflammatory exulate. These may contain only boroglyceride or boroglyceride with iodine or ichthyol. They should be used just after the douche.

For the first twenty-four to thirty-six hours the patient should not receive any nourishment—never until the bowels are thoroughly cleaned out. It is senseless to fill a patient up with food when she cannot digest it, because it would lie in her stomach and ferment, causing more trouble. The patient appreciates plenty of water unless vomiting, when she should have all liquids in small amounts or none at all if vomiting persists.

A faithful observance of this treatment, modified to suit positive indications, will almost invariably result in marked improvement in the patient's condition. After the acute stage has passed keep your patient in bed on light diet and with loose bowels, giving the intestinal antiseptics—the sulpho-carbolates or salol—in sufficient quantities to keep the odor non-

offensive. Continue the indicated remedies.

Veratrum is usually called for by the chronic inflammation. This remedy helps to absorb the exudate and acts as a general alterative. Bryonia will be called for if the pains, worse on motion, continue. Macrotys is indicated by the deep aching, with occasional twinges. Tiger Lily relieves the continuous hurting in one or both sides. Pulsa-tilla relieves nervousness, and fear of impending danger—(she is sure she will have to be operated upon). The pains that pul-satilla relieves are those that come and go, first in one place and then in another.

Echinacea is called for when symptoms of sepsis commence to develop or after the fever has continued for more than thirty-six hours, to assist in preventing or limiting the formation of pus. This can be combined with the other liquids. Calcium sulphide, chemically pure, is an excellent thing to help the action of the echinacea. Give it until the patient complains she tastes rotten eggs. If we have the white, dirty, pasty tongue, we would naturally think of sodium sulphite.

Tincture iodine, turpentine and lard aa, chloroform liniment, oil of wintergreen, mustard or any stimulating application applied to the skin over painful area two or three times a day, and the continued use of a hot water bottle to keep up the counter irritation, will be grateful to the patient.

The depleting suppositories can be used once or twice daily as long as they cause a watery discharge. Ichthyol, iodine, zinc sulphocarbolate, zinc sulphate and many other astringents may be incorporated in them.

The hot copious douches should be given two to four times daily. They may contain soda bicarbonate when the leucorrhoea is thick and glairy, some astringent when it is profuse and watery, or a sedative lysol or carbolic acid, when there is a good deal of inflammation remaining.

In instructing a patient to take a douche explain that the vagina should be ballooned and to use a large quantity of water and allow it to run through very slowly. Tell her that the first effect of hot water is to cause a swelling of the tissues and the next to cause a shrinking. This is the effect that you want. Whenever a woman understands why you want her to do a certain thing nothing is too much trouble. Have them use a douche pan in the bed or bring the hips to the side of the bed with feet on two chairs and a pillow under the hips. Have a piece of oilcloth or rubber from under the hips to carry the water into the slop pail. A douche taken, squatting over a commode or jar, is absolutely useless.

A faithful observance of this line of treatment for from one to six or eight weeks will result in saving the sexual organs of many women that would otherwise be compelled to sacrifice

them. If, in spite of our earnest work, pus forms in any appreciable quantity and it points in the cul-de-sac, give it free vent. If it localizes in one or both tubes, take them out. But just because a woman has an enlarged and tender tube or ovary it is no excuse for any surgeon to unsex her. Anybody can take out a tube and ovary, but it takes a physician, well acquainted with his materia medica, to cure a case of pelvic infection.

THE SPECIFIC TREATMENT OF EPILEPSY

(During the past two months I have published a number of articles on the treatment of Chorea. These have brought out the experiences of some of our best men, and show that there is a similarity in the course adopted by those of our physicians who adhere to the specific methods. Last month I published a number of articles on the use of mitchella in preparing an expectant mother for an easy labor.

I have adopted this course of collecting the individual experiences of a number of physicians in order that the reader may compare the methods of other successful practitioners and from these experiences be able to draw conclusions and obtain suggestions that will improve his own methods. By this means we will be enabled to get closer to the real object of this journal, which is to teach a precise method in all of the important disorders which are constantly met.

In this article I have prepared a symposium from a few writers on the treatment of epilepsy, and in our next month's issue I will present another symposium on the treatment of syphilis without mercury. These statements concerning epilepsy were made in answer to a series of questions, which I

propounded to these physicians. I give the answers in each case under the name of the author.—ED.)

ROLLA M. THOMAS, M. D., CINCINNATI,
OHIO

The following vegetable remedies have given me good results when used alone, gelsemium, solanum, and oenanthe.

There are cases in which I use these remedies in various combinations, but I find it necessary to study closely the indications in each case and to administer the indicated remedy. I place much importance upon the use of measures which will improve the general condition of the patient, but for the epileptic condition, I depend upon the above remedies, only occasionally finding use for the bromides.

LYDIA ROSS, M. D., WATERTOWN,
MASS.

I am much interested in the treatment of epilepsy. I have some theories as to the psychic nature of the disturbance which I hope to get into writing some day. My own experience has been limited so that I have but little of value to present, and that is not very connected. I have had a young woman under treatment the past year, whom I took off the bromides at once and put on avena, dulcamara, phosphorus, xanthoxylum, laxatives and iron, in different combinations, with

improvement in the general health and a lessening of the attacks. The case was complicated with a chronic gonorrhoeal endo-metritis which was treated locally, and internally with arsenic sulphide, manaca and calcium sulphide. She is still under treatment.

I do not use the bromides regularly, nor do I depend upon them at all for this disease if the spasms can be controlled even fairly well, with other remedies, which exercise more of an upbuilding influence. The remedies I am in the habit of using are avena, dulcamara, solanin, xanthoxylum rumex, scutellaria, phosphorus, hypericum, atropine and nitro glycerine, giving these remedies either singly or in combination, as the specific indications will demand.

As auxiliary measures I advise the judicious use of baths, and the proper use of intestinal antiseptics. I caution great moderation in eating, allowing but little meat but advising the whole grain of all cereals, in order to obtain the earthy salts. I keep the mind and the body wholesomely busy.

The "explosions of nerve force" in epilepsy indicate the need of a better balanced nervous system, and as this can hardly be obtained with defective nutrition it is questionable treatment to give the bromides routinely, with the resulting gastric catarrh, deranged digestion and assimilation, and anemia. The pale, unwholesome, "dopey", negative look of the chronic bromide patient suggests an impaired irritability

of motor and sensory nerves, of brain and muscles, making up an induced pathological condition that is not promising for a cure of the original nerve instability.

The general condition of the individual patient should be considered. Remedies and foods which upbuild the nervous system should be selected; elimination by the bowels, kidneys, skin and lungs should be active. The quality of the blood should be looked after and especially should an active capillary circulation be encouraged, to promote tissue changes, and while relieving the internal organs and nerve centers of a passive vascular oppression to give the protective skin a more positive resistant quality with which to oppose auras and other influences.

The patients should have wholesome surroundings and activities, mental and physical. They should be instructed and encouraged in developing their will power and should positively resist a drifting, dreamy state of the mind which is allied to the feeling of the aura which precedes the drifting away into unconsciousness.

C. P. REED, M. D., HAMPSHIRE, ILL.

I depend but little upon the use of the bromides. That remedy which I have learned to depend upon the most is *Passiflora incarnata*. I use this either alone, or in conjunction with gelsemium, more often, however, alone. If I use the bromides at all, it is

in conjunction with these remedies.

In giving passiflora. I expect to continue its influence over a long period and in reasonably full doses. I cannot say that I obtain an absolutely curative effect, but the spasms disappear, and do not return while the remedy is continued, and I have none of the unpleasant effects whatever of the bromides.

For six years I have had under my observation and care, a woman who had epilepsy for twenty years before I saw her. During the six years I have treated her she took passiflora continuously for the first three years; for the past three years she has taken it about one-half of the time. She had a solution of the bromide of soda in the house which she took occasionally, but for the past two years she has not taken any at all.

When she came under my treatment, the convulsions were very severe and frequent. Her mind was dull and this condition was slowly increasing. She was in every way an invalid and a burden to her family. For four years now, she has not had a single convulsion. She is apparently in perfect health. She does the housework for a small family and her mind is clear and in normal condition. About half of the time she takes thirty drops of Merrell's fluid extract of passiflora three times a day. Apparently this patient is cured. Whether the convulsions would return after a period, if the medicine was not taken, I am not prepared to say, but I

believe they would not.

I have a number of other cases that take passiflora more or less continuously. These have gone from two to three years without a single convulsion. An especially remarkable case was that of a young man, who for nine years had been a helpless invalid from epilepsy when he came under my care. He is now apparently well, in every respect. He clerks in a store and attends to his business every day as any other man. He had taken bromides for a little time. I very soon relieved him with passiflora, almost exclusively.

I give the above named fluid extract in doses of from twenty-five to thirty drops three or four times each day for continued use. It may be given more frequently in the early stage of the treatment or when the convulsions are more frequent.

W. P. BEST, INDIANAPOLIS, IND.

In the treatment of epilepsy I have never used the bromides except in a single case and that one a nocturnal one, which needed the stimulating influence of the bromide of ammonium and belladonna. I prepared a prescription for ten drops of specific belladonna and five drams of the bromide of ammonium with four ounces of water, given in teaspoonful doses. This remedy, persisted in, cured this case completely. There has been no return of the spasms in fifteen years.

I have depended upon the following remedies used alone when indicated, belladonna, passiflora, hyoscyamus, solanum— a preparation made from the berries, by the McCry Howe Co.

I do not use combinations of remedies either vegetable or mineral for this disease, until by a most careful insight I have determined the specific indications, and it is to this fact that I attribute my success in the treatment of this stubborn disorder.

Among other measures that I have found to contribute very materially to a cure, are those of orificial surgery whenever indicated, such as circumcision and the repair of lacerations due to childbirth.

The following cases will illustrate my method:

Case 1. Miss Cora B., aet. 16, paternal grandmother died in Fletcher's sanatorium for nervous and mental diseases; maternal grandfather of irritable, irascible disposition; mother and maternal grandmother tubercular. Girl apparently well, attacks worse at or near the menstrual periods and nocturnal at first, becoming of grand mal type and occurring at any time and place later. She was treated for a year by an uncle, regular, who used bromides to saturation without relief.

I gave the following: Bromide of ammon., drams 5; specific belladonna, drops 10; syrup sim., ounces 4. M. Sig.:

One teaspoonful every three hours. No return of the seizures after the third month. The preparation was used for two years, with no return of the seizures for ten years to my knowledge.

Case 2. Petit mal. Child, daughter of a blacksmith, who as well as his wife, was healthy and gave negative history. Attacks frequent, three to ten a day. Recovery complete; belladonna alone. Child six years old, has had no return.

Case 3. Nocturnal epilepsy, mild grand mal type. Child congenitally blind in left eye, otherwise well developed. Examination revealed clitoris covered and absolutely hidden from view by adhesions. She was anesthetized, clitoris released, and one bottle of passiflora, drams 3; water, ounces 4, was given for the first few days. Has had no spasms since. This was three years ago.

Epilepsy requires most careful and painstaking examination as to etiology and diagnosis. Specific diagnosis, in this disease, fully exemplifies the need and justifies the time for it, in the case under consideration.

LYMAN WATKINS, M. D., BLANCHESTEE,
OHIO

In the treatment of epilepsy, as in all other conditions, I do not treat the name, but I treat the condition. I adapt the remedy to the symptoms. If I was to write fully on this subject my method

would be contrary to the popular habit of applying remedies to nomenclature rather than to the patient.

I regard epilepsy, even idiopathic epilepsy, as but a symptom, the cause of which, with our limited powers of diagnosis, we are unable to determine, but a cause there certainly must be, as no disease occurs without a cause. The different forms of epilepsy require recognition and this includes a study of the low potential and premature fulminating neurons of the Jacksonian type, and the inveterate hereditary forms.

The remedies that may be used, include almost our entire therapeutic resources as well as careful dietary, hygienic, and psychic measures.

F. H. FISK, M. D., NASHVILLE, TENN.

No two cases of epilepsy will be found to be similar, and it is impossible that any one course of treatment should be found to suffice for all. This disorder cannot be treated as a disease, per se. Each case must be studied to determine the exact conditions present at the time of treatment. I have not depended all on the bromides, in fact I very seldom prescribe them. I have found the following vegetable remedies, used alone, when indicated, to give good results; oenanthe-crocata, solanum, gelsemium, and passiflora.

I have obtained satisfactory results from combining gelsemium and

solanum in some cases. In others I have combined gelsemium and passiflora, following in each case most closely, the indications as then existing.

The other measures and remedies that I have found necessary to use, are those which would conduce to the general health, which must in every case have first attention. The diet is exceedingly important, and the food for each patient must be selected for that patient with great care. In accordance with our method of the specific adjustment of remedies to specific conditions we find indications in nearly every case, which demand remedies, often not prescribed for epilepsy, but which will yield the most satisfactory results in the case under treatment if clearly indicated.

J. B. MATTHEWS, M. D., BLUE MOUND, ILL.

In the treatment of epilepsy I depend to a considerable extent upon the use of the bromides. I have, however, used valerian more than any other one remedy. I give this alone, or in combination with phytolacca, using not only the bromides but the iodides as well, when they are plainly indicated.

I have obtained excellent results from a formula which I have used in a good many cases. It is a combination of the above remedies as follows: Bromide of potassium, three ounces; bromide of ammonium, one and one-half ounces; iodide of potassium, one and one-half

ounces; fluid extract of valerian, half an ounce; water sufficient to make two pints. Mix. Sig.: Give a teaspoonful every two hours.

DR. GEMMELL, OF FOREST, OHIO

I have frequently made the observation that *oenanthe crocata* in the proportion of five drops in four ounces of water, given in tea-spoonful doses every four hours, is specific in those cases of epilepsy where there is a tendency to failure of the mind—increasing mental weakness, or threatened idiocy or imbecility. When this condition is present in even extreme cases, I have obtained complete and satisfactory results from the use of this remedy alone. I have not found it of much benefit in other forms of epilepsy.

**CASE NOTES ON HYOSCINE,
MORPHINE AND CACTIN—
H-M-C COMP.**

C. W. HUNT, M. D., BREVARD, N. C.

Fractured leg, very painful, hypodermic injection of one tablet, repeated the dose in one hour, the effect was perfect. I gave all necessary treatment, left the patient sleeping soundly.

In obstetrical cases, either in true labor or in “false alarms,” I always give a tablet immediately. I find it the best treatment for threatened abortion and

premature labor or false alarms. In true labor if lingering and slow[^], it gives both physician and patient rest. It has relieved all the first pains of labor, the cutting and nagging pains, those mostly complained of by the patient.

If labor is active and the first dose is given at once, it prepares the way, and makes time for a second dose. The second dose should not be given sooner than one hour after the first and then, a half tablet only may be given as the dose. When a sufficient length of time has not elapsed for a second dose of tablets, and if labor is nearly finished and pain severe or even uncomfortable, I give a few drops of chloroform. (I would beg to state here that I believe in relieving all of the pain of labor and all of the afterpains.) I administer a whole tablet by placing it under the tongue and allow it to be absorbed. If not so quick as a hypodermic injection, the effect is more lasting and is better suited.

For an obstetrical case when a dose is given at the commencement of labor; if a quicker effect was desired, when labor is well advanced, one by liypodermic injection would be best. I find that one tablet first and then followed by chloroform in from two to four or six drops, for each contraction as needed, gives perfect results.

The respiration and pulse may be first noticeably affected by one tablet. I have not noticed any effect upon the baby.

I have used the H-M-C tablet for various conditions for one year and I think they are all that is claimed for them by The Alkaloidal Company. All we need is more practice in their use and we should never forget their power and become careless in their use.

Mrs. D. Severe "false labor" pains, one month before the time of confinement. H-M-C tablets gave satisfaction.

June 19th. Mrs. S., primipara, first stage, gave her a tablet, at 2:30 a.m. The patient was easy and slept till 6 a.m. (Am glad to say that the doctor also slept a bit.) Six a. m. os well dilated; a few drops of chloroform were given at each pain; (only a fraction of as much as used on the many other occasions when no tablet was given;) painless delivery at 7 a. m.

Mrs. D. Fourth labor. June 23rd, 4:30 a.m. first stage dilatation of cervix scarcely commenced, rigid os, subsequent dilation very slow, for which manipulation and Abbott's treatment for rigid os given with perfect results. First tablet given. The patient was heavily influenced at the end of the first hour. This continued for three hours and the control of pain continued for the next three hours, making six hours, in the third three hours of the twelve hour period, the effect was good but a little lighter, the last three hours of the twelve hour period at 4:30 p. m. though patient was sleepy, sleeping some during some of the contractions without aid of chloroform, yet some of the

contractions required from two to six drops of chloroform, when we take this into account the loss by evaporation, the loss of chloroform by an account of patient's failure to inhale promptly, we realize how little chloroform that the patient actually received.

Fewer drops were required during the first, second and third three hour sections of the twelve hour period, more required during last quarter of the twelve hours, say about six drops, contraction also growing stronger as labor advanced. At 8 p. m. the second tablet was given. The bag of waters ruptured at 11:45 p.m.; baby born 12:45 a.m.; not affected by tablets; full of life and crying.

The 8 p. m. tablet gave profound sleep in forty-five to sixty minutes. Relief was nearly completed till eleven o'clock and a few drops of chloroform only given every fourth or fifth contraction, 11:30 to 12:45 influence of tablets exhausted. In looking over this case, I now believe that if the second tablets had been given by hypodermic injection, it would have given quicker relief, lasting long enough to cover the remaining labor.

Mrs. H., 12th confinement. June 25th. (In this case no chloroform was given.) The head under pubic arch. Tablet given under tongue 10:30. 10:55 delivered. Pain much lessened and after pains, for which the patient is famous, were prevented till 7 p. m. Had I not been pressed for time, this tablet should have been given hypodermic-

ally, for a quicker effect if not so lasting. While the patient felt some pain, she was well satisfied with the effect of the tablet. I had in former labors given her chloroform and she knew how labor pains could and should be relieved.

June 26th. Mrs. L., a little over 16 years of age. First labor. Well advanced, head starting under pubic arch. I immediately gave tablet 3:35 p. m. The continuous pains between regular contraction relieved and pain of height of contraction was greatly soothed. By 4:20 head descending and contraction much more severe, patient quite soothed and states that the pains were easier than before I came, while all of the pain was not relieved—the effect was wonderful and pleasing. At 4:45 commenced giving a little chloroform, and account of rigid perineum a very small amount used, effect greatly enhanced by preceding tablet, painless delivery at 5:50, baby all O. K. Placenta removed, and then the mother was awakened.

Mrs. L. July 5th. Slow pains, dry labor, head high up, cervix slightly dilated, pains regular, though short, patient nervous, very sensitive to pains. No chloroform used. 4 a. m. gave one tablet under the tongue. This soon relieved seemingly three-quarters of the pain. The patient cried out a little during the height of pain. She slept nicely during pains. For one hour a soothed state increased. The patient did not notice the pain from the commencing and ending of a

contraction, only moaned during acme of pain. At five and six a. m. I gave half a tablet, this intensified the hypnotic condition, the patient only moaned slightly, though she was awake and conscious during much of the pain, the head becoming more engaged and pains more severe. The baby was born at 10:00 a. m. At nine the head descended under the pubic arch and pressed the vaginal floor. Pains more severe and effect of medicine seemed to be decreasing which allowed the patient to suffer more. though her greatest pain was light and well borne, sleeping soundly between all pains and during a greater part of, each pain, and went to sleep after the baby was born. I considered this quite a victory for the tablets, as I make it a practice if possible to relieve all of the pain of labor, allowing the patient to be barely unconscious. I have formulated the following rule for my painless obstetrical cases to get a perfect relief from all pain, I consider that too much of the H-M-C tablet would be required, i. e.—that the system would be too profoundly affected between pains, by a sufficient amount of H-M-C given to relieve all pain and cause sleep at the acme of each pain, I therefore have formulated the following rule:

I give one tablet at once, and if necessary a half tablet every hour, then if pain is not sufficiently relieved, to supplement the effect of H.M-C by a fractional amount of chloroform, this can be given or not, as the case requires at every pain, or only occasionally, whereas if an additional

amount of H-M-C is given, we get a continuously increased effect at the time of, and between the pains, whereas the supplemental chloroform's action is only temporary and can be withdrawn or withheld at pleasure. Besides one might not be certain whether labor pains will be regular. The contraction may cease without any reason, in such cases too much of the H-M-C or chloroform would be dangerous.

In surgical work, the surgeon should take the increased time demanded by anesthesia, with H-M-C and give his patient the benefit of this cheaper, safer and improved method, In surgery the pain is not so uncertain, irregular and intermittent as in obstetrical cases, the full dose can be given and measured, to a much more regular and uniform pain. The surgeon could allow a professional nurse to administer the first hypodermic, but he should take time and examine the patient and administer the second personally, and then take time to get the effect of the medicine before operating.

PREPARATORY TREATMENT DURING PREGNANCY

J. C. ANDREWS, M. D., LAS OLIVOS, CAL.

It has always been my practice when engaged to attend a pregnant woman, however early in the history of the pregnancy, to suggest to her the propriety of taking a preparatory

course of treatment, especially if there are any untoward symptoms whatever present. This course I explain to her, will relieve her of any undue nervousness and will control any erratic pains, any stomach disorders and any aching that should be present in the muscles of the body. In addition, I promise her an easier labor and a better getting up.

I have not until the present had my attention called to mitchella, but I have used the following.

Specific macrotys dr. 1
Specific pulsatilla dr. 1/2
Waterozs. 4

Mix. Sig.: Give a teaspoonful four or five times a day.

If, in the later stages, there should be pain simulating those of labor I add to the mixture, one dram of specific black haw. This treatment quiets any disturbance that may be present, and causes the patient to become cheerful, happy and hopeful. If the treatment is continued until the time of her accouchement, it inspires confidence and assurance at that time and conduces to a normal condition of all the organs. The os dilates without undue pain, and other conditions will be found favorable through the first stage of labor. The second stage is ushered in with full dilatation and vigorous uterine contractions. Often the secundme are expelled en mass by a single contraction and the third stage of labor is completed with no

hemorrhage, and with full normal contraction of the womb subsequently. The method conduces to a normal getting up on the part of the patient, and if the child is placed to the breast early there is at no time undue hemorrhage.

Before leaving my patient I usually prescribe, in addition to the prescription first mentioned, a remedy that will overcome the soreness that is often present, and one that will act as an antiseptic. For this purpose I use specific arnica, one dram: echafolta, two drains, in a four-ounce mixture; at least a teaspoonful is given every two hours. I find arnica internally as above an excellent remedy to remove lameness, and any or all soreness, or bruised sensations from severe muscular effort during the labor.

Brief Contributed Articles

TREATMENT OF SYDENHAM'S CHOREA

JOHN W. KNOX, M. D.

While not of your school, yet I have profited by one of your articles, and wish to show my appreciation by the report of the case:

The patient, male, ten years of age, one of twins. He has had the diseases of childhood, but, apparently, always made complete recovery. Two months ago, a diagnosis of chorea was made, and Fowler's solution was pushed to

the limit by two physicians but with no apparent benefit.

The child presented to me a typical case of Sydenham's chorea, with the irregular and incoordinate movements, insomnia, anaemia, speech impaired, and a general restlessness. The prepulse was slightly adherent, and the pupils and reflexes were sluggish, though I believe the literature says, unchanged. His parents stated that his disposition had changed. I could get no history whatever of rheumatism, not even of the so-called growing pains, yet endocarditis was markedly present.

Family history: No serious nervous diseases but a slightly neurotic tendency. One year ago, a sister, twelve years old, in three months passed through rheumatism, chorea, and cerebral meningitis, to a fatal termination.

As Fowler's solution had failed, I was at a loss for a treatment, when Dr. George Inglis, one of your readers, a man of wide experience and close observation and to whom I am indebted for many useful points, suggested "Macrotys," and, later, handed me your article.

The tincture only was available. I gave one teaspoonful three times a day, and, indeed, the result was amazing. In four days the chorea form movements had ceased and the patient was decidedly better. While I recognize the periodicity of the disease, yet I feel that macrotys was effective and regret that, according to some authors, it is not

applicable to all cases.

Can you suggest an after treatment to prevent recurrence ?

COMMENT: Usually there is not a tendency for chorea, even of the severe type above described, to recur after it has once been cured with macrotys. However, it is necessary that the condition of general debility, the weakness of the nervous system and the character of the blood, be fully restored, after the involuntary movements have ceased. All anemia must be overcome, and the patient must be able to eat a full quantity of plain, nutritious food without disturbance of the digestive processes.

We are very glad to hear from the doctor with the above report. It may be as valuable to some of our other readers as the original suggestion for the use of this remedy has been to him. There are many of our practitioners who claim to have been successful in all their cases with macrotys. Others have used the remedy in conjunction with scullcap, both in large doses with excellent results.

STRAIGHT SHOTS

I. V. COLE, M. D., SEATTLE, WASH.

In response to your invitation in the September number of THE THERAPEUTIST for straight shots I will state that I have used Hamamelis alone and combined with collinsonia in many cases of hemorrhoids with benefit to all, and a cure for a large number.

One case of angina pectoris responded to specific cactus, diet, and exercise, with no return in two years.

Specific chionanthus has cleared the urine of sugar and brought back health to a dozen carefully watched diabetics.

Specific staphisagria is my routine internal treatment of all cases of posterior urethritis, prostaticorrhea and gleet. One patient complained of violent, painful diarrhea, while taking minimum doses 4 times a day, but the gleet was cured in a week. The most of them have a sense of well being and increase in weight.

I had a highly interesting experience one Sunday morning before breakfast. A man telephoned me that he had very important business to transact with me and must have an interview immediately at my office. Never having had the honor to transact very much important business in my life, I lost no time in argument and arrived promptly on the scene. I found a large husky man of forty years or more pacing up and down trembling like a leaf, with his penis and one testicle tightly enclosed in a glass bottle, labeled Hunt's Pickles. Said penis and scrotum occupied all the space within the bottle. They were of a beautiful blue-black color, which added much to the cosmetic effect.

Passing up the gentle remarks the gentleman made about the several kinds of a fool he was, and how he was on the verge of investing his money in an ax, if I had not arrived at that precise minute, etc., will state that his peculiar predicament had lasted not less than three hours. As Osler had

failed to mention any treatment for strangulated penis in his Practice and didn't believe much in medicine anyway, I was compelled to use my own grey matter to solve the problem.

By the use of a three cornered file I soon had an opening in the bottom edge; reaching for the Ethyl chloride spray, that bottle soon looked like a Dawson window pane in January; then changing the target to the hole in the bottom of the container until an icicle hung from the glands when, "Lo, and behold ye!" the contents slid out like melted butter. An immersion of the offending member in hot saturated solution of ammonium chloride soon brought the sunset glow.

When I mentioned the very moderate fee of ten dollars he turned blue in the face and I reached for my hypodermic but he, thinking I was about to pull a gun, came to, and explained that owing to the financial stringency he was short but would pay me in full if he had to save a whole year. I suggested that as circumstances pointed to him as a very saving man next pay day would find him at my door with a goodly portion. With that straight shot he departed, leaving his bottle for security.

THAT "CROW" COUGH

M. F. BETTENCOURT, M. D.

There is one quite common condition in which I desire to emphasize the combined action of bryonia and

sanguinaria. For the permanent relief of that one condition, which is usually difficult to cure readily, the combination brings about results with the utmost certainty.

The typical case presents a short, dry, hacking cough, almost invariably worse at night after getting warm in bed and accompanied by a peculiar tickling sensation in the laryngeal region. The cough reminds one of the call of the crow. "Hack-hack-hack" it goes, then ceases for a minute or two only to go "hack-hack-kack!" again and thus repeat itself for hours at a time in spite of the patient's restraining efforts. Each paroxysm in coughing, like the crow's call, seldom consists of more than three "hacks" in succession.

Imagine a crow overhead uttering his call as he goes through the air—saying, "Hack-hack hack!" at regular intervals, "Hack-hack-hack!" as he goes on his way and the impression given will be a close imitation of this cough, common in the summer and about as much so in the winter. It is very harrassing to the patient and very annoying to those about him who are endeavoring to sleep. The cough syrups which flood the market have no beneficial effect upon it but it is invariably relieved by a few doses of the bryonia-sanguinaria medicament and a cure rapidly follows.

After all it is but specific medication—the dry, harrassing cough calling for bryonia and the laryngeal tickling for sanguinaria. Close experimentation proves, however, that

the two combined yield results that either one singly fails to accomplish. The dose must be small—for an adult, not more than five to ten drops of each to the four ounces of water and of this a teaspoonful hourly.

If a preservative is added, let it be glycerin and of tli is but a small quantity that it may not increase the tickling by its depletive action upon the affected parts. In this condition, chloroform water as a vehicle is not satisfactory. Rarely there might be occasion to use aconite or ipecac with the combination, but better try the two alone than a general mixture of which they form a part.

PRACTICAL POINTERS

LOUIS H. FREEDMAN, M. D.

Herewith are some remarks that you may be able to make use of. Before going further will say that my anterior poliomyelitis case is doing very well and putting on flesh.

Echinacea has given me great help whenever I have used it. One case of threatened tetanus it worked wonders. I have used it both internally and externally for depraved blood and dermatitis but have learned that large internal doses are necessary, 4 to 8 drams in a 4 oz. mixture.

Thuja with listerine equal parts, used as a gargle and wash for aphthous, and all throat and mouth affections is

certainly a specific. It has never failed with my patients. I have successfully treated several children for enuresis with *thuja*.

My experience, Brother Editor, agrees with yours regarding dosage. I am a crank and use Lloyds specifics almost entirely, but find the dosage given on the bottles is little or no guide; it is far too small. I have also learned that when treating southern cases, it is necessary to generally give twice the amount of medicine to a four-ounce mixture that must be given to a northern or eastern patient.

I was glad to see Dr. Kinnett of Peoria, Ill., write of *iris versicolor* in psoriasis. I had a stubborn case of two years standing and gave him *iris* with great benefit. In many similar cases I have found it specific when combined with *phytolacca*.

Cyripedium is an old physio-medic remedy and has been used by me for all weakness and despondency and sleeplessness in wasting diseases in women. It has a wide range of usefulness and acts much like *pulsatilla*.

It is amusing to me to note the sudden popularity of psycho-therapy. I have been a scientific student of this method of treatment for twenty years and my conclusions are that the doctor of medicine will never be a complete success until he fully realizes that man is so related to the universe that he is at all times influenced by conditions

mundane and psychic. When this fact is fully recognized then will we better understand the insane (cause and effect) as well as the cause of many, today, obscure diseases; why many are endowed with the power to "heal the sick." Let us be just, recognizing good and truth when found and give it the justice and common sense any subject has a right to demand.

MUSCULAR STIFFNESS—HEADACHES

LENA R. WHITFORD, M. D.

I would like to suggest to Dr. Louis H. Freedman that he try Lloyd's libradol in his case of poliomyelitis; not as a plaster, but by having it thoroughly rubbed into the stiff members at night. I have seen it induce sleep like a narcotic, and give permanent relief in several cases of rheumatic stiffness, and especially in lumbago. Of course care must be had as to its nauseating quality—but I have made six nightly applications in one case of stiffness and pain in back and legs without trouble and there was refreshing sleep without other medicine. It possesses the advantage over antiphlogistine that it can be rubbed in, as I think the massage helps.

I was very much interested in the article on headaches in the August number and would like to add my mite. A man whose wife I was treating, asked if I could not cure the pain in the back of his head. He said he had tried every doctor in town, but continued to

waken in agony at 5 a. m. I was puzzled as I knew everything usual had been tried, so I wrote to my father, Dr. H. P. Whitford, of N. Y., whose forty years' experience I felt sure would help me; and so it did. He prescribed:

Spec. Podophyllindr. 1/2
Spec iris versi.....dr. 1/2
Spec. Hyoscyamus.....dr. 1/8
Alcohol q. s.....oz. 1/8

Sig.: 10 drops every 15 minutes till four doses were taken, then every hour while the pain lasted, and four doses 15 minutes apart before going to bed. The patient arose next morning without pain and had only one recurrence within a year.

I then had moved from that town, and his wife wrote me that Mr. R. was suffering intense pain in the back of the eyeballs, that he had been to the oculist and had glasses fitted but obtained no relief and she feared he would go insane with the pain and fear of blindness. I wrote her to try the old prescription, and in two days she wrote me that her husband began to mend from the first dose and had no use for glasses.

May it not be possible that many cases of so-called eye strain are due to systemic perversion?

ASCITES PROLONGED FOR FORTY YEARS

GEO. E. MILLER, M. D.

I obtain much benefit from the reports of interesting cases, and am confident other physicians do also. The following I am sure is an unusual one.

Mrs. P., married, aged about 52, Three children, all living, the oldest about thirty. Family history indicates a scrofulous constitution. At about the age of fourteen or fifteen she had typhoid fever with ascites as a sequel. Until she was 46 years of age she had to be tapped every two or three years, since then she has been aspirated every two months.

The amount of fluid taken away each time amounted to seven or eight gallons. The last day I aspirated her was the 8th day of September, that being the 28th time I had relieved her. I examined her urine years ago and her kidneys then appeared to be in fair condition, and all her other organs with the exception of the rectum and possibly the liver which ten years ago appeared to be smaller than normal.

I have found the trocar in Potain's aspirator the best instrument to use in this case. With this it requires about two and one-half hours to complete the operation, yet the patient does well. The last time I aspirated her, I proposed to shorten the time to one and one-half hours by using two trocars or a larger trocar. But the

patient decided to continue as we had done. I see to it that the bladder is not distended before inserting trocar. Lately the patient assumes this responsibility herself.

I cleanse the abdomen with soap I make myself. I mark the line alba midway between the umbilicus and the pubic bone with a drop of carbolic acid, inject a local anesthetic, incise the skin with the point of a knife, insert the trocar, put on the binder, and as the fluid gets low I draw the binder tightly. When I get through, I cleanse the puncture and seal it with a piece of adhesive plaster about two inches square. In about three days she does her work again. If anyone has any suggestion to give in this rather remarkable case which will cure the patient, I would be pleased to get it.

DIOSCOREA VILLOSA

JOHN FEARN, M. D., OAKLAND,
CALIFORNIA

When we find a good thing it is well to pass it along. If a doctor fails to get good from a remedy, how, easy it is to give it a bad name. And when we get positive results from a remedy, how we should make them known. Hence my excuse for recording this case in practice.

A few weeks ago Mr. M., who had just returned from a visit to Yosemite Valley, called upon me. In addition to the efforts put forth in mountain

climbing a death had occurred in the company, which saddled Mr. M. with a good deal of work, mental and physical. He complained of a sharp pain in the region of the transverse colon—examination revealed no physical wrong—and yet the pain had been persistent for some days, spasmodic in character, but continually recurring. When the pain was severest he could always get relief by pressure or bending over. To me. this pain not all the time but spasmodic in character, coming and going—a pain relieved by pressure, called loudly for specific *dioscorea villosa*. And I prescribed 1¹/₂ dram Spec. *dioscorea villosa*, with glyconda to 4 ozs. M. Sig.: Dr. 1 every three hours after the medicine was taken. He called again to pay me. The medicine appeared to have acted like a charm, bringing quick and permanent relief. The singular thing to me was not that the remedy brought relief for I fully expected it would; but how was it that a pain which in every respect looked like a case of colic, should not spread but be confined to a spot which could easily be covered with the palm of the hand?

COCAIN IN GASTRALGIA AND SCIATICA

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

Mrs. H., a middle aged, well formed and nourished woman, was taken with severe pain in her stomach increasing in severity till it, with nausea, vomiting

and retching had reduced her to the verge of collapse. Her extremities were cold, skin shrunken, and face of a gray pallor.

To me it appeared as a severe case of gastralgia. Her idiosyncrasy forbade morphin. The speediest anti-gastrodynia available was cocain, which I had in a 20 per cent solution of ol. caryophyl., echafolta, spec.. cactus gran., and glycerin. Of said solution I dropped ten minims on sugar, dissolved in a wine glass of hot water, and gave it. I, watch in hand, waited ten minutes. Her pain only slightly abated, but vomiting ceased, and a slight color came to lips and cheeks. I repeated the dose and sat to wait another ten minutes. Before that time was measured she drew a deep sigh of relief, and fell “quietly asleep.”

At next morning's call I found her needing only good nourishment.

All day (Sabbath 9-20-08) I was plagued with dull pain under my left scapula, and with general nervous twinges “all over.” During the ensuing night pains severe developed in my right leg and hip, and by morning I was enduring sciatic torture. I took ten drops, as aforesaid, of said solution of cocain (20 percent) and waited ten minutes. By that time pain had lessened, but I took an additional five drop dose. Soon thereafter pain entirely left me.

Six o'clock p.m. I had slight sciatic pains. Took another ten drop dose,

same way as at first prescribed, which gave speedy relief. I ate a light dinner and at nine o'clock p. m. I became sleepy; retired, for an all night's restful sleep; Monday morning I was free from pain, but felt depressed. About noon

I became nervously irritated "all over" and had slight return of sciatic twinges. Another ten drop dose gave immediate surcease of pain and nervousness. A light luncheon, rest, light dinner and a "sound" night's sleep prepared me for business at my office on Tuesday, thankful that I might discharge my patient cured—"pro tem." at least. From former similar attacks of sciatica consequent upon tibial gangrene and necrosis, when treated with hypodermics of morphin, etc., relief from pain had not been as prompt, or complete, nor convalescence as immediate.

If desired I will write more as to safety and advisability of the internal use of that much abused but wonderful product of erythroxyton coca.

DISEASES OF THE FOOT-CORNS

BY FRANKLYN PIERRE DAVIS, AGRA,
OKLA.

While the treatment of the diseases of the foot has been largely neglected by the physician, a careful study of these conditions will prove to the careful investigator, that many of our most intractable nervous conditions are due to some irritation of the feet.

There is nothing more painful and distressing than a corn or bunion, and one who is compelled to stand or walk all day in tight shoes with a painful corn will find that not only is his temper put to a severe test, but he will become nervous and after a while will find himself unable to attend to business as he should. I have found that many of our nervous wrecks owe their present condition" to the fact that some local disease of the feet has been neglected. The cause for this neglect lies in the fact that the average physician feels that it is below his dignity to attend to these cases This is certainly a wrong conception of the matter, as it is our duty to relieve all diseased conditions.

Corns are caused by pressure which stimulates the skin so that there is an increased flow of blood to the parts, thus causing an increased cell action when a callous is formed for protection. Corns appear in two forms, hard and soft. Soft corns form between the toes, because of the pressure of the joints of the smaller toes on the opposite skin, and the corn is constantly moist with perspiration.

The first thing to do in the treatment of corns, is to remove the cause. The use of broad toed shoes like the Educator and shoes of this class is recommended. For tired feet the cushion sole shoes like the Worth are a blessing and are probably the most satisfactory in all classes of foot diseases.

Many remedies have been used to remove corns, but for all around use salicylic acid in some form has given the best satisfaction, and is the drug commonly used. The following formula has proven satisfactory in my practice:

Morphingr. 8
Specific cannabis.....dr. 2
Salicylic acid.....dr. 2
Flexible collodion.....oz. 1

Mix. Apply with a brush till a thick film forms over the corn.

This application relieves pain and softens the corn, so that after a few days it can be removed entirely and that without the use of instruments. The salicylic acid and cannabis may be incorporated in an ointment if desired, but I prefer the above plan.

Among other remedies that have proven successful is one composed of concentrated ether, 1 lb.; gun cotton, oz. 1; alcohol, oz. 8; glycerin, oz. 1; aniline to color. The gun cotton is first wet with the alcohol, then all are put in the ether. It is applied with a brush three or four times a week. For soft corns it may be applied on cotton.

Dr. Wood found that the application of Lloyd's thuja ointment not only gave ease, but so "cooked" the corns that they could be removed with the point of a knife after a warm foot bath. It is also claimed that the daily application of Fowler's solution will remove corns in a short time. If the growth is very hard it is softened by the application of

liquor potassa before using the arsenical solution.

Sometimes stretching the shoe on the inside, i. e., where the joint of the great toe comes, will relieve the pressure on the little toe and prevent the formation of corns.

Great care should be used in trimming corns as many fatal cases are reported from this cause. The use of sandpaper or a safety razor gives the best results with the least danger.

SOME SAFE SUGGESTIONS

N. M. COOK, M. D.

I desire to present the following suggestions to the readers of THE THERAPEUTIST, hoping that they will obtain the benefit, from some of them at least, that I have obtained.

For several years I relieved a great many severe cases of cystitis or of painful and frequent micturation with the use of collinsonia, eupatorium purpureum and santonin. These I gave either alone as indicated or in proper combination.

I have cured many cases of hemorrhoids or intestinal hemorrhage with the use of hamamelis or geranium.

I have employed cactus with the utmost satisfaction in the treatment of a few cases of angina pectoris.

Lycopus has given relief for me in the

treatment of cases where there was irritability of the action of the heart. I depend with confidence upon chionanthus to cure for me the worst case of jaundice, especially those in which there is no great degree of structural change.

For many years I have found cypridium to be a reliable remedy in the cure of those cases of female disorders which are accompanied with nervousness.

I have come to depend upon virburnum opulus to give relief in a large number of my cases of painful menstruation.

I have been able to control and prevent the recurrence of some of the worst cases of convulsions I have ever seen both in adults and children by the use of gelsemium in sufficiently large doses.

I consider that I have made an important discovery in the use of turpentine. For a year or two I suffered a great deal from a peculiar back ache, that came on shortly after lying down at night and continued all night, quitting, when I got up in the morning. It happened that I was doing some staining inside of my house, with a stain which I thinned with turpentine. I thus inhaled the odor of turpentine for two or three days during which time I could readily detect this odor in the urine, at which time, I discovered there was no backache. At the first relief, it did not occur to me that it was the turpentine that had produced it, but

after a few repetitions of the benefit, I attributed the results to this agent and have since used it for that purpose from an inhaler. I find no trouble in giving relief for quite a long period of time, unless I bring this difficulty back by over exertion. As long as the system is sufficiently saturated with the turpentine vapor, there is a copious flow of the urine, charged with the characteristic odor, and entire freedom from pain.

SOME EPIDEMIC CONDITIONS

M. SHADID, KIMMSWICK, MO.

During the past year of my practice I have come across some prevailing disorders, which might be called simply epidemics, but which present peculiar characteristics. As regards the therapeutics of these I find I have much to learn. Last August there was an epidemic of diarrhea among children in this town, in which emaciation was always present. last winter there was an epidemic of sore throat, I called it pharyngitis; almost everybody had it, young and old. This has lingered until now, for occasionally I meet a case. Sometimes the tonsils became involved and the case became a serious one. Following this there was an epidemic of sore eyes, that. was early in the spring, and I called it catarrhal conjunctivitis. Last month there was what the people called cholera morbus. Just now there prevails a condition like the following: The patients came to me complaining of heaviness, uneasiness and

sometimes pain in the gastric region; sometimes they complain of vomiting, especially in children. Sometimes they complain of having had diarrhea on the day before or even last week. The tongue is not the same in appearance. Early during this epidemic (which, by the way the people ascribed to eating "new potatoes") I found the same symptoms accompanying three or four malaria cases. This gave me the hint and after that all cases got quinine with some secondary remedies to meet indications, rhus tox, muriatic acid, sodium bicarb., bismuth, etc.

I have always noticed that such epidemics come along with a positive change in the weather. If any one can give me some information on these disorders I will appreciate it.

P. S. I should state that now I have under my care two typhoid fever cases, six and seven years old, respectively, boys, in which vomiting was a prominent symptom at the beginning.

COMMENT: The above experiences of the young doctor prove the experiences of every doctor, that groups of symptoms are constantly occurring, to which definite name can be given, which do not present the characteristics of any typical form of disease. If the physician is thoroughly learned in the action of his remedies, he will not be at all confused by this fact, as it is conditions he is familiar with, and conditions it is, to which he will adjust his remedy, and not distinct diseases as a whole. When he understands the adjustment of the remedy, he will intuitively select that agent which will at once correct the existing condition or conditions. It will

make no difference whether he has ever seen the conditions under those circumstances or not. This is the superior result obtained from the thorough understanding of our specific method of drug application.

* * * * *

In the excitable delirium of typhoid, or other prostrating fevers, if acids are indicated by the dark dry mucous membranes, give from fifteen to twenty drops of hydro-bromic acid every hour or two, until a soothing effect is produced. Its influence will be apparent in a control of other existing conditions and in reduction of the temperature.

* * * * *

Dr. Webster says that berberis aquifolium has remarkable tonic and stomachic properties. He thinks we have no agent that will create an appetite in certain cases, after protracted disease, more rapidly than this remedy.



Mitchella for the Prevention of Abortion

I have found syrupus of mitchella compositus (mother's cordial) as manufactured by Lloyd Bros. a specific in cases of habitual abortion.

During the past year I have treated four cases that had aborted two, three and

four times respectively. I began as soon as they became pregnant and continued the remedy in tablespoonful doses 3 times daily until the seventh month. At full term all were delivered of large babies. I had told them at the time of their abortion that I had medicine that would prevent the trouble if they again became pregnant.

I have also found it the best remedy when abortion threatens. In the last year, out of seven cases of threatened abortion six continued to full term, three had a slight bloody discharge but I had them go to bed, and gave them a hypodermic of morphine, followed by mother's cordial in teaspoonful doses every two hours for ten days. Then in tablespoonful doses before meals. They remained in bed for ten days. They all went on satisfactorily to the full term and were then delivered of remarkably healthy babies.

The compound syrup of Partridge berry (*syrupus mitchellae compositus*) above referred to was prepared by Dr. King by taking sixteen ounces of partridge berry, and four ounces each of helonious root, high cranberry bark, and blue cohosh. This he macerated with sufficient brandy to make three pints of the percolate. He then added two pounds of sugar, and water enough to the percolator to make five pints of the whole, and then added the original three pints, making eight pints in all. Dr. King especially recommended this to overcome a tendency to abortion.

C. I. HEMMINGER, M. D.

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The Southwest School of Botanical Medicine <http://www.swsbm.com>

Macrotys in Chorea

The September issue of THE THERAPEUTIST has just arrived in which I find a great deal is said about the treatment of chorea. I have had a number of cases of chorea to treat during my thirty-five years' of practice, and I have tried all kinds of treatment. In later years I have found Macrotys, from 10 to 20 drop doses of the specific medicine four times a day, to be reliable.

I push the macrotys to its physiological effect, which is shown by a headache, then I omit it for a day or two, or reduce the dose. I always use the single remedy as indicated. I do not admire polypharmacy. I also attend to the eyes with each patient, as I have found in most of my cases that chorea may be due to astigmatism, especially in school children, where the proper adjustment of glasses has done half, at least, toward the cure for me.

T. JENSEN, M. D.

Lobelia as a Partus Accelerator

I don't remember that I have ever seen lobelia suggested as a remedy in slow and tedious labors. In those cases where the os is large, thick, full and doughy, with slow dilatation and but little pain, I prescribe two drams of specific lobelia in four ounces of water, a dram to be given after each pain, until the contractions become vigorous

and strong, and until the dilatation is complete. This treatment has been a very satisfactory one to me in promoting a rapid, easy, and satisfactory termination of labor. I think I can safely say that I have witnessed as pronounced an increase of expulsive uterine contraction from this remedy, as I have ever observed from the administration of ergot, and with much less danger to the patient.

J. C. ANDREWS, M. D.

A Physiological Fact

A knowledge of the physiological and psychic forces or influences connected with each function or part of the body is as necessary to judicious treatment by medicine, electricity (in any of its forms) as anatomy is to surgery; and the present state of electric therapeutics may be compared to the condition of surgery at the siege of Troy, anterior to anatomical dissections.

W. A. S. MURPHY, M. D.

Thuja in Chronic Enlargement of the Tonsils

With reference to your editorial page, 252 of 1908, THERAPEUTIST, during my fifteen years practice—both hospital (civil and military) and private, I have treated several cases of severe chronic tonsillitis with various remedies, both internal and external, nothing has given

entire satisfaction except thuja applied locally mixed equal parts of specific medicine thuja (Lloyd) and glycerin. Of course I apply the clean out, clean up and keep clean principles in all cases and give Abbott's antiscorbutic tablets, one every three or four hours.

I also used to incise the tonsils but the disease recurred almost every fall.

When the tonsils are suppurating I also administer echinacea 5 drops in water every 6 hours, in addition to the tablet (No. 463).

THAKUR RAM DHARI SINHA, L.T.M.S.,
Motihari, India.

An Antipyretic Formula

The following is a prescription that will reduce fever every time,

Soda bicarbonate.....drs. 2
Acid salicylic.....drs. 3
Glycerinoz. 1
Water, q. s.....ozs. 4

Mix. Sig.: Take one teaspoonful every two hours.

This, like all other fever reducers, wants to be handled rightly. When I have a trained nurse, or a nurse who is intelligent enough to use the thermometer, I instruct her to give it as per directions, until the fever is brought down to the point which I deem safe in the particular case.

If the nurse is not skilled I write the directions, like this: "Begin at a certain hour (whatever that may be) and give a teaspoonful every two hours until three doses are taken." This number of doses is usually as many as will be necessary at each period of elevation. I have used this formula for a great many years, and have had no ill effects. It is like all other drugs, or combinations of drugs, which are given for such purposes, they must be given, and watched cautiously.

T. A. DEAN, M.D.

COMMENT: The doctor is certainly claiming too much for the above formula to claim that it will control all fevers. If we consider carefully the character of the constituents of his formula, we must believe that in fevers with an excess of acidity, with perhaps some fermentation, or where an intestinal antiseptic is needed, this formula would work satisfactorily. It should accomplish good results, also, where a lithemic condition prevails, or where there is a tendency to rheumatic fevers.

It is possible to determine specific indications for the above formula the same as for any single remedy, and with those indications, there is no doubt that the above would be found a valuable auxiliary to other indicated treatment.

Trifolium—Lobelia

I desire to call the attention of the readers of this journal to the specific action of trifolium in improving the nutrition of the brain. I believe this influence of this remedy is not

generally known. When an individual is overworked, when there is general mental failure, or especially where there is loss of memory of words, or when there is confusion of ideas from functional causes, I find trifolium to be the one indicated remedy. Also when there is weakness of the lower extremities, or of the feet from deficient capillary circulation. It will also benefit those cases where chilblains occur readily and persist.

I have found lobelia to be a heart remedy in those cases where there is a sensation of a band or a constriction around the chest.

W. M. LAMBERT, M. D.

Belladonna for Hernia

I was called some time ago to a case that I diagnosed as direct incomplete incarcerated inguinal hernia, where there was no apparent danger in waiting for results. I gave the patient two drops every hour of a mixture of ten drops of specific belladonna in one dram of water with some laxative powders and an enema. In five days after I was called to the neighborhood to see another patient I called to see the patient and found that the hernia was reduced. If you might say the reduction was probably caused by the laxative and the enema, but the patient volunteered the information "Those drops did it." After treating this case I read in the July THERAPEUTIST, page 222, "Incarcerated inguinal hernias

were treated by Zagorsky by the internal administration of one-fourth of a grain of the extract of belladonna. A spontaneous reduction took place in each case in twenty-four hours.”

COMMENT: Since Lagorsky's cases were published, reports of other cases have been made which seem to be authentic and reliable, in which, after giving belladonna internally, a reduction of the hernias occurred spontaneously. The remedy seems to be accomplishing the result.

For Stiff Joints

In reply to a request in the September number of THE THERAPEUTIST, by Dr. L. H. Freedman, for a prescription for stiff joints, I give the following from which I have obtained excellent results:

Specific jaborandi.....drops 5
Specific rhus tox.....drop 1
Simple elixir.....dram 1

Mix. This quantity is to be given at a single dose, three times a day.

A Formula for Stomatitis

Here is a fine formula, one of my own that has cured for me any cankerous sore mouth that has ever come under my notice:

Thuja (a. q.).....fl. drs. 2
Echafoltafl. drs. 3
Asepsin sol.....fl. ozs. 1/2
Glycerin pur. q. s.....fl. ozs. 2

Mix. Sig.: 1/2 Dram held in the mouth or used with a swab every three hours, especially before bedtime.

It acts kindlier if the mouth is first rinsed out with per oxide of hydrogen, then use this prescription as above.

JOHN B. STANDLEE, M. D.

COMMENT: There are some stubborn cases of sore mouth in which the usual treatment will prove unsatisfactory. In these cases I have found thuja ind echinacea either alone as indicated or in combination to be excellent. I think we have no better treatment than this combination will afford in syphilitic throat. I have used thuja alone with excellent results.

Some Queries

Would not macrotys act as well as white snake root in after pains, etc.?

Of the following remedies, which one is best as a diuretic, would one represent the group as a diuretic? Or should two or more be combined? If so, which for dropsy, which for suppression of urine, and which for gravel, rheumatism, etc. The list is as follows: Aralia, barosma, epigea, hydrangea, lappa, swamp milk weed, triticum repens.

Please give the best formula for boric acid or glycerin for tampons, in treating enlarged uterus and leucorrhoea, to do as well or better than ichthyol and glycerin mixtures. A PLEASED SUBSCRIBER.

COMMENT: Macrotys causes a natural contraction of the muscular fibers of the womb. This effect would rather contribute, at first, to an increase in after pains, later the pain would disappear, perhaps sooner than it would if the remedy had not been used. It has not been advised for the immediate relief of these troubles, but given as a parturient or for some days in advance of the labor it will probably prevent the occurrence of severe after-pains.

It is not possible to say which of the above remedies is the best diuretic; they all exercise a diuretic effect at times. Epigea in form of a hot infusion of the herb will produce a very copious discharge of urine, of low specific gravity. Barosma increases the solids in the urine. Hydrangea relieves irritation, and is only mildly diuretic. Triticum increases both the solids and the water.

One could suit himself about the comparative strength of boric acid and glycerine. The reduction of the size of the uterus would depend upon the glycerine. The strength and character of the antiseptic should be decided by the demands of the individual case.

A Toothache Remedy—Stimulants

In cases of toothache that are caused by a decayed tooth, cleanse the cavity with echinacea on small pledgets of cotton and pack the tooth with the same. Have found this instantly effective in all cases. The echinacea must be applied to the seat of the putrefaction.

In cases where there is neuralgia of the tooth without much putrefaction a drop of dynamyne (alkaloidal

principles of tobacco) applied to the hollow of the tooth will give the desired relief.

When a physician prescribes some favorite brand of whiskey he is not practising specific medication— notwithstanding the fact that there are thousands of others who, like him, apparently consider whisky a specific remedy for all human ills from corns to consumption.

Don't begin stimulating your fever or pneumonia patient with whisky, until he reaches a stage bordering on collapse. If the doctor will not "but-in" with his depressing stimulation, the chances are the patient will recover and not need whisky at all.

Yours for a more thorough knowledge of direct therapeutic action,

GEO. H. CANDLIN, M. D.

Lobelia Inflata in Angina Pectoris

As I predicted some months ago the investigation we are making concerning the action of lobelia when used hypodermically, is bringing out a great many valuable facts concerning this remedy which hitherto have not been observed nor even anticipated. A writer in the *Medical Summary* reports the following remarkable results from the use of the remedy in angina pectoris, as follows :

"Angina pectoris is a most grave and

serious condition to endeavor to relieve or overcome. A gentleman, aged sixty years, was brought into my office recently off the street. He sank into the first chair he came across, his head and neck were bathed in profuse perspiration, he had as agonized a facial expression as I ever beheld. His head was thrown back and his left hand clutched his heart. He was unable to speak. I realized that there was heroic work to be done at once. I injected two drams of specific lobelia inflata into his right arm. I noticed slight improvement in symptoms in ten minutes; he removed his hand from his heart and placed it on his knee. I repeated the hypodermic injection of lobelia in one-half hour. giving the same amount. In one hour the patient was decidedly better and left the chair he sat on for one much more comfortable. I gave a third hypodermic of lobelia one hour after the second one was given; at this time he received one dram. He left my office in a carriage after having been with me three hours.

“I injected one-half dram about four o'clock in the afternoon, at the patient's request, he being at the time absolutely free of pain and feeling fine, as he expressed himself. The patient told me the attack, which was the first he ever experienced, was precipitated by most alarming news contained in a letter which he was reading while walking on the street. His recovery was uneventful—says he feels as well as ever today.

“Lobelia inflata given hypodermically

does miraculous work in quite a few conditions. It behooves practitioners to make a study of its possibilities.”

Lobelia Hypodermically

For five years I have been using lobelia hypodermically in the muscular spasms of hysteria where the motility involves a group of muscles, or the entire musculature. I give sp. lobelia in 10 to 30 drop doses. It produces a vasomotor relaxation, with flushing of the capillaries, and a glow of warmth to the extremities which are cold and clammy.

The response to the remedy begins in five to ten minutes. I repeat the dose as often as indicated; a few times I have had emesis to follow the hypodermic exhibition of lobelia, also some slight soreness and inflammation of the arm, which never proved troublesome and was due doubtless to faulty detail.

W. L. POWELL, M. D.

Cardiac Tonic

I have prescribed Cactina Pillets in a number of cases of heart trouble and find them a reliable cardiac tonic, especially in weak heart with small, frequent, intermittent pulse. They are a specific in functional heart trouble.

R A. CLOPTON, M. D.

Ellingwood's Therapeutist

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MORE AND MORE

Doctor: I think I received a letter from you lately telling me how highly you prize this journal. You don't seem to realize that you deserve a good big part of the credit for this journal being a good one, by having been willing to send me a good, short, sharp, practical, interesting fact. It is these short articles distributed through the different departments of this journal, from the busy, practical, closely observing doctors, that is really making this journal so exceedingly practical and so valuable to its readers.

But these blessings of the past will not do for the future. I must have more and more of the same material. Every time you renew your subscription there must be at least one more fact. SEND IT RIGHT ALONG TODAY and make it as direct—as specific—as possible.

COMING INTO LINE

If the rank and file of the profession were the dictators, the science of medicine, in the practical essentials, would be years in advance of its present position; prejudice would long ago have been forgotten, and dogmatism would be an unknown quantity in the profession. But every profession has its dictators. In the

United States the editors of the medical journals and certain conspicuous men in the faculties of the prominent medical colleges, have dominated the profession for years.

It now looks as if the busy doctor was going to take the bits in his teeth; was going to do some thinking for himself, and was going to free himself from the domination of the dictators. The demands which the individual practitioner must meet, force him to this or, in therapeutics particularly, he will still be bound hand and foot, and dragged behind the band wagon, in which the liberal minded thinkers will ride.

At the head of medical dictation in the United States now, is *The Journal of the American Medical Association*. This journal controls the policy of the Journals of the State Associations. The time has come when the members of the faculty, so called, dare not speak, except the chief editor raises his hand. This domination has encouraged prejudice, has fostered dogmatism, has cherished narrowness, bitterness and rancor against everything that swung clear of their domination.

Most conspicuous, among the incongruities of this, in many things a great Journal, is the bitter fight it has waged this year against the only systematic effort that has ever been made, in the regular school, to teach the profession a rational and consistent method, of direct drug study, and direct drug action; one that has won so

general approval. In my August number, I said, concerning Dr. Abbott and his work, "No man has so fully aroused the Regular profession to the importance of the exact study of disease indications and the adaption of exact, positive and reliable remedies to these indications; no man has produced so complete a change in the methods of study in his school, or has directed them more fully into a rational course, which means a perfect therapeutics for the entire profession. No man today is doing more to break down obnoxious sectarian barriers, and obliterate the bitter prejudices of the long past."

These things are what the profession need; these things are what the liberal spirit of the times demands; these things are what the busy doctor, in the sharp contention of the present day, is looking for and will have. The question then immediately arises, why does not this great Journal that claims to stand at the head of the greatest profession in the world, foster, encourage and support this essential demand? Why does this journal turn its entire battery of vituperation and contumely in probably the most vicious attack it has ever made upon any one person, upon this, the first great effort that has ever been made and accepted, to put the prescribing of the regular practitioner on a precise, exact, specific, rational and absolutely practical basis?

This is certainly hard to understand, but the truth is that the mass, the body of the profession will gradually slip

away in practice, from this radical domination, and the impractical faculty will find themselves in an unpopular position, and without a following.

This dominating influence is undertaking also to obliterate all those medical journals that are not within its dominating influence and especially those that are friendly to the entire profession without regard to school. The fight against these journals is becoming very bitter.

In a recent editorial *The Wisconsin Medical Journal* says:

The Journal of the American Medical Association should be above such things. We as members of the Association protest against the critical, persecutory policy that has characterized the journal for the past two or three years. This policy is causing discord in the profession, and there is today *more in-harmony, more suspicion, more backbiting, more bitterness in the medical profession than there has been at any time in the past twenty-five years*. It may be true that we have a stronger organization, but it is the organization of the "machine."

Dr. G. Frank Lydston, one of the first physicians of Chicago, is among a band of prominent Regulars, among whom could be named Dr. Geo. F. Butler and others, who, with the rank and file, repudiate this dominating influence. Dr. Lydston in Dr. Daniel's *Texas Medical Journal* presents his

sentiments in clear-cut, strong terms. The following are some of the things which the doctor, has to say:

The feature of the better class of independent journals that appeals most strongly to me is the mere fact of their independence in wearing no brand or collar. As matters medico-literary are now trending, the day is not far distant when the average practitioner of medicine will have no medium of expression, no literary representation and no literary pabulum of practical value within the comprehension of the average medical mind. I'm going to expatiate, enlarge, amplify, elucidate and— "conflagrate" this theme a bit, earnestly hoping that the multitudinous ultra-ethical self-labeled medico-literary per-fecto will eventually be told what I have to say. Indeed, I'm sure he will, and, moreover, that he will stop browsing among the thistles of discontent just long enough to gather new notes for his raucous, discordant bray—that bray of narrow-minded, illogical protest wherewith alone he attracts the attention of the professional rank and file to himself, and incidentally, of course, to his literary holy of holies, choked to the brim with intellectual sweepings from other men's garrets.

Medicine is fast becoming so scientific, so turgid with "things that ain't so," or which are at least "under suspicion," that the main purpose of medicine, the healing of the sick, bids fair to be lost in the maze of laboratory experimentation and illogical

deductions from mentally indigestible "facts"—scientific bricks without straw—from which none but a wizard could build an enduring fabric. What boots it to the practioner of the crossroads that there be opsonins and opsonic indices ? He has neither the technical training, the appliances nor the time to practically apply them in his daily work. Besides, who knows how soon the opsonins will be gathered to the snows of yester-year?

I fancy I hear the ultrascientific ones cry "Let the practitioner of the crossroads and the hamlet hie him to the postgraduate school and cultivate—at so much a cultivate — 'the optic sharp I ween that sees things which are not to be seen.' Let, also, the student of medicine be more thoroughly prepared in things scientific."

The postgraduate school often makes confusion worse confounded. Abdominal and other special surgeons "made while you wait," men who entered the mouth of the hungry P. G. school, passed immediately through its short, angleworm like *prima viæ* with a special-course certificate in their hands, have not seldom out-heroded Herod—which means that where the haughty professor of the special P. G. course hath slain his dozens, some of his half-baked special students have slain their scores, aye, hundreds.

Our medical schools are responding with alacrity to the demand for ultrascientific training. The *ultima thule* of medical teaching in some

quarters apparently is the manufacture of half-educated scientists, not trained physicians. Here is an illustration of some of the brilliant results. I recently had occasion to inquire into the knowledge of materia medica and therapeutics possessed by a recent graduate of a well-known school, who, by the way, was one of the ten "Honor Men" in his class:

Question— "What is the botanic name of the plant from which opium is derived?"

Answer— "Poppy, I think."

Q.— "What is papaver somniferum?"

A.— "Poke root."

Q.— "What are the alkaloids of opium?"

A.— "Morphine and atropine."

Q.— "What preparation of aconite would you ordinarily prescribe internally?"

A.— "Why, aconite."

I suggested that the tincture was an eligible preparation, and informed him that there were two tinctures.

Q.— "Which tincture would you give to a child?"

A.— "The tincture of the root, because it's the milder."

Q.— "What dose of the tincture of the

root would you give to a child six months old?"

A.— "Oh, about one-half a dram every hour."

Q.— "Given the same child and a stimulating expectorant being indicated, what would you give?"

A.— "Carbonate of ammonia."

Q.— "In what dose?"

A.— "Oh, twenty grains every three hours."

Be it remarked that materia medica and therapeutics are taught in the sophomore year in the school from which this gentleman graduated. The treatment of disease is taught before the *raison d' etre* of treatment has dawned on the student's mind. But, this newly fledged graduate knows a lot about the embryology of the chick—he had watched it for weeks—the nervous anatomy of the frog, neurons, opsonins and things—which knowledge is not likely to save from massacre the first hapless infant he treats.

The independent medical journal meets the demand of the everyday practitioner who wants to know "what to do." The self-styled high-class medical journal—and there is really only one "high-class" journal, you know, which is climbing so high that its head looks from below very like that of a pin, often gives him a stone when he asks for bread. He seeks for light on

the treatment of disease, and on looking over the menu card presented by the "most high," he finds such things as "My Last Thousand Cases of Excision of the Calamus Scriptorius," "My New Postural Method of Catheterizing the *Iter e Tertio ad Quartum Ventriculam*," "The Oponic Index in the Care of the Second Bicuspid," etc.; and editorials in which the mantle of dignity conceals vast intellectual abysses.

In despair he turns to that cemetery in which so many fond therapeutic hopes lie blasted and buried under tons and tons of therapeutic nihilism—Osier's "Practice"—and still he finds no balm in Gilead. And then he turns to the independent journal and is consoled—which is a blessing, e'en though he be sometimes cajoled into belief in things unsubstantial. And the proof of the pudding is that thousands upon thousands of doctors buy and read the very journals upon which the "lily whites" of medical journalism frown so blackly.

The ultra-scientific one who does not overmuch believe in treatment and recognizes naught but the scalpel and hemostatic forceps sometimes marvels that anyone could condescend to read, much less contribute to, our independent journalistic media of medical expression. "Nothing in drugs," he wails; "send 'em to me and I'll cut 'em." He forgets that modern science has not yet conquered the lay aversion to the knife, nor the honest practitioner's belief, that, after all, the

knife is often a confession of our limitations and weakness. And there is much in the training of the experienced practitioner which inspires him with therapeutic hope in a vast number of the ills of the flesh.

By drugs he can produce anesthesia, local or general, relieve pain, produce sleep, stimulate or depress the circulation, allay nervous irritability, aid digestion, relieve constipation and hepatic torpor, produce emesis, diaphoresis and diuresis, antidote malaria, and cure syphilis. What wonder that he has confidence in drugs per se while rather skeptical of our knowledge of them? "There must be a remedy. If I only knew" is a brow-contracting reflection familiar to the conscientious practitioner. And so long as there are sick ones to heal so long will he search for remedies—and so long will he read and believe in the literature that offers therapeutic hope.

APPENDICITIS OR CENSURE

I recently had another experience in treating a case of appendicitis that was not appendicitis, and in snatching the patient, a young lady, just about to be married, at the last moment, from the operating table, and from what would have been almost certain death. There was a violent inflammation in the descending colon; nearly all the pain and tenderness was on the left side. There was some diffused tenderness across the epigastric region, which passed down the upper portion of the ascending colon; there were slight

colicky pains at McBurney's point. There was no enlargement or hardness in that locality. Almost no tenderness, and no rigidity of the rectus muscle.

Two young surgeons, both members of the faculties of prominent colleges in Chicago, had declared that rupture of the appendix was imminent, and that the only salvation was immediate operation. I actually pitied these two young surgeons, so strong is the sentiment of the surgical portion of the profession; so strong that they did not dare to face any other diagnosis but that of appendicitis. If the results of other treatment were bad, forty-nine surgeons out of fifty would have heralded their ignorance and declared that they were criminally negligent. They seem to have no alternative in case of an inflammation within the abdomen, but to declare it appendicitis.

It is certainly a most pitiable condition of things, that nearly every abdominal inflammation nowadays, must be operated upon or the surgeon is condemned. There are but few surgeons that dare face the censure, that would be heaped upon them in case of failure. Furthermore, there is but little medical treatment laid down in the books for these cases, hence the young doctor has no recourse.

This patient was treated with hot applications, bryonia, echinacea, and enemata of hot sweet oil, and was deprived of food for three days. The result of the treatment was strikingly

satisfactory. Happier results in no case could have been obtained.

Another feature of these cases was sprung upon me in this case, although it was settled satisfactory. While the patient and friends were very grateful that they were saved from the dangers and subsequent inconveniences of an operation, and were also saved an expense of three hundred dollars for surgeon and hospital fees, it took them quite a little time to be satisfied that it was not a good deal of a hardship to be obliged to pay an attending doctor, one hundred dollars for medical fees for less than a week's attendance.

TREAT THE INDICATIONS

We are more and more confident every day, that if we treat exact symptoms with an exact remedy we will obtain exact results, whether we know what the disease is or not. We need a carefully studied list of symptoms of disease with their indicated remedy. It is to be hoped that some one will prepare this for us at no distant date.

I have recently had a striking illustration of the importance of knowing how to treat indications with positive remedies. A patient suffering from a severe illness, that absolutely baffled a diagnosis as to the name of the disease, is still under treatment. The results of meeting the indications with the known indicated remedy have been beautifully conspicuous all the way through.

I desire again to impress upon the minds of my readers, the importance of treating fevers. Many times, we have no other indication to treat, except an elevation of the temperature. In many cases it would be criminal to neglect this, as by allowing it to run, to determine what is going to happen, a serious and sometimes an uncontrollable local inflammation will develop.

As I stated a few months ago, we must treat subnormal temperature also, the temperature must never be allowed to run low. Immediate direct medication will invariably produce excellent results.

REPRESENTATIVE REMEDIES

During the past summer, in response to a request made in the April and May numbers of this journal, I have been receiving from our subscribers, lists of thirty remedies each thought to be the most important. This correspondence has brought out some very interesting facts, some of which I will present in this article.

I did not intend that it be understood, that I thought any one could practice medicine at the present time, as our improved knowledge demands that we should practice it, with but thirty remedies. My desire was to know which of our remedies was considered most perfectly the representative of its group, or as adapted to a specific line of pathological indications.

From the lists returned to me, every one—100%—contained gelsemium as a nerve sedative. Ninety percent of the lists contained aconite, belladonna, and macrotys. These four remedies occurred first on seventy-five percent of the lists. Eighty-eight percent contained nux vomica, or strychnine, ipecac, and echinacea. Seventy-five percent contained bryonia, veratrum, lobelia and cactus. Sixty-five percent contained phytolacca, hyoscyamus, apocynum, and chionanthus. Fifty percent only contained pulsatilla, hydrastis, Podophyllum, digitalis, chloroform and apomorphine.

Forty percent contained crataegus, capsicum, rhus, asclepias, hydrochloric acid, boric acid, cocaine and cascara.

So truly is every physician a law to himself in this that probably not one would be perfectly satisfied with the above list. Almost every one will notice the omission of quinin and morphin. A large number would demand a more general, simple, active cathartic such as epsom salts. Many would prefer some other antiseptic to boric acid. Carbolic acid would cover a little more ground perhaps. While hydrochloric acid represents an essential acid, an alkaline remedy is just as essential, and such a remedy is omitted.

One doctor begins the list with calomel, epsom salts, Podophyllum and castor oil. He certainly entertains the idea that the intestinal tract must be kept clean.

Another physician gives us an excellent list of the alkaloids, which I consider well selected, as they represent the remedies which stand the highest on the above list. The following are the prominent ones on his list:

Aconitine, atropine, gelsemine, veratrin, bryonine, emetine, morphine, cactin, aloin, capsicin, hyoscyamine, digitalin, cocaine, quinine, strychnine, copper arsenate, ergot, codine, caffeine, podophyllum and helenin.

This list proves the statement that I made three months ago, and last month also, that the alkaloidal method is leading the regular physician into a very close relationship with our teaching and our methods.

Taking the list above as a basis, I will take the liberty to add to it thirty more remedies, classifying them all in accord with the essential conditions which the busy doctor must meet and presenting them as probably sufficient when properly learned to meet the demands of the physician in at least eighty percent of the cases he would be called upon to treat. As special fever remedies I would of course include aconite, bryonia, gelsemium, veratrum and belladonna. The latter remedy being essential, when the fever is caused by acute local congestion, not for the fever directly but for the underlying pathology, at which time it is combined with the indicated sedative. For pain, opium and its salts, dioscorea, and colocynth. For general sedatives, additional to gelsemium,

macrotys, hyoscyamus, passiflora, the bromides and pulsatilla. For anesthesia general and local, chloroform and cocaine. For the heart cactus, digitalis and apocynum, the latter representing also a remedy for dropsy. For glandular and blood remedies phytolacca, Podophyllum, iris, chionanthus, echinacea and thuja.

For their action upon the mucous membranes, notably those of the bronchial tubes, and upon the skin, ipecac, turpentine, sanguinaria, lobelia, jaborandi and apomorphine. This latter is an important stomach evacuant. Then among the tonics and stimulating remedies, nux or strychnia, hydrastis, quinine and some form of iron and capsicum, phosphorus, avena, calabar bean, nitroglycerine.

There is a necessity for both acids and alkaline remedies. For the former hydrochloric acid and sulphurous acid. For the latter calcined magnesia, or sodium bicarbonate.

As an intestinal antiseptic in addition to this use made of some of the remedies named, we would suggest sodium sulphite. For bowel remedies epsom salts, and cascara. For remedies acting on the reproductive organs ergot, virburnum, mitchella.

For astringents, geranium and gallic acid.

For specific diarrheas, copper arsenates.

For general antiseptics, carbolic acid and boric acid and formalin.

As a stomach sedative, bismuth, either alone or combined with equal parts of ingluvin. As digestives, pepsin and some preparation of papaw.

For genitourinary and bladder remedies staphisagria, saw palmetto, hydrangea.

It is understood that these remedies are interchangeable in the classes in which I have placed them, several of them being well adapted to two or more of the classes. Their action may also extend beyond these classes.

I ask of every reader that he criticise this list in the severest manner, as representative of the remedies for each condition; and write me his criticisms, making suggestions for remedies to replace any one of those which I have named, and giving his reasons for so doing, also, making additions to the list as may seem to him to be demanded. This will enable us to complete a list which may be given to students or those desiring to learn our methods as the first essential remedies for study. From these remedies given, valuable compounds can be made which would add materially to our resources, if we were obliged to depend upon this list alone.

So interesting were some of the remarks that were made in the letters I have received, that I take pleasure in reproducing some of them.

Wesley Van Nette, Clyde, Ohio, says:

There is an old saying that an ingenious man can make anything with a jack-knife, but I do not like this plan. Give him a dozen good tools and how much more can he do.

It's the same with the treatment of disease. I have known doctors who prided themselves on the few remedies that they could get along with. One old M. D. said to me I can do anything with a dozen remedies. My experience teaches me that a larger variety of good remedies to select from is always of advantage if the physician thoroughly understands his remedies. I carry the largest stock I have ever seen in any physician's office, and I have no cause to regret doing so. The longer I practice medicine the more faith I have in drugs.

The objections are that so many drugs require so much more study and expense. This, of course, is true. Our business is to relieve human suffering, and the better equipped, the better prepared we are, and the more thoroughly we understand our remedies, the better is the result. It certainly takes study, and persistent, continuous, hard study if we succeed in practice. We must study every case; I don't believe that any lazy man, ever became eminent as a medical practitioner. The question should not be how few remedies can I use, but how best to fit each important condition with the exact remedy. If there is a calling under the sun, in

which a man should be master of his art, it is certainly that which ministers to the ills of suffering humanity.

Dr. George H. Candlin, of Eaton, Colorado, says: Your journal is among the first I read each month and the short concise articles containing single truths as recorded by many doctors are very helpful indeed. I think **THE THERAPEUTIST** the greatest exponent of specific medication that we have, and it is certainly the champion enemy and eradicator of drug nihilism.

Dr. Thomas W. Musgrove, of Sultan, Wash., makes some very trite remarks, especially in favor of putting calomel first on the list. There are many of our readers who will believe that the doctor's grounds are well taken considered from his view point. In looking over his entire list of sixty remedies, he certainly has a choice list, one exceedingly well selected and one which I think would answer the purpose of many physicians who would not acknowledge themselves bound to follow Eclectic methods. Considering that word in its full meaning, it is certainly an Eclectic list.

“I have made a list of remedies as you request in the April **THERAPEUTIST**. I first wrote a list of sixty remedies off hand and then revised it to place the ones I use most frequently in the 30 list. You, as an orthodox Eclectic will smile at my putting calomel as No. 1. But after forty years of study and practice I am sure calomel is the first drug in the materia medica if one

knows how to use it. I have learned to use it so that I have never had a case of salivation or anything approaching it in all my experience. But as you remark somewhere I have seen some horrible examples of the same. I have given calomel to patients from two days old to eighty years of age. I always adjust the size of the dose to the patient and always give bicarbonate of soda with each dose, followed by epsom salts if needed. I get delightful results from calomel since I found out how to give it. I have no prejudice against your favorite physic, podophyllum, when it is indicated. That is when the stools are dry, hard and dark. Then it is splendid. But when the stools are light, frothy or stinking, calomel and soda is the specific. Give it in broken doses, according to the size and temperament of the patient; 1/10 gr. to all ordinary children and adults every hour till 2 to 20 doses are taken—generally 10 is the maximum dose. I think you will find quite a number of regular Eclectic remedies in my list and I use many others occasionally as you would see if you read my list of 60 remedies.

I will be glad to see the list you will compile from those sent you.

Dr. Margaretha Wilkenlow, in naming her remedies for each class, says that she used carbonate of magnesia in a form of a powder for varicose veins for old stubborn tibial ulcers. She uses geranium during the course of pulmonary tuberculosis when there is hemorrhage. She uses trifolium with good results for cough and night

sweats in these cases and staphysagria for excessive expectoration, and in tuberculosis of the kidney. These are certainly good suggestions

HEADACHES OF NASAL ORIGIN

There are no more distressing headaches than those which come from disease within the nasal passages, in the acute form of these headaches, the distress is through the eyes, at the root of the nose, or perhaps in one orbit, or through the temples. In chronic cases, the pain involves the temples and the area at the base of the brain, and occasionally it is located at the base of the skull, in the occipital region, apparently involving the muscles of the neck. Occasionally there will be a tenderness on pressure in this locality and I have observed many cases where the back of the neck was very cold, and persistently so as long as the headache lasted.

Dr. A. I. Weil in *The New Orleans Medical Journal* believes that diseases of the nose, which give rise to headaches, may be divided into three distinct groups. 1st. Those which cause obstruction to nasal respiration resulting in mouth breathing, especially at night, impaired oxygenation, etc.; to this class belong chiefly turgescence and moderate hypertrophy of the turbinates, especially the inferior and certain polyps, which hang down from the middle meatus and obstruct the air passage. 2nd. Deformities or disease, which cause pressure within the nose, such as hypertrophied middle

turbinates, large spurs of the septum and the like; and 3rd. Acute or chronic catarrh or suppuration of the nasal mucous membrane of the accessory cavities, for example, acute coryza and acute sinusitis. The pain is to be attributed usually to one of five causes:

- (1) Pressure of the hypertrophied or swollen part upon the septum or upon each other, especially the middle turbinate against the septum.
- (2) Hyperesthesia of the mucous membrane.
- (3) Acute congestion or inflammation of the Schneiderian membrane.
- (4) Retention of pus under pressure.
- (5) Disturbance of the blood and lymphatic circulation at the base of the skull; this latter applies especially to adenoids and lies outside the scope of the present paper.

A PECULIAR EFFECT OF POTASSIUM IODIDE

Even with the most acute observation a remedy will exercise a peculiar influence that will sometimes be overlooked for a long time. Again this influence may be thought to be regular when it is due to an idiosyncrasy on the part of the individual. My old friend, Dr. Julian, of New Zealand, narrates the following in *The Chicago Medical Times* concerning the therapeutic value of potassium iodide, which he claims has not been commonly observed. He says:

“I have had personal experience of iodide of potash which may be useful to some of my fellow physicians.

“The first time was in 1903. Having a slight ailment which indicated iodide of potash, I took three doses of about two grains each in solution, at intervals of three or four hours. Before the second dose, the conjunctiva of my right eye began to inflame; after the second dose it became rapidly worse, and after the third dose it became so bad that I suspected the iodide as being the cause, so I took no more.

“This inflammation persisted, in spite of treatment, for a week. Two weeks after the first attack I felt curious enough to try whether the iodide would cause the conjunctiva to inflame, so I took two doses of two grains each, in solution, and I was quite convinced this time that the iodide caused the first inflammation, and also the second.

“In the month of May, 1908, I took a dose of iodide in solution, unintentionally, not exceeding four grains; and in five or six hours afterwards the conjunctiva of my right eye became highly inflamed, exuding sticky mucus, the upper and lower eyelids became very edematous, accompanied by severe pain and heat in the eyeball. Vision was unaffected. I also became, slightly hoarse, and had a slight aching in the larynx. By applying cold water packs the whole trouble subsided in thirty-six hours. I am at this writing, May, 1908, fifty-four years of age, of the nervo-sanguine

temperament, height five feet six inches, weight about one hundred and forty pounds, am in good health, and have never had any specific disease. I have taken other preparations of potash at various times. The iodide is the only one that has caused any bad effect. The aforesaid are the only occasions on which I had taken iodide of potash.

“About three years ago a man of about twenty-one years of age came to me for treatment. He had contracted syphilis several months before, and had been taking medicine prescribed by his former physician. He produced the prescription, which called for mercury and iodide of potash. He complained that, for sometime past, his right eye had been so troublesome that he was afraid he would lose the sight of it. I could not find any physical signs of disease in the eye. I prescribed vegetable remedies for him, and advised him never to take mercury and iodide again. His eye trouble gradually faded away in about two months. He was of a nervous temperament. His weight was about one hundred and twenty pounds.”

PRECOCIOUS MATURITY

The case of a female child has been reported that weighed fourteen pounds at birth and had large breasts and a little hair on the pubes, which at the age of two months had become considerable. At the age of nine months a bloody vaginal discharge was observed, and at this time the child

weighed twenty-eight and one-half pounds. The discharge recurred at monthly intervals, increasing progressively in amount until it reached that observed in adults.

At the age of 14¹/₂ months the girl presented the general appearance of a child of three years. With her clothing she weighed thirty-six pounds, and her height was thirty-two and a half inches. The breasts were prominent, and each contained a mass of glandular tissue as large as a pigeon's egg. The nipples were well developed and surrounded by a dark pink areola and a little hair.

The mons veneris and the labia majora were large and covered with a profuse growth of hair. The labia minora were well differentiated and fairly large. The clitoris was distinct but not disproportionately large. The hymen was distinct and easily distensible. The vagina was distensible and contained rugas, and the cervix was distinctly felt.

From a study of this case and of those recorded in the literature the conclusion is reached that precocious maturity is a physiologic congenital anomaly of development. Menstruation is never the first symptom, but is always preceded and accompanied by others. Menstruation most often appears in the first two years and is accompanied by ovulation. The attributes of maturity are not all acquired before the age of seven or eight years. Sexual desire is soon developed and pregnancy may occur

early. Menstruation may continue as long as when it begins at the normal time.

The etiology of precocious maturity is unknown and the relation to precocious menstruation is obscure. There is no medical treatment. As the mental development of the unfortunates afflicted with this condition is usually far less than the sexual and physical, they must be carefully guarded against voluntary or involuntary intercourse.—*Archives of Pediatrics*.

OATMEAL FOR DIABETES MELLITUS

J. B. Herrick (J. A. M. A.) describes the composition of the Von Noorden oatmeal diet in this disease, and the method of its use: 250 grains of oatmeal, from 250 to 300 grains of butter and 100 grains of something containing albumin (or from six to eight eggs or the whites of eggs) are used. The oatmeal is cooked thoroughly in water for two hours, the butter and eggs are well stirred in when the cooking is nearly done, or the whites of the eggs are beaten up and stirred in later. Salt is added to suit the taste.

This forms one day's rations for an adult, and may be given in from three to eight portions. Von Noorden advises feeding every two hours; he occasionally allows a little clear coffee or a few sips of some wine to relieve the monotony. The oatmeal may be served as gruel or mush. Herrick has

allowed it to be eaten as fried mush.

This diet may, in severe diabetes, ward off threatening coma and establish carbohydrate tolerance. It is of no value in the milder cases; and is not infallable in the severer ones. But in a certain number of the latter, in which emaciation, weakness, polyuria, and glycosuria persist despite careful treatment, and when a study of the urinary content in acetone, diacetic and oxy-butyric acids, and ammonia shows acidosis with threatening coma, this Van Noorden diet has its greatest field of usefulness.

THE YOUTH'S COMPANION

It is the opinion of this editor, that of all the periodicals published in the United States for the masses of the young people, there are few if any, that for genuine merit in every department will compare with *The Youth's Companion*. Every department is of interest. The stories are of a wholesome, healthy, natural kind, that appeal to the reader as having really occurred. They are devoid of that peculiar air of unreality that accompanies so much of the fiction of the present day.

The reading is as beneficial and important to adults or even to the aged, as it is to the youth. There is at least one article in each number, or fifty-two articles in a year, contributed by writers of distinction, in public life, in literature in science or in the professions. There are narrations of

adventures and of hair breadth escapes that actually occurred; there are humorous stories, that have the real natural flavor; there are character narrations, and deeds of heroism, and moral illustrations that cannot but benefit every reader.

The current events of the times are presented briefly but correctly in a manner that permits one who is not able to do general reading on the subject, to obtain exact information. That which I esteem, perhaps more highly than any other feature is a peculiarly high, religious and essential moral tone, that runs through every number from the first to the last of each year. I believe it is the duty of every editor to encourage constantly the spread and appreciation of exactly this class of literature, It is to be deplored that we have so much that is called good, that differs very materially from this.

* * * * *

Lippencott's Magazine sustains its reputation as a family magazine of high character. The October and November numbers are full of highly readable instructive material from the very best of writers. Two exceedingly interesting papers are "A Memory of Picket's Brigade," by LaSalle Picket, and "The Racial Potpourri on the Isthmus," by Herbert Dunlap. This journal carries satisfaction and happiness into every family.

* * * * *

McClure's Magazine for October contains a very excellent article on Augustus Saint Gaudens. Another on Japan's Strength in War, from the article furnished by George Kennan, on General Political Conditions in Russia. Also an article on Alcohol and the Individual, by Henry Smith Williams, with an editorial on the Peasant Saloon Keeper, as the Ruler of American Cities, a delightful condition to contemplate. The stories are unusually good. This magazine is an ideal family paper, which is placed by its price within the reach of all. It cannot be recommended too highly.

* * * * *

Among the good, practical medical journals that reach this table, I take pleasure in mentioning *The Medical Summary*. This journal has been running nearly thirty years. It has cut a niche of its own. It is practical, liberal, up-to-date and is certainly valuable to every busy doctor, who desires to catch the practical facts for his every day use.

* * * * *

The most advanced treatment of severe chronic bladder trouble, authorizes the introduction of a catheter into each ureter, the catheter to remain for from four to eight days, leaving the bladder perfectly dry. This method is especially advisable in surgical operation upon the bladder walls after the removal of stones and after prostatectomy.

* * * * *

A GOOD LOCATION FOR A SANITARIUM

Editor Ellingwood's Therapist:

I write you an initiatory, relative to Cave Springs, Benton County, Ark., and to solicit attention to the fact that not a more favorable location can be pointed out in the whole Ozark mountain region, in which to establish and maintain a system of sanitariums. The spring issues directly from a cave in the mountain side. I am perfectly conversant with this mountain stream, which at medium flow passes over the falls at the entrance to the amount of 2,500 gallons per minute, or 150,000 gallons per hour. This is a very conservative estimate. The water is 52 degrees in temperature, soft and non-medicinal. Supports a lake of several acres and supplies power to run machinery.

Enough cold air flows constantly from the mouth of the cave, if confined and utilized, to supply and cool a very-many-room-building of many rooms. The surrounding country is mountainous. A railroad leads to the spring from Rogers, Ark., and from Siloam Springs, Benton County.

Much might be said truthfully of the surrounding country, its healthfulness, its protection from the rigors of winter, and its freedom in large degree from the sweltering heat of summer, and the immense orchards to be seen upon every hand.

The local popularity of Cave Springs has long been established; hundreds of people, campers, picnickers, pleasure seekers, etc., visiting there daily or weekly. Many northern people, if they might stumble over these lines, would recall a pleasant hour or a longer period enjoyed at the resort under consideration, while prospecting or just "outing" in northwest Arkansas, for many from the plains of the Dakotas, Nebraska, Kansas, Iowa and Illinois, Indiana and as far east as York state have quaffed these cold waters and laved in the beautiful lake.

I write you doctor with the view to interest some capitalists in the matter of developing these springs and the surroundings in that at least one or two first class sanatoriums may be opened to which we might send our run down patients, and any who by reason of threatened throat or lung trouble could be accommodated with "winter protection." To any physicians or others who might become interested, we would say: call upon or write to W. M. Bartlett, Cave Springs, via Rogers, Ark., or to the undersigned.

W. L. LEISTER, M. D.
Oakland City, Ind.

A BOOK ON FUNCTIONAL NERVE DISEASES

Editor Ellingwood's Therapist:

I have not been able to send you any new therapeutic fact, but I am able to do perhaps the next best thing, viz.,

Ellingwood's Therapist - Vol. 2 #11 - Page 53
The Southwest School of Botanical Medicine <http://www.swsbm.com>

send you the title of a new English book of first class importance— "Functional Nerve Disease" by A. T. Schofield, M. D., Hon. Physician, Friedenheim Hospital. It is a well written book by a rapidly rising physician, and is, I believe, selling well.

The announcement says: "This book is called for, not only on account of the increasing importance of the subject, but because the treatment of these diseases is rapidly altering in character, and is taking more account of the psychic factors, and laying less stress upon the physical. The present work seeks to present, the newest view on this subject, and to be a practical handbook in medical psycho-therapeutics as far as applicable in these diseases. At the same time, various forms of quackery and pseudo-religious varieties of treatment is described and their evils pointed out. Special allusion is made to functional nerve diseases in children."

The book is well printed, neatly bound in light brown cloth; is 8vo in size, has 324 pages including index, good type, printed and published by a good house, and its price net 7/6. I should be pleased to send it by mail to any purchaser on receipt of a two dollar bill.

J. SIMMONS, Practitioner, 55 Pasture Road, Goole, England. [I am sure any one interested in this subject can do no better than to buy a copy of this book of Dr. Simmons.—ED.]

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